

GIRLS ACTION
RESEARCH REVIEW:
A COMPILATION
OF RESEARCH ON GIRLS'
AND YOUNG
WOMEN'S ISSUES

BY GIRLS ACTION FOUNDATION
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FONDATION
FILLES D'ACTION
GIRLS ACTION
FOUNDATION



A COMPILATION OF RESEARCH ON GIRLS' AND YOUNG WOMEN'S ISSUES

TABLE OF CONTENTS

Why We Created This Literature Review.....	2
About Girls Action Foundation.....	4
Using this Resource.....	5
How this Resource was Created and Organized.....	6
What You Will Find in This Resource.....	7
Section 1: Complex Lives.....	10
Section 2: Integrated Feminist Analysis.....	15
Section 3: Violence Prevention.....	19
Section 4: Health Promotion.....	59
Section 5: Media Literacy.....	91
Section 6: Civic and Community Engagement.....	106
Section 7: Girls Programs.....	123
Section 8: Leadership.....	141
Annotated Bibliography.....	147



WHY WE CREATED THIS PUBLICATION

The goal of this literature review is to provide innovative research about girls, their issues, and the factors that impact their lives. At **Girls Action Foundation**, we recognize that girls and young women encounter unique social, political, and economic challenges in their everyday lives. This literature review of recent research compiles quotations and statistics that highlight the experiential realities of girls and young women, as well as factors that may affect their lives.

We have prepared this resource for organizers, educators, and organizations that work with girls and young women by way of social justice and empowerment frameworks. This literature review offers quick and easy access to research that has been informed by the realities of a diverse range of girls from across Canada. This kind of research provides important rationales, credibility, and legitimacy for girl-specific work. You can use this information to reinforce funding proposals, to aid in program development, to provide program justification or to inform communication materials, such as presentations or fact sheets.

Literature reviews such as this one are just one form of knowledge. It is important to note that community knowledge, and the knowledge girls have about their own experiences are even *more important*. This literature review is limited, and is by no means exhaustive, but we hope it will be a useful tool that supports community groups, young women, and educators that are working with girls and young women. We also acknowledge that much of the research discussed describes problems and challenges faced by girls and young women, and we do not, in any way, wish to reinforce a negative perspective; our hope is that this information will be used to make policies and programs more responsive to girls' and young women's needs,



perspectives, and experiences. To this end, we also offer research that supports girl-specific programming and community engagement as ways that girls can empower themselves and take action against these challenges.



ABOUT GIRLS ACTION FOUNDATION

Girls Action is a national charitable organization that inspires and supports the empowerment, leadership, and healthy development of girls across Canada. Grounded in research and girls' realities, our innovative programs address violence prevention, community engagement, media literacy education, health promotion, anti-racism, and healthy sexuality. Our programs combine creative expression, knowledge and skill-building activities, mentorship, community action, and fun. Through local girls' programs and the national network, Girls Action works to raise awareness and mobilize action towards the elimination of violence and discrimination.

At Girls Action we believe that every girl should be equipped with the knowledge and the tools that she needs to participate fully in society. Our activities create opportunities for girls and young women to build their strength, discover their power and gain the confidence they need to bring their gifts to the world. Building a movement of active, engaged young women and organizations across Canada, we envision a new generation committed to creating a just and peaceful world.

For more information on our approach to girls' programs, the national network, or our resources please visit www.girlsactionfoundation.ca.



USING THIS RESOURCE

Feel free to take quotations or statistics, or to borrow from our rationales that appear at the beginning of each new section. Please use anything that is relevant to your projects.

The information found in this resource can be used:

- In your funding proposals;
- In information sheets about your project or program;
- In information sheets to raise awareness about girls' issues;
- In presentations to schools or potential partners.

Remember: Don't forget the bibliographic references.

If you are a policy-maker or a professional in health, education or other fields, we hope this research review is useful to making decisions or creating new programs.



HOW THIS RESOURCE WAS CREATED AND ORGANIZED

Between January 2008 and January 2009, we scanned research on girls and young women from academic, community-based, and independent researchers, including fact sheets, magazine articles, and interviews and online sources like journals and opinion pieces. The quotations and statistics were found using the following search engines: ProQuest, EBSCO, IngentaConnect, JSTOR Google, Google Scholar, Yahoo; as well as searches in public libraries, resource centre libraries, and bookstores. All information provided was published between 1998 and 2009. The majority of the information is from Canadian sources; American and other sources were also considered when no Canadian information could be found. Please see Appendix A for a list of keywords that were used in our search.

At Girls Action we recognize that girls are diverse in terms of their socio-economic status, race, religion, culture, immigrant or refugee status, location, ability, sexuality, and much more. In order to take into account the multiple and intersecting nature of these experiences, we use an Integrated Feminist Analysis. This analysis recognizes that there is more than one experience of girlhood in Canada and that different girls have different access to power and privilege. We use this analysis to offer a more holistic understanding of girls and young women's issues within Canadian society. This resource has been organized to reflect an Integrated Feminist Analysis of girls' issues.



WHAT YOU WILL FIND IN THIS RESOURCE

PART I: FOUNDATIONAL PRINCIPLES TO OUR WORK

SECTION 1: COMPLEX LIVES

This literature review begins with a section exploring the foundation of our work that acknowledges the complexity of girls' lives.

SECTION 2: INTEGRATED FEMINIST ANALYSIS

In order to understand the complex and multidimensional experiences of girls, we use an integrated feminist analysis. This analysis is useful in considering how various forms of oppression (sexism, racism, homophobia, ability, and so on) can affect girls.

PART II: THEMES ADDRESSED IN OUR WORK

SECTION 3: VIOLENCE PREVENTION

SECTION 4: HEALTH PROMOTION

SECTION 5: MEDIA LITERACY

SECTION 6: CIVIC AND COMMUNITY ENGAGEMENT.

Sections 3 through 6 address the themes through which we approach girls' issues. These themes reflect some of the key areas of girls' lives that often differ from boys. The themes also reflect different audiences (such as funders, participants and programmers) who may be specifically interested in one or more of these categories. At Girls Action, we ground these themes in an integrated feminist analysis because we recognize that different girls will have different experiences related to violence, health, media and civic engagement. Racism, homophobia, poverty, ability, sexism, lasting effects of colonization and residential schools, and other forms of oppression intersect



with each other and can affect girls on multiple levels. In other words, we stress the importance of addressing these themes holistically. We have tried to prioritize quotes and statistics that reflect an understanding that girls' experiences are grounded in different histories and that girls have different access to power and privilege in their lives. While the information provided in these themes tends to depict problems that affect girls, the following sections suggest empowerment strategies.

PART III: WAYS TO MOVE FORWARD

SECTION 7: GIRLS PROGRAMS

SECTION 8: LEADERSHIP

Sections 7 and 8 offer supporting research on opportunities for intervention and strategies to support the empowerment of girls. Girls' programs and leadership opportunities are some ways in which girls and young women can be empowered to take action and enact change in their lives, their communities, and society at large.

PART IV: ANNOTATED BIBLIOGRAPHY

At the end of this resource you will find an annotated bibliography. This section provides the title and a summary of each source material consulted in this literature review. We have also provided one or more themed tags located between the title of the piece and its summary.

For example:

Title: *Abolitionist Newspaper*. "An Interview with Andrea Smith." *Critical Resistance*. Accessed June 3, 2008

<<http://criticalresist.live.radicaldesigns.org/downloads/AndreaSmith.pdf>>

Tag: Violence

Summary: The *Abolitionist* recently talked with Andrea Smith, author of Conquest:



Sexual Violence and American Indian Genocide about the book and her work with INCITE! Women of Color Against Violence, and the Boarding School Healing Project.

These tags reflect the themes from which we work. They also reflect how we have organized this literature review.

This annotated bibliography can be used to find more information in sources that address issues relevant to your work.



PART I: FOUNDATIONAL PRINCIPLES TO OUR WORK

SECTION 1: COMPLEX LIVES

There is no single experience of “girlhood” in Canada. Girls and young women encounter unique social, political, and economic challenges in their everyday lives, and as a result, they live many experiences simultaneously. We cannot simplify the complex realities of girls into one issue or one explanation; an acknowledgement of the many different facets of their lives is required.

Below you will find research quotations and statistics that illustrate different ways in which girls' lives are challenging and complex

- Over a period of 18 months, we asked racialized minority girls and young women, Canadian-born and immigrant, what it was like to grow up in Victoria, B.C. This research found that they lived complex lives. Though many were well integrated and flourishing, there was a strong expression of isolation from others like themselves, marginalization from their “white” classmates, and, for immigrant and refugee teens, few resources to support them in their adjustment.¹
- Pressures on young immigrant women: The experiences of young immigrant women vary but can include culture shock, peer pressure, a lack of information focusing on their needs, heavy family responsibilities including translation and interpretation for parents, inter-generational conflicts with parents who have different cultural expectations of them, a loss of status after immigration, discrimination, underemployment, and racism.²
- When adolescence and diaspora occur in tandem, identity formation becomes an even more complex issue. The psychological transition of adolescence, already charged in terms of gender and sexuality, is then imbricated with the conundrums of the other transition—the diaspora identity that demands delicate negotiations of race/ethnicity, nation, class, language, culture and history. For children of immigrant diaspora groups, adolescence is a particularly complex juncture, calling for a sophisticated grasp of

¹ Canadian Women's Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

² Canadian Research Institute for the Advancement of Women. “Fact Sheet: Immigrant and Refugee Women.” 2003. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>



cross-cultural dialectics and the socio-political dimensions of Otherness that will mark their adult lives.³

- Adolescence is marked in gendered terms: for girls, it is a time of learning to conform to norms of femininity rather than a time of limit testing. In girls' adolescence, feelings of competence, control, and independence are suppressed; assertiveness is stigmatized.⁴
- Adolescence is a time of change for girls. It is a period when girls form their identities by questioning gender, sexual orientation, race, and ethnicity. It is a transitional time of life when girls are caught between the dependency of childhood and an expectation that they will take responsibility for their actions. Developing a sense of belonging is central to girls' identity formation.⁵
- While Aboriginal youth are diverse in terms of culture, languages spoken, and social and geographical locations, they share the legacies of colonialism, the residential school system, and their ongoing harmful impacts. Coping with resulting hardships such as poverty, racism, and personal and structural violence contribute to youth risk (Canadian Aboriginal AIDS Network [CAAN], 2004). For instance, "common coping mechanisms that are detrimental for Aboriginal youth include migration to urban centres, street involvement, and injection drug use" (Prentice, 2004). 6
- Aboriginal girlhood is not exclusively uprooted by violence but also by tenacity, innovation and survival.⁶

³ Durham, Meenakshi Gigi. "Constructing the 'New Ethnicities': Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls." *Critical Studies in Media Communication* 21.2 (June 2004): 140 - 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

⁴ Durham, Meenakshi Gigi. "Articulating Adolescent Girls' Resistance to Patriarchal Discourse in Popular Media." *Women's Studies in Communication* 22.2 (1999a): 210-229. ProQuest CD-ROM.

⁵ Janovicek, Nancy. "Reducing Crime and Victimization: A Service Providers' Report." The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁶ Flicker, Sarah et al. "'It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Aboriginal Youth in Canada." *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

⁸ Downe, Pamela J. "Aboriginal Girls In Canada: Living Histories Of Dislocation, Exploitation and Strength." Jiwani, Yasmin, (eds). *Girlhoods: Redefining the Limits*. Montreal: Black Rose Books, 2005.



- Many participants reported that while school counsellors, teachers, community workers and other adults, including parents, were caring, supportive and understanding, very few fully grasped the complexities of their lives.¹³
- The limited information that exists suggests that the “normal” challenges of adolescence are intensified for girls who, as stated earlier, “live at the intersection” of race, class, ability and sexual orientation.¹⁴
- Data as consistent and as overwhelming as those presented in this study point to the fact that *we are not talking about individual problems*. Rather, what comes through very clearly in the research is that the reasons for this situation are systemic – that *there is something about our social system that makes girls, especially as they approach adolescence, not like themselves*.¹⁵
- The third theme was a perception of cultural bias, which was strongly felt by all of the participants. There was a clear belief in all ethnicities interviewed that the cultural expectations for girls and boys were very different. This was often communicated directly to the young women from an early age. Similarly, the under representation of minority women in leadership positions has been linked to cultural expectations (Ishaq & Hussein, 2004). So, the roles for minority women have been defined and reinforced since they were girls which impacts on their perceptions of societal norms.¹⁶
- Young women work – in their homes, in our community, in schools, with other youth and in the labour force. But young women who live in poverty continue to find themselves unable to make our economy or society work for them.¹⁸

¹³ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

¹⁴ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

¹⁵ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

¹⁶ Ahluwalia, Loveleen. “Minority Adolescent Females and Perceptions of Leadership.” University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

¹⁸ McCracken, Molly, Kate Dykman, Francine Parent, and Ivy Lopez. “Young Women Work: Community Economic Development to Reduce Women’s Poverty and Improve Income.” Prairie Women’s Health Centre of Excellence (PWHCE), 2005. Accessed June 4, 2008 <http://www.uwinnipeg.ca/admin/vh_external/pwhce/pdf/yww.pdf>



- Inuit in Nunavut have undergone an enormous transition over the past 50-100 years (Inuit Tapiriit Kanatami, 2005). Many feel that this stress has had a negative impact on health. For example, Nunavut has four official languages: English, French and two Inuit languages, Inuktitut and Inuinnaqtun. There are many Inuit elders who are unilingual in Inuktitut or Inuinnaqtun and many younger people who are unilingual in English. Therefore, the three groups cannot easily communicate with each other.²⁰
- Nearly one-third of Canadians live in rural and remote areas, where health care services are sorely inadequate. Women in rural, remote and northern areas of Canada often experience triple disadvantage, because of their gender, their location, and the interactions between the two. Their voices are rarely given an opportunity to be heard. For Aboriginal women, and women facing additional barriers of racism, economics, language, culture or education, the negative health effects can be multiplied further.²¹
- All 4 youths identified strongly with their cultural background and showed concern about the loss of their culture: “If you haven’t noticed, our culture is starting to wear off, and all our elders are trying to keep it in, but no one else really wants to.” Another explained, “The people are constantly trying to encourage and have youth participate in language classes and learn how to sew slippers, and that’s the biggest challenge: maintaining traditional values in this modern world...”²²
- ‘Becoming Canadian’ is full of tension, struggle and excitement according to these girls’ accounts; most look forward to being ‘Canadian’ while retaining valued parts of their own cultural repertoire. There is an ongoing and complex identity negotiation as girls use and interpret the various encoded spaces of their everyday life through which notions of performing femininity are mediated.²⁴
- Youth living this “bicultural experience” (Tang and Dion 1999:20) may feel that they cannot reconcile their different social roles. If they maintain their parents’ cultural heritage, language and practices, their adaptation in Canadian society may be more difficult. However, if they do not maintain links to their parents’ cultural heritage, they

²⁰ Healey, Gwen K., and Lynn M. Meadows. “Culture and Tradition: An Important Determinant of Inuit Women’s Health.” *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>

²¹ Sutherns, Rebecca, Marilou McPhedran, Margaret Haworth-Brockman. “Rural, Remote and Northern Women’s Health: Policy and Research Directions Final Summary Report.” 2004. Accessed May 5, 2008 <http://www.cwh-cesf.ca/PDF/cross_cex/RRN_Summary_CompleteE.pdf>

²² Ip, Janet. “We Don’t Live in Igloos: Inuvik Youth Speak Out.” *Canadian Family Physician* 53 (2007). Accessed May 7, 2008 <www.cfp.ca/cgi/reprint/53/5/864>

²⁴ Dyck, Isabel, and Arlene Tigar McLaren. “Becoming Canadian? Girls, Home and School and Renegotiating Feminine Identity.” *Research in Immigration and Integration in the Metropolis (RIIM) Working Paper Series No. 02-08*, (2002).



may feel disconnected from their families (Tang and Dion 1999). Tensions between parental beliefs and practices and those of Canadian society can lead some ERM youth to feel as though they do not belong in either cultural system; which leads to feelings of alienation, stress and unhappiness (Wolf 1997).²⁵

- The impacts of racism and stereotypes on identity were mainly illustrated by youth experiences throughout their adolescence, and in particular in the school setting. The school setting plays a central role in youth lives and their experiences as minorities. Most ethno-racial minority youth are at the margins in the school setting. They would go through many of their formative years experiencing isolation and racism as "the way it is."²⁶
- This myth of otherness that is associated with immigrant women can become internalized and often prevents researchers from recognizing "immigrant women" as a socially constructed category (Lee, 1993). Ng (1989) argues that until a woman immigrates to Canada, she does not see herself represented as an "immigrant woman" in the way that this social category is perceived by Canadians.²⁸

²⁵ Migliardi, Paula, and Sara Stephens. "Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project." 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file>>

²⁶ Migliardi, Paula, and Sara Stephens. "Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project." 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file>>

²⁸ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



SECTION 2: INTEGRATED FEMINIST ANALYSIS

In order to acknowledge and begin to understand the complex and intersecting experiences of girls and young women, we use an integrated feminist analysis. This framework recognizes that policies, services, and practices can have varying impacts on different groups of girls according to the power, or lack of power, they experience in their lives. Only by recognizing the different locations and histories of girls can we aptly address issues related to violence, health, media influences, and civic engagement within girls' lives.

Below you will find quotations that illustrate different approaches to an integrated feminist analysis and how this approach can be useful in thinking about the multiple and intersecting oppressions that can impact girls.

- (...) Systems of oppression (capitalism, imperialism, and patriarchy) rely on each other in complex ways. This "interlocking" effect means that the systems of oppression come into existence in and through each other so that class exploitation could not be accomplished without gender and racial hierarchies, imperialism could not function without class exploitation, sexism and heterosexism, and so on. Because the systems rely on each other in these complex ways. It is ultimately futile to attempt to disrupt one system without simultaneously disrupting others.²⁹
- Intersectional feminist frameworks (IFFs) attempt to understand how multiple forces work together and interact to reinforce conditions of inequality and social exclusion. Intersectional Feminist Frameworks examine how factors including socio-economic status, race, class, gender, sexualities, ability, geographic location, refugee and immigrant status combine with broader historical and current systems of discrimination such as colonialism and globalization to *simultaneously* determine inequalities among individuals and groups.³⁰

²⁹ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

³⁰ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Women's Experience of Racism: How Race and Gender Interact." 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>



- Using Intersectional feminist frameworks, social categories such as race, class, gender, sexualities, abilities, citizenship, and Aboriginality among others, operate relationally; these categories do not stand on their own, but rather gain meaning and power by reinforcing and referencing each other.³¹
- Intersectional feminist frameworks offer a more nuanced and detailed examination of migrant women's lives by looking at historical links among colonialism, nation formation, economic globalization and immigration policies. Such approaches understand racism, sexism, ageism, and discrimination based on language and disability as embedded within immigration and refugee policies, not attributes of the individual or a consequence of migrant women's inability to adapt to the host society.³²
- Using IFFs, inclusion and exclusion are considered not only through economic lens, but also through social and cultural forces of citizenship and nation formation. With IFFs, issues can be redefined from "failure to integrate" to "failure to include."³⁴
- Intersectional theories are based on the premise that race, gender and class all function simultaneously to produce systems of inequality (Dua, 1999).³⁶
- Systems of interlocking oppressions such as racism and homophobia hit LGBTTTIQ youth of colour the hardest. Racialized youth who do not identify as heterosexual are faced with more than one problem because they belong to more than one "minority" group. There is a direct relationship between the hatred and discrimination that produces racism and the hatred and discrimination that produces homophobia, which in turn work together to further oppress and victimize youth of colour who are a part of LGBTTIQ communities.³⁷

³¹ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Women's Experience of Racism: How Race and Gender Interact." 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

³² Canadian Research Institute for the Advancement of Women. "Fact Sheet: Women's Experience of Racism: How Race and Gender Interact." 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

³⁴ Canadian Research Institute for the Advancement of Women. "Intersectional Feminist Frameworks: An Emerging Vision." 2002c. Accessed June 9, 2008 <<http://www.criaw-icref.ca/IFF/The%20IFFs-%20An%20Emerging%20Vision.pdf>>

³⁶ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

³⁷ Advocates for Youth, and Emily Bridges. "The Impact of Homophobia and Racism on GLBTQ Youth of Color." Advocates for Youth Fact Sheet, 2007. Accessed June 4, 2008 <www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsglbtq_yoc.htm>



- Black, Latina, Asian American, and Native American women experience the complex intersection of sexism and racism. Their experiences of gender oppression cannot be extricated from their experiences of racial oppression because they occur simultaneously. They come to the law not just as women, but as Black women, and/or Latina women, and/or Muslim women, negotiating with the dominant and stable discourses on race, ethnicity, culture, sexuality, and/or family.”³⁸
- Discourse regarding the feminization and racialization of poverty involves analysis of how processes of occupation, nation building, slavery, labour migration, employment regulation, and disenfranchisement of racialized groups, among others, contribute to the depth of poverty experienced by marginalized indigenous and racialized women. Therefore, within IFFs, the process of rethinking poverty would not only include economic disadvantage but also a process of social exclusion directed at the most marginalized women. Processes of exclusion impede marginalized women’s access to housing, childcare, education, employment, social services, occupations, and citizenship; thereby deepening the poverty experienced.”
- The life experiences of some groups of women seem to differ markedly from those of others and of the female population as a whole. For instance, class position, race and ethnicity intersect with gender to produce variations in gender inequality and social variability in health status among women (Bolaria & Dickson, 2002). Racial minority women are doubly disadvantaged because they may encounter inequality due to their race in addition to sex discrimination.”
- In other words, the lives of individuals are affected by a combination of systems of oppression such as ‘race,’ gender, class, and so on. As Dei has asserted, the individual “does not possess a one-dimensional identity,” but is “socialized into identities that correspond to the categories of race, gender, and class” (Dei 2000, 31). Although it may not be possible to explore the effects of ‘race’ in isolation, the lives and identities of non-white individuals are affected first and foremost by issues of ‘race’ (Harvey 1990).“

³⁸ Kapur, Ratna. “The Tragedy of Victimization Rhetoric: Resurrecting the ‘Native’ Subject in International/Post-Colonial Feminist Legal Politics.” *Harvard Human Rights Journal* Spring (2002): 1-37. Accessed October 5, 2007 <<http://www.law.harvard.edu/students/orgs/hrj/iss15/kapur.shtml>>

³⁹ Canadian Research Institute for the Advancement of Women. “Intersectional Feminist Frameworks: An Emerging Vision.” 2002c. Accessed June 9, 2008 <<http://www.criaw-icref.ca/IFF/The%20IFFs-%20An%20Emerging%20Vision.pdf>>

⁴⁰ George, Tammy, and Geneviève Rail. “Barbie Meets the Bindi: Discursive Constructions of Health Among Young South-Asian Canadian Women.” *Women’s Health and Urban Life* 4.2 (2005): 44-66. Accessed June 9, 2008: <https://tspace.library.utoronto.ca/bitstream/1807/4744/1/george_rail.pdf>

⁴¹ Shahsiah, Sara. “Identity, Identification, and Racialisation: Immigrant Youth in The Canadian Context.” Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS), Working Paper No. 49



- Although many young women struggle with finding their own identity and space, especially during the years leading up to adulthood, the young women in this study not only contend with the intersections of age, gender, race and class, but their identity formation processes are also intertwined with issues of migration, language and transnationalism, among many other factors.⁴²

(2006). Accessed June 10, 2008

<http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shahsiah_final.pdf>

⁴² Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008

<<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



PART II: THEMES ADDRESSED IN OUR WORK

SECTION 3: VIOLENCE PREVENTION

Girls in Canada experience violence on a continuum, ranging from personal violence (including self-harm, substance abuse, and so on); relational violence (including sexual abuse, emotional or verbal abuse, physical abuse, bullying, racism, homophobia, transphobia, and so on); and systemic violence (which includes poverty; discrimination from and within institutions, from the state, within policies or laws; sexism, racism, homophobia, transphobia, and so on). Violence can occur on one, two or all of these levels simultaneously and has proven to be detrimental for young women's health and emotional development. Recognizing that violence in girls' lives is complex and multi-dimensional; we stress the importance of looking at violence from a holistic perspective that takes into account the continuum of violence.

Below you will find quotes and statistics that highlight the complex ways that violence affects girls on multiple levels.

- Cultural genocide—exemplified by an epidemic of suicides, murders and disappearances of Indigenous girls—criminalization, systemic racism, racialized male sexual violence, especially childhood sexual abuse, and sexist discrimination against Indigenous girls are poignant examples of how colonization continues to ravage the lives of Indigenous girls in modern-day Canadian society.⁴³
- Violence against women, and certainly violence against Indigenous women, is rarely understood as a human rights issue. To the extent that governments, media and the general public do consider concerns about violence against women, it is more frequent

⁴³ Czapska, Asia, Annabel Webb, and Nura Taefi, In cooperation with young women determined to make a difference. "More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada." 2008. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf>



for it to be described as a criminal concern or a social issue. It is both of those things of course. But it is also very much a human rights issue.⁴⁴

- The young women self-identified as members of different marginalized communities and For example, each of the participants emphasized how women, especially young women, are socialized into normalizing and accepting harassment and violence. Over time, many of them develop their own coping strategies. Another commonality was that, while not all of the young women in the group had personally experienced sexual abuse, all of them knew other young women in their communities who had.⁴⁵
- Women under 25 years of age make up the highest risk group related to violence, especially if they try to leave an abusive relationship. Young women are at the greatest risk of assault by intimate partners, as well as spousal homicide and sexual assault. (Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002, *Assessing Violence Against Women: A Statistical Profile*).⁴⁶
- Girls experience a continuum of violence, ranging from sexual harassment to rape. Societal acceptance of violence was identified as a major issue. Violence has become normalized. Self-esteem, self-image, and peer pressure are significant issues of concern to girls. Self harm (suicide, eating disorders, etc.) and the internalization of stereotypes and negative images of girls have created a "girl-poisoning environment." Depression in girls is a symptom of this environment, as is girl-on-girl violence. Girls talked about having to "watch their backs," and living in a 'war zone.'⁴⁷
- Only 10% of sexual assaults on women are reported to the police. Extrapolating from these data, there are 509,860 reported and unreported sexual assaults in Canada per

⁴⁴ Amnesty International. "Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada." 2004. Accessed June 4, 2008
<<http://www.amnesty.ca/campaigns/resources/amr2000304.pdf>>

⁴⁵ Ladha, Azmina N. "A Dialogue with Young Women from Diverse Communities." Education Wife Assault: Newsletter on Young Woman Abuse. Accessed June 4, 2008
<http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm>

⁴⁶ Education Wife Assault Young Women's Program. "Statistics on Young Women and Violence." Newsletter on Young Woman Abuse. Accessed June 4, 2008
<http://www.womanabuseprevention.com/html/Newsletter2005/Statistics_On_Young_Women_Violence.htm>

⁴⁷ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. "Violence Prevention and the Girl Child: Final Report." The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>



year. That's 1,397 per day; which means that every minute of every day, a woman or child in Canada is being sexually assaulted.⁵¹

- A DisAbled Women's Network survey found that 40% of women with disabilities have been raped, abused or assaulted. More than half (53%) of women who had been disabled from birth or early childhood had been abused.⁵²
- Refugee and non-status women in Canada are at high risk of experiencing violence because of the vulnerable position they live in:
 - They have very limited access to information, counselling and other social services;
 - They are reluctant to call the police in an emergency because they may fear being deported, as the police have authority to arrest or detain someone on behalf of Immigration Canada;
 - If her partner is charged with assault, this could lead to devastating consequences for her;
 - They cannot easily access medical services. (METRAC, 2006).⁵³
- Girls who experience difficulties at school, like social rejection by peers and low connectedness to school, are often more likely to be absent and to drop out eventually. These girls are also more likely to use aggression and violence. Problems at home and learning disabilities are also interconnected with difficulties at school.⁵⁴
- The effects of sexual harassment are far-reaching. Girls often drop out of school, develop eating and other disorders, experience a lack of self-esteem, and suffer from depression and isolation. Sexual harassment, in its multiple forms, is a poignant

⁵¹ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Violence Against Women and Girls." Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

⁵² Canadian Research Institute for the Advancement of Women. "Fact Sheet: Violence Against Women and Girls." Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

⁵³ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

⁵⁴ Public Health Agency of Canada. "Aggressive Girls - Overview Paper." 2006. Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsaggsr_e.html>



reminder to girls that they are not valued, and that they occupy a subordinate place in the patriarchal system.⁵⁶

- Noteworthy, in this study (Hausman et al. (1994)) that focused on inner city youth, females reported a *higher rate* of exposure to violence than did males, though males reported a higher rate of being personally threatened by violence.⁵⁷
- The prevalence of physical dating violence was lowest for White girls. Black girls physical dating violence.⁵⁸
- While overt discrimination based on race was rare at both schools, homophobia was an openly declared prejudice in the peer groups that were studied. Words like "fag" and "queer" were used casually as epithets; gossip about students' sexual orientations were a way of marking the social outcasts.⁵⁹
- Family violence, the sexual objectification and abuse of female bodies, dominance of one gender over another and the stereotypical characterization of males and females are pervasive and lie at the root of violent action. As a result of this reality, young women and girls from across Canada have a similar experience. Often they accept the assumption that they are stupid and the inferior sex. They are often the brunt of sexist jokes and this sexism defines how they must behave in their families and at their schools. They are commercialized and convinced by a market-driven culture that they are nothing unless they are skinny.⁶⁰

⁵⁶ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. "Violence Prevention and the Girl Child: Final Report." The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁵⁷ Leschied, Alan W., Anne L. Cummings, Michelle Van Brunschot, Alison Cunningham, and Angela Saunders. "Aggression in Adolescent Girls: Implications for Policy, Prevention, and Treatment." *Canadian Psychology* 42.3 (2001): 200. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_qa3711/is_200108/ai_n8975561>

⁵⁸ Howard, Donna E., and Min Qi Wang. "Risk Profiles of Adolescent Girls who were Victims of Dating Violence." *Adolescence*. 38 (2003): 149.

⁵⁹ Durham, Meenakshi Gigi. "Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups." *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.

⁶⁰ National Council of Women of Canada. "Girls/Young Women and Violence Project." 1999. Accessed June 9, 2008 <http://www.ncwc.ca/pdf/girls_violence_forum.pdf>



- Young women growing up in the inner city receive little economic education that could help them out of poverty, for example learning how to save towards an education or purchase a home. While programs focused on social issues such as raising healthy children are easy to access in the inner city, there is a lack of education to improve the long-term economic status of young women in the community organizations and supports young women access.⁶¹
- As Thorne (1993) suggests, "It is during the transition from child to teen that girls start negotiating the forces of adult femininity, a set of structures and meanings that more fully inscribe their subordination on the basis of gender."⁶²
- Compared with their same-sex peers, boys and girls with same-sex sexual orientation reported significantly more alcohol abuse and depression.⁶³
- The GSS showed that women in the territories report higher rates of spousal violence than those living in the provinces. Police statistics also indicate that women in the territories also experience higher levels of sexual assault and homicide.⁶⁴
- Victims' decisions to report the violence to criminal justice and social services depend on a variety of factors, some of which include fear of the offender, shame and embarrassment, and regional availability of services. The majority of victims of spousal assault and over 90% of sexual assault victims did not seek support from the criminal justice system.⁶⁵

⁶¹ Manitoba Research Alliance on Community Economic Development in the New Economy. "Young Women, Work, and the New Economy." Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008 <www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>

⁶² Kaplan, Elaine Bell, and Leslie Cole. "'I Want to Read Stuff on Boys': White, Latina, and Black Girls Reading Seventeen Magazine and Encountering Adolescence." *Adolescence* 38.149 (2003): 141. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m2248/is_149_38/ai_103381766>

⁶³ Russell, Stephen T., and Kara Joyner. "Adolescent Sexual Orientation and Suicide Risk: Evidence From a National Study." *American Journal of Public Health* 91.8 (2001). Accessed July 6, 2008 <<http://www.ajph.org/cgi/content/abstract/91/8/1276>>

⁶⁴ Canadian Centre for Justice Statistics. "Measuring Violence Against Women: Statistical Trends, 2006." Accessed July 6, 2008 <<http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf>>

⁶⁵ Canadian Centre for Justice Statistics. "Measuring Violence Against Women: Statistical Trends, 2006." Accessed July 6, 2008 <<http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf>>



- The specific interactions between race, class, sexuality, disability, and gender are rarely examined or acknowledged in most Canadian literature. Nevertheless, as European and American studies tend to suggest, the interlocking effects of sexism and racism, and/or sexual orientation combined with disability, racism, and classism, constitute complex interactions of multiple systems of domination. These systems constitute a form of violence unto themselves, and markedly shape the reality, life chances, and choices that are available to marginalized girls.⁶⁶

- “Researchers have found that students who are sexually harassed by their peers experience numerous school performance difficulties, including absenteeism, decreased quality of schoolwork, skipping or dropping classes, lower grades, loss of friends, tardiness, and truancy (AAUW, 1993; Permanent Commission on the Status of Women [PCSW], 1995; Stein, Marshall and Tropp, 1993; Strauss and Espeland, 1992).⁶⁷

- Girls were the victims of reported assaults by family members more often than boys: victims were female in 80% of sexual assaults and in over 50% of all physical assaults. Girls and boys were vulnerable to abuse by family members at different stages of their development. Girls were more likely to be sexually assaulted at 12 to 15 years of age.”⁶⁸

- “Teen women (47 per cent) and teen men (50 per cent) do report similar levels of experience as victims of physical abuse, defined in the survey as kicking, pushing, slapping, punching, or shaking. But that is where the similarity ends. Three times as many teen women (61 per cent) as teen men (18 percent) reported having been sexually harassed, for example. And 40 percent of teen women reported having been stalked, nearly double the number of teen men (21 per cent). Young women also reported having experienced “unwanted grabbing” in greater numbers than teen men (64 percent for women; 40 per cent for men). And almost all teen women (91 per cent) reported that they had been subjected to unwanted whistling, as compared to only 20 per cent of teen men.”⁶⁹

⁶⁶ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁶⁷ Fineran, Susan, and Larry Bennett. “Gender and Power Issues of Peer Sexual Harassment Among Teenagers.” 1999. *Journal of Interpersonal Violence* 14.6: 626-641.

⁶⁸ Public Health Agency of Canada. “Toward a Healthy Future: Second Report on the Health of Canadians.” Accessed June 9, 2008 <http://www.hc-sc.gc.ca/hppb/phdd/pdf/toward/toward_a_healthy_english>

⁶⁹ Center for Women Policy Studies. “Teen Women Ask Their Peers About Violence, Hate and Discrimination.” The report of the Teen Women Leadership Development Initiative Survey 2001. Accessed December 2008 <www.centerwomenpolicy.org/pdfs/VAW3.pdf>



- “For girls who are differently situated by virtue of their race, sexual orientation, disability and class, the situation is compounded by their marginalization and “lack of fit” within the dominant, white, heterosexual world.... Stigmatized and subjected to verbal and physical abuse, these girls lead a socially isolated existence” (Jiwani 1998).”⁷⁰
- “The Working Groups on Girls (WGGs) noted in its report that immigrant and refugee girls also experience higher rates of violence because of dislocation, racism and sexism from both within their own communities and the external society. Caught between two cultures, where their own is devalued and inferiorized, and where cultural scripts in both worlds encode patriarchal values, these girls face a tremendous struggle in trying to “fit.” When they don’t, they suffer intense backlash.”⁷¹
- “A national study showed that being victim of abuse and neglect as a child increases the chances of later violent juvenile delinquency and adult criminality (...) these elements put the youth at risk for arrested development and a lifetime of emotional and physical health problems.”⁷²
- “An office of Juvenile Justice and Delinquency Prevention (OJJDP) report found that adolescents from families reporting multiple forms of violence are more than twice as likely as their peers from non-violent homes to report committing violent offenses.”⁷³
- “(Child sexual abuse) disrupts the child’s sense of physical and emotional safety but also alters a child’s cognitive and emotional orientation to the world and causes trauma by distorting the child’s self-concept, world view, or affective capacities.”⁷⁴
- “Cornman (1997) reported significant differences between abused and non-abused groups of adolescent girls aged 12–17. The sexually abused group demonstrated more

⁷⁰ Jiwani, Yasmin. “The Girl Child: Having to ‘Fit’.” The FREDA Centre for Research for Violence Against Women and Children, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁷¹ Jiwani, Yasmin. “The Girl Child: Having to ‘Fit’.” The FREDA Centre for Research for Violence Against Women and Children, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁷² Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁷³ Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁷⁴ Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.



somatic symptoms, greater anxiety, and greater cognitive disorganization, long-term effects of sexual abuse reported include anxiety and self-destructive behaviour.”⁷⁵

- “The kinds of violence that Canadian girls encounter span the entire continuum - from verbal, physical and psychological abuse, to sexual violence, homophobia, racism, classism, and poverty.”⁷⁶
- “In Canada, 75% of Aboriginal girls under the age of 18 have been sexually abused. Furthermore, Aboriginal girls are hospitalized for attempting suicide at twice the rate of boys. These figures do not begin to tell the full story. State-level violence as imposed through child apprehension and transfers to foster homes, allows for the state to continue its practices of colonization. Confronted by racism, sexual abuse, physical and verbal abuse, many girls choose to run away from foster homes and reserves” (Jiwani 1998).⁷⁷
- Of the teens surveyed, “fully one third (33 percent) reported having seen someone direct violence at another person because of his or her sexual orientation while 20 percent said they had witnessed someone being violent to another person because of her or his gender.”⁷⁸
- “In 1999, a girl in Canada has a one-in-two chance of experiencing some form of violence against her before she reaches the age of sixteen.”⁷⁹
- “The chance that a young women or girl will be a victim of some form of violence before she reaches 16 is 50%. Furthermore, girls from marginalized groups tend to

⁷⁵ Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁷⁶ Jiwani, Yasmin. “The Girl Child: Having to ‘Fit’.” *The FREDa Centre for Research for Violence Against Women and Children*, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁷⁷ Jiwani, Yasmin. “The Girl Child: Having to ‘Fit’.” *The FREDa Centre for Research for Violence Against Women and Children*, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁷⁸ Center for Women Policy Studies. “Teen Women Ask Their Peers About Violence, Hate and Discrimination.” *The report of the Teen Women Leadership Development Initiative Survey 2001*. Accessed December 2008 <www.centerwomenpolicy.org/pdfs/VAW3.pdf>

⁷⁹ National Council of Women of Canada. “Girls/Young Women and Violence Project.” 1999. Accessed June 9, 2008 <http://www.ncwc.ca/pdf/girls_violence_forum.pdf>



experience violence at heightened levels; these are girls and young women of the First Nations, refugees and immigrants, lesbians, bisexual and trans- gendered youth.”⁸⁰

- “Low-income and homeless teenage girls need the safety of housing and services that are for girls only. Given the level of male violence that young women face and their marginalization through poverty, systemic racism, and other forms of oppression, programs and services for girls must respond to the compounding effects of multiple forms of oppression and repeated male violence.”⁸¹
- “A national study showed that being victim of abuse and neglect as a child increases the chances of later violent juvenile delinquency and adult criminality (...) these elements put the youth at risk for arrested development and a lifetime of emotional and physical health problems.”⁸²
- “Failed relationships with adults contribute to [girls’] low self-esteem and self-destructive behaviour” (Emerson & Shelton 2001, 182).⁸³
- “In the more rural areas of Canada, the disregard of violence against Indigenous girls is often even further aggravated. The stretch of highway in the northern interior of British Columbia, Canada, coined the “Highway of Tears” is a case in point. While over the last ten years, thirty-two teenage girls, thirty-one whom are Aboriginal, have gone missing or were found murdered along highway 16, only recently have 34 law enforcement officers been put to the task of conducting an investigation in the area. Compare this to a situation where one young man from a prestigious neighbourhood in the lower mainland of Vancouver BC went missing from his home in South Vancouver. Over 100 law enforcement officers were put to the task of investigating and the man was found in two days. This statement of priority sends a strong message to the public about Canada’s value of the lives of Indigenous girls.”⁸⁴

⁸⁰ National Council of Women of Canada. “Girls/Young Women and Violence Project.” 1999. Accessed June 9, 2008 <http://www.ncwc.ca/pdf/girls_violence_forum.pdf>

⁸¹ Justice for Girls, and Asia Czapska. “Speeches: Statement on Girl Homelessness: Presentation to the Senate Committee on Human Rights.” 2006. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/speeches_senate.html>

⁸² Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁸³ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁸⁴ Justice for Girls, and Kelly A. MacDonald. “Justice System’s Response: Violence Against Aboriginal Girls.” 2005. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/Violence%20against%20Aboriginal%20Girls%20-%20Final%20Brief%20-%20Sept%202005.pdf>>



- “Many Aboriginal girls have internalized negative stereotypes about Aboriginal peoples, and believe they deserve to be treated poorly. Some try to distance themselves from their ancestry to receive better treatment. Many young women do not consider racist and sexist comments, police harassment, sexual harassment, and emotional abuse to be forms of violence.”⁸⁵
- “Working Groups on Girls (WGGs) noted in its report that immigrant and refugee girls also experience higher rates of violence because of dislocation, racism, and sexism both from within their communities and the external society.”⁸⁶
- “Schools are a primary site of violence for girls. Intercultural tensions among young people are seldom understood as a manifestation of racist and patriarchal relations. Instead, media and teachers focus on finding remedies for “bullying.””⁸⁷
- “Recent immigrant and refugee girls have a hard time fitting in because of language barriers, poverty, and bicultural identity formation. Language is an obvious reason that girls feel marginalized in the schools.”⁸⁸
- “Of girls in Grades 9 and 11 whose boyfriends usually decide how to spend their time together, one third report being pressured to have sex when they did not want to.”⁸⁹

⁸⁵ Janovicek, Nancy. “Reducing Crime and Victimization: A Service Providers’ Report.” The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁸⁶ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁸⁷ Janovicek, Nancy. “Reducing Crime and Victimization: A Service Providers’ Report.” The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁸⁸ Janovicek, Nancy. “Reducing Crime and Victimization: A Service Providers’ Report.” The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁸⁹ Boyce, William, Maryanne Doherty, Christian Fortin, and David MacKinnon. “Canadian Youth, Sexual Health and HIV/AIDS Study: Factors Influencing Knowledge, Ideas and Behaviours.” Toronto: Council of Ministers of Education. Accessed July 6, 2008 <http://www.cmec.ca/publications/aids/CYSHHAS_2002_EN.pdf>



- “Cornman (1997) reported significant differences between abused and non-abused groups of adolescent girls aged 12-17. The sexually abused group demonstrated more somatic symptoms, greater anxiety, and greater cognitive disorganization, long-term effects of sexual abuse reported include anxiety and self-destructive behaviour” (Emerson & Shelton 2001, 185).⁹⁰
- “Report after report has found that many Aboriginal women [read girls] believe that they experience racism in accessing victim services and that services are inadequate to meet their specific needs. It has been our observation that on occasion girls are assigned victim services workers but have not met them prior to the day of the trial or preliminary hearing. In addition, we have observed cases in which the Crown has not informed young women what support is available to them.”⁹¹
- “Several risk factors that appear to foster young women’s delinquent and violent acts have been isolated: physical and sexual victimization, negative attitudes toward school, lack of academic success, perceived lack of opportunities, a great deal of social activity, low self-esteem, and traditional beliefs about women’s roles.”⁹²
- “Environmental factors such as family, education and peer relationships also influence the development and maintenance of conduct disorder. Conduct disorder is not ‘oppositional disorder.’ Girls with oppositional disorder display patterns of negative, hostile and defiant behaviour, but their behaviours do not involve violating the rights of others” (Public Health Agency of Canada 2006).⁹³
- In 2002, females accounted for 8-in-10 (85%) of all victims of spousal violence [...] Young females 25 to 34 experienced the highest rates of spousal violence.”⁹⁴

⁹⁰ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁹¹ MacDonald, Kelly A., on behalf of Justice for Girls. “Justice System’s Response: Violence Against Aboriginal Girls.” September 2005. Accessed January 8, 2009 <<http://www.justiceforgirls.org/publications/pdfs/Violence%20against%20Aboriginal%20Girls%20-%20Final%20Brief%20-%20Sept%202005.pdf>>

⁹² Weiler, Jeanne. “An Overview of Research on Girls and Violence.” *Choices Briefs*, Number 1. 1999. Accessed June 8, 2008 <http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICEExtSearch_SearchValue_0=ED441916&ERICEExtSearch_SearchType_0=no&accno=ED441916>

⁹³ Public Health Agency of Canada. “Aggressive Girls - Overview Paper.” 2006. Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsaggsr_e.html>

⁹⁴ Statistics Canada. “Family Violence in Canada: A Statistical Profile.” 2004. Accessed January 7, 2009 <<http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=85-224-x2004000-eng.pdf>>



- In 2002, girls represented 79% of victims of family-related sexual assaults [...] Rates of sexual offences were highest among girls between the ages of 11 and 14, with the highest rate at age 13.”⁹⁵
- Females aged 25 to 34 have highest rates of partner criminal harassment.⁹⁶
- Violence against girls tends to serve two functions: it is used to pre-emptively teach young women subservience and acceptance of our male-dominated culture, and it is used to punish girls who resist subservience or conformity to traditional female gender roles. In these ways, violence functions as a form of ‘policing’ of young women’s behaviour as well. Ninety-six percent (96%) of girls in custody in B.C. report having experienced physical and/or sexual abuse, 63% of whom report experiencing sexual abuse specifically.⁹⁷
- In a national survey, 15- to 21-year-old lesbian, gay, and bisexual youths reported having been the victims of the following hate crimes: verbal insults, 80%; threats of attack, 44%; property damage, 23%; objects thrown at them, 33%; being chased or followed, 30%; being spat on, 13%; physical assault, 17%; assault with a weapon, 10%; and sexual assault, 22% (Hershberger & D’Augelli, 1995).⁹⁸
- “For Indigenous women, the systematic violation of their collective rights as Indigenous People is the single greatest risk factor for gender based violence – including violence perpetrated within their communities.”⁹⁹

⁹⁵ Statistics Canada. “Family Violence in Canada: A Statistical Profile.” 2004. Accessed January 7, 2009 <<http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=85-224-x2004000-eng.pdf>>

⁹⁶ Statistics Canada. “Family Violence in Canada: A Statistical Profile.” 2004. Accessed January 7, 2009 <<http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=85-224-x2004000-eng.pdf>>

⁹⁷ Richelle Dean, Amber, in cooperation with four young women determined to make a difference. “Locking Them up to Keep Them “Safe”: Criminalized Girls in British Columbia.” A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

⁹⁸ Hyde, Janet Shibley, and Sara R. Jaffee. “Becoming a Heterosexual Adult: The Experiences of Young Women.” *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>

⁹⁹ Native Women’s Association of Canada. “Violence Against Aboriginal Women and Girls.” An Issue Paper Prepared for the National Aboriginal Women’s Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>



- Violence against women is a serious problem in both rural and urban Canada. (27) Rural women face additional problems of isolation, absence of privacy, and in some cases, limited mobility. One rural woman explains, "You have no idea how important 1-800 numbers are in these areas.... Most help is long distance, so the call will be on the husband's telephone bill at the end of the month." Moreover, telephone party lines invade the privacy of women: "It's pretty damn intimidating to call for support. It's not rare to hear someone listening to my calls or for someone to pick up the phone and join the conversation."¹⁰⁰
- Up to 75% of survivors of sexual assaults in Aboriginal communities are young women under 18 years old. 50% of those are under 14 years old, and almost 25% are younger than 7 years old. (METRAC, 2001)¹⁰¹
- In Toronto, racialized group members are 3 times more likely to live in poverty than other groups. Between 1980 and 2000 in Toronto, the poverty rate for the non-racialized population fell by 28%, but poverty among racialized families rose by 361%.¹⁰²
- Racial profiling makes it impossible to deal with some problems of health and well-being. For example, one woman said that she would never call the police to respond to a situation of domestic violence because of how she knew they would respond to a situation in a "Black home": "I'm not going to hand my brother or husband over to the enemy police."¹⁰³

¹⁰⁰ Jennissen, Therese. "Health Issues in Rural Canada." Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>

¹⁰¹ Native Women's Association of Canada. "Violence Against Aboriginal Women and Girls." An Issue Paper Prepared for the National Aboriginal Women's Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>

¹⁰² Colour of Poverty. "Fact Sheet #6: Understanding the Racialization of Poverty in Ontario: Income Levels & Social Assistance in 2007. How does the Racialization of Poverty Affect Incomes and the Need for Social Assistance?" Accessed October 6, 2008 <http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_6_Income.pdf>

¹⁰³ Acton, Janice, and Diana Abraham. "The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members." Racism, Violence and Health Project. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>



- Racialized and poor women are among the fastest growing groups in the prison population in Ontario. Seven times more Black women than White women are sent to Ontario prisons. 1 of 3 women in prison is from a racialized group.¹⁰⁴
- Attempts to ‘rehabilitate’ First Nations girls, mainly through incarceration in training and industrial schools, were embarked on with open admission that the aim of such ventures was to make the girls relinquish their cultural ties and embrace white, middle-class values.¹⁰⁵
- The criminal justice system continually fails to respond to male violence against girls in any meaningful way, and instead criminalizes the girls who experience such violence in the interests of trying to keep them ‘safe’.¹⁰⁶
- So these two interests converged and I thought about how we understand violence against Native women. And it seemed like the big mistake that was made was that we were looking at sexual violence as separate from state violence, or colonial violence, or white-supremacist violence, and we were not seeing that white-supremacy and colonialism [are] successful precisely because [they] operate through sexual violence. So if we don’t address the two together, then either movement will miserably fail.¹⁰⁷
- The impact of Canada’s assaults on Indigenous girls is egregious and the statistics speak for themselves: Studies have found that 42% of homeless girls are Aboriginal. Up to 75% of victims of sex crimes in Aboriginal communities are female and under 18 years of age, 50% of those are under 14 and almost 25% of those are younger than 7 years of age. (20) Despite these facts, Canada does little to protect and support Indigenous girls and address the violence.¹⁰⁸

¹⁰⁴ Colour of Poverty. “Fact Sheet #7: Understanding the Racialization of Poverty in Ontario. Justice and Policing in 2007. How does the Criminal Justice System affect and Impact Racialized Communities?” Accessed October 6, 2008 <http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_7_Justice.pdf>

¹⁰⁵ Richelle Dean, Amber, in cooperation with four young women determined to make a difference. “Locking Them up to Keep Them “Safe”: Criminalized Girls in British Columbia.” A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

¹⁰⁶ Richelle Dean, Amber, in cooperation with four young women determined to make a difference. “Locking Them up to Keep Them “Safe”: Criminalized Girls in British Columbia.” A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

¹⁰⁷ Abolitionist Newspaper. “An Interview with Andrea Smith.” Critical Resistance. Accessed June 3, 2008 <<http://criticalresist.live.radicaldesigns.org/downloads/AndreaSmith.pdf>>

¹⁰⁸ Czapska, Asia, Annabel Webb, and Nura Taefi, In cooperation with young women determined to make a difference. “More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada.” 2008. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf>



- Muslim women are the most discriminated of the faith communities for which the data are available. About one in three (30 per cent) of Muslim women reported having experienced one or more episodes of discrimination or unfair treatment. The Jewish community followed next with 23 per cent reporting similar experiences.¹⁰⁹
- In Canada, Aboriginal women and girls experience extreme marginalization and suffer from inequalities related to their social, economic, cultural, political and civil rights that breed violence, such as post-colonial structural inequalities, family violence, racialized and sexualized violence, gendered violence, poverty, lack of access to adequate housing, including the lack of access to matrimonial property rights, lack of access to justice, low education and employment rates, low health status and little or no political participation.¹¹⁰
- For young women from marginalized groups, this situation is compounded: the marginalization increases their vulnerability to many forms of violence. Sexual abuse and addictions among girls from specific marginalized groups increase their sense of isolation, vulnerability, lack of social identity, and low self-esteem. They are also more vulnerable to hate crimes, and more subtle expressions of homophobia, racism, classism, and ableism. (Jiwani, et al, 1999) No doubt, all these forms of oppression combine to contribute to higher recorded rates of suicide and attempted suicide among marginalized young women.¹¹¹
- One of the most alarming findings of this exploratory project was the high degree of policing and criminalization of teenage girls living in poverty. The criminalization of young women and girls living in poverty has been documented by criminologists and feminists studying the legacy of social control mechanisms enacted by the state against young women who fall outside the realm of acceptable social norms of behaviour or practice (Reistman-Street, 1999; Faith, 1993).¹¹²

¹⁰⁹ Canadian Council of Muslim Women. "Muslim Women in Canada." Fact Sheet 2 (2005). Accessed December 8, 2008 <www.ccmw.com/documents/FactSheet2.pdf>

¹¹⁰ Native Women's Association of Canada. "Culturally Relevant Gender Based Analysis." An Issue Paper, Prepared for the National Aboriginal Women's Summit, 2007. Accessed June 9, 2008 <<http://www.nwac-hq.org/en/documents/nwac.crgba.june1707.pdf>>

¹¹¹ Ladha, Azmina N. "A Dialogue with Young Women from Diverse Communities." *Education Wife Assault: Newsletter on Young Woman Abuse*. Accessed June 4, 2008 <http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm>

¹¹² Dhillon, Jaskiran, and Justice for Girls. "Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada." 2005. Accessed June 4, 2008



- In Canada, “the chance that a young woman or girl will be a victim of some form of violence before she reaches 16 is 50 per cent. Furthermore, girls from marginalized groups tend to experience violence at heightened levels; these are girls and young women of the First Nations, refugees and immigrants, lesbians, bisexual and transgendered youth.” (National Council of Women of Canada, 1999).¹¹³
- Twenty-nine per cent of grade nine girls and 33 per cent of grade nine boys reported feeling unsafe at school in the past month. “Going to high school today is like running the gauntlet,” said David Wolfe, principal investigator and Director of CAMH’s Centre for Prevention Science in London, Ontario. “Yet the high school years are some of the most important in terms of development.”¹¹⁴
- Research repeatedly shows that a vast majority of Aboriginal women have been assaulted, and that the chances of an Aboriginal child growing up without a single first-hand experience of abuse or alcoholism are tiny. Violence may have begun while at residential school or by parents whose souls were damaged by the residential school experience of rape, physical abuse, and cultural genocide. Aboriginal women also experience racially motivated attacks and are harassed on the streets by the public and police more so than non-Aboriginal women.¹¹⁵
- 34 per cent of Muslim women belonging to a visible minority said that they had been discriminated, as compared with 20 per cent of all (Muslim and non-Muslim) visible minorities.¹¹⁶

<<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>

¹¹³ Ladha, Azmina N. “A Dialogue with Young Women from Diverse Communities.” Education Wife Assault: Newsletter on Young Woman Abuse. Accessed June 4, 2008 <http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm>

¹¹⁴ Centre for Addiction and Mental Health. “Sexual Harassment and School Safety: How Safe do Students Feel?” Press Release December 2008. Accessed December 8 2008 <http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/how_safe_do_students_feel.html>

¹¹⁵ Canadian Research Institute for the Advancement of Women. “Fact Sheet: Violence Against Women and Girls.” Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

¹¹⁶ Canadian Council of Muslim Women. “Muslim Women in Canada.” Fact Sheet 2 (2005). Accessed December 8, 2008 <www.ccmw.com/documents/FactSheet2.pdf>



- Young women experience violence daily in such forms as sexual harassment, sexual assault, bullying, harassment by peers online or at school, and dating violence. Research shows that young women from marginalized communities or groups—including women differently situated by race, class, sexual orientation, and disabilities—are victimized more often than young women from society's mainstream. Feelings of isolation, alienation, poor self-esteem, and poor self-image can be inherent aspects of marginalization that increase the vulnerability of these young women to violence; the violence can also exacerbate and entrench these realities. It is important for the anti-violence community, and the community at large, to develop effective responses to meet the specific needs of these young women.¹¹⁷
- The risk of sexual abuse of persons with disabilities "appears to be at least 150% of that for individuals of the same sex and similar age without disabilities". (DAWN Ontario, Disabled Women's Network Ontario, 2006).¹¹⁸
- The fact that Canadian police do not consistently identify and make public the extent of violence against Indigenous women is indicative of an overall failure of the justice system to come to terms with the role of racism and discrimination in violence against Indigenous women. Available statistics, although incomplete, clearly indicate that Indigenous women face a much higher risk of violence than all other women in Canada.¹¹⁹
- The desire to forcibly protect young women 'for their own good' is largely motivated by the sexist assumption that it is easier to control the behaviour of young women than to confront both the men who commit violence against them and the social inequalities that put young women into danger in the first place.
- Historical and current colonization of Aboriginal peoples, lands and families has created a situation in which Aboriginal teenage girls are one of the most oppressed groups in Canadian society. Aboriginal girls face the deepest poverty, extreme male violence in the form of domestic sexual abuse, rape, racialized sexual harassment and racism, as well as institutionalization in prisons, mental health institutions and child welfare placements.¹²⁰

¹¹⁷ Fraser, Michele. "Violence, Young Women, and Marginalization." *Education Wife Assault: Newsletter on Young Woman Abuse*. Accessed June 9, 2008
<http://womanabuseprevention.com/html/Newsletter2005/Violence_Young_Women_Marginalization.htm>

¹¹⁸ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008
<<http://www.pcawa.org/wap3.php>>

¹¹⁹ Amnesty International. "'How Many More Sisters and Daughters do we Have to Lose?' - Canada's Continued Failure to Address Discrimination and Violence Against Indigenous Women." *A Public Brief*, 2005. Accessed June 4, 2008 <http://www.amnesty.ca/campaigns/resources/sisters_brief_oct2005.pdf>



- “For Indigenous women, the systematic violation of their collective rights as Indigenous People is the single greatest risk factor for gender based violence – including violence perpetrated within their communities.” From an Aboriginal perspective, colonization in Canada created cultural, social, economical and political dislocation. Western worldviews and Aboriginal worldviews were polar opposites of each other. In the Aboriginal worldview, women held unique roles and responsibilities to their nations and to the Creator. These roles and responsibilities varied over the diverse nations but there was a common thread throughout - women were respected, valued, honoured and viewed as sacred human beings.¹²⁰
- For women of “colour,” the impact of violence against women is often compounded by a history of institutional discrimination, lack of access to social services, and distrust of the criminal-justice system, as well as the intersections of race, class, and poverty. If a young woman of colour feels that her options are limited by racism, she may depend on her intimate relationship for support and find herself caught between an abusive relationship and an abusive society.¹²²
- Racism is an infectious disease and one of its most insidious symptoms is internalized racism among community members who come to believe what they see and hear every day.¹²³
- The experiences of women of colour who are in, or would like to be in, positions of leadership are unique from most other populations. Women and people of colour must

¹²⁰ Czapska, Asia, Annabel Webb, and Nura Taefi, In cooperation with young women determined to make a difference. “More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada.” 2008. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf>

¹²¹ Native Women’s Association of Canada. “Violence Against Aboriginal Women and Girls.” An issue paper prepared for the National Aboriginal Women’s Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>

¹²² Ladha, Azmina N. “A Dialogue with Young Women from Diverse Communities.” *Education Wife Assault: Newsletter on Young Woman Abuse*. Accessed June 4, 2008 <http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm>

¹²³ Lloyd, Bethan A., and Selom Chapman-Nyaho. “Racism Makes you Sick - It’s a Deadly Disease.” Racism, Violence and Health Project, 2002. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0203.pdf>>



face social issues and organizational structures that encourage prejudice and discrimination based on perceptions of gender and race (Coleman, 2005; Kerka, 2003).¹²⁴

- On the other hand, people of colour are numerically outnumbered in most schools and within Western society as a whole. Yet, in our evolving society we are faced with pockets of minority populations that make up the majority of a school or community's demographic. But, knowledge about other races often comes from second hand sources, such as books, people not part of that group, or television, rather than actual contact with those races (Banks, 1995). There is also limited contact and access between people of colour and Caucasians. So, often times, all members of a particular racial or ethnic group are prejudged as having the same set of characteristics.¹²⁵
- The majority of participants believed that they would face some kind of discrimination in the work place, which would hinder their opportunities for leadership. This is again mirrored in the research on minority women. From an early point, minority women perceived barriers to their advancement and believed that their advancement would be effected by gender and/or racial discrimination in the workplace (Ishaq & Hussein, 2004; Coleman, 2005). This perception of limitations affects the career paths chosen or pursued by young women.¹²⁶
- Violence against women is present in every society and culture. Therefore, women from Arab and Islamic countries are as likely as women from any other country to experience domestic violence both in their home countries and after immigrating to Canada.¹²⁷
- Reported rates of dating violence in high school students range from 9% to 45% (Downey, Bonica & Ricon, 1999), with significant numbers continuing such relationships despite the abuse. Abusive experiences associated with adolescent dating disrupt normal developmental processes such as the development of a stable self-concept and integrated body image during adolescence (Ackard, Neumark-Sztainer & Hannan, 2003), and may lead to impairments in behaviours, thoughts and feelings (Grasley,

¹²⁴ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

¹²⁵ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

¹²⁶ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

¹²⁷ Baobaid, Mohammed. "Access to Women Abuse Services by Arab Speaking Muslim Women in London, Ontario." Centre for Research on Violence Against Women and Children, 2002. Accessed June 4, 2008
<http://www.crvawc.ca/documents/Final-AccessstoWomenAbuseServicesbyArabSpeakingMuslimWomeninLondon_001.pdf>



Wolfe, & Wekerle, 1999). Problematic romantic relationships can have multiple negative effects, for example, on adolescents' self-esteem (Ackard, Neumark-Sztainer & Hannan, 2003) and emotional health (Compian, Gowan, & Hayward, 2004).¹²⁸

- Adolescent females who reported abuse from dating partners are also at a higher risk for health problems such as substance abuse, unhealthy weight control, suicidal thoughts or attempts and unhealthy sexual practices (Seimer, 2004).¹²⁹
- Lesbian youth are also over-represented amongst homeless teenage girls yet the needs of homeless lesbian girls with regards to education have not been thoroughly explored by researchers. Generally it is girls whose lives have been shaped by poverty that wind up homeless (Williams, 2003: 48). However, for many of these girls homelessness is compounded by, or a result of, heterosexism and homophobia within families, schools, and foster or group homes. De Castell and Jensen point out, "within the social service "culture of silence", many queer and questioning youth experience hostility, violence, and sexual abuse while in foster care where homophobia is the norm" (de Castell and Jensen, 2004: 1).¹³⁰
- In her recent report of young women's experiences of prison in British Columbia, Dean describes how the criminal justice system, alongside various forms of policing, have been drawn upon as a protective measure for securing the safety of young women who are deemed homeless, street-involved, or 'high-risk'.¹³¹

¹²⁸ Begoray Deborah L., Elizabeth M. Banister. "Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education." *Women's Health and Urban Life* 6.1 (2007): 24-40. Accessed June 4, 2008 <https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

¹²⁹ Coghlan, Michelle, Ilene Hyman, and Robin Mason. "Perceptions of Intimate Partner Violence (IPV) Among Young Canadian Women." *Women's Health & Urban Life: An International and Interdisciplinary Journal Special Issue: The Health Of Girls and Young Women* 5.2 (2006). Accessed June 4, 2008 <<http://www.scar.utoronto.ca/~socsci/sever/journal/contents5.2.html>>

¹³⁰ Dhillon, Jaskiran, and Justice for Girls. "Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada." 2005. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>

¹³¹ Dhillon, Jaskiran, and Justice for Girls. "Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada." 2005. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>



- Although more research on violence against women is needed, there is a particular need for more information about the prevalence of violence among Aboriginal women, immigrant and refugee women from different populations, women with disabilities, and lesbian women, as well as about violence during pregnancy. Violence against women (physical and sexual assault) is common. In the 1999 GSS survey, the individuals at highest risk were younger women (aged 15 to 24 years), Aboriginal women, those with activity limitations, lone parents with children under 25, those with a former partner and those living in a low-income household.¹³²

- Among adolescent girls, physical and sexual violence during dating is associated with an increased risk of substance use, unhealthy weight control measures (e.g. use of laxatives, vomiting), sexual risk behaviours, pregnancy, and suicide attempts. Early-onset smoking behaviours are also associated with emotional, sexual or physical assault.¹³³

- Experience of Racialization. Canada is known around the world for allowing its people to define who they are. We may call ourselves Italian-Canadians or Franco-Ontarians. People defined or stereotyped based on ethnicity or race have started to describe this as the 'experience of racialization'. For example, a woman looks Asian. People on the street assume she is an immigrant. In fact, she is a fourth generation Chinese-Canadian. A young adult may be black, but he is not always West Indian. Two men speak in an unfamiliar language. Another customer assumes they are speaking a foreign language. Actually, they speak Ojibwa. This is called the experience of racialization.¹³⁴

- Abstinence-only programs can contribute to school harassment and violence as well as to discrimination against LGBT (lesbian, gay, bisexual and transgender) youth. More broadly, they send the message to young adults that discrimination against LGBT individuals is acceptable, thus implicitly (and often explicitly) undermining state and local anti-discrimination laws.¹³⁵

¹³² Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

¹³³ Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

¹³⁴ Fay, Michael. Ontario Prevention Clearinghouse. "Count Me In: Tools for an Inclusive Ontario." Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20%20Count%20me%20In%20Workbook.pdf>>

¹³⁵ Kay, Julie F., and Ashley Jackson. "Sex, Lies and Stereotypes: How Abstinence-Only Programs Harm Women and Girls." Legal Momentum, 2008. Accessed June 4, 2008
<http://www.legalmomentum.org/site/DocServer/SexLies_Stereotypes2008.pdf?docID=1001>



- Despite what is a limited number of studies, it appears that to this point, violence as it is expressed in the lives of some adolescent girls needs to be viewed separately from adolescent boys. Whatever causal explanations are to be tested cannot be made without the contribution of further knowledge with respect to variables describing interpersonal, intrapersonal, and contextual factors affecting the lives of adolescent girls. The life course for boys and girls is simply different. While again minimal, there is evidence, for example, that age of onset for violence is later for girls than boys (Zoccolillo, 1993), and cross-gender aggression is higher for girls than boys (Loeber & Stouthamer-- Loeber, 1998).¹³⁶
- Internet safety is an emerging issue, especially for girls. Almost one in four girls has been in contact with a stranger on the Internet who made her feel unsafe.¹³⁷
- Young women who are differently abled experience violence in unique ways. They face challenges such as inaccessible services, stigma, and social neglect, and they are rarely included in discussions about violence against young women. These barriers make it easier for perpetrators (often caregivers) to continuously violate young women with disabilities, as few services and programs exist to cater to their needs and identities. Services that do exist to address violence against women remain exclusive and do not recognize the unique factors and experiences young women with disabilities face, causing women with disabilities to be more vulnerable and less able to find help.¹³⁸
- Among the most disturbing findings of our report were those pertaining to non-status women facing violence from intimate partners and men they knew. Again, both service providers and non-status people reported a similar picture. Non-status women were adamant that they would not report violence for fear that the police would notify the immigration authorities.¹³⁹

¹³⁶ Leschied, Alan W., Anne L. Cummings, Michelle Van Brunschot, Alison Cunningham, and Angela Saunders. "Aggression in Adolescent Girls: Implications for Policy, Prevention, and Treatment." *Canadian Psychology* 42.3 (2001): 200. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_qa3711/is_200108/ai_n8975561>

¹³⁷ McCreary Centre Society. "Healthy Youth Development Highlights from the 2003 Adolescent Health Survey." 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>

¹³⁸ Public Health Agency of Canada. Violence Against Women with Disabilities. National Clearing House on Family Violence, 2005. Accessed December 7, 2008 <http://www.phac-aspc.gc.ca/ncfv-cniv/familyviolence/html/femdisabus_e.html>

¹³⁹ Access Alliance Multicultural Community Health Centre. "'Access Not Fear' Non-Status Immigrants and City Services." Preliminary Report, February 2006c. Accessed December 8, 2008 <[www.socsci.mcmaster.ca/polisci/emplibary/Access%20Not%20Fear%20Report%20\(Feb%202006\).pdf](http://www.socsci.mcmaster.ca/polisci/emplibary/Access%20Not%20Fear%20Report%20(Feb%202006).pdf)>



- Women experience higher rates of poverty than do men (15.5% v 13.5%), and among women, poverty is not equally distributed. Mother led single parent families experience appalling high rates of poverty (47.1% in 2005, compared to 12.6% for father led single parent families and 6.6% for two parent families), making clear that children's poverty is tied to that of their parents, particularly their mothers. Aboriginal women experience inordinately high rates of poverty. In 2000, 36% of all Aboriginal women lived in households with low incomes, compared to 17% for non-Aboriginal females and 32% for Aboriginal males. Almost twice as many women who, in the lexicon of Statistics Canada, are "visible minorities" live in households with low incomes as compared to non- visible minority women (29% v 16%). There has also been a dramatic racialization of poverty in the Toronto over the last two decades. Women with disabilities experience higher rates of low income than do women without disabilities and men with disabilities. In 2000, 26% of women over 15 with a disability lived below Statistic Canada's LICOs, compared to 20% of men with disabilities and 16% of other women.¹⁴⁰
- The discrimination women experience is grounded not only in gender stereotypes and the devaluing of women, but also in how gender intersects other dimensions of social identity, including Aboriginal status, age, class, disability, family status, immigration status, race, gender identification and sexual orientation. Women constantly encounter the negative stereotypes forged at the intersections of these social locations.¹⁴¹
- Violence against women at the state level may be understood in a variety of ways. In some contexts, agents of the state are perpetrators of acts of violence (physical, sexual or psychological) against women. Many women experience, for example, physical violence at the hands of the police. The charging of women by police when they report the violence of their partners is another form of state violence. Violence is also enacted through state laws, policies and practices that condone violence against women.¹⁴²
- While violence cuts across all social classes and categories, women and girls from marginalized communities are more likely to experience violence. As with the unequal distribution of poverty, higher rates of violence experienced by some women is yet

¹⁴⁰ Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>

¹⁴¹ Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>

¹⁴² Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>



another manifestation of the discrimination, oppression and marginalization they experience.¹⁴³

- Violence in all of its forms has negative health impacts; physical and mental wellness is adversely impacted. Globally, it is estimated that violence against women causes more death and disability among women aged 15 to 44 than cancer, malaria, traffic accidents and war. Intimate violence is the leading cause of morbidity among women in the United States. Indeed in 1997, the World Health Organization identified violence against women as a priority health issue.¹⁴⁴
- Young women and female children are highly vulnerable to sexual assault. In 1997, persons under 18 were 24% of the population but represented 60% of all sexual assault victims and one fifth (19%) of physical assault victims. Of sexual offences against kids under 12, the ages at which boys are most likely to be sexually assaulted, girl victims outnumber boys by two to one. Women under 25 are also at greatest risk of being killed by their male partners.¹⁴⁵
- Violence against women crosses socioeconomic lines. However, low-income women may be more often trapped in abusive relationships because of a lack of financial resources for housing and income support.¹⁴⁶
- Violence, including sexual assault, whether inflicted by a spouse or a stranger, is one of the most fundamental transgressions of the human rights of Aboriginal women and girls.¹⁴⁷

¹⁴³ Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>

¹⁴⁴ Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>

¹⁴⁵ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Violence Against Women and Girls." Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

¹⁴⁶ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Violence Against Women and Girls." Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

¹⁴⁷ Native Women's Association of Canada. "Culturally Relevant Gender Based Analysis." An issue paper, prepared for the National Aboriginal Women's Summit, 2007. Accessed June 9, 2008 <<http://www.nwac-hq.org/en/documents/nwac.crgba.june1707.pdf>>



- “I think that [violence] causes [Aboriginal girls] to feel low self-esteem, anger, hatred, sadness, isolation.” - Age 19, Ontario.¹⁴⁹
- “I think that violence toward Aboriginal women is perpetuated within society. It is not only one person making them feel worthless, but instead is the general accepted stereotype surrounding Aboriginal women.” - Age 19, Ontario.¹⁵⁰
- Sexual abuse in particular has been named as a major cause of homelessness among young women. Sexual abuse is one of the only topics in youth homelessness studies that is “gendered” or spoken of in terms of gender.¹⁵¹
- Only 6% of sexual assaults are reported to the police and only 1% of date rapes are reported to the police. (Statistics Canada). 63% of sexual assaults reported to the police involve girls and young women under the age of eighteen. Children and youth make up 61% of reported sexual assault cases. (METRAC).¹⁵²
- In a 2001 survey of 523 homeless youth aged 12 to 19, it was found that 87 per cent of the homeless girls had been physically or sexually abused.¹⁵³
- Virtually all of the girls and young women in this study told of the violence in their homes and on the streets, and expressed their view that they were particularly vulnerable to violence by virtue of being female. Most talked about sexual abuse,

¹⁴⁹ Native Women`s Association of Canada. “Fact Sheet: Domestic/Relationship Violence”. Accessed December 13, 2009

<http://www.nwac-hq.org/documents/yc_vpk/2.%20Workshops%20Handouts/English/1.%20Domestic%20-%20Relationship%20Violence/1.%20FACT%20SHEET%20-%20Domestic%20Relationship%20Violence.pdf>

¹⁵⁰ Native Women`s Association of Canada. “Fact Sheet: Domestic/Relationship Violence”. Accessed December 13, 2009 <http://www.nwac-hq.org/documents/yc_vpk/2.%20Workshops%20Handouts/English/1.%20Domestic%20-%20Relationship%20Violence/1.%20FACT%20SHEET%20-%20Domestic%20Relationship%20Violence.pdf>

¹⁵¹ Justice for Girls. “Girl Homelessness in Canada.” Parity Magazine, 2007. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/ParityArticle.pdf>>

¹⁵² Native Women`s Association of Canada. “Fact Sheet: Domestic/Relationship Violence”. Accessed December 13, 2009 <http://www.nwac-hq.org/documents/yc_vpk/2.%20Workshops%20Handouts/English/1.%20Domestic%20-%20Relationship%20Violence/1.%20FACT%20SHEET%20-%20Domestic%20Relationship%20Violence.pdf>

¹⁵³ Justice for Girls. “Girl Homelessness in Canada.” Parity Magazine, 2007. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/ParityArticle.pdf>>



including rape, as the most central and persistent fear they faced on the street and in shelters.¹⁵⁴

- Childhood sexual abuse victimization is associated with a host of negative effects, both during childhood (Kendall-Tackett et al., 1993) and subsequently as an adult (Browne & Finkelhor, 1986). Childhood sexual abuse has been linked to increased rates of dissociation (Putnam & Trickett, 1997), depression (Briere & Conte, 1993; Briere & Runtz, 1988), anxiety (Briere & Runtz, 1987; Molnar, Buka, & Kessler, 2001), posttraumatic stress disorder (Rodriguez, Van de Kemp, & Foy, 1998), body shame (Andrews, 1995), eating disorders (Smolak & Murnen, 2002), physical health impairment (Leserman, 2005), and difficulty in interpersonal relationships (Colman & Widom, 2004).¹⁵⁵
- 98% of sex offenders are men and 82% of the survivors of these assaults are girls and women.¹⁵⁶
- Students also face other types of aggression at school. Thirty-nine per cent of girls and 30% of boys reported verbal harassment at school by peers in 2003. In 1998, students were asked whether they had been verbally harassed by “someone” rather than peers, and 63% of girls and 49% of males said yes, at that time. In 2003, 13% of boys and 6% of girls were physically assaulted at school in the previous year, and 31% of students say they were purposely excluded at least once. More than half of girls (53%) also experienced verbal sexual harassment in the previous year at school and elsewhere, compared to 36% of boys, similar results to 1998.¹⁵⁷
- Ethno-racial minorities face greater economic hardship than other Canadians and are disproportionately represented in jobs with long hours and low pay.¹⁵⁸

¹⁵⁴ Reid, Shyanne, Helene Berman, and Cheryl Forchuk. “Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women.” *Issues in Comprehensive Pediatric Nursing* 28.4 (2005): 237 – 256.

¹⁵⁵ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

¹⁵⁶ Canadian Research Institute for the Advancement of Women. “Fact Sheet: Violence Against Women and Girls.” Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

¹⁵⁷ McCreary Centre Society. “Healthy Youth Development Highlights from the 2003 Adolescent Health Survey.” 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>

¹⁵⁸ Centre for Addiction and Mental Health. “Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities.” 2007. Accessed July 6, 2008 <http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>



- On any given night some 33,000 Canadians are homeless of which as many as 11,000 are youth.¹⁵⁹
- In Toronto, a good estimate suggests there are at least 10,000 different youth who are homeless at one point on any given year - and anywhere from 1,500 to 2,000 on a given night.¹⁶⁰
- Abuse in the home: Ultimately, experts say that the vast majority of youth or children rarely leave happy homes for the streets. Several studies have indicated that 70% of youth have experienced some form of sexual, physical or emotional abuse. Many of the rest simply felt neglected.¹⁶¹
- Summing up the various modes of intimate partner abuse (physical, sexual, emotional and financial), the reported rate of 'any' abuse was 21.2% among Canadian women. This did not vary much across the provinces, the rates ranging from 18.8% (Ontario) to 25.0% (Alberta). Women were also asked about their lifetime experience with non-intimate-partner sexual abuse. Overall, 11.6% stated that they had been exposed to sexual abuse. This varied from 10.0% in Ontario to 16.3% in British Columbia. Of women who claimed at least one mode of abuse, 23.8% reported using drugs for anxiety, depression or sleeping. The use of these medications varied from a low of 17.0% in Manitoba/Saskatchewan to a high of 25.9% in British Columbia.¹⁶²
- It should be noted, however, that even within the category of homelessness among 'young women and girls', there is marked diversity. That it, the issue of homelessness impacts young women and girls differently. For example, Aboriginal young women are greatly over-represented amongst low-income and street-involved girls (Novac, et al, 2002: 66). "Poverty is a scourge that stalks Aboriginal children as they grow up. It is a well-documented fact that poor children suffer more health problems of every kind, and Aboriginal children in Canada are among the poorest of the poor" (Fournier and Crey, 2000: 306).¹⁶³

¹⁵⁹ Covenant House Toronto. "Report on Youth Homelessness." Accessed June 4, 2008
<<http://www.covenanthouse.on.ca/Public/Default.aspx?l=194&n=Facts+and+Stats>>

¹⁶⁰ Covenant House Toronto. "Report on Youth Homelessness." Accessed June 4, 2008
<<http://www.covenanthouse.on.ca/Public/Default.aspx?l=194&n=Facts+and+Stats>>

¹⁶¹ Covenant House Toronto. "Report on Youth Homelessness." Accessed June 4, 2008
<<http://www.covenanthouse.on.ca/Public/Default.aspx?l=194&n=Facts+and+Stats>>

¹⁶² Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

¹⁶³ Dhillon, Jaskiran, and Justice for Girls. "Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada." 2005. Accessed June 4, 2008



- First Nations girls also experience abuse both in and out of the home at disturbing rates. Up to 75% of victims of sex crimes in Aboriginal communities are female under 18 years of age, 50% of those are under 14, and almost 25% of those are younger than 7 years of age (Correctional Services of Canada, cited in McIvor & Nahanee, 1998: 65). The incidence of child sexual abuse in some Aboriginal communities is as high as 75 to 80% for girls under 18 years of age (McEvoy & Daniluk, 1995: 228). Aboriginal youth generally exhibit a suicide rate seven times that of the national average for youth. “There is no more telling indictment of the future of Canada has handed First Nations children than their rejection of life itself. First Nations caregivers say that children are killing themselves in record numbers as an expression of self-hatred induced by the intergenerational assault, in many guises, on the very core of Aboriginal identity” (Fournier and Crey, 2000: 308).¹⁶⁴

- The following statistics illustrate the rates of sexual abuse for women with disabilities:
 - Of women with disabilities, it is estimated that 83% will be sexually abused in their lifetime.
 - Of girls with intellectual disabilities, it is estimated that 40% to 70% will be sexually abused before the age of 18.
 - Of psychiatric inpatients, 80% have experienced physical or sexual abuse in their lifetime.¹⁶⁵

- When surveyed on sexual pressures, four per cent of males in grade 11 admitted trying to force someone to have sex with them, while 10 per cent of males and 27 per cent of females admitted being pressured into doing something sexual that they did not want to. Not surprisingly, the data shows that girls are feeling this pressure more than boys, with 15 per cent reporting that they had oral sex just to avoid having intercourse.¹⁶⁶

<<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>

¹⁶⁴ Dhillon, Jaskiran, and Justice for Girls. “Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada.” 2005. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>

¹⁶⁵ Public Health Agency of Canada. “Violence Against Women with Disabilities.” National Clearing House on Family Violence, 2005. Accessed December 7, 2008 <http://www.phac-aspc.gc.ca/nctv-cnivf/familyviolence/html/femdisabus_e.html>

¹⁶⁶ Centre for Addiction and Mental Health. “Sexual Harassment and School Safety: How Safe do Students Feel?” Press Release December 2008. Accessed December 8 2008 <http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/how_safe_do_students_feel.html>



- In terms of sexual harassment in school, girls were much more likely to report having received sexual comments, unwanted looks or touches, and having parts of their body commented on or rated. In contrast, boys were much more likely to report being called homophobic insults (such as "gay" or "fag") than girls (e.g., "lezzie," "dyke"). Unfortunately, this pattern of homophobic insults continued mostly unchanged from grade 9 (34 per cent) to grade 11 (30 per cent) for boys, but declined by almost half for girls, from 22 per cent to 12 per cent.¹⁶⁷

According to the survey, 16 per cent of girls and 32 per cent of boys reported being physically harmed (on or off school property), while ten per cent of girls and 25 per cent of boys admit to being the perpetrators of such violence. And in a trend that has emerged with the widespread use of the web and social networking sites, 12 per cent of males and 14 per cent of females reported being harassed over the Internet.¹⁶⁸

- Women with disabilities also experience higher rates of violence, although as with Aboriginal women, more research is needed. Earlier research indicates that the rates of violence perpetrated against women with disabilities is 1.5 to 10 times the rate compared to women without disabilities, depending upon whether they reside in the community or in institutions.⁸³ Other work estimates that a staggering 83% of women with disabilities will be sexually abused, and for girls with intellectual disabilities, 40-70% will be sexually abused before the age of 18.¹⁶⁹
- Women under the age of 25 are more likely than those who are older to be victimized by their intimate partner.¹⁷⁰

¹⁶⁷ Centre for Addiction and Mental Health. "Sexual Harassment and School Safety: How Safe do Students Feel?" Press Release December 2008. Accessed December 8 2008 <http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/how_safe_do_students_feel.html>

¹⁶⁸ Centre for Addiction and Mental Health. "Sexual Harassment and School Safety: How Safe do Students Feel?" Press Release December 2008. Accessed December 8 2008 <http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/how_safe_do_students_feel.html>

¹⁶⁹ Metropolitan Action Committee on Violence Against Women and Children. "No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women's Poverty and Violence Against Women." October 2008. Accessed December 9, 2008 <<http://www.metrac.org/programs/info/prevent.htm>>

¹⁷⁰ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>



- Between 1994 and 2003, females aged 15-24 had the highest rate of spousal homicide (22.5 per million female spouses), nearly 3 times the overall rate of spousal homicide for women during the same period (7.7 per million female spouses) and nearly 3 times the rate of males aged 15 to 24 (8.5 per million male spouses).¹⁷¹
- Aboriginal women's vulnerability to violence and sexual assault is fuelled by social and economic marginalization and a history of colonialist government policies.¹⁷²
- In one Ontario study, 8 out of 10 Aboriginal women had experienced violence in their relationships. Of these, 87% were physically injured and 57% were sexually abused. An estimated 75% to 95% of women in some northern Aboriginal communities have been physically abused. (Health Canada, 2005).¹⁷³
- Abuse against women with disabilities includes a wide range of behaviours that women who are not disabled may not experience. For example, women with disabilities often have to rely on others to help them with mobility, toileting, eating, bathing or other daily tasks. This dependence requires quite intimate relationships with a wide range of others, including partners, caregivers, health professionals, transportation providers and other family members. Dependence on a large network of relationships increases the chances that a disabled woman will experience abuse (Health Canada, 2005).¹⁷⁴
- In 2004, 33% of all victims (or 394,000 out of approximately 1,194,000 victims) of spousal violence reported that children saw or heard the violence in the home.¹⁷⁵
- Children who witness family violence often display elevated rates of depression, aggression, delinquency, and other emotional problems (Steinberg et al, 1993; Edleson, 1999; Fitzgerald, 2004).¹⁷⁵

¹⁷¹ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷² Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷³ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷⁴ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷⁵ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>



- Witnessing violence increases the chances that boys will grow up to act violently with dating and/or marital partners. For girls, it increases the chances that they will accept violence in their dating and/or marital relationships. (Health Canada, 2005).¹⁷⁶
- A recent survey found on an average day in 2004, there were 6,100 women and dependent children in shelters, the majority of which were there to escape abuse (76% of women and 88% of children.). 67% of children accompanying their mothers to escape abuse were under the age of 10, with children under the age of 5 accounting for 40% of all children admitted. (Statistics Canada Transition Home Survey, 2004).¹⁷⁸
- In rural areas, social and public services are fewer and access to them is more difficult compared to urban settings. Where they do exist, provision of these services is fraught with safety and ethical issues due to the insular nature of many rural communities. Abusers and victims often live in the same places, meaning that women who seek assistance are often threatened or exposed to further violence by the abuser's family or friends, or the abusers themselves. Some women, particularly Aboriginal women and those living in remote areas, may have no support outside of their home communities.¹⁷⁹
- Aboriginal women aged 25–44 are five times more likely to die of violence than other Canadian women (Amnesty International Canada, 2004) and account for about 50 per cent of all HIV-positive tests among Aboriginal people, as compared to 16 per cent for non-Aboriginal women (Desmeules et al., 2003). Rural women face particular challenges related to poverty (Ross, Scott & Smith, 2000; Sutherns, McPhedran & Haworth-Brockman, 2004) and intimate partner violence (Biesenthal, Sproule & Plocica, 1997; Levett & Johnson, 1997) due to their isolation and because of limited economic opportunities and services in rural locales. Thus, Aboriginal women living in rural areas face multiple and intersecting forms of oppression. However, these well-known

¹⁷⁶ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷⁷ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷⁸ Peel Committee Against Woman Abuse. "End Violence Against Women." Accessed December 13, 2008 <<http://www.pcawa.org/wap3.php>>

¹⁷⁹ Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>



intersections rarely inform health policy and practice related to violence or HIV, or policies related.¹⁸⁰

- Gender, rural living and poverty shaped the intersecting risks of violence and exposure to HIV for all of the participants. However, for the Aboriginal participants, these features were shaped by systemic racism within the neo-colonial context of Canadian society. All of the Aboriginal women, for instance, were affected by the consequences of generations of their families having been confined to reserves and residential schools (a number of the women in the study had attended residential school themselves).¹⁸¹
- Aboriginal women and rural women face disproportionate socio-economic burdens—such as poverty and isolation—that magnify the difficulties they face in dealing with violence (Adler, 1996; Biesenthal et al., 1997; Dion Stout, 1998; Levett & Johnson, 1997; MacMillan, MacMillan, Offord & Dingle, 1996; Sawicki, 2001). These inequities can create barriers to their accessing meaningful health care services (Browne, 2005; Browne & Fiske, 2001; Browne & Smye, 2002), which, in turn, can increase their risk of contracting HIV.¹⁸²
- Because Aboriginal and rural women face multiple barriers to their health and safety, and because their rates of HIV infection are rising more quickly than for other women, development of appropriate prevention strategies that take into consideration unequal power dynamics and issues of violence is urgent.¹⁸³
- In rural areas, social and public services are fewer and access to them is more difficult compared to urban settings. Where they do exist, provision of these services is fraught with safety and ethical issues due to the insular nature of many rural communities. Abusers and victims often live in the same places, meaning that women who seek assistance are often threatened or exposed to further violence by the abuser's family or

¹⁸⁰ Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸¹ Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸² Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸³ Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>



friends, or the abusers themselves. Some women, particularly Aboriginal women and those living in remote areas, may have no support outside of their home communities.¹⁸⁴

- Both the women and service providers told us that confidentiality was often “a joke” for many reasons: women would often end up with family members or friends as service providers, information was shared outside of professional relationships, and people would observe who went to which offices or clinics. Labelling and stigma— particularly regarding mental health, violence, drug and alcohol use, and HIV—were impossible to escape. Women could not “get away” from abusers. Aboriginal people could not “get away” from discriminatory policies and racist behaviours. Individuals could not “get away” from negative social judgments. For many of the Aboriginal women, part of this inability to “get away” was related to the fact that, as cuts to social assistance deepened, they could not afford to move off their reserves or were forced to return to their reserves, thus risking their personal safety.¹⁸⁵
- In addition, rural policies and programs tend to be influenced or dictated from “outside,” often resulting in a mismatch with local needs. This divergence, combined with the limited social service, health care and community resources available in the area, was detrimental to many of the women interviewed. One community leader/service provider commented on how policies that are defined by regional, provincial, or federal agencies—which more often than not focus on fiscal restraint—present challenges to service delivery in rural areas.¹⁸⁶
- The shortages of women’s shelters in Canada is more pronounced in rural areas, and women may have to travel vast distances to reach one. The House of Commons sub-committee on the Status of Women heard in 1991 that some women in Saskatchewan had to travel 500 miles to reach a 16-bed shelter.¹⁸⁷

¹⁸⁴ Varcoe, Colleen, and Sheila Dick. “The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context.” *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸⁵ Varcoe, Colleen, and Sheila Dick. “The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context.” *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸⁶ Varcoe, Colleen, and Sheila Dick. “The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context.” *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008 <http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

¹⁸⁷ Jennissen, Therese. “Health Issues in Rural Canada.” Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>



- Women may not be able to leave abusive situations because they do not have any money, they do not have access to vehicles, buses and trains do not travel through many small rural centres, and the nearest telephone may be miles away.¹⁸⁸
- “In the more rural areas of Canada, the disregard of violence against Indigenous girls is often even further aggravated. The stretch of highway in the northern interior of British Columbia, Canada, coined the “Highway of Tears” is a case in point. While over the last ten years, thirty-two teenage girls, thirty-one whom are Aboriginal, have gone missing or were found murdered along highway 16, only recently have 34 law enforcement officers been put to the task of conducting an investigation in the area. Compare this to a situation where one young man from a prestigious neighbourhood in the lower mainland of Vancouver BC went missing from his home in South Vancouver. Over 100 law enforcement officers were put to the task of investigating and the man was found in two days. This statement of priority sends a strong message to the public about Canada’s value of the lives of Indigenous girls.”¹⁸⁹
- The conclusion was that the solution to violence does not come from outside the community but exists within it. The men and women of Nunavut require training, support, funding and the authority at the community level to prevent violence at its roots when it begins, and before it gets madly out of control. It was also decided that the most important things a community and government could do was to provide locally based education, counselling and support for the children.¹⁹⁰
- Amnesty International (2004) reports that Aboriginal women aged 25-44 are five times more likely than other Canadian women of the same age to die of violence.¹⁹¹

¹⁸⁸ Jennissen, Therese. “Health Issues in Rural Canada.” Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>

¹⁸⁹ Justice For Girls 2006.

¹⁹⁰ Qullit Nunavut Status of Women Council and Ellen Hamilton. “Violence Against Women Symposium: Nunavut, Final Report and Recommendations.” Summary of the Final Report on the Violence Against Women Symposium. Iqaluit, Nunavut, 2006. Accessed April 24, 2008 <http://www.qnsw.ca/women_violence/documents/SymposiumExecSummaryENG.pdf>

¹⁹¹ Native Women’s Association of Canada. “Violence Against Aboriginal Women and Girls.” An Issue Paper Prepared for the National Aboriginal Women’s Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>



- More than 500 Aboriginal women and girls have gone missing or been murdered over the last 30 years. Systemic racist and discriminatory factors on the part of Canada play a role in violence against Aboriginal women and girls. (NWAC).¹⁹²

- Once on the street, there are few dedicated services that cater to the specific needs of Aboriginal people or that are managed by Aboriginal people. Young homeless Aboriginal women face racism; they are stigmatized, presumed to be alcoholics and prostitutes, are disconnected from family and friends, tend to be more street entrenched, and are less likely to leave the area than White women. Some police officers and service providers mistreat them. At the same time, there is a strong sense of survival among members of the Aboriginal community, a sense that Aboriginal people want to take care of their own. There are some good programs. Informants made careful comments about there being a culture of addiction and the dilemma of social isolation for recovered individuals.¹⁹³

- The racialization of poverty is increasingly manifest in urban centres where racialized groups are concentrated, and in the emergence of racial enclaves and a growing racial underclass. This process is intensifying in increasingly racially segregated neighbourhoods. In an increasingly segregated housing market, racialized groups are relegated to substandard, marginal, and often overpriced housing. The growing social inequalities act as social determinants of health and well being, with higher health risks, barriers to social services, and increased contact with the criminal justice system.¹⁹⁴

- For example, female-led, racialized and immigrant households living in poverty are increasingly concentrated in urban public housing, frequently in neighbourhoods that are ghetto-like, unsafe, and stigmatized. Such neighbourhoods are an enduring spatial expression of class, gender, and racial hierarchy and oppression. But residential segregation is also evident for immigrant groups who have high incomes and wealth.¹⁹⁵

¹⁹² Native Women's Association of Canada. "Violence Against Aboriginal Women and Girls." An Issue Paper Prepared for the National Aboriginal Women's Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>

¹⁹³ Canadian Housing and Renewal Association, Sylvia Novac, Luba Serge, Margaret Eberle and Joyce Brown. "On Her Own: Young Women and Homelessness in Canada." 2002. Accessed June 4, 2008 <http://www.swc-cfc.gc.ca/pubs/pubspr/0662318986/index_e.html>

¹⁹⁴ Galabuzi, Grace-Edward. "Canada's Creeping Economic Apartheid: The Economic Segregation and Social Marginalization of Racialized Groups ." Centre for Social Justice Foundation for Research and Education - Toronto, 2001. Accessed October 6, 2008 <<http://action.web.ca/home/narcc/attach/Canada%5C%27s%20Creeping%20Economic%20Apartheid.pdf>>

¹⁹⁵ Novac, Sylvia. "Immigrant Enclaves and Residential Segregation: Voices of Racialized Refugee and Immigrant Women." For The Canadian Advisory Council on the Status of Women, 1996. Accessed October 4, 2008 <<http://www.hnc.utoronto.ca/publish/women.pdf>>



- According to Justice Canada's 2004 One-Day Snapshot of Aboriginal Youth in Custody, "while Aboriginal youth comprised approximately 5% of the Canadian population, 33% of youth in custody were Aboriginal."³⁰ The over-representation of Aboriginal peoples in the justice system is a product of the legacies of colonialist oppression, which continues to influence the current racist practices of police, the courts, and child welfare officials. This report outlines the many ways in which young women's encounters with the justice system only serve to further their marginalization on the basis of gender, race, class, and sexual orientation by punishing them largely for their failure to conform to social norms that dictate 'appropriate' white, middle-class femininity. While Aboriginal youth make up only about 8% of the population of young people in B.C., one 2001 study found that 58% of girls and 36% of boys in custody in British Columbia identified themselves as Aboriginal.¹⁹⁶

- By constantly calling on and constructing an entity called "Canadians" and pitting it against immigrants, the state has actually stimulated white supremacist attitudes.... By constantly signifying the white population as "Canadians" and immigrants of colour as "others," by constantly stereotyping Third World immigrants as criminals, terrorists, and fundamentalists, the state manages to both manipulate and cancel its alleged dedication to multiculturalism (Bannerji, 2000: 77-78).¹⁹⁷

- In order to understand the many ways in which *internalized racism* affects young women of colour, it is important to understand what it is. A working definition of internalized racism is: Acceptance by the members of the stigmatized races of negative messages about their own abilities and intrinsic worth. Like any internalized oppression, internalized racism is invisible. Young women of colour may not even know how and to what extent they are being affected by society's messages about race. In addition, these young women may be dealing with multiple internalized oppressions, as they also have to cope with sexism, which may become internalized. Because a young woman of colour is bombarded with society's limiting messages regarding both her race and her gender, the damaging affect on her confidence in her abilities and intrinsic worth are potentially compounded.¹⁹⁸

¹⁹⁶ Richelle Dean, Amber, in cooperation with four young women determined to make a difference. "Locking Them up to Keep Them "Safe": Criminalized Girls in British Columbia." A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

¹⁹⁷ Arat-Koc, Sedef. "The Disciplinary Boundaries of Canadian Identity After September 11: Civilizational Identity, Multiculturalism, and the Challenge of Anti-Imperialist Feminism." *Social Justice* 32.4 (2005): 32-49. Accessed October 8, 2008 <www.interfaithjustpeace.org/pdf/zine_arat_koc_canadian_identity_post_911.pdf>

¹⁹⁸ Centre for Addiction and Mental Health and the VALIDITY Team. "Hear me, Understand me, Support me: What Young Women Want you to Know About Depression." Toronto Centre for Addiction and Mental Health, 2006. Accessed June 9, 2008 <http://www.camh.net/Publications/Resources_for_Professionals/Validity/index.html>



- While there is very little research and writing about girl homelessness, even less is written about the struggles of racialized refugee and immigrant girls and Canadian-born racialized girls who are trying to survive on their own and who are impacted not only by sexism, poverty and male violence but also by the compounding effects of living with systemic and individual racism. For racialized girls the experience of being “invisible” is a real one. Canadian institutions, including schools, children’s ministries and services for youth (such as youth shelters, counselling, etc) are built based on beliefs and norms of white Anglo-Canadian culture, and can be alienating, racist and inaccessible to racialized girls (both Canadian-born and refugee and immigrant girls). Mainstream services—youth shelters, foster homes, etc—are often staffed and accessed by white people and so many racialized girls are barred *both* because they do not see people who are like them in the service and because they know from experience that they will likely experience racism, racist stereotyping and a general lack of understanding of their lived experience, in services designed for non-racialized people.¹⁹⁹

- Women have the right to be safe and free from violence. Indigenous women have the right to be safe and free from violence. When a woman is targeted for violence because of her gender or because of her Indigenous identity, her fundamental rights have been abused. And when she is not offered an adequate level of protection by state authorities because of her gender or because of her Indigenous identity, those rights have been violated.²⁰⁰

- The educational institution is often the first place where the youth encounter skin-colour racism. The schoolrooms and playgrounds become arenas where visible minority youth learn more than science and basketball – they learn that no matter what their skills and capabilities are they will always be seen as inferior because of the colour of their skin.²⁰¹

- At the same time, participants recognized how many members of the white community seem to continue along in their lives without being affected in any way, without any recognition of how they might be part of the problem of racism. This leads people in the Black community to feel even more frustrated: “Do white people really care? Do they

¹⁹⁹ Czapska, Asia, Annabel Webb, and Nura Taefi, In cooperation with young women determined to make a difference. “More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada.” 2008. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf>

²⁰⁰ Amnesty International. “Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada.” 2004. Accessed June 4, 2008 <<http://www.amnesty.ca/campaigns/resources/amr2000304.pdf>>

²⁰¹ Desai, Sabra, and Sangeeta Subramanian. “Colour, Culture and Dual Consciousness: Issues Identified by South Asian Immigrant Youth in the Greater Toronto Area.” 2000. Accessed October 5, 2008 <<http://ceris.metropolis.net/Virtual%20Library/community/desai1.html>>



talk about stress like we do? I feel they just go on with their lives.” “Why do we Black people have to do all the work?”²⁰²

- Immigrants – even those from predominantly Black countries – often comment that their first experience of racism took place in Canada. One participant explained that in her country, “You are only looked at differently if you are ‘uneducated’.” Another person said she spent her first two years in Canada thinking that people here were just “obnoxious and rude” until someone pointed out that this behaviour was racism.²⁰³
- The internalization of racism results in people in the Black community sometimes looking at one another with distrust and fear, seeing each other as “the enemy” rather than looking at the broader systemic problems.²⁰⁴
- Recent immigrants, visible minorities, refugees and family class immigrants face immense integration challenges. By way of illustration, immigrant minorities often face the devaluation of their credentials comparable to those held prior to coming to Canada when seeking employment. They may also encounter other forms of systemic discrimination in the Canadian labour markets (Vanier Institute of the Family, 1998: 9).²⁰⁵
- Language and cultural barriers can be significant obstacles to obtaining a job. The job application and hiring process, including the resume and interview, were often too different from newcomers’ experiences in their countries of origin. Interviews were perceived to be loaded with subtle meanings and language nuances undetectable by

²⁰² Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

²⁰³ Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

²⁰⁴ Acton, Janice, and Diana Abraham. “The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members.” Racism, Violence and Health Project. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>

²⁰⁵ Anisef, Paul, and Kenise M. Kilbride. “The Needs of Newcomer Youth and Emerging ‘Best Practices’ to Meet Those Needs.” Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>



second language speakers. Body language, both on the part of the interviewer and the woman being interviewed, can be easily misunderstood due to cultural differences.²⁰⁶

- In Canada, dominant public discourses on diversity and 'the immigrant' have constructed immigrants as primarily racialized but also gendered and classed 'Others' (Bannerji 2000; Carty 1999; Elabor-Idemudia 1999). In the same vein, racialization and other processes of othering and social exclusion also can be seen to have constructed certain individuals as 'Canadians' who enjoy insider status in society.²⁰⁷
- This process of othering perpetually delegates some individuals and groups to subordinate positions in society and essentially bars them from accessing the same socio-economic opportunities as those who are not othered. Othering is distinguished from the process of racialization, in that 'the Other' is not necessarily, or even exclusively, tied to 'race,' but to a perceived difference and lack of commonality with the dominant majority (Carty 1999; Bannerji 2000).²⁰⁸
- Although most people are conditioned to believe that we are all equal and we all have access to the same rights, many people are disadvantaged by the systemic racism, sexism and classism that exist in full form in Canada (Singh, 2005).²⁰⁹
- Some types of racism are difficult to uncover because they are so embedded within the systems and structures that inform our beliefs and behaviours (Fleras, 2004). Yet the liberal multicultural discourse, which ingrains in us that Canada is a tolerant, accepting nation of all cultures, sexualities, religions and ethnicities, often masks these disadvantages (Fleras, 2004; Singh, 2004). The realities and voices of marginalized

²⁰⁶ National Organization of Immigrant and Visible Minority Women of Canada. "Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project." 2005. Accessed July 6, 2008 <<http://www.noimwmc.org/noimwmcen/livelihoods.php>>

²⁰⁷ Shawsiah, Sara. "Identity, Identification, and Racialisation: Immigrant Youth in The Canadian Context." Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS), Working Paper No. 49 (2006). Accessed June 10, 2008 <http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shawsiah_final.pdf>

²⁰⁸ Shawsiah, Sara. "Identity, Identification, and Racialisation: Immigrant Youth in The Canadian Context." Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS), Working Paper No. 49 (2006). Accessed June 10, 2008 <http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shawsiah_final.pdf>

²⁰⁹ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



people are not legitimized because this liberal multicultural discourse does not leave much room for them to be heard (Singh, 2004).²¹⁰

- White privilege can be described as White people's power and belief that they "think, feel and act like and for all people". Dyer states that whites are often unable to see their particularity while they "create the dominant images of the world and don't quite see that they thus construct the world in their own image" (p. 12). He argues that "white people set standards of humanity by which they are bound to succeed and others bound to fail," not by maliciousness, but by power difference (p. 12). (Dyer, 2002, p. 12).²¹¹

²¹⁰ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008
<<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

²¹¹ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008
<<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



SECTION 4: HEALTH PROMOTION

At Girls Action we support girls' healthy development by working from a health literacy model. Health literacy is an educational approach that empowers girls by increasing their capacity to take personal and community action against barriers that affect their access to holistic and comprehensive health care. We recognize that health is a multidimensional concept that includes physical, emotional, mental, and sexual well-being, and that it is affected by the different individual, social, economic and environmental conditions of girls' lives.

Health literacy is a health promotion strategy that responds to the multiple dimensions of girls' health while taking larger social, economic and environmental conditions into account.²¹² This approach not only raises awareness about how to use health services and personal health, such as safer sex information, it also accounts for social health determinants, such as stigma about mental illness; economic health determinants, such as poverty and access to resources; or environmental health determinants, such as housing conditions. This holistic approach increases access to information, supports critical-thinking skills, and gives girls the tools they need to take greater control over their individual health and challenge the health barriers that may exist in their communities.

In this section you will find supporting research on girls' health issues and discussion around the factors that can impact their health and act as barriers to their healthy development.

²¹² Nutbeam, Don. "Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century." *Health Promotion International* 15.3 (2000) : 259-267.



- Recognize that racism is a determinant of health and is first and foremost a question of inequality and by extension a denial of human rights.²¹³
- Adolescent girls' serious health issues are often not properly acknowledged in health promoting programs especially within the schools. Gender-based determinants influencing such relationships are generally overlooked.²¹⁵
- For girls, the serious nature of their sexual health issues seems to indicate that we need more effective approaches to reach these teenagers 'where they are', in terms of their physical and emotional health. Adolescents have identified the importance of having accurate sexual health information available to them (DiCenso et al., 2001) and opportunities to talk about their sexual health (Ackard & Neumark-Sztainer, 2001).²¹⁶
- For young women of colour the fragility of the link between the healthcare system and their experiences of well-being may be further weakened by barriers of race, gender, language, culture and poverty (Essed, 1991). These young women cannot take for granted that their medical practitioners will respect their experience, speak their language, understand their culture and that the medical advice they receive will be consistent with both their world view and their material resources. Racial discrimination in the healthcare system at the extreme renders the perspectives and health concerns of young women of colour marginal and pathological.²¹⁷
- Although research shows that self-esteem decreases for both sexes after elementary school, the drop is more dramatic for girls. Compared with boys of the same age, adolescent girls are more anxious and stressed, experience diminished academic achievement, suffer from increased depression and lower self-esteem, experience more

²¹³ Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

²¹⁵ Begoray Deborah L., Elizabeth M. Banister. "Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education." *Women's Health and Urban Life* 6.1 (2007): 24-40. Accessed June 4, 2008
<https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

²¹⁶ Begoray Deborah L., Elizabeth M. Banister. "Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education." *Women's Health and Urban Life* 6.1 (2007): 24-40. Accessed June 4, 2008
<https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

²¹⁷ Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>



body dissatisfaction and distress over their looks, suffer from greater numbers of eating disorders, and attempt suicide more frequently.²¹⁸

- Racialized groups living in Toronto experience disproportionate levels of poverty, homelessness and inadequate housing, discrimination, and barriers to health care (Ornstein, 2000). Emerging research shows that the main determinants of health are neither medical nor behavioural but rather social and economic (Raphael, 2004), suggesting that these structural inequalities have serious health implications. Despite this evidence, little research addresses the impact of social determinants on the health of racialized groups in Canada.²¹⁹
- “Although there is a consensus that gender is a key aspect of sexuality, how gender influences sexual health is understudied. In our view, the meaning of gender is organized by patriarchy and, more specifically, by institutionalized heterosexuality.”²²⁰
- Young women’s sexual health is a major concern. Forty per cent of sexually active unmarried girls aged 15–17 report not using contraception consistently. Women aged 15–19 have six times the average rates of chlamydia and gonorrhoea infections (1,236 cases of chlamydia per 100,000 aged 15–19 compared to 212 among all women; 96 cases of gonorrhoea compared to an average of 15). Women aged 15–29 now account for 44.5% of new positive HIV tests among women, compared to 14.6% in 1985. (The overall incidence of HIV among women has been steady for the past few years, while the rate is declining among men)²²¹
- With the onset of puberty, girls are typically three times as likely as boys to suffer from depression due to low self-esteem, negative body image, feelings of helplessness and

²¹⁸ American Psychological Association. “A New Look at Adolescent Girls: Strengths and Stresses.” Accessed December 4, 2008 <<http://www.apa.org/pi/cyf/adolescgirls.html#ado>>

²¹⁹ Access Alliance Multicultural Community Health Centre. “Racialised Groups and Health Status: A Literature Review Exploring Poverty, Housing, Race-Based Discrimination and Access to Health Care as Determinants of Health for Racialised Groups.” 2005a. Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.2%20&%206%20-%20Literature%20Review%20RGHS.pdf>>

²²⁰ Tolman, Deborah L., Meg I. Striepe, and Tricia Harmon. “Gender Matters: Constructing a Model of Adolescent Sexual Health.” *The Journal of Sex Research* 40.1 (2003): 4-12. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m2372/is_1_40/ai_101530206>

²²¹ Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>



hopelessness, and stress. If they are also exposed to abuse or neglect at home, they are at increased risk of becoming involved with violence.²²²

- Adolescence is a time when youth are increasingly required to make complex choices affecting their health and wellness. Healthy development for this age group means learning how to make informed decisions, manage risk(s), and negotiate options.²²⁴
- New CPHI analyses of NLSCY data indicate that 71% of Canadian youth aged 12 to 15 years report high levels of self-worth; more males (76%) than females (66%) report a high sense of self-worth.²²⁵
- “Young women aged 15 to 19 were the most likely of any age-sex group to exhibit signs of depression (8% to 9%). For both males and females, depression was more likely to occur in the younger years (especially at ages 18 and 19).”²²⁶
- “During adolescence, the most common reason for hospital admission for females is mental disorders (if hospitalization for pregnancy is excluded).”²²⁷
- “Young women face some disturbing health risks. They experience higher rates of depression (11% of women aged 18–24 compared to 3.6% of women 45–64); and while more young men die by suicide, young women have nearly three times the rate of hospitalization for suicide attempts compared to men (221 women aged 15–19 per 100,000, compared to 85 men). Women aged 15–24 report three times as much partner

²²² Public Health Agency of Canada. “Aggressive Girls - Overview Paper.” 2006. Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/nfv-cnivf/familyviolence/html/nfntsaggsr_e.html>

²²⁴ Flicker, Sarah, and Adrian Guta. “Ethical Approaches to Adolescent Participation in Sexual Health Research.” *Journal of Adolescent Health* 42.1 (January 2008): 3-10. Accessed June 9, 2008: <<http://www.jahonline.org/article/PIIS1054139X05004672/citing>>

²²⁵ Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008 <http://www.cihi.ca/cihiweb/disPage.jsp?cw_page=media_30sep2003_e>

²²⁶ Public Health Agency of Canada. “Toward a Healthy Future: Second Report on the Health of Canadians.” Accessed June 9, 2008 <http://www.hc-sc.gc.ca/hppb/phdd/pdf/toward/toward_a_healthy_english>

²²⁷ Kidder, K, J. Stein, and J. Fraser. “The Health of Canada’s Children: A CICH Profile 3rd edition.” Ottawa Canadian Institute of Child Health, 2000. Accessed July 6, 2008 <http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED447900&ERICExtSearch_SearchType_0=no&accno=ED447900>



violence as older women (42.4% among women aged 15–24, compared to 15.8% among women over 45).²²⁸

- Female adolescents and young adults (15–25 years old) have the highest rates of depression.²²⁹
- “Young women are a subgroup most vulnerable to health risks.” They smoke more than young men and “are some of the largest consumers and abusers of alcohol.” Their mental health is also a concern as depression and suicide rates increase between the ages of 18–25. Furthermore, rates of HIV infections in young women between 15 and 29 have increased by 30% since 1995.²³⁰
- Members of minority groups often face institutionalized racism in the health care system, which is characterized by language barriers, stereotypical views held by some health professionals, lack of cultural sensitivity, absence of cultural competencies, barriers to access and utilization, and inadequate funding for community health services (Galabuzi, 2002).²³¹
- In health promotion with ethnocultural communities, racism and discrimination have to be taken into account. The barriers created by racism and discrimination exist in all aspects of life, not just healthcare—education, employment, justice, government, housing—and these in turn have an impact on health.²³²
- Health Canada has defined a set of turning points for Canadian society in regard to the development of children and adolescents. One of those national goals for the healthy

²²⁸ Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008
<http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>

²²⁹ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

²³⁰ Public Health Agency of Canada. “Women’s Health Surveillance Report.” 2003. Accessed January 8, 2009.
<http://www.phac-aspc.gc.ca/publicat/whsr-rssf/synth-eng.php>

²³¹ Galabuzi, Grace-Edward, and the Public Health Agency of Canada. “The Social Determinants of Health: Social Inclusion as a Determinant of Health.” Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php>

²³² Centre for Addiction and Mental Health. “Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities.” 2007. Accessed July 6, 2008
<http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>



development of children and youth in Canada states, in part, that we should *"ensure that young people have opportunities to participate in decisions about their healthy development."*²³³

- The impact of homophobia on young women must never be minimized. Bullying and the fear of being bullied or rejected can have huge emotional repercussions for young women. Some young women will turn to drinking or other drug use to cope. We also know that the suicide rate among young LGBTTTTIQQ youth is disproportionately high.²³⁴
- Recent qualitative studies have demonstrated that lesbians continue to face persistent barriers in the formal health care system (Denberg, 1995; Stevens, 1995; Rosser, 1993; Rankow, 1995).²³⁵
- Health Canada, Population Public Health Branch, now the Public Health Agency of Canada, lists twelve determinants of health (Health Canada, 2003): income and social status; social support networks; education and literacy; employment and working conditions; physical environments; social environments; biology and genetic endowment; personal health practices and coping skills; healthy child development; health services; gender; culture.²³⁶
- "Heilman (1998) explained that a young girl's desire for power is often displayed by control over her body. Young adolescent girls take pride in successful efforts to lose weight. More than just a desire to lose weight, the feeling of being in control of one's body is an important motivator for girls who engage in disordered eating and dieting behaviours (Heilman, 1998)" (cited in Logio 2003, 934).²³⁷

²³³ Douglas S. McCall, Mary M. Shannon. "Youth Led Health Promotion, Youth Engagement and Youth Participation: A Research Review." Canadian Association for School Health, 1999. Accessed June 4, 2008 <<http://www.safehealthyschools.org/Youth%20Engagement%20Research%20Review.pdf>>

²³⁴ Centre for Addiction and Mental Health and the VALIDITY Team. "Hear me, Understand me, Support me: What Young Women Want you to Know About Depression." Toronto Centre for Addiction and Mental Health, 2006. Accessed June 9, 2008 <http://www.camh.net/Publications/Resources_for_Professionals/Validity/index.html>

²³⁵ Anderson, Lynda, Theresa Healy, Barbara Herringer, Barbara Isaac and Ty Perry. "Out in the Cold: The Context of Lesbian Health in Northern British Columbia." British Columbia Centre of Excellence for Women's Health 2.2. Accessed May 30, 2008 <www.bccewh.bc.ca/publications-resources/documents/outinthecoldreport.pdf>

²³⁶ Fay, Michael. Ontario Prevention Clearinghouse. "Count Me In: Tools for an Inclusive Ontario." Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20&%206%20-%20Count%20me%20In%20Workbook.pdf>>

²³⁷ Logio, Kim A. "Gender, Race, Childhood Abuse, and Body Image Among Adolescents." Violence Against Women 9.8 (2003): 931.



- In Canadian girls, dissatisfaction with their bodies increases as they enter their teen years. When asked the question “Is there anything about your body you would like to change?” in the *Trends in the Health of Canadian Youth* survey, 43% of grade 6 girls responded yes, 59% of seventh graders, 69% of eighth graders, 75% of ninth graders and 77% of tenth graders.²³⁸
- Racism itself can cause illness. When people are overtly racist, it translates into poorer health for the targets of racism. Structural racism can also cause illness and death. Language and cultural barriers mean less access to life-saving medical procedures. Structural racism leading to less income and social status has a direct impact on health. Another example of structural racism is using standards developed in research using white men to measure health and health risks, when these standards may not be the same for women, racialized people, and particularly for racialized women.²³⁹
- The mono cultural medical model of healthcare in mainstream Canada renders the dominant cultures’ perspectives as normal, neutral and universal – whether by accident, design, or as a by-product of systemic discrimination, young women of colour become problematic in this system by virtue of their difference from what is presented to be the norm. (Razack, 1998).²⁴⁰
- In grade 6, 72% of girls have confidence in themselves, which dramatically drops in grade 8 to 62% and again in grade 10 to 55%. “For girls, feelings about their appearance strongly determine their level of confidence. Confidence tends to be linked to a capacity to handle stress, to have good relationships at home and at school as well as with peers, and to feel generally happy.”²⁴¹

²³⁸ Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>

²³⁹ Canadian Research Institute for the Advancement of Women. “Fact Sheet: Women’s Experience of Racism: How Race and Gender Interact.” 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

²⁴⁰ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008 <http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

²⁴¹ Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>



- A gender-based analysis (GBA) has to be adopted in First Nations, Inuit and Métis communities and in all Aboriginal policy. A GBA should acknowledge Aboriginal women's dual emphasis on health and healing, giving weight to the absence of disease and to existing strengths like resilience, spirituality and cultural traditions.²⁴³
- There can be no doubt that adolescent girls face a number of serious sexual health issues.²⁴⁵
- Now more than ever, Canada is a multicultural society. Multiculturalism is the view that all cultures are equal in value. Using a “one size fits all” approach to health promotion in a multicultural society is not only ineffective; it does not support this idea of equity.²⁴⁶
- The suicide rate among Aboriginal youth is five times that of all other Canadians. When asked about stress levels, 30% of female youth say they are quite a bit or extremely stressed, compared to 7% of male youth. Among the Mi'kmaq youth, females were more than twice as likely to say they were sad or depressed for two weeks or more in the 12 months prior to the interview (47% for females, 21% for males).²⁴⁸
- The stress experience of young females living on reserve was the single most arresting result of the Mi'kmaq Health survey (Mi'kmaq Health Research Group 1999). This project demonstrates that the stressors and stress experience of young Mi'kmaq women on reserve are complex and varied. The stressors are recognized by female youth themselves, who seem to have a more sophisticated analysis of their problems than do the youth-serving professionals who work with them.²⁴⁹

²⁴³ Aboriginal Women's Health and Healing Research Group. “Canada Needs a Health and Healing Strategy for First Nations, Inuit and Métis Women: Health System Fails Most Aboriginal Women Across the Lifespan.” *Network Magazine* 8.1/2 (fall 2005). Accessed May 2, 2008 <<http://www.cwhn.ca/network-reseau/8-12/8-12pg15.html>>

²⁴⁵ Begoray Deborah L., Elizabeth M. Banister. “Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education.” *Women's Health and Urban Life* 6.1 (2007): 24-40. Accessed June 4, 2008 <https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

²⁴⁶ Centre for Addiction and Mental Health. “Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities.” 2007. Accessed July 6, 2008 <http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>

²⁴⁸ McIntyre, Lynn, et al. “An Exploration of the Stress Experience of Mi'kmaq On-Reserve Female Youth in Nova Scotia.” Maritime Centre of Excellence for Women's Health (MCEWH), 2001. Accessed June 9, 2008 <<http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf>>

²⁴⁹ McIntyre, Lynn, et al. “An Exploration of the Stress Experience of Mi'kmaq On-Reserve Female Youth in Nova Scotia.” Maritime Centre of Excellence for Women's Health (MCEWH), 2001. Accessed June 9, 2008 <<http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf>>



- HIV/AIDS is now recognized as a global crisis, with young women emerging as the most vulnerable group.²⁵⁰
- One of the critical social factors found to affect health is that of control. This refers to the amount of control people have over their lives as well as the supportive relationships they have that protect them from isolation and disconnection.²⁵¹
- This segment of the population has also been identified as particularly vulnerable due to the intersecting prejudices that pervade their existence: being young, being female, and being a person of colour are all factors that can serve to disempower and thereby lead to feelings of helplessness and low self-efficacy (Boyer et al., 1997; Fernando, 1991; Henry et al., 1995; Turner, 1995).²⁵²
- Violence, systemic and institutional racism, as well as the internalization of racism and oppression have a major impact on people's emotional and physical health and well-being.²⁵³
- "In 2001, 11.1% of students (confidence interval: 9.3%- 13.2%) reported that they had seriously considered suicide during the past year." Small town, rural, and northern youth had a significantly higher rate of suicide than in major urban centres.²⁵⁴

²⁵⁰ Larkin, June, and Claudia Mitchell. "Gendering HIV/AIDS Prevention: Situating Canadian Youth in a Transitional World." *Women's Health and Urban Life: An International and Interdisciplinary* 3.2 (2004): 34-44. Accessed June 4, 2008 <<http://www.scar.utoronto.ca/~socsci/sever/journal/contents3.2.html>>

²⁵¹ Riecken, Ted, Tish Scott, and Michele T. Tanaka. "Community and Culture as Foundations for Resilience: Participatory Health Research with First Nations Student Filmmakers." *Journal of Aboriginal Health* 2006. Accessed June 6, 2008 <<http://www.naho.ca/english/journal/Article01.pdf>>

²⁵² Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008 <http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

²⁵³ Acton, Janice, and Diana Abraham. "The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members." *Racism, Violence and Health Project*. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>

²⁵⁴ Town Youth Participation Strategies. "Rural Youth Facts: Fact Sheets on Youth Centres in Canada: Rural Homelessness." Background Paper, 2006. Accessed June 5, 2008 <<http://www.typs.com/Research/Facts%20Sheet%20on%20Youth%20Centres%20in%20Canada.pdf>>



- ‘Social determinants of health’ are the economic and social factors that determine health (Raphael, 2004). The quality of these reflects how a society chooses to distribute resources among the population (Bryant, 2006). Such a focus is the hallmark of a political economy approach to understanding health, an approach that is receiving increasing emphasis (Armstrong, Armstrong & Coburn, 2001; Raphael, Bryant & Rioux, 2006).²⁵⁵
- Racism is a particular instance of societal oppression that can have damaging effects at both the community level and the individual level. Recently, theorists have posited that there is a connection between the stress of racism encountered by young women of colour as individuals and subsequent health problems they may experience. For example, de las Fuentes & Vasquez (1999) argue that society’s racist views of young women of colour impede their healthy development by disrupting their sense of identity. These authors state that this disruption can lead to an increased risk of mental health problems as well as a diminished ability to successfully navigate the healthcare system.²⁵⁷
- Health should be understood in holistic terms as physical, mental, spiritual, and social and as a resource for a full and productive life. Social determinants of health are cultural, social and economic factors associated with health at the individual and population levels (Dunn, 2000).²⁵⁸
- It is important that Inuit become their own health care providers. Presently, most health care staff must be hired from the south, which can result in a lack of understanding between providers and patients, as well as high turnover, lack of trust, and other issues arising from differences in language and culture. Inuit need the opportunities and knowledge to enable them to take their place in the health care system.²⁵⁹

²⁵⁵ Bryant, Toba. “Towards a New Paradigm for Research on Urban Women’s Health.” Centre for Research on Inner City Health, St. Michael’s Hospital, Toronto. Accessed June 4, 2008
<<https://tspace.library.utoronto.ca/bitstream/1807/4747/1/bryant.pdf>>

²⁵⁷ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

²⁵⁸ Graham, Jennifer, and Wilfreda Thurston. “Overcoming Adversity: Resilience & Coping Mechanisms Developed by Recent Immigrant Women in the Inner City of Calgary, Alberta.” *Women’s Health and Urban Life* 4.1 (2005): 63-80. Accessed June 9, 2008 https://tspace.library.utoronto.ca/bitstream/1807/4265/1/Graham_Thurston.pdf

²⁵⁹ Ajunginiq Centre, and The National Aboriginal Health Organization. “What Sculpture is to Soapstone, Education is to the Soul: Building the Capacity of Inuit in the Health Field.” 2004. Accessed April 29, 2008
<www.naho.ca/english/pdf/sculpture_to_soapstone.pdf>



- Attendees spoke in detail about the frustration of not being able to communicate with healthcare providers. Often they have to bring their children with them to act as interpreters because there appears to be an absence of interpretation resources at most healthcare facilities. Many are concerned that they might not be getting the correct information and that if they have concerns or a complaint they don't know where to do so and even if they could they can't do it in their own language.²⁶⁰
- Lack of culturally and linguistically appropriate mental health services further contributes to stigmatization and marginalization of ethno racial/cultural communities exposing them to additional risks of developing mental health problems.²⁶¹
- Health as a state of “physical, emotional and social well-being” may be difficult to achieve for lesbians who live in northern communities where homosexuality is reviled and personal safety may be at risk as a result.²⁶²
- While lesbians may confront many of the same issues as heterosexual women, they also face unique barriers due to societal homophobia and heterosexism. These institutionalized power relations compound others, such as classism, sexism and racism; all of which are entrenched in society generally and the health care system in particular.²⁶³
- Rural respondents who were not out assumed that neighbours, co-workers and health care providers knew they were lesbians. One woman expressed it this way: “I don't believe in being a hero. Your own safety, your own health and your own life is worth more than making a statement, sometimes.” These women relied on people's good will

²⁶⁰ Access Alliance Multicultural Community Health Centre. “Immigrant and Refugees Engagement Summary.” 2006b. Accessed July 6, 2008 <<http://www.accessalliance.ca/media/LHINProjectFinalReport3.pdf>>

²⁶¹ Agic, Branka. “Health Promotion Programs on Mental Health/Illness and Addiction Issues in Ethno-Racial/Cultural Communities: A Literature Review.” Centre for Addiction and Mental Health, 2003. Accessed June 3, 2008 <http://www.camh.net/education/ethnocult_healthpromores02.pdf>

²⁶² Anderson, Lynda, Theresa Healy, Barbara Herringer, Barbara Isaac and Ty Perry. “Out in the Cold: The Context of Lesbian Health in Northern British Columbia.” British Columbia Centre of Excellence for Women's Health 2.2. Accessed May 30, 2008 <www.bcewh.bc.ca/publications-resources/documents/outinthecoldreport.pdf>

²⁶³ Anderson, Lynda, Theresa Healy, Barbara Herringer, Barbara Isaac, and Ty Perry. “Out in the Cold: The Context of Lesbian Health in Northern British Columbia.” British Columbia Centre of Excellence for Women's Health 2.2. Accessed May 30, 2008 <www.bcewh.bc.ca/publications-resources/documents/outinthecoldreport.pdf>



to just “not say the words” that might result in rejection or lack of care. “Privacy” is a right in the hands of others, not one we exercise ourselves.²⁶⁴

- Adolescent girls’ serious health issues are often not properly acknowledged in health promoting programs especially within the schools. Gender-based determinants influencing such relationships are generally overlooked.²⁶⁵
- Browne, Fiske, and Thomas (1999) suggest “...it was generally assumed that Aboriginal people would soon be so fully assimilated into mainstream society, that to devote a branch of health and resources specifically to them was an unnecessary extravagance” (p 5). Even when the “unnecessary extravagance” was provided, it did little to address the real issues that undermine the health and well being of Canada’s First Nations people: the multiple social effects of assimilation and racism, land appropriation and the systemic destruction of families, to name a few. It is difficult to say then that the health care system is appropriate, accessible, and sufficient for Aboriginal people living on or off reserve.²⁶⁶
- My main argument is that the health of women in urban centres is strongly determined by the quality of a variety of social determinants of health —income, housing, employment— that are themselves influenced by the organization of societies and how these societies distribute material resources among their members.²⁶⁷
- Women’s health involves women’s emotional, social, cultural, spiritual and physical well-being and is determined by the social, political and economic context of women’s lives as well as by biology. This broad definition recognizes the validity of women’s life experiences and women’s own beliefs and experiences of health. Every woman should

²⁶⁴ Anderson, Lynda, Theresa Healy, Barbara Herringer, Barbara Isaac and Ty Perry. “Out in the Cold: The Context of Lesbian Health in Northern British Columbia.” British Columbia Centre of Excellence for Women’s Health 2.2. Accessed May 30, 2008 <www.bccewh.bc.ca/publications-resources/documents/outinthecoldreport.pdf>

²⁶⁵ Begoray Deborah L., Elizabeth M. Banister. “Reaching Teenagers Where They Are: Best Practices for Girls’ Sexual Health Education.” Women’s Health and Urban Life 6.1 (2007): 24-40. Accessed June 4, 2008 <https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

²⁶⁶ Brunen, Lynda. “Aboriginal Women with Addictions: A Discussion Paper on Triple Marginalization in the Health Care System.” The Northern Secretariat of the BC Centre of Excellence for Women’s Health, 2000. Accessed April 26, 2008 <<http://www.unbc.ca/assets/northernfire/Addictions.PDF>>

²⁶⁷ Bryant, Toba. “Towards a New Paradigm for Research on Urban Women’s Health.” Centre for Research on Inner City Health, St. Michael’s Hospital, Toronto. Accessed June 4, 2008 <<https://tspace.library.utoronto.ca/bitstream/1807/4747/1/bryant.pdf>>



be provided with the opportunity to achieve, sustain and maintain health as defined by that woman herself to her full potential.²⁶⁸

- Studies have shown that determinants such as skin colour, immigration and refugee status, country of origin, age at migration and experience with discrimination shape each person's unique identity and, in turn, will affect his or her health and well-being. Evidence suggests that migration experiences above and beyond ethnicity are as strongly correlated with immigrant health, as are limited education and lack of access to material resources. While a number of studies have explored ethnicity and health, Cooper and Nazroo indicate that ethnicity has been a neglected dimension in comparative studies of gender and health.²⁶⁹
- Health is known to be influenced by socio-economic position, and it has also been argued that the socio-cultural context of women and men, which includes cultural and migratory experiences, shapes exposure to health-damaging agents as well as determining individual resources to promote health.²⁷⁰
- Social structures and processes affect health and the quality of life. A key social factor influencing health is gender. At all levels of society, awareness is expanding about the intimate links between gender and health. Gender- specific health programming is emerging as a significant focus across Canada and internationally, stemming from a growing awareness of the need for effective, gender-sensitive, woman-centred programs and a concomitant need for gender-based program evaluation approaches to examine these programs.²⁷¹
- Language may seem to be the most obvious barrier faced by ethnocultural communities and health promotion, but there are many more. Studies suggest that ethnocultural communities:

²⁶⁸ Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

²⁶⁹ Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

²⁷⁰ Des Meules, Marie, and Donna Stewart. "Women's Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women." 2003. Accessed July 6, 2008
<<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

²⁷¹ McLaren, Joan. "Evaluating Programs for Women: A Gender-specific Framework." Winnipeg: Prairie Women's Health Centre of Excellence, 2000. Accessed July 6, 2008 <<http://www.pwhce.ca/pdf/evaluatingPrograms.pdf>>



- Are relatively vulnerable to mental health and substance use problems due to pre-migration trauma, economic and social disadvantages, isolation, racism, discrimination and cultural pressures
 - Generally lack needed knowledge of mental illness and the harmful effects of drugs
 - Are less likely than the general population to take part in health promotion, prevention and treatment programs
 - Are less likely to receive needed care than the general population due to barriers, which include language and cultural factors, discrimination, stigma and mistrust of mainstream service providers.²⁷²
- By Grade 10, 35% of young women report that they felt depressed at least once a week over the last six months compared to 21% of young men.²⁷³
 - Furthermore, being different from peers (e.g., being overweight, of a different culture, of a different class) often means being excluded from social groups. Lack of social support can contribute greatly to depression, while the instinct to push people away and become more isolated when you are depressed can exacerbate depression.²⁷⁴
 - Suicide rates are lower among Aboriginal youth in communities in British Columbia with band-controlled schools, community self-government, control over their traditional land

²⁷² Centre for Addiction and Mental Health. "Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities." 2007. Accessed July 6, 2008 <http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>

²⁷³ McIntyre, Lynn, et al. "An Exploration of the Stress Experience of Mi'kmaq On-Reserve Female Youth in Nova Scotia." Maritime Centre of Excellence for Women's Health (MCEWH), 2001. Accessed June 9, 2008 <<http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf>>

²⁷⁴ Centre for Addiction and Mental Health and the VALIDITY Team. "Hear me, Understand me, Support me: What Young Women Want you to Know About Depression." Toronto Centre for Addiction and Mental Health, 2006. Accessed June 9, 2008 <http://www.camh.net/Publications/Resources_for_Professionals/Validity/index.html>



base, control over health services, presence of cultural facilities and control over police and fire services than in other Aboriginal communities.²⁷⁵

- One reason for the higher incidence of sexual health issues among such (Aboriginal) women is the incongruity between Western medical approaches (based on a biomedical framework of disease, treatment and prevention), and approaches that are more holistic and culturally sensitive (Van Uchelen, Davidson, Quressette, Brasfield, & Demerais, 1997).²⁷⁶
- A report on homelessness (Novac et al., 2002, p. 55) suggests that gay and lesbian youth are at greater risk for homelessness, ostracism and other types of social marginalization. In fact, lesbian women are over-represented among homeless young women, and are at greater risk for suicide. This report notes: “Once on the street, young lesbian women are less likely to use health care facilities, and are at extreme risk of violence, rape and homophobia.”²⁷⁷
- Young women face some disturbing risks. They experience higher rates of depression (11% of women aged 18–24 compared to 3.6% of women 45–64); and while more young men die by suicide, young women have nearly three times the rate of hospitalization for suicide attempts (221 women aged 15–19 per 100,000, compared to 85 men). Women aged 15–24 report three times more partner violence than older women (42.4% among women aged 15–24, compared to 15.8% among women over 45).²⁷⁸
- Young women’s sexual health is a major concern. Forty per cent of sexually active unmarried girls aged 15–17 report not using contraception consistently. Women aged 15–19 have six times the average rates of chlamydia and gonorrhoea infections (1,236 cases of chlamydia per 100,000 aged 15–19 compared to 212 among all women; 96 cases of gonorrhoea compared to an average of 15). Among young Canadians aged 15–29, women

²⁷⁵ Canadian Population Health Initiative. “Improving the Health of Young Canadians.” 2005. Accessed June 9, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_380_E&cw_topic=380&cw_rel=AR_1217_E>

²⁷⁶ Banister, Elizabeth M., and Deborah L. Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (Nov 2006). Accessed May 5, 2008 <[http://www.cacapacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/\\$file/November%202006%20Community%20of%20Practice.pdf](http://www.cacapacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/$file/November%202006%20Community%20of%20Practice.pdf)>

²⁷⁷ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

²⁷⁸ Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>



now account for 44.5% of new positive HIV tests among women, compared to 14.6% in 1985.²⁷⁹

- The growing racialization of poverty has impacted on the health of women and children on a broader scale because of homelessness or inadequate housing, poor nutrition, lack of transportation, lack of childcare, increased stress and other the related challenges.²⁸⁰
- “Girls are more likely than boys to have felt depressed with the differences becoming greater from grade to grade.” Where 23% of girls report depression in grade 6, 35% of girls in grade 10 do so.²⁸¹
- “Gender influences on general health are particularly strong between Grades 6 and 10. Significantly lower proportions of the girls surveyed in 1998 felt very healthy.” Where 48% of sixth grade girls report feeling healthy, only 21% of tenth grade girls do, which decreases average of 9% between grade 6 and grade 9.²⁸²
- “Substantial proportions of Canadian youth participated in physical activity twice or more a week outside of school, but the proportions are lower for girls and, for both genders, frequency of physical activity decreased with age.”²⁸³

²⁷⁹ Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>

²⁸⁰ Douglas, Debbie, and The Ontario Council of Agencies Serving Immigrants. “Presentation: Immigrant Women and Health.” Accessed December 9, 2008 <http://www.ocasi.org/downloads/Immigrant_Women_and_Health.pdf>

²⁸¹ Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>

²⁸² Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>

²⁸³ Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>



- Eurocentric practice models and values exclude racialized communities from receiving quality mental health services in a timely and appropriate manner, often exacerbating the risk to their health and well-being.²⁸⁴
- “In the 1996–97 National Population Health Survey, Canadian adolescents (especially young women), reported the lowest levels of psychological well-being among all age groups. Depression was most common among 18- and 19-year- olds of both sexes, and young women aged 15 to 19 were the most likely of any sex-age group to exhibit signs of depression (9%).”²⁸⁵
- Resettlement, discrimination, isolation and conflicting cultural values between old and new worlds can affect psychosocial adjustment in a new country, especially during adolescence.²⁸⁶
- Indigenous women in Canada have, for many centuries, faced social, political and cultural changes that have negatively affected their health, cultural identity, social structures and traditional values (Carroll & Benoit, 2001). Inuit women in Canada continue to experience greater health disparities than the general female population in Canada. Research and anecdotal evidence have documented serious health issues related to Inuit women’s reproductive and sexual health, such as high rates of sexually transmitted infections and challenging circumstances surrounding childbirth among Inuit women (Archibald, 2004).²⁸⁷
- Inuit in Nunavut have undergone an enormous transition over the past 50-100 years (Inuit Tapiriit Kanatami, 2005). Many feel that this stress has had a negative impact on health. For example, Nunavut has four official languages: English, French and two Inuit languages, Inuktitut and Inuinnaqtun. There are many Inuit elders who are unilingual in Inuktitut or Inuinnaqtun and many younger people who are unilingual in English. Therefore, the three groups cannot easily communicate with each other. The Nunavut

²⁸⁴ Access Alliance Multicultural Health and Community Services. “Health with Dignity: Striving for Best Practices and Equitable Mental Health Care Access for Racialised Communities in Toronto.” 2006a. Accessed June 4, 2008 <www.accessalliance.ca/media/EquitableMentalHealthCareAccessResearchReport.pdf>

²⁸⁵ Public Health Agency of Canada. “Toward a Healthy Future: Second Report on the Health of Canadians.” Accessed June 9, 2008 <http://www.hc-sc.gc.ca/hppb/phdd/pdf/toward/toward_a_healthy_english>

²⁸⁶ Canadian Population Health Initiative. “Improving the Health of Young Canadians.” 2005. Accessed June 9, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_380_E&cw_topic=380&cw_rel=AR_1217_E>

²⁸⁷ Healey, Gwen K. and Lynn M. Meadows. “Culture and Tradition: An Important Determinant of Inuit Women’s Health.” *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>



Department of Health and Social Services' (NDH&SS) report entitled *Social Determinants of Health in Nunavut* (2005) argues that when acculturation leads to loss of language, unilingual Inuit are marginalized, causing low self-esteem, frustration and loss of traditional knowledge. Loss of language also has an impact on education (a key social determinant of health), as some Inuit are not fully literate in English or Inuktitut.²⁸⁸

- Wellness, suicide and stress are also significant issues for Inuit women as compared to non-Inuit women (Lavallee & Bourgault, 2000). Food security and accessibility is an issue for all northerners, however, it is a particular concern for Inuit women, who often have sole responsibility for children and, therefore, have many mouths to feed (Aylward, J., Executive Director, Qullit Nunavut Status of Women Council, personal communication, October 2005). Alcohol and substance abuse and exposure to violent situations endanger the health and safety of Inuit women of all ages in Nunavut (Aylward). While there is a growing body of evidence that documents health disparities, there remains an urgent need to better understand the mechanisms through which the social determinants of health influence the range of health outcomes affecting Inuit women.²⁸⁹
- The Cree word *kitimakisowin* refers to poverties of all kinds, notably those fundamental human needs that are not adequately met and which eventually lead to health and healing problems. First Nations, Inuit and Métis women suffer from the:
 - Poverty of subsistence due to food insecurity, climate change, lower average incomes than men, lone parenting, homelessness and matrimonial property provisions in the Indian Act;
 - Poverty of sexual and reproductive health from inadequate or inaccessible forms of contraception, lack of control over one's fertility, devaluation of Aboriginal girls and women as sexual and reproductive beings, sexual abuse, cervical cancer and sexually transmitted diseases like HIV/AIDS;
 - Poverty of identity due to forced disenfranchisement, forced urbanization and the residential school legacy;
 - Poverty of safety and security due to spousal and family violence,

²⁸⁸ Healey, Gwen K., and Lynn M. Meadows. "Culture and Tradition: An Important Determinant of Inuit Women's Health." *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>

²⁸⁹ Healey, Gwen K., and Lynn M. Meadows. "Culture and Tradition: An Important Determinant of Inuit Women's Health." *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>



incarceration, disabilities, motor vehicle accidents, poisonings, diabetes and poor drinking water;

- Poverty of mental health due to historic trauma, depression, suicide and substance abuse;
 - Poverty of participation due to discrimination based on gender, race, class, sexual orientation and age, chronic health problems and "burn-out"; and
 - Poverty of power and knowledge due to research gaps, capacity deficits, loss of culture and languages and gender inequality.²⁹⁰
-
- The factors that affect access to health resources (and ultimately the health status) of all Canadian women are compounded and intensified in more rural, remote and northern areas. In addition, there are further influential factors particular to these areas. Research and outreach conducted by (and in association with) the Northern Secretariat in northern BC has contributed to an understanding of these additional factors through our participatory data collection process. They include: 1. Isolation - physical and emotional; 2. Transient population; 3. Seasonal employment / fluctuating resource-based economies; 4. Harsh climate; 5. Low population (when used as basis for determining public investment in services); 6. Substandard, limited or non-existent services; 7. Limited access (No accounting for transportation required or distance covered to deliver or access health services).²⁹¹
 - Youth we spoke with were generally frustrated by the state of sexual health education they were (sometimes) being offered through school and community networks. Some complained about receiving inaccurate information from teachers (e.g., douching is an effective contraceptive). Others talked about feeling bored, uncomfortable, or unengaged with traditional sex education approaches. Both urban and Aboriginal youth (unprompted) felt that traditional media such as pamphlets were ineffective. As one

²⁹⁰ Aboriginal Women's Health and Healing Research Group. "Canada Needs a Health and Healing Strategy for First Nations, Inuit and Métis Women: Health System Fails Most Aboriginal Women Across the Lifespan." *Network Magazine* 8.1/2 (fall 2005). Accessed May 2, 2008 <<http://www.cwhn.ca/network-reseau/8-12/8-12pg15.html>>

²⁹¹ Northern Secretariat of the BC Centre of Excellence for Women's Health University of Northern British Columbia. "The Determinants of Women's Health in Northern Rural and Remote Regions Examples and Recommendations from Northern British Columbia." Accessed April 25, 2008 <http://www3.telus.net/public/wnn/DOCUMENTS/Determinants_doc_NFwebsite.pdf>



youth stated, “Pamphlets are useless, we need real people connecting to the communities.”²⁹²

- Keeping alive. Definitely a prerequisite for and determinant of health. For these student researchers, knowing and practicing their culture helps to ground them in a strong sense of who they are and where they have come from. For the students and the individuals they interviewed, culture is an integral part of their existence as Aboriginal people. In the words of one of the interviewees in a student video on culture, “It is our *gx/leena*, our medicine; it is what makes us strong... If it were not for my culture, I would probably not be here today.”²⁹³

- The poor health status of Canadians of aboriginal origin is most marked in the Indian population living on reserves. Like unemployment, illiteracy and poor housing, the lack of availability of, and access to, health information and services are linked to poverty. Populations living on reserves have higher mortality and morbidity rates than the total Canadian population; their life expectancies are estimated to be ten years less than the national average. (60) Residents of reserves have higher rates of diabetes, respiratory and infectious diseases, anaemia, gall bladder disease, lung disease, hearing impairments, vision, dental, and mental health problems, alcohol and drug dependence, and violence. (61) In a study conducted by the Ontario Native Women’s Association, 84% of respondents (45% of whom lived on reserves, and 62% of whom lived in communities of under 2,000 people) reported family violence in their communities. Abused women on reserves face the same problems of isolation and transportation as other abused rural women.²⁹⁴

- Fleming et al. (2006) found that adolescent Aboriginal girls in Saskatchewan perceived and experienced body image differently, depending on their location (i.e., whether they were living on a reserve or in an urban setting). Fleming’s research shows that whenever a small group of Aboriginal girls attended school in an urban, primarily non-Aboriginal setting, they felt heavier and wore more revealing clothing, much like their non-Aboriginal peers. However, when these same girls were visiting their reserve-based home communities, they felt thinner and wore more bulky clothing. Additionally, while

²⁹² Flicker, Sarah et al. “It’s Hard to Change Something When You Don’t Know Where to Start’: Unpacking HIV Vulnerability with Aboriginal Youth in Canada.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

²⁹³ Riecken, Ted, Tish Scott, and Michele T. Tanaka. “Community and Culture as Foundations for Resilience: Participatory Health Research with First Nations Student Filmmakers.” *Journal of Aboriginal Health* 2006. Accessed June 6, 2008 <<http://www.naho.ca/english/journal/Article01.pdf>>

²⁹⁴ Jennissen, Therese. “Health Issues in Rural Canada.” Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>



on reserve, they were often told that they were too thin as opposed to in urban areas, where they felt like they were too fat. Thus, the meaning of their bodies changed given the socio-cultural influences in their environment (Fleming et al, 2006).²⁹⁵

- Aboriginal women with substance misuse issues face a number of barriers when seeking access to the mainstream health care system. Not only do they face societal stigmatization due to their addictions, but also the issue of racism is clearly apparent.²⁹⁶

- Quality of access and care for Aboriginal health has been shown to be ineffective. Shestowsky (1995) suggests five barriers to access that Aboriginals face in urban centres: 1. Lack of information or availability of and access to health care services 2. Lack of health care services and programs 3. Limited access to traditional healing services 4. Negative and stereotypical attitudes on the part of health care providers 5. Absence of translation services for Aboriginal languages. Each of the five barriers pointed out by Shestowsky (1995) are amplified for those living on reserve land. Many reserves do not have accessible roadways, requiring portable health services to be transported to remote locations. Although, services may be provided weekly or bi-weekly, health care is still considered inadequate.²⁹⁷

- Young women spoke about teenage pregnancy among young Inuit women in the context of cultural tradition. Those participants felt that teenage pregnancy was accepted in the community and that it was not seen as a negative repercussion for a young woman to drop out of school to have a child. This is something I think about . . . [teenagers] having kids but not being able to care for them.... Because either they're very young or maybe they didn't have strong parenting either. Or they don't mind having kids because they know other people have kids and they know that someone else is going to care for them anyway, so the direct responsibility isn't on them.... But it's like having babies is not a bad thing.... There's no real [deterrent]. (Study participant, interview, October 2005).²⁹⁸

²⁹⁵ Poudrier, Jennifer, and Janice Kennedy. "Embodiment and the Meaning of the 'Healthy Body': An Exploration of First Nations Women's Perspectives of Healthy Body Weight and Body Image." *Journal of Aboriginal Health* (2008): 15-24. Accessed April 24, 2008 <http://www.naho.ca/english/journal/jah04_01/04Embodiment_15-24.pdf>

²⁹⁶ Brunen, Lynda. "Aboriginal Women with Addictions: A Discussion Paper on Triple Marginalization in the Health Care System." *The Northern Secretariat of the BC Centre of Excellence for Women's Health*, 2000. Accessed April 26, 2008 <<http://www.unbc.ca/assets/northernfire/Addictions.PDF>>

²⁹⁷ Brunen, Lynda. "Aboriginal Women with Addictions: A Discussion Paper on Triple Marginalization in the Health Care System." *The Northern Secretariat of the BC Centre of Excellence for Women's Health*, 2000. Accessed April 26, 2008 <<http://www.unbc.ca/assets/northernfire/Addictions.PDF>>

²⁹⁸ Healey, Gwen K., and Lynn M. Meadows. "Culture and Tradition: An Important Determinant of Inuit Women's Health." *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>



- For instance, among many lesbians and adolescent women and women living with HIV, issues of confidentiality were raised repeatedly. Small town environments may be more personable, but when anonymity is personally crucial, such a social environment is emotionally devastating and in some cases, unsafe (Anderson et al., in press, Terrace Women’s Centre, forthcoming).²⁹⁹
- The Canadian government uses various indicators to measure the health of communities, such as divorce rates, crime rates, family violence, suicide rates, and child apprehension (Northwest Territories Health and Social Services, 1998; 2005). These were not the themes raised as key indicators of healthy living during the workshop discussions. Instead, two key themes emerged: language and culture. People raised such questions as: How does one measure the strength of culture? What would it mean to say that there are a certain number of people who hunt and trap on the land, when this kind of activity is about something else? How does one ever measure the sadness a grandfather feels when his grandson cannot speak to him in Tâichô?³⁰⁰
- Rural regions encounter difficulties in recruiting and retaining physicians. The decision to enter rural practice has both personal and professional dimensions. Physicians most interested in working in rural areas often come from rural backgrounds and are committed to working in this environment. Physicians’ decisions to leave rural practice are usually influenced by non-monetary factors, such as a shortage of professional back-up, long hours of work, limited opportunities for further medical training, insufficient job opportunities for partners, and concerns over children’s educational opportunities. Levels of satisfaction with rural work appear to rise with proximity to large urban centres.³⁰¹
- Inadequacies in health services and informational material in rural areas are more pronounced for recent immigrants, especially immigrant women, since women have more contact with the health care system. Some problems are “lack of information about services, insensitivity on the part of health care personnel because of cultural practices, and problems associated with services designed for a mainstream population.”(38) In some cultures, for example, women are used to delivering their

²⁹⁹ Northern Secretariat of the BC Centre of Excellence for Women’s Health University of Northern British Columbia. “The Determinants of Women’s Health in Northern Rural and Remote Regions Examples and Recommendations from Northern British Columbia.” Accessed April 25, 2008 <http://www3.telus.net/public/wnn/DOCUMENTS/Determinants_doc_NFwebsite.pdf>

³⁰⁰ Gibson, Ginger, Jim Martin, John B. Zoe, Karen Edwards, and Nancy Gibson. “Setting our Minds to it: Community-Centred Research for Health Policy Development in Northern Canada.” Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 5.2. (2007). Accessed May 5, 2008 <http://www.pimatisiwin.com/Articles/5.2B_Setting_Our_Minds_to_It.pdf>

³⁰¹ Jennissen, Therese. “Health Issues in Rural Canada.” Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>



babies in their own homes with the help of a midwife, yet midwives in rural Canada are almost non-existent. An immigrant woman may not be able to communicate her problem effectively and as a result receive inappropriate diagnosis or treatment for a medical problem. Language training centres are not as available in rural communities and women generally have less access to them than do immigrant men.³⁰²

- Alarming, a large and increasing portion of HIV infections are occurring in young Aboriginal women between 15-29 years old. Between 1985 and 1995, roughly 13% of HIV-positive test reports among Aboriginal women were in young women in this age group. However, this percentage has increased steadily to approximately 37% in 1998 and 45% in 2001 (Gatali & Archibald 2003). Considering that almost 50% of the Aboriginal female population is under 25 years old, these are particularly frightening statistics (Dion-Stout et al 2001: 11)³⁰³

- RECOMMENDATIONS:
 - More Aboriginal, youth-specific services and prevention programs need to be developed and maintained. Rural areas, isolated areas and on-reserve need special attention. Aboriginal youth are not getting the prevention messages and services they need to protect themselves and to stop the spread of HIV among youth.

 - More targeted prevention messages that recognize the unique cultures of First Nations, Métis and Inuit youth need to be developed and maintained. Prevention messages that treat Aboriginal youth as one homogenous group are not effective. Messages must be targeted and culturally appropriate.

 - When developing a prevention message for Aboriginal youth, ‘culturally appropriate’ must not be misunderstood as ‘traditional’. Not all youth are interested in traditional teachings or respond to them. This must be considered before designing a prevention message for any particular group.

 - Prevention initiatives must target those younger than 15 years old. Aboriginal youth are often sexually active before the age of 15 so prevention messages must reach them before unsafe practices have

³⁰² Jennissen, Therese. “Health Issues in Rural Canada.” Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>

³⁰³ Canadian Aboriginal AIDS Network. “HIV/AIDS and Aboriginal Women, Children and Families: A Position Statement.” 2004. Accessed April 27, 2008 <www.caan.ca/english/grfx/resources/publications/Women_and_HIV.pdf>



begun.

- Youth prevention messages must focus on IDU, and Aboriginal communities must be educated that IDU is a problem. IDU accounts for 64% of HIV infections in the Aboriginal community and a large portion of these are youth. Prevention messages must target IDU populations, and Aboriginal communities must be educated that IDU is a problem.³⁰⁴

- First, the health care system perpetuates the inherent values, beliefs, and attitudes of mainstream society. These values and associated actions can be implicitly discriminatory in nature and are founded on historical fallacies. They perpetuate a vicious cycle for First Nations women who misuse substances. Stigmatization toward substance users deepens the wounds of the Canadian Aboriginal population who are often already oppressed by poverty, lack of adequate housing and insufficient health care services. A final barrier is the continued devaluing of women as a whole. In a society that professes to provide equality for all, women -- and especially Aboriginal women -- remain at the 'bottom of the totem pole' so to speak.³⁰⁵

- In the narratives we collected women were very clear that health care policy formulated in the south does not resonate with northern, rural or remote realities. It does little to recognize or address the barriers they face. In particular, determining the allocation of scarce health resources by population (population based funding) has been identified as a major barrier to health care by women who work in the health care sectors as well as by women who are health care consumers. When funding depends on numbers rather than need, the populations in northern, rural and remote communities are at greatest risk. What gets cut are the programs not identified as priorities: health promotion, women friendly health access centres or resources.³⁰⁶

- The Tâichô government policies create an environment that promotes cultural continuity and resilience, integrates the Tâichô communities, and encompasses future generations. This is consistent with literature on resilience (McCubbin et al., 1998). Chandler and Lalonde (2004) give self determination as an explanation for reduced

³⁰⁴ Canadian Aboriginal AIDS Network. "HIV/AIDS and Aboriginal Women, Children and Families: A Position Statement." 2004. Accessed April 27, 2008 <www.caan.ca/english/grfx/resources/publications/Women_and_HIV.pdf>

³⁰⁵ Brunen, Lynda. "Aboriginal Women with Addictions: A Discussion Paper on Triple Marginalization in the Health Care System." The Northern Secretariat of the BC Centre of Excellence for Women's Health, 2000. Accessed April 26, 2008 <<http://www.unbc.ca/assets/northernfire/Addictions.PDF>>

³⁰⁶ Northern Secretariat of the BC Centre of Excellence for Women's Health University of Northern British Columbia. "The Determinants of Women's Health in Northern Rural and Remote Regions Examples and Recommendations from Northern British Columbia." Accessed April 25, 2008 <http://www3.telus.net/public/wmn/DOCUMENTS/Determinants_doc_NFwebsite.pdf>



suicide rates. Other literature cites the concept of community readiness as a measure of the ability to make change (Edwards et al., 2000), and identity formation and cultural resilience (Lalonde, 2005) as key factors of adaptive policy for healthy communities. These themes fit well with current discussions around the social determinants of health within the Tâichô communities.³⁰⁷

- Community health empowerment is also compromised by other factors. It is difficult to develop a self-sufficient, needs-driven, and evidence-based approach to health programs in First Nations communities because there is a general lack of appropriate culture-based health indicators to measure the impact of new programs.³⁰⁸
- Participants described the many ways in which the stresses of racism show themselves as illness. Racism-related stress leads to mental and physical health issues, addictions, low self-esteem. It leads to deteriorating mental and physical health problems, in some cases leading to breakdowns within families. “Stress keeps us down,” one participant said. “We have to fight racism everyday.” Constantly reacting out of a defensive position to negative situations means there is no energy left to act positively, out of a feeling of strength. When individuals feel passive and beaten-down, families and communities feel passive and beaten-down. In this way, racism means “death . . . to our people, our families, and our community.”³⁰⁹
- Participants also described their experience of discrimination in terms of marginalization from mainstream health services. They expressed their sense of being on the “outside”, as “intruding” on the system and as lacking connection to the social processes inherent in mainstream health systems.³¹⁰
- People from homes with incomes of less than \$20,000 are almost three times more likely to see a decline in their health than people with the highest incomes. Because a

³⁰⁷ Gibson, Ginger, Jim Martin, John B. Zoe, Karen Edwards, and Nancy Gibson. “Setting our Minds to it: Community-Centred Research for Health Policy Development in Northern Canada.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2. (2007). Accessed May 5, 2008 <http://www.pimatisiwin.com/Articles/5.2B_Setting_Our_Minds_to_It.pdf>

³⁰⁸ Maar, Marion. “Clearing the Path for Community Health Empowerment: Integrating Health Care Services at an Aboriginal Health Access Centre in Rural North Central Ontario”. *Journal of Aboriginal Health*, 2004. Accessed May 2, 2008 <http://www.naho.ca/english/pdf/journal_p54-65.pdf>

³⁰⁹ Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” *Racism, Violence and Health Project*, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

³¹⁰ Browne, Annette J., Jo-Anne Fiske, and Geraldine Thomas. “First Nations Women’s Encounters with Mainstream Health Care Services and Systems.” *British Columbia Centre of Excellence for Women’s Health*. Accessed May 2, 2008 <<http://www.bcewh.bc.ca/publications-resources/documents/firstnationsreport.pdf>>



higher percentage of racialized people live in poverty, they are more at risk for poor health. Because many are in unsafe work situations, they have more injuries & little protection from work-related risks. 43% of children living in poverty in Ontario are from racialized groups.³¹¹

- Of socio-economic factors, poverty is perhaps most pivotal, intersecting negatively with nearly all health determinants. Regrettably, membership in an ethno-racial minority group or being a recently arrived migrant increases a person's likelihood of being poor (Kazemipur & Halli, 2003; Statistics Canada, 2003a; Samaan, 2000). The phenomenon is complex but the role of racism must not be neglected. Adequate income, healthy environment and social position are linked to poverty and influence the health of growing ethno-racial minority and immigrant populations (Health Canada, 1994).³¹²
- Racism – both the anticipation of future encounters and fear produced from past experiences – has an indelible impact on individuals' physical and mental health. Forum participants constantly referred to the stresses and frustrations they experience when they are outside their communities, having to “act differently,” or be someone other than themselves. The pressures of always having to “conform to the white way” make it hard for people to feel relaxed or fully themselves. One participant explained: “I cannot be myself. I am not being who I want to be.” It is like “changing masks” to fit in. The combination of frustration, anger, stress, depression, loss of confidence, shame, rage, and self-doubt arising from racism – is like an “emotional swamp.”³¹³
- The practitioners identified mental health problems, life stress, depression, family violence, sexually-transmitted diseases, and eating disorders as the main health problems affecting young women of colour. In particular, they focused on life stress as a contributing factor for a host of health problems. The participants revealed that they too suffer from lack of sleep, increased blood pressure, and sleep disturbance. Related to these symptoms are social isolation, lack of quality time with family, and work overload. They reported that, as anti-racist advocates, they spend great amounts of energy and time trying to combat racism, and they start falling behind on their work.³¹⁴

³¹¹ Colour of Poverty. “Fact Sheet #4: Understanding the Racialization of Poverty in Ontario: How Does Racialized Poverty Affect People’s Health and Well-Being?” Accessed October 6, 2008
<http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_4_Health.pdf>

³¹² Oxman-Martinez, Jacqueline, and Jill Hanley. “Health and Social Services for Canada’s Multicultural Population: Challenges for Equity.” Canadian Heritage Report, 2007. Accessed October 5, 2008
<http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm>

³¹³ Acton, Janice, and Diana Abraham. “The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members.” Racism, Violence and Health Project. Accessed October 4, 2008
<<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>

³¹⁴ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race



- For young women of colour the fragility of the link between the healthcare system and their experiences of well-being may be further weakened by barriers of race, gender, language, culture and poverty (Essed, 1991). These young women cannot take for granted that their medical practitioners will respect their experience, speak their language, understand their culture and that the medical advice they receive will be consistent with both their world view and their material resources. Racial discrimination in the healthcare system at the extreme renders the perspectives and health concerns of young women of colour marginal and pathological.³¹⁵
- These health-related problems are symptoms of much larger economic and social conditions associated with systemic racism: unemployment, financial insecurity, low incomes, lack of opportunities, police harassment and profiling, biased education, “zero tolerance” in schools, “mis-educated teachers,” divisions in the family, and lack of unity within the community.³¹⁷
- Health promotion needs to resonate with ERM youth and their experiences as minorities in Canada, as well as their experiences with sexuality. Much of the current research studies on health promotion for adolescents has been conducted using Western values, and “stress individual autonomy over inter- generational interdependence, individual rather than social approaches to decision-making, and competition over cooperation” (Friedman in Schellenberg, Ormond and Linneback 2001). The perception of adolescence as a time of individualism and separation may not resonate with or apply to ERM youth and their families, who value the importance of interconnectedness and do not view adolescence as a process of becoming autonomous from the family.³¹⁸
- Mental health promotion policies and strategies for newcomer female youth must be context specific. In addition to youths’ developmental stage, the intersection between their gender, migrant and visible minority status, and social resources necessitates non-universal approaches to mental health promotion in Canada’s multicultural settings.³¹⁹

Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

³¹⁵ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

³¹⁷ Acton, Janice, and Diana Abraham. “The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members.” Racism, Violence and Health Project. Accessed October 4, 2008
<<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>

³¹⁸ Migliardi, Paula, and Sara Stephens. “Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project.” 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file>>

³¹⁹ Khanlou, Nazilla, Morton Beiser, Ester Cole, Marlinda Freire, Ilene Hyman and Kenise Murphy Kilbride. “Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem.” 2005. Accessed June 4, 2008 <http://www.swc-cfc.gc.ca/pubs/pubspr/0662320840/200206_0662320840_e.pdf>



- New immigrants and refugees were recognized by Health Canada (1999b) as likely to experience acculturative stress from various sources, such as economic circumstances, negative attitudes and social and personal isolation that, consequently, could affect physical and mental health.³²⁰
- A number of concerns were raised related to health care services. One difficulty frequently mentioned was the language barrier. When women access health services, it is often a stressful situation, and communicating symptoms or personal information is crucial. Participants also encountered condescending attitudes towards patients, particularly towards immigrants. Women often described their experience as racist; for example, they were treated as if they were stupid. Participants also found the health care services themselves very narrow and not as holistic as in their country of origin. Some participants had good experiences, but these seemed to be related to individual physicians or other health care providers who were exceptional.³²¹
- According to Varcoe and colleagues (2007), stigmatization by issues such as racism, heterosexism, ableism and ethnocentrism can contribute to significant health inequities among women in Canada. They contend that gender “must be understood in relation to multiple intersecting categories of analysis, including but not limited to, race, class, geography, ability, gender identity, and sexuality” (Varcoe et al., 2007, p.12).³²²
- According to Barnett, White and Horne (2002), women-centered health care models have been developed to encourage the involvement and participation of women in their own care, with respect to their social, political and economic situations. While these models recognize the differences in patterns of illness, disease, mortality and health system interactions between men and women, Morrow (2007) criticizes them for their tendency to homogenize women by prioritizing sex and gender over race, class and ethnicity.³²³

³²⁰ Khanlou, Nazilla, Morton Beiser, Ester Cole, Marlinda Freire, Ilene Hyman and Kenise Murphy Kilbride. “Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem.” 2005. Accessed June 4, 2008 <http://www.swc-cfc.gc.ca/pubs/pubspr/0662320840/200206_0662320840_e.pdf>

³²¹ National Organization of Immigrant and Visible Minority Women of Canada. “Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project.” 2005. Accessed July 6, 2008 <<http://www.noivmwc.org/noivmwcen/livelihoods.php>>

³²² Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

³²³ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



- Furthermore, Kawar (2004) reasons that social factors such as isolation, the loss of social support systems, language barriers, unemployment, social insecurity and feelings of vulnerability due to poverty and discrimination are accountable for the deterioration of female immigrant health status over time (as cited in Vissandjee et al., 2007).³²⁴
- According to Ferry (2000), the suicide rate of the Innu in Davis Inlet, Newfoundland, is 178 per 100,000 people, as compared to an overall rate of 12 per 100,000 in the rest of Canada. Ferry (2000) also acknowledges that, "In British Columbia, Aboriginal boys and girls aged 10-19 are 8 and 20 times more likely, respectively, to commit suicide than their non-Aboriginal counterparts; the suicide rate for Aboriginals in their 20's is even higher" (p. 906). These statistics have increased since 1995 when the Royal Commission on Aboriginal People (1995) reported, "an Indian adolescent aged 10-19 is 5.1 times more likely to die from suicide than a non-Indian adolescent".³²⁵
- Inuit women are having children at an early age and tend to have large families – larger families than either First Nations or non-Aboriginal women. Teen pregnancy is a very real and serious problem. In 2000, in some Inuit regions the pregnancy rate for young women aged 15 to 19 was over four times the national rate.³²⁶
- "Girls aged 5-19 living in rural areas have an overall mortality rate 2.5 times higher than girls who live in cities".³²⁷
- Rural Canadians are served by only 10.1% of Canada's physicians.³²⁸
- Lesbian and bisexual females in rural and small towns were more likely to drink alcohol, and rural LGB youth were more likely to report binge drinking in the past month.³²⁹

³²⁴ Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

³²⁵ MacNeil, Melanie S., and Ann Marie Guilmette. "Preventing Youth Suicide: Developing a Protocol For Early Intervention in First Nations Communities." *The Canadian Journal of Native Studies* XXIV.2 (2004): 343-355. Accessed April 29, 2008 <http://www.brandonu.ca/Library/CJNS/24.2/cjns24no2_pg343-355.pdf>

³²⁶ Pauktuutit Inuit Women of Canada. "Strong Women, Strong Communities." National Aboriginal Women's Summit, Corner Brook, NL 2007. Accessed April 28, 2008 <<http://www.laa.gov.nl.ca/laa/naws/pdf/Poverty.pdf>>

³²⁷ Canadian Institute for Health Information 2005.

³²⁹ Bollman, Ray D., and Verna Mitura. "Health Status and Behaviours of Canada's Youth? A Rural-Urban Comparison." *Rural and Small Town Canada Analysis Bulletin* 5.3 (March 2004). Accessed December 8, 2008 <<http://www.theruralcentre.com/The%20Health%20of%20Rural%20Canadians%20RST.pdf>>



- Rural gay and bisexual males were less likely, but rural lesbian and bisexual females were more likely, to report first sexual intercourse before age 14.³³⁰
- Rural males were more likely, but rural females were less likely, to spend time on the computer. Both male and female rural LGB teens were more likely to report they had been in contact with a stranger on the Internet that made them feel unsafe.³³¹
- 17% of girls in rural regions and 15% of girls in northern regions rated their health as "excellent," compared with 33% of girls in major metro regions³³²
- Girls in northern regions were the most likely to smoke, at 21% compared with 15% of girls nationally. No significant differences were found between regions for boys.³³³
- The majority of the Inuit in Canada live in 53 remote Arctic communities, extending from the Alaskan border to the eastern shores of Labrador. The communities are accessible only by air and this is an important factor with respect to access to medical services and consumer goods. Social and medical facilities are limited in many communities.³³⁴
- There are few social services available or trusted by rural/small town youth, particularly "after-hours" and weekends. Bullying and sexual identities are recognized by numerous studies as being linked to many youth suicides, issues particularly problematic outside

³³⁰ Bollman, Ray D., and Verna Mitura. "Health Status and Behaviours of Canada's Youth? A Rural-Urban Comparison." Rural and Small Town Canada Analysis Bulletin 5.3 (March 2004). Accessed December 8, 2008 <http://www.theruralcentre.com/The%20Health%20of%20Rural%20Canadians%20RST.pdf>

³³¹ Bollman, Ray D., and Verna Mitura. "Health Status and Behaviours of Canada's Youth? A Rural-Urban Comparison." Rural and Small Town Canada Analysis Bulletin 5.3 (March 2004). Accessed December 8, 2008 <http://www.theruralcentre.com/The%20Health%20of%20Rural%20Canadians%20RST.pdf>

³³² Bollman, Ray D., and Verna Mitura. "Health Status and Behaviours of Canada's Youth? A Rural-Urban Comparison." Rural and Small Town Canada Analysis Bulletin 5.3 (March 2004). Accessed December 8, 2008 <http://www.theruralcentre.com/The%20Health%20of%20Rural%20Canadians%20RST.pdf>

³³³ Bollman, Ray D., and Verna Mitura. "Health Status and Behaviours of Canada's Youth? A Rural-Urban Comparison." Rural and Small Town Canada Analysis Bulletin 5.3 (March 2004). Accessed December 8, 2008 <http://www.theruralcentre.com/The%20Health%20of%20Rural%20Canadians%20RST.pdf>

³³⁴ Pauktuutit Inuit Women of Canada. National Aboriginal Women's Summit – Strong Women, Strong Communities. June 20 – 22, 2007 Corner Brook, NL. <http://www.laa.gov.nl.ca/laa/naws/pdf/Poverty.pdf>



of the larger urban areas. Youth centres have become significant “front-line” partners with local mental health agencies in addressing these issues.³³⁵

- Canadian Aboriginal women are almost three times more likely to have AIDS than non-Aboriginal women (23.1% versus 8.2%). New HIV infections among Aboriginal women have increased over the past twenty years, making up 50% of new HIV cases, compared to only 16% of the non-Aboriginal population.³³⁶
- Even though immigration itself doesn’t jeopardize mental health, research suggests that immigrants may be at higher risk for developing mental health problems during the first 10 to 24 months after arrival if the conditions surrounding migration and resettlement experience include stressful experiences prior to coming to Canada, inability to speak one of the official languages, prejudice and discrimination of the host society, low socio-economic status, separation from family and isolation from others of similar cultural background. Lack of culturally and linguistically appropriate mental health services further contribute to stigmatization and marginalization of ethnoracial/cultural communities exposing them to additional risks of developing mental health problems.³³⁷
- Many immigrant and refugee women do not access health services because they do not meet eligibility criteria, or due to fear that their irregular immigration status might result in deportation if they are found out.³³⁸
- The social determinants of health approach to social exclusion does not go much further than identifying social and systemic factors that contribute to poor health outcomes amongst Canada’s most “vulnerable” populations (Aboriginal peoples, immigrants, refugees, racialized women living in poverty). This approach can often overlook the complexity of the micro-social processes that occur in the daily lives of racialized women, especially those who do not identify as being “vulnerable.”³³⁹

³³⁵ Town Youth Participation Strategies. “Rural Youth Facts: Fact Sheets on Youth Centres in Canada: Rural Homelessness.” Background Paper, 2006.
<<http://www.typs.com/Research/Facts%20Sheet%20on%20Youth%20Centres%20in%20Canada.pdf>>

³³⁶ Native Women’s Association of Canada. “Background Paper: Aboriginal Women’s Health Canada - Aboriginal Peoples Roundtable, Health Sectoral Session.” 2004. Accessed June 4, 2008 <www.nwac-hq.org/>

³³⁷ Agic, Branka. “Health Promotion Programs on Mental Health/Illness and Addiction Issues in Ethno-Racial/Cultural Communities: A Literature Review.” Centre for Addiction and Mental Health, 2003. Accessed June 3, 2008 <http://www.camh.net/education/ethnocult_healthpromores02.pdf>

³³⁸ Douglas, Debbie, and The Ontario Council of Agencies Serving Immigrants. “Presentation: Immigrant Women and Health.” Accessed December 9, 2008 <http://www.ocasi.org/downloads/Immigrant_Women_and_Health.pdf>

³³⁹ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008
<<https://dspace.library.ubc.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



- Suicide has been named the highest health priority for Inuit and has a major impact on life expectancy. Canadian Inuit have one of the highest suicide rates in the world. At 135/100,000, the rate is over 11 times that of all Canadians (12/100,000) (Health Canada, forthcoming).³⁴⁰
- The practitioners identified mental health problems, life stress, depression, family violence, sexually-transmitted diseases, and eating disorders as the main health problems affecting young women of colour. In particular, they focused on life stress as a contributing factor for a host of health problems. The participants revealed that they too suffer from lack of sleep, increased blood pressure, and sleep disturbance. Related to these symptoms are social isolation, lack of quality time with family, and work overload. They reported that, as anti-racist advocates, they spend great amounts of energy and time trying to combat racism, and they start falling behind on their work.³⁴¹
- Hunger continues to be a reality for far too many Inuit families. According to the Kugaaruk study, 80 per cent of Inuit women surveyed in earlier Food Mail Program projects (Pond Inlet and Repulse Bay in 1992 and 1997) said they had run out of money to buy food in the previous month. More than 60 per cent of households with children were hungry in the previous 12 months. In Labrador, 28 per cent of households reported that they on occasion did not have enough to eat with seven per cent stating that they often had insufficient food.³⁴²

³⁴⁰ Pauktuutit Inuit Women of Canada. “Strong Women, Strong Communities.” National Aboriginal Women’s Summit, Corner Brook, NL 2007. Accessed April 28, 2008 <<http://www.laa.gov.nl.ca/laa/naws/pdf/Poverty.pdf>>

³⁴¹ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008 <http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>



SECTION 5: MEDIA LITERACY

“The media” is a broad term that refers to messages and images in television, magazines, movies, the internet, billboards, radio, and so on. These messages and images are ever-present and contain conflicting messages for girls. Consequently, media messages and images can have harmful effects on girls’ self-esteem and development. Media literacy empowers girls with critical-thinking skills in order to decipher and understand what lies beneath the messages and images they are bombarded with daily.

At Girls Action we combine media literacy and media arts to equip girls with the tools, resources, and support to deconstruct media and create their own messages about what is important to them. We believe that media literacy and media arts break the stigma about girls using technical equipment, provide fun activities to get girls thinking about issues that matter to them, support girls to say what they want changed in their community and take action, and encourage girls to think beyond the bounds of “what a girl is supposed to be.”

Below you will find supporting research on media and its various impacts on girls.

- Young women are growing up in a culture steeped in mass media and conflicting messages about youth and adulthood, and what it means to be a girl and a woman.³⁴³
- Since news on migrants is reported only when disasters befall them, or when they are caught in something ‘illegal’, they can only be positioned in one of these two ways: as past victims of poverty or conflict in their home states and present victims of criminal bands, or as criminals who take advantage of such victims. The victims need to be saved, and the criminals to be punished. This reductionism encourages the idea that

³⁴³ McCracken, Molly, Kate Dykman, Francine Parent, and Ivy Lopez. “Young Women Work: Community Economic Development to Reduce Women’s Poverty and Improve Income.” Prairie Women’s Health Centre of Excellence (PWHCE), 2005. Accessed June 4, 2008 <http://www.uwinnipeg.ca/admin/vh_external/pwhce/pdf/yww.pdf>



there is something inherently dangerous about being a migrant.³⁴⁴

- The media portrayal of white women still leaves a lot to be desired, but the media portrayal of racialized women is worse. Apart from a small minority of racialized women who appear to be confident, whole people, racialized people in general and racialized women in particular are underrepresented in Canadian television drama and news media relative to their proportion in the Canadian population, and where racialized women do appear, they are often relegated to stereotypical positions.³⁴⁵
- Ethno-racial minority youth also formed their identities in part in reaction to images and messages from various media. Nearly all the participants expressed the opinion that visible minorities are underrepresented and misrepresented in today's media, and that they were virtually absent in the 1980's and early 1990's, when the participants were children. This lack of representation in media had varying degrees and types of impact on the participants. Some felt that the media was "boring" and had "no influence" or did not "apply" to them because their ethno-racial groups were not represented, or were misrepresented in a way they could not relate to.³⁴⁶
- "The socialization of girls and young women, combined with the frequent portrayal of violence and objectification of girls / young women in the media, may result in a negative or poorly developed sense of identity."³⁴⁷
- The denial of racism is a persistent and common theme in the press. For most media practitioners as well as other groups that form part of the dominant culture, there is a refusal to accept the reality of racism. Despite the huge body of evidence of racial prejudice and discrimination in the lives and on the life chances of people of colour, editors and journalists constantly deny that racism exists outside of isolated instances of racist behaviour by aberrant individuals or the acts of extremist groups.³⁴⁸

³⁴⁴ Agustin, Laura Maria. "Forget Victimisation: Granting Agency to Migrants." *Development* 46.3: 30-36. Accessed October 5, 2008 <http://www.nodo50.org/Laura_Agustin/forget-victimisation-granting-agency-to-migrants/print>

³⁴⁵ Canadian Research Institute for the Advancement of Women. "Fact Sheet: Women's Experience of Racism: How Race and Gender Interact." 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

³⁴⁶ Migliardi, Paula, and Sara Stephens. "Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project." 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file>>

³⁴⁷ National Council of Women of Canada. "Girls/Young Women and Violence Project." 1999. Accessed June 9, 2008 <http://www.ncwc.ca/pdf/girls_violence_forum.pdf>

³⁴⁸ Henry, Frances, and Carol Tator. "Racist Discourse in Canada's English Print Media." Executive Summary: The Canadian Race Relations Foundation. 2000. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/en/pub/rep/ePubRepRacDisMedia.pdf>>



- Finally, the language of 'otherness', the fragmentation of 'us' and 'them', pervades the media. The ubiquitous 'we' which finds its way into newspaper reporting and editorializing represents the White dominant culture; 'we' who are law-abiding, hardworking, peace-loving. 'They' refers to ethno-racial communities who are often portrayed by the journalists and editors as possessing different (undesirable) values, beliefs and norms. Those marked as 'other' are viewed as existing outside the boundaries of Canadian national identity.³⁴⁹
- A theme throughout the research is the importance of gender socialization. Girls were historically socialized to believe that their role in life was limited to nurturing and taking care of others. Although girls have many more opportunities today, nonetheless, negative and harmful stereotypes persist. One report suggests that by the time children reach puberty, they are so heavily targeted by advertisers and media, and so preoccupied with issues relating to body image, sexual identity and peer pressure, that it is much harder to get them to step back and be critical of popular culture.³⁵⁰
- "Thus, this research indicates that while race and class were differentiators of girls' socialization and concomitant media use, the differences highlighted the ways in which their different cultures functioned to uphold different aspects of dominant ideologies of femininity."³⁵¹
- Clearly, the media are crucial symbolic vehicles for the construction of meaning in girls' everyday lives. The existing data paint a disturbing portrait of adolescent girls as well as of the mass media: on the whole, girls appear to be vulnerable targets of detrimental media images of femininity. In general, the literature indicates that media representations of femininity are restrictive, unrealistic, focused on physical beauty of a type that is virtually unattainable as well as questionable in terms of its characteristics, and filled with internal contradictions.³⁵²

³⁴⁹ Henry, Frances, and Carol Tator. "Racist Discourse in Canada's English Print Media." Executive Summary: The Canadian Race Relations Foundation. 2000. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/en/pub/rep/ePubRepRacDisMedia.pdf>>

³⁵⁰ Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

³⁵¹ Durham, Meenakshi Gigi. "Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups." *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.

³⁵² Durham, Meenakshi Gigi. "Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups." *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.



- “The pervasiveness of popular culture at both schools was tied very closely to the single most important theme that emerged from the data: the dominance of the sociocultural norm of heterosexuality in the girls’ lives... What was striking was that this norm of heterosexuality was central to the social worlds of girls at both schools, and it guided the girls’ behaviours and beliefs regardless of their racial, ethnic, and class differences, although it manifested itself in different ways based on these cultural variances.”³⁵³

- “The girls’ overall use of the mass media to reconstruct ideals of heterosexuality with regard to physical appearance, the goals of marriage and maternity, and active homophobia reveal a fairly direct appropriation of the dominant ideology of femininity. Race and class factors impacted the ways in which the parameters of ideal femininity were defined; but in general, the peer context was one in which emergent gender identity was consolidated via constant reference to acceptable sociocultural standards of femininity and sexuality.”³⁵⁴

- “Boys and girls have an overabundance of White images on which to model themselves. Adolescents of colour have fewer images to view in the media and advertising campaigns. In fact, many African American images presented in advertising attempt to mirror the same characteristics applied to their White counterparts. For example, light skin, lighter hair, straight hair, and thinness all help to recreate the dominant culture’s definition of a beautiful woman, Black or White.”³⁵⁵

- The impact of the media on young girls is a persistent theme throughout this research. Research suggests that it is difficult for girls to develop healthy attitudes towards sexuality and body image when much of the advertising aimed at them is filled with images of impossibly thin, beautiful and highly sexualized young people. Advertisers are now heavily targeting the “tween” market (young people between the ages of eight and twelve).³⁵⁶

³⁵³ Durham, Meenakshi Gigi. “Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups.” *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.

³⁵⁴ Durham, Meenakshi Gigi. “Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups.” *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.

³⁵⁵ Logio, Kim A. “Gender, Race, Childhood Abuse, and Body Image Among Adolescents.” *Violence Against Women* 9.8 (2003): 931.

³⁵⁶ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>



- “Responding to mediated constructions of ideal femininity, many girls struggle to be what the culture wants them to be, giving up earlier ideas of what they might want for themselves.”³⁵⁷
- Canada is committed to large numbers of immigrants coming every year and Ontario receives almost 60% of those newcomers. But while ethnic neighbourhoods are a comfort to their residents, they are often profiled in the media in negative ways. This sets up barriers to belonging. We need to realize the value of the diversity of our neighbourhoods so we can get past the barriers to belonging.³⁵⁸
- Similarly, a number of researchers (Bartky, 1998, 2002; Beausoleil, 1994; Bordo, 1993; Kirk & Colquhoun, 1989; White, Young & Gillett, 1995) have demonstrated how contemporary healthist culture configures body shape, size, weight and we would add ‘whiteness,’ as indicators of one’s health, well-being and moral status. The popular images beamed into homes, endorsed by celebrities and recited through government messages fix in the minds of Canadians the notions of the ‘healthy’ and ‘moral’ citizen. Of note, such notions are often in sharp contrast with the stereotypical representations of visible minority women in Canada (e.g., frail, passive, sheltered, ‘othered,’ unfit, unhealthy) who are hence perceived as ‘costly’ citizens in terms of social and health programs.³⁵⁹
- The evidence reviewed in this section demonstrates that women and girls are more likely than men and boys to be objectified and sexualized in a variety of media outlets (including television, magazines, sports media, and music videos), in advertising, and in several products that are marketed to children.³⁶⁰
- Muslim females also expressed a strong sense of agency that came across through their comments about wearing the *hijab*. Some of the Muslim young women insisted that wearing a *hijab* was based on choice and freedom to decide as well as religious pride and faith and not solely because their religion expects women to be modest. Their

³⁵⁷ Durham, Meenakshi Gigi. “Articulating Adolescent Girls’ Resistance to Patriarchal Discourse in Popular Media.” *Women’s Studies in Communication* 22.2 (1999a): 210-229. ProQuest CD-ROM.

³⁵⁸ Fay, Michael. Ontario Prevention Clearinghouse. “Count Me In: Tools for an Inclusive Ontario.” Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20&%206%20-%20Count%20me%20In%20Workbook.pdf>>

³⁵⁹ George, Tammy, and Geneviève Rail. “Barbie Meets the Bind: Discursive Constructions of Health Among Young South-Asian Canadian Women.” *Women’s Health and Urban Life* 4.2 (2005): 44-66. Accessed June 9, 2008: <https://tspace.library.utoronto.ca/bitstream/1807/4744/1/george_rail.pdf>

³⁶⁰ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>



decision was based on rejecting external definitions and the controlling images of Muslim women by the media.³⁶¹

- The media abound with models of heterosexuality and messages that heterosexuality can bring about popularity, power, and pleasure. At the same time, the media promote antigay prejudice in two ways. First, by generally making gays and lesbians invisible, they imply that heterosexuality is normal and positive. Second, when gays and lesbians are visible in the media, they are frequently portrayed as villains or victims (Gross, 1991).³⁶²
- In particular, the negative portrayals of Black men and women in the media have serious individual and social consequences. “White people are afraid of Black people,” claimed one participant. “People are afraid of us because we’re Black.”³⁶³
- “Both boys and girls are socialized into culturally defined standards of attractiveness; yet for girls, the cultural definitions are not only more rigid, but also more salient and visible in American society.”³⁶⁴
- “Women of colour comment on the problem of discordance between their family’s cultural ideal of feminine beauty and the American media image of the ideal woman.”³⁶⁵
- The most prominent health concerns for Inuvik youth are smoking, alcohol and drug abuse, and teen pregnancy, not suicide or solvent abuse, which are well publicized but more prevalent in the eastern arctic. By having Inuvik youths share their photographs

³⁶¹ Desai, Sabra, and Sangeeta Subramanian. “Colour, Culture and Dual Consciousness: Issues Identified by South Asian Immigrant Youth in the Greater Toronto Area.” 2000. Accessed October 5, 2008
<<http://ceris.metropolis.net/Virtual%20Library/community/desai1.html>>

³⁶² Hyde, Janet Shibley, and Sara R. Jaffee. “Becoming a Heterosexual Adult: The Experiences of Young Women.” *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008
<http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>

³⁶³ Lloyd, Bethan A., and Selom Chapman-Nyaho. “Racism Makes you Sick - It’s a Deadly Disease.” Racism, Violence and Health Project, 2002. Accessed October 4, 2008
<<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0203.pdf>>

³⁶⁴ Logio, Kim A. “Gender, Race, Childhood Abuse, and Body Image Among Adolescents.” *Violence Against Women* 9.8 (2003): 931.

³⁶⁵ Logio, Kim A. “Gender, Race, Childhood Abuse, and Body Image Among Adolescents.” *Violence Against Women* 9.8 (2003): 931.



and stories, health professionals can gain insight into the perspectives of youth in northern communities and expand their capacities to heal. Photo novella is a promising research method in adolescent health.³⁶⁶

- Frequent exposure to cultural beauty ideals via the media has been shown to be associated with higher rates of eating disorders, both for individuals and for the population at large.³⁶⁷
- “Sexualized by the media, constructed as commodities and markets, trained to be nurturers and caregivers, and having their needs and voices trivialized and dismissed, it is no wonder that girls today want some kind of power and self- respect.”³⁶⁸
- Research also links exposure to sexualized female ideals with lower self-esteem, negative mood, and depressive symptoms among adolescent girls and young women.³⁶⁹
- Exposure to a “White- ideal” in the media may be damaging to women of colour who cannot match that ideal; research showing a negative correlation between music video exposure and self-esteem in African American adolescents (L.M. Ward, 2004b) supports this supposition.³⁷⁰
- While black women can come in a variety of shapes and complexions, those who are most often represented in mainstream American magazines are often, for lack of a better, equally descriptive phrase, “white-washed” in appearance. Features that are seen of characterized of black people, like curlier hair textures, wider noses and fuller lips, are often downplayed in American magazines, conforming to a white standard of beauty.³⁷¹

³⁶⁶ Ip, Janet. “We Don’t Live in Igloos: Inuvik Youth Speak Out.” *Canadian Family Physician* 53 (2007). Accessed May 7, 2008 <www.cfp.ca/cgi/reprint/53/5/864>

³⁶⁷ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁶⁸ Jiwani, Yasmin. “The Girl Child: Having to ‘Fit’.” *The FREDa Centre for Research for Violence Against Women and Children*, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

³⁶⁹ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁷⁰ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁷¹ Alvarez, Alex. 2008. “Model Minority: How Women’s Magazines Whitewash Different Ethnicities.” *Gunabee*. Accessed October 12, 2008 <<http://guanabee.com/2008/03/model-minority-how-womens-maga-1.php>>



- Building on Gilligan`s work, psychologist Mary Pipher described adolescence as the Bermuda triangle for girls selves, and noted the importance of shifting from seeing the individual girl as the problem and to instead pointing the finger at society, specifically the media, as the primary factor impacting adolescent girl`s health and wellbeing. She argues that the culture is what causes girls to abandon their true selves and take up false selves.³⁷²

- There are several components to sexualization, and these set it apart from healthy sexuality. Healthy sexuality is an important component of both physical and mental health, fosters intimacy, bonding, and shared pleasure, and involves mutual respect between consenting partners. In contrast, sexualization occurs when:
 - A person`s value comes only from his or her sexual appeal or behaviour, to the exclusion of other characteristics;

 - A person is held to a standard that equates physical attractiveness (narrowly defined) with being sexy;

 - A person is sexually objectified—that is, made into a thing for others` sexual use, rather than seen as a person with the capacity for independent action and decision making; and/or

 - Sexuality is inappropriately imposed upon a person.³⁷³

- Sexualization may be especially problematic when it happens to youth. Developing a sense of oneself as a sexual being is an important task of adolescence (Adelson, 1980;Arnett, 2000;W. A. Collins & Sroufe, 1999), but sexualization may make this task more difficult. Indeed, Tolman (2002) argued that in the current environment, teen girls are encouraged to look sexy, yet they know little about what it means to be sexual, to have sexual desires, and to make rational and responsible decisions about pleasure and

³⁷² Bell-Gadsby, Cheryl, Natalie Clark, Sarah Hunt, and The McCreary Youth Foundation. "It`s a Girl Thang! A Manual on Creating Girls Groups." 2006. Accessed June 4, 2008 <http://www.myfoundation.ca/pdf/its_a_girl_thang.pdf>

³⁷³ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>



risk within intimate relationships that acknowledge their own desires. Younger girls imbued with adult sexuality may seem sexually appealing, and this may suggest their sexual availability and status as appropriate sexual objects. Concomitantly, women are often considered sexy only when they appear young, thus blurring the line between who is and is not sexually mature (Cook & Kaiser, 2004).³⁷⁴

- Throughout U.S. culture, and particularly in mainstream media, women and girls are depicted in a sexualizing manner. These representations can be seen in virtually every medium, including prime-time television programs (e.g., Grauerholz & King, 1997; L. M. Ward, 1995), television commercials (e.g., Lin, 1997), music videos (e.g., Gow, 1996; R. C. Vincent, 1989), and magazines (e.g., Krassas, Blauwkamp, & Wesselink, 2001, 2003; Plous & Neptune, 1997).³⁷⁵
- Media depictions of sexuality, then, promote heterosexuality as normative. When homosexuality is depicted at all, it is portrayed as problematic, dangerous, or comic (Gross, 1991).³⁷⁶
- Finally, the mass media promote heterosexuality in part by encouraging traditional gender roles. Focusing again on teen magazines for girls, they promote a concern with appearance, the goal being to be attractive to an assumed male viewer, that is, to be heterosexually attractive (McRobbie, 1991).³⁷⁷
- Finally, we should note that, although the mass media clearly promote heterosexuality, they promote an ambivalent attitude toward women's heterosexuality and have done so for decades (Douglas, 1994). Women's sexuality (heterosexuality) is portrayed simultaneously as the road to romance and love and perhaps even great pleasure and liberation, while at the same time it is portrayed as leading to unwanted teen

³⁷⁴ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁷⁵ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁷⁶ Hyde, Janet Shibley, and Sara R. Jaffee. "Becoming a Heterosexual Adult: The Experiences of Young Women." *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>

³⁷⁷ Hyde, Janet Shibley, and Sara R. Jaffee. "Becoming a Heterosexual Adult: The Experiences of Young Women." *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>



pregnancy, the shackles of infant care, sexually transmitted diseases, and loss of reputation.³⁷⁸

- Many of the studies to date have mostly consisted of White samples. Because the cultural ideal for female beauty is racialized (i.e., the idealized beautiful woman is White), exposure to these idealized images may affect girls of colour differently.³⁷⁹
- Body dissatisfaction may spur teens to seek plastic surgery. Between 2000 and 2005, there was a 15% increase in teen (aged 18 and younger) invasive cosmetic surgery and a 7% increase in minimally invasive cosmetic procedures (e.g., botox injections, chemical peels, laser hair removal), according to the American Society of Plastic Surgeons (2006a).³⁸⁰
- Indeed, from 2002 to 2003, the number of girls 18 years old and younger who got breast implants nearly tripled, from 3,872 to 11,326 (Olding & Zuckerman, 2004). In one study, two thirds of 16-year-old girls in a suburban high school knew someone who had undergone cosmetic surgery (Pearl & Weston, 2003). Many of these girls desired it themselves, and the most desired procedures were liposuction for the reduction of fat in the hips, thighs, and belly and breast augmentation (Pearl & Weston, 2003).³⁸¹
- Body image dissatisfaction may also support girls' use not only of cosmetics and beauty products but also of expensive salon treatments such as facials, manicures, pedicures, waxing, and eyebrow shaping. Teenage girls 12 to 19 years of age spent over \$8 billion on beauty products (cosmetics, fragrances, and hair/beauty salons) in 1997—spending more in this product category than in any other except clothing/jewellery (Parks, 1998).³⁸²

³⁷⁸ Hyde, Janet Shibley, and Sara R. Jaffee. "Becoming a Heterosexual Adult: The Experiences of Young Women." *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>

³⁷⁹ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸⁰ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸¹ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸² American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>



- In addition to the mental health consequences of sexualization, research suggests that girls' and women's physical health may also be negatively, albeit indirectly, affected. For example, studies have established an important link between body dissatisfaction and the onset of cigarette smoking among adolescent girls (e.g., Stice & Shaw, 2003).³⁸³
- A central concern raised in this report is that frequent exposure to media images that sexualize girls and women may affect how girls conceptualize femininity and sexuality, leading them to accept more constrained and stereotypical notions about gender roles and sexual roles (i.e., that women are sexual objects). Findings across several studies indicate that this appears to be the case. Girls and young women who more frequently consume or engage with mainstream media content also offer stronger endorsement of sexual stereotypes that paint women as sexual objects.³⁸⁴
- Media exposure has been found to constrain young women's conceptions of femininity by putting appearance and physical attractiveness at the centre of women's value. For example, Zurbriggen and Morgan (2006) reported that more frequent viewing of reality TV programming among young women was associated with a stronger belief in the importance of appearance.³⁸⁵
- While suicide and solvent abuse are publicized in the media as problems affecting Inuit youth, neither issue was discussed as a health concern by any of the 14 Inuvik youths interviewed in this study. As Isaacs et al suggested, these problems affect the Inuit youth in the eastern NWT more than in the western NWT. This differentiation is important, as the 2 regions are lumped together by the media. Inuvik youths voiced concerns about the same issues seen in urban youth clinics: smoking, alcohol and drug abuse, and teen pregnancy. Although they come from Inuvialuit and Gwich'in cultural backgrounds in a remote northern setting, they are strikingly similar to youth in Canadian cities.³⁸⁶
- This research builds on work done by the 1996 Royal Commission on Aboriginal Peoples (RCAP) that concluded that three damaging stereotypes of Aboriginal people are perpetuated in all forms of public discourse: 1) Victims, 2) Warriors and 3)

³⁸³ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸⁴ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸⁵ American Psychological Association. "APA Task Force on the Sexualization of Girls." 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

³⁸⁶ Ip, Janet. "We Don't Live in Igloos: Inuvik Youth Speak Out." Canadian Family Physician 53 (2007). Accessed May 7, 2008 <www.cfp.ca/cgi/reprint/53/5/864>



Environmentalists. Stereotyping is but one feature of the media's construction of the "common sense" that the audience uses to interpret the news. The media do not simply "remind us of commonsense notions and classifications that we already *have*, rather they produce and reproduce them out of *raw materials* selected from the cultural and linguistic environment" (Hartley, 1982:105). The common sense produced in the news media is not value neutral, but part of a larger process of presenting a hegemonic understanding of the world to audiences or what Gramsci (1980) refers to as "the production of consent." The findings in this study indicate that common sense about Aboriginal issues tends to be constructed by the media in ways that preclude Aboriginal people being "ready" to exercise complete control over their lives.³⁸⁷

- Since stereotyping has long been a feature of media coverage of Aboriginal people in Canada, it is not surprising that stereotypes still figure prominently in news texts about Aboriginal issues in 2002. While many older stereotypes, such as *Aboriginal people as warriors*, are still present in news discourse, a number of new stereotypes are emerging. The most prevalent emergent stereotype found in this research is one that casts into doubt the ability of Aboriginal people to successfully manage their own affairs.³⁸⁸
- Future research needs to meld critical analysis of the media's coverage of Aboriginal self-governance issues with an exploration of ways that Aboriginal people may be more involved in their own representation in the mainstream media. The news media appear to be mired in a neo-colonial mindset; after all, the issue of Aboriginal "self-representation" in the media can only be discussed "in the context of neo-colonialism" (Leuthold, 1997:80).³⁸⁹
- Media Awareness Network article ("Media Portrayals of Aboriginal People") notes, "If [young Aboriginals] get their impressions from the news, they'll likely view Aboriginal people as a negative force. And if their impressions come from films and TV programs, they'll learn to think of Aboriginal people as inferior (passive, aggressive or drunk) or simply as non-entities, obliterated by omission." This article notes that in Canada, new sensitivities and support for cultural diversity have brought some positive changes (i.e. CBC programming where Aboriginal children are featured or National Film Board documentaries on the contributions of Aboriginal artists), although "practically speaking, these voices still represent only a small proportion of the popular media that kids consume today."³⁹⁰

³⁸⁷ Harding, Robert. "The Media, Aboriginal People and Common Sense." *Canadian Journal of Native Studies* 25.1 (2005): 311-336. Accessed May 3, 2008 <http://www.brandonu.ca/Library/CJNS/25.1/cjnsv25no1_pg311-335.pdf>

³⁸⁸ Harding, Robert. "The Media, Aboriginal People and Common Sense." *Canadian Journal of Native Studies* 25.1 (2005): 311-336. Accessed May 3, 2008 <http://www.brandonu.ca/Library/CJNS/25.1/cjnsv25no1_pg311-335.pdf>

³⁸⁹ Harding, Robert. "The Media, Aboriginal People and Common Sense." *Canadian Journal of Native Studies* 25.1 (2005): 311-336. Accessed May 3, 2008 <http://www.brandonu.ca/Library/CJNS/25.1/cjnsv25no1_pg311-335.pdf>

³⁹⁰ Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008



- Although there are more representations of African American females available for consumption in the mass media than ever before, the substance of these images has changed little over the past century (Gillespie 1993; Staples 1994; Weinberg and Williams 1988; Wyatt 1991). The exoticizing of African American women as wild, sexually promiscuous, and amoral continues to be normalized by descriptors that are widely circulated, accepted, and used to frame ideas about this population (hooks 1992).³⁹¹

- Beliefs and attitudes about African American women's sexuality appear to be sanctioned by a culture that continues to embrace stereotypes about race and sexuality. This is made especially clear when one scans media models available for women. The good, innocent, virginal girl continues to be an idealized image of womanhood associated with white females, but unattainable for African American females. Differentiating African American adolescent women's sexuality from white women's reinforces their positions as individuals standing on the margins of society, clarifying its boundaries (Hill Collins 2000; hooks and Manning 2000). This socially constructed image of white womanhood further relies on the continued production of the racist/sexist myth that African American women are not and do not have the capacity to be sexually innocent (Brown and McNair 1995; Hill Collins 2000; hooks 1992, 1995). These boundaries establish rules for interaction, whereby African American adolescent women learn their sexual value and role expectations within the majority white culture. Media portrayals of African American adolescent women reinforce this and provide meanings that direct interpersonal, community, and societal interactions within sexual contexts.³⁹²

- Fleras and Elliot (1996) argue that the media through an ongoing process of stereotyping of people of colour and Aboriginal peoples represent these diverse communities monolithic groups who create social problems. The cumulative effect of constant stereotyping and misrepresentation is to create a polarization between 'them' and 'us.' Through repetitive negative messages racial minorities become the 'Others'. They are portrayed as violent, irrational and emotionally unstable, with a diminished respect for human life or basic decency. The authors contend that the 'moral panic' generated by media hype of conflict situations often leads to a situation in which police, the military and other public authorities perceive they have no alternative recourse but to intervene and control to quell minority unrest and impose order. Fleras and Elliot cite

<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

³⁹¹ Stephens, Dionne P. and Layli D. Phillips. "Freaks, Gold Diggers, Divas, and Dykes: The Sociohistorical Development of Adolescent African American Women's Sexual Scripts." *Sexuality & Culture*, Winter (2003). Accessed October 4, 2008 <http://www.fiu.edu/~stephens/SS_Sex+_Culture.pdf>

³⁹² Stephens, Dionne P. and Layli D. Phillips. "Freaks, Gold Diggers, Divas, and Dykes: The Sociohistorical Development of Adolescent African American Women's Sexual Scripts." *Sexuality & Culture*, Winter (2003). Accessed October 4, 2008 <http://www.fiu.edu/~stephens/SS_Sex+_Culture.pdf>



the example of the Oka conflict in Quebec.³⁹³

- Similarly, a number of researchers (Bartky, 1998, 2002; Beausoleil, 1994; Bordo, 1993; Kirk & Colquhoun, 1989; White, Young & Gillett, 1995) have demonstrated how contemporary healthist culture configures body shape, size, weight and we would add ‘whiteness,’ as indicators of one’s health, well-being and moral status. The popular images beamed into homes, endorsed by celebrities and recited through government messages fix in the minds of Canadians the notions of the ‘healthy’ and ‘moral’ citizen. Of note, such notions are often in sharp contrast with the stereotypical representations of visible minority women in Canada (e.g., frail, passive, sheltered, ‘othered,’ unfit, unhealthy) who are hence perceived as ‘costly’ citizens in terms of social and health programs.³⁹⁴
- Women of colour, in particular, have been sexually marked in ways that contribute to their denigration and difference in Western societies. Women of colour “inhabit a sex/gender hierarchy in which relations of power have been sexualized” (Collins, 1990, p. 165). In addition, constructions of sexuality vis à vis women of colour are fraught with terrible internal paradoxes: simultaneously cast as hypersexed objects of desire and wholly undesirable objects of revulsion, their presence is infused with both erotic desire and racist contempt (Bhabha, 1983).³⁹⁵
- Overall, the girls saw themselves as outsiders to both of the spheres they inhabited; they did not self-identify as American, though all of them had been raised in the U.S. and held citizenship. They did classify themselves as Indian, but recognized that their Indian-ness differed from that of their parents. In fact, the issues of sexuality that marked the divisions between themselves and their parents also demarcated lines of Media, Sexuality, and Diaspora Identity, difference between themselves and their American peers.³⁹⁶

³⁹³ Henry, Frances, and Carol Tator. “Racist Discourse in Canada’s English Print Media.” Executive Summary: The Canadian Race Relations Foundation. 2000. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/en/pub/rep/ePubRepRacDisMedia.pdf>>

³⁹⁴ George, Tammy, and Geneviève Rail. “Barbie Meets the Bindi: Discursive Constructions of Health Among Young South-Asian Canadian Women.” *Women’s Health and Urban Life* 4.2 (2005): 44-66. Accessed June 9, 2008: <https://tspace.library.utoronto.ca/bitstream/1807/4744/1/george_rail.pdf>

³⁹⁵ Durham, Meenakshi Gigi. “Constructing the ‘New Ethnicities’: Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls.” *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

³⁹⁶ Durham, Meenakshi Gigi. “Constructing the ‘New Ethnicities’: Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls.” *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>



- Collins (2004) suggests “the new racism” draws its strength from the mass media by presenting hegemonic ideas while claiming racism is a thing of the past. The mass media takes an overt stance by denouncing traditional racism¹ and publicly endorsing civil rights. For example, the news media uses politically correct terms such as African-American and marks Martin Luther King Day with coverage of the annual holiday. At the same time, a more covert expression of racism that emphasizes racial difference and hierarchy is perpetuated by the mass media. This new racism slips under the radar of most people who view a minority presence as they turn on the television, watch a movie or flip through the pages of a magazine.³⁹⁷
- New racism is reflected in the pages of teen beauty magazines in a subtle manner that seems ordinary and common to White teenage girls because they do not recognize any racial bias in beauty magazines. While minorities are visible in teen magazines, they are stripped of any form that would threaten the position of the elites by adopting the White standard of beauty.³⁹⁸
- Collins (2004) writes that the new racism depends immensely on the mass media to proliferate the ideologies needed to validate racism. The advertising industry manufactures the consent that makes the new racism seem a normal part of everyday life. White teenagers who do not recognize the privilege of their skin colour will not notice any sort of racial bias in teen beauty magazines, just as Duke (2000) found in her study.³⁹⁹
- Media discourse is not just a symptom of the problem of racism. It reinforces individual beliefs and behaviours, collective ideologies, the formation of public policies, organization practices.⁴⁰⁰

³⁹⁷ Durham, Meenakshi Gigi. “Constructing the ‘New Ethnicities’: Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls.” *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

³⁹⁸ Durham, Meenakshi Gigi. “Constructing the ‘New Ethnicities’: Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls.” *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

³⁹⁹ Durham, Meenakshi Gigi. “Constructing the ‘New Ethnicities’: Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls.” *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

⁴⁰⁰ Henry, Frances, and Carol Tator. “Racist Discourse in Canada’s English Print Media.” Executive Summary: The Canadian Race Relations Foundation. 2000. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/en/pub/rep/ePubRepRacDisMedia.pdf>>



SECTION 6: CIVIC AND COMMUNITY ENGAGEMENT - BENEFITS AND BARRIERS

Civic and community engagement is a strategy to help girls and young women realize their potential and act on their own power. There is solid evidence that girls' self-esteem grows when they share what they create with their community. In the process, they see the power they possess to create change. However, several barriers exist to girls' civic and community engagement. Some of these barriers include ageist assumptions that limit the participation of young women; the development of policies and programs for girls without girls' input; assumptions that girls and young women are apathetic or not already engaged in community action; or assumptions that girls cannot advocate for themselves. Gender socialization, poverty, racialization, sexual orientation, the lasting effects of colonization and residential schools, ability and much more render these barriers more complex or can act as barriers to community engagement in themselves.

Below are quotations about the benefits and barriers to civic and **COMMUNITY** engagement. Please note that this field is still in development, and research on gendered civic and community engagement is limited.

- Civic or community engagement is a strategy to help girls and young women realize their potential and act on their own power. Since girls are often socialized to be more compliant and soft-spoken, they can lack confidence to publicly voice their views. In response to this social phenomenon, Ruta Valaitis' research has linked community participation with empowerment and specifically revealed its significance for young women, since "83% of girls in inner-city schools in Canada said that they were not heard and felt disempowered in the larger community."⁴⁰¹

⁴⁰¹ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008
http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf



- Social exclusion describes the structures and dynamic processes of inequality among groups in society. Social exclusion refers to the inability of certain groups or individuals to participate fully in Canadian life due to structural inequalities in access to social, economic, political and cultural resources. These inequalities arise out of oppression related to race, class, gender, disability, sexual orientation, immigrant status and religion.⁴⁰²

- The Canadian Mental Health Association has defined the meaning of youth participation as “recognizing and nurturing the strengths, interests, and abilities of young people through the provision of real opportunities for youth to become involved in decisions that affect them at individual and systemic levels”.⁴⁰³

- Belonging -- to a family, a neighbourhood, a community, a society -- is one of the most important things in life. It makes us feel good. It makes us healthy. It makes us want to reach out to others. Belonging makes our communities healthy, too.⁴⁰⁴

- Youth engagement is the meaningful participation and sustained involvement of a young person in an activity that has a focus outside the individual. When asked why they engaged as full and active participants, the young people interviewed articulated the following motivators, which have become the core values of the framework:
 - Opportunities to follow their passions

 - Connections with both peers and adults

 - A sense that their work contributed to making a difference

⁴⁰² Galabuzi, Grace-Edward and the Public Health Agency of Canada. “The Social Determinants of Health: Social Inclusion as a Determinant of Health.” Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php>

⁴⁰³ Douglas S. McCall, Mary M. Shannon. “Youth Led Health Promotion, Youth Engagement and Youth Participation: A Research Review.” Canadian Association for School Health, 1999. Accessed June 4, 2008 <<http://www.safehealthyschools.org/Youth%20Engagement%20Research%20Review.pdf>>

⁴⁰⁴ Fay, Michael. Ontario Prevention Clearinghouse. “Count Me In: Tools for an Inclusive Ontario.” Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20&%206%20-%20Count%20me%20In%20Workbook.pdf>>



- The ability to take concrete actions
- Having fun⁴⁰⁵
- Despite participants' many differences, one powerful theme emerged: The desire to connect with others to break feelings of isolation. Over and over again, participants – women, men, youth, parents, elders, and immigrants – testified: “I feel alone.” However, in the process of sharing their experiences with others, participants came to see “We are not alone.”⁴⁰⁶

Additional quotes:

- Social exclusion is experienced by both individuals and communities in multiple and often reinforcing dimensions. For example, groups of people living in low-income areas are also likely to experience inequities in access to employment, adequate housing and social services, as well as to experience stigmatization, isolation from civil society, higher health risks and lower health status. Such groups include Aboriginal peoples, immigrants and refugees, people with disabilities, single parents, children, youth and women in disadvantaged situations, older people and unpaid caregivers, gays, lesbians, bisexuals, transgendered people, and racialized groups. (Galabuzi, 2002).⁴⁰⁷
- Our research upholds previous findings that Aboriginal young women want and need supports that uphold their traditional cultures and teachings. Access to cultural teachings is important for identity formation and well being, and needs to be available in all aspects. This is best led by Aboriginal organizations with experience and connections with the Aboriginal community.⁴⁰⁸

⁴⁰⁵ Heartwood Centre for Community Youth Development. “A Framework for Community Youth Development: Meaningful Involvement of Young People in Building Healthy Communities.” Accessed June 3, 2008 <http://www.heartwood.ns.ca/downloads/cyd_framework.pdf>

⁴⁰⁶ Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁴⁰⁷ Galabuzi, Grace-Edward and the Public Health Agency of Canada. “The Social Determinants of Health: Social Inclusion as a Determinant of Health.” Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php>

⁴⁰⁸ Manitoba Research Alliance on Community Economic Development in the New Economy. “Young Women, Work, and the New Economy.” Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008 <www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>



- “Girls need access to caring adults, involvement in organized community activities, and other protective environments to help them mature into healthy and productive women.”⁴⁰⁹
- “For adults to engage young people effectively in community initiatives, it is necessary to gain an understanding of how youth perceive their communities and their positions within them. Without this understanding adults risk misinterpreting their needs and impose adult contexts upon decisions that ultimately affect young people’s lives.”⁴¹⁰
- “Young women can develop leadership skills by being mentored to guide these programs themselves. Young women are ready and willing to participate in holistic programs that respect their cultural backgrounds and build strong futures for themselves, their families and their communities.”⁴¹¹
- “Evidence indicates that feeling a sense of belonging to one’s community is associated with higher levels of health status.”⁴¹²
- “Young people’s participation in community projects is, therefore, an important building block to develop a sense of self-determination (Hart, 1997; Hartetal.1997; Igoe, 1991). Youth who participate in community activities are more likely to be involved in their community as adults (Jones, 2000). Involving youth, who are the users of services, can foster empowerment and lead to the development and implementation of more responsive youth services (Delgado, 1996;Jermaine, Samaniego, & Cheun, 1997). Schwab’s (1997) study of American teenagers indicated that being heard and validated

⁴⁰⁹ Weiler, Jeanne. “An Overview of Research on Girls and Violence.” Choices Briefs, Number 1. 1999. Accessed June 8, 2008
http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED441916&ERICExtSearch_SearchType_0=no&accno=ED441916

⁴¹⁰ Valaitis, Ruta. “They Don’t Trust us; we’re just Kids.” Views About Community from Predominantly Female Inner City Youth.” Health Care for Women International 23 (2002): 248-266.

⁴¹¹ Manitoba Research Alliance on Community Economic Development in the New Economy. “Young Women, Work, and the New Economy.” Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008
<www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>

⁴¹² Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008
<http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>



and directing events that in lives was essential for their mental health and the health of their communities.”⁴¹³

- “The sense of camaraderie forged among Aboriginal girls and young women who are involved in prostitution offers an informal but predictable sense of community that, in many cases, has served as a first step towards individual and collective self-determination.”⁴¹⁴
- Participation enhances youth health and promotes commitment. Opportunities for participation offers young people the chance to develop meaningful relationships and bolster their self-esteem. Research in community development and health promotion shows that people of all ages are more likely to make a commitment to a program when they have been involved from the outset in the program’s design and implementation (Hohenemser & Marshall, 2002).⁴¹⁵
- There can be perhaps no experience more humbling in community based research than to realize that nothing can happen without the collective efforts of members of the communities you wish to investigate.⁴¹⁶
- “Adolescents high in social support are high in perceived opportunity; they believe they will have access to opportunity for both educational and occupational advancement; they anticipate future success. In contrast, adolescents low in social support may perceive their access to, or ability to pursue, future opportunities for career and educational development to be more limited.”⁴¹⁷

⁴¹³ Valaitis, Ruta. “They Don’t Trust Us; We’re Just Kids.” Views About Community from Predominantly Female Inner City Youth.” *Health Care for Women International* 23 (2002): 248-266.

⁴¹⁴ Downe, Pamela J. “Aboriginal Girls In Canada: Living Histories of Dislocation, Exploitation and Strength.” Jiwani, Yasmin, (eds). *Girlhoods: Redefining the Limits*. Montreal: Black Rose Books, 2005.

⁴¹⁵ Power, Kevina. “Engaging Young People in Leadership and Decision Making.” McCreary Youth Foundation, 2005. Accessed June 9, 2008 <<http://www.myfoundation.ca/pdf/engaging-young-people.pdf>>

⁴¹⁶ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008 <http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

⁴¹⁷ Covell, Katherine, MacIntyre, Peter D., Wall, Julie. “Implications of Social Supports for Adolescents’ Education and Career Aspirations.” *Canadian Journal of Behavioural Science* April 1999. Accessed June 8, 2009 <http://findarticles.com/p/articles/mi_qa3717/is_199904/ai_n8844207>



- Covell, MacIntyre and Wall found that “female students consistently report higher levels of support, from sources other than family, a greater perception of future opportunity, and higher expectations for both education and career, as well as higher education aspirations than do their male peers.”⁴¹⁸
- People in ethnocultural communities are the best sources of information about the barriers they face. Working with them to produce a health promotion initiative will achieve far more effective results than attempting to create one with little or no input from the community. The process of working together and involving community members in a health promotion project also can help to achieve the main goal of health promotion: enabling people to increase control over their health.⁴¹⁹
- Mentors have been shown to promote positive development through role modelling and emotional support (Grossman & Rhodes, 2002), facilitate improvements in adolescents’ attitudes, self-perceptions and behaviours (Walker & Freedman, 1996), and reduce risky sexual behaviour among adolescent women (Taylor-Seehfer & Rew, 2000). “By observing adults and comparing their own performance to that of adults, adolescents can begin to adopt new behaviours” (Rhodes & Roffman, 2002, p. 232).⁴²⁰
- We recognize that youth, and the community organizations that serve them, have important assets, talents, skills, and ways of seeing and understanding their world that can provide an effective response.⁴²¹
- Peer education is thought to be the most effective approach to HIV prevention but it is among the least common approaches being used by organizations. One possible reason

⁴¹⁸ Covell, Katherine, MacIntyre, Peter D., Wall, Julie. “Implications of Social Supports for Adolescents’ Education and Career Aspirations.” *Canadian Journal of Behavioural Science* April 1999. Accessed June 8, 2009 <http://findarticles.com/p/articles/mi_qa3717/is_199904/ai_n8844207>

⁴¹⁹ Centre for Addiction and Mental Health. “Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities.” 2007. Accessed July 6, 2008 <http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>

⁴²⁰ Banister, Elizabeth M., and Deborah L. Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (Nov 2006). Accessed May 5, 2008 <[http://www.cacap-acpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/\\$file/November%202006%20Community%20of%20Practice.pdf](http://www.cacap-acpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/$file/November%202006%20Community%20of%20Practice.pdf)>

⁴²¹ Flicker, Sarah, et al. “‘It’s Hard to Change Something When You Don’t Know Where to Start’: Unpacking HIV Vulnerability with Aboriginal Youth in Canada.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>



for this is that peer education presents many challenges that more mainstream approaches do not.⁴²²

- Margaret Gibson writes: “minority youth do better in school when they feel strongly anchored in the identities of their families, communities and peers, and when they feel supported in pursuing a strategy of selective or additive acculturation” (Gibson, 1997: 445-446).⁴²³

- Social exclusion is also characterized by unequal power relations among groups in society which give rise to unequal access to economic, social, political and cultural resources (Galabuzi, 2004).⁴²⁴

- Giving marginalized communities an opportunity to shape research agendas has been identified as a key strategy for redressing systemic barriers to research participation and increasing the likelihood of locally acceptable ethical research practices. This strategy has been highlighted as particularly effective for health research with adolescents.⁴²⁵

- CBPR is an approach to research that involves working in equitable partnership with those most affected by a problem toward developing actionable solutions. Giving marginalized communities an opportunity to shape research agendas has been identified as a key strategy for redressing systemic barriers to research participation and increasing the likelihood of locally acceptable ethical research practices. This strategy has been highlighted as particularly effective for health research with adolescents.⁴²⁶

⁴²² Canadian Aboriginal AIDS Network. “HIV Prevention Messages for Canadian Aboriginal Youth Final Report.” 2004. Accessed April 26, 2008 <www.caan.ca/english/grfx/resources/publications/youth_prevent.pdf>

⁴²³ Anisef, Paul, and Kenise M. Kilbride. “The Needs of Newcomer Youth and Emerging ‘Best Practices’ to Meet Those Needs.” Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>

⁴²⁴ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

⁴²⁵ Flicker, Sarah, and Adrian Guta. “Ethical Approaches to Adolescent Participation in Sexual Health Research.” *Journal of Adolescent Health* 42.1 (January 2008): 3-10. Accessed June 9, 2008: <<http://www.jahonline.org/article/PIIS1054139X05004672/citing>>

⁴²⁶ Flicker, Sarah, and Adrian Guta. “Ethical Approaches to Adolescent Participation in Sexual Health Research.” *Journal of Adolescent Health* 42.1 (January 2008): 3-10. Accessed June 9, 2008: <<http://www.jahonline.org/article/PIIS1054139X05004672/citing>>



- The participatory approach to conducting research primarily involves the principle of including members of the community that is the focus of the research as active members of the research team (Chataway, 1997). This involvement contributes to the inclusiveness of the research process and allows researchers to benefit from the experience and expertise of individuals whose lives have been influenced by the issues being studied. Moreover, adherence to this principle provides valuable collaboration between researchers and community members by creating a generative process in which different knowledges are conveyed between the researchers and the participant members of the project team. A second key principle in participatory research is an emphasis on creating a positive and educational experience for the participant team members (Yeich & Levine, 1992). The onus is on the researchers to ensure that the team members gain new skills as well as new knowledge about the research topics. The researchers must also ensure that the participant members are comfortable with the methods and procedures that are adopted in the research project.⁴²⁷

- Finally, a principle of participatory research is the collection of the research data in a manner that is respectful and empowering for the participant team members (Brown, 1985). This principle focuses specifically on the methodological and procedural aspects of the research project. The emphasis here is on the importance of involving the team members in the data collection and on using methods that acknowledge existing strengths among the team members. These strengths can include certain communication skills and fluency in various languages. Accordingly, participatory research projects often employ qualitative methods for data collection; these methods usually involve data gathering through interviewing conducted by the participant team members.⁴²⁸

- Many immigrants and refugees experience barriers participating in public processes or to getting involved in community initiatives in Ontario. This is not just about language barriers, but also includes newcomers' lack of familiarity with different modes of civic engagement, lack of information and difficulties accessing information, reluctance to participate in processes not fully understood, lack of confidence in stated independence from government of certain agencies, suspicion of government, etc. Additionally the

⁴²⁷ Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

⁴²⁸ Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>



urgency of their other, more basic settlement needs can take precedence over any type of community involvement.⁴²⁹

- Be proactive – immigrants, refugees, and ethno racial communities constitute a significant portion of the general public. Deliberate and specific activities to engage them in consultations should always be a priority – not an afterthought.⁴³⁰
- There is a paucity of intervention programs for Aboriginal girls and many of those that exist are delivered in culturally inappropriate ways. The lack of success of mental health programs, for example, has been attributed to the “lack of Aboriginal participation, which could make programs culturally meaningful and locally more relevant” (Kirmayer, Simpson, & Cargo, 2003, p. S21).⁴³¹
- A society where everyone belongs creates both the feeling and the reality of belonging and helps each of us reach our full potential.⁴³²
- **Youth-Adult Partnerships – “I’m supported.”** Youth-adult partnerships engage both youth and adults in mutual growth and learning. As role models, adults provide youth with support and inspiration by sharing interests and experiences in an environment of equality and mutual respect. As mentors and coaches, supportive adults are a resource for young people in connecting them with individuals or organizations. Reciprocally, adults who work with youth in healthy partnerships often find themselves inspired, energized, and increasingly committed to the organizations and communities they serve.⁴³³

⁴²⁹ Access Alliance Multicultural Community Health Centre. “Immigrant and Refugees Engagement Summary.” 2006b. Accessed July 6, 2008 <<http://www.accessalliance.ca/media/LHINProjectFinalReport3.pdf>>

⁴³⁰ Access Alliance Multicultural Community Health Centre. “Immigrant and Refugees Engagement Summary.” 2006b. Accessed July 6, 2008 <<http://www.accessalliance.ca/media/LHINProjectFinalReport3.pdf>>

⁴³¹ Banister, Elizabeth M., and Deborah L. Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (Nov 2006). Accessed May 5, 2008 <[http://www.cacpacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF87257260065891C/\\$file/November%202006%20Community%20of%20Practice.pdf](http://www.cacpacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF87257260065891C/$file/November%202006%20Community%20of%20Practice.pdf)>

⁴³² Fay, Michael. Ontario Prevention Clearinghouse. “Count Me In: Tools for an Inclusive Ontario.” Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20&%206%20-%20Count%20me%20In%20Workbook.pdf>>

⁴³³ Heartwood Centre for Community Youth Development. “A Framework for Community Youth Development: Meaningful Involvement of Young People in Building Healthy Communities.” Accessed June 3, 2008 <http://www.heartwood.ns.ca/downloads/cyd_framework.pdf>



- **Peer Support** -“*I’m accepted.*” When supported by peers, individuals feel connected, encouraged, and appreciated. Peer support in the context of the Framework involves a balance of play and action, helping young people to feel like part of a team or community while taking concrete action. Relationships rooted in mutual support and acceptance help group members nurture each other’s strengths and growth. This collective voice and strength inspires them to take on challenges and face risks that they might avoid if acting alone.⁴³⁴

- The Centre for Addiction and Mental Health discovered that students in inclusive schools were less likely to report academic and behavioural difficulties and poor mental health (“The Critical Role of School Culture in Student Success,” by DeWit, et al, Centre for Addiction and Mental Health, December 2003).⁴³⁵

- AHS III results show that youth who feel connected and safe at home, at school and in the community have consistently better health, take fewer risks, and have higher educational aspirations.⁴³⁶

- The advantage of one-to-one mentoring is that it gives mentors the opportunity to create a safe and therapeutic environment for younger students:
 - Engaged. Mentors are constantly interacting with the students. They talk with them, tutor them, and participate in activities with them. Even a casual observer is able to see that the mentor and the student are connected and engaged with each other. Mentors treat the students with respect, honesty, and compassion.

 - Skills Coaching/Safety Coaching. Mentors teach the students pro-social skills and prompt them to use those skills. Through relationship building, mentors create a safe environment where these skills can be practiced. They teach students how to meet their needs in socially appropriate and effective ways. Mentors expect the students’ best effort and challenge them to give it.

⁴³⁴ Heartwood Centre for Community Youth Development. “A Framework for Community Youth Development: Meaningful Involvement of Young People in Building Healthy Communities.” Accessed June 3, 2008 <http://www.heartwood.ns.ca/downloads/cyd_framework.pdf>

⁴³⁵ Fay, Michael. Ontario Prevention Clearinghouse. “Count Me In: Tools for an Inclusive Ontario.” Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.1%20&%206%20-%20Count%20me%20In%20Workbook.pdf>>

⁴³⁶ McCreary Centre Society. “Healthy Youth Development Highlights from the 2003 Adolescent Health Survey.” 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>



- Positive. Mentors are relentless in praising students' positive behaviour. They remind them of their strengths & successes. Mentors provide encouragement to students when they are hurting. They display an enthusiastic and hopeful attitude.⁴³⁷

- Opportunities for youth participation are hampered by stigmatizing attitudes and social discouragement from their communities and peers (Vailaitis, 2002; Watt, Higgins, and Kendrick, 2000). Young people's skills and talents are regularly underestimated by both the mainstream public and the academic research community (Checkoway et al., 2003). Often, youth internalize "adultist" notions that they have nothing to offer (Checkoway and Richards-Schuster, 2001). Only a small fraction of youth are aware of research as a form of participation and fewer still have the resources to take action of this type (Checkoway, Dobbie, and Richards-Schuster, 2003).⁴³⁸

- Nevertheless, this commitment to investing in and building the capacities of young people as active research partners is a cornerstone value of our approach. Active community participation in research often provides results more accessible, accountable, and relevant to people's lives (Israel et al., 1998), and an increased likelihood of program and/or policy change (Flicker et al., 2007). Finally, given the historical human right violations in the name of "research on indigenous communities" we believe it vitally important to do research "with" Aboriginal youth that is respectful of the diversity and talents of young people (Smith, 1999).⁴³⁹

- Training youth facilitators in local communities builds the capacities of young people to engage in research and promote dialogue about HIV prevention, with multiple benefits. Partnering with young people on research projects and community initiatives improves their confidence and skills, and often results in new and beneficial long-term opportunities (Flicker, 2006; Jarrett, Sullivan, and Watkins, 2005).⁴⁴⁰

⁴³⁷ Liard Aboriginal Women's Society. "Therapeutic Behavior Mentoring Program: Section 1: Introduction and Philosophy Creating a Safe and Therapeutic Environment." Accessed May 2, 2008 <http://www.liardaboriginalwomen.ca/index.php?option=com_content&view=article&id=53&Itemid=111>

⁴³⁸ Flicker, Sarah, et al. "It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Aboriginal Youth in Canada." Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

⁴³⁹ Flicker, Sarah, et al. "It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Aboriginal Youth in Canada." Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

⁴⁴⁰ Flicker, Sarah et al. "It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Aboriginal Youth in Canada." Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>



- Unlike conventional positivist research approaches, there is no set prototype for these types of research methodologies (Weber-Pillwax, 1999). Broadly, however, Indigenous research methodologies respect our cultural ways, honour our rites and social norms as critical processes that underpin our communities, and represent our worldviews as central to how we live, learn and survive (Martin, 2002).⁴⁴¹
- We propose that community-based participatory research (CBPR) is an appropriate approach to address sexual health and STIs in the Arctic. Sexual and reproductive health data for aboriginal populations are often not reported in national surveillance and survey reports (25). Also, indigenous communities have historically been reluctant to participate in research projects because traditional research methods, which emphasize the researcher as “the expert,” have not engaged indigenous communities in designing and implementing research projects (25). CBPR has been identified as an effective and essential strategy for conducting research with indigenous peoples because of its emphasis on community participation to build ownership of research projects and community-based interventions as well as empowering the community to address its health disparities.⁴⁴²
- Community action on HIV/AIDS is based on the following principal: the meaningful involvement of community members in their own health education is essential to empower people to take charge of their own health. Community action, in partnership with public health, involves community members in education and prevention activities that will encourage changes in behaviour necessary to minimize risk of exposure to HIV/AIDS and Hepatitis C. Successful Inuit community action on HIV/AIDS is most likely with strong varied partnerships that involve Inuit organizational leadership.⁴⁴³
- Both urban and on-reserve youth stressed the importance of involving youth in the delivery of HIV prevention messages; many youth were adamant about the importance of leveraging youth peer networks. They wanted to hear from other youth about sexual health and felt that they might be able to relate better to people of their own age and ethnicities. That being said, participants (especially those living on reserve) felt that involving the whole community in HIV prevention was essential to combating the spread of the virus and related stigma. Youth recommended that parents and Elders

⁴⁴¹ Goudreau, Ghislaine. “Hand Drumming: Health-Promoting Experiences of Aboriginal Women from a Northern Ontario Urban Community.” *Journal of Aboriginal Health* 4.1 (2008). Accessed May 5, 2008
<http://www.naho.ca/english/journal/jah04_01/10HandDrumming_72-83.pdf>

⁴⁴² Gesink, Law Dionne, Elizabeth Rink, Gert Mulvad, and Anders Koch. “Sexual Health and Sexually Transmitted Infections in the North American Arctic.” *Emerging Infectious Diseases* 14.1 (2008). Accessed April 29, 2008
<www.cdc.gov/eid/content/14/1/pdfs/4.pdf>

⁴⁴³ Pauktuutit Inuit Women of Canada: Sexual Health, HIV + Hepatitis C Resources. “The Inuit Plan of Action on HIV/AIDS = Community action for Inuit by Inuit.” 2002. Accessed April 28, 2008
<<http://www.pauktuutit.ca/hiv/downloads/Reports/Plan%20of%20Action.pdf>>



also need HIV education, and many suggested the need for intergenerational programming. Some also mentioned the importance of incorporating traditional knowledge.⁴⁴⁴

- We seek meaningful involvement in the development of programs and policies affecting us. We need to regain control of our own health care, involved as true and active partners. Too often, our needs are incorporated into larger discussions about Aboriginal health. Most significantly, programs designed for First Nations are often implemented where Inuit-specific community-based initiatives are needed.⁴⁴⁵
- The relationship between income, racism and health is certainly an area that requires research as no studies have actually been conducted in Canada looking at the interaction between these three variables. Of particular need is community-based research (CBR), through which racialized people, who have been socially excluded, can be recognized as knowledge producers and contribute to building richer understandings of health inequalities and to finding solutions to address poverty and improve health.⁴⁴⁶
- Those who are excluded, whether because of poverty, ill health, gender, race or lack of education, do not have the opportunity for full participation in the economic and social benefits of society.⁴⁴⁷

⁴⁴⁴ Flicker, Sarah et al. "It's Hard to Change Something When You Don't Know Where to Start': Unpacking HIV Vulnerability with Aboriginal Youth in Canada." *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 25, 2008 <http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

⁴⁴⁵ Pauktuutit Inuit Women's Association of Canada. "Inuit Women's Health: A Call for Commitment Pauktuutit Inuit Women's Association of Canada." *Network Magazine* 4/5.4/1 (2001-2002 fall/winter). Accessed April 24, 2008 <<http://www.cwhn.ca/network-reseau/5-1/5-1pg5.html>>

⁴⁴⁶ Access Alliance Multicultural Community Health Centre. "Racialised Groups and Health Status: A Literature Review Exploring Poverty, Housing, Race-Based Discrimination and Access to Health Care as Determinants of Health for Racialised Groups." 2005a. Accessed July 6, 2008 <<http://www.accessalliance.ca/media/3.5.2%20%20Literature%20Review%20RGHS.pdf>>

⁴⁴⁷ Atlantic Regional Office Population, Public Health Branch, and Malcolm Shookner. "An Inclusion Lens Workbook for Looking at Social and Economic Exclusion and Inclusion." 2002. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/index.html>



- The youth were very clear how this exclusion meant that their ethno-cultural or indigenous knowledge, values and beliefs were not recognized as having a part in developing a contemporary Canadian identity.⁴⁴⁸
- Given the potentially detrimental effects of racialization processes and practices, such as social exclusion and marginalization, it is imperative to explore identity and identification as integral elements to the integration process of newly arriving immigrants. According to Frances Henry and her colleagues, integration can be viewed as a process that “allows groups and individuals to become full participants in the social, economic, cultural, and political life of a society” (Henry, Tator, Mattis, and Rees 2000, 408). Integration is purposely distinguished from the process of assimilation in that integration allows for the retention of a group’s or individual’s cultural identity (Henry, Tator, Mattis, and Rees 2000). While it generally has been operationalized in terms of economic, social, and cultural indicators, some have argued that the full integration of a population, such as any group of immigrants, would manifest itself in the representation of that population in all of Canada’s institutions, organizations, associations, and societies (Anisef and Kilbride 2000).⁴⁴⁹
- The real emancipation of Muslim women can of course only come from themselves. In practice the voice of Muslim women themselves – in all their diversity – has to be heard. We have to get past the simple caricatures of the passive victim or aggressive fundamentalist. We have to recognise that while the road to female emancipation in the West has taken the route of the right to not be covered in response to the rigid expectations placed on women historically in terms of dress and societal roles, many women may choose to liberate themselves in different ways, and just because the trajectory of their resistance to oppression is different, it does not make it any less legitimate or significant.⁴⁵⁰
- Several suggestions have been made by researchers to improve services and assist with the integration of newcomer youth. They include peer mentoring, social groups for youth, after-school recreational and academic assistance programs, better monitoring

⁴⁴⁸ Desai, Sabra, and Sangeeta Subramanian. “Colour, Culture and Dual Consciousness: Issues Identified by South Asian Immigrant Youth in the Greater Toronto Area.” 2000. Accessed October 5, 2008
<<http://ceris.metropolis.net/Virtual%20Library/community/desai1.html>>

⁴⁴⁹ Shahsiah, Sara. “Identity, Identification, and Racialisation: Immigrant Youth in The Canadian Context.” Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS), Working Paper No. 49 (2006). Accessed June 10, 2008
<http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shahsiah_final.pdf>

⁴⁵⁰ Yaqoob, Salma. “Hijab: A Woman’s Right to Choose.” Speech Given at The European Social Forum, October 16, 2004. Accessed October 6, 2008 <<http://www.whatnextjournal.co.uk/Pages/Latest/Hijab.pdf>>



of students once they leave ESL classes, better access to services, and greater sensitivity from mainstream society to the needs and experiences of newcomers.⁴⁵¹

- Research also shows how essential it is that services be developed to help newcomer youth develop the skills and knowledge they need to participate in society. Some of the recommendations made by researchers include orientation sessions, providing information and referrals, language assessment, family counselling and support groups, and mental health services and health programs (CCR, 1998: 37).⁴⁵²
- People with disabilities from ethno-racial communities report that their ethno-specific community agencies, churches, mosques and temples are often physically inaccessible leaving them with no where to go for culturally appropriate programming or support systems.⁴⁵³
- Opportunity also means access to full citizenship, with all the rights and the responsibilities that implies. Exercising one's full citizenship includes participation in the community, in government, in business and in the institutions of society (like the media, or the education system). Immigrant and visible minority women have important leadership roles to play in all these areas, and need to have the supports to undertake that leadership.⁴⁵⁴
- Services mean full, fair and equal access to supports and services that enable a person to function fully. For immigrant and refugee women, this includes services related to arriving and integrating into Canadian society or 'settlement services', such as language training and employment services. It also includes other services such as public transit, education, health care, recreation, libraries, childcare, affordable housing, police and victim support services.⁴⁵⁵

⁴⁵¹ Anisef, Paul, and Kenise M. Kilbride. "The Needs of Newcomer Youth and Emerging 'Best Practices' to Meet Those Needs." Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>

⁴⁵² Anisef, Paul, and Kenise M. Kilbride. "The Needs of Newcomer Youth and Emerging 'Best Practices' to Meet Those Needs." Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>

⁴⁵³ Khedr, Rabia. "Building Inclusive Communities for Ethnoracial People with Disabilities Project." Accessed July 6, 2008 <http://www.whiwh.com/BIC_tips.pdf>

⁴⁵⁴ National Organization of Immigrant and Visible Minority Women of Canada. "Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project." 2005. Accessed July 6, 2008 <<http://www.noivmwc.org/noivmwcn/livelihoods.php>>

⁴⁵⁵ National Organization of Immigrant and Visible Minority Women of Canada. "Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project." 2005. Accessed July 6, 2008 <<http://www.noivmwc.org/noivmwcn/livelihoods.php>>



- All of these issues have an enormous impact on the lives of immigrant women and their families. The most obvious effects are the impoverishment of immigrant women, and, by not achieving full inclusion, the loss to Canadian society of their contribution in their professional fields but also in other social, cultural and civic aspects of the community.⁴⁵⁶
- Canadian society is racialized and socially stratified in that certain populations have been socially and discursively constructed as racial ‘Others’ (Desai and Subramanian 2000). Those individuals and groups of people who are defined primarily in ‘racial’ terms and marked as ‘Others,’ subsequently have been denied full access to society’s economic, cultural, social, and political institutions (Desai and Subramanian 2000; Henry, Tator, Mattis, and Rees 2000; Mullaly).⁴⁵⁷
- Social exclusion is seen as both a process and an outcome, which defines the inability of certain subgroups to participate fully in Canadian life due to structural inequalities in access to social, economic, political, and cultural resources arising out of the often intersecting experiences of oppression as it relates to race, class, gender, disability, sexual orientation, immigrant status and the like. (Galabuzi, 2004, p.238).⁴⁵⁸
- Furthermore, the references that are made to racialized individuals are generally gender-neutral, which serves to overlook the unique needs of racialized women (Varcoe et al., 2007). There is little focus on the experiences of social exclusion amongst racialized and Indigenous women, even though they are seen as “special risk” groups by Health Canada (Galabuzi, 2004).⁴⁵⁹
- In this study, I found that social isolation and exclusion can arise from feeling unsupported or tokenized amongst a group of people. Twenty-four-year-old Susan told a story about how she recently felt indignant when somebody at her office made a

⁴⁵⁶ National Organization of Immigrant and Visible Minority Women of Canada. “Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project.” 2005. Accessed July 6, 2008 <<http://www.noivmwc.org/noivmwcn/livelihoods.php>>

⁴⁵⁷ Shahsiah, Sara. “Identity, Identification, and Racialisation: Immigrant Youth in The Canadian Context.” Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS), Working Paper No. 49 (2006). Accessed June 10, 2008 <http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shahsiah_final.pdf>

⁴⁵⁸ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

⁴⁵⁹ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008 <<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



racist comment during a meeting: “I felt indignant because, I think, there wasn’t any reaction from the group. Nobody supported it, but nobody came to my defence at the time.”⁴⁶⁰

⁴⁶⁰ Sum, Alison. “Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice.” A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Mater of Arts, University of British Columbia, 2003. Accessed October 4, 2008
<<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>



PART III: WAYS TO MOVE FORWARD

SECTION 7: GIRLS’ PROGRAMS

At Girls Action, our strategy for violence prevention, health promotion, media literacy, and community civic engagement is rooted in the creation of safer spaces for girls. Research shows that gendered spaces and programming are part of the support young women need to navigate issues associated with growing up female. We have seen that girl-specific programs offer important opportunities for girls to network among themselves and with female mentors; to talk about their unique experiences, which often differ from those of boys and women; to decrease isolation; and to develop strategies for coping, taking action and creating change. For example, girls’ spaces empower girls with the tools and knowledge to understand the roots of violence and take action against violence and victimization; to raise awareness about health and healthy relationships; to develop critical thinking skills; and to develop leadership in their own lives and communities. Any effort made to transform girls’ lives must be grounded in their lived experiences.

At Girls Action we favour gender-specific spaces that recognize girls’ and young women’s experiences of life occur in multiple and intersecting spheres. Girls’ programs that work from a popular education approach are able to adapt and respond to the realities of girls and young women because they start from their realities and experiences.

Below you will find quotes and statistics that support girl-specific programs, as well as important considerations for girls’ programs:



- Many other studies show that girl-specific spaces and programs are needed to support girls to deal with violence and other challenges associated with growing up female in a Canadian or North American context: There is a need for services designed specifically for girls, and for girl-only spaces where young women can come together to talk about violence and develop strategies to improve their circumstances. Service providers indicated that boys tend to dominate programs designed for youth, making these programs key sites of vulnerability for marginalized girls.⁴⁶¹

- "Low-income and homeless teenage girls need the safety of housing and services that are for girls only. Given the level of male violence that young women face and their marginalization through poverty, systemic racism, and other forms of oppression, programs and services for girls must respond to the compounding effects of multiple forms of oppression and repeated male violence."⁴⁶²

- "The single-sex space of the Girls' Club at the community centre offers a place where the young women feel they can safely express their happiness and pain ... It is in the comfort and connectedness of this space that the girls feel a sense of strength."⁴⁶³

- "Community-based adolescent violence prevention initiatives are most successful when they are gender appropriate and sensitive to the needs of teens in gaining their own authentic voices in achieving change ... Safe spaces for girls to address the social, economic, cultural, political and personal issues in their lives that place them in positions of vulnerability to violence are required."⁴⁶⁴

- Evidence suggests that all-female contexts "build community among girls, leadership skills for girls, and a positive sense of self within girls. In such settings, girls participate

⁴⁶¹ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008
<http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁴⁶² Richelle Dean, Amber, in cooperation with four young women determined to make a difference. "Locking Them up to Keep Them "Safe": Criminalized Girls in British Columbia." A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008
<http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

⁴⁶³ Bertram, C., Hall, J., Fine, M. and Weis, L. "Where the Girls (and Women) Are." American Journal of Community Psychology 28.5 (2000): 731-755.

⁴⁶⁴ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008 <http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>



more freely, and frame and even dominate conversations without exception of interruptions, derogation, and/or harassment by boys and men.”⁴⁶⁵

- “Use of self-exploratory methods in a non competitive environment as outlined in the curriculum are particularly appropriate for females who tend to internalize their feelings and have lower self-esteem as a result of confusing societal messages to women.”⁴⁶⁶
- “Programs must centre on what young women themselves identify as their needs and priorities. Young women have their own community and youth culture. More mentorship programs and youth-to-youth leadership development programs could build upon the capacity and strength of young women, while at the same time develop leadership skills.”⁴⁶⁷
- “Efforts must be taken to make young women feel welcome and safe in programs, in their neighbourhoods, schools and communities.”⁴⁶⁸
- *Girls in Canada* reports that while girl-specific programming is being offered throughout the country, “it is difficult to say whether these are sufficient to address the needs of girls in urban, rural and northern communities across Canada. We can venture a guess that with 2.9 million girls in Canada under the age of 14, the coverage is likely woefully inadequate.”⁴⁶⁹
- “There is a need for services designed specifically for girls, and for girl-only spaces where young women can come together to talk about violence and develop strategies to improve their circumstances Service providers also indicated that boys tend to

⁴⁶⁵ Bertram, C., Hall, J., Fine, M. and Weis, L. “Where the Girls (and Women) Are.” *American Journal of Community Psychology* 28.5 (2000): 731-755.

⁴⁶⁶ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁴⁶⁷ Manitoba Research Alliance on Community Economic Development in the New Economy. “Young Women, Work, and the New Economy.” Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008 <www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>

⁴⁶⁸ Manitoba Research Alliance on Community Economic Development in the New Economy. “Young Women, Work, and the New Economy.” Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008 <www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>

⁴⁶⁹ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>



dominate programs designed for youth, making these programs key sites of vulnerability for marginalized girls.”⁴⁷⁰

- According to Kaplan and Cole's (2003) interview research with groups of girls aged 13 to 16 years from diverse racial/ethnic and class backgrounds, it is suggested: “girls need to gain control over their mental and physical health. They need to know how to ask questions and get answers about their developing bodies and their relationships with boys, parents, and friends. Most of all, girls need to know that reading “stuff on girls” is one of the premier tasks of adolescence.”⁴⁷¹
- “Girls need safe spaces where they can talk about how sexism, racism, ableism, poverty and homophobia impact on their lives. Counsellors from different cultures and backgrounds should staff the spaces.”⁴⁷²
- “Safe spaces for girls to address the social, economic, cultural, political and personal issues in their lives that place them in positions of vulnerability to violence are required. Community-based adolescent violence prevention initiatives are most successful when they are gender appropriate and sensitive to the needs of teens in gaining their own authentic voices in achieving change”⁴⁷³
- “Through dramatic role-play, the young women add to and reinterpret situations they previously experienced changing results imaginatively to test possibilities. They re-experience emotions and try out new responses. They become the active “I” in their lives, in charge of choices and outcomes rather, than the object of others’ possibly abusive actions toward them.”⁴⁷⁴

⁴⁷⁰ Janovicek, Nancy. “Reducing Crime and Victimization: A Service Providers’ Report.” The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁴⁷¹ Kaplan, Elaine Bell, and Leslie Cole. “I Want to Read Stuff on Boys’: White, Latina, and Black Girls Reading Seventeen Magazine and Encountering Adolescence.” *Adolescence* 38.149 (2003): 141. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m2248/is_149_38/ai_103381766>

⁴⁷² Janovicek, Nancy. “Reducing Crime and Victimization: A Service Providers’ Report.” The FREDa Centre for Research for Violence Against Women and Children, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

⁴⁷³ Berman, Helen, and Yasmin Jiwani, eds. “In the Best Interest of the Girl Child: Phase II Report.” Alliance of Canadian Research Centres on Violence, 1999. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/nfnts-Girl_Child_E.pdf>

⁴⁷⁴ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.



- “In developing models for reframing girls’ resistance to patriarchal media messages, it is imperative that we build on the affirmative and empowering aspects of girls’ culture. Thus, reading and discussion groups, collective action groups, and pedagogical innovations that centre on cooperative learning could be ways in which girls’ resistance to patriarchal media discourse is nurtured and strengthened.”⁴⁷⁵
- “The creative arts provide access to thoughts and feelings unavailable through words alone, because they take an adolescent one step away from real life into pretense, where the adolescent can experience power and powerlessness, weakness and self-direction, joy and sorrow, without fear or reprisal.”⁴⁷⁶
- “Programs serving young violent women effectively must take into account girls’ status in a gendered society. While delinquent and violent girls share with their male counterparts many of the same problems, girls’ problems are often a result of their status as females (such as sexual abuse, male violence, oppression by family members, occupational inequality, and early motherhood). As such, they require different program approaches from boys.”⁴⁷⁷
- “Creative self-expression, as reality and pretense, gives troubled adolescents opportunities to try out a range of previously inaccessible options and roles and outcomes that can help them make choices for the future.”⁴⁷⁸
- “Expressive arts are a means for unfreezing old behaviours and creating new ones through acting out unfamiliar roles in a non-threatening environment.”⁴⁷⁹

⁴⁷⁵ Durham, Meenakshi Gigi. “Articulating Adolescent Girls’ Resistance to Patriarchal Discourse in Popular Media.” *Women’s Studies in Communication* 22.2 (1999a): 210-229. ProQuest CD-ROM.

⁴⁷⁶ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁴⁷⁷ Weiler, Jeanne. “An Overview of Research on Girls and Violence.” *Choices Briefs*, Number 1. 1999. Accessed June 8, 2008
<http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED441916&ERICExtSearch_SearchType_0=no&accno=ED441916>

⁴⁷⁸ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁴⁷⁹ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.



- “The gradual steps that increase decision-making and responsibility for leadership among group members assist to freeze new coping skills into ongoing behaviour patterns of participants.”⁴⁸⁰
- “By using the expressive arts such as drama, poetry, art, music, movement and games as treatment, youth have enjoyable positive creative experiences to help them build a more positive image of themselves and their abilities to interact successfully.”⁴⁸¹
- Girls overwhelmingly identified the need for “safe” and girl-specific spaces in schools, shelters and services. Such spaces were viewed as being critical for reasons of safety, positive development of self, and identity formation.⁴⁸²
- Yet in many settings, adolescence is a time when the world expands for boys and contracts for girls, and gender disparities in opportunity and expectations become particularly pronounced. Adolescent girls have narrowed social networks and few collective spaces in which they can gather to meet with peers, receive mentoring support, and acquire skills. Girls’ lives become increasingly restricted to the domestic sphere—nominally in order to protect them from dangers outside the home.⁴⁸³
- “Canadian girls are subjected to a continuum of violence, ranging from sexist remarks, sexual harassment, exclusionary attitudes and behaviours, to rape, battering, and murder. Safe gender-specific spaces, programs, and services for girls are necessary and more effective in the long-term.”⁴⁸⁴

⁴⁸⁰ Emerson, Elissa and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁴⁸¹ Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” *Issues in Mental Health Nursing* 22 (2001): 181-195.

⁴⁸² Steenbergen, Candis, and Christina Foisy. “Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women.” Published by POWER Camp National/Filles d’Action, 2006. Accessed December 8, 2008
<http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁴⁸³ Martha Brady. *Safe Spaces for Adolescent Girls*. Chapter 7 pp. 155-176. Population Council.

⁴⁸⁴ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>



- “There is a clear need for research and programs which are gender-specific, and which take as their point of departure, the reality that socialization practices differ for girls and boys.”⁴⁸⁵
- “There is an urgent need for safe spaces for girls. This includes “girls only” spaces within schools, as well as gender-specific shelters and services for street involved and high risk girls.”⁴⁸⁶
- “The value of this study is that it suggests directions for future research that are geared specifically to the experiences of girls, rather than trying to assess female adolescent violence through the lens of male adolescent violence. For example, Matthews (1998) asserted that aggression in girls had the same goals of competition, status, and dominance as was present in boys’ violence. While these goals may be present in girls’ aggression, Artz’s (1998) data, as well as the few studies that included indirect aggression, suggest that aggression in girls has an additional goal of relational influence.”⁴⁸⁷
- “Gender inequities in access to and influence upon health programs, resources, and services suggest that a common plan is unlikely to serve men’s and women’s distinct needs.”⁴⁸⁸
- “Sex identifies the biological differences between men and women. Gender identifies the social relationships between men and women. Gender, therefore, refers not to men or women, but to the relationship between them, and the way this relationship is constructed socially, economically and politically.”⁴⁸⁹

⁴⁸⁵ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁴⁸⁶ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁴⁸⁷ Leschied, Alan W., Anne L. Cummings, Michelle Van Brunschot, Alison Cunningham, and Angela Saunders. “Aggression in Adolescent Girls: Implications for Policy, Prevention, and Treatment.” *Canadian Psychology* 42.3 (2001): 200. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_qa3711/is_200108/ai_n8975561>

⁴⁸⁸ McLaren, Joan. “Evaluating Programs for Women: A Gender-Specific Framework.” Winnipeg: Prairie Women’s Health Centre of Excellence, 2000. Accessed July 6, 2008 <<http://www.pwhce.ca/pdf/evaluatingPrograms.pdf>>

⁴⁸⁹ McLaren, Joan. “Evaluating Programs for Women: A Gender-Specific Framework.” Winnipeg: Prairie Women’s Health Centre of Excellence, 2000. Accessed July 6, 2008 <<http://www.pwhce.ca/pdf/evaluatingPrograms.pdf>>



- Safe and supportive environments can offer them this sanctuary. These spaces provide girls with a place where they are treated with respect and dignity and where they can:
 - Develop new and valued life and livelihood skills
 - Form friendships, receive and give peer support, and increase their social networks
 - Enjoy freedom of expression and movement
 - Receive mentoring support from appropriate, trusted adults, who can serve as girls' advocates
 - Take advantage of new learning and educational opportunities⁴⁹⁰

- Creating a “safe space” and encouraging a healthy “girls community” where girls can form real friendships allows them to experience environments where they are not held to standards more suited to and designed for boys and men. These approaches are now recognized as important best practices in girl-centred programming.⁴⁹¹

- “The shortage of adequate support services within Indigenous communities is a critical factor leading to growing numbers of Indigenous women and girls moving to Canadian urban centres. However while there may be more services available in urban settings, services intended for the general population may not be able to meet the specific needs of Indigenous women. Culturally-specific programs run by Indigenous Peoples' organizations are typically under-funded and hampered by having to frequently reapply for funding. Despite the greatly disproportionate number of Indigenous women working in the sex trade, there are few programs specifically designed to assist Indigenous women and girls.”⁴⁹²

⁴⁹⁰ Martha Brady. *Safe Spaces for Adolescent Girls*. Chapter 7 pp. 155-176. Population Council.

⁴⁹¹ Canadian Women's Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁴⁹² Amnesty International. “How Many More Sisters and Daughters do we Have to Lose?’ – Canada's Continued Failure to Address Discrimination and Violence Against Indigenous Women.” A Public Brief, October 24th 2005. Accessed June 4, 2008 <http://www.amnesty.ca/campaigns/resources/sisters_brief_oct2005.pdf>



- “Given the level of male violence that young women have faced and their marginalization through poverty, systemic racism, and other forms of oppression, programs and services for girls must respond to the compounding effects of multiple forms of oppression and repeated exposure to violence.”⁴⁹³

- “When broad strategies for healthy child development are discussed, there often is no distinction made between the health status, capacities and needs of boys and girls. Certainly, all children require similar supports to grow up healthy. However, the data presented in this chapter suggest that a strategy for children must always take into account the differences in how girls and boys experience the process of development. For example, reducing injuries and behaviour problems appears to be a priority for boys; reducing family violence and the early onset of smoking is a priority for girls and young women.”⁴⁹⁴

- As one US researcher puts it, “the issue of being ‘other’ recedes into the background” in these girl-specific “safe spaces,” and girls can concentrate on their own unique abilities and identities. A recent Girls Inc. study found that girls’ communities, loosely defined as those spaces where girls come together, impacted girls significantly.⁴⁹⁵

- Girls groups nurture and reinforce femaleness as a positive identity with inherent strengths to support healthy self-expression. They also provide decision-making models and life skills to aid in transition to womanhood. The framework utilizes a relational/cultural model that can be applied to girls in a variety of contexts, including rural girls, aboriginal girls, and girls dealing with issues of marginalization including poverty, homelessness, exploitation and the intersections of oppression.⁴⁹⁶

⁴⁹³ Amnesty International. “How Many More Sisters and Daughters do we Have to Lose?” – Canada’s Continued Failure to Address Discrimination and Violence Against Indigenous Women.” A Public Brief, October 24th 2005. Accessed June 4, 2008 <http://www.amnesty.ca/campaigns/resources/sisters_brief_oct2005.pdf>

⁴⁹⁴ Public Health Agency of Canada. “Toward a Healthy Future: Second Report on the Health of Canadians.” Accessed June 9, 2008 <http://www.hc-sc.gc.ca/hppb/phdd/pdf/toward/toward_a_healthy_english>

⁴⁹⁵ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁴⁹⁶ Bell-Gadsby, Cheryl, Natalie Clark, Sarah Hunt, and The McCreary Youth Foundation. “It’s a Girl Thang! A Manual on Creating Girls Groups.” 2006. Accessed June 4, 2008 <http://www.myfoundation.ca/pdf/its_a_girl_thang.pdf>



- In order to reach young women of colour effectively, prevention programs should address the specific needs of each ethnic group. Prevention programs should address young women of colour in their native language(s), incorporate the values and beliefs prevalent in their culture(s), and actively involve young women of the community in the programs' design and implementation. Creativity and innovation are vital to preventive health programs targeting young people, including young women of colour.⁴⁹⁷

- Participants talked about their pain, discouragement, and fatigue in dealing with racism. Some shared how they had learned to personally cope with racism. Others spoke with energy and hopefulness about the possibility of creating a collective or unified voice to counteract systemic racism: "We do have the power to make some change. We can move forward." Despite participants' many differences, one powerful theme emerged: The desire to connect with others to break feelings of isolation. Over and over again, participants – women, men, youth, parents, elders, and immigrants – testified: "I feel alone." However, in the process of sharing their experiences with others, participants came to see "We are not alone."⁴⁹⁸

- Self-empowerment and efficacy should be the guiding principle of the programs. It is important to encourage these youth to be involved. They should decide what the program should look like and how to implement and evaluate it. In contrast, our responsibilities, as researchers and workers, should be to provide them with technical support and resources to implement the programs, as well as to help identify and resolve concerns about the programs. We must not decide "what is good" and impose it on these youth. As Grossman (1997) has stated, this kind of community involvement could provide these youth not only with "fun" but also with opportunities to make decisions, to develop problem-solving and negotiation skills, to foster leadership within the community, as well as to take ownership of the program. Only by building on their strengths, as well as by providing an accepting and safe environment, can these youth begin to develop feelings of confidence, adequacy, self-esteem, and self-worth.⁴⁹⁹

- "Despite the various international accords which highlight the need for gender- specific policies and programs, these are not viewed with much favour at the regional, territorial and national levels, the exception being those federal departments and ministries entrusted with that responsibility. However, even at these levels, the ceaseless attacks

⁴⁹⁷ Advocates for Youth. "Young Women of Color and Their Risk for HIV and Other STIs." Fact Sheet. Accessed October 6, 2008 <<http://www.advocatesforyouth.org/publications/iag/ywoc.pdf>>

⁴⁹⁸ Acton, Janice, and Bethan Lloyd. "We Are Not Alone: Healing the Spirit, Building Bridges." Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁴⁹⁹ Kwong-Lai Poon, Maurice, and Peter Trung-Thu Ho. "A Qualitative Analysis of Cultural and Social Vulnerabilities to HIV Infection Among Gay, Lesbian, and Bisexual Asian Youth." Journal of Gay & Lesbian Social Services 14.3 (2002). Accessed October 5, 2008 <<http://www.acas.org/files/QAYouth.pdf>>



in the name of an illusory gender equality, have the effect of compromising the allocation of resources toward the development and implementation of any gender-specific programs. Hence, the needs of "girls" are collapsed into the category of "youth" and "children"⁵⁰⁰.

- "In a series of focus groups consisting of girls in Vancouver, Victoria and Whitehorse, the majority of girls identified respect as a key issue. They talked about the need to have girl-only spaces where they can come together, and where they can find some refuge from abusive parents, boyfriends and peers."⁵⁰¹
- However, having said that, Peer Education deserves special attention. Peer education is listed as the most effective approach to HIV prevention by 94.3% of respondents, and when asked to make recommendations on how to design prevention messages for Aboriginal youth, an overwhelming majority of respondents (79%) recommended having peers create the message or be involved in creating it.⁵⁰²
- Helping young women from marginalized communities will require looking at new methods of intervention and prevention. We must develop ways to overcome the cultural, linguistic, and historical barriers that these women face, and we must do this in ways that empower individuals and strengthen communities.⁵⁰³
- ...[T]here is no one experience of being a girl. Gender combines with race, socioeconomic status, sexual orientation and dis/ability status to shape girls individually and collectively, and programs for girls need to reflect such diversity.⁵⁰⁴

⁵⁰⁰ Jiwani, Yasmin. "The Girl Child: Having to 'Fit'." The FREDa Centre for Research for Violence Against Women and Children, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁵⁰¹ ⁵⁰¹ Jiwani, Yasmin. "The Girl Child: Having to 'Fit'." The FREDa Centre for Research for Violence Against Women and Children, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

⁵⁰² Canadian Aboriginal AIDS Network. "HIV Prevention Messages for Canadian Aboriginal Youth Final Report." 2004. Accessed April 26, 2008 <www.caan.ca/english/grfx/resources/publications/youth_prevent.pdf>

⁵⁰³ Fraser, Michele. "Violence, Young Women, and Marginalization". Education Wife Assault: Newsletter on Young Woman Abuse. Accessed June 9, 2008 <http://womanabuseprevention.com/html/Newsletter2005/Violence_Young_Women_Marginalization.htm>

⁵⁰⁴ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008 <http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>



- While policies tend to disregard the needs and concerns of women, they disregard even more the needs and health concerns of women who are of a different race, class, ethnicity, age, etc. to women in the majority population (Sharif et al. 2000).⁵⁰⁵
- “Programs which deal with violence as it is mediated by homophobia, racism, classism, and ableism are scarce. Just as most programs tend to be gender- neutral, existing programs tend not to account for the specificities of the experiences of the interlocking effects of race, class, ability, sexual orientation, and gender. Instead the realities and needs of Aboriginal, immigrant/refugee, racialized girls, young lesbians, girls with disabilities, girls in foster care, and poor or working class girls tend to be collapsed and universalized into a homogenous category of “girls” or “children.””⁵⁰⁶
- “Gender-specific programs are desperately needed in schools. There are very few such programs, and most fail to embrace a critical perspective. There is a tendency to present such programs in a gender-neutral manner, or as correctives for miscommunication.”⁵⁰⁷
- “Programs need to embrace a more holistic perspective, taking into account the differential realities of girls from marginalized communities, and using a socio- cultural analysis of the causes, consequences, and contributing factors of violence.”⁵⁰⁸
- As another barrier, the practitioners discussed the lack of inclusion of women of colour in the research process. Specifically, they emphasized the paucity of researchers of colour as a major problem. They also emphasized problems inherent in not including women of colour as research participants.⁵⁰⁹

⁵⁰⁵ McIntyre, Lynn, et al. “An Exploration of the Stress Experience of Mi’kmaq On-Reserve Female Youth in Nova Scotia.” Maritime Centre of Excellence for Women’s Health (MCEWH), 2001. Accessed June 9, 2008 <<http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf>>

⁵⁰⁶ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁵⁰⁷ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁵⁰⁸ Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. “Violence Prevention and the Girl Child: Final Report.” The Alliance of Five Research Centres on Violence, 1999. Accessed June 9, 2008 <<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

⁵⁰⁹ Women’s Health in Women’s Hands Community Health Centre. “Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada.” Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008 <http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>



- Most of the young women who shared their personal experiences at this dialogue said they felt stronger after sharing their stories and hearing others'. They felt that holding their stories inside had, itself, been a barrier.⁵¹⁰
- One woman who had a long battle with illness said she took control over her problems by identifying what triggered her stress: "Keep going. You've got to be like a dog with a bone. Don't give up." Another participant learned to "not to beat myself up for not being where I want to be. It's impossible to be everything for everybody." Another said that developing a positive self-image is "the most important gift we can give to ourselves."⁵¹¹
- Most importantly people have to "talk!" and to "vent feelings." One woman said: "When I get angry, I need to talk about it." Getting the stress out by talking also offers a positive role model for children by teaching them the tools they need to deal with racism. "We're saying to them, 'don't internalize the stress. Find tools to get it off your chest. Give it a face'."⁵¹²
- Youth, especially, find it difficult to develop their identities when continually confronted by violence and racism. They need to talk about their racist experiences, not only with their peers, but also within their families. They want to participate and they want to "be heard."⁵¹³
- Participants agreed that talking with youth is "vitally important" and that young people "will not come to us . . . we must go and encourage them to come to us." It is important to "somehow find" and possibly build a place "where we can talk," said one participant.

⁵¹⁰ Ladha, Azmina N. "A Dialogue with Young Women from Diverse Communities." *Education Wife Assault: Newsletter on Young Woman Abuse*. Accessed June 4, 2008
http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm

⁵¹¹ Acton, Janice, and Bethan Lloyd. "We Are Not Alone: Healing the Spirit, Building Bridges." *Racism, Violence and Health Project*, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁵¹² Acton, Janice, and Bethan Lloyd. "We Are Not Alone: Healing the Spirit, Building Bridges." *Racism, Violence and Health Project*, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁵¹³ Acton, Janice, and Diana Abraham. "The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members." *Racism, Violence and Health Project*. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>



One young participant agreed that was needed, but also felt it was important to have a place where youth would be “listened to.”⁵¹⁴

- Faced with significant barriers to communication, youth are more likely to look for supports outside the family. They may base their decisions on information from friends or from personal experiences. If their friends and partners are not well informed about issues of sexuality, this may not be a safe or healthy way for ERM youth to learn about sexuality. ERM youth need culturally appropriate and youth appropriate resources on sexuality education in order to make informed and healthy decisions.⁵¹⁵
- The experiences of these youth appear to indicate that many are facing expectations that they feel are impossible or unrealistic for them to live up to. Their lived realities differ drastically from parental expectations. Youth need ways to express themselves and make their voices heard so they can fight the taboo around talking about sexuality and gain access to information that is relevant and meaningful. This will promote their emotional and physical health by ensuring that ERM youth make informed choices.⁵¹⁶
- The support of family, friends and the community can provide a healthy intervention into negative behaviour by allowing children and adolescents to develop ethnic resilience and foster strong social networks (Fralick & Hyndman 1998: 319). Other researchers also cite the need for intervention programs in order to curtail the risk associated with newcomer adaptation (Beiser et al., 1999; Bertrand, 1998; James, 1997; Steinhauer, 1998).⁵¹⁷
- The POWER Camp approach recognizes that girls and young women face unique, gender-specific realities that impact their experience of violence and discrimination. The approach also recognize the positive aspect of gendered realities; that is, that girls and young women possess unique capacities to become agents for social change. The central principle of the programming model is to create opportunities for girls to get

⁵¹⁴ Acton, Janice, and Diana Abraham. “The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members.” Racism, Violence and Health Project. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>>

⁵¹⁵ Migliardi, Paula, and Sara Stephens. “Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project.” 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/download/UnheardVoicesERMY/file>>

⁵¹⁶ Migliardi, Paula, and Sara Stephens. “Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project.” 2007. Accessed June 4, 2008 <<http://www.serc.mb.ca/content/download/UnheardVoicesERMY/file>>

⁵¹⁷ Anisef, Paul, and Kenise M. Kilbride. “The Needs of Newcomer Youth and Emerging ‘Best Practices’ to Meet Those Needs.” Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>



together in a supportive, female-cantered environment to address the issues that are important to them. The model then moves towards action-oriented strategies that create change on personal and community levels.⁵¹⁸

- The POWER Camp approach engages girls in popular education workshops, discussions, physical movement, and arts based activities and games designed to build girls' self-awareness and self esteem, increase girls' awareness of and ability to act on issues of violence and discrimination, connect girls to people and resources in their community, and to engage girls in community action projects that they develop themselves. Learning through action is at the heart of this educational approach. PCN participates in a learning movement, encouraging girls to learn about their world in the process of changing it.⁵¹⁹

- For a complex set of reasons, most of what is known about adolescent girls focuses on the problems they face. The fact that many adolescent girls are showing remarkable strength, resiliency, and "hardiness" during the stressful time of adolescence needs to be explored. Instead of focusing on the storm and stress of adolescence, a new understanding of adolescent girls that affirms their strength and resilience needs to be developed. Although the current day risks and stresses in the lives of adolescent girls must be understood, they should not be the defining factors in discussions of adolescent girls. There must be a focus on what is working for adolescent girls, and why to assist adolescent girls in navigating these risks during their development.⁵²⁰

- Balancing and negotiating competing demands is a hallmark of contemporary girlhood. Whether this involves balancing school and home, diverse cultural discourses or peer cultures organized around sexuality, race and ability, this act of balancing-of finding momentary spaces through lasting connections-is itself an expression of the agentic capacity of girls; of utilizing available resources, making investments and charting directions that allow for an articulation of a sense of self that speaks to their own truths

⁵¹⁸ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008
<http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁵¹⁹ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008
<http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁵²⁰ American Psychological Association. "A New Look at Adolescent Girls: Strengths and Stresses." Accessed December 4, 2008 <<http://www.apa.org/pi/cyf/adolesgirls.html#ado>>



and that resonates with experience. Yet, and in spite of these agentic capacities, the weight of structural considerations cannot be under-estimated.⁵²¹

- Very little research has been done on programming for girls in the Canadian context. Making it even more difficult to determine the effects and importance of girl-specific programming, the group “girls” is commonly collapsed into the categories “women” or “youth” in both research and programming.⁵²²
- Jiwani, Steenbergen and Mitchell (2006) note that [w]hile the amount of attention that the category “girl” (however loosely defined) has increased in recent years, there remains a propensity among researchers to favour an ostensibly more encapsulating focus on “youth” rather than concentrating on the multifaceted nature of girls’ lived realities; to collapse gender differences to examine a theoretical “whole.” This tendency has also translated into a blurring of age distinctions by focusing on the category of “women” in general. Either way, any and all elements—as well as the nuances—of “being a girl” vanish.⁵²³
- However, much of this youth programming today has become “gender blind,” and does not take into account the specific needs and interests of girls and the significant disparities girls and women face in access to resources and opportunities. We can speculate that a similar movement towards gender neutrality has happened here in Canada.⁵²⁴
- Gender-specific initiatives are strategies that explicitly appropriate the word “girl” in order to fill the gaps in youth programming. As this document testifies, “girl-specific programs” have had overwhelmingly positive results, and giving girls the opportunity to address, critique and develop their ideas, experiences and imaginings has led to some remarkable outcomes. As POWER Camp National puts it, “our unique approach invites

⁵²¹ Jiwani, Yasmin, Candis Steenbergen, and Claudia Mitchell. *Girlhood: Redefining the Limits*. Montreal: Black Rose Books, 2006.

⁵²² Steenbergen, Candis and Christina Foisy. “Best Practices: Experience, Knowledge And Approaches For Working With And For Girls And Young Women.” Published by POWER Camp National/Filles d’Action, 2006. Accessed December 8, 2008 <http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁵²³ Steenbergen, Candis and Christina Foisy. “Best Practices: Experience, Knowledge And Approaches For Working With And For Girls And Young Women.” Published by POWER Camp National/Filles d’Action, 2006. Accessed December 8, 2008 <http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁵²⁴ Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>



young women into a process where their voices are heard and validated, and where the exchange of their stories breaks down barriers. By affirming young women's experiences in a dialogue-oriented youth forum, they are empowered to develop their own critical understandings of and approaches to the challenges they face."⁵²⁵

- There is an obvious paucity of primary research that has been done on the lives of girls who are lesbians, immigrants or visible minority, who have special needs/disabilities, who are Aboriginal and/or who live in rural and northern parts of the country.⁵²⁶
- Young women especially build understanding best in cooperative groups which are congruent with the ways young women have been socialized to understand, communicate and construct meaning (Belenky et al., 1986).⁵²⁷
- One implication is that we need programs for girls that build self-esteem. That being said, however, the language of "building self-esteem" tends to individualize the problem. A better, broader and more appropriate approach might be programs that empower.⁵²⁸
- The implication of this is that girls' programming needs to empower. It needs to help girls develop critical analysis skills that will allow them to understand what is going on, to interpret, to decipher, to resist and ultimately to change the system. A crucial part of an empowerment program should include the development of skills and motivation for social action. As one key informant said, *girls need to develop a bigger voice.* ⁵²⁹
- Girl-specific programming, though diverse, creative and inspiring, remains small scale and marginal in Canada at present. While some programs have "scaled up" through

⁵²⁵ Steenbergen, Candis, and Christina Foisy. "Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women." Published by POWER Camp National/Filles d'Action, 2006. Accessed December 8, 2008
<http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

⁵²⁶ Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁵²⁷ Begoray Deborah L., Elizabeth M. Banister. "Reaching Teenagers Where They Are: Best Practices for Girls' Sexual Health Education." *Women's Health and Urban Life* 6.1 (2007): 24-40. Accessed June 4, 2008
<https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

⁵²⁸ Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁵²⁹ Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>



regional and national affiliations, key informants emphasized the need for more networking and network support, capacity building for local groups, and information sharing among girls' programs across Canada to heighten learning and make the best use of the resources available.⁵³⁰

- No doubt these programs need more support than they currently receive from existing funding sources. Key informants confirm that a number of girls-only programs have been discontinued due to a lack of resources and the recent trend toward gender neutrality in program and funding policy. Those that are most at risk are innovative projects initiated by girls and young women themselves, or those that are created by newer community organizations that address gaps in existing programming.⁵³¹

- Programs need to take into consideration the complexity and diversity of girls' lives. It is crucial not to fall into the habit of considering girls as one homogenous group. Nothing could be further from the truth, despite the fact that we are only beginning to understand what life is like for some girls in Canada, in particular, those who live not only with sexism but also with racism, those who live with special needs/disabilities, lesbian girls, Aboriginal girls, and girls who live in rural, remote and northern areas.⁵³²

- Another approach to minimizing the impact and existence of sexualization is to encourage girls to become activists who speak out and develop their own alternatives. Prominent examples of this approach include “zines” (homemade magazines distributed in print form or on the Web), blogs (Web logs written by individuals), and feminist magazines, books, and Web sites. One of the most attractive features of these alternatives is that they provide a forum to teach girls to critically examine the sexualizing images presented by society and corporations.⁵³³

⁵³⁰ Canadian Women's Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁵³¹ Canadian Women's Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁵³² Canadian Women's Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

⁵³³ American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>



SECTION 8: LEADERSHIP

Girls and young women can experience social exclusion and diminished opportunities for civic and community engagement and leadership due to a variety of factors, as seen in Section 6. When girls are given the space, tools, and other forms of support, they are better positioned to bring their talents forward to inspire change in themselves and in their communities. Our approach to leadership is one that sees every girl as an expert in her own life and therefore uniquely positioned to enact change and take action based on her own expertise. Similarly, girls and young women are further empowered when we take the time to acknowledge the work they are already doing as leadership. Leadership opportunities should be based on the needs, context and visions of the girls and young women involved.

Below you will find quotes and statistics on the barriers and avenues of support for girls' leadership:

- Another key barrier to success is the lack of a mentor figure (Kerka, 2003; Gardiner, Grogan & Enomoto, 1999). In a study of minority women, the most noted barrier to their advancement was cited as a lack of a mentor followed by exclusion from networking opportunities (Lach, 1999). Minority women may have a higher need for positive role models in order to disperse cultural stereotypes and increase confidence (Karunanayake & Nauta, 2004). Having a role model or mentor of the same ethnicity has shown to lead to higher academic achievement as well as increased self-efficacy (Karunanayake & Nauta, 2004). A mentor can also provide significant relief from the stress of dealing with two cultures, especially if one is working in an occupation where there are few or no members of her ethnicity, which is often the case (Kerka, 2003). So, the lack of mentors for minority women has a definite detrimental impact on the number of minority women pursuing leadership positions.⁵³⁴

⁵³⁴ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>



- There was a clear lack of role models in these girls' lives, whether at school or within their own community.⁵³⁵
- The first theme that emerged was a clear lack of role models available for these young women. Most of the participants chose celebrities as their role models. Of these role models, none were of the same cultural ethnicity as the young women themselves. Literature on minority women also reflects this trend, as the majority of minority women in the work force report the lack of a mentor as a significant hurdle to their advancement (Kerka, 2003; Gardiner, Grogan & Enomoto, 1999). As a result of this, minority female adolescents have little opportunity to see positive figures from their own cultures, which results in lower self efficacy (Karunanayake & Nauta, 2004).⁵³⁶
- So, the implications of this study are that we must change perceptions at an early age. These perceptions of leadership and barriers that are formed in adolescence are carried throughout adulthood for minority women. So, the implications are clear; minority girls must be given the tools to decrease the effects of negative cultural and societal messages in order for there to be a lasting and positive shift in their perceptions of leadership as women.⁵³⁷
- Research suggests that the influence of role models can have positive benefits to students' academic performance as well as their goal achievement (Karunanayake & Nauta, 2004). Role models can be of great benefit for minority female adolescents as they learn to identify leadership with their own ethnicity and gender.⁵³⁸
- As well, mentorship program paired with mandatory career counselling would reinforce self-confidence in young women. Minority young women would have the opportunity to discuss cultural issues and biases while being introduced to diverse career choices. This would be critical for the self-efficacy of minority young women since they would be

⁵³⁵ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

⁵³⁶ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

⁵³⁷ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

⁵³⁸ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008
<<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>



able to see examples from within their own community group of women who had broken stereotypical gender and cultural roles. (Karunanayake & Nauta, 2004). The connection between visible minority mentors and career paths would be able to clearly focus young women on their potential opportunities.⁵³⁹ Important sources of resistance to and liberation from negative cultural messages for adolescent girls include the following: a strong ethnic identity, close connections to family, learning positive messages about oneself, trusting oneself as a source of knowledge, speaking one's mind, participation in athletics, non-traditional sex typing, feminist ideas, and assertive female role models.⁵⁴⁰

- Mentors have been shown to promote positive development through role modelling and emotional support (Grossman & Rhodes, 2002), facilitate improvements in adolescents' attitudes, self-perceptions and behaviours (Walker & Freedman, 1996), and reduce risky sexual behaviour among adolescent women (Taylor-Seehfer & Rew, 2000). "By observing adults and comparing their own performance to that of adults, adolescents can begin to adopt new behaviours" (Rhodes & Roffman, 2002, p. 232). In Aboriginal communities, role modelling within an individual or group context is an effective means for teaching others about traditional values and for the transmission of traditional knowledge (McCormick, 1994). Elders, healers, traditional teachers or community members can role model positive behaviours (Poonwassie & Charter, 2001).⁵⁴¹
- In order for minority adolescent females to feel comfortable in leadership positions, they must be given skills to cope with racism, sexism and cultural barriers that can limit their leadership aspirations (Weiler, 1997). Culturally diverse counsellors can discuss strategies for dealing with racism and sexism, thus empowering minority young women with tools for their future.⁵⁴²

⁵³⁹ Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008 <<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

⁵⁴⁰ American Psychological Association. "A New Look at Adolescent Girls: Strengths and Stresses." Accessed December 4, 2008 <<http://www.apa.org/pi/cyf/adolesgirls.html#ado>>

⁵⁴¹ Banister, Elizabeth M., and Deborah L. Begoray. "A Community of Practice Approach for Aboriginal Girls' Sexual Health Education." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (Nov 2006). Accessed May 5, 2008 <[http://www.cacapacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/\\$file/November%202006%20Community%20of%20Practice.pdf](http://www.cacapacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/$file/November%202006%20Community%20of%20Practice.pdf)>

⁵⁴² Ahluwalia, Loveleen. "Minority Adolescent Females and Perceptions of Leadership." University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008 <<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>



- The mentoring program helped build community both within and outside of the group. For example, the group crossed divisions representing various family units in the Aboriginal community that were entrenched among groups of girls attending the school (Banister & Leadbeater, in press). As one girl said: “When all us girls, get together we connect ... we share our problems ... and things we like.” The girls were practicing school and community participation norms.⁵⁴³
- Several protective factors promote healthy youth development: Youth need caring adults in their lives and strong adult-youth relationships. Adults need to create safe environments for youth, have high, positive expectations for them, and provide opportunities where they can develop and demonstrate competencies and participate in school and community life. Youth need learn life skills as well as prevention skills, and to feel a sense of optimism, hope and belonging.⁵⁴⁴
- A new question in the 2003 survey asked students if they have an adult in their family they can talk to if serious problems arise. About 78% of students said yes, and these youth tend to be physically and emotionally healthier than students with no one to talk to. For example, 19% of youth without an adult family member to talk to experienced severe emotional distress in the previous month, compared to 5% of those who have someone to talk to. Early adolescents in particular (12 to 14-year-olds) are less likely to take risks when they have a family member to talk to. Sharing meals may help confirm a youth’s importance in the family, and the structured lifestyle may carry over into other behaviours.⁵⁴⁵
- A young woman of colour is more likely to feel comfortable exploring issues of racism and internalized racism when she feels she is talking with a person who understands her—either because that person has experienced the same challenges or because that person demonstrates that he or she understands racism and the role that racial privilege plays in sustaining racism.⁵⁴⁶

⁵⁴³ Banister, Elizabeth M., and Deborah L. Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (Nov 2006). Accessed May 5, 2008 <[http://www.cacpacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/\\$file/November%202006%20Community%20of%20Practice.pdf](http://www.cacpacpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/$file/November%202006%20Community%20of%20Practice.pdf)>

⁵⁴⁴ McCreary Centre Society. “Healthy Youth Development Highlights from the 2003 Adolescent Health Survey.” 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>

⁵⁴⁵ McCreary Centre Society. “Healthy Youth Development Highlights from the 2003 Adolescent Health Survey.” 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>

⁵⁴⁶ Centre for Addiction and Mental Health and the VALIDITY Team. “Hear me, Understand me, Support me: What Young Women Want you to Know About Depression.” Toronto Centre for Addiction and Mental Health, 2006. Accessed June 9, 2008 <http://www.camh.net/Publications/Resources_for_Professionals/Validity/index.html>



- Healing means taking painful experiences of racism out of the corner and putting them front-and-centre: “We have to find ways to dredge our experiences out from the corner.” In the same way that the community needs to have doctors, teachers, and lawyers, it also needs people who understand racism, what it is and where it has come from. In this way, it is possible for people to “educate ourselves and each other.” In order for youth to have pride in themselves, they have to be proud of where they come from: “to be proud of the past, their parents, and their future.” They need to know “the truth about racism and how to fight racism.”⁵⁴⁷
- Younger generations need to learn from the lessons of the past. However, it is important for everyone, not just youth, to “be grounded in our own history, otherwise people grow up in empty space.” Moving forward depends upon having knowledge of what has been done in the past, and looking at what has worked and not worked. Otherwise people tend to get frustrated trying to figure out where to put their energies. History is important because “we don’t want to make the same mistakes we made in the past.”⁵⁴⁸
- There is a lack of positive role model programs to raise the expectations for education and employment opportunities, as well as a lack of culture-specific services available to youth in their first language, offered by a professional of the same racial, ethnic or cultural background (for example, there is a lack of self-help programs for Muslims with substance abuse problems like Alcoholics Anonymous, which is inappropriate because it assumes a Christian philosophy).⁵⁴⁹
- I am deeply concerned about the welfare of young school-aged children and what they experience at school. There is definitely a lack of role models for these children and this may hurt their motivation. - *Black Female*.⁵⁵⁰

⁵⁴⁷ Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁵⁴⁸ Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>>

⁵⁴⁹ Anisef, Paul, and Kenise M. Kilbride. “The Needs of Newcomer Youth and Emerging ‘Best Practices’ to Meet Those Needs.” Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>

⁵⁵⁰ Este, David, Lana Bentley, and Wek Kuol. “Institutional Racism Affects our Well-Being - We are Dying from the Inside.” Racism, Violence and Health Project, 2003. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/Calfor0203.pdf>>



- Although several of the participants explained that leaving home led to feelings of helplessness, they also explained that leaving home had allowed them to regain a stronger, more confident sense of themselves, and at least some semblance of liberation, even if only for a brief period of time. The girls quite literally chose to free themselves from rapes, beatings, and sexual and verbal abuse that they routinely encountered while living with their families even when the alternative, homelessness, was fraught with uncertainty, challenges, obstacles, and in some cases, more violence.⁵⁵¹

- She calls on organizations and funders to invest in their mentoring, training and other professional and personal supports. In Canada, where the field of social services, recreation and women's services is under-funded and under-valued, it is distressing that we do not have sufficient resources to support the young women leaders who may be able to make the most difference in girls' lives. Mentoring, in fact, is a key feature in most of the girls' programs identified and is a recognized best practice.⁵⁵²

⁵⁵¹ Reid, Shyanne, Helene Berman, and Cheryl Forchuk. "Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women." *Issues in Comprehensive Pediatric Nursing* 28.4 (2005): 237 – 256.

⁵⁵² Canadian Women's Foundation. "Girls in Canada 2005." Accessed June 9, 2008
<<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>



PART IV: ANNOTATED BIBLIOGRAPHY

Abolitionist Newspaper. “An Interview with Andrea Smith.” Critical Resistance. Accessed June 3, 2008
<<http://criticalresist.live.radicaldesigns.org/downloads/AndreaSmith.pdf>>

Tag: Violence

The *Abolitionist* recently talked with Andrea Smith, author of *Conquest: Sexual Violence and American Indian Genocide* about the book and her work with INCITE! Women of Colour Against Violence, and the Boarding School Healing Project.

Aboriginal Women’s Health and Healing Research Group. “Canada Needs a Health and Healing Strategy for First Nations, Inuit and Métis Women: Health System Fails Most Aboriginal Women Across the Lifespan.” Network Magazine 8.1/2 (Fall 2005). Accessed May 2, 2008
<<http://www.cwhn.ca/network-reseau/8-12/8-12pg15.html>>

Tag: Health, Intersectionality

First Nations, Inuit and Métis women continue to accept both traditional and modern roles and responsibilities in health and healing. Sustaining these efforts is critical if families and communities are to survive and thrive, and Aboriginal cultures are to hold a distinct place in communities and in the larger society. Pre-colonial and contemporary traditions help to define First Nations, Inuit and Métis women, but global or all-inclusive approaches still mask the experiences, interests and concerns of female infants, children, youth, adults and elders in these communities. Despite some gains, the health system fails most Aboriginal women across the lifespan and over generations. The Cree word *kitimakisowin* refers to poverties of all kinds, notably those fundamental human needs that are not adequately met and which eventually lead to health and healing problems.

Access Alliance Multicultural Community Health Centre. “Racialized Groups and Health Status: A Literature Review Exploring Poverty, Housing, Race-Based Discrimination and Access to Health Care as Determinants of Health for Racialized Groups.” 2005a. Accessed July 6, 2008
<<http://www.accessalliance.ca/media/3.5.2%20%20%20Literature%20Review%20RGHS.pdf>>

Tag: Health, Violence, Intersectionality



Racialized groups living in Toronto experience disproportionate levels of poverty, homelessness and inadequate housing, discrimination, and barriers to health care (Ornstein, 2000). Emerging research shows that the main determinants of health are neither medical nor behavioural but rather social and economic (Raphael, 2004), suggesting that these structural inequalities have serious health implications. Despite this evidence, little research addresses the impact of social determinants on the health of racialized groups in Canada.

Access Alliance Multicultural Health and Community Services. “Racialization and Health Inequalities: Focus on Children; City of Toronto and Neighbourhood Highlights.” 2005b. Accessed June 4, 2008

<http://www.accessalliance.ca/media/RacializationandHealthInequalities.pdf>

Tag: Health, Violence, Intersectionality

The analysis conducted for this document points to the importance of giving attention to communities that may have immigrated five or ten or more years ago that would not be considered “recent immigrants” but face many of the same types of barriers to access to jobs, services, power, etc. This includes communities with many lone parents and certain racialized groups experiencing on-going discrimination.

Access Alliance Multicultural Health and Community Services. “Health with Dignity: Striving for Best Practices and Equitable Mental Health Care Access for Racialized Communities in Toronto.” 2006a. Accessed June 4, 2008

www.accessalliance.ca/media/EquitableMentalHealthCareAccessResearchReport.pdf

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Tag: Health, Violence

The objective of this study was to explore barriers and opportunities faced by service providers in the provision of appropriate mental health services to racialized communities; to explore the extent to which a holistic approach is being used in the assessment and intervention work with racialized communities; and to identify best practices to be used by service providers in providing culturally competent and equitable services that can benefit racialized communities in the Toronto area.

Access Alliance Multicultural Community Health Centre. “Immigrant and Refugees Engagement Summary.” 2006b. Accessed July 6, 2008

<http://www.accessalliance.ca/media/LHINProjectFinalReport3.pdf>

**Tag: Health, Violence, Civic Engagement**

Access Alliance and a number of immigrant and refugee serving agencies are concerned that immigrants and refugees have not participated to a great extent in the community consultations held to date. In response, Access Alliance, with the assistance of several partners, facilitated eight meetings attended by 188 immigrants and refugees to discuss the new LHIN model of healthcare planning and delivery. Meetings were held at regularly convened groups at local community agencies across Toronto. The meetings encompassed people from 15 different language groups, a variety of ages and a variety of experiences with the Canadian healthcare system.

Access Alliance Multicultural Community Health Centre. “‘Access Not Fear’ Non-Status Immigrants and City Services.” Preliminary Report, February 2006c. Accessed December 8, 2008

[www.socsci.mcmaster.ca/polisci/emplibrary/Access%20Not%20Fear%20Report%20\(Feb%202006\).pdf](http://www.socsci.mcmaster.ca/polisci/emplibrary/Access%20Not%20Fear%20Report%20(Feb%202006).pdf)

Tag: Violence, Complex Lives

This report is based on the findings of a collaborative research project by university researchers and community organizations based in Toronto. The goal of this project has been to understand the barriers that non-status immigrants face in accessing city services in Toronto. We were also interested in learning about the community activism on this issue, in particular the ‘Don’t Ask, Don’t Tell’ Campaign which seeks to provide services to all Toronto residents regardless of their official immigration status in Canada.

Acton, Janice, and Bethan Lloyd. “We Are Not Alone: Healing the Spirit, Building Bridges.” Racism, Violence and Health Project, 2004. Accessed October 4, 2008

<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0304.pdf>

Tag: Violence, Health, Civic Engagement

The second Black Community Forum sponsored by the Racism, Violence, and Health project was held at the Ackerley Campus of the Nova Scotia Community College. The day-long Forum involved nearly 100 African Canadian participants. The Forum offered people an opportunity to reflect on how racism and violence has had an impact on their own health and well-being, and that of their families, and communities

Acton, Janice, and Diana Abraham. “The Impact of Day-to-Day Violence and Racism on the Health and Well-Being of Black Community Members.” Racism, Violence and Health Project. Accessed October 4, 2008

<http://rvh.socialwork.dal.ca/09%20Downloads/torfor0203.pdf>

**Tag: Violence, Health**

This report grows out of the Black Community Forum held at the Lawrence Heights Community Centre in Toronto, Ontario, on January 11, 2003. The Forum brought together close to 100 women and men representing a wide variety of ages and sectors of the Black community to discuss how violence and racism affect their health, and the health of their families and communities. At this day-long Forum participants were asked to provide feedback on several questions:

- How does racism affect your health and well-being?
- How does racism affect the health and well-being of your family?
- How does racism and violence affect the health and well-being of your communities?

Advocates for Youth. “Young Women of Colour and Their Risk for HIV and Other STIs.” Fact Sheet. Accessed October 6, 2008
<<http://www.advocatesforyouth.org/publications/iag/ywoc.pdf>>

Tag: Health

Socioeconomic, cultural, and gender barriers limit the ability of some young women of colour to receive information on sexually transmitted infections (STIs), including HIV, access culturally appropriate health care, and reduce sexual risks. Statistics by ethnicity can be misleading due to relationships between socioeconomic status and ethnicity; yet, illuminating the epidemiology of HIV in different populations may promote prevention efforts in under-served communities. The estimated prevalence of HIV and other STIs is especially high for young women of colour many of whom lack health insurance and have little or no access to health care. A lack of well-funded prevention programs specifically addressing young women of colour further limits the capacity of some these young women to protect themselves against HIV infection.

Advocates for Youth, and Emily Bridges. “The Impact of Homophobia and Racism on GLBTQ Youth of Colour.” Advocates for Youth Fact Sheet, 2007. Accessed June 4, 2008 <www.advocatesforyouth.org/PUBLICATIONS/factsheet/fsglbtq_yoc.htm>

Tag: Health, Violence

As members of more than one minority group, GLBTQ youth of colour face special challenges in a society that often presents heterosexuality as the only acceptable orientation and in which nonwhites have disproportionately higher rates of negative sexual outcomes. Economic and cultural disparities, as well as sexual risk taking and other risk-taking behaviour, make these youth vulnerable to HIV, pregnancy, and sexual violence. Holistic, culturally competent health care is essential to their well being.



Agic, Branka. "Health Promotion Programs on Mental Health/Illness and Addiction Issues in Ethno-Racial/Cultural Communities: A Literature Review." Centre for Addiction and Mental Health, 2003. Accessed June 3, 2008
<http://www.camh.net/education/ethnocult_healthpromores02.pdf>

Tag: Health, Violence

The objective of this report is to provide an overview of research literature addressing:

- Barriers in access to health promotion programs on mental health/illness and addiction issues in ethno-racial/cultural communities.
- Guidelines on development of culturally and linguistically appropriate mental health promotion programs.

Agic, Branka. "Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethnocultural Communities." Phase One Report: Centre for Addiction and Mental Health, 2004. Accessed October 4, 2008
<http://www.camh.net/education/Resources_communities_organizations/culture_counts_jan05.pdf>

Tag: Health

The Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/ Ethnocultural Communities Project builds on recent research reports and needs assessments conducted in partnership with culturally diverse communities, and health promotion/population health initiatives undertaken by CAMH. This provincial project aims to research, identify and develop a best practices model for community education and knowledge exchange in mental health and addiction with ethno-cultural communities to ensure that programs effectively address the needs of these communities.

Agnew, Vijay. Diaspora, Memory, and Identity: A Search for Home. University of Toronto Press: Toronto, Ontario, 2006.

Tag: Complex Lives

Memories establish a connection between a collective and individual past, between origins, heritage, and history. Those who have left their places of birth to make homes elsewhere are familiar with the question, "Where do you come from?" and respond in innumerable well-rehearsed ways. Diasporas construct racialized, sexualized, gendered, and oppositional subjectivities and shape the cosmopolitan intellectual commitment of



scholars. The diasporic individual often has a double consciousness, a privileged knowledge and perspective that is consonant with postmodernity and globalization. The essays in this volume reflect on the movements of people and cultures in the present day, when physical, social, and mental borders and boundaries are being challenged and sometimes successfully dismantled. The contributors - from a variety of disciplinary perspectives - discuss the diasporic experiences of ethnic and racial groups living in Canada from their perspective, including the experiences of South Asians, Iranians, West Indians, Chinese, and Eritreans. *Diaspora, Memory, and Identity* is an exciting and innovative collection of essays that examines the nuanced development of theories of Diaspora, subjectivity, double-consciousness, gender and class experiences, and the nature of home.

Agustin, Laura Maria. "Forget Victimisation: Granting Agency to Migrants." *Development* 46.3: 30-36. Accessed October 5, 2008
<http://www.nodo50.org/Laura_Agustin/forget-victimisation-granting-agency-to-migrants/print>

Tag: Violence

There is a growing tendency to victimise poor people, weak people, uneducated people and migrant people. The trend, which began as a way of drawing attention to specific forms of violence committed against women, has now become a way of describing everyone on the lower rungs of power. Routinely, supporters position them as victims in order to claim rights for them, but this move also turns them into victims, and victims need help, need saving—which gives a primary role to supporters. Much rhetoric about migration has fallen into this pattern: migrants, it turns out, are not only vulnerable to exploitation, a patent truth, but they are 'victims'.

Agustin, Laura Maria. Sex at the Margins: Migration, Labour Markets and the Rescue Industry. USA: Zed Books, 2007.

Tag: Violence

This groundbreaking book explodes several myths: that selling sex is completely different from any other kind of work; that migrants who sell sex are passive victims; and that the multitude of people out to save them are without self-interest. Laura Agustín makes a passionate case against these stereotypes, arguing that the label "trafficked" does not accurately describe migrants' lives and that the "rescue industry" disempowers them. Based on extensive research among migrants who sell sex and social helpers, *Sex at the Margins* provides a radically different analysis.



Ahluwalia, Loveleen. “Minority Adolescent Females and Perceptions of Leadership.” University of Oregon, unpublished research paper, 2007. Accessed June 4, 2008 <<http://interact.uoregon.edu/pdf/edld/programs/masters/loveleenpaper07.pdf>>

Tag: Civic Engagement, Violence

This study will focus on fifteen first generation visible minority females who hold leadership positions in high school, to discover their perceptions of leadership. The objective is to discern common motivating factors that influenced these young women to seek positions of leadership and to determine whether there are any teachable qualities to increase leadership among female minorities in high school. This research will also look for possible relationships between the cultural influences of these young women at home and their pursuit of leadership positions at school.

Ajrouch, Kristine J. “Gender, Race, and Symbolic Boundaries: Contested Spaces of Identity Among Arab American Adolescents.” *Sociological Perspectives* 47.4 (Winter 2004).

Tag: Complex Lives

Attention to social patterns within immigrant groups provides a critical means for discerning processes of ethnic identity formation. This study draws from the theoretical foundations of boundary work to examine identity formation among second-generation Arab American adolescents. Contested spaces of identity emerge as teens distinguish themselves from immigrant culture and “white” society. Focus group discussions highlight the significance of gender relations and the way in which interpretations of religious teachings shape identity formation. Specifically, boundaries drawn reflect moral superiority by controlling girls’ behaviours as interpretations of religious teachings are used to justify restrictions. However, while these boundaries provide significant markers of in-group inclusion, they also are contested. This study concludes by discussing the implications of symbolic boundaries lodged in race, gender, and religion and suggests avenues for future research.

Ajunginiq Centre, and The National Aboriginal Health Organization. “What Sculpture is to Soapstone, Education is to the Soul: Building the Capacity of Inuit in the Health Field.” 2004. Accessed April 29, 2008 <www.naho.ca/english/pdf/sculpture_to_soapstone.pdf>

Tag: Health, Civic Engagement

Inuit communities lead the nation in rates of many health problems ranging from child respiratory illnesses to suicide, but few Inuit are in health careers at any level, whether it be medical, technician, specialist services, etc. Inuit communities are culturally alive, with



Inuktitut still the language of home for many, and Inuit cultural values and practices a part of daily life. But most health care staff is non-Inuit and transient, coming from southern Canada often for relatively brief periods. This presents a number of problems affecting health care: • cultural competence health providers may not understand the context, ways of relating and issues of patients; • cultural safety patients may not feel trust and a sense of being understood and respected; • lack of continuity in care; and • omissions and misunderstandings due to language differences. (...) A solution to such difficulties is the presence of Inuit health care providers who have knowledge and understanding of the culture, people, and language. “We desperately need nurses who are representative of our people, both here in the Northwest Territories and in Nunavut, to serve our own people.” To reach this goal, however, Inuit must obtain the post-secondary education necessary for health-related careers.

Ajunnginiq Centre, and The National Aboriginal Health Organization. “Resilience: Overcoming Challenges and Moving on Positively.” 2007. Accessed April 27, 2008 <http://www.naho.ca/inuit/e/documents/2007-08-22ResilienceBook_final.pdf>

Tag: Health, Civic Engagement

Much has been written about the causes and risk factors of hopelessness, helplessness, depression, suicide, low self-esteem, violence, alcohol problems, and other issues. However, it is necessary to understand what protects people from being overwhelmed and beaten down by difficult situations. What makes it possible for them to cope and carry on in positive ways? The focus of this discussion paper will therefore be on those factors that make it more likely that a person will be able to cope successfully with the many stresses and difficulties that we encounter in life, even very damaging and traumatic experiences. It will also discuss how we can help ourselves and others develop the ability to cope and grow stronger.

Ajunnginiq Centre, and The National Aboriginal Health Organization. “Sexual Health: Resources for Inuit and Aboriginal Peoples in Canada.” 2008. Accessed April 27, 2008. <<http://www.naho.ca/inuit/e/documents/2008-02-14sexualhealthresources-FINAL.pdf>>

Tag: Health

The purpose of this literature search is to summarize information gathered about sexual and reproductive health and sexual health literacy among Inuit. This search also contains a small listing of sexual health information about other Aboriginal peoples in Canada and the United States, as well as Indigenous peoples. (...) Sexual health is a priority for Inuit. Sexual identity, sexuality, sexual behaviours, safe sex, sexually transmitted infections, among other issues are important aspects of sexual health. The Ajunnginiq Centre’s literature search aims to provide readers with a listing of some of the research, studies, public health information, and health promotion materials that exist on Inuit, Aboriginal and Indigenous



sexual health. The scope of this literature search does not include information related to sexual violence or sexual abuse.

Alvarez, Alex. “Model Minority: How Women’s Magazines Whitewash Different Ethnicities.” Gunabee, 2008. Accessed October 12, 2008
<<http://guanabee.com/2008/03/model-minority-how-womens-maga-1.php>>

Tag: Media

Associate Editor Alex Alvarez, befuddled to find that her boobs and hips, or lack thereof, seem to fall in and out fashion like leggings and stirrup pants and poppers, takes a look at the American women’s magazine industry in an attempt to decipher just how, exactly, they can get away with telling women their bodies are ok - if only they’d look more like white girls.

American Psychological Association. “A New Look at Adolescent Girls: Strengths and Stresses.” Accessed December 4, 2008
<<http://www.apa.org/pi/cyf/adolesgirls.html#ado>>

Tag: Complex Lives, Intersectionality, Civic Engagement

For a complex set of reasons, most of what is known about adolescent girls focuses on the problems they face. The fact that many adolescent girls are showing remarkable strength, resiliency, and “hardiness” during the stressful time of adolescence needs to be explored. Instead of focusing on the storm and stress of adolescence, a new understanding of adolescent girls that affirms their strength and resilience needs to be developed. Although the current day risks and stresses in the lives of adolescent girls must be understood, they should not be the defining factors in discussions of adolescent girls. There must be a focus on what is working for adolescent girls, and why to assist adolescent girls in navigating these risks during their development.

American Psychological Association. “APA Task Force on the Sexualization of Girls.” 2007. Accessed June 4, 2008 <www.apa.org/pi/wpo/sexualization.html>

Tag: Media, Violence, Health



This report examines and summarizes psychological theory, research, and clinical experience addressing the sexualization of girls. The report (a) defines sexualization; (b) examines the prevalence and provides examples of sexualization in society and in cultural institutions, as well as interpersonally and intrapsychically; (c) evaluates the evidence suggesting that sexualization has negative consequences for girls and for the rest of society; and (d) describes positive alternatives that may help counteract the influence of sexualization.

Amnesty International. “Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada.” 2004. Accessed June 4, 2008 <<http://www.amnesty.ca/campaigns/resources/amr2000304.pdf>>

Tag: Violence

This report examines the role of discrimination in acts of violence carried out against Indigenous women in Canadian towns and cities. This discrimination takes the form both of overt cultural prejudice and of implicit or systemic biases in the policies and actions of government officials and agencies, or of society as a whole. This discrimination has played out in policies and practices that have helped put Indigenous women in harm’s way and in the failure to provide Indigenous women link between racial discrimination and violence against Indigenous women has not yet been adequately acknowledged or addressed, and because the victims of this violence are all too often forgotten.

Amnesty International. “‘How Many More Sisters and Daughters do we Have to Lose?’ – Canada’s Continued Failure to Address Discrimination and Violence Against Indigenous Women.” A Public Brief, October 24th 2005. Accessed June 4, 2008 <http://www.amnesty.ca/campaigns/resources/sisters_brief_oct2005.pdf>

Tag: Violence

Canada is not doing enough to stop violence against Indigenous women and girls. In October 2004, Amnesty International released a report titled *Stolen Sisters: A Human Rights Response to Discrimination and Violence Against Indigenous Women in Canada*. The report linked high levels of violence experienced by Indigenous women and girls across Canada to deeply rooted patterns of marginalisation and discrimination. This discrimination has put large numbers of Indigenous women and girls in situations of heightened vulnerability to violence, helped fuel violent acts of hatred against them, and denied Indigenous women and girls adequate protection of the law and of society as a whole.



Anderson, Lynda, Theresa Healy, Barbara Herringer, Barbara Isaac, and Ty Perry. “Out in the Cold: The Context of Lesbian Health in Northern British Columbia.” British Columbia Centre of Excellence for Women’s Health 2.2. Accessed May 30, 2008 <www.bccewh.bc.ca/publications-resources/documents/outinthecoldreport.pdf>

Tag: Health, Violence

Three primary research questions guided our investigation into lesbians’ experiences of the formal health care system in northern British Columbia. First, how do lesbians describe their experiences of formal (allopathic) health care services? Second, what barriers do they experience? Third, how do lesbians negotiate these barriers and address their health and wellness needs inside and outside of the formal health care system? This qualitative study illuminates the impact of the anti-lesbian/anti-gay social climate of the north and its permeation into health care services. For lesbians living in this context, considerations of personal safety and personal freedom are intricately intertwined with health. Significant changes are needed in services and in the community at large to bring down the barriers that obstruct lesbians’ access to health care.

Anisef, Paul, and Kenise M. Kilbride. “The Needs of Newcomer Youth and Emerging ‘Best Practices’ to Meet Those Needs.” Final Report, 2000. Accessed June 4, 2008 <http://atwork.settlement.org/downloads/Newcomer_Youth_Best_Practices.pdf>

Tag: Complex Lives, Violence, Health, Civic Engagement

The purpose of this intensive study conducted by the Joint Centre of Excellence for Research on Immigration and Settlement - Toronto (CERIS) was to focus on the needs of immigrant youth from the ages 16 to 20, as this group faces particular challenges: those common to most adolescents, those experienced by newcomers to a country, and, increasingly, those facing people seen as “visible minorities” in Canada.

Anisef, Paul, and Kenise Murphy Kilbride, eds. Managing Two Worlds: The Experiences and Concerns of Immigrant Youth in Ontario. Toronto, Ontario: Canadian Scholars Press, 2003.

Tag: Complex Lives, Violence, Health, Civic Engagement

Based on an extensive and collaborative research effort, this book features findings from particular ethno-racial groups in Ontario, highlighting family life, social relations, citizenship, education and employment. It also includes comparisons of immigrant and refugee youth from different countries of origin. In the introductory and concluding chapters, the authors provide an overview of current research on immigrant youth settlement, as well as an integrated summary of research findings and perspectives for future investigation.



Archibald, Linda. “Teenage Pregnancy in Inuit Communities: Issues and Perspectives.” Pauktuutit Inuit Women’s Association, 2004. Accessed May 4, 2008 <www.pauktuutit.ca/pdf/publications/pauktuutit/TeenPregnancy_e.pdf>

Tag: Health, Civic Engagement

The purpose of this paper is to explore the many complex issues surrounding teenage pregnancy in Inuit communities. This was identified as a priority issue at the Inuit Health Workshop held at Pauktuutit’s annual general meeting in 2000 and in a survey of Inuit community health centres conducted in 2002. In response, this study engaged over 50 Inuit adults and youth in interviews and focus groups and asked for their views on everything from the reasons for teenage pregnancy to strategies to address the issue. The results are presented here as a backdrop for further exploration and discussion. Canadian statistics report rates of teenage pregnancy for young women between the ages of 15 and 19 years. Pregnancies under the age of 15 are not normally reported, yet it is pregnancies among very young teens that often cause the greatest concern.

Atlantic Regional Office Population, Public Health Branch, and Malcolm Shookner. “An Inclusion Lens Workbook for Looking at Social and Economic Exclusion and Inclusion.” 2002. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/canada/regions/atlantic/Publications/Inclusion_lens/index.html>

Tag: Civic Engagement, Violence, Health

Social and economic exclusion and inclusion have emerged as new ways of understanding poverty and disadvantage, and their impact on health and well-being, by creating a shared understanding across sectors and *jurisdictions* as the basis for action. One of the overarching objectives of the Population and Public Health Branch, Atlantic Regional Office, Health Canada, is to influence the development of healthy public policies and programs which address the determinants of health and which promote social and economic inclusion.

Austin, Stephanie, Sari Tudiver, Miga Chultem, Mireille Kantiebo. “Gender-Based Analysis, Women’s Health Surveillance and Women’s Health Indicators – Working Together to Promote Equity in Health in Canada.” Bureau of Women’s Health and Gender Analysis, Health Canada. *International Journal of Public Health* 52.1 (February 2007).

Tag: Health



Objectives: This paper examines some of the ways gender-based analysis can be applied to health surveillance systems and to the development of gender-sensitive health indicators. **Methods:** Several initiatives in Canada are described to show how gender-sensitive mechanisms for tracking and monitoring health trends at the population level can be used to identify and begin to address health disparities and promote equity in health. **Results:** Research, policy, and practice in Canada and internationally continue to reveal the interactive and dynamic nature of health determinants. **Conclusions:** Mapping the pathways by which social inequalities and inequities become embodied across the lifespan remains a central challenge in the design of innovative and effective surveillance systems, health indicators, and policy interventions to improve population health.

Averett, Susan, Daniel Rees, Brian Duncan, and Laura Argys. “Race, Ethnicity, and Gender Differences in the Relationship Between Substance use and Adolescent Sexual Behaviour.” Topics in Economic Analysis & Policy 4.1 (2004): 1-26.

Tag: Health, Violence

Previous researchers have noted that the positive correlation between substance use and sexual behaviour is stronger for white adolescents than for their black and Hispanic counterparts. Using an instrumental variables approach to control for the possible endogeneity of substance use, and data from The National Longitudinal Study of Adolescent Health, we estimate the effects of alcohol and marijuana use on the probability of being sexually active by race, ethnicity, and gender. Our results suggest that there exist potentially important racial, ethnic and gender differences in the relationship between substance use and sexual behaviour. This information may be valuable for policymakers interested in reducing sexual activity among teens.

Banister, Elizabeth M., and Deborah L. Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” Journal of the Canadian Academy of Child and Adolescent Psychiatry 15.4 (November 2006). Accessed May 5, 2008 <[http://www.cacap-acpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/\\$file/Novemb er%202006%20Community%20of%20Practice.pdf](http://www.cacap-acpea.org/onottaca/doc.nsf/files/BD2A96FD0FC4E6FF872572600065891C/$file/Novemb er%202006%20Community%20of%20Practice.pdf)>

Tag: Health, Civic Engagement

There is a paucity of intervention programs for Aboriginal girls and many of those that exist are delivered in culturally inappropriate ways. **Methods:** In this paper, we provide an overview of recent research that focused on delivering a sexual health mentorship program that enhanced the voices of Aboriginal youth and was culturally relevant and appropriate to indigenous youth. **Results:** Our program served to enhance social connection and reinforced a sense of belonging and relational mutuality among group members. **Conclusion:** The purpose of this article is to illustrate how a mentorship program



that used a community of practice approach empowered Aboriginal youth to become successful border crossers and helped to align them with the wider community.

Banister, Wright, and Rinzema Flato. “Data Collection Strategies for Accessing Adolescent Women’s Worlds.” *Health Care for Women International* 23 (2002): 279.

Tag: Health, Civic Engagement

A two-year study was initiated in 1999 to investigate adolescent women’s health concerns pertaining to their relationships. Data were obtained from four groups of girls (ages 14–19; $N = 31$) that met for approximately 18 weeks each. To help equalize power in the groups and facilitate a respectful and caring environment, we encouraged each group to use a variety of strategies, including those based on feminist principles. Data collection procedures based on feminist values can enable researchers to gain rich descriptions on the lived experience of adolescent women. Such procedures can help create an environment in which individuals can articulate their concerns and collectively co-construct the meanings of life events in health-promoting and consciousness-raising ways.

Banks, Micaela Choo. “White Beauty: A Content Analysis of The Portrayals of Minorities in Teen Beauty Magazines.” 2005. Accessed December 8, 2008: <<http://contentdm.lib.byu.edu/ETD/image/etd1128.pdf>>

Tag: Media

This content analysis examines the representations of minorities in the two most popular teen beauty magazines: *Seventeen* and *YM*. Nine issues for 2003 constituted the sample frame yielding a total of 620 advertisements containing human models. After setting up a theoretical framework of the new racism and White beauty, this study investigates the portrayals of minority models.

Baobaid, Mohammed. “Access to Women Abuse Services by Arab Speaking Muslim Women in London, Ontario.” *Centre for Research on Violence Against Women and Children*, 2002. Accessed June 4, 2008 <http://www.crvawc.ca/documents/Final-AccessstoWomenAbuseServicesbyArabSpeakingMuslimWomeninLondon_001.pdf>

Tag: Violence, Health, Complex Lives



This preliminary study tries to get acquainted with the barriers that prevent Arab women from benefiting from the services provided by agencies that work on women safety in London. This study provides several deductions regarding the barriers that resulted from the analysis of the personal interviews and group discussions. Those interviewed demonstrated a tendency towards limiting their social interactions to people of their cultural and religious backgrounds. These arenas serve as the primary source of their outlook in matters relating to family resettlement and integration in Canadian society.

BC Women's Hospital Health Centre and British Columbia Centre of Excellence for Women's Health. "Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia." 2004. Accessed May 2, 2008
<www.whrn.ca/documents/WomensHealthStrategy.pdf>

Tag: Health

The aim of the Provincial Women's Health Strategy is to improve the health of girls and women throughout BC. This document describes an approach to understanding girls' and women's health and provides background information to promote the development of initiatives to integrate girls' and women's health into research, policy and clinical care. Overall, the health of girls and women in BC compares with the best in the world. However, while life expectancy among women has achieved an all-time high, there are nevertheless significant sources of disease and illness that continue to affect the quality of life of women and some groups of girls and women suffer from serious health problems. Researchers, policy makers and practitioners need to be strategic in addressing health conditions or diseases that are unique to, more prevalent among or more serious in women, or for which there are different risk factors or interventions for women and girls as compared to men and boys.

Begoray Deborah L., and Elizabeth M. Banister. "Reaching Teenagers Where They are: Best Practices for Girls' Sexual Health Education." Women's Health and Urban Life 6.1 (2007): 24-40. Accessed June 4, 2008
<https://tspace.library.utoronto.ca/bitstream/1807/9747/1/Begoray_Banister.pdf>

Tag: Health

It is well established that girls face an ever-growing list of sexual health challenges. There is a paucity of available literature on ways to reach and teach adolescent girls about sexual health issues and use of health promoting strategies. This article focuses on suggestions for teachers and health care practitioners on developing knowledge competencies, or health literacies, in the area of adolescent girls' sexual health. We suggest a number of health education practices such as the application of literacy strategies and gender sensitive, developmentally appropriate lesson plans. Instructors, both teachers and health care providers, need also to consider the school or community's context, curriculum factors and the learning environment. Effective instructional frameworks for lesson



planning can help school teachers and health care providers deliver effective sexual health education.

Bell-Gadsby, Cheryl, Natalie Clark, Sarah Hunt, and The McCreary Youth Foundation. "It's a Girl Thang! A Manual on Creating Girls Groups." 2006. Accessed June 4, 2008 <http://www.myfoundation.ca/pdf/its_a_girl_thang.pdf>

Tag: Girl Groups

The girls group framework presented in this manual is intended to provide marginalized and at-risk pre-adolescent and adolescent females, ages 12-19, with a space to explore a wide range of issues that impact their daily lives. The groups provide the girls with the opportunity to explore their experiences of abuse, sexual exploitation, body image and violence, as well as their strengths and daily lived realities in a safe and non-threatening environment. Girls groups nurture and reinforce femaleness as a positive identity with inherent strengths to support healthy self-expression. They also provide decision-making models and life skills to aid in transition to womanhood. The framework utilizes a relational/cultural model that can be applied to girls in a variety of contexts, including rural girls, aboriginal girls, and girls dealing with issues of marginalization including poverty, homelessness, exploitation and the intersections of oppression.

Bennett, Marlyn and The Aboriginal Women's Health and Healing Research Group. "Annotated Bibliography of Aboriginal Women's Health and Healing Research." 2005. Accessed April 26, 2008 <www.cewh-cesf.ca/PDF/awhhr/annotated_bib_AWHHRG.pdf>

Tag: Health

This compilation of material provides an interdisciplinary overview of the Canadian research literature on issues respecting Aboriginal women, health and healing. In particular, the aim was also to identify gaps between existing research and community concerns as expressed by Aboriginal women. It covers a wide array of disciplines and fields of study, including social work, nursing, education, law, history, psychology, sociology, and political science, as well as ethnic, Aboriginal/Native and women studies. This comprehensive overview is based on an analysis of all materials that could be retrieved via on-line periodical indexes, library catalogues, and website searches. These items include journal articles, books, reports, theses, and governmental documents as well as unpublished manuscripts. Particular effort was also made to include graduate level work and, where possible, project reports from completed research initiatives.

Bergsgaard, Michael. "Gender Issues in the Implementation and Evaluation of a Violence-Prevention Curriculum." Canadian Journal of Education 22.1 (1997): 33.



Accessed July 6, 2008 <<http://www.csse.ca/CJE/Articles/FullText/CJE22-1/CJE22-1-Bergsgaard.pdf>>

Tag: Violence

After two years of a three-year evaluation of a violence-prevention program implemented in two elementary schools, it appears that the program may produce a decline in conflict events and offer students, as well as teachers, options for conflict resolution. But the prescribed resolution skills and strategies may be most effective in decreasing forms of conflict most common among male students; the more covert, less physical behaviour typical of conflict involving female students may be more difficult for observers to detect and less likely to be targeted for resolution through program strategies. Consequently, male students may appear responsible for an inordinate number of conflicts, whereas female peers may be engaging in conflicts that observers neither detect nor mediate.

Berman, Helen, and Yasmin Jiwani, eds. "In the Best Interest of the Girl Child: Phase II Report." Alliance of Canadian Research Centres on Violence, 1999. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/pdfs/nfnts-Girl_Child_E.pdf>

Tag: Violence

Violence or the threat of violence permeates the lives of all girls and young women. The specific vulnerabilities of girls, however, did not gain prominent attention until the 1980s when UNICEF adopted the phrase, "the girl child". In recognition of the oppression of girls as a gendered concern, international organizations followed suit, proclaiming 1990 "The Year of The Girl Child", and the 1990s as "The Decade of the Girl Child". At the United Nations Fourth World Conference on Women in Beijing in 1995, the plight of girl children was highlighted as a significant issue of concern. The focus on girls was subsequently incorporated into the Beijing Declaration and Platform for Action, which was ratified by Canada.

Bernard, Wanda Thomas. "Beyond Inclusion." Race, Ethnicity and Women's Health. Eds. Carol Amaratunga, Jack Stanton, and Barbara Clow. Halifax, Nova Scotia: Atlantic Centre of Excellence for Women's Health, 2002: 1-14.

Tag: Intersectionality, Civic Engagement, Violence

In women's health research, moving beyond inclusion means establishing research agendas that specifically deal with diversity and integrating an analysis of the impact of diversity on any particular issue under study (...) Women's health researchers and advocates need to ask tough questions about their own organizations: What communities do they serve? Do agency programs, services, policies and procedures reflect this



diversity? Who is and who is not sitting at the table with us, and what can we do to get those who are missing there?

Berry, J.W., J.S. Phinney, D.L. Sam and P. Vedder, eds. Immigrant Youth in Cultural Transition: Acculturation, Identity and Adaptation across National Context. Mahwah, NJ: Lawrence Erlbaum Associates, 2006.

In this book, an international team of psychologists with interests in acculturation, identity, and development describe the experience and adaptation of immigrant youth, using data from over 7,000 immigrant youth from diverse cultural backgrounds living in 13 countries of settlement. *Immigrant Youth in Cultural Transition* explores the way in which immigrant adolescents carry out their lives at the intersection of two cultures (those of their heritage group and the national society), and how well these youth are adapting to their intercultural experience. The study shows the variation in both the psychological adaptation and the sociocultural adaptation among youth, with most adapting well.

Bertram, C., Hall, J., Fine, M. and Weis, L. “Where the Girls (and Women) Are.” *American Journal of Community Psychology* 28.5 (2000): 731-755.

Tag: Violence, Civic Engagement

This paper takes up a theoretical and empirical investigation of how two community-based projects for young women both create safety from community and domestic violence but how, in the process, discourses of multicultural inclusion define one site, and racist discourses of exclusion float through the other site. By relying on two intensive qualitative case studies of community-based organizations for girls, one exclusively White and working class and the other expressly multicultural and antiracist, we try to identify those structures and practices that support feminist, but inadvertently racist, work and those structures and practices that enable, at once, feminist and antiracist consciousness and praxis.

**Bowles, Matthew, and Fatima Ayub. “‘Liberating Muslim Women’ as Colonial Discourse: Gendering the US Conquest of Afghanistan.” Paper presented at the Annual Meeting of the American Sociological Association, August 14, 2004. Accessed October 5, 2008
<www.allacademic.com/meta/p_mla_apa_research_citation/1/1/0/8/7/pages110879/p110879-1.php>**

**Tag: Violence, Media**

Western constructs of a non-Western 'other' have been used to justify conquest and colonialism in the Muslim world for over two centuries. These constructs have been both racialized and gendered and continue to function with remarkable consistency in contemporary times. This paper will use the case study of Afghanistan to demonstrate hegemonic reinforcement of contemporary anti-Muslim rhetoric in the US, specifically focusing on its gendered dimensions, which served as the central rationale for the US invasion and occupation of Afghanistan in 2001.

Boyce, William, and Health Canada. "Young People in Canada: Their Health and Well-Being." 2001. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/dca-dea/publications/hbsc-2004/pdf/hbsc_report_2004_e.pdf>

Tag: Health

This report examines the determinants of the health of Canadian youth in 2002 and the trends in their health over time. By using the population health approach as a framework, the study considers young people's health in the broadest sense by looking at how socioeconomic status, the family, peers and school shape the health and well-being of adolescents in three age groups (11, 13 and 15 year olds). The data brings forward many telling results such as the importance of being well integrated socially for life satisfaction and risk-taking behaviours. It also reveals to us the strong impact certain determinants, such as gender and socio-economic status, can have on adolescent lives, and the importance of positive school experiences for securing and maintaining health and well-being.

Boyce, William, Maryanne Doherty, Christian Fortin, and David MacKinnon. "Canadian Youth, Sexual Health and HIV/AIDS Study: Factors Influencing Knowledge, Ideas and Behaviours." Toronto: Council of Ministers of Education. Accessed July 6, 2008 <http://www.cmec.ca/publications/aids/CYSHHAS_2002_EN.pdf>

Tag: Health

Since the publication of the Canada Youth and AIDS Study (CYAS) in 1989, there have been no national studies, which focus specifically on the sexual health of adolescents. The Canadian Youth, Sexual Health and HIV/AIDS Study (CYSHHAS), coordinated by the Council of Ministers of Education, Canada, and funded by Health Canada under the Canadian Strategy on HIV/AIDS, attempts to occupy that void by providing a contemporary picture of the sexual behaviour of adolescents. Specifically, the study was undertaken to increase our understanding of the factors that contribute to the sexual health of Canadian youth. This was done by exploring the socio-cultural, socio-environmental, and interpersonal determinants of adolescent sexual behaviour. The study was designed and carried out by researchers at four Canadian universities: Acadia, Alberta, Laval, and Queen's.



British Columbia Rural Women’s Network. “Rural Women Will Not Be Left Behind.” Media Release, January 2003. Accessed May 1, 2008
<<http://www2.povnet.org/bcrwn/documents>>

Tag: Health, Complex Lives

The themes that have arisen from the gatherings include: insufficient and affordable housing, local health services, basic and long-distance phone costs, affordable and accessible options for distance education and training, childcare and transportation needs, and accessibility of government services. (...) Women participants have also developed suggestions at their gatherings in response to the barriers they have identified. One of the suggestions is that governments need to be better informed about the realities of rural and remote communities, particularly the experiences of women living on low-income. Participants named that they want the government to recognize the greater proportional impact on people in non-urban centres when closing or reducing services they are responsible to provide (i.e. health, education, and social services).

Brown, Jane D., Carolyn Tucker Halpern, and Kelly Ladin L’Engle. “Mass Media as a Sexual Super Peer for Early Maturing Girls.” *Journal of Adolescent Health* 36 (2005): 420–427. Accessed October 8, 2008
<http://www.unc.edu/depts/jomc/teenmedia/pdf/JAH_1.pdf>

Tag: Media

Purpose: To investigate the possibility that the mass media (television, movies, music, and magazines) serve as a kind of super peer for girls who enter puberty sooner than their age-mates. Multiple studies have demonstrated significant associations between earlier pubertal timing and earlier transition to first sex. Does puberty also stimulate interest in sexual media content that is seen as giving permission to engage in sexual behaviour?

Conclusions: The mass media may be serving as a kind of sexual super peer, especially for earlier maturing girls. Given the lack of sexual health messages in most media adolescents attend to, these findings give cause for concern. The media should be encouraged to provide more sexually healthy content, and youth service providers and physicians should be aware that earlier maturing girls may be interested in sexual information

Brown, Jane D., Jeanne R. Steele, and Kim Walsh-Childers. Sexual Teens, Sexual Media Investigating Media’s Influence on Adolescent Sexuality. Mahwah, NJ: Lawrence Erlbaum Associates, 2001.

Tag: Media

This collection explores the sexual content of U.S. mass media and its influence in the lives of adolescents. Contributors address the topic of sexuality broadly, including evidence not



only about physical sex acts, but also about the role the media play in the development of gender roles, standards of beauty, courtship, and relationship norms.

Brown J. Scott, Sarah O. Meadows, Elder Glen H. Jr. “Race-Ethnic Inequality and Psychological Distress: Depressive Symptoms from Adolescence to Young Adulthood.” *Developmental Psychology* 43.6 (November 2007): 1295-311.

Tag: Health, Violence

Social inequality is well established in the mental health of race-ethnic groups, but little is known about this disparity from adolescence to young adulthood. This study examined differences in trajectories of depressive symptoms across 4 race-ethnic groups (Whites, Blacks, Hispanics, and Asians) using 3 waves of the National Longitudinal Study of Adolescent Health. Latent trajectory analyses showed race-ethnic variations among both females and males. Stressors were significantly related to depressive symptoms for all study members, but they accounted for symptom trajectories only among Black males and minority females. Persistent differences in trajectories for Blacks and Whites showed parallel slopes that did not converge over time. Neither background characteristics nor social resources (i.e., social support) altered this gap. However, social support represents a potential equalizer of these race-ethnic differences, owing to the ubiquitous nature of its protective effects.

Browne, Annette J., Jo-Anne Fiske, and Geraldine Thomas. “First Nations Women’s Encounters with Mainstream Health Care Services and Systems.” *British Columbia Centre of Excellence for Women’s Health*. Accessed May 2, 2008 <<http://www.bccewh.bc.ca/publications-resources/documents/firstnationsreport.pdf>>

Tag: Health, Civic Engagement

This investigation of First Nations women’s encounters with mainstream health care services was carried out in a small reserve community in northern British Columbia. A qualitative research design was used, comprising a series of two interviews each with 10 First Nation women. Women described their encounters with health care services under broad categories of invalidating or affirming. Although this report examines invalidating encounters in greater detail than affirming encounters, the discrepancy reflects the emphasis provided by the research participants. Both types of encounters are described along with their influences, and policy implications are raised and listed in the authors’ conclusions. The women’s stories may be read as illustrations of the broader social, economic and political forces at work influencing the lives of First Nations women in relation to the dominant social systems.



Brownridge, Douglas A. “Understanding the Elevated Risk of Partner Violence Against Aboriginal Women: A Comparison of Two Nationally Representative Surveys of Canada.” *Journal of Family Violence* 23.5 (2008).

Tag: Violence

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.

Brunen, Lynda. “Aboriginal Women with Addictions: A Discussion Paper on Triple Marginalization in the Health Care System.” *The Northern Secretariat of the BC Centre of Excellence for Women’s Health*, 2000. Accessed April 26, 2008 <<http://www.unbc.ca/assets/northernfire/Addictions.PDF>>

Tag: Health, Violence

Aboriginal women with substance misuse issues face a number of barriers when seeking access to the mainstream health care system. Not only do they face societal stigmatization due to their addictions, but also the issue of racism is clearly apparent. (...) What is it that makes Aboriginal women different from non-Aboriginal women when it comes to accessing health care? Are there indeed actual barriers that exist? Is it perhaps the Aboriginal woman’s own perception of self, or low self-esteem that is the barrier, and not the health care system? These are only a few of the many questions that arise while exploring the issue of racism and women’s health.

Bryant, Toba. “Towards a New Paradigm for Research on Urban Women’s Health.” *Centre for Research on Inner City Health, St. Michael’s Hospital, Toronto*. Accessed June 4, 2008 <<https://tspace.library.utoronto.ca/bitstream/1807/4747/1/bryant.pdf>>

Tag: Health, Violence, Complex Lives



This paper considers the literature on the determinants of urban women's health through a political economy perspective. This approach is concerned with how society organizes and distributes social and economic resources. These distributions of resources lead to qualitatively different environments that affect women's health. While there is increasing concern about the quality of urban environments in Canada and their impact on the health of Canadians in general, and women in particular, there is little consideration of how urban environments—especially the social determinants of health— influence women's health. Instead, a review of the women's urban health research literature reveals a primary focus on the incidence and prevalence of a variety of disorders among women and issues of access to services and treatment. When urban environments are considered, inquiry is limited to identifying the locations in which women with a variety of afflictions are found. Studies rarely consider the political, economic, and social forces that create these disadvantaged environments, nor how these environments lead to poor health. This paper draws on the emerging social determinants of health literature to present new directions for women's urban health research.

Bucharski, Dawn, Linda Reutter, and Linda Ogilvie. "You Need to Know Where We're Coming From: Canadian Aboriginal Women's Perspectives on Culturally Appropriate HIV Counselling and Testing." *Health Care for Women International* 27.8 (2006): 723-747.

Tag: Health, Violence, Civic Engagement

The purpose of this qualitative descriptive study was to determine Canadian Aboriginal women's perspectives on culturally appropriate HIV counselling and testing. Data were collected through semi structured individual interviews with 7 Aboriginal women, and one focus group, in a western Canadian city. Four major categories were elucidated through thematic content analysis: Aboriginal women's life experiences that may influence their risk of HIV infection and their response to testing; barriers to HIV testing; guiding principles of the ideal HIV testing situation; and characteristics of culturally appropriate HIV testing. The fear of being judged by both the Aboriginal and non-Aboriginal communities and the need for sensitivity to the historical and current context of Aboriginal women's life experiences were pervasive themes throughout the findings.

Buckley, Tamara Renee. "Black Adolescent Girls' Self-Esteem: Do Gender-Role Identity and Racial Identity Have an Impact?" *Dissertation Abstracts International: Section B: The Sciences & Engineering* 62.2-B (2001): 1068.

Tag: Health, Violence

This study was designed to explore Black adolescent girls' gender roles, racial identity, and self-esteem. These variables have not been examined together in a study of Black girls, yet studies of girls from other racial/cultural groups have demonstrated significant relationships. This type of exploration is important because Black girls do not experience



the same declines in self-esteem as girls from other racial/cultural groups. Gender role orientation and racial identity have been put forth as possible explanations for Black girls' bolstered levels of self-esteem. Results indicated that Black girls with androgynous and masculine characteristics reported high levels of self-esteem. The results also indicated that Black girls with internally defined Black racial identity attitudes reported high levels of domain-specific self-esteem. In addition, androgyny was associated with high scores on internalization (Black racial identity).

Burgess-Proctor, Amanda. "An Intersectional Analysis of Domestic Violence: Race, Class, and Gender in the Lives of Battered Women." Paper presented at the annual meeting of the American Society of Criminology, Royal York, Toronto, 2008.

Tag: Violence, Intersectionality

Using an intersectional theoretical framework informed by multiracial feminism, the research project described in this paper seeks to advance understanding of domestic violence by placing the experiences of battered women within the context of interacting systems of oppression such as race, class, and gender. Specifically, this presentation will explain in detail the theoretical foundation used in this research project and will feature the results of preliminary analyses.

Busseri, Michael A., Linda Rose-Krasnor, and the Centre of Excellence for Youth Engagement. "Youth Activity Involvement and Positive Development in Young Women: do Subjective Experiences Matter?" 2006. Accessed June 4, 2008 <http://www.engagementcentre.ca/detail_e.php?recordid=483>

Tag: Civic Engagement

In examining the connection between youth activity involvement and healthy adolescent development, researchers have focused almost exclusively on behavioural aspects of involvement. Little attention has been given to what youth think about their activities and how they feel as participants. Subjective experiences have been implicated as key features of positive developmental contexts for youth and in conceptualizations of positive psychology, identity development, emerging adulthood, and human development more generally. In this study, we examined whether, and how, subjective experiences may "matter" in the connection between activity participation and healthy development in emerging adulthood.



Calixte, Shana L. “Things Which Aren’t to be Given Names: Afro-Caribbean and Diasporic Negotiations of Same Gender Desire and Sexual Relations.” *Canadian Women Studies/Les Cahiers de la Femme* 24.2/3 (Winter/Spring 2005): 128-138.

Tag: Intersectionality, Violence

The author argues that the term “global gay” is not useful for comprehending “diasporic Afro-Caribbean experiences of same gender desire and identity.” She analyzes labelling as an important component of how Afro-Caribbean people interpret their gender desires. This article explores how history, geography, race, gender and class directly impact on same gender (SM).

Cammarota, Julio. “The Gendered and Racialized Pathways of Latina and Latino Youth: Different Struggles, Different Resistances in the Urban Context.” *Anthropology & Education Quarterly* 35.1 (2004): 53-74.

Tag: Complex Lives, Violence

This article explores the student resistances that shape orientations to schooling. Drawing on a study of Latina/o youth, I examine how race and gender influence whether they perceive education as oppressive or useful in resisting oppression. The key lever that may alter their perceptions is how school and society treat Latinos differently from Latinas. This study shows how ethnography can inspire pedagogical practices that bolster urban students’ resistances to the oppressive forces negatively impacting their education.

**Canadian Aboriginal AIDS Network. “HIV/AIDS and Aboriginal Women, Children and Families: A Position Statement.” 2004. Accessed April 27, 2008
<www.caan.ca/english/grfx/resources/publications/Women_and_HIV.pdf>**

Tag: Health, Violence

The purpose of this position statement is to draw attention to key issues facing Aboriginal women, children and families who are infected or affected by HIV/AIDS, and to act as a call to action. Aboriginal women are greatly overrepresented in HIV/AIDS statistics, yet there is a startling lack of gender-specific, Aboriginal specific, HIV/AIDS resources, programs and services to support them.² Aboriginal women are the caregivers of their communities, and while they have repeatedly shown themselves to be strong, resilient and undaunted by hardship, they can not be expected to bear the burden of HIV/AIDS in Aboriginal communities alone. Governments, communities, health centres, and AIDS service organizations must recognize their responsibility to Aboriginal women and begin to provide the Aboriginal, women-specific research, programs, services and supports they



need.

Canadian Aboriginal AIDS Network. “HIV Prevention Messages for Canadian Aboriginal Youth Final Report.” 2004. Accessed April 26, 2008
<www.caan.ca/english/grfx/resources/publications/youth_prevent.pdf>

Tag: Health, Violence

This is the final report of a selected literature review and survey on HIV prevention messages for Canadian Aboriginal youth. The information in this report will help Aboriginal communities, Aboriginal youth and youth workers strengthen an existing prevention message, design a new one, or adapt an existing message for use in their own communities.

Canadian Association of Elizabeth Fry Societies (CAEFS). “Labelling Young Women as Violent: Vilification of the Most Vulnerable.” Accessed October 6, 2008
<<http://www.elizabethfry.ca/vilifica/Contents.htm>>

Tag: Violence

We enter this century and millennium with the ever-present and persistent challenge of ensuring that women and girls behind prison walls have access to justice. As the economic, social, and political climates within our provinces and territories continue to produce ever more daunting challenges to the survival of the most marginalized, we also struggle to resist the rush to vilify women and girls. This paper will highlight the key issues, research, and approaches recommended to address these matters and strengthen commitment to equality and justice for women and girls.

Canadian Association of Elizabeth Fry Societies (CAEFS). “Special Report on the Discrimination on the Basis of Sex, Race and Disability Faced by Federally Sentenced Women For the Canadian Human Rights Commission.” 2003. Accessed October 6, 2008 <<http://www.elizabethfry.ca/submissn/specialr/1.htm>>

Tag: Violence, Intersectionality

On March 8, 2001, International Women’s Day, the Canadian Association of Elizabeth Fry Societies (CAEFS), in conjunction with the Native Women’s Association of Canada (NWAC), wrote to the Chief Commissioner of the Canadian Human Rights Commission (CHRC) to urge them to conduct a broad-based systemic review and issue a special report, pursuant to section 61(2) of the Canadian Human Rights Act, regarding the treatment of women serving federal terms of imprisonment. (...) CAEFS is concerned about the discrimination on the basis of sex that is faced by women throughout the system. In addition, we are very concerned about the discrimination on the basis of race that is the



particular experience of Aboriginal and other racialized women, as well as discrimination on the basis of disability that is experienced by federally sentenced women with cognitive and mental disabilities.

Canadian Centre for Justice Statistics. “Measuring Violence Against Women: Statistical Trends, 2006.” Accessed July 6, 2008 <<http://www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.pdf>>

Tag: Violence

Violence against women is a persistent and ongoing problem in Canada and around the world. It affects women’s social and economic equality, physical and mental health, well-being and economic security. Decision-makers require a clear understanding of the nature and severity of social problems in order to develop effective responses. In 2002, the Federal/Provincial/Territorial Status of Women Ministers released *Assessing Violence Against Women: A Statistical Profile*. The Profile introduced a number of violence indicators that are intended to monitor changes over time, serve as benchmarks, and highlight emerging problems. This updated edition revisits these indicators, expands upon them, and assesses the current situation.

Canadian Council of Muslim Women. “Canadian Muslim Women at the Crossroads: From Integration to Segregation?” 2008. Accessed December 8, 2008 <http://www.ccmw.com/resources/res_Publications.html>

Tag: Violence, Civic Engagement

Canadian Council of Muslim Women. “Muslim Women in Canada.” Fact Sheet 2 (2005). Accessed December 8, 2008 <www.ccmw.com/documents/FactSheet2.pdf>

Tag: Violence

This fact sheet is second in a series designed to provide facts that will inform the broader Canadian society and Muslim women themselves about critical issues regarding this growing segment of the Canadian population. (...) Discrimination motivated by religion is directed against an entire community. Therefore, surveys do not provide the gender breakdown. Observations about the entire community are taken as a proxy for women, but it should be noted that Muslim women are more at risk because they are more easily identifiable and they also face gender discrimination.



Canadian Council of Muslim Women, and Samira Hussain. “Voices of Muslim Women: A Community Research Project.” 2002. Accessed December 8, 2008
<http://www.ccmw.com/resources/res_pub_VoiceofWomen_FullText.html>

Tag: Violence, Civic Engagement

This is a community participatory research project that investigates the effects of September 11th and its aftermath on Canadian Muslim Women. These results demonstrate that the everyday lives of Canadian Muslim Women have been negatively affected by the events of 9/11. By critically examining individuals, communities and the media, the negative and positive consequences of 9/11 was deconstructed. This report makes several recommendations with the hope of alleviating some of the negative consequences of 9/11.

Canadian Council on Social Development. “The Progress of Canada’s Children and Youth.” 2006. Accessed December 27, 2008
<http://www.ccsd.ca/pccy/2006/pdf/pccy_portrait.pdf>

Tag: Statistics

Canada’s children and youth are an increasingly diverse group. In addition to providing an overview of the hard data – who they are, how many, where they live – this section highlights certain aspects of their lives.

Tracking this information is important to the development of policies and programs that respond to their needs.

Canadian Farm Women’s Network. “Family Violence, In Rural, Farm and Remote Canada.” Prepared by Wendy Scott, W. M. Scott and Associates Human Resource Development. 1995. Accessed April 29, 2008
<<http://www.acjnet.org/docs/famvidoj.html>>

Tag: Violence

The CFWN has undertaken to further address the issue of “Family Violence in Rural Canada” by researching and developing a position paper that reflects the issues common to the general population, along with identifying those unique to the farming industry. The researchers’ focus is to identify the victims of family violence, state the acts of family violence, and record the current methods of dealing with family violence in order to define family violence in rural and farm communities. The conclusions based on the input of grassroots farm women’s organizations in Canada will result in recommendations that could address and remedy the problem of family violence in rural communities and on family farms.



Canadian Housing and Renewal Association, Sylvia Novac, Luba Serge, Margaret Eberle, and Joyce Brown. “On Her Own: Young Women and Homelessness in Canada.” 2002. Accessed June 4, 2008 <http://www.swc-cfc.gc.ca/pubs/pubspr/0662318986/index_e.html>

Tag: Violence, Complex Lives, Health, Civic Engagement

This report explores the causes, demographics and patterns of homelessness among young women (aged 12 to 24) in Canada. It includes case study reports for eight cities based on interviews with more than 100 informants and previously unpublished data. Gender- and age specific issues (i.e., sexual violence, pregnancy, service gaps for mid-teens, minors and the child welfare system) are discussed. A critical review of programs and policies shows how they fail to assist young women who are homeless and those at risk. The report includes suggestions for change in services and programs, and recommendations for policy directions by various governments.

Canadian Institute for Health Information. “Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women.” 2003. Accessed June 3, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=media_30sep2003_e>

Tag: Health

This report on the health of Canadian women is intended to: (i) determine the extent to which currently available data can be used to provide gender-relevant insights into women’s health; (ii) provide information to support the development of health policy, public health programs, and interventions aimed at improving the health of Canadian women; and (iii) serve as the basis for further indicator development. The report provides information and descriptive statistics on determinants of health, health status, and health outcomes for Canadian women. To the extent possible, each chapter presents new, gender-relevant information on a health condition or issue identified as important to women’s health during national expert and stakeholder consultations in 1999. Where data or appropriate data are lacking, this is documented. Recommendations for change are made at the end of each chapter, accompanied by a discussion of the gaps in and policy implications of the findings.

Canadian Population Health Initiative. “Improving the Health of Young Canadians.” 2005. Accessed June 9, 2008 <http://www.cihi.ca/cihiweb/dispPage.jsp?cw_page=PG_380_E&cw_topic=380&cw_rel=AR_1217_E>

Tag: Health



Youth who say that they have positive ties with family, school, peers and community tend to be in better health and have higher self-worth, according to a new report from the Canadian Institute for Health Information's Canadian Population Health Initiative. Improving the Health of Young Canadians, 2005 explores the association between five positive "assets"—parental nurturing, parental monitoring, school engagement, volunteerism and peer connectedness—and the health behaviours and outcomes of Canadian teens.

Canadian Race Relations Foundation. "Glossary of Terms." 2005. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/englossary-feb2005.pdf>>

Tag: Violence

This list includes many of the terms commonly used in anti-racism and equity discourse today. They are gleaned from a variety of sources, most of which are listed at the end. Many of the terms have been in the public domain so long that the source of the original definition is no longer known as they have come into common parlance. The terminology in this field is constantly evolving, so the list remains a work in progress. Should any discrepancies arise during a training session or discussion, it is best to take a moment to determine the current understanding and why people may be more comfortable adding further definitions to the list in the present context.

Canadian Research Institute for the Advancement of Women. "Fact Sheet: Women's Experience of Racism: How Race and Gender Interact." 2002b. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

Tag: Intersectionality, Violence, Complex Lives

The purpose of this fact sheet is to provide easy to understand statistical information and research on how women experience racism, and to provide suggestions for resources and action. We hope it serve as a basic introduction for people with no knowledge of how race and gender affect women's lives. If you are subject to racism, it may cost you money, a place to live, a job, your self-respect, your health, or your life. Women who experience racism may live through it in a different way from men, and from each other. Anti-racism does not mean pretending that race doesn't exist. It means recognizing racism, effectively and constructively challenging racism in yourself and others, and eliminating racism embedded in public policy, workplaces, and every other area of life.



Canadian Research Institute for the Advancement of Women. “Fact Sheet: Immigrant and Refugee Women.” 2003. Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

Tag: Violence, Complex Lives

Only 4% of Canadians are not immigrants or descendents of immigrants. Only Aboriginal peoples are native to this land, and have lived and died here for 10,000 years. Thirty per cent of Canadian women have themselves immigrated here from somewhere else and this population is growing four times faster than the population of Canadian-born women.

Canadian Research Institute for the Advancement of Women. “Fact Sheet: Violence Against Women and Girls.” Accessed June 9, 2008 <http://www.criaw-icref.ca/indexFrame_e.htm>

Tag: Violence

Canadian Research Institute for the Advancement of Women. “Intersectional Feminist Frameworks: An Emerging Vision.” 2002c. Accessed June 9, 2008 <<http://www.criaw-icref.ca/IFF/The%20IFFs-%20An%20Emerging%20Vision.pdf>>

Tag: Intersectionality

IFFs attempt to understand how multiple forces work together and interact to reinforce conditions of inequality and social exclusion. IFFs examine how factors including socio-economic status, race, class, gender, sexualities, ability, geographic location, refugee and immigrant status combine with broader historical and current systems of discrimination such as colonialism. (...) As an emerging vision, IFFs have the potential to open new spaces for transformation by examining not only the complex factors operating in women’s and men’s lives that keep them marginalized, but also how they are often able to respond to those forces in creative and innovative ways that ensure their survival and allow them to live their lives with some measure of dignity. IFFs seek to validate and acknowledge the efforts of marginalized women and men to bring about change.

Canadian Women’s Foundation. “Girls in Canada 2005.” Accessed June 9, 2008 <<http://www.canadianwomen.org/PDFs/EN/CWF-GirlsCanada-Report05.pdf>>

**Tag: Complex Lives, Health, Violence**

Given the changes brought about by the women's movement in Canada over the past several decades, we would obviously like to be able to say that life in Canada is significantly better today for girls. Anecdotal information suggests that girls' lives are qualitatively different today than two decades earlier, although unfortunately we do not have research that supports this. Missing from the research are the voices of healthy and happy girls, of those who are doing well and of those who are high achievers. The information presented is disturbing and in some instances, grim, but we remind the reader that the majority of girls, even teenage girls, are doing okay. What is clear is that for a minority of girls – a significant minority – growing up can be a painful experience. Girls as a group score significantly poorer than boys on many indicators, such as happiness, wanting to be someone else, feeling they need to lose weight, loneliness, depression and suicide attempts. Data as consistent and as overwhelming as those presented in this study point to the fact that *we are not talking about individual problems*.

Canadian Women's Health Network. "Canada's Health System Failing Women in Rural and Remote Regions: Largest Canadian Study on Rural Women's Health Finds Urban Solutions do not Address Rural Problems." Network Magazine 7.2/3 (Summer/Fall 2004). Accessed May 6, 2008 <<http://www.cwhn.ca/network-reseau/7-23/7-23pg2.html>>

Tag: Health

The Centres of Excellence for Women's Health recently released the final report from a two-year study on the health of rural, remote and Northern women. Rural, Remote and Northern Women's Health: Policy and Research Directions is the largest qualitative study in Canada to date to address the health concerns of this important community. The rich diversity of Canada's rural regions shone forth in the study, yet despite significant social, cultural and geographic differences, researchers found common rural health issues and priorities across the country.

Carter, Tom, Chesya Polevychok, Anita Friesen, and John Osborne. "The Housing Circumstances of Recently Arrived Refugees: The Winnipeg Experience." 2008. Accessed October 6, 2008 <http://pcerii.metropolis.net/generalinfo/info_content/HousingRefugeesWinnipeg%5B1%5D.pdf>

Tag: Violence, Civic Engagement

Housing is a central component of the settlement experience of refugees. A positive housing situation can facilitate many aspects of integration. Unaffordable, crowded, unsafe housing, however, can cause disruptions in the entire settlement process. (...) A two-year study of recently arrived refugees in the city of Winnipeg illustrates the significant housing



challenges they face. In the first year 75 households who had been in the city a year or less were interviewed. Fifty-five of these households were re-interviewed a year later. The research findings highlight the housing and neighbourhood challenges the households faced in the first year and the changes in their circumstances that had occurred by the time interviews were conducted in the second year.

Centre for Addiction and Mental Health. “Culture Counts: A Roadmap to Health Promotion. Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethnocultural Communities.” 2007. Accessed July 6, 2008
<http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Culture_Counts_Guide/CultureCountsGuide8.pdf>

Tag: Health, Violence

This guide focuses on breaking down the barriers between ethnocultural communities and effective health promotion in mental health and substance use. It does not go into great detail about setting up and running a health promotion initiative. Instead, it provides the basic steps and background with links to other online resources that give more information about each topic. You are strongly encouraged to use these resources to explore issues in health promotion with ethnocultural communities in more depth.

Centre for Addiction and Mental Health and the VALIDITY Team. “Hear me, Understand me, Support me: What Young Women Want you to Know About Depression.” Toronto Centre for Addiction and Mental Health, 2006. Accessed June 9, 2008
<http://www.camh.net/Publications/Resources_for_Professionals/Validity/index.html>

Tag: Health

This guide is an invitation for you to join us as allies of young women in preventing depression and providing support to those who experience its effects. We invite you to use this guide to initiate a dialogue with the young women in your circle of influence. We realize that this is just the beginning. Hear Me, Understand Me, Support Me just touches on the diverse realities of young women today; and there may be issues that it does not cover that are relevant to the young women you serve. We hope that this guide will inspire you to engage with those young women to explore their unique issues more closely. Within the guide we explore diverse challenges that young women experience in relation to depression; prevention strategies; healthy helping relationships; the dos and don'ts of working with young women; and referrals and resources that can provide more information. Each section has three key features: “Hear Me,” “Understand Me” and “Support Me.”



Centre for Addiction and Mental Health. “Sexual Harassment and School Safety: How Safe do Students Feel?” Press Release December 2008. Accessed December 8 2008
<http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounder/how_safe_do_students_feel.html>

Tag: Health, Violence

CAMH's Centre for Prevention Science surveyed 1819 Grade 9 and 11 students in both rural and city schools between 2004 and 2007 to measure both the victimization and perpetration of harassment and bullying and overall school safety. The data collected and released in a report today shows some cause for concern.

Centre of Excellence for Youth Engagement. “Youth Engagement and Health Outcomes: Is There A Link? Review of Research Literature Linking Youth Engagement and Health Outcomes.” 2003. Accessed June 4, 2008
<<http://www.tgmag.ca/centres/litrev2.htm>>

Tag: Health, Civic Engagement

In this literature review we summarize, synthesize, and critically evaluate empirical research that has demonstrated direct connections between youth engagement and health outcomes. We limit our review to research that is quantitative in nature and has been published in peer-reviewed research journals or books. In addition, references to theoretical work on youth engagement and previous reviews appearing in published sources are included in our synthesis of the quantitative results.

Center for Women Policy Studies. “Teen Women Ask Their Peers About Violence, Hate and Discrimination.” The report of the Teen Women Leadership Development Initiative Survey 2001. Accessed December 2008
<www.centerwomenpolicy.org/pdfs/VAW3.pdf>

Tag: Violence

In the early 1990s, as the news media began reporting about arrests of girls and young women for violent crimes, we began to wonder whether girls and teen women of all races and socioeconomic classes were responding to their own victimization and a culture of sexual and physical violence by fighting back. The Center's subsequent review of the literature and our analysis of federally funded violence related programs found little attention either to violence against girls or to acts of violence committed by girls.



Chan, Sherman, Daniel Hiebert, Silvia D’Addario, and Kathy Sherrell. “The Profile of Absolute and Relative Homelessness Among Immigrants, Refugees, and Refugee Claimants in the Greater Vancouver Regional District (GVRD).” Prepared for the National Secretariat on Homelessness, MOSAIC, 2005. Accessed October 6, 2008 <http://www.mosaicbc.com/PDF_files/The_Profile_of_Absolute_and_Relative_Homelessness.pdf>

Tag: Violence

There is little systematic knowledge about the extent of homelessness among immigrants and refugees in Greater Vancouver. This is due, in part, to the fact that marginalized populations are poorly recorded in key data sources. Basic social surveys, such as the census, do not necessarily include all groups. Some groups, including many Aboriginal people, may refuse to acknowledge the census. Others, including those without shelter, can easily fall below the notice of census enumerators. The purpose of this project was to develop a better understanding of the position of immigrants, refugees, and refugee claimants in Greater Vancouver’s housing system.

Chandler, Michael J., and Christopher Lalonde. “Cultural Continuity as a Hedge Against Suicide in Canada’s First Nations.” 1998. Accessed April 25, 2008 <<http://web.uvic.ca/~lalonde/manuscripts/1998TransCultural.pdf>>

Tag: Health, Violence, Community Engagement

This research report examines self-continuity and its role as a protective factor against suicide. First, we review the notions of personal and cultural continuity and their relevance to understanding suicide among First Nations youth. The central theoretical idea developed here is that, because it is constitutive of what it means to have or be a self to somehow count oneself as continuous in time, anyone whose identity is undermined by radical personal and cultural change is put at special risk to suicide for the reason that they lose those future commitments that are necessary to guarantee appropriate care and concern for their own well-being. It is for just such reasons that adolescents and young adults—who are living through moments of especially dramatic change—constitute such a high risk group. This generalized period of increased risk during adolescence can be made even more acute within communities that lack a concomitant sense of cultural continuity that might otherwise support the efforts of young persons to develop more adequate self-continuity warranting practices. Next, we present data to demonstrate that, while certain indigenous or First Nations groups do in fact suffer dramatically elevated suicide rates, such rates vary widely across British Columbia’s nearly 200 aboriginal groups: some communities show rates 800 times the national average, while in others suicide is essentially unknown. Finally, we demonstrate that these variable incidence rates are strongly associated with the degree to which BC’s 196 bands are engaged in community practices that are employed as markers of a collective effort to rehabilitate and vouchsafe the cultural continuity of these groups. Communities that have taken active steps to preserve and rehabilitate their own cultures are shown to be those in which youth suicide rates are dramatically lower.



Chandler, Michael J., and Christopher E. Lalonde. “Transferring Whose Knowledge? Exchanging Whose Best Practices?: On Knowing About Indigenous Knowledge and Aboriginal Suicide.” 2003. Accessed April 25, 2008 <<http://web.uvic.ca/~lalonde/manuscripts/2003INAC.pdf>>

Tag: Health, Violence

Over the better part of a decade we have been hard at work re-fashioning a still earlier decade’s worth of work on identity development and youth suicide in order to better fit these efforts to the special circumstances of Canadian Aboriginal youth—an ongoing effort aimed at explaining two deeply puzzling matters. One of these concerns the heartbreakingly high rate of suicide widely known to mark and often stigmatize aboriginal youth; an overall suicide rate that is reported to be higher than that of any culturally identifiable group in the world (Kirmayer, 1994). The second of these known facts of the matter (owed largely to our own research) is that the rate of aboriginal youth suicide varies dramatically from one community to another. As our research in British Columbia clearly demonstrates, more than 90% of aboriginal youth suicides occur in only 10% of the bands, with some communities suffering rates as much as 800 times the national average, while more than half of the province’s 200 First Nations bands have not experienced a single youth suicide in the almost 15 years for which such figures are available. What obviously needs explaining in the face of such disparities—what inquiring minds most want to know—is what is different about those communities without such suicides, and those in which youth suicide occurs in epidemic proportion?

City of Toronto Social Development, Finance and Administration Division. “Involve Youth 2: A Guide to Meaningful Youth Engagement.” 2006. Accessed June 4, 2008 <<http://www.toronto.ca/involveyouth/youth2.htm>>

Tag: Civic Engagement

Youth engagement programs and approaches contribute to the development of youth by fostering active citizenship. They instil a sense of social responsibility that will follow youth into adulthood. Programs achieve these aims by providing opportunities for capacity building and leadership, and by encouraging youth to develop a sense of self-awareness that is connected to a broader social awareness. This guide is an introduction to effective youth engagement programming as a strategy for healthy and safe youth development. It identifies some of the key elements and common challenges, as well as offering possible solutions and strategies. We hope that it will prove useful in your work and that it will support our common efforts towards a safe, vibrant and inclusive Toronto.

Coghlan, Michelle, Ilene Hyman, and Robin Mason. “Perceptions of Intimate Partner Violence (IPV) Among Young Canadian Women.” *Women’s Health & Urban Life*:



An International and Interdisciplinary Journal Special Issue: The Health Of Girls and Young Women 5.2 (2006). Accessed June 4, 2008
<<http://www.scar.utoronto.ca/~socsci/sever/journal/contents5.2.html>>

Tag: Violence

This paper examines young women's perceptions of intimate partner violence (IPV) and contextual factors that help shape these perceptions. Qualitative research using in-depth focus groups were conducted with diverse young women, aged 18 to 24 years, from diverse backgrounds, living in Toronto, Canada. Open-ended and semi-structured interview questions were designed to elicit information regarding how young women think about, describe, and define IPV. Thematic analysis was used to identify the core constructs that shape young women's understandings. Findings suggested that young women clearly defined IPV and considered psychological, physical and sexual acts as abusive. However, contextual factors related to the nature of abuse, such as the type and frequency of abuse and intent of the aggressor to cause harm, as well as factors related to the social context such as the acceptance of mutual aggression, power and control, influenced their ability to recognize IPV in their own relationships. Understanding the contextual factors shaping young women's perceptions of IPV can inform the development of effective IPV prevention education programs for young women.

Coller, Tanya G., and Dianne Neumark-Sztainer. "Taste of Food, Fun, and Fitness: A Community-Based Program to Teach Young Girls to Feel Better About Their Bodies." *Journal of Nutrition Education* 31.5 (1999): 292-293. ProQuest CD-ROM.

Tag: Health

Instructions for implementing a community-based program to teach young girls to feel better about their bodies are presented. Fifty-five per cent of girls 7 to 12 express a desire to be thinner.

Colour of Poverty. "Fact Sheet #4: Understanding the Racialization of Poverty in Ontario: How Does Racialized Poverty Affect People's Health and Well-Being?" Accessed October 6, 2008
<http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_4_Health.pdf >

Tag: Violence, Health

Poverty in Ontario is growing at an alarming rate. On September 5, 2007 the Colour of Justice Network announced the launching of the Colour of Poverty Campaign - a province-wide community-based effort to help raise public awareness about the serious problem of poverty within the racialized communities of Ontario. (...) With the Department of Canadian Heritage as a key sponsor, the Colour of Poverty Campaign partners have



developed a series of ten (10) Fact Sheets addressing different aspects of racialized poverty and its negative impacts on education & learning, health & well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness and food security in Ontario.

Colour of Poverty. “Fact Sheet #6: Understanding the Racialization of Poverty in Ontario: Income Levels & Social Assistance in 2007. How does the Racialization of Poverty Affect Incomes and the Need for Social Assistance?” Accessed October 6, 2008

http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_6_Income.pdf

Tag: Violence

Poverty in Ontario is growing at an alarming rate. On September 5, 2007 the Colour of Justice Network announced the launching of the Colour of Poverty Campaign - a province-wide community-based effort to help raise public awareness about the serious problem of poverty within the racialized communities of Ontario. (...) With the Department of Canadian Heritage as a key sponsor, the Colour of Poverty Campaign partners have developed a series of ten (10) Fact Sheets addressing different aspects of racialized poverty and its negative impacts on education & learning, health & well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness and food security in Ontario.

Colour of Poverty. “Fact Sheet #7: Understanding the Racialization of Poverty in Ontario. Justice and Policing in 2007. How does the Criminal Justice System affect and Impact Racialized Communities?” Accessed October 6, 2008

http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_7_Justice.pdf

Tag: Violence

Poverty in Ontario is growing at an alarming rate. On September 5, 2007 the Colour of Justice Network announced the launching of the Colour of Poverty Campaign - a province-wide community-based effort to help raise public awareness about the serious problem of poverty within the racialized communities of Ontario. (...) With the Department of Canadian Heritage as a key sponsor, the Colour of Poverty Campaign partners have developed a series of ten (10) Fact Sheets addressing different aspects of racialized poverty and its negative impacts on education & learning, health & well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness and food security in Ontario.

Colour of Poverty. “Fact Sheet #8: Understanding the Racialization of Poverty in Ontario: Immigration and Newcomer Settlement in 2007. How do Immigration



and Settlement Processes Affect the Racialization of Poverty?” Accessed October 6, 2008

<http://cop.openconcept.ca/sites/colourofpoverty.ca/files/FactSheet_8_Immigration.pdf>

Tag: Violence

Poverty in Ontario is growing at an alarming rate. On September 5, 2007 the Colour of Justice Network announced the launching of the Colour of Poverty Campaign - a province-wide community-based effort to help raise public awareness about the serious problem of poverty within the racialized communities of Ontario. (...) With the Department of Canadian Heritage as a key sponsor, the Colour of Poverty Campaign partners have developed a series of ten (10) Fact Sheets addressing different aspects of racialized poverty and its negative impacts on education & learning, health & well-being, employment, income levels, justice and policing, immigration and settlement, housing and homelessness and food security in Ontario.

Covenant House Toronto. “Report on Youth Homelessness.” Accessed June 4, 2008

<<http://www.covenanthouse.on.ca/Public/Default.aspx?l=194&n=Facts+and+Stats>>

Tag: Violence, Complex Lives, Health

Covell, Katherine, MacIntyre, Peter D., Wall, Julie. “Implications of Social Supports for Adolescents’ Education and Career Aspirations.” Canadian Journal of Behavioural Science April 1999. Accessed June 8, 2009

<http://findarticles.com/p/articles/mi_qa3717/is_199904/ai_n8844207>

Tag: Civic Engagement, Complex Lives

Two hundred and sixty grade 9 through 12 students completed questionnaires designed to examine relations among social support, perception of future opportunity, and education and career aspirations and expectations. Path analyses showed that for both males and females, perception of opportunity predicts educational expectations, which, in turn, predict educational aspirations and career expectations. For females, peer, family and teacher supports predict perception of opportunity, whereas for males only family support is predictive of perception of opportunity. ANOVAs demonstrated that females perceive more teacher and peer support than do males, and that compared to their male peers, females have greater perceived future opportunity, educational aspirations and expectations, and career expectations. Both males and females indicate a greater gap between career aspirations and expectations than between education aspirations and expectations. The possible contributions of socioeconomic conditions and gendered socialization are discussed.



Crowe, Sarah. “Immigrant and Refugee Children in Middle Childhood: An Overview.” Prepared for the Middle Childhood Initiative of the National Children’s Alliance. Accessed July 6, 2008
<<http://www.nationalchildrensalliance.com/nca/pubs/2006/Immigrant%20and%20Refugee%20Children%20in%20their%20Middle%20Years.pdf>>

Tag: Violence, Complex Lives

Every year, Canada opens its doors to thousands of immigrant and refugee children, and a significant number of them are in their middle years (6 to 12 years old). These children are particularly vulnerable as a result of the cultural differences and language barriers they face in their new country and, in some cases, traumatic experiences they have lived through in their home countries. Moreover, due to the division of powers between the federal and provincial governments, the system to protect these children is inconsistent across the country and inadequate to address their needs. The issues affecting immigrant and refugee children have not been extensively addressed in Canada and, as such, there is lack of information available on these children to provide us with a clear picture of their success and well-being. The objective of this paper is to present a brief overview of these issues.

Cummings, Anne L., and Alan W. Leschied. “Understanding Aggression with Adolescent Girls: Implications for Policy and Practice.” *Canadian Journal of Community Mental Health* 20.2: 43-57. Accessed June 3, 2008
<http://www.crvawc.ca/docs/pub_cummings2001.pdf>

Tag: Violence, Complex Lives

Seventy at-risk, adolescent girls in seven residential facilities were interviewed over a 12-month period. The girls were asked questions regarding experiences, thoughts, and feelings about physical and verbal fights with friends and parents. Results showed that many of these girls reported different reasons for starting and escalating verbal and physical fights, they had more negative feelings for verbal fights than for physical fights, and had similar thought processes during both kinds of fights. More girls acknowledged responsibility for starting fights with parents than they did with peers. Implications of the results for treatment of female young offenders and the development of public policy are discussed.

Czapska, Asia, Annabel Webb, and Nura Taefi, in cooperation with young women determined to make a difference. “More Than Bricks & Mortar: A Rights-Based Strategy to Prevent Girl Homelessness in Canada.” 2008. Accessed June 4, 2008
<http://www.justiceforgirls.org/publications/pdfs/jfg_housing_web.pdf>

Tag: Violence, Complex Lives, Health, Civic Engagement



This strategy incorporates the knowledge of women and girls with whom we have talked and whose writings we have read. It is based on the individual and collective experiences of girls and young women; it is a response to violations of their rights that they described; and it articulates what they told us they need in order to experience freedom, dignity and safety in their lives. Girls and women who have experienced poverty and homelessness led the direction, content and work of the project and this report is the culmination of that work.

de Leeuw, Sarah, Jo-Anne Fiskem, and Margo Greenwood. "Rural, Remote and North of 51: Service Provision and Substance Abuse Related Special Needs in British Columbia's Hinterlands." Substance Abuse Task Force: University of Northern British Columbia. Centre of Excellence for Children and Adolescents with Special Needs, 2002. Accessed June 4, 2008 <www.coespecialneeds.ca/PDF/northof51.pdf>

Tag: Health, Civic Engagement

In rural, remote and northern communities, the need for identification of needs and services is critical. With resources and services being limited, the need for integration of services and collaborative approaches to these issues becomes critical. "Band-Aid," "quick-fix" solutions are no longer acceptable. Contextual solutions that examine all aspects of individual, family and community life are needed to promote healthy, self-determining individuals and communities. To that end, we begin to explore and identify contextual solutions for addressing challenges and barriers service providers face in rural and remote communities of northwest British Columbia.

Deiter, Connie, and Linda Otway. "Sharing our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project." Prairie Women's Health Centre of Excellence, 2001. Accessed June 3, 2008 <http://www.uwinnipeg.ca/admin/vh_external/pwhce/sharingOurStories.htm>

Tag: Health

This report, "Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project", presents a broad historical overview of Aboriginal women's health issues, a review of pertinent and current resources, and recommendations on how to address and improve the health of Aboriginal women in Manitoba and Saskatchewan. The authors of the study are both First Nations women and are familiar with the many health and social issues facing Aboriginal women. Health and health issues for Aboriginal women are complex issues. Constitutionally, the federal government has exclusive jurisdiction for "Indians". Medical Services Branch is mandated to deliver health services to First Nations people. However, for Aboriginal people who are not on federal reserve land, there are jurisdictional battles over who pays for which health care services, frequently at the cost of the health of the people.



Des Meules, Marie, and Donna Stewart. “Women’s Health Surveillance Report: A Multi-dimensional Look at the Health of Canadian Women.” 2003. Accessed July 6, 2008 <<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2096695>>

Tag: Health

This report on the health of Canadian women is intended to: (i) determine the extent to which currently available data can be used to provide gender-relevant insights into women’s health; (ii) provide information to support the development of health policy, public health programs, and interventions aimed at improving the health of Canadian women; and (iii) serve as the basis for further indicator development. The report provides information and descriptive statistics on determinants of health, health status, and health outcomes for Canadian women. To the extent possible, each chapter presents new, gender-relevant information on a health condition or issue identified as important to women’s health during national expert and stakeholder consultations in 1999. Where data or appropriate data are lacking, this is documented. Recommendations for change are made at the end of each chapter, accompanied by a discussion of the gaps in and policy implications of the findings.

Desai, Sabra, and Sangeeta Subramanian. “Colour, Culture and Dual Consciousness: Issues Identified by South Asian Immigrant Youth in the Greater Toronto Area.” 2000. Accessed October 5, 2008 <<http://ceris.metropolis.net/Virtual%20Library/community/desai1.html>>

Tag: Complex Lives

This study is about exploring, deciphering and decoding the lived realities of South Asian immigrant youth living in Toronto. It should be noted that although the collective term South Asian is used, it is used with the knowledge that the collectivity known as South Asian is very diverse and nuanced in a myriad complex ways. The term is also used in a political way in that the term has come to define individuals and groups whose roots can be traced to the Indian sub-continent. More importantly the term is used to reflect a consciousness and a self-definition arising out of dialectical relations between the dominant culture and cultures within it that are considered outside the ruling relations and no more than marginal because of racism (Smith, 1987: 1; Tatum, 1992; Hills Collins 1990).

Dhillon, Jaskiran, and Justice for Girls. “Struggles for Access: Examining the Educational Experiences of Homeless Young Women and Girls in Canada.” 2005. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/Struggles%20for%20Access%20Final%20Report%20-%20September%202005.pdf>>

Tag: Violence, Complex Lives



Broadly speaking, this research project set out to explore the educational experiences of street involved and/or homeless young women and girls in Canada. More specifically, we were interested in examining the role of educational institutions in the lives of homeless and/or street involved young women to shed much needed light on the barriers to access, lack of support, and alienation from teaching and learning environments faced by homeless young women in the educational arena. Having recognized the challenges of the public education system to meet the varying needs of a diverse student population, this project aimed to uncover the ways the education system can impact the lives of homeless young women either as a possible means to social mobility, life chances, and political engagement, or alternately, as a doorway to forced economic survival on the street, violence, and related deprivation of human dignity, respect, and the basic necessities of life. From this perspective, employment for homeless young women and girls was of secondary concern and an issue that can only be considered within the context of first improving their access to education, thereby creating opportunities for meaningful and sustainable employment in the future.

Dion, Kenneth. “Immigrants’ Perceptions of Housing Discrimination in Toronto: The Housing New Canadians Project.” *Journal of Social Issues* 57.3 (2001): 523-39.

Tag: Violence, Complex Lives

The Housing New Canadians project investigated recent immigrants’ perceptions of discrimination in finding rental housing since arriving in Toronto, Canada. Respondents from three immigrant communities —Jamaicans, Poles, and Somalis —indicated how much housing discrimination they had personally experienced and how much discrimination they perceived to have been directed toward their group. They also rated how much each of several factors, including race, income level, source of income, immigrant status, language, ethnic or national background, religion, and family size, contributed to each type of perceived discrimination. Jamaican and Somali immigrants perceived greater personal and group discrimination and also showed a greater discrepancy between personal and group discrimination than did Polish immigrants. Implications are discussed.

Dion, K., and Dion, K. “Gender, Immigrant Generation and Ethnocultural Identity.” *Sex Roles: A Journal of Research* 50 5/6 (2004).

Tag: Complex Identities

The relation of gender and immigrant generation to ethnocultural identity was examined in an ethnically diverse sample of young adults from immigrant families. We hypothesized that gender differences in ethnocultural identity would occur among the second-generation (those born in the receiving society) daughters and sons of parents who were immigrants. Participants completed several measures that assessed identity and self-construal, including ethnocultural identity. As predicted, among participants who were the second-generation children of immigrants, gender differences occurred on ethnic identity achievement (defined as seeking to learn about and understand one’s ethnicity) and reported behavioural commitment (e.g., maintaining cultural practices). Women endorsed these 2 components of ethnic identity more strongly than men did. Second-generation women and men whose parents were immigrants did not, however, differ in a third component of ethnocultural identity, namely, pride and attachment to one’s ethnocultural group. The implications of this pattern of findings are discussed.



Ditmore, Melissa. "I Never Want to be Rescued Again." *New Internationalist* 404 (September 2007). Accessed October 4, 2008
<<http://www.newint.org/features/2007/09/01/sex-work-vs-trafficking2/>>

Tag: Violence

Melissa Ditmore argues that some anti-trafficking responses are making conditions more dangerous for voluntary sex workers.

Douglas, Debbie, and The Ontario Council of Agencies Serving Immigrants. "Presentation: Immigrant Women and Health." Accessed December 9, 2008
http://www.ocasi.org/downloads/Immigrant_Women_and_Health.pdf

Tag: Health

In the fifteen minutes that I have been given, it would be impossible to address the entire scope of health and wellness issues of immigrant and refugee women, especially the social determinants of health. So this presentation will be a brief overview of some of the challenges that OCASI faces in our ongoing struggle to advance access and equity for immigrant and refugee communities in Ontario. I want you to recognize that there are serious issues of access and equity as they pertain to disabled women, queer women and young women, as well as refugee women who may have experienced abuse, torture and rape, but I will not be able to address those details.

Douglas S. McCall, and Mary M. Shannon. "Youth Led Health Promotion, Youth Engagement and Youth Participation: A Research Review." *Canadian Association for School Health*, 1999. Accessed June 4, 2008
<<http://www.safehealthyschools.org/Youth%20Engagement%20Research%20Review.pdf>>

Tag: Health, Civic Engagement

Health Canada has defined a set of turning points⁶ for Canadian society in regard to the development of children and adolescents. One of those national goals for the healthy development of children and youth in Canada states, in part, that we should "ensure that young people have opportunities to participate in decisions about their healthy development. This paper has been prepared to set out a potential framework for understanding health promotion activities, programs and services that are led by young people in deciding their nature, purposes and direction. From the outset, it should be noted that we are not discussing the remaining part of the national goal quoted above, namely to "encourage them to make healthy lifestyle choices" through other activities



that are adult led. Consequently, we are excluding formal forms of education, health services delivered by medical, community groups and other personnel as well as other traditional health promoting strategies.

Downe, Pamela J. “Aboriginal Girls In Canada: Living Histories of Dislocation, Exploitation and Strength.” Jiwani, Yasmin, (eds). Girlhoods: Redefining the Limits. Montreal: Black Rose Books, 2005.

Tag: Violence

Girlhood is a collection of essays on girls, girlhood, and girl culture. Drawing from the works of national and international scholars, this book focuses on the multifaceted nature of girls' lived experiences. Examined is racism, sexism, and classism; girlhood and girl gangs; the power and politics of schoolgirl style; encounters with violence; chatrooms; sexuality; and identity formation and popular culture. This groundbreaking collection offers a complicated portrait of girls in the twenty-first century: good girls and bad girls, girls who are creating their own girl culture and giving a whole new meaning to girl power. These provocative essays cover all aspects of girlhood as they bring to life the ever-changing identities of today's young women.

Duke, Lisa. “Black in a Blonde World: Race and Girls’ Interpretations of the Feminine Ideal in Teen Magazines.” Journalism & Mass Communication Quarterly 77.2 (2000): 367-392.

Tag: Media

A brief narrative description of the journal article, document, or resource. Finds that Black adolescent girls were largely uninterested in teen magazines' beauty images because they conflict with African-American standards of attractiveness; that makeup and hair care products were seen as specifically intended for White girls, who consequently invest more authority in the magazines' counsel and images; and that White girls were generally unaware of any racial bias in the magazines

Duncan, Patti. “Decentering Whiteness: Resisting Racism in the Women’s Studies Classroom.” Race and the College Classroom: Pedagogy and Politics. Eds. Bonnie Tushman and Maureen Reddy. New Jersey: Rutgers University Press, 2002: 40-50.

Tag: Violence, Complex Lives



In her essay, Duncan describes classroom experiences in which white students and students of colour talk past one another and use conflicting racial discourses. She argues that white entitlement and white feelings of belonging within academe greatly affect how professors teach about race and contends that many professors behave as if white students are the primary concern.

Durham, Meenakshi Gigi. "Articulating Adolescent Girls' Resistance to Patriarchal Discourse in Popular Media." *Women's Studies in Communication* 22.2 (1999a): 210-229. ProQuest CD-ROM.

Tag: Media

This paper explores and theorizes the experiences in adolescent girls' lives that pertain to their ability to resist damaging media representations of femininity. Traditional theoretical approaches to resistance involve notions of "resistant reading" of media messages. In this paper, I move beyond the individualized concept of resistant readings of media messages to a theory of resistance related to collective feminist activism, in the context of girls' culture. After surveying the theories of resistance currently employed in the mass communication/cultural studies literature, I compare these formulations with recent scholarship on girls' development. I conclude that the widely accepted construction of autonomous and individual "resistant reading" neglects important aspects of girls' lives; the question must be approached, instead, in terms of communities and collectivities that form a central part of girls' culture, with the goal of mobilizing adolescent girls in their dealings with patriarchal popular culture.

Durham, Meenakshi Gigi. "Girls, Media, and the Negotiation of Sexuality: A Study of Race, Class, and Gender in Adolescent Peer Groups." *Journalism and Mass Communication Quarterly* 76.2 (1999b): 193-216.

Tag: Media

This study examines how peer group activity and social context affect adolescent girls' interactions with mass media. The study consisted of a five-month field observation of middle-school girls from varying race and class backgrounds.

Durham, Meenakshi Gigi. "Constructing the 'New Ethnicities': Media, Sexuality, and Diaspora Identity in the Lives of South Asian Immigrant Girls." *Critical Studies in Media Communication* 21.2 (June 2004): 140 – 161. Accessed October 8, 2008 <<http://www.csun.edu/~vcspc00g/301/newethnicities-csmc.pdf>>

**Tag: Media, Intersectionality**

This paper posits that adolescence, as experienced by girls of immigrant diaspora groups, is complicated by issues of race, culture and nation that intersect with discourses of sex and gender. In terms of globalization theory, sexuality is conceptualized as a locus of cultural hybridization; media representations of sexuality often mark the global/local nexus for diaspora peoples. In this study, a series of in-depth interviews were conducted with South Asian American girls in order to analyze the role of media in their sexual identity constructions. The focus group data revealed radical rearticulations of sexual identity from an “interstitial” audience position that involved oppositional readings of various media texts. These rearticulations can be seen as part of the project of forging new ethnicities in the diaspora context.

Durham, Meenakshi Gigi. “Displaced Persons: Symbols of South Asian Femininity and the Returned Gaze in U.S. Media Culture.” *Communication Theory* 11.2 (2006): 201 – 217.

Tag: Media

The media’s showcasing of nose rings, mehndi, and bindis in U.S. fashion is contemporary appropriation of South Asian symbols by Western popular culture. This paper employs a critical analysis of media images of White women adorned in the symbols of Indian femininity to explore the circulating economy of seeing and representation. The theoretical intervention offered here turns on the notion of the Third Eye - the potential for the object of ethnographic spectacle to return the gaze. The analysis reveals that the contemporary ‘ethnic chic’ preserves power hierarchies by locating the White woman as sexual object, and the Indian woman as the disembodied fetish that supports White female sexuality. The implications for South Asian American women include the need to re-imagine sexuality with reference to critical race theory and the potential to return an oppositional gaze.

Dyck, Isabel, and Arlene Tigar McLaren. “Becoming Canadian? Girls, Home and School and Renegotiating Feminine Identity.” *Research in Immigration and Integration in the Metropolis (RIIM) Working Paper Series, No. 02-08, (2002).*

Tag: Complex Lives, Civic Engagement

This paper examines, through detailed interviews, the development of teenage identities among immigrant girls in multi-ethnic suburban Vancouver. It discusses sometimes conflicting relations between home and school in the shaping of Canadian feminine identities.



Dyck, Isabel, and Arlene Tigar McLaren. "Telling it like it is? Constructing Accounts of Settlement with Immigrant and Refugee Women in Canada." *Gender, Place & Culture* 11.4 (2004): 513 – 534

Tag: Violence

This article reflects on the methodology of a study of immigrant and refugee women's settlement experiences in Vancouver, Canada. It specifically takes up the ways in which the women's accounts were co-constructed through social and political processes and relations operating at different geographical scales, but were experienced at the local scales of body, home and neighbourhood. The study consisted of in-depth interviews with 16 immigrant and one refugee woman and their teenaged daughters. Here we focus on the mother's accounts showing how their story-telling of life since coming to Canada was framed by multiple discourses and local material conditions. We use two case examples from the study to raise substantive issues in the research, focusing particularly on the women's talk of work and health and how these framed their understanding of 'womanhood' in Canada, routes to a desired 'integration' and their daily practices. Their quotidian life embodied their multiple identities as women, mothers, wives, workers and immigrants and the interviews were used by them to express the frustrations and hardships which were in direct contradiction to their expectations as 'desirable' immigrants or refugees under protection. We argue that methodological reflection is not simply an important dimension of rigour in feminist qualitative research, but is also critical to the opening up of taken-for-granted categories brought to the politically charged study/construction of 'the other'. In this research the identities of study participants and researchers, in the specific space of the interview, were intricately involved in 'telling it like it is' for these immigrant and refugee women settling in an outer suburb of one of the three major destination cities for immigrants to Canada.

Ebrahim, Salima. "Muslim Women in Canada." *Sub-Commission on the Promotion and Protection of Human Rights: Working Group on Minorities; 12th Session Geneva. Accessed October 6, 2008*
<www2.ohchr.org/english/issues/minorities/docs/12/Canadian_council_of_muslim_women.doc>

Tag: Violence

Canadian Muslim women are not ethnically, culturally or linguistically intertwined, but they are bound by a common religion, that of Islam. Islam is the second largest of the three Abrahamic faiths in Canada, and according to the 2001 census, form a little over 2% of the population. As a group, Muslim women have easily integrated into the Canadian mosaic, but were pushed into the spotlight after the events of September 2001, with stereotypes and myths about Muslim women abound in the media and within the larger Canadian society. Although the attacks were in the United States, Canada felt its aftermath. The ramifications of 9/11 in Canada were wide reaching and have been both negative and positive and have had an immediate impact on Muslims and Arabs in Canada because the perpetrators were Muslim and Arab.



Education Wife Assault Young Women’s Program. “Statistics on Young Women and Violence.” Newsletter on Young Woman Abuse. Accessed June 4, 2008
<http://womanabuseprevention.com/html/Newsletter2005/Statistics_On_Young_Women_Violence.htm>

Tag: Violence

Elabor-Idemudia, Patience. “The Racialization of Gender in the Social Construction of Immigrant Women in Canada: A Case Study of African Women in a Prairie Province.” Canadian Woman Studies 19.3 (1999): 38.

Tag: Violence

Emerson, Elissa, and Deborah Shelton. “Using Creative Arts to Build Coping Skills to Reduce Domestic Violence in the Lives of Female Juvenile Offenders.” Issues in Mental Health Nursing 22 (2001): 181-195.

Tag: Violence, Civic Engagement

The development of gender-specific programming is gaining attention as the approach that most effectively addresses the needs of female youthful offenders. This study provides a profile of female juvenile offenders, their problems and needs, and suggests psychoeducational approaches for building coping skills to reduce cycles of domestic violence. This is particularly important within a system designed primarily for their male counterparts.

Espiritu, Y. L. “‘We Don’t Sleep Around Like White Girls Do’: Family, Culture, and Gender in Filipina Americans’ Lives.” Signs 26 (2001): 415-440.

Tag: Complex Lives



Este, David, Lana Bentley, and Wek Kuol. “Institutional Racism Affects our Well-Being - We are Dying from the Inside.” Racism, Violence and Health Project, 2003. Accessed October 4, 2008 <<http://rvh.socialwork.dal.ca/09%20Downloads/Calfor0203.pdf>>

Tag: Violence, Health

The annual Community Forum for the Racism, Violence, and Health Project (Calgary Site) was held on January 25, 2003. The purpose of the forum was to:

- Introduce the Racism, Violence, and Health Project to the community.
- Determine from African Canadians in Calgary how racism impacts their health and well-being.

Etowa, Josephine B., Wanda Thomas, Bernard Bunmi Oyinsan, and Barbara Clow. “Participatory Action Research (PAR): An Approach for Improving Black Women’s Health in Rural and Remote Communities.” *Journal of Transcultural Nursing* 18.4 (2007): 349-357.

Tag: Civic Engagement, Intersectionality

Women are among the most disadvantaged members of any community, and they tend to be at greatest risk of illness. Black women are particularly vulnerable and more prone than White women to illnesses associated with social and economic deprivation, including heart disease and diabetes. They utilize preventive health services less often, and when they fall ill, the health of their families and communities typically suffers as well. This article discusses the process of doing innovative participatory action research (PAR) in southwest Nova Scotia Black communities. The effort resulted in the generation of a database, community action, and interdisciplinary analysis of the intersecting inequities that compromise the health and health care of African Canadian women, their families, and their communities. This particular research effort serves as a case study for explicating the key tenets of PAR and the barriers to and contradictions in implementing PAR in a community-academic collaborative research project.

Evans, P. C., and A. R. McConnell. “Do Racial Minorities Respond in the Same Way to Mainstream Beauty Standards? Social Comparison Processes in Asian, Black, and White Women.” *Self & Identity* 2.2 (2003): 153-167.

**Tag: Media**

Some members of stigmatized groups, such as Asian women, may be more likely to experience negative self-evaluations after exposure to a mainstream beauty standard than members of other stigmatized groups, such as Black women. In this study, 54 Asian women, 52 Black women, and 64 White women, were exposed to mainstream standards of beauty and compared themselves to these idealized images. It was hypothesized that although Black women would find these comparisons irrelevant, Asian women would see these targets as relevant for their comparisons, reflecting their striving for mainstream beauty standards. The results indicated that Black women did not find mainstream standards as relevant to themselves, and reported positive self-evaluations generally and about their bodies in particular. Asian women, on the other hand, responded differently than Black women and were more likely to endorse mainstream beauty standards in a similar fashion to White women. As predicted, Asian women also experienced greater dissatisfaction with their bodies than did Black women.

Faulkner, Sandra L. “Good Girl or Flirt Girl: Latinas’ Definitions of Sex and Sexual Relationships.” *Hispanic Journal of Behavioural Sciences* 25.2 (2003): 174-200.

Tag: Complex Lives, Health

This study provides theoretical understanding of 31 young adult Latinas’ (Puerto Rican, Dominican, and Cuban) experiences and understandings of sexuality through in-depth interviews. The grounded theory analysis of defining sex and sexual relationships revealed similar descriptions of processes within Latinas’ accounts. Women’s responses included defining sex as intercourse, defining sex as virtually anything, and making distinctions between sex and making love. Women also offered definitions of safer sex and their ideal sexual relationships. Ideas about men’s sexuality as uncontrollable led women to devise plans for avoiding players and avoiding being a flirt girl because of the desire to be seen as moral and culturally competent. Latinas made sense of their sexuality by accepting, altering, or rejecting cultural messages. The findings have implications for interventions aimed to assist women in dealing with safer sex topics.

Fay, Michael. Ontario Prevention Clearinghouse. “Count Me In: Tools for an Inclusive Ontario.” Accessed July 6, 2008
<<http://www.accessalliance.ca/media/3.5.1%20%206%20-%20Count%20me%20In%20Workbook.pdf>>

Tag: Civic Engagement

If you feel that you do not belong in society as you would wish to belong, this book is for you. This book will try to make a path for you, your family, and your community to come inside, to belong, to fully realize your potential. We hope you see this book as an “open source” system. It is a guide to help you better understand your reality and to find a way



to make the changes you decide need to be made. We hope you use it, improve it, and share it with your friends. (...) In Canada, the Laidlaw Foundation and Health Canada, Population Public Health Branch, now the Public Health Agency of Canada, became interested in the idea of looking at “inclusion” as a way to improve our health and the health of our communities.

Fellows, Mary Louise, and Sherene Razack. “The Race to Innocence: Confronting Hierarchical Relations among Women.” *Journal of Gender, Race and Justice* 1.2 (Spring 1998): 335-52.

Tag: Intersectionality

This article provides a theoretical framework from which to advocate women's human rights issues. The authors argue that feminist solidarity has failed because of the tendency to focus on ways that one is oppressed without addressing how multiple systems of oppression (such as capitalism, imperialism, and patriarchy) place women in hierarchical relations to one another. As these systems operate simultaneously, the authors present strategies for women's rights advocates to look at their own relative positions of power and how they are complicit in the oppression of other women. It is from the recognition of one's relative position of power that advocates can then work to disrupt all systems to end the subordination of women.

Ferraro, Kathleen J. “Invisible or Pathologized? Racial Statistics and Violence Against Women of Color.” *Critical Sociology* 34.2 (2008): 193-211.

Tag: Violence

This article applies Tukufu Zuberi's (2001) analysis of racial statistics to the issue of violence against women of colour. Data from several national surveys are discussed in terms of the potential for drawing needed attention and resources to women of colour and the simultaneous danger of reinforcing stereotypes of pathological communities. I argue for the importance of history and social context as well as qualitative narratives, particularly with regard to rates of violence against African American and American Indian women. Brief narratives from two women are offered to demonstrate the complexities of women's lives that are invisible in statistical data.

Fillmore, Cathy, Colleen Anne Dell, and The Elizabeth Fry Society of Manitoba. “Prairie Women, Violence and Self-Harm.” 2000. Accessed April 30, 2008
<http://www.uwinnipeg.ca/admin/vh_external/pwhce/prairieWomenViolence.htm>

**Tag: Violence**

Self-harm among women is a serious health concern in Canada. In recent years the Elizabeth Fry Society of Manitoba, in its work with women in conflict with the law, recognized an alarming increase in the number of women who identified themselves as self-injurers and the need for expanded research and understanding. The link between childhood experiences of violence and abuse (physical, sexual, emotional, neglect) and self-harm is well-documented in the research literature. An unexamined focus is the relationship between adult experiences of abuse and violence and self-harm. This study addresses two areas of self-harm that have received little attention: (1) the needs, supports and services of women in conflict with the law in both the community and institutional settings, and (2) Aboriginal women in conflict with the law. Each of our data sources offered a unique perspective from which to address the research focus: interviews with women, both in the community and correctional institutions; a focus group with incarcerated women; community agency and correctional staff interviews; correctional staff surveys; and review of community and correctional institute policies. Our study concentrated on the Prairie Region of Canada.

Fineran, Susan, and Larry Bennett. "Gender and Power Issues of Peer Sexual Harassment Among Teenagers." 1999. *Journal of Interpersonal Violence* 14.6: 626-641.

Tag: Violence

This article describes the roles of gender, power, and relationship in peer sexual harassment for 342 urban high school students. Overall, 87% of girls and 79% of boys report experiencing peer sexual harassment, whereas 77% of girls and 72% of boys report sexually harassing their peers during the school year. Girls experience the more overtly sexual forms of harassment more often than boys and boys perpetrate sexual harassing behaviours more often than girls. Hypotheses of a relationship between power, gender, and the perpetration of peer sexual harassment are supported.

First Steps Housing Project Inc. "Literature Review Poverty, Homelessness and Teenage Pregnancy." 2006. Accessed June 4, 2008
<http://tamarackcommunity.ca/downloads/vc/SJ_Literature_Review.pdf>

Tag: Complex Lives, Health, Violence

This Literature Review was undertaken at the request of *First Steps Housing Project Inc.*, Saint John, New Brunswick. It offers a comprehensive overview of the published literature on the topics of teen pregnancy, poverty, homelessness, effects of teen parenting and of poverty on child development, effects of childhood abuse and the societal and financial costs of "doing nothing". Primary sources of literature were used throughout: primarily journal articles accessed on-line through the Harriet Irving Library (UNBF) and articles by experts in their field sourced on the internet. Every attempt has been made to properly



reference the literature. However, the reader is advised that in many instances the writing of the original author/s best expressed the issue and therefore, the paragraphs were incorporated only with minor editing for readability. References are found at the end of the discussion for each topic area. Because each topic area stands alone, there is some repetition of the findings between topic areas.

Fiske, Jo-Anne, and Annette J. Browne. “Paradoxes and Contradictions in Health Policy Reform: Implications for First Nations Women.” 2006. Accessed April 24, 2008
<http://www.bccwh.bc.ca/publications-resources/documents/Paradoxes_and_Contradictions.pdf>

Tag: Health, Violence

This report constitutes the second of two phases of research conducted in collaboration with a First Nation community in north central British Columbia. In the first phase of the project, we documented how First Nations women’s health care experiences were shaped by their social and cultural positions, by health care policies, and by health care providers’ perceptions of the women as First Nations patients (Browne & Fiske 2001; Browne, Fiske & Thomas, 2000). Our analysis of participants’ narratives identified the kinds of barriers that the women faced when they accessed health care, the unequal power relations that women encountered, participants’ accounts of various ways in which health care providers unwittingly conveyed dismissive attitudes towards them, and the onus they felt to transform their appearance and speech to gain respect as medical subjects.

Fitzgibbon, Marian, and Melinda Stolley. “Minority Women: The Untold Story.” From the documentary film *Dying to be Thin*. Accessed October 14, 2008
<<http://www.pbs.org/wgbh/nova/thin/>>

Tag: Health

An epidemic of eating disorders is spreading through America’s youth, a contagion fanned by the media’s obsession with wafer-thin celebrities. For millions of young Americans, the conflict between real and fashionable images of the body can be a matter of life or death. Anorexia has the highest death rate of any psychological illness; over a 10-year period, five per cent of all patients will die. Complications can include low blood pressure, bone loss and damage to the kidneys, liver and heart. This program takes viewers behind the scenes at laboratories and hospitals where specialists are experimenting with new approaches to eating disorders.



Fleming, Tara-Leigh, Kent C. Kowalski, Louise M. Humbert, Kristina R. Fagan, Martin J. Cannon, and Tammy M. Girolami. "Body-Related Emotional Experiences of Young Aboriginal Women." 2006. *Qualitative Health Research* 16.4 (2006): 517-537.

Tag: Health, Complex Lives

Concerns related to the body are associated with health-compromising behaviours, and although research has indicated that young Aboriginal women are dissatisfied with their bodies, their voices have typically been absent from the literature. The purpose of this case study was to provide insight into the body-related emotional experiences of young, Canadian, urban Aboriginal women. Four young women participated; 3 identified themselves as Aboriginal (one 14-year-old, two 18-year-olds) and 1 as non-Aboriginal (18 years old). Multiple methods (focus group, one-on-one interviews, and artwork) provided the authors the opportunity to listen to the young women's stories. Five themes emerged: (a) conflicting cultures, (b) need to belong, (c) the beauty of difference, (d) journey to acceptance of the body, and (e) the body affects everything. This research highlights the complexity of young Aboriginal women's body-related emotional experiences and indicates that their experiences might not be as negative as previous research has led us to believe.

**Fletcher, Adam, and Joseph Vavrus. "The Guide to Social Change Led by and with Young People." Commonaction, 2006. Accessed October 8, 2008
<<http://www.commonaction.org/SocialChangeGuide.pdf>>**

Tag: Civic Engagement

This publication is for anyone who wants to learn how we have come to those conclusions. It is written to summarize the broad range of action going on today in communities around the world. However, it's limited: this is a snapshot in time from the perspective of an organization that works outside of the mainstream; because of that, this Guide provides a limited view. However, presented here is a vision for how society is, and what it can become: a responsive, engaging, empowering democracy for *all* people.

**Fletcher, Fay, Daniel McKennitt, and Lola Baydala. "Community Capacity Building: An Aboriginal Exploratory Case Study." *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2006). Accessed May 1, 2008
<http://www.pimatisiwin.com/Articles/5.2A_Community_Capacity_Building.pdf>**

Tag: Civic Engagement, Health



Aboriginal people often experience poorer health than non-Aboriginal people in Canada because of inequities in socioeconomic circumstances and fewer available health promotion interventions. Community-based participatory research (CBPR) effectively addresses these inequities, providing opportunities for the evaluation and implementation of culturally appropriate prevention programs. In response to the need for measures to document progress and success in CBPR projects, the Public Health Agency of Canada (PHAC, 2005) developed the Community Capacity Building Tool (CCBT). The CCBT documents capacity building in collaborative and community-based research projects. Although recent field tests of the CCBT have been published, its effectiveness in Aboriginal communities and as a longitudinal measure of capacity has not been tested or documented. This research utilizes the CCBT to document the capacity-building achievement of a CBPR project with an Aboriginal community. All nine features on the CCBT showed increased measures of capacity over the study period. Capacity building over the first two years of a First Nations-based participatory research project is documented and challenges in the implementation of the CCBT within a First Nation community are discussed.

Flicker, Sarah, and Adrian Guta. "Ethical Approaches to Adolescent Participation in Sexual Health Research." *Journal of Adolescent Health* 42.1 (January 2008): 3-10. Accessed June 9, 2008: <<http://www.jahonline.org/article/PIIS1054139X05004672/citing>>

Tag: Health, Civic Engagement

Purpose: In this paper we make the case for the importance of adolescent sexual health research, and argue that requiring parental consent for adolescent participation may (a) be unwarranted, (b) be inconsistent with the principles of justice and inclusiveness, (c) be confusing, and (d) serve to silence young people who most need to have a voice in sexual health research.

Methods: Through a case study of the Toronto Teen Survey, we offer concrete suggestions and alternatives for protecting adolescent health research participants in community-based settings and promoting ethical research approaches.

Results: Strategies suggested include: (1) adopting a community-based participatory research approach, (2) careful attention to youth-friendly protocols and consent procedures, (3) proper training of all research staff and peer researchers, (4) partnering with experienced community based youth-serving agencies, (5) paying maximum attention to issues of confidentiality and anonymity, and (6) valuing participation appropriately.

Conclusions: Institutional review boards and researchers should be encouraged to adopt localized context-dependent strategies that attend to the unique vulnerabilities of their particular study populations. Attention to flexibility, vulnerability, and community-specific needs is necessary to ensure appropriate ethical research practices that attend to the health and well-being of young people.



Flicker, Sarah et al. “It’s Hard to Change Something When You Don’t Know Where to Start’: Unpacking HIV Vulnerability with Aboriginal Youth in Canada.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 25, 2008
<http://www.pimatisiwin.com/Articles/5.2H_Its_Hard_to_Change.pdf>

Tag: Health, Violence

As a result of social and economic inequities, Indigenous youth globally are disproportionately vulnerable to HIV/AIDS. Canada’s First Nations, Inuit, and Métis people are among them. In this paper, we discuss the collaborative community-based approach we adopted to uncover new possibilities for HIV prevention with Aboriginal youth that account for systemic inequities. This project is part of a larger Gendering Adolescent AIDS Prevention (GAAP) research agenda.

Frankowski, Barbara L. “Sexual Orientation of Adolescent Girls.” *Current Women’s Health Reports* 2 (2002): 457-463.

Tag: Health

It is important for healthcare providers to have a clear understanding of sexual orientation and other components of sexual identity (genetic gender, anatomic gender, gender identity, gender role, and sexual behaviour). Knowledge of how a lesbian identity is formed will aide providers in guiding these girls through adolescence. Societal stigma often forces isolation that leads to many risky behaviours that affect health (alcohol and drug use; risky sexual behaviours; truancy and dropping out; running away and homelessness; and depression and suicide). Health providers need to ensure a safe and understanding environment for these girls, to enhance their physical, emotional, and social development to healthy adulthood.

Fraser, Michele. “Violence, Young Women, and Marginalization”. Education Wife Assault: Newsletter on Young Woman Abuse. Accessed June 9, 2008
<http://womanabuseprevention.com/html/Newsletter2005/Violence_Young_Women_Marginalization.htm>

Tag: Violence

Young women experience violence daily in such forms as sexual harassment, sexual assault, bullying, harassment by peers online or at school, and dating violence. Research shows that young women from marginalized communities or groups—including women differently situated by race, class, sexual orientation, and disabilities—are victimized more often than young women from society’s mainstream. Feelings of isolation, alienation, poor self-esteem, and poor self-image can be inherent aspects of marginalization that increase



the vulnerability of these young women to violence; the violence can also exacerbate and entrench these realities. It is important for the anti-violence community, and the community at large, to develop effective responses to meet the specific needs of these young women.

Fraze, Catherine, and the Laidlaw Foundation. “Thumbs Up! Inclusion, Rights and Equality as Experienced by Youth with Disabilities.” Working paper series Perspectives on Social Inclusion, 2003. Accessed June 4, 2008 <<http://www.laidlawfdn.org/cms/page1436.cfm>>

Tag: Civic Engagement, Complex Lives, Violence

In particular, this paper centres upon the experiences of young people with disabilities, seeking to better understand what social inclusion means to them and how its experiential reality links to fundamental concepts and principles of equality. This focus upon disability provides a unique and important opportunity to highlight and reflect upon our responses to the ‘hard questions’ of difference at both individual and policy levels. It is well recognized that the equality status of people with disabilities is jeopardized by deeply entrenched pat-terns of social exclusion, and that unequal treatment in the context of disability most often takes the form of denial of opportunities for inclusive participation.

Frisby, Cynthia M. “Does Race Matter? Effects of Idealized Images on African American Women’s Perceptions of Body Esteem.” *Journal of Black Studies* 34.3 (2004): 323-347.

Tag: Media

Using the theory of social comparison, this study examines the impact of exposure to advertisements of thin, physically attractive, Caucasian and African American models on the self-evaluations of African American women exhibiting varying levels of self-reported body esteem. As expected, exposure to idealized images of Caucasian models was not related to lowered self-evaluations regardless of the level of body esteem. However, women with low levels of body esteem did report lowered self-satisfaction with body esteem when exposed to physically attractive images of African American models. Results suggest that similarity or ethnicity of the idealized image may have an impact on African American women’s self-evaluations. Theoretical implications are discussed with respect to future research in the area of racial issues and mass media effects

Galabuzi, Grace-Edward. *Canada’s Economic Apartheid: The Social Exclusion of Racialized Groups in the New Century*. Toronto: Canadian Scholars’ Press Inc, 2006.

**Tag: Violence**

Canada's Economic Apartheid calls attention to the growing racialization of the gap between rich and poor, which, despite the dire implications for Canadian society, is proceeding with minimal public and policy attention. This book challenges some common myths about the economic performance of Canada's racialized communities. These myths are used to deflect public concern and to mask the growing social crisis. Dr. Galabuzi points to the role of historical patterns of systemic racial discrimination as essential in understanding the persistent over-representation of racialized groups in low paying occupations.

Galabuzi, Grace-Edward, and the Public Health Agency of Canada. "The Social Determinants of Health: Social Inclusion as a Determinant of Health." Accessed December 8, 2008 <http://www.phac-aspc.gc.ca/ph-sp/oi-ar/03_inclusion-eng.php>

Tag: Civic Engagement

This summary is primarily based on a paper and presentation by Grace-Edward Galabuzi, Researcher, Centre for Social Justice and Doctoral Candidate, Department of Political Science, York University, and a presentation by Ronald Labonte, Director, Saskatchewan Population Health and Evaluation Research Unit and Professor, Community Health and Epidemiology, University of Saskatchewan, Professor, Kinesiology and Health Studies, University of Regina. The presentations were prepared for The Social Determinants of Health Across the Life-Span Conference, held in Toronto in November 2002.

Garnets, Linda D., and Letitia Anne Peplau. "Understanding Women's Sexualities and Sexual Orientations: An Introduction." *Journal of Social Issues* (Summer 2000). Accessed June 6, 2008 <http://www.findarticles.com/cf_dls/m0341/2_56/66419870/p1/article.jhtml>

Tag: Complex Lives

Researchers and theorists who attempt to generalize about sexuality and sexual orientation in both men and women simultaneously often take male experiences as the norm and ignore unique aspects of women's lives. The purpose of this issue is to focus attention on scientific research and theory about aspects of women's sexualities, with special emphasis on sexual orientation. A new paradigm is presented that recognizes the great diversity of women's erotic experiences and the many sociocultural factors that shape women's sexuality and sexual orientation across the lifespan. This introductory article highlights major themes and provides a brief summary of the articles in the issue. Four central topics are discussed: (1) the complex nature of women's sexualities and sexual orientations; (2) the importance of historical, social, and cultural contexts for adequately understanding women's sexualities; (3) the development of sexual orientation in women; and (4) implications for research and policy.



Gazso, Amber, and Ingrid Waldron. “Fleshing Out the Racial Undertones of Poverty for Canadian Women and their Families.” Racialization of Poverty Research - Praxis Unit: Scadding Court Community Centre. Accessed October 5, 2008
<www.scaddingcourt.org/praxis/pdfs/praxisdocuments/Fleshing%20Out%20the%20Racial%20Undertones%20of%20Poverty.pdf>

Tag: Violence

This paper will unpack the concept “feminization of poverty” by fleshing out the racial undertones of poverty, specifically for women and their families in Toronto. Drawing upon fieldwork including qualitative interviews, we highlight how multiple factors compound and intensify the experience of poverty for racialized families, including health problems; human capital barriers; unequal access to employment, education, and health services; racially segregated neighbourhoods; and poor quality housing.

George, Tammy, and Geneviève Rail. “Barbie Meets the Bindi: Discursive Constructions of Health Among Young South-Asian Canadian Women.” *Women’s Health and Urban Life* 4.2 (2005): 44-66. Accessed June 9, 2008:
<https://tspace.library.utoronto.ca/bitstream/1807/4744/1/george_rail.pdf>

Tag: Health, Complex Lives, Violence

Stereotypes emphasizing passivity, docility and uncleanliness all contribute to cultural (mis)understandings of Canadian women of South-Asian background. Such understandings are a part of dominant racist discourses, including “bodily” discourses related to health. This paper focuses on the discursive constructions of health among ten young, second-generation South-Asian Canadian women from the Ottawa and Toronto areas. In this qualitative study, feminist post-colonialism and post-structuralism are used as a lens through which we analyse and interpret the transcripts of conversations with these women. The results highlight these young women’s discursive constructions of health and particularly how racialized and gendered notions of ‘looking good’ constitute a crucial element in their understanding of what it is to be ‘healthy.’ We discuss and conclude on how these young women locate themselves as un/healthy subjects within larger cultural discourses of traditional (white) femininity, heteronormativity and consumption.

Gesink, Law Dionne, Elizabeth Rink, Gert Mulvad, and Anders Koch. “Sexual Health and Sexually Transmitted Infections in the North American Arctic.” *Emerging Infectious Diseases* 14.1 (2008). Accessed April 29, 2008
<www.cdc.gov/eid/content/14/1/pdfs/4.pdf>

**Tag: Health, Civic Engagement**

Our objective was to describe the basic epidemiology of sexually transmitted infections for Arctic and sub-Arctic regions of North America. We summarized published and unpublished rates of chlamydial infection and gonorrhoea reported from 2003 through 2006 for Alaska, Canada, and Greenland. In 2006, Alaska reported high rates of chlamydial infection (715 cases/100,000 population) compared with the United States as a whole; northern Canada reported high rates of chlamydial infection (1,693 cases/100,000) and gonorrhoea (247 cases/100,000) compared with southern Canada; and Greenland consistently reported the highest rates of chlamydial infection (5,543 cases/100,000) and gonorrhoea (1,738 cases/100,000) in the Arctic. Rates were high for both men and women, although the highest incidence of infection was predominantly reported for young women in their early twenties. We propose that community based participatory research is an appropriate approach to improve sexual health in Arctic communities.

Gill, Jagjeet Kaur. “Exploring Issues of Identity Among Punjabi-Sikh Youth in Toronto.” Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS) Working Paper No. 53, 2007. Accessed October 4, 2008
<<http://ceris.metropolis.net/virtual%20library/wkpp%20list/wkpp2007/cwp53.pdf>>

Tag: Violence, Complex Lives, Civic Engagement

This paper investigates ten Punjabi-Sikh youth aged from 18 to 25, most of whom were residents of the Toronto area. It attempts to explore both how Sikh youth identify themselves and what external and social influences affect their perceptions and identities. As Punjabi-Sikh youth struggle to find their identity in the midst of competing expectations, they may face institutional and structural barriers that may further complicate their identity. While there is an extensive literature on the reception of first-generation Sikhs in Canada, there is minimal information on how second-generation Sikhs have integrated within the mainstream culture.

Gilley, Brian J. “‘Snag Bags’: Adapting Condoms to Community Values in Native American Communities.” *Culture, Health and Sexuality* 8.6 (Nov-Dec 2006): 559-570.

Tag: Health, Civic Engagement

HIV/AIDS researchers working among Native Americans have consistently noted resistance to discussions of sexuality and the distribution of condoms. This resistance is inspired by long held values about shame and public discussions of sexuality. Also, American Indians have been reluctant to welcome public discussions of HIV/AIDS and sexuality from external entities, such as governmental agencies. As a result, Native peoples have some of the lowest documented condom use rates. However, innovations in culturally



integrating condoms and safe sex messages into Native cultural ideals are proving beneficial. One such innovation is the snag bag, which incorporates popular Native sexual ideology while working within local ideals of shame to distribute condoms and safe sex materials to sexually active young people and adults. Using snag bags as an example, this research proposes that an effective approach to HIV prevention among Native peoples is not cultural sensitivity but cultural integration. That is, HIV prevention strategies must move beyond the empty promise of merely culturally-sensitizing ideas about disease cause. Instead of simply 'translating' HIV/AIDS programming into Native culture, prevention strategies must be integrated by Native peoples into their own disease theories and contemporary culture.

Gingerich, Luann Good. "Theorizing Social Exclusion: Determinants, Mechanisms, Dimensions, Forms and Acts of Resistance." Emerging Perspectives on Anti-Oppressive Practice. Eds. Shera, W. Toronto, Ontario: Canadian Scholars' Press Inc., 2003: 3-23.

Tag: Civic Engagement

Girls Incorporated. "The Supergirl Dilemma: Girls Grapple with the Mounting Pressure of Expectations: Summary Findings." New York: Girls Incorporated, 2006. Accessed July 6, 2008 <<http://www.girlsinc.org/ic/page.php?id=2.4.30>>

Tag: Complex Lives

The Pressure to be Perfect, Accomplished, Thin, and Accommodating. Building on the *Girls Inc. Taking the Lead* study published in 2000, *The Supergirl Dilemma* is a nationwide survey, commissioned by Girls Inc. and conducted by Harris Interactive that provides important insights into girls' lives today. Girls spoke out about the mounting expectations they face from family, peers, and educators as they struggle to decode confusing messages from the media and reject traditional gender stereotypes. Girls Inc. believes that girls can do anything, but our new study indicates that girls feel pressure to do everything and please everyone.

Girls Incorporated.. "Girls and Media: Media Play an Enormous Role in Girls' Lives." Fact Sheet 2002. Accessed June 4, 2008 <www.girlsinc.org/downloads/GirlsandMedia.pdf>



Tag: Media

Goudreau, Ghislaine. “Hand Drumming: Health-Promoting Experiences of Aboriginal Women from a Northern Ontario Urban Community.” *Journal of Aboriginal Health* 4.1 (2008). Accessed May 5, 2008 <http://www.naho.ca/english/journal/jah04_01/10HandDrumming_72-83.pdf>

Tag: Health, Civic Engagement

Using an Aboriginal Women’s Hand Drumming (AWHD) Circle of Life framework—a framework developed by the co-researchers of the study—we explored the physical, mental, spiritual, and emotional benefits of Aboriginal women’s hand-drumming practices, and examined how culture and social support networks are key determinants of Aboriginal women’s health. Results of the qualitative analysis show that the Aboriginal women’s involvement in hand-drumming circles has many health promoting benefits and builds on strengths already existent within their community. Through their experiences with hand drumming, the women reported gaining a voice and a sense of holistic healing, empowerment, renewal, strength and *Mino-Bimaadiziwin* (“good life”). These findings are consistent with evolving Aboriginal perspectives on health promotion.

Government of Saskatchewan. “Profile of Aboriginal Women in Saskatchewan.” 1999. Accessed May 6, 2008 <<http://www.labour.gov.sk.ca/Default.aspx?DN=8d5971ae-4ae3-4f8c-a3e6-9c4b360dfeb5>>

Tag: Health, Violence, Complex Lives

This Profile of Aboriginal Women in Saskatchewan offers a comprehensive overview of the issues that are most important to Aboriginal women in their struggle to improve their lives and those of their children. It is designed to assist community based organizations and policy makers at all levels of government to better serve the needs of Aboriginal women and their families in Saskatchewan.

Graham, Jennifer, and Wilfreda Thurston. “Overcoming Adversity: Resilience and Coping Mechanisms Developed by Recent Immigrant Women in the Inner City of Calgary, Alberta.” *Women’s Health and Urban Life* 4.1 (2005): 63-80. Accessed June 9, 2008 <https://tspace.library.utoronto.ca/bitstream/1807/4265/1/Graham_Thurston.pdf>

Tag: Complex Lives, Violence, Civic Engagement



This article explores the resilience and coping mechanisms used by urban immigrant women to mediate gender, migration, socioeconomic conditions, locality and health. A purposive sample of eleven women who had recently immigrated to Canada was interviewed. Despite added stress, guilt and frustration of migration the women demonstrated agency and resiliency, enabling them to develop effective coping strategies. Life in the inner city was described as convenient upon first arrival, however, the inner city neighbourhood did not constitute a community for any of the women. Strong network-building skills enabled them to reach beyond the inner city and identify other coping strategies. While services for immigrants tend to be located centrally, in this case the inner city was generally considered a transient place for recent immigrant women and their families.

Greaves, Lorraine, and Nancy Poole. “Highs and Lows: Canadian Perspectives on Women and Substance Use.” British Columbia Centre of Excellence for Women’s Health, and Centre for Addiction and Mental Health, 2007.

Tag: Health

Highs & Lows draws on the latest theory and research to offer strategies for improving practice and developing policy to support women with substance use problems. It includes contributions from nearly 100 experts in women’s substance use including academics, counsellors, psychiatrists, researchers, program administrators, alternative health care providers, women’s health advocates and women whose lives have been personally affected by substance use.

Guruge, Sepali, and Enid Collins. “Working with Immigrant Women: Issues and Strategies for Mental Health Professionals.” Centre for Addiction and Mental Health: Toronto, Ontario, 2008. Accessed July 6, 2008
<http://www.camh.net/Publications/CAMH_Publications/working_immigrant_women_epromo.pdf>

Tag: Health

Working with Immigrant Women: Issues and Strategies for Mental Health Professionals addresses the gap between the needs of newcomer women and established structures and practices in Canada’s mental health care system. With an interest in changing paradigms in mental health practice, the multidisciplinary group of authors—including researchers, mental health practitioners, health promoters, community development workers, university professors, diversity trainers, program coordinators and community mental health advocates—analyzes issues affecting women’s mental health and illnesses within an immigration and settlement context, critically examines literature and current research and suggests practice strategies for mental health professionals working with this population.



Guthrie, Barbara J., and Laura J. Flinchbaugh. “Gender-Specific Substance Prevention Programming: Going Beyond Just Focusing on Girls.” *The Journal of Early Adolescence* 21.3 (2001): 354-372.

Tag: Health

A brief overview and history of the Female Adolescent Initiative, a program funded by the Center for Substance Abuse Prevention, is given. Findings from selected programs and a synthetic summary of what the program interventionists learned are presented. The authors use the results from these programs to develop a framework to guide the next generation of scholars who focus on gender-specific substance abuse prevention and provide specific suggestions for designing the next generation of gender-specific programs.

Guthrie Barbara J., Amy M. Young, David R. Williams, Carol J. Boyd, and Eileen K. Kintner. “African American Girls’ Smoking Habits and Day-to-Day Experiences with Racial Discrimination.” *Nursing Research* 51.3 (2002): 183-190. Accessed October 8, 2008 <http://minority-health.pitt.edu/archive/00000431/01/African_American_Girls%27_Smoking_Habits_and_Day-to-Day_Experiences_With_Racial_Discrimination.pdf>

Tag: Health, Violence

Background: Although it is recognized that African Americans experience racial discrimination, relatively little research has explored the health implications of this experience. Few studies have examined the relationship between racial discrimination and specific health risks.

Objectives: To examine the relationship between smoking habits and perceptions of racial discrimination among African American adolescent girls and to identify and test potential psychological mechanisms through which racial discrimination may operate to increase smoking among this group.

Hajdukowski-Ahmed, Maroussia, Nazilla Khanlou, and Helene Moussa, eds. Not Born a Refugee Woman: Contesting Identities, Rethinking Practices. USA: Berghahn Books, 2008.

Tag: Violence, Civic Engagement

Identity is constructed through a relational and contextual process informed by many factors - particularly gender. According to UNHCR, uprootedness caused by various forms



of forced displacement affects about 37 to 40 million women and children in the world, posing major challenges to their identity and agency. Even though institutions and organizations have increasingly sought their participation, refugee women still find themselves in situations where policies are generated, and programs delivered with little or no input from them (Indra, 1989). This volume explores identity in all its complexities, in the increasingly racialized post-September 11th context, from the perspective of refugee women. Through the analysis of local examples and international case studies, the authors explore gendered factors such as location, humanitarian aid, cultural norms, racism, ethnicity, or current psycho-social research and intervention that affect the identity of refugee women. They also offer suggestions on the inclusion of gender and women's agency in theories, research methods, policies and practices (in law, mental health, education, spirituality, settlement, staffing and practices of NGOs).

Haldenby, Amy M., Helene Berman, and Cheryl Forchuk. "Homelessness and Health in Adolescents." *Qualitative Health Research* 17 (2007): 1232. Accessed June 4, 2008 <<http://qhr.sagepub.com/cgi/content/abstract/17/9/1232>>

Tag: Health, Violence, Complex Lives

Despite an abundance of resources, many of the world's wealthiest nations have a large homeless population. People at all stages of development are affected by this problem, but adolescents who are homeless face a unique set of challenges. In this critical narrative study the authors examined the experiences of homeless adolescents with particular attention to the role of gender and public policy, health experiences and perceptions, and barriers to health care services. Six girls and 7 boys participated in semi structured dialogic interviews. Their stories revealed that living without a home had a substantial impact on their health and wellness. The findings from this study support the need for health care professionals to work in collaboration with homeless youth so that more effective care that is sensitive to their unique health needs can be provided.

Halifax Rainbow Health Project. "Improving Access to Primary Health Care for the Rainbow Community." Sponsored by The Nova Scotia Rainbow Action Project, in partnership with The AIDS Coalition of Nova Scotia, and The Lesbian, Gay and Bisexual Youth Project, 2005. Accessed June 3, 2008 <<http://www.nsrp.ca/hrhproject/docs/report.pdf>>

Tag: Health

To increase access to Primary Health Care for members of the lesbian, gay, bisexual, transgendered, two-spirited, intersexed and questioning community (Rainbow Community) within the Capital Health District, which includes Halifax Regional Municipality and the western portion of Hants County. This objective was accomplished through research to determine the gaps in services and the needs and experiences of the Rainbow Community as well as Primary Health Care service providers.



Han, Chong-Suk. "Sexuality, and Marginalizing by the Marginalized." *Bad Articles 76: Race and Culture* (2006). Accessed October 5, 2008
<<http://bad.eserver.org/issues/2006/76/gaysofcolor.html>>

Tag: Violence

Shared experiences of oppression rarely lead to sympathy for others who are also marginalized, traumatized, and minimized by the dominant society. Rather, all too miserably, those who should naturally join in fighting discrimination find it more comforting to join their oppressors in oppressing others. As a gay man of colour, I see this on a routine basis – whether it be racism in the gay community or homophobia in communities of colour.

Handa, Amita. *Of Silk Saris & Mini-Skirts: South Asian Girls Walk the Tightrope of Culture*. Women's Press: Toronto, Ontario, 2003.

Tag: Complex Lives

Dr. Handa explores issues surrounding the way identity is imagined and constructed by South Asian girls, women and South Asian community workers in Toronto. The author also examines ways in which young South Asian women are constructed and represented through discourses of race, nation, culture and community. Using feedback from her interviews, the author discusses South Asian women's struggle with the threat of the erosion of their "authentic" cultural practices. Handa's critical theoretical perspective illuminates how South Asian women struggle to live within the boundaries of cultural preservation at the same time that they embrace aspects of the communities in which they live. She explores whether they both desire and are excluded from Canadian cultural hegemony. She also examines the theoretical implications of exclusion and conversely, the problematic "cultural preservation".

Harding, Robert. "The Media, Aboriginal People and Common Sense." *Canadian Journal of Native Studies* 25.1 (2005): 311-336. Accessed May 3, 2008
<http://www.brandonu.ca/Library/CJNS/25.1/cjns25no1_pg311-335.pdf>

Tag: Media, Violence

A primary function of the media is to construct the *common sense* that audiences use to interpret news. Content analysis of recent news texts indicates that common sense about



Aboriginal people is constructed by the media in ways that preclude their being "ready" to exercise complete control over their lives.

Healey, Gwen K., and Lynn M. Meadows. "Culture and Tradition: An Important Determinant of Inuit Women's Health." *Journal of Aboriginal Health* (2007). Accessed May 3, 2008 <http://www.naho.ca/english/journal/jah04_01/05TraditionCulture_25-33.pdf>

Tag: Health, Complex Lives, Violence, Civic Engagement

This exploratory qualitative study used a case study method to explore Inuit women's perspectives on their health and well-being. Data were gathered using face-to-face interviews from a purposive sample of women in one Nunavut community who self-identified as Inuit. Data analysis and interpretation were guided by an established approach in qualitative research called "immersion/ crystallization." Various strategies, including methods of verification and validation, were employed to ensure the scientific rigour and reliability of the study's findings. The mechanisms through which culture and tradition affected women's perceptions of health and well-being were clearly illustrated and clearly significant to the interview subjects.

Health Canada. "Community Action Resources for Inuit, Métis and First Nations: Making it Happen." 1998. Accessed May 9, 2008 <http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/_adp-apd/makingithappen-realisation/index-eng.php>

Tag: Civic Engagement, Health

Community Action Resources for Inuit, Métis and First Nations was developed specifically for Aboriginal people, taking into consideration their values, culture and way of life. This kit is a self-help tool for Aboriginal people who want to get a community development project off the ground. The series of six manuals contains information, tips, examples and ready-to-use charts that you can copy and use for yourself or to train others in your community. It is intended to be user-friendly, emphasizing questions such as what, why, when and how to accomplish the different steps of a community development project.

Health Canada. "Acting on What we Know: Preventing Youth Suicide in First Nations." 2003. Accessed May 8, 2008 <http://www.hc-sc.gc.ca/fniah-spnia/pubs/promotion/_suicide/prev_youth-jeunes/index-eng.php>

Tag: Health, Violence



Suicide among First Nations youth has been occurring at an alarming rate in recent years. Statistics show an Aboriginal suicide rate two to three times higher than the non-Aboriginal rate for Canada, and within the youth age group the Aboriginal suicide rate is estimated to be five to six times higher than that of non-Aboriginal youth. In July, 2001 a Suicide Prevention Advisory Group was jointly appointed by National Chief Matthew Coon Come of the Assembly of First Nations and former Minister of Health Allan Rock. The purpose of this Advisory Group was to review the existing research and formulate a series of practical, doable recommendations to help stem the tide of youth suicides occurring in First Nations communities across Canada.

Health Canada. “Aggressive Girls - Overview Paper.” Ottawa: Health Canada, 2002a. Accessed June 9, 2008 <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsaggsr_e.html>

Tag: Violence, Complex Lives

Until recently, males were believed to be more aggressive and violent than females, and therefore few studies of aggression and violence included girls and women. Lately, however, more adolescent girls have been charged with violent crimes than before, which has led to increased research on girls who use violent strategies. Nevertheless, prevention programs and intervention services often rely on research based on explanations of male behaviour. However, more recent research addresses how best to prevent and intervene in girls' use of aggression and violence.

Health Canada. “A Report on Mental Illnesses in Canada.” 2002b. Accessed June 4, 2008 <www.phac-aspc.gc.ca/publicat/miic-mmacc/index.html>

Tag: Health

Mental illnesses touch the lives of all Canadians, exerting a major effect on relationships, education, productivity and overall quality of life. Approximately 20% of individuals will experience a mental illness during their lifetime, and the remaining 80% will be affected by an illness in family members, friends or colleagues. With sufficient attention and resources, much can be done to improve the lives of people living with mental illness. (...) A Report on Mental Illnesses in Canada is designed to raise the profile of mental illness among government and non-government organizations, and the industry, education, workplace, and academic sectors. It describes major mental illnesses and outlines their incidence and prevalence, causation, impact, stigma, and prevention and treatment. Policy makers will find the information contained in this report valuable for shaping policies and services aimed at improving the quality of life of people with mental illness.



Health Canada. “Social Inclusion as a Determinant of Health.” Summary of Presentation by Grace-Edward Galabuzi and Ronald Labonte, for The Social Determinants of Health Across the Life-Span Conference, 2002c. Accessed June 4, 2008 <http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/03_inclusion.html>

Tag: Health, Civic Engagement

Social exclusion is experienced by both individuals and communities in multiple and often reinforcing dimensions. For example, groups of people living in low-income areas are also likely to experience inequities in access to employment, adequate housing and social services, as well as to experience stigmatization, isolation from civil society, higher health risks and lower health status. Such groups include Aboriginal peoples, immigrants and refugees, people with disabilities, single parents, children, youth and women in disadvantaged situations, older people and unpaid caregivers, gays, lesbians, bisexuals, transgendered people, and racialized groups. (Galabuzi, 2002).

Health Canada, and Peggy Edwards. “The Social Determinants of Health: An Overview of the Implications for Policy and the Role of the Health Sector.” Accessed June 5, 2008 <http://www.phac-aspc.gc.ca/ph-sp/phdd/overview_implications/01_overview.html>

Tag: Health

In late 2002, 400 social and health policy experts, community representatives, and health researchers met at York University at a conference entitled Social Determinants of Health Across the Life-Span. The purpose of the conference was to consider the state of key social determinants of health (SDOH) across Canada, explore the implications for the health of Canadians, and discuss policy directions to strengthen these social determinants of health. This overview is based on the papers and presentations from the conference, including an overview presentation by Dennis Raphael.

Heartwood Centre for Community Youth Development. “A Framework for Community Youth Development: Meaningful Involvement of Young People in Building Healthy Communities.” Accessed June 3, 2008 <http://www.heartwood.ns.ca/downloads/cyd_framework.pdf>

Tag: Civic Engagement, Health

Community Youth Development (CYD) is the process of young people being engaged in meaningful participation through planning, decision-making, and program delivery in our governments, organizations, institutions, and communities. While encouraging the gifts and talents of individual young people, CYD places equal focus on the investment of these assets in the community. Individual youth and adults, organizations, and communities all



benefit when youth are engaged as full and active participants. Heartwood's Framework for Community Youth Development supports the engagement of young people in community building by identifying core values, program tools, and community resources.

Henry, Frances, and Carol Tator. "Racist Discourse in Canada's English Print Media." Executive Summary: The Canadian Race Relations Foundation, 2000. Accessed October 5, 2008 <<http://www.crr.ca/divers-files/en/pub/rep/ePubRepRacDisMedia.pdf>>

Tag: Media

In this research study, the authors have examined the complex linkages between language, discourse and racism in the media. Four case studies provide examples of the way in which racialized discourse is woven into the everyday practices of journalists and editors in Canadian newspapers. The findings of this study demonstrate that the media do not always objectively or neutrally report their facts or stories. Instead, media practitioners regularly socially reconstruct reality based on professional and personal ideologies, corporate interests, organizational norms, values, priorities and news schema formats. Media images and narratives carry powerful but coded meanings and messages.

Henry, Frances, Carol Tator, W. Mattis and T. Rees. The Colour of Democracy: Racism in Canadian Society. Toronto, Ontario: Harcourt Brace, 2000.

Tag: Violence

The third edition of this book continues to explore the changing face of racism and the dynamics of democratic racism. We continue our focus on the construct of racist or racialized discourse, that is, an exploration of the link between the collective values, beliefs, and practices of the dominant White culture and the discourse of racism buried in our language, national narratives and myths, public accounts, and everyday commonsense interpretations, explanations, and rationalizations. Discourse is not just a symptom of the problem of racism (Smitherman-Donaldson and van Dijk, 1988). It essentially reinforces and reproduces the racist beliefs and actions of the dominant culture. In the chapters dealing with institutions such as policing, justice, human services, education, arts and culture, media, and the state, the authors explore how liberal principles such as individualism, universalism, equal opportunity, and tolerance become the language and conceptual framework through which inferiorization and exclusion are defined and defended (Mackey, 2002; Goldberg, 1993).

Hernández, Daisy. "Becoming a Black Man." Colourlines (Jan/Feb 2008). Accessed October 6, 2008 <<http://www.colorlines.com/article.php?ID=265>>

**Tag: Violence**

Louis Mitchell expected a lot of change when he began taking injections of hormones eight years ago to transition from a female body to a male one. He anticipated that he'd grow a beard, which he eventually did and enjoys now. He knew his voice would deepen and that his relationship with his partner, family and friends would change in subtle and, he hoped, good ways, all of which happened. What he had not counted on was changing the way he drove. Within months of starting male hormones, "I got pulled over 300 per cent more than I had in the previous 23 years of driving, almost immediately. It was astounding," says Mitchell, who is Black and transitioned while living in the San Francisco area and now resides in Springfield, Massachusetts.

Hoen, Beth, and Karen Hayward. "CHC Mental Health Services for Newcomers: A Guide Reflecting the Experience of Toronto Community Health Centres. Report to the Recent Immigrants` Working Group." 2005. Accessed July 6, 2008
<<http://www.accessalliance.ca/media/CHCMentalHealthServicesforNewcomers.pdf>>

Tag: Health

This guide is one stop on a journey of Toronto community health centres (CHCs) to make their services more accessible, relevant and effective. Over the past few years, Toronto CHCs have been working together to rationalize access and service boundaries across Toronto. As part of this process, the Recent Immigrants Working Group involving twelve CHCs focused on mental health services to newcomers to Canada—immigrants, refugees and people without immigration status. (...) The guide documents the experience and expertise of CHCs as they have reflected on what works well—their "successes" in working with individuals and groups. It is not comprehensive, but reflects the kinds of approaches CHCs are developing to work successfully with newcomers.

Hoffman-Goetz, Laurie, Daniela Friedman, and Juaane Clarke. "HIV/AIDS Risk Factors as Portrayed in Mass Media Targeting First Nations, Métis, and Inuit Peoples of Canada." *Journal of Health Communication* 10.2 (2005): 145-162 (18).

Tag: Media, Health

Purpose: The purpose of this study was to describe the coverage and portrayal of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) risk factors as framed in newspaper targeting Aboriginal (First Nations, Métis, and Inuit) peoples in Canada.



Methods: From a sample of 31 Aboriginal newspapers published in English from 1996 to 2000, 14 newspapers were randomly selected. Of 167 articles published on HIV/AIDS during this time period, all anecdotal (n=34) and an approximate 25% random sample of scientific (n=32) articles were analyzed using both quantitative (coding reliability and frequencies) and qualitative (in-depth content analysis) analyses.

Background: The prevalence of HIV/AIDS is higher among Canadian Aboriginals than in the general population. Local and community newspapers are an important channels for the dissemination of health information for isolated, rural, and aboriginal communities.

Interpretation: The findings show that Aboriginal media identify high-risk groups and individualistic risk factors for HIV/AIDS within a public health perspective.

Horizons Policy Research Initiative. “Hope or Heartbreak: Aboriginal Youth and Canada’s Future.” Horizons 10.1 (2008). Accessed June 4, 2008
<http://www.policyresearch.gc.ca/doclib/Horizons_Vol10Num1_final_e.pdf>

Tag: Complex Lives

This special issue of *Horizons* offers many insights into the emerging trends, opportunities and policy implications related to a rapidly growing Aboriginal youth population. The studies contained in this volume are timely, as are the opportunities they represent for focusing the attention of the policy research community on Aboriginal youth issues. At a time when much of current public attention regarding Canadian population trends is preoccupied with aging baby-boomers, dwindling rural communities and struggling new Canadians, the phenomenal growth of the Aboriginal population has flown under the radar.

HoSang, Daniel. “Family and Community as the Cornerstone of Civic Engagement: Immigrant and Youth Organizing in the Southwest.” National Civic Review 95.4 (2007): 58-61.

Tag: Civic Engagement

High school and college age youths are playing an increasingly prominent role in community revitalization, advocacy, and social change initiatives. If, during the panic over juvenile crime and delinquency in the 1990s, young people were often portrayed as the consummate “anti-citizens”--authors of their own failures and a nemesis to the law-abiding populace--today there is growing recognition that excluding young people from community renewal projects makes little sense. An array of nonprofit organizations, foundations, and school and municipal-based leadership and governance initiatives have emerged to organize and shape the civic activist energies of youth.



Hoskins, Marie L., and Dellebuur Kristy. “Consuming Identities: Young Women, Eating Disorders and the Media: A Research Agenda and Annotated Bibliography.” British Columbia Centre of Excellence for Women’s Health, 2000. Accessed June 3, 2008 <<http://www.bccewh.bc.ca/publications-resources/documents/consumingidentities.pdf>>

Tag: Media, Health

The purpose of this literature review was to survey contemporary research pertaining to adolescent girls, eating disorders, prevention, media and the self. It was our intent to understand how identities are formed in relation to the phenomena of eating disorders and body image disturbances, and how prevention efforts could be improved. In light of these interests, three primary questions were posed. First, what is our understanding of self and the construction of identity in girls? Second, how can we prevent eating disorders from becoming a primary source of identity construction? And third, given that eating disorders involve body image, how do images (particularly media images) become internalized into the self-concept? This report is organized around these questions and covers three broad areas: (i) the self and self identity, (ii) prevention, and (iii) media. We have identified gaps in the literature and posed some essential research questions for each of the three areas. An annotated bibliography follows.

Howard, Donna E., and Min Qi Wang. “Risk Profiles of Adolescent Girls who were Victims of Dating Violence. *Adolescence*. 38 (2003): 149.

Tag: Violence

The designation of violent and abusive behaviour as a U.S. public health priority is evidenced by its inclusion in the Healthy People 2000 and 2010 objectives (U.S. Department of Health and Human Services, 2000a, 2000b). Intimate partner violence is an important subdomain of such behaviour. Overall, studies indicate that the prevalence of non-sexual courtship violence ranges from 9% to 65%, depending on the definitions and research methods used (Centres for Disease Control, 2000). Moreover, it is now apparent that the reach of relationship violence extends well into the world of adolescence. In acknowledgment of this, a series of Healthy People health status objectives specifically targets physical partner abuse and assault leading to injury among females as young as 12 years of age.

Hyde, Janet Shibley, and Sara R. Jaffee. “Becoming a Heterosexual Adult: The Experiences of Young Women.” *The Journal of Social Issues* 56.2 (2000): 283-296. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_m0341/is_2_56/ai_66419867>

**Tag: Complex Lives**

Adolescence brings new pressures on girls to adopt traditional gender roles and to become heterosexual adults in ways defined as appropriate by their peer group, their family, and the culture more broadly. We first review descriptive data on adolescent girls' early experiences with heterosexuality, including first intercourse and the experience of desire. Within a theoretical framework of cognitive social learning theory, we examine messages conveyed to girls by peers, parents, the mass media, and the schools. All four sources convey antigay attitudes while making homosexuality invisible; they also encourage traditional gender roles, an important component of which is heterosexuality.

Incite!/Critical Resistance Statement. "Gender Violence and the Prison Industrial Complex: Interpersonal and State Violence Against Women of Colour." Colour of Violence: The INCITE! Anthology. Eds. Natalie J Sokoloff, with Christina Pratt. Cambridge, MA: South End Press, 2006.

Tag: Violence

We call social justice movements to develop strategies and analysis that address both state AND interpersonal violence, particularly violence against women. Currently, activists/movements that address state violence (such as anti-prison, anti-police brutality groups) often work in isolation from activists/movements that address domestic and sexual violence. The result is that women of colour, who suffer disproportionately from both state and interpersonal violence, have become marginalized within these movements. It is critical that we develop responses to gender violence that do not depend on a sexist, racist, classist, and homophobic criminal justice system. It is also important that we develop strategies that challenge the criminal justice system and that also provide safety for survivors of sexual and domestic violence. To live violence free-lives, we must develop holistic strategies for addressing violence that speak to the intersection of all forms of oppression.

Institute of Gender and Health (IGH). "What's Sex and Gender Got to Do With It? Integrating Sex and Gender into Health Research." Final Report, 2004. Accessed June 4, 2008 <<http://www.cihr-irsc.gc.ca/e/25131.html>>

Tag: Health

Regardless of one's definition, sex and/or gender can be integral to our understanding and experiences of health, disease and illness. Sex/gender status and the attendant gender roles influence interactions with social, physical, and physiological environments



contributing to differing patterns of morbidity and mortality. These interactions are further complicated by a host of other factors including genetic endowment, socioeconomic status, cultural background, and sexuality. Unfortunately, health research has for many years glossed over the complexities of sex and gender, relying instead on a male norm that served as the "normal body" upon which research and research interventions were tested. This lack of nuance was a disservice not only to women, but also to men who were often homogenized into a singular category lacking analytical sensitivity. In response, the women's health movement and other initiatives that brought more women into the sciences, along with the development tools such as gender-based and diversity analysis, has altered the health research landscape. It is within this context that the CIHR Institute of Gender and Health (IGH) established in 2000 is asked to meet the challenge of promoting the development of health research that attends appropriately to sex and gender.

Inuit Tapiriit Kanatami, and Nunavut Research Institute. "Negotiating Research Relationships with Inuit Communities: A Guide for Researchers." 2007. Accessed May 7, 2008 <<http://www.itk.ca/publications/researchrelationships.pdf>>

Tag: Civic Engagement

Northern researchers are ever-aware of the growing expectations on them to ensure that northern communities are involved in, and benefit from, research. But what are researchers really being asked to do? How can community members participate meaningfully in research? What level of community involvement is appropriate in a given project? What are the best ways to communicate with local people? How can researchers initiate and maintain a meaningful relationship with community members? This guide is an attempt to address these questions, and provide practical advice to assist researchers who plan to work with, or in the vicinity of, Canadian Inuit communities in the regions of Nunatsiavut (Labrador), Nunavik (northern Québec), Nunavut, and the Inuvialuit Settlement Region of the Northwest Territories (NWT) (Map 1). This guide presents some core "universal" themes in communication and relationship-building that apply to natural, physical, biological, and social scientists working in the Canadian North. A range of information is provided to help researchers tailor ideas to their specific project objectives, whether they are just beginning or they wish to improve ongoing community- researcher relationships.

Ip, Janet. "We Don't Live in Igloos: Inuvik Youth Speak Out." Canadian Family Physician 53, 2007. Accessed May 7, 2008 <www.cfp.ca/cgi/reprint/53/5/864>

Tag: Health, Civic Engagement



Objective: To determine what health problems concern youth in the Canadian North and what solutions these youths propose to address these problems by interviewing Inuvik youths, using their photographs to spark discussion.

Conclusion: By having Inuvik youths share their stories and perspectives, health care providers can gain insight into the issues and concerns of youth in northern communities and expand their capacity to heal. Photo novella is a useful method for research in adolescent health.

Jacob, Iris. *My Sisters' Voices Teenage Girls of Colour Speak Out to the Teacher*. USA: Henry Holt and Co. Publishers, 2002.

Tag: Complex Lives, Civic Engagement

My Sisters' Voices presents a vast array of frank, perceptive, and richly varied writings by teenage girls of African American, Hispanic, Asian American, Native American, and biracial backgrounds. With honesty and intelligence—with ample grace and generosity of spirit—these young women tell their stories in their own words. In this anthology of more than 100 essays and poems, we find personal accounts that are by turns inspiring, affirmative, angry, revealing, and challenging—and always real and instructive. The writings collected here cover a wide range of subjects, among them family, friends, sex, love, racism, loss, oppression, class, culture, society, tradition, spirituality, and assimilation.

Janovicek, Nancy. "Reducing Crime and Victimization: A Service Providers' Report." *The FREDA Centre for Research for Violence Against Women and Children*, 2001. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/spreport.htm#6>>

Tag: Violence, Complex Lives Intersectionality

This research project began from the premise that "marginalized girls" is a problematic category because it creates distinctions that are not grounded in the social reality of girls' lives. Focusing on marginalized groups has the potential to shift attention away from systemic and institutionalized oppression. Analysis that ignores systemic oppression often renders difference as deviant. FREDA's analysis adopts a framework of interlocking systems of oppression. Marginalization is meant to refer to differential degrees of "otherness." This framework respects the historical and contemporary differences between communities so that the experiences of marginalized girls are not homogenized. Emphasis on the intersectionality of systems of oppression ensures that no one category is monolithic, and no one category is deemed to play a fundamental role in shaping a girl's identity. FREDA's analysis also seeks to pull out the commonalities between marginalized communities to better understand the process of marginalization. With this knowledge,



activists can build coalitions to lobby for policies and practices that recognize the highly specific circumstances of girls' lives, and that tackle all of the forms of oppression that create barriers for girls

Jennissen, Therese. "Health Issues in Rural Canada." Government of Canada: Political and Social Affairs Division, 1992. Accessed May 2, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/LoPBdP/BP/bp325-e.htm>>

Tag: Health

This paper examines two important issues. The first is the availability of and access to good quality health care in rural areas, paying particular attention to needs of women, children, youth, disabled persons, immigrants and elderly people. The second is the health problems unique to certain groups in specified rural areas: farmers on the prairies, Indians and Métis on reserves, and fishermen in single-industry towns in the Maritimes.

Jiwani, Yasmin. "The Girl Child: Having to 'Fit'." The FREDa Centre for Research for Violence Against Women and Children, 1998. Accessed June 9, 2008 <<http://www.harbour.sfu.ca/freda/articles/fit.htm>>

Tag: Violence, Complex Lives

According to the NGO Girl Child Caucus at the Conference, the situation of girls requires urgent action: a quarter of the 500,000 women who die every year because of complications in pregnancy and childbirth are young women in their teens. Girls are immunized at a lower rate, given less nurturing, and are breast-fed for shorter periods than boys. Young girls also tend to be employed in occupations that are unprotected and more vulnerable to economic exploitation and sexual harassment.

Jiwani, Yasmin. "Intersecting Inequalities: Immigrant Women of Colour, Violence and Health Care." The FREDa Centre for Research on Violence Against Women and Children, 2001. Accessed October 4, 2008 <www.vancouver.sfu.ca/freda/articles/hlth02.htm>

Tag: Intersectionality



This report focuses on racialized immigrant women who have experienced intimate violence and their access to, and encounters with, the health care system. In particular, the report focuses on the formal health care system centering on physicians' private practices, walk-in clinics and hospitals where women are likely to seek services for violence-related health care. The report reviews some of the current literature in the area and identifies key variables that contribute to immigrant women's vulnerability to violence and lack of access to health care. The response of health care professionals to women who have experienced violence is also examined.

Jiwani, Yasmin. "Walking a Tightrope: The Many Faces of Violence in the Lives of Racialized Immigrant Girls and Young Women." *Violence Against Women* 11.7 (2005): 846-875.

Tag: Violence

This article explores a hidden yet pervasive form of violence that marks the lives of young women from racialized immigrant communities in western Canada. It argues for an intersectional analysis that takes into consideration their heightened vulnerability to systemic and institutional forms of violence. Situated at the intersections of race, class, gender, and age, these young women walk a tightrope between the violence of racism they experience from the host and/or dominant society and the pressures to conform imposed from within their communities. Challenging previous culturalist explanations, the article suggests that racism constitutes a significant form of structural violence experienced by these young women.

Jiwani, Yasmin. *Discourses of Denial: Mediations of Race, Gender, and Violence*. Vancouver: University of British Columbia Press, 2006.

Tag: Violence

In linking race, gender, and violence, *Discourses of Denial* makes an important contribution to our understanding of the complex and interconnected influences that shape the violence of contemporary social reality and that contour the lives of racialized women. This book is of particular relevance to readers interested in the intersection of race, gender, and violence in our increasingly mediated society

Jiwani, Yasmin, Candis Steenberg, and Claudia Mitchell. *Girlhood: Redefining the Limits*. Montreal: Black Rose Books, 2006.

Tag: Complex Lives, Violence



Girlhood is a collection of essays on girls, girlhood, and girl culture. Drawing from the works of national and international scholars, this book focuses on the multifaceted nature of girls' lived experiences. Examined is racism, sexism, and classism; girlhood and girl gangs; the power and politics of schoolgirl style; encounters with violence; chatrooms; sexuality; and identity formation and popular culture. (...) This groundbreaking collection offers a complicated portrait of girls in the twenty-first century: good girls and bad girls, girls who are creating their own girl culture and giving a whole new meaning to girl power. These provocative essays cover all aspects of girlhood as they bring to life the ever-changing identities of today's young women.

Jiwani, Yasmin, and Mary Lynn Young. "Missing and Murdered Women: Reproducing Marginality in News Discourse." *Canadian Journal of Communication* 31 (2006). Accessed April 28, 2008
<www.cjc-online.ca/include/getdoc.php?id=3174&article=1827&mode=pdf>

Tag: Media, Violence

While current mainstream media stories oscillate between Canadian troops in Afghanistan attempting to restore safety and democracy and the imminent threat of a war on terror on domestic soil, a sorely neglected story concerns the continued war on women in Canada. In this paper, we look at one site of this war—the case of missing and murdered women in Vancouver's Downtown Eastside. Employing a frame analysis, we analyze 128 articles from *The Vancouver Sun* published between 2001 and 2006. We argue that prevailing and historically entrenched stereotypes about women, Aboriginality, and sex-trade work continue to demarcate the boundaries of 'respectability' and degeneracy, interlocking in ways that situate these women's lives, even after death, in the margins.

Jiwani, Yasmin, Kelly Gorkoff, Helene Berman, Gail Taylor, Glenda Vardy-Dell, and Sylvie Normandeau. "Violence Prevention and the Girl Child: Final Report." *The Alliance of Five Research Centres on Violence*, 1999. Accessed June 9, 2008
<<http://www.unbf.ca/arts/CFVR/documents/Girl-child-phase-1-report.pdf>>

Tag: Violence, Intersectionality

As statistics demonstrate, violence against girls and young women is a pervasive and deeply entrenched feature of Canadian society. Yet, it often goes unnoticed. The masking and erasure of the gendered and racialized nature of violence contributes to a flawed understanding, with enormous ramifications for social policy, programs, and legislation. When violence is normalized, and when its manifestations are not given due consideration until they have escalated and moved into the realm of institutional control, then potential sites of effective intervention and prevention are lost. This tendency is perhaps best demonstrated by the increased focus of the public imagination on the issue of girls as aggressors, and thus actors of violence. In the current research we have consciously decided to focus on the girl child as the recipient of violence rather than emphasizing the



differential ways in which violence expresses itself for girls and boys. Instead we have focussed on explicating the pervasiveness and manifestation of gendered violence and examining how the girl child both perceives and negotiates the resulting lived reality.

Johnson, Tammy. “A Model Minority Mess: Race and Beauty in America’s Next Top Model.” *Colourlines RaceWire* 2004. Accessed October 5, 2008 <http://www.arc.org/racewire/040330t_johnson.html>

Tag: Media

Justice for Girls. “Girl Homelessness in Canada.” *Parity Magazine*, 2007. Accessed June 4, 2008 <<http://www.justiceforgirls.org/publications/pdfs/ParityArticle.pdf>>

Tag: Violence, Complex Lives, Intersectionality

Justice for Girls is a Canadian non-profit organization that promotes equality, justice and support for teenage girls living in poverty. Our understanding and approach to girls’ conflict with the law begins with the premise that inequality and violence are pervasive and severe in the lives of young women who live in poverty. Homelessness has been identified as a significant problem in Canada. Teenage girls make up between 6 and 12 per cent of all homeless people in the country. Homeless girls endure frequent and severe male sexual and physical violence, grossly inadequate and dangerous housing conditions, criminalization, serious and sometimes fatal health disorders, and many other devastating consequences. Teenage girls are one of the most vulnerable groups in society. Marginalised within the category of children as females, and within the category of women as minors, young women, and the issues that affect them, are often eclipsed by larger concerns general to youth or women. Additionally, the intersections of discrimination that girls experience - such as homophobia, racism, colonization and poverty - exacerbate the disparities already experienced by girls as a result of their age and gender.

Justice for Girls, and Asia Czapska. “Speeches: Statement on Girl Homelessness: Presentation to the Senate Committee on Human Rights.” 2006. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/speeches_senate.html>

Tag: Violence



A speech about how girls become homeless in Canada, and what they face because of inadequate government support. Prepared for the Senate Committee on Human Rights in September 2006.

Justice for Girls, and Kelly A. MacDonald. “Justice System’s Response: Violence Against Aboriginal Girls.” 2005. Accessed June 4, 2008
<<http://www.justiceforgirls.org/publications/pdfs/Violence%20against%20Aboriginal%20Girls%20-%20Final%20Brief%20-%20Sept%202005.pdf>>

Tag: Violence

Over the course of five years we observed that Aboriginal girls are disproportionately the victims of violent crimes; they are subjected to extreme rates of sexual and physical violence, and constitute a shocking number of murder victims in British Columbia. A recent McCreary Centre report found that: “In general, Aboriginal youth, particularly females, report experiencing more violence compared with their non-Aboriginal peers”. Justice for Girls has monitored a number of particularly disturbing cases of male violence against Aboriginal teenage girls. Based upon our court observations, individual advocacy with girls, and our literature and case law review, we have a number of recommendations that we would like to propose and discuss with you. Specific case examples have been identified as a result of our court monitoring of the following cases: *R. v. Dezwaan*, *R. v. Tremblay*, *R. v. Ramsay*, *R. v. Kim*, *R. v. Punn*, and the Highway 16 murders (and others).

Kaplan, Elaine Bell, and Leslie Cole. “I Want to Read Stuff on Boys’: White, Latina, and Black Girls Reading Seventeen Magazine and Encountering Adolescence.” *Adolescence* 38.149 (2003): 141. Accessed July 6, 2008
<http://findarticles.com/p/articles/mi_m2248/is_149_38/ai_103381766>

Tag: Complex Lives, Civic Engagement

This study is based on interviews with four focus groups consisting of fourteen white, Latina, and black girls, ages 13 to 16 years, from diverse backgrounds. The objectives of the study are to gain insight into what forum girls use to learn about the adolescent experience and to examine teenage girls’ views of their sexuality and femininity. The girls’ discussion of their lives and perceptions of the teen magazine *Seventeen* reveal a displacement of female sexuality. The magazine’s message to teenage girls of gaining self-worth through emphasized femininity seems to resonate with these girls regardless of class and race. We conclude that responsible adults need to challenge the distorted media images of adolescent development and teenage girls’ sexuality.

Kapur, Ratna. “The Tragedy of Victimization Rhetoric: Resurrecting the ‘Native’ Subject in International/Post-Colonial Feminist Legal Politics.” *Harvard Human Rights Journal* (Spring 2002): 1-37. Accessed October 5, 2007
<<http://www.law.harvard.edu/students/orgs/hrj/iss15/kapur.shtml>>

**Tag: Violence**

In this Article, I examine how the international women's rights movement has reinforced the image of the woman as a victim subject, primarily through its focus on violence against women (VAW). I use the example of India to examine how this subject has been replicated in the post-colonial context, and the more general implications this kind of move has on women's rights. My main argument is that the focus on the victim subject in the VAW campaign reinforces gender and cultural essentialism in the international women's human rights arena. It also buttresses claims of some "feminist" positions in India that do not produce an emancipatory politics for women. This focus fails to take advantage of the liberating potential of important feminist insights. These insights have challenged the public/private distinction along which human rights has operated, and traditional understandings of power as emanating exclusively from a sovereign state.

Kapur, Ratna. "Un-veiling Women's Rights in the 'War on Terrorism.'" *Duke Journal of Gender Law and Policy* 9 (2002): 211. Accessed October 8, 2008 <http://findarticles.com/p/articles/mi_go2943/is_2002_Summer/ai_n7043391/pg_1?tag=artBody;col1>

Tag: Violence

This paper discusses how the "War on Terrorism" and its secondary goal of protecting women has been addressed largely within the rhetoric of religion, civilization, and "a just war," rather than a concern for women's human rights. The focus on women's concerns through the prism of religion and culture not only serves to cast Muslim women as "other," it also serves to justify the liberating impulse of military intervention, defending such interventions as humane rescue operations. The rhetoric of civilization justifies any intervention to rescue women from barbarism and the tyranny of evil. And the rhetoric of "a just war" serves as a justification for the abrogation of the rules of law and of war, which are cast aside to serve the greater good of (Western) civilization and preserving "our" (American) way of life. I unpack the various assumptions that underlie the ostensible liberation of the women of Afghanistan and the problematic assumptions that are being made about religion, civilization, and women's rights.

Kassam, Azaad. "Encounters with the North: Psychiatric Consultation with Inuit Youth." *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (2006): 174-178. Accessed June 4, 2008 <[http://www.cacap-acpea.org/onottaca/doc.nsf/files/EF0FD3425549E94287257260006A4B88/\\$file/November%202006%20Encounters%20with%20North.pdf](http://www.cacap-acpea.org/onottaca/doc.nsf/files/EF0FD3425549E94287257260006A4B88/$file/November%202006%20Encounters%20with%20North.pdf)>

Tag: Health



Introduction: The Inuit population of Canada experiences high rates of mental health problems. Youth are particularly affected, with rates of youth suicide among the highest in the world. Psychiatric consultation is one model that has been used to address this problem. Is this the most appropriate method to assist Inuit populations with these issues? Methods: This review addresses this question by examining literature focusing on psychiatric consultation in Canada's North, especially that which pertains to Inuit populations. Results: The traditional model of medical-psychiatric consultation has significant limitations including assumptions about its validity and usefulness, its segmented approach, and its individual focus. Conclusion: Openness to other forms of knowledge, cultural competence, and understanding the importance of social factors are crucial in order for psychiatric consultation to be effective.

Kay, Julie F., and Ashley Jackson. "Sex, Lies and Stereotypes: How Abstinence-Only Programs Harm Women and Girls." Legal Momentum, 2008. Accessed June 4, 2008
<http://www.legalmomentum.org/site/DocServer/SexLies_Stereotypes2008.pdf?docID=1001>

Tag: Health, Violence

The report describes how, despite consistent evidence demonstrating the ineffectiveness of abstinence-only programs, as well as mounting evidence of their harmful effects, these programs continue to receive unprecedented and increasing levels of government funding each year. Over \$1.5 billion in federal and state funding has been allocated for abstinence-only programs since they began in 1982, and funding has skyrocketed under the Bush administration.

Kempadoo, Kamala. Trafficking and Prostitution Reconsidered: New Perspectives on Migration, Sex Work, And Human Rights Transnational Feminist Studies. USA: Paradigm Publishers, 2005.

Tag: Violence

Trafficking and prostitution are widely believed to be synonymous, and to be leading international crimes. This collection argues against such sensationalism and advances carefully considered and grounded alternatives for understanding transnational migrations, forced **labour**, sex work, and livelihood strategies under new forms of globalization. From their long-term engagements as anti-trafficking advocates, the authors unpack the contemporary international debate on trafficking. They maintain that rather than a new 'white slave trade,' we are witnessing today, more broadly, an increase in the violation of the rights of freedom of movement, decent employment, and social and economic security. Critical examinations of state anti-trafficking interventions, including the US-led War on Trafficking, also reveal links to a broader attack on undocumented migrants, tribal and aboriginal peoples, poor women, men and children, and sex workers. The book sheds new light on everyday circumstances, popular discourses, and strategies for survival under



twenty-first century economic and political conditions, with a focus on Asia, but with lessons globally.

Khanlou, Nazilla. “Cultural Identity as Part of Youth’s Self-Concept in Multicultural Settings.” *International Journal of Mental Health & Addiction* 3.2 (2005): 1-14. Accessed June 4, 2008 <<http://www.ijma-journal.com/content/abstracts/3/2/00001>>

Tag: Health, Complex Lives

Identity is recognized as an important aspect of psychosocial well-being. This study examined the self-concept and cultural identity of 550 youth in a community based sample of high school students in Canada. A revised version of Kuhn and McPartland’s (1954) Twenty Statement Test and Oetting and Beauvais’ (1991) orthogonal cultural identification item were used to gather data. The relationship between participants’ individual (age and gender) and environmental (cultural background and migrant background) with cultural identity levels was considered. (...) Over 54% of the sample identified a lot and 32.5% identified some with the Canadian way of life. Cultural identity levels were found to vary by cultural background in relation to several cultural identity groups. The concept of neighbourhood concordance was considered among the explanations for emerging patterns. The term multiculturalism was proposed in cultural identity discourse in multicultural settings.

Khanlou, Nazilla, Morton Beiser, Ester Cole, Marlinda Freire, Ilene Hyman and Kenise Murphy Kilbride. “Mental Health Promotion Among Newcomer Female Youth: Post-Migration Experiences and Self-Esteem.” 2005. Accessed June 4, 2008 <http://www.swc-cfc.gc.ca/pubs/pubspr/0662320840/200206_0662320840_e.pdf>

Tag: Health, Civic Engagement

This report describes the findings of a study that examined mental health promotion issues of newcomer female youth attending secondary school. Particular attention was paid to influences promoting or challenging the youths’ self-esteem. The study was conducted in Toronto, Ontario and was influenced by a participatory action research framework. Data were gathered through focus groups with female youth and with school educators, and in interviews with parents, and school and community health centre workers. The emerging picture of the youth participants was of a dynamic self which drew from a rich source of experiences, knowledge and sensitivity to context. (...) The report concludes with policy implications and recommendations for various systems. As part of this process, it is suggested that the explication of values underlying policies and initiatives be a necessary component of mental health promotion strategies directed at newcomer female youth.



Khedr, Rabia. “Building Inclusive Communities for Ethnoracial People with Disabilities Project.” Accessed July 6, 2008 <http://www.whiwh.com/BIC_tips.pdf>

Tag: Civic Engagement, Intersectionality

Ethnoracial people with disabilities face many barriers that prevent their full and active participation in society. They face discrimination because they have a disability in addition to being people of colour for whom racism, language barriers and other systemic obstacles interact to limit their full participation. Cultural or religious attire can add to the layers of discrimination as can the circumstances that necessitated their migration and their immigration or refugee status after arriving in Canada. These and other barriers such as educational levels, gender, sexual orientation, class, financial circumstances and family responsibilities add to socio-economic political marginalization. It is also important for us to recognize that ethnoracial people with disabilities might be limited in their capacity to connect with others with disabilities and that they may lack resources and networking opportunities to ensure that their requirements are heard and reflected at community events, by organizations and in service delivery.

Kidder, K, J. Stein, and J. Fraser. “The Health of Canada’s Children: A CICH Profile 3rd edition.” Ottawa Canadian Institute of Child Health, 2000. Accessed July 6, 2008 <http://eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED447900&ERICExtSearch_SearchType_0=no&accno=ED447900>

Tag: Complex Lives

This report of the Canadian Institute of Child Health (CICH) is the third to document indicators of the health and well-being of children and youth in Canada. The report is presented in 10 chapters. Chapter 1 provides an overview of the demographic situation in Canada and introduces the key areas. Chapters 2-5 profile successive stages in child development: pregnancy and infancy, preschool, school age, and youth. Chapter 6 details information on the health and well-being of Aboriginal children and youth. The next four chapters document issues that confront children and youth and their families: income inequity, mental health, disability, and children’s environmental health. Each of the data chapters begins with an introduction highlighting the key findings and ends with a guest expert commentary synthesizing findings and recommending action. Two types of charts are provided in each chapter: (1) determinants of health and well-being; and (2) health outcomes. Each chapter also includes explanatory text boxes to provide a brief synopsis of an important issue or offer necessary background information. In addition, areas in which data are needed are identified. Chapter 11 concludes the book with discussions of policy implications, including the issue of entitlements versus privileges.



Kilbride, Kenise Murphy, Vappu Tyyskä, Mehrunnisa Ali, and Rachel Berman. “Reclaiming Voice: Challenges and Opportunities for Immigrant Women Learning English.” CERIS Working Paper No. 72, 2008. Accessed December 8, 2008 <ceris.metropolis.net/PolicyMatter/2008/PolicyMatters36.pdf>

Tag: Complex Lives

The research sought insight into the (language) learning challenges facing adult immigrant women who arrive in Canada with limited fluency in English. As expected, many immigrants arrive fluent in English, largely because this is one of the major factors in the points system upon which acceptance to Canada is based. Many adult women, however, who arrive either as dependents or as sponsored family members, not only do not speak English upon arrival, but also have been found to be unable to speak it during subsequent census enumerations.

Korhonen, Marja, and The Ajjuniniq Centre National Aboriginal Health Organization. “Culturally Sensitive Counseling with Inuit: An Example of Practical Application of Research.” Accessed May 5, 2008 <http://www.naho.ca/inuit/english/pdf/inuit_studies_conference.pdf>

Tag: Health

Grounded theory was used to analyze extensive interviews with 26 elders who had contributed to a comprehensive series on traditional knowledge. While the interviews covered a wide range of topics, the analysis centred on identifying the essential values and strategies underlying helping in traditional Inuit culture. Five younger Inuit, all with experience of counselling and knowledge of traditional life, were also interviewed as to what had been helpful and unhelpful in their experiences. A similar analysis was used to identify the essential values and elements of effective Western counselling (both conventional and multicultural), using texts by primary and secondary theorists as well as counsellor-training texts. Finally, Inuit and Western findings were compared.

Kraemer Tebes, Jacob, Richard Feinn, Jeffrey J. Vanderploeg, Matthew J. Chinman, Jane Shepard, Tamika Brabham, Maegan Genovese, and Christian Connell. “Impact of a Positive Youth Development Program in Urban After-School Settings on the Prevention of Adolescent Substance Use.” *Journal of Adolescent Health* 41 (2007): 239-247.

Tag: Civic Engagement, Health

Purpose: Positive youth development (PYD) emphasizes a strengths-based approach to the promotion of positive outcomes for adolescents. After-school programs provide a unique opportunity to implement PYD approaches and to address adolescent risk factors



for negative outcomes, such as unsupervised out-of-school time. This study examines the effectiveness of an after-school program delivered in urban settings on the prevention of adolescent substance use.

Methods: A total of 304 adolescents participated in the study: 149 in the intervention group and 155 in a control group. A comprehensive PYD intervention that included delivery of an 18-session curriculum previously found to be effective in preventing substance use in school settings was adapted for use in urban after-school settings. The intervention emphasizes adolescents' use of effective decision-making skills to prevent drug use. Assessments of substance use attitudes and behaviours were conducted at program entry, program completion, and at the 1-year follow-up to program entry. Propensity scores were computed and entered in the analyses to control for any pretest differences between intervention and control groups. Hierarchical linear modelling (HLM) analyses were conducted to assess program effectiveness.

Results: The results demonstrate that adolescents receiving the intervention were significantly more likely to view drugs as harmful at program exit, and exhibited significantly lower increases in alcohol, marijuana, other drug use, and any drug use 1 year after beginning the program.

Conclusions: A PYD intervention developed for use in an urban after-school setting is effective in preventing adolescent substance use.

Kuokkanen, Rauna. "Globalization as Racialized, Sexualized Violence: The Case of Indigenous Women." International Feminist Journal of Politics 10.2 (June 2008): 216 - 233.

Tag: Violence, Intersectionality

In my article, I suggest that indigenous women are among the hardest hit by economic globalization - the expansion of markets, trade liberalization and cheapening of labour - and that globalization represents a multifaceted violence against indigenous women. I consider this with the help of two examples. First, I discuss the largely ignored case of missing and murdered Aboriginal women in Canada and how the interlocking systems of oppression (colonization, patriarchy and capitalism) are further intensified by globalization. Second, I examine the death of a Hopi woman, Private Piestewa, in the context of militarization, history of colonization and globalization. I analyse these examples in an intersectional framework that reveals the links between colonization, patriarchy and capitalism all of which inform the current processes of globalization.

Kupfer, David. "Bridging the Green Divide: Van Jones on Jobs, Jails and Environmental Justice." The Sun Magazine 387 (March 2008). Accessed October 6, 2008
<http://www.thesunmagazine.org/issues/387/bridging_the_green_divide>

**Tag: Intersectionality, Violence, Civic Engagement**

Recently Jones has been connecting two issues that have largely been seen as separate worlds: the abysmal conditions of U.S. inner cities and the need for a healthier planet. To stem global warming, Jones argues, the mainstream environmental movement must make itself relevant to low-income Americans; why should a single parent working two jobs care about greenhouse gases if there are far-more-immediate concerns at hand? Jones calls for the creation of a “green-collar” job corps that will train urban youth of colour to retrofit U.S. cities so that they are environmentally sustainable.

Kwong-Lai Poon, Maurice, and Peter Trung-Thu Ho. “A Qualitative Analysis of Cultural and Social Vulnerabilities to HIV Infection Among Gay, Lesbian, and Bisexual Asian Youth.” *Journal of Gay & Lesbian Social Services* 14.3 (2002). Accessed October 5, 2008 <<http://www.acas.org/files/QAYouth.pdf>>

Tag: Health

The study reported here was undertaken to investigate cultural and social barriers that may increase HIV risk among gay, lesbian, and bisexual Asian youth. Interviews and focus groups were used to collect the data because they are well suited for this type of exploratory research. A total of 15 gay, lesbian, and bisexual Asian youth (7 females and 8 males) were recruited. Most of the participants (n=11) self-identified as lesbian or gay. The mean age was 20.7, ranging from 17 to 24. HIV prevention strategies are suggested based on the recommendations and needs of our participants.

LaBennett, Oneka. “Reading Buffy and ‘Looking Proper’; Race, Gender and Consumption Amongst West Indian Girls in Brooklyn.” 2005. Accessed October 4, 2008 <<http://se1.isn.ch/serviceengine/FileContent?serviceID=ISN&fileid=DECA9E94-1C1B-6EC1-4B73-C229861C1D9B&lng=en>>

Tag: Media

Brooklyn’s first- and second-generation Black immigrants from the English-speaking Caribbean negotiate between West Indian and American definitions of race, ethnicity and gender. This essay explores how West Indian adolescent girls, in particular, use cultural products such as music, fashion and television in forming their gender and ethnic identities. Tenuously positioned between the stages of childhood and adulthood, and between West Indian and American ideologies of identity, my informants also negotiated between competing and, at times, contradictory definitions of race and gender. While several scholars have argued that West Indian immigrants create transnational identities by maintaining political and social ties in their home and host countries (e.g. Basch 2001, Foner 2001), my own research has revealed that West Indian adolescents employ different ways of forming transnational identities. Unlike their mothers, who formed transnational identities by literally crossing national boundaries on a frequent basis, by taking part in the



politics of their home and host countries, and by sending home remittances, my young informants formed transnational identities by consuming music, fashion and food from their home and host countries. Moreover, they did so as a way to act within and beyond American racial constructions.

Ladha, Azmina N. “A Dialogue with Young Women from Diverse Communities.”
Education Wife Assault: Newsletter on Young Woman Abuse. Accessed June 4, 2008
<http://www.womanabuseprevention.com/html/Newsletter2005/A_Dialogue_with_Young_Women.htm>

Tag: Violence

“I realize there are so many strong women out there but it is 2005 and we still don’t get paid the same and we think we’re equal but we’re not. I am a little tired of fighting because it never stops ...”

The above quote is from one of the young women who attended a dialogue organized by Education Wife Assault’s Young Women’s Program on April 15, 2005. A group of young women from diverse communities—including immigrant women with language barriers, ethno-racial young women, Deaf young women, and young women with disabilities—gathered in a surprisingly warm and comfortable basement boardroom in downtown Toronto to discuss their experiences in relationships and violence against women.

Lambda Legal, and The National Youth Advocacy Coalition (NYAC). “Bending the Mold: An Action Kit for Transgender Youth.” Accessed October 5, 2008
<<http://www.nyacyouth.org/docs/Bending%20the%20Mold-final.pdf>>

Tag: Complex Lives, Civic Engagement

Whether you’re transgender or gender non-conforming, just coming out, questioning or simply an ally, this kit is designed to help you navigate the world and make your school a safer place. We’ve included action tools and information to help you advocate for change. There’s also an extensive list of resources to give you more information about the transgender community and to offer help in protecting your rights.

Lalonde, Christopher E. “Identity Formation and Cultural Resilience in Aboriginal Communities.” Prepared for: Flynn, R.J., Dudding, P., & Barber, J. (eds.) Promoting Resilient Development in Young People Receiving Care: International Perspectives on Theory, Research, Practice & Policy, 2008. Accessed May 5, 2008
<<http://web.uvic.ca/~lalonde/manuscripts/2005Resilience.pdf>>

**Tag: Health, Civic Engagement**

The program of research that I and my colleagues have been engaged in, and that I will go on to describe in the pages that follow was never meant to be about resilience. Nor was it meant to be about children in care. It began with studies of identity formation, moved on to encompass studies of youth suicide, and has increasingly come to focus on youth suicide in Aboriginal cultures. Having admitted to all of that at the outset, the reader might feel in need something by way of assurance that this chapter actually belongs in the current volume. First, I really do have data to report on children in care. Second, the research that we have been engaged in—while not expressly about resilience in the usual sense—actually addresses issues of resilience at a cultural rather than individual level. Getting from here to there, that is, from our work on identity formation and Aboriginal suicide to our data on children in care, will demand stretching the concept of resilience to try to explain not individual coping in the face of adversity, but the ability of whole cultural groups to foster healthy youth development. There are some who harbour strong doubts about the value of the concept of resilience, however, and it is best to put these doubts on the table before we begin tugging at the concept and testing its elasticity for the job at hand.

Larkin, June, and Claudia Mitchell. “Gendering HIV/AIDS Prevention: Situating Canadian Youth in a Transitional World.” *Women’s Health and Urban Life: An International and Interdisciplinary* 3.2 (2004): 34-44. Accessed June 4, 2008
<<http://www.scar.utoronto.ca/~socsci/sever/journal/contents3.2.html>>

Tag: Health

In this research note we bring the work of transnational feminist scholars to our study of gender, risk and HIV prevention and we make the case for situating prevention work with Canadian youth in a larger global context. Drawing on HIV work in both Canada and South Africa and preliminary data from our focus groups with Canadian youth, we consider the value of a transnational analytic for furthering our understanding of the complexities of gendered risks both within and across two countries: South Africa with HIV infection rates around 20% and Canada where infections rates are low but with worrying signs about the potential for the spread of the disease. In an increasingly globalized world, we argue that the problem of first world/third world binaries, the transnational circulation of racist representations of AIDS, and the restructuring of gender systems are important considerations for HIV research and education with youth.

Lazzari, Marceline M., Kathryn A. Amundson, and Robert L. Jackson. “We Are More Than Jailbirds: An Arts Program for Incarcerated Young Women.” *Affilia* 20.2 (2005): 169-185. Accessed July 6, 2008
<<http://aff.sagepub.com/cgi/content/abstract/20/2/169>>

Tag: Violence



This article presents the findings of a qualitative study of the effects of an innovative arts project on incarcerated female juvenile offenders. In this project, a professional artist engages and guides the detainees in the creation of individual and collaborative artistic works. The works of art are produced for museum display to enhance the development of the young women's self-identity and to draw public attention to the incarceration of young women in the juvenile justice system. The findings of this study are corroborated and supported by relational-cultural and self-efficacy theoretical perspectives.

LeCroy, Craig Winston, and Janice Daley. "Empowering Adolescent Girls: Examining the Present and Building Skills for the Future with the Go Grrrls Program." New York: W. W. Norton & Co, 2001.

Tag: Girl Groups

A method to help adolescent girls in today's culture successfully navigate the transition to adulthood. Mary Pipher's *Reviving Ophelia* awakened us to the need for gender-specific programs tailored to the unique issues girls face. In this book, LeCroy and Daley outline the issues, review the research, and offer specific strategies for working with adolescent girls.

Lee, Jo-Anne, and Sandrina De Finney. "Using Popular Theatre for Engaging Racialized Minority Girls in Exploring Questions of Identity and Belonging." *Child & Youth Services* 26.2 (2004).

Tag: Civic Engagement, Intersectionality

This chapter examines the use of popular theatre as a methodology to investigate racialized minority girls' processes of identity formation and experiences of exclusion and belonging in predominantly white, urban Victoria, B.C., Canada. The chapter draws on transnational feminist frameworks that emphasize intersectionality and locality to understand girls' processes of identity formation, cultural knowledges of exclusion and racialization, and practices and discourses of resistance. The chapter offers suggestions to assist practitioners, researchers, and policy-makers who wish to engage with expressive and theatre-based methods.

Lee, Jo-Anne, Assisted by Eugenie Lam. "Racialized Minority and First Nations Girls and Young Women in Victoria, BC. Are They Being Served?" Report Card on Women and Children in B.C., III, 5 (2004). Accessed June 9, 2008
<http://www.wmst.ubc.ca/pdf_files/fwcbcRep/FWCBCMay04.pdf>

**Tag: Violence, Health, Civic Engagement, Complex Lives**

In February 2001, our Victoria based research team began meeting with over 70 girls and young women (ages 13 years to mid-20's) from diverse ethnic, religious, class, sexual orientation and racial backgrounds. Over a period of 18 months, we asked racialized minority girls and young women, Canadian-born and immigrant, what it was like to grow up in Victoria, B.C. and how they saw themselves within their families, schools and the greater community. This research found that they lived complex lives. (...) Many participants reported that while school counsellors, teachers, community workers and other adults, including parents, were caring, supportive and understanding, very few fully grasped the complexities of their lives.

Leschied, Alan W., Anne L. Cummings, Michelle Van Brunschot, Alison Cunningham, and Angela Saunders. "Aggression in Adolescent Girls: Implications for Policy, Prevention, and Treatment." *Canadian Psychology* 42.3 (2001): 200. Accessed July 6, 2008 <http://findarticles.com/p/articles/mi_qa3711/is_200108/ai_n8975561>

Tag: Violence

This review of literature focuses on aggression and adolescent girls. Recent official crime statistics from Statistics Canada show an increase in violent offences by girls. This statistic has created considerable interest in a heretofore largely ignored area of childhood maladjustment. Important differences regarding the development and expression of aggression with girls in contrast to boys is provided. In the context of what is acknowledged to be a limited literature, there are important themes for human service-providers and policy-makers to consider in examining assessment, treatment, and prevention strategies for aggressive adolescent girls. Finally, an orientation towards furthering a research agenda in the area of aggression with adolescent girls is provided.

Leschied, Alan W., Anne L. Cummings, Michelle Van Brunschot, Alison Cunningham, and Angela Saunders. "Female Adolescent Aggression: A Review of the Literature and Correlates of Aggression." Ottawa: Department of the Solicitor General Canada, 2000. Accessed July 6, 2008 <<http://www.nicic.org/Library/016028>>

Tag: Violence

This review of the literature focuses on aggression and girls. Recent evidence from Statistics Canada has reported on the increase of female adolescent aggression in official crime statistics. This reporting has created considerable interest in a heretofore largely ignored area of childhood maladjustment. This review provides a context on the violence literature with adolescent girls through first, reviewing the aggression literature with girls under the age of twelve years and second, providing a summary of the correlates from the aggression literature with adolescent girls. Important differences regarding the development and expression of aggression with girls in contrast to boys is provided. In the



context of what is acknowledged to be a limited literature, there are important themes for human service providers and policy makers to consider in examining assessment, treatment and prevention strategies for aggressive adolescent girls. Finally, an orientation towards furthering a research agenda in the area of adolescent aggression with girls is provided.

Liard Aboriginal Women's Society. "Therapeutic Behavior Mentoring Program: Section 1: Introduction and Philosophy Creating a Safe and Therapeutic Environment." Accessed May 2, 2008
<http://www.liardaboriginalwomen.ca/index.php?option=com_content&view=article&id=53&Itemid=111>

Tag: Health, Civic Engagement, Girl Groups

The advantage of one-to-one mentoring is that it gives mentors the opportunity to create a safe and therapeutic environment for younger students. This document describes the principles and characteristics of the safe and therapeutic environment that we believe is best for our students. The acronym "E.S.P." is used as a short-hand way of remembering the 3 most important qualities our mentors must possess:

- Engaged. Mentors are constantly interacting with the students. They talk with them, tutor them, and participate in activities with them. Even a casual observer is able to see that the mentor and the student are connected and engaged with each other. Mentors treat the students with respect, honesty, and compassion.
- Skills Coaching/Safety Coaching. Mentors teach the students pro-social skills and prompt them to use those skills. Through relationship building, mentors create a safe environment where these skills can be practiced. They teach students how to meet their needs in socially appropriate and effective ways. Mentors expect the students' best effort and challenge them to give it.
- Positive. Mentors are relentless in praising students' positive behaviour. They remind them of their strengths & successes. Mentors provide encouragement to students when they are hurting. They display an enthusiastic and hopeful attitude.

Lloyd, Bethan A., and Selom Chapman-Nyaho. "Racism Makes you Sick - It's a Deadly Disease." Racism, Violence and Health Project, 2002. Accessed October 4, 2008
<<http://rvh.socialwork.dal.ca/09%20Downloads/halfor0203.pdf>>

Tag: Violence, Health

The research begins from the standpoint of those who have witnessed, experienced, and engaged in violence and who live every day with the effects of violence on themselves,



their families and their communities. In particular, it explores what happens when Black boys grow up surrounded by stereotypes that assume they are 'trouble', that they will eventually find themselves in conflict with the law. It looks at the impact of these stereotypes of Black masculinity on Black girls, women, and elders as well as on boys and men. It investigates the consequences of resisting and/or being caught in these stereotypes.

Lloyd, Bethan, and Selom Chapman-Nyaho. "Racism, Violence and Health Bibliography - A Work in Progress." Racism, Violence and Health Project, 2006. Accessed October 4, 2008
<<http://rvh.socialwork.dal.ca/07%20Project%20Resources/Bibliography/bibliography.html>>

Tag: Violence

Racism, Violence and Health Bibliography - A Work in Progress. June 2006: There are currently 1,878 references.

Logio, Kim A. "Gender, Race, Childhood Abuse, and Body Image Among Adolescents." Violence Against Women 9.8 (2003): 931.

Tag: Violence, Health

The research presented in this article examines the influences of race, gender, and sexual or physical abuse on unhealthy eating and dieting practices among Black and White adolescents. Specifically, the project considers the intersection of race and gender on actual and perceived body size. The impact of past sexual or physical abuse emerges as a significant predictor of unhealthy dieting and eating behaviours for Whites but not for Blacks. Although girls are more likely to have distorted body images and to engage in disordered eating and dieting, these differences are further explained with race and past sexual or physical abuse.

Lopez, Nancy. Hopeful Girls, Troubled Boys: Race and Gender Disparity in Urban Education. USA: Routledge, 2002.

Tag: Complex Lives, Violence



By 2007, it is estimated that 9.2 million girls of colour will be enrolled in college compared to 6.9 million boys of colour. Why the discrepancy? Lopez takes us to the schools, homes and workplaces of Caribbean youth to point out the different expectations that guide behaviour. Now the largest immigrant group in New York City, Lopez focuses in particular on these Caribbean teens to explain how and why our schools and cities are failing boys of colour. This is a fascinating ethnographic study on a topic of increasing interest to people in the field of education and anyone concerned about the future of young people.

Los Angeles Direct Action Network. “Anti-Oppression Organizing Tools.” Colours of Resistance. Accessed October 5, 2008 <<http://colours.mahost.org/org/ladan.html>>

Tag: Violence

These practices are based on a series on conversations on the issue of racism. We recognize that there are many other forms of oppression that must be addressed. We have taken these practices and attempted to generalize them to other forms of oppression. This list is a beginning and it needs to be expanded upon. In the future we will continue discussions on all forms of oppression.

Lyons, Renée F., and Paula Gardner. “CIHR Menu of Rural Health Research Themes: For Discussion Purposes Only.” 2001. Accessed May 5, 2008 <http://www.cihr-irsc.gc.ca/e/documents/rural_menu_e.pdf>

Tag: Health

Across the country, rural citizens have repeatedly identified the need to take bold steps to improve rural health systems and health status. New, ‘rural’ approaches are required. Excellence in research can make substantive contributions to rural health, and to healthy public policy at all levels from the community to the federal government. Canada can become an international incubation centre and world leader in innovations to improve rural health status and health service. CIHR has taken several steps to develop a national strategy for rural health research and to establish this area as one of its first major cross-cutting themes, including the development of this multidisciplinary menu of rural research topics involving all thirteen CIHR Institutes.

Lyons, Renée F., and Paula Gardner. “Strategic Initiative in Rural and Northern Health Research: Canadian Institutes of Health Research.” Submitted to The CIHR Governing Council, 2001. Accessed May 5, 2008 <http://www.cihr-irsc.gc.ca/e/documents/strategic_initiative_e.pdf>

**Tag: Health**

Good health and access to health care are central to sustaining rural communities, and it has been increasingly recognized that many urban-centric policies and practices have not benefited rural and northern communities. Across the country, rural citizens have repeatedly identified the need to take bold steps to improve rural health systems and health status. New, 'rural' approaches are required. Excellence in research can make substantive contributions to rural health, and to healthy public policy at all levels from the community to the federal government. Canada can become an international incubation centre and world leader in innovations to improve rural health status and health service.

Maar, Marion. "Clearing the Path for Community Health Empowerment: Integrating Health Care Services at an Aboriginal Health Access Centre in Rural North Central Ontario". *Journal of Aboriginal Health*, 2004. Accessed May 2, 2008 <http://www.naho.ca/english/pdf/journal_p54-65.pdf>

Tag: Health, Civic Engagement

The article provides a critical examination of the rewards and challenges faced by community-based Aboriginal health organizations to integrate the rapidly evolving provincially- and federally funded Aboriginal health program streams within an existing mainstream rural and federal First Nations health care system in Ontario. The shift to self-governance in health care means Aboriginal health organizations are dealing with rapid organizational changes. In addition, community health program planners at the First Nations level are faced with the challenge of developing local Aboriginal models of care and integrating these within the often-conflicting backdrop of the existing mainstream model of community health. While political leadership and health organization typically both have mandates to work towards the health and well-being in their communities, the two sectors may not always have the same expectations on how to realize these goals. While autonomy in the development of services is essential to self-determination in health, there is also a need for Aboriginal health agencies to collaborate regionally in order to improve health at the community level in the most effective and timeliest manner. Using the example of the mental health and traditional Aboriginal health services, this article provides an analysis of the role of an Aboriginal health access centre in regional community health empowerment.

MacDonald, Kelly A., on behalf of Justice for Girls. "Justice System's Response: Violence Against Aboriginal Girls." September 2005. Accessed January 8, 2009 <<http://www.justiceforgirls.org/publications/pdfs/Violence%20against%20Aboriginal%20Girls%20-%20Final%20Brief%20-%20Sept%202005.pdf>>

Tag: Violence



To date, there has been little focus on the justice system's response to violence against Aboriginal girls. The literature tends to focus on Aboriginal offenders or adult victims of crime, but very rarely on violence against Aboriginal teenage girls. For example, *Globe and Mail* reporter, Laura Robinson, noted that a recent report on Aboriginal peoples and the justice system did not deal with the law's inability to protect Native women [read girls] from murder⁸. Notably, in Saskatchewan (as well as in British Columbia) there have been numerous murders of Aboriginal girls and women. Robinson stated that "Nowhere did it grapple with the violence aboriginal women [read girls] face at the hands of white men in the larger community"; and a "lack of diligence in crimes against Aboriginal women [read girls] is not uncommon".

MacDonald, Mark, and the Government of Canada. "Canadian Rural Partnership BC Rural Youth Dialogue 2000 Final Report." Community Futures Development Association, 2000. Accessed April 25, 2008
<http://www.rural.gc.ca/team/bc/bcyouthreport_e.phtml>

Tag: Complex Lives

To facilitate and formulate new initiatives for rural youth, federal government policy makers and advisers need relevant, clear and up-to-date information. The purpose of this study was to initiate a partnered approach to identifying key challenges and opportunities for the youth population of rural British Columbia. The study has helped to better formulate the individual and co-operative initiatives and to assist youth in addressing labour market and social development issues. The dialogue sessions also provided policy makers with a better understanding of the concerns and priorities of rural youth and suggested ways of addressing them.

MacNeil, Melanie S., and Ann Marie Guilmette. "Preventing Youth Suicide: Developing a Protocol For Early Intervention in First Nations Communities." *The Canadian Journal of Native Studies* XXIV.2 (2004): 343-355. Accessed April 29, 2008
<http://www.brandonu.ca/Library/CJNS/24.2/cjns24no2_pg343-355.pdf>

Tag: Health

Aboriginal youth suicide is a complex problem with culturally specific risk factors identified by Coulthard (1999). The development of a suicide risk management tool is proposed for gathering culturally sensitive, First Nations' data. The implementation of a tool useful in reducing attempted suicides for Aboriginal youth populations is also suggested.



Madrid, Jessica R. "Speaking with our own Voices Recommendations for Initiatives to Improve Women's Health in Northern British Columbia." Northern Rural Women's Community Health Initiative, Phase I: Planning from Strength, 2003. Accessed April 29, 2008
<http://www3.telus.net/public/wnn/RESEARCH_PUBLICATIONS/Speaking_our_own_voices_amended.pdf>

Tag: Health, Civic Engagement

Planning from Strength, a project designed to empower and motivate northern British Columbian women to identify and implement healthcare initiatives to address the unique health care needs of their communities and the larger health region, was a project that developed from a collective vision of many northern women. The Planning from Strength project revealed that amidst the challenges of northern living, women within the northern health region were highly resourceful in designing initiatives to address women's health and wellness. This research discovered that in addition to the promotion of the women's centered model of care, what northern women required the most was support in their present endeavours to enhance local women's health and wellness and to have the importance of northern women's health acknowledged.

Manitoba Research Alliance on Community Economic Development in the New Economy. "Young Women, Work, and the New Economy." Canadian Centre for Policy Alternatives- Manitoba, 2006. Accessed June 8, 2008
<www.policyalternatives.ca/documents/Manitoba_Pubs/2006/Young_Women_and_Work.pdf>

Tag: Violence

Young women work—in their homes, in our community, in schools, with other youth and in the labour force. But young women who live in poverty continue to find themselves unable to make our economy or society work for them. Struggling to stay in school, working for low wages, and lacking childcare, young women face many challenges. At risk of a future living in poverty, and possibly raising another future and community.

Marchessault, Gail. "Body Shape Perceptions of Aboriginal and Non-Aboriginal Girls and Women in Southern Manitoba, Canada." Canadian Journal of Diabetes 28.4 (2004): 369-379. Accessed April 30, 2008
<http://www.diabetes.ca/files/cjdbodyshape_dec04.pdf>

Tag: Health

Objective: To describe body shape perceptions and preferences of urban and rural Aboriginal and non-Aboriginal girls and women.



Maticka-Tyndale, Eleanor. "Sexual Health and Canadian Youth: How Do We Measure Up?" *The Canadian Journal of Human Sexuality* 10.1/2 (2001): 1-17.

Tag: Health

This paper assesses the current sexual health status of Canadian youth in relation to sexually transmitted infection, pregnancy rates and sexual practices. The paper begins with a discussion of the social and historical context of adolescence and adolescent sexuality in Canada. Of particular importance in understanding adolescent sexuality is that, at present, our society postpones the transition from adolescent to adult status well beyond the point of biological readiness for sexual activity. Insights are drawn from international comparisons of adolescent sexual health indicators, and priorities for adolescent sexual health research and promotion are discussed. Among these priorities are Canadian-based research on adolescent sexual health, greater collaboration among Canadians working to promote adolescent sexual health and, most importantly, a commitment to listen to our youth when developing programs and services.

McCracken, Molly, Kate Dykman, Francine Parent, and Ivy Lopez. "Young Women Work: Community Economic Development to Reduce Women's Poverty and Improve Income." *Prairie Women's Health Centre of Excellence (PWHCE)*, 2005. Accessed June 4, 2008 <http://www.uwinnipeg.ca/admin/vh_external/pwhce/pdf/yww.pdf>

Tag: Civic Engagement, Violence

This is a participatory feminist research project which sought to describe the barriers and opportunities for young women in the "new" economy, and outline Community Economic Development approaches to preventing poverty among young women ages 15 - 24. We worked with young women in two-inner city Winnipeg neighbourhoods, and asked them which community supports they used, in order to understand how we could build CED approaches into the current network of community-based organizations they already access. We talked to 50 young women, the majority of whom are Aboriginal. We asked them about their neighbourhoods, unpaid and paid work, school, computers, motherhood, teenage pregnancy, role models, and what they hoped for in their futures.

McCreary Centre Society. "Healthy Youth Development Highlights from the 2003 Adolescent Health Survey." 2004. Accessed June 3, 2008 <http://www.mcs.bc.ca/pdf/AHS-3_provincial.pdf>

Tag: Health, Civic Engagement, Complex Lives

The third Adolescent Health Survey conducted by the McCreary Centre Society shows that the health of B.C.'s youth has gradually improved over the past decade. In many respects, young people in the province are in better health and taking fewer risks than youth five or



ten years ago. These trends are especially encouraging among early adolescents. All three surveys show most young people are healthy, exercise regularly, feel close to their families, enjoy school, and have aspirations for the future. The majority of students appear to be coping well with the transition through adolescence. Family and school connections count. A new section on healthy youth development in this report reviews protective factors that encourage youth to develop competence and personal strengths (pages 28-32). Recent research shows strategies that build on young people's strengths and resilience promote healthy development and successful learning more effectively than focusing on problems and deficits. By fostering connections, competence, coping skills, and responsible behaviours, parents and educators can prevent problems from developing and enable youth to face challenges creatively.

McCreary Centre Society. "Raven's Children II: Aboriginal Youth Health in BC." 2005. Accessed May 3, 2008 <www.mcs.bc.ca/pdf/Ravens_children_2-web.pdf>

Tag: Health, Violence

Many publications and media reports point out that Aboriginal Canadians are less healthy than other Canadians. And it is true that too many Aboriginal youth are homeless and in B.C.'s custody centres, and these youth have much higher rates of drug and alcohol use, suicide attempts, histories of abuse, and other health problems. But *Raven's Children II* shows that Aboriginal youth attending school in B.C. are similar in many ways to non-Aboriginal youth. These youth are tired of hearing dire statistics about themselves, and want to see more positive news reflecting their progress into adulthood. And this report has some good news and promising trends to announce. Based on the largest youth health survey ever conducted in the province, *Raven's Children II* shows most Aboriginal youth feel connected to their families and school, most report good or excellent health, and smoking has dramatically declined among Aboriginal students. However, the report does not minimize real issues, and identifies areas with room for improvement, such as the continuing concern over higher suicide rates among Aboriginal youth, where programs and services could be targeted to improve their health and well being.

McCreary Centre Society. "Not Yet Equal: The Health of Lesbian, Gay, & Bisexual Youth in BC." 2007. Accessed May 3, 2008 <www.mcs.bc.ca/pdf/not_yet_equal_web.pdf>

Tag: Health, Violence, Civic Engagement

In this report you will find the results of a series of studies about the health and lives of LGB youth in school across British Columbia, and across more than a decade. Most life experiences and health issues were similar for urban and rural and small town LGB youth across the province, including experiences of discrimination and participation in a number



of extracurricular activities. However, compared to urban LGB peers: Lesbian and bisexual females in rural and small towns were more likely to drink alcohol, and rural LGB youth were more likely to report binge drinking in the past month.

McIntyre, Lynn, et al. “An Exploration of the Stress Experience of Mi’kmaq On-Reserve Female Youth in Nova Scotia.” Maritime Centre of Excellence for Women’s Health (MCEWH), 2001. Accessed June 9, 2008
<<http://www.acewh.dal.ca/eng/reports/Wien%20Finalreport.pdf>>

Tag: Health, Violence

The purpose of this project was to deepen our understanding of what lies behind the stress experience of Mi’kmaq female on-reserve youth with an eye to policy and program intervention. By stress experience we mean the physical, mental, emotional and spiritual health stressors confronted by Mi’kmaq female youth. We also sought to compare the stress experience of female youth in comparison with Mi’kmaq male youth on reserve, as well as in the eyes of youth-serving professionals working on reserve. We conducted qualitative data gathering by way of 21 semi-structured individual interviews and eight focus group discussions with female youth aged 12-18 years living on reserve in Nova Scotia. In order to provide a basis for contrast, five individual and two focus group interviews with male youth living on reserve were also conducted. Youth were also asked to suggest policies and programs that might lessen their stress. Both the content and process of the interviews was informed by an advisory group of female youth living on reserve. We also interviewed 43 key informants, all of whom were youth-serving professionals, about their perceptions of young Mi’kmaq women’s stress experience as well as policies and programs that they thought might assist female youth.

McLaren, Joan. “Evaluating Programs for Women: A Gender-Specific Framework.” Winnipeg: Prairie Women’s Health Centre of Excellence, 2000. Accessed July 6, 2008 <<http://www.pwhce.ca/pdf/evaluatingPrograms.pdf>>

Tag: Intersectionality, Health

Social structures and processes affect health and the quality of life. A key social factor influencing health is gender. At all levels of society, awareness is expanding about the intimate links between gender and health. Gender-specific health programming is emerging as a significant focus across Canada and internationally, stemming from a growing awareness of the need for effective, gender-sensitive, woman-centred programs and a concomitant need for gender-based program evaluation approaches to examine these programs.



Media Awareness Network. “Media Stereotypes: The Impact of Stereotyping on Young People.” Accessed May 7, 2008 <http://www.media-awareness.ca/english/issues/stereotyping/aboriginal_people/aboriginal_impact.cfm>

Tag: Media, Violence, Complex Lives

Generations of North American children have grown up watching “cowboys and Indians” films and TV shows and reading books such as *The Adventures of Tom Sawyer* and *Little House on the Prairie*. Popular films and novels reinforced the notion that Aboriginal people existed only in the past—forever chasing buffalo or being chased by the cavalry. These images showed them as forever destined to remain on the margins of “real” society. Such impressions and childhood beliefs, set at an early age, are often the hardest to shake.

Media Awareness Network/Réseau Éducation-Médias. “Curricula and Special Programs Appropriate for the Study of Portrayal of Diversity in the Media.” Submitted to the Canadian Race Relations Foundation. Accessed October 5, 2008 <<http://www.crr.ca/content/view/245/538/lang,english/>>

Tag: Media

The aim of this research project was to ascertain the status of multicultural/anti-racism education and media education in the K-12 curricula of ten Canadian provinces. The objective was to determine whether there would be a practical place for teaching resources on portrayal of diversity in the media, and, if so, where, and what, the best curriculum “fits” would be. A secondary objective was to identify individuals, organizations, publications and web sites through which the Media Awareness Network could promote and distribute Portrayal of Diversity in the Media teaching resources once they were produced.

de Merich, Diego. “Intersectionality: From Theory to Practice: An Annotated Bibliography.” 2008. Accessed December 8, 2008 <www.whrn.ca/documents/AnnotatedBibliographyINTERSECTIONALITY.pdf>

Tag: Intersectionality

An Annotated Bibliography. Compiled for the “Intersectionality from Theory to Practice: An Interdisciplinary Dialogue” Workshop. Simon Fraser University.



**Metropolitan Action Committee on Violence against Women and Children (METRAC).
Violence Prevention Materials, 2001. Accessed December 2008
<<http://www.metrac.org/programs/info/prevent.htm>>**

Tag: Violence

METRAC is pleased to make an extensive selection of violence prevention materials available, some of which were published or updated with the support of the Ontario Government. These materials cover a wide range of topics, such as sexual assault, dating violence, how to find a therapist, and sexual harassment.

**Metropolitan Action Committee on Violence Against Women and Children. “No Cherries Grow On Our Trees: A Social Policy Research Paper for the Take Action Project to Address Women’s Poverty and Violence Against Women” October 2008.
Accessed December 9, 2008
<<http://www.metrac.org/programs/info/prevent.htm>>**

Tag: Violence

This is a project about women, not as a homogeneous and objectified category, but about women as agents whose lives are shaped by the multiple dimensions of their identities, including their Aboriginal status, age, class, disability, race, sexual orientation, gender identity and status (be it family, immigration, or health). It is a project that speaks to the realities of women’s lives, in particular the harsh realities of poverty and violence.

**Migliardi, Paula, and Sara Stephens. “Unheard Voices of Ethno-Racial Minority Youth: A Community-Based Research Project.” 2007. Accessed June 4, 2008
<<http://www.serc.mb.ca/content/dload/UnheardVoicesERMY/file>>**

Tag: Complex Lives, Violence, Civic Engagement

The youth participants in this research expressed that sexuality is a taboo subject in their families and communities; however they still received clear messages on sexuality from parents, peers and society. Youth were not fully satisfied with these messages, as they were often categorical, leaving little or no room for discussion of differing opinions. They were triggered by gossip based on other community members’ experiences, by the portrayal of sexuality in Western media, or used as warnings to prevent youth from becoming sexually active. For most participants, messages from parents, peers and



schools about sexuality were either so out of sync with youths' lived realities, or so uncomfortable to talk about, that they did not resonate or connect with youth.

Mills, Melinda. ““You Talking To Me?” Considering Black Women’s Racialized and Gendered Experiences with and Responses or Reactions to Street Harassment from Men.” 2007. Accessed October 6, 2008
<http://etd.gsu.edu/theses/available/etd-04092007-190105/unrestricted/Mills_Melinda_200705_MA.pdf>

Tag: Violence

This thesis explores the various discursive strategies that black women employ when they encounter street harassment from men. To investigate the ways in which these women choose to respond to men’s attention during social interactions, I examine their perception of social situations to understand how they view urban spaces and strangers within these spaces. Drawing on qualitative interviews that I conducted with 10 black women, I focus on how the unique convergence of this group’s racial and gender identities can expose them to sexist and racist street harassment. Thus, I argue that black women face street harassment as a result of gendered and racialized power asymmetries. I found that black women rely on a variety of discursive strategies, including speech and silence, to neutralize and negotiate these power asymmetries. They actively resist reproducing racialized and gendered sexual stereotypes of black women by refusing to talk back to men who harass. Understanding silence as indicative of black women’s agency, not oppression, remains a key finding in this research.

Miner, Barbara. “We’re Here. We’re Sexual. GET USED TO IT.” Colourlines (May/June 2008). Accessed October 6, 2008 <<http://www.colorlines.com/article.php?ID=292>>

Tag: Health, Complex Lives

“We’re not at the point where we have accepted that teenagers are sexual beings, and if you talk about that too much it’s a one-way ticket out of teaching.”

Mitchell, Claudia, Stephanie Garrow, and Jackie Kirk. “Refugee Women and Girls: A Selective, Annotated Bibliography.” Gender and Human Security Program, No. 2: Discussion Paper No. 93 (2002). Accessed July 6, 2008
<<http://www.mcgill.ca/files/gesh-ghsi/mitchell-dp.pdf>>

**Tag: Violence**

This annotated bibliography sets out to map a selection of topics and issues relevant to working with refugee girls and women, particularly those who have been re-located from conflict zones. It has been developed with several audiences in mind, such as those who are working on the front-lines: in shelters, women's centres and community organizations, in classrooms and schools, and in activist organizations.

Mohamed, Inca A., and Wendy Wheeler. "The Bounds of Youth Development: Youth as Engaged Citizens." *The Innovation Center for Community and Youth Development*, 2001. Accessed December 9, 2008 <<http://www.theinnovationcenter.org/store/106>>

Tag: Civic Engagement

There are many forms of youth engagement. This publication concentrates principally on civic activism, defined as direct action in support of or in opposition to an issue relating to the civil affairs of people at the neighbourhood, local, regional, state, national, and global levels. Such action might involve individuals, organizations, and institutions engaged in public education and advocacy campaigns, research and public policy, nonviolent public demonstrations, resource development, or participation in the democratic process (Roach et al.1999).

Moffitt, Pertice M. "Colonialization: A Health Determinant for Pregnant Dogrib Women." *Journal of Transcultural Nursing* 15.4 (2004): 323-330. Accessed April 30, 2008 <<http://tcn.sagepub.com/cgi/content/abstract/15/4/323>>

Tag: Health, Violence

Childbirth for many Aboriginal women living in remote communities of the Northwest Territories, Canada, includes separation from their family and community for weeks at a time. This colonialization of childbirth, enforced for decades, is true for Dogrib Dene. Colonialization produces serious social consequences on the everyday lives of pregnant Aboriginal women, which results in lower health outcomes. This article provides a literature review of colonialization in Canada's far north establishing the position that colonialization is a determinant of health. The purpose of this article is to generate knowledge that will inform health professionals and ultimately reduce health disparities as experienced and



evident among Dogrib women. By highlighting the concept of colonialization and establishing this concept as a determinant of health, nurses and midwives will identify disparities created through stressors of power and control. From there, culturally meaningful health promotion strategies will be developed and implemented within their nursing practice.

Moretti, Marlene M., Rosalind E.H. Catchpole, and Candice Odgers. "The Dark Side of Girlhood: Recent Trends, Risk Factors and Trajectories to Aggression and Violence." *The Canadian Child and Adolescent Psychiatry Review* 14 (February 2005): 1.

Tag: Violence, Complex Lives

Introduction: Over the past two decades, rates of aggressive behaviour have increased disproportionately for girls as compared to boys. However research on aggressive and violent behaviour has focused primarily on boys and consequently we know relatively little about what places girls at risk, what protects them, and how those who become involved in aggressive behaviour navigate a path toward adulthood.

Method: In this paper we review recent trends on girls' involvement in aggressive behaviour, briefly discuss risk and protective factors, and summarize current thinking on developmental trajectories.

Results: Although much progress has been made in the past decade, we still know relatively little about the pathways, causes and correlates of aggressive behaviour in girls and young women.

Discussion: We emphasize the need for research that is guided by developmental theory and an appreciation of the complex interplay of risk and protective factors over the course of development.

Morrow, Marina, and Monika Chappell. "Hearing Women's Voices Mental Health Care for Women." *The British Columbia Centre of Excellence for Women's Health*, 1999. Accessed May 4, 2008 <<http://www.bccewh.bc.ca/publications-resources/documents/hearingvoices.pdf>>

Tag: Health, Violence

Women's mental health cannot be understood in isolation from the social conditions of our lives. These conditions are characterized by social inequities (e.g., sexism, racism, ageism, heterosexism, ableism) which influence the type of mental health problems women



develop and impact on how those problems are understood and treated by health professionals and by society. Research sites were chosen for geographic representation but also with particular communities in mind. That is, care was taken to ensure rural and isolated northern perspectives as well as the perspectives of Aboriginal women.

Morrow, Marina, Olena Hankivsky, and Collee Varcoe, eds. Women's Health in Canada: Critical Perspectives on Theory and Policy. Toronto: University of Toronto Press.

Tag: Health

To lay out the methodological and theoretical foundations for their study, editors Olena Hankivsky, Marina Morrow, and Colleen Varcoe bring together an interdisciplinary group of scholars and practitioners from economics, anthropology, sociology, nursing, political studies, women's studies, and psychology. Contributors draw on the rich history of the Canadian women's health movement, providing analysis of that history and of the emergent theory, policy, and practice. Aimed at undergraduate and graduate students as well as practitioners, the collection adopts an intersectional approach, looking closely at social factors such as gender, race, ethnicity, class, sexuality, and gender identity, and analysing how they relate both to each other and to women's health. Connections between the social, economic, and cultural contexts of women's lives and their physical, spiritual, and mental well-being are a primary focus.

Mulay, Shree, and Laila Malik. "Navigating the Refugee Claims Process: Resource Guide." South Asian Women's Community Centre and McGill Centre for Research and Teaching on Women, Montreal, 2004.

Tag: Violence

This bilingual resource guide is intended as a tool for community workers who support and work with refugee claimants. Although the focus of the guide is women refugee claimants, the guide will be of use to all refugee claimants. The document describes the gender-specific risks and barriers faced by women refugee claimants as well as the experiences faced by community workers and lawyers attempting to assist them. The document will be of use to all those involved in the claims process.

Nadeau, Lucie, and Toby Measham. "Immigrants and Mental Health Services: Increasing Collaboration with Other Service Providers." *The Canadian Child and Adolescent Psychiatry Review* 14 (2005): 3. Accessed June 4, 2008 <[http://www.irm-systems.com/onottaca/doc.nsf/files/48B80D322F9BCA8C8725712D0052DB30/\\$file/August2005ImmigrantsandMentalHealthServices.pdf](http://www.irm-systems.com/onottaca/doc.nsf/files/48B80D322F9BCA8C8725712D0052DB30/$file/August2005ImmigrantsandMentalHealthServices.pdf)>

**Tag: Health, Violence**

Introduction: This article examines the potential modifications of care indicated to engage migrant and refugee families in making use of needed mental health services for their children in Canada and the role psychiatrists can play in this process.

Method: The clinical and consultative role of the members of the Transcultural Child Psychiatry Service at the Montreal Children's Hospital is used as a model. This model has been useful in engaging both migrant families and local front line service providers to work with each other in a collaborative manner.

Results: Important aspects to be considered in these cases are: Modifications in obtaining access to care; Issues of communication (i.e., the use of interpreters); Addressing cultural differences in understanding and responding to a child's difficulties; recognizing the plasticity of culture; Collaboration with colleagues in hospitals and with professionals in the community.

Conclusions: New models of care, involving increased collaboration between professionals, need to be devised to facilitate the mental health care of immigrant and refugee children and their families.

National Council of Women of Canada. "Girls/Young Women and Violence Project." 1999. Accessed June 9, 2008 <http://www.ncwc.ca/pdf/girls_violence_forum.pdf>

Tag: Violence

This project addresses the needs of girls and young women, who are much more likely to be victims of violence. Research shows that girls/young women who are perpetrators of violence share the common characteristic that they have been victims of violence themselves. There has been little gender-based research on perpetrators of violence and the programs that have been developed are not generally viewed as filling the needs of these girls and young women. There are, therefore, gaps in service in this area.

National Film Board. *I WAS HERE*. Media Workshop. NFB Filmmaker in Residence Program, 2007. Accessed October 8, 2008 <www.nfb.ca/iwashere>

Tag: Media, Complex Lives

I WAS HERE is a media workshop that puts digital cameras and photoblogging websites into the hands of young parents. Five women, all pregnant or parenting, have been documenting their lives in Toronto through their own eyes. All have had experience with homelessness.



National Gay and Lesbian Task Force, National Coalition for the Homeless, and Nicholas Ray. “Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness.” 2006. Accessed June 4, 2008
<http://www.thetaskforce.org/reports_and_research/homeless_youth>

Tag: Violence, Complex Lives

Through a comprehensive review of the available academic research and professional literature, we answer some basic questions, including why so many LGBT youth are becoming and remaining homeless. We report on the harassment and violence that many of these youth experience in the shelter system and we summarize research on critical problems affecting them, including mental health issues, substance abuse and risky sexual behaviour. We also analyze the federal government’s response to youth homelessness, including the specific impact on LGBT homeless youth of increased federal funding for faith-based service providers.

National Organization of Immigrant and Visible Minority Women of Canada. “Immigrant and Visible Minority Women as Full Contributors to Canadian Society: The Livelihood Project.” 2005. Accessed July 6, 2008
<<http://www.noivmwc.org/noivmwcn/livelihoods.php>>

Tag: Violence, Complex Lives

Many immigrant and visible minority women arrive as relatively comfortable middle-class people, often professionals, and become poorer as they stay in Canada. They come to Canada, often actively recruited to come, wanting to make a contribution of their professional skills and expertise to help build this country, and in the process create a good life for their family here. What they find is something quite different. They regularly face disappointments and barriers in almost every aspect and corner of Canadian society. The National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) has embarked on a project to directly address these issues. The project will:

- Provide a voice for immigrant and visible minority women to raise these issues and be part of creating solutions;
- Set out a model and recommendations for governments, private sector, community organizations and immigrant women themselves to take action.

National Aboriginal Health Organization. “Aboriginal Women and Girls’ Health Roundtable Final Report.” Ottawa, Ontario 2005. Accessed April 30, 2008
<http://www.naho.ca/inuit/midwifery/documents/2005-08FinalAWGHRoundtableReport_000.pdf>

**Tag: Health**

This report describes the results of a national roundtable discussion involving approximately 70 representatives from First Nations, Inuit, and Métis organizations and Health Canada held in Ottawa, Ontario, from April 25-27, 2005. The three-day event was designed to discuss priority issues and make recommendations to improve the health of Aboriginal women and girls (See Appendix A - Agenda). The Aboriginal Women and Girls' Health Roundtable is part of a broader, ongoing strategy aimed at creating a framework for a national Aboriginal Women's Health Action Plan to identify clear strategies for addressing specific health priorities.

Native Women's Association of Canada. "Butterflies Without Roots: Aboriginal Women in the Northwest Territories." 1993. Accessed June 4, 2008 <<http://www.nwac-hq.org/en/documents/ButterflieswithoutRoots.pdf>>

Tag: Complex Lives, Civic Engagement

In this Final Report to the national Native Women's Association of Canada, which will form part of a submission to the Royal Commission on Aboriginal Peoples, are the voices of aboriginal women of the western and eastern N.W.T. who also chose to participate in the formation of responses to this Final Report of the N.W.T. animator to the project. The voices of northern aboriginal women should not go unheard. Nor should their concerns and issues. Their concerns and issues are real today. Their concerns and issues may be results of maladies of the past, but they are also a cancerous plague of unnamed proportions if allowed to fester and prey upon future generations of aboriginal women from the North. The voices in this Final Report are the voices of aboriginal women who want to be heard and listened to and who are seeking change through a traditional, holistic, healthy, manageable and workable forum. They do not want unworkable piecemeal, token or band-aid reforms that will continue to fester incompetence and further the work of northern statisticians.

Native Women's Association of Canada. "Background Paper: Aboriginal Women's Health Canada - Aboriginal Peoples Roundtable, Health Sectoral Session." 2004. Accessed June 4, 2008 <www.nwac-hq.org/>

Tag: Health, Violence

"Indigenous women in many areas of the world are suffering from the alarming deterioration of health conditions within their communities. Inadequate and limited access to health services, lack of culturally appropriate approaches to health care, lack of outreach clinics in remote areas, deteriorating quality of air, water and land due to



unchecked industrial development are just a few of the factors contributing to this downward trend. Other socio-economic factors, such as the alarming number of indigenous women, (especially in Asia) being trafficked and sold into prostitution, have led to the rapid spread of the HIV/AIDS epidemic and other sexually transmitted diseases into indigenous communities, destroying their social fabric. Changes in the traditional social, cultural and political institutions have led to an erosion or loss of practices and culturally appropriate health rules and codes of behaviour which have been instrumental in ensuring gender-sensitive approaches to health”.

Native Women's Association of Canada. “Culturally Relevant Gender Based Analysis.” An Issue Paper, Prepared for the National Aboriginal Women's Summit, 2007. Accessed June 9, 2008
<<http://www.nwac-hq.org/en/documents/nwac.crgba.june1707.pdf>>

Tag: Intersectionality

The intent of this issue paper is to: • Highlight the effects of gendered discrimination against Aboriginal (First Nations, Inuit and Métis) women as perpetuated by patriarchal notions denoting the need for implementing a Culturally Relevant Gender Based Analysis (CRGBA) on all legislative, policy and program development. • Examine current GBA legislative, policy and program implementation. • Provide recommendations on future work needed that will ensure that CRGBA is implemented effectively.

Native Women's Association of Canada. “Fact Sheet: Domestic/Relationship Violence.” Accessed December 13, 2009
<http://www.nwachq.org/documents/yc_vpk/2.%20Workshops%20Handouts/English/1.%20Domestic%20-%20Relationship%20Violence/1.%20FACT%20SHEET%20-%20Domestic%20Relationship%20Violence.pdf>

Tag: Violence

1999 Statistics Canada data reports that from 7,400 Aboriginal and non-Aboriginal women that 12.6 % of Aboriginal women had been victims of violence by their current partners in the previous five years. For non-Aboriginal women, they report the figure was just 3.5%.

Native Women's Association of Canada. “Violence Against Aboriginal Women and Girls.” An Issue Paper Prepared for the National Aboriginal Women's Summit Corner Brook, NL, 2007. Accessed April 26, 2008 <<http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf>>

**Tag: Violence**

The intent of this document is to: 1. Bring to light the devastating impacts of violence against Aboriginal (First Nations, Inuit and Métis) women and girls, particularly systemic violence resulting from factors deeply rooted in colonization. 2. Examine current policies, strategies and action plans addressing violence against Aboriginal women and girls. 3. Provide recommendations on future work needed to end violence against Aboriginal women and girls.

Native Women's Association of Canada; Youth Council. "Violence Prevention Toolkit, Facilitator Guide." Accessed June 4, 2008 <<http://www.nwac-hq.org/en/vpk.html>>

Tag: Violence

The centrepiece of the Toolkit is a series of comprehensive PowerPoint template Youth Violence Prevention Workshops that contain information on how to recognize specific types of violence affecting Aboriginal girls and youth in general, how to recognize early signs of violence, and how to adequately respond to violence. The *Workshops* are dealing with the following topics:

Domestic/Relationship Violence, Date Violence, Sexual Assault, Emotional/ Psychological Abuse, and Bullying. Besides the template *Workshops* that each community can use at their discretion, the *Toolkit* contains a number of tools such as templates for organizing youth walks, fact sheets, "how to" handouts, template proposal, etc. which could assist youth and communities in addressing this issue and raising awareness.

Nelson, Jennifer, and Teresa Macias. "Living with a White Disease: Women of Colour and Their Engagement with Breast Cancer Information." Canadian Breast Cancer Research Alliance/National Cancer. Accessed October 4, 2008 <https://tspace.library.utoronto.ca/bitstream/1807/10368/1/Nelson_Macias.pdf>

Tag: Health

This paper contends that breast cancer information is written for a dominant, 'ideal' patient, who is white, Canadian-born, middle class and middle aged. We draw on the results of a study that examined the perspectives of women of colour and immigrant women on mainstream breast cancer information. This study found that racially marginalized women are excluded from the dominant discourse around breast cancer and that they do not see their identities, concerns and cultures reflected in cancer information materials. Yet, we suggest that there is more at stake than simply exclusion when some women are marginalized. We employ Homi Bhabha's work on 'mimicry' to examine the complex ways in which participants engaged with the information studied. The discursive



construction of a dominant patient/woman suggests to women of colour that they must behave and become more like this dominant figure in order to cope with their cancer and to get well.

Ng-See-Quan, Kamlyn. “Racialized and Immigrant Women in Cities.” *Women and Urban Environments*. Accessed June 4, 2008
<<http://www.nnewh.org/pubs/english/Racialized%20Women%20EN.pdf>>

Tag: Complex Lives, Violence

Racialized and immigrant women in Canadian cities bring a wealth of diversity, knowledge, and experiences to local communities. Today, urban centres in the country are at a crossroads for radical change. This change should be informed by, and engage, racialized and immigrant women. This paper will outline who racialized and immigrant women are, some challenges racialized and immigrant women experience in cities, and government responsibilities. This paper does not describe the lives and experiences of Aboriginal women. As colonized women, they have a different history in Canada and this requires a different analytical lens.

Normandeau, S., Harper, E., & Martinez, E. “Evaluation of the Implementation Process of Intersecting Sites of Violence in the Lives of Girls: A National Participatory Action Project with Girls and Young Women and the Organizations that work with them.” *Montréal: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes*, 2005. Accessed December 8, 2008
<http://www.crvawc.ca/section-research/publications_by_author/p_publications_by_auth.html>

Tag: Violence, Civic Engagement

Intersecting Sites of Violence in the Lives of Girls is a three-phase participatory action research project that aims to improve the lives of girls and young women by 1) identifying various indicators of inequality that girls and young women experience; 2) identifying how institutions contribute to their victimization and vulnerability to victimization; 3) identifying the vulnerabilities and inequalities associated with girls and young women who are at a crossroad of intersecting forms of violence 4) sensitizing service providers and policy makers about what indicators to focus on in assessing the impact of their policies and practices and 5) identifying successful change strategies to dismantle barriers to equality and promote full participation.



Northern Secretariat of the BC Centre of Excellence for Women's Health University of Northern British Columbia. "The Determinants of Women's Health in Northern Rural and Remote Regions Examples and Recommendations from Northern British Columbia." Accessed April 25, 2008
<http://www3.telus.net/public/wnn/DOCUMENTS/Determinants_doc_NFwebsite.pdf>

Tag: Health, Intersectionality

In this paper we take a social determinants approach to discuss the health of women who live in northern, remote and rural regions. Specifically, we use examples from the work of northern researchers at the University of Northern British Columbia and the Northern Secretariat of the BC Centre of Excellence for Women's Health to discuss the health status and health concerns of women from a variety of sub-populations who share the common experience of maintaining health and seeking health care in the north. We look at how the determinants of health operate in centres far away from southern metropolitan areas, and how these factors interact to compound their influence on health and capacity for health seeking behaviour.

Novac, Sylvia. "Immigrant Enclaves and Residential Segregation: Voices of Racialized Refugee and Immigrant Women." For The Canadian Advisory Council on the Status of Women, 1996. Accessed October 4, 2008
<<http://www.hnc.utoronto.ca/publish/women.pdf>>

Tag: Violence

Are immigrant enclaves in Canadian cities the product of racism and exclusionary practices such as housing discrimination or immigrants' choices and desire for familiar community? The experiences and commentary of racialized refugee and immigrant women reveal aspects of all these factors.

Ontario Federation of Indian Friendship Centres. "Urban Aboriginal Homelessness Initiative Evaluation." 2006. Accessed June 3, 2008
<http://www.ofifc.org/ofifchome/page/Document/UP_FILE/2006090675316RJZ.pdf>

Tag: Violence

In 2003, the Ontario Federation of Indian Friendship Centres (OFIFC) entered into an agreement with Human Resources and Social Development Canada (now Service Canada), to plan for and to assist in the implementation of a number of community-based Aboriginal homelessness initiatives through eight Friendship Centres in Ontario. The eight communities included: Fort Frances, Sault Ste. Marie, Sudbury, Cochrane, Moosonee,



Midland, Brantford and Niagara. In addition, five projects were initiated in Ottawa including: the Odawa Native Friendship Centre, the Wabano Aboriginal Health Access Centre, Oshki Kizis Lodge (Aboriginal Women's Support Centre) operated by Minwaashin Lodge, Tewegan Transition House (Aboriginal Youth Non-Profit Housing Corporation), and Tungasuvvingat Inuit (Inuit Centre). The eight communities mentioned were allocated \$2,409,089 in direct project costs and the Ottawa region was allocated \$1,478,833 in direct project costs. The Community Planning Process indicated the need for different priorities and approaches within each region, the following objectives were developed by the OFIFC to guide the entire initiative.

Ontario Federation of Indian Friendship Centres. "Tenuous Connections: Urban Aboriginal Youth Sexual Health & Pregnancy." 2002. Accessed June 3, 2008
<http://www.ofifc.org/Page/WC_OFIFC_report.pdf>

Tag: Health, Violence

This study was commissioned by the Ontario Federation of Indian Friendship Centres (OFIFC) in the summer of 2001. It follows on a recommendation to reduce Aboriginal teen pregnancy because of the implications for concurrent child and youth poverty, as identified in the October 2000 OFIFC publication *Urban Aboriginal Child Poverty: A Status Report on Aboriginal Children and Their Families in Ontario*. The intent is to motivate policy makers, community leaders, workers, parents, youth and elders to take action and address the alarming health conditions of Aboriginal children and youth. The information in this study will assist the OFIFC and other policy makers as they develop appropriate programs and services to encourage healthy sexuality and prevent unwanted pregnancy among Aboriginal youth. The research team collected and assembled data from a total of 340 research participants, including 255 youth questionnaires, 33 focus group participants and 52 individual interviews with youth parents, front-line workers and Elders. These participants offered descriptions, insights and perspectives on the current challenges faced by Aboriginal youth.

Ontario Human Rights Commission. "Paying the Price: The Human Cost of Racial Profiling: Inquiry Report." Accessed October 6, 2008
<<http://www.geocities.com/CapitolHill/6174/ohrcprofilingreport.pdf>>

Tag: Violence

While racial profiling has long been a concern for members of racialized communities, recently there has been heightened public debate on the issue. The focus has primarily been on: whether racial profiling exists in Ontario, who engages in it, who is targeted, whether it is a legitimate practice and what can be done to prevent it. However, what has been noticeably absent from the public discussion is an analysis of the effect that racial profiling, or even a perception that it is occurring, has on those directly impacted and on Ontario society as a whole. Through its racial profiling inquiry, the Ontario Human Rights



Commission (the Commission) hopes to fill this void by illustrating the human cost of profiling.

Oxman-Martinez, Jacqueline, and Jill Hanley. “Health and Social Services for Canada’s Multicultural Population: Challenges for Equity.” *Canadian Heritage Report*, 2007. Accessed October 5, 2008
<http://www.canadianheritage.gc.ca/progs/multi/canada2017/4_e.cfm>

Tag: Health

This paper begins with the current thinking on population health and well-being, including biomedical, socio-economic, cultural and migration components. It reviews existing knowledge about the health and social well-being of ethno-racial minorities within Canada, revealing the existence of important disparities from the general Canadian population. The next three sections explore key sources of health disparity: socio-economic, cultural and migration factors. Finally the range of health and social services available in Canada and the way in which they have served diverse populations is identified. We conclude with a discussion of policy priorities for future challenges.

Parin, Dossa. “Racialized Bodies, Disabling Worlds: They [Service Providers] Always saw me as a Client, not as a Worker.” *Social Science & Medicine* 60.11 (2005): 2527-2536.

Tag: Health, Violence

This paper makes a case for a contextualized reading of intersecting constructs of disability, gender and race as they unfold in the everyday lives of immigrant women with disabilities. Taking the vantage point of Mehrun, a Canadian Muslim woman with polio, we show that the disability, gender and race constructs converge in some contexts and remain separate in others. This is an important consideration as it forestalls a situation where immigrant women’s activist work is seen to be confined to the discrete sphere of their own communities. Mehrun’s story of migration and settlement as well as her work on community integration of persons with disabilities (regardless of race or gender) is a plea for the civil rights of disabled people. At the same time, Mehrun’s embodied reality as a racialized woman with disabilities suggests the possibility of making her marginality the epicentre of change.

Pauktuutit Inuit Women’s Association of Canada. “Inuit Women’s Health: A Call for Commitment Pauktuutit Inuit Women’s Association of Canada.” *Network Magazine* 4/5.4/1 (2001-2002 Fall/Winter). Accessed April 24, 2008
<<http://www.cwhn.ca/network-reseau/5-1/5-1pg5.html>>

**Tag: Health, Violence**

The imposition of non-Inuit health programming affects us in many ways. One is the loss of traditional midwifery as an integral part of our lives. Childbirth practices were inherent to our way of life and crucial to our social fabric. The bonds within family and community were reinforced and intensified much beyond the birth event, extending to a child's education and place in the community.

Many health care needs of Inuit women are not being met. Mammograms, an important diagnostic tool for breast cancer, are only available in the South. Waits longer than six months for an appointment are common. A test that requires Southern women a few hours away from their jobs or families can mean a week or more for an Inuk woman. If she is diagnosed with breast cancer, she has little or no choice but to remain in the South, unable to participate in family life while undergoing potentially life-saving treatment. The value of family support for women facing breast cancer is well documented, yet it is most often unavailable to us.

Pauktuutit Inuit Women of Canada: Sexual Health, HIV + Hepatitis C Resources. "The Inuit Plan of Action on HIV/AIDS = Community action for Inuit by Inuit." 2002. Accessed April 28, 2008
<<http://www.pauktuutit.ca/hiv/downloads/Reports/Plan%20of%20Action.pdf>>

Tag: Health, Civic Engagement

The high rate of STDs in Inuit regions and high teen pregnancy rates are perhaps the best indicators that risk behaviours, that could easily lead to HIV infection are common. Hepatitis C, a virus spread in much the same way as HIV, is emerging as significant health threat throughout the world as well, and represents an additional threat to Inuit. The steady increase of human traffic, both Inuit and non-Inuit, between Inuit communities and southern urban centres only increases the potential for the spread of HIV and Hepatitis C in Arctic communities. The Inuit Plan of Action on HIV/AIDS was developed through broad consultation with individuals involved in HIV/AIDS frontline work, health promotion and health service delivery, staff of regional/national organizations and, perhaps most importantly, Inuit living with HIV/AIDS. This plan is the resulting recommendation of another positive step in a process that began several years ago.

Pauktuutit Inuit Women's Association, Aboriginal Healing Foundation: Research. "Inuit Healing in Contemporary Inuit Society." 2004. Accessed April 28, 2008
<http://www.pauktuutit.ca/pdf/publications/abuse/AHFNuluaqInuitHealing_e.pdf>

**Tag: Violence, Health**

Pauktuutit Inuit Women's Association has made it a priority to substantially improve the coordination of efforts to prevent and eliminate the abuse of Inuit women and children. Towards this goal, Pauktuutit established the Nuluaq Project in 2003 in order to bring together individuals, agencies and groups who share a common interest in preventing abuse. The three-year Nuluaq Project will develop a National Inuit Strategy for Abuse Prevention based on research and the identification of root causes, gaps in services and best practices.

Pauktuutit Inuit Women of Canada. "Strong Women, Strong Communities." National Aboriginal Women's Summit, Corner Brook, NL 2007. Accessed April 28, 2008
<<http://www.laa.gov.nl.ca/laa/naws/pdf/Poverty.pdf>>

Tag: Complex Lives, Violence

Over the last 50 years, Inuit have experienced an unparalleled rate of cultural change. The shift has been from isolated, family-based economic groups that relied on subsistence hunting and fishing and seasonal relocation, to populations that now live in permanent settlements and rely, in part, on a wage economy. This change was enforced on the Inuit population with no transition plan to ease the tremendous impact.

The majority of the Inuit in Canada live in 53 remote arctic communities, extending from the Alaskan border to the eastern shores of Labrador. The communities are accessible only by air and this is an important factor with respect to access to medical services and consumer goods. Social and medical facilities are limited in many communities.

Pauktuutit Inuit Women of Canada: Sexual Health, HIV + Hepatitis C Resources. "Action in Inuit Communities: What does it take?" Report From The Sexual Health Symposium Iqaluit, Nunavut 2006a. Accessed April 28, 2008
<http://www.pauktuutit.ca/hiv/downloads/Reports/Action_In_Inuit_Communities-Eng.pdf>

Tag: Health, Complex Lives

Inuit communities have high rates of teen pregnancy and sexually transmitted infections such as chlamydia and gonorrhea, when compared to rates in the rest of Canada. This tells us that people are having unprotected sex (sex without condoms). Today, there is a great deal of travel between the North and the South. Inuit, away from home, are often exposed to a higher risk environment than they are in the North. Transition to living in the south is sometimes complicated by the pressures of urban life and the many adjustments needed to live in a southern environment. All over the world, sex is difficult to talk about. We know that youth are getting sexually involved at younger and younger ages. Youth experiment with substance use which impacts a person's ability to make good decisions and substance use makes an already difficult topic even more complicated to address. While sexually



transmitted infections tend to make sex into a health issue, sex is often not considered a health issue, but rather a social issue, an education issue, a family issue, and a community issue. In the case of sex work, where sex is exchanged for money or other goods, sex is survival. Sex is a natural, normal part of human life. Sex can be beautiful if people know how to protect themselves. People must have the knowledge and skills to communicate with their sexual partners. But most importantly, people need to respect themselves and they must respect their sexual partners.

Pauktuutit Inuit Women of Canada. “Keepers of the Light: Inuit Women’s Action Plan.” 2006b. Accessed April 28, 2008
<www.pauktuutit.ca/pdf/publications/pauktuutit/KeepersOfTheLight_e.pdf>

Tag: Civic Engagement

Inuit women play an integral role in governing our communities and our society. Inuit women are the links to the past and to the future; Inuit women are the vessels of culture, health, language, traditions, teaching, care giving, and child rearing. These qualities are fundamental to the survival of any society. Keepers of the Light reflects this perspective. We are truly the ‘keepers of the light’. This document presents a vision for a continued and strengthened partnership between Pauktuutit and the Government of Canada, predicated on the tangible contribution that Pauktuutit makes towards positive change in Inuit communities. To the task of moving forward, Pauktuutit brings twenty-two years of community-based experience and expertise — a long record of delivering timely, relevant projects and initiatives that manage, with appallingly few resources, to bring about positive and measurable change within Inuit communities

Pauktuutit Inuit Women’s Association of Canada. Sexual Health and HIV. “Condom Cover Project.” Accessed April 28, 2008 <<http://www.pauktuutit.ca/hiv/publications/>>

Tag: Health

Condom Covers: * Arctic Hare * Arpik Cloudberry * Canada Goose * Caribou * Char * Muktaaq * Musk Ox * Partridge * Polar Bear * Seal * Walrus

Pearson, Lian. “Multicultural Feminism and Sisterhood Among Women of Color in Social Change Dialogue.” Howard Journal of Communications 18.1 (2007): 87 – 109.

**Tag: Violence, Civic Engagement**

According to a proverb of unknown origin: "Two are better than one because together they can work more effectively. If one of them falls down, the other can lift her up." This adage defines the essence of a multicultural feminism that encourages dialogue and collective voice to benefit women of Color by facilitating an improved quality of life for them. Evidence is lacking, however, about whether women of Color practice multicultural feminism or even communicate to affect change. To collect information to support or deny the practice of multicultural feminism, as dialogue and communication among women of Color, in the lives of women of Color, ethnographic interviews of a total of 24 women of Color in New York City and Los Angeles were used. The research was designed to study three questions:

1. Do women of Color believe that communication, dialogue and interaction, as a part of multicultural feminism, are useful in improving their collective status?
2. Do women of Color attempt to unite in an effort to raise their socioeconomic and sociopolitical status by communicating with one another and among each other?
3. If women of Color do not unite, are there either external societal factors or factors internal to women of Color as a group that keep them from beginning a dialogue about uniting as one group of women to affect social change?

Pepler, Debra J., and Farrokh Sedighdeilami. "Aggressive Girls in Canada." Ottawa: Human Resources Development Canada, 1998. Accessed July 6, 2008
<<http://www.hrsdc.gc.ca/en/cs/sp/sdc/pkrf/publications/research/1998-000127/w-98-30e.pdf> >

Tag: Violence

To date, the majority of studies of aggression have focused on aggressive boys, as their problem behaviours are more prevalent and serious than those of girls. Little attention has been directed to the risks and long-term consequences for aggressive girls. However, data on the development of aggressive girls into adulthood suggests that girls who are aggressive may also constitute a significant social concern in Canada. Further, as is the case with boys, it is unlikely that aggressive girls will grow out of their problems. Within this research paper, the biological and social risk factors related to the development of aggressive problems and the psychosocial difficulties associated with high levels of aggression in girls are examined.

Pepler, Debra J., Janice Waddell, Depeng Jiang, Wendy Craig, Jennifer Connolly, and Jennifer Lamb. "Aggressive Girls' Health & Parent-Daughter Conflict." *Women's Health and Urban Life: An International and Interdisciplinary Journal* 5.2 (December 2006). Accessed June 4, 2008
<<http://www.scar.utoronto.ca/~socsci/sever/journal/contents5.2.html>>

**Tag: Violence, Health**

Using a sample of 462 adolescent girls, this study addressed physical and emotional health problems that aggressive girls may experience relative to non-aggressive girls, and the role of the parent-daughter relationship in the association of aggression and health problems. Compared to nonaggressive girls, girls who were highly aggressive, experienced significant physical and emotional health problems and were at higher risk of having problems in their relationships with their parents. A developmental contextual approach to intervention is suggested as a strategy to both respond to the individual needs of aggressive girls and to influence the ability of the social environment to support their healthy development. Social policies that acknowledge relationships as a key determinant of health are suggested to support transdisciplinary partnerships with the capacity to develop, and systematically evaluate, intervention outcomes to ensure that programs are effective in evoking improved and sustained health outcomes for aggressive girls.

Pollett, Heather. “The Connection Between Violence, Trauma and Mental Illness in Women.” Prepared for the Canadian Mental Health Association, Newfoundland and Labrador. Accessed April 25, 2008
<<http://www.cmhanl.ca/pdf/The%20Connection%20between%20Violence,%20Trauma%20and%20Mental%20Illness%20in%20Women.pdf>>

Tag: Health, Violence

While the immediate health effects of violence are highly visible in the short term fear, bruises, broken bones and death are hard to ignore it can also have profound long term consequences for women’s physical and mental health that are not always readily identified or understood. For example, exposure to violence may contribute to higher levels of stress, and tobacco may be used as a way of coping with that stress. In turn, smoking is a major cause of heart disease and cancer, and the stress can worsen existing health conditions or increase the risk of developing others (Doherty, 2002).

Pollock, Mica. “Race Bending: ‘Mixed’ Youth Practicing Strategic Racialization in California.” *Anthropology & Education Quarterly* 35.1 (March 2004): 30-52.

Tag: Complex Lives, Violence

As more U.S. youth claim “mixed” heritages, some adults are proposing to erase race words altogether from the nation’s inequality analysis. Yet such proposals, as detailed ethnography shows, ignore the complex realities of continuing racialized practice. At an urban California high school in the 1990s, “mixed” youth strategically employed simple



"race" categories to describe themselves and inequality orders, even as they regularly challenged these very labels' accuracy. In so "bending" race categories, these youth modelled a practical and theoretical strategy crucial for dealing thoughtfully with race in 21st century America.

Poole, Nancy, and Colleen Anne Dell. "Girls, Women and Substance Abuse." Canadian Centre on Substance Abuse, 2005. Accessed June 3, 2008
<<http://www.ccsa.ca/nr/rdonlyres/628cf348-1b92-45d5-a84f-303d1b799c8f/0/ccsa0111422005.pdf>>

Tag: Health

There is considerable evidence to support women-specific approaches to prevention, treatment, harm reduction, research and policy on substance use and addiction. There is a clear need to understand the differences in substance use between males and females, as well as among diverse groups of women and girls. The BC Centre of Excellence for Women's Health (BCCEWH) and the Canadian Centre on Substance Abuse (CCSA) have developed this information resource together to summarize the ways in which substance use and addiction differ for girls and women, and the implications of those differences for policy, research, systems and services. With the signing of a Memorandum of Agreement in 2004, BCCEWH and CCSA have formalized an opportunity to enhance their respective roles in promoting health and reducing the harms for girls and women associated with their use of alcohol, tobacco and other drugs.

Poudrier, Jennifer, and Janice Kennedy. "Embodiment and the Meaning of the 'Healthy Body': An Exploration of First Nations Women's Perspectives of Healthy Body Weight and Body Image." Journal of Aboriginal Health (2008): 15-24. Accessed April 24, 2008 <http://www.naho.ca/english/journal/jah04_01/04Embodiment_15-24.pdf>

Tag: Health

Obesity and its associated health risks have been identified as areas of concern for First Nations women, however, very little is known about the cultural, gendered and historical meanings or experiences of healthy body weight and healthy body image from the perspectives of First Nations women. This article describes the first phase of a project that explores these issues from the perspective of First Nations women living in rural communities of the Battleford Tribal Council (BTC) region of Saskatchewan. We describe the start up phase of our community-based research program. We detail the processes involved in the development of our research team and the research project, including a community consultation (a sharing circle and focus group) that was held with six BTC women. We also describe the outcomes of the consultation, which was intended to provide an appropriate direction for our research program and to gain an understanding of BTC women's perspectives on healthy body weight and body image. Through our analysis, we identify three interconnected themes related to perceptions of the "healthy body" in



the context of BTC communities. These themes are: 1) the importance of Elder knowledge and traditional values in promoting community wellness; 2) the importance of understanding family history and the role of women; and 3) the need to better understand the practical aspects of purchasing and preparing healthy food. As such, we suggest that in order to enhance community programming related to healthy body weight and body image, it is essential to understand the ways in which First Nations women experience and give meaning to their bodies and the “healthy body” in the socio-cultural and historical context of the BTC communities. We also suggest that further exploration of these meanings with BTC women, analyzed with the concept of “embodiment”—which addresses the complex intersections between the physical body and the socio-cultural experiences of the body—will constitute an important second phase of our work.

Power, Kevina. “Engaging Young People in Leadership and Decision Making.” McCreary Youth Foundation, 2005. Accessed June 9, 2008
<<http://www.myfoundation.ca/pdf/engaging-young-people.pdf>>

Tag: Civic Engagement

The purpose of this report is to provide information for organizations and communities committed to activating youth voice. This report includes information on youth voice, leadership development, and active citizenship. It outlines important philosophies regarding the effective engagement of young people in leadership and decision-making. This strategy identifies a number of different models for youth engagement that organizations can implement based on the various projects and initiatives that they wish to carry out and/or support.

Public Health Agency of Canada. “Aggressive Girls - Overview Paper.” 2006. Accessed December 8, 2008 < http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsaggsr_e.html>

Tag: Violence

Until recently, males were believed to be more aggressive and violent than females, and therefore few studies of aggression and violence included girls and women. Lately, however, more adolescent girls have been charged with violent crimes than before, which has led to increased research on girls who use violent strategies. Nevertheless, prevention programs and intervention services often rely on research based on explanations of male behaviour. However, more recent research addresses how best to prevent and intervene in girls' use of aggression and violence.



Public Health Agency of Canada. “Trends in the Health of Canadian Youth.” 1999. Accessed July 6, 2008 <http://www.phac-aspc.gc.ca/dca-dea/7-18yrs-ans/trends_e.html>

Tag: Health

Trends in the Health of Canadian Youth is a report based on the data collected through the 1989/90, 1993/94 and 1997/98 survey cycles for the World Health Organization Cross-National Collaborative Study: Health Behaviours in School-Age Children (HBSC). The trend comparisons report on data collected from among 11, 13 and 15 year olds in Canada. This report includes data from a selection of other countries as well as data from grade 6, 7, 8, 9, and 10 students in Canada.

Public Health Agency of Canada. “Sexually Transmitted Infections in Canadian Street Youth, Findings from Enhanced Surveillance of Canadian Street Youth, 1999-2003.” 2006. Accessed June 4, 2008 <www.phac-aspc.gc.ca/std-mts/reports_06/pdf/street_youth_e.pdf>

Tag: Health, Violence

Street youth endure considerable hardship, including the uncertainty and danger of life on the streets. They exist in an economically and socially marginalized position because of their age, homeless status and lack of education and job skills.¹ Street youth may be more preoccupied with meeting their basic daily needs than with health risks. Their lifestyle may also predispose them to engage in high-risk behaviours¹ such as unprotected sex, sex with high-risk partners and sex with multiple partners – behaviours that increase their risk of contracting and transmitting sexually transmitted infections (STIs) and blood-borne infections. This report is based on *Enhanced Surveillance of Canadian Street Youth (E-SYS)*,² a multi centre sentinel surveillance system that monitors rates of STIs and blood-borne pathogens, behaviours and risk determinants in Canada’s street youth population. Key findings from 1999, 2001 and 2003 are presented below.

Public Health Agency of Canada. “Toward a Healthy Future: Second Report on the Health of Canadians.” Accessed June 9, 2008 <http://www.hc-sc.gc.ca/hppb/phdd/pdf/toward/toward_a_healthy_english>

Tag: Health

Toward a Healthy Future is intended to provide health intermediaries and the general public with key messages from *Toward a Healthy Future: Second Report on the Health of*



Canadians. This plain-language popular version is one way of getting simple and compelling population health messages out to people who would not otherwise read the Report itself. It was produced by the Canadian Public Health Association and funded by Health Canada.

Public Health Agency of Canada. “Violence Against Women with Disabilities. National Clearing House on Family Violence.” 2005. Accessed December 7, 2008
<http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femdisabus_e.html>

Tag: Violence

Historically, disability has been defined in terms of an individual’s characteristics and his or her ability to perform the functions of daily living.¹ According to Statistics Canada, the term “disability” refers to difficulty performing the activities of daily living, a physical or intellectual difficulty or a health issue that reduces one’s level of activity. This description is problematic in that it situates ability in the context of a presumed standard of what is “normal” daily living. In fact, each individual’s concept of normality is unique

Public Health Agency of Canada. “Synthesis: Pulling it all Together Women’s Health Surveillance Report.” 2003. Accessed January 8, 2009. <http://www.phac-aspc.gc.ca/publicat/whsr-rssf/synth-eng.php>

Tag: Health

This gender-focused Women’s Health Surveillance Report is the initial step in developing an effective, sustainable women’s health surveillance system in Canada. This report identifies key data gaps in existing national surveys, gaps that must be addressed in order to have an effective women’s health surveillance system. It uses data from a variety of national administrative and survey databases to explore sex and gender differences in important areas of women’s health. While these data have often been considered “sterile” (they were collected for other purposes and generally lack much of the context needed for gender analysis), the report’s authors have used them to provide some insights into disparities in the distribution of determinants of health, health behaviours, health outcomes, and health care utilization for Canadian women, and to identify vulnerable subgroups of women.



Pyke, Karen D., and Denise L. Johnson. "Asian American Women and Racialized Femininities: 'Doing' Gender Across Cultural Worlds." *Gender & Society* 17.1 (2003): 33-53.

Tag: Complex Lives, Media, Civic Engagement

Integrating race and gender in a social constructionist framework, the authors examine the way that second-generation Asian American young women describe doing gender across ethnic and mainstream settings, as well as their assumptions about the nature of Asian and white femininities. This analysis of interviews with 100 daughters of Korean and Vietnamese immigrants finds that respondents narratively construct Asian and Asian American cultural worlds as quintessentially and uniformly patriarchal and fully resistant to change. In contradistinction, mainstream white America is constructed as the prototype of gender equality. Hence, Asian American and white American women serve in these accounts as uniform categorical representations of the opposing forces of female oppression and egalitarianism. The authors consider how the relational construction of hegemonic and subordinated femininities, as revealed through controlling images that denigrate Asian forms of gender, contribute to internalized oppression and shape the doing of ethnicity.

**Qullit Nunavut Status of Women Council and Ellen Hamilton. "Violence Against Women Symposium: Nunavut, Final Report and Recommendations." *Summary of the Final Report on the Violence Against Women Symposium*. Iqaluit, Nunavut, 2006. Accessed April 24, 2008
<http://www.qnsw.ca/women_violence/documents/SymposiumExecSummaryENG.pdf>**

Tag: Violence

For two and a half days in January, over 100 people, who live in and are committed to communities across Nunavut, met to discuss violence against women. By noon on Day 3, 78 recommendations had been made towards a strategy on violence prevention. There was an overwhelming consensus that violence against women was unacceptable, that it was never the victim's fault that the situation is very serious, and that Nunavut communities are ready to act immediately to eradicate it.

Raj, Anita, and Jay Silverman. "Violence Against Immigrant Women: The Roles of Culture, Context, and Legal Immigrant Status on Intimate Partner Violence." *Violence Against Women* 8.3 (2002): 367-398.

Tag: Violence

Intimate partner violence against immigrant women is at epidemic proportions, but research has only recently begun to address the concern. A review of the legal, medical,



and social science research literature reveals little data, but that which exist demonstrate that immigrant women's cultures, contexts, and legal status (a) increase vulnerability for abuse, (b) are used by batterers to control and abuse immigrant women, and (c) create barriers to women seeking and receiving help. Data also reveal that immigrant culture and context offer resiliency factors through which programs and policy can be used to better serve these populations.

Rajiva, Mythili. "Brown Girls, White Worlds: Adolescence and the Making of Racialized Selves." *The Canadian Review of Sociology and Anthropology* 43 (2006).

Tag: Complex Lives, Violence

The paper will focus specifically on South Asian girls' experiences of adolescence, a developmental period in modern Western societies that has been constructed and lived as a crucial stage of identity formation. If adolescence is all about "becoming somebody," an inextricable part of this project also involves "belonging somewhere." For both dominant and marginalized subjects, this entails a process of identifying, policing and/or negotiating the boundaries around belonging. (...) I conclude by pointing out the possible significance of adolescent boundary processes in terms of second-generation women's racialized identities in adulthood; that is, how adult women narrate their past experiences of racism in terms of their present selves.

Razack, Sherene. *Looking White People in the Eye: Gender, Race, and Culture in Courtroom and Classes*. Toronto: University of Toronto, 1998.

Tag: Violence

In this book Sherene Razack explores what happens when whites look at non-whites, and in particular at non-white women. Most studies examining this encounter between dominant and subordinate groups focus on how it occurs in films, books, and popular culture. In contrast, Razack addresses how non-white women are viewed, and how they must respond, in classrooms and courtrooms. Examining the discussion of equity issues in the classroom and immigration and sexual violence cases in the courtroom, she argues that non-white women must often present themselves as culturally different instead of oppressed. Seen as victims of their own oppressive culture who must be pitied and rescued by white men and women, non-white women cannot then be seen as subjects. This book makes clear why we must be wary of educational and legal strategies that begin with saving 'Other' women. It offers powerful arguments for why it is important to examine who are the saviours and who are the saved, and what we must do to disrupt these historical relations of power.



Razack, Sherene H. “How Is White Supremacy Embodied? Sexualized Racial Violence at Abu Ghraib.” *Canadian Journal of Women and the Law* 17.2 (2005): 341-363.

Tag: Violence

This article explores what we can learn from Abu Ghraib about how empire is embodied and how it comes into existence through multiple systems of domination. In the first part, the author discusses the role of visual practices and the making of racial hierarchies, a consideration made necessary by the 1,800 photos of torture. In the second part, she considers the violence as a ritual that enables white men to achieve a sense of mastery over the racial other, at the same time that it provides a sexualized intimacy forbidden in white supremacy and patriarchy. In the third part, she considers the role of white women at Abu Ghraib, women's participation in the violence a participation that facilitates the same mastery and gendered intimacy afforded to white men who engage in racial violence. In the conclusion, she considers the regime of facial terror in evidence at Abu Ghraib and other places, focusing on terror as a "trade in mythologies" that organizes the way that bodies come to express the racial arrangements of empire.

Razack, Sherene H. *Casting Out: The Eviction of Muslims from Western Law & Politics*. Toronto: University of Toronto Press, 2008.

Tag: Violence

In this timely and controversial work, Sherene H. Razack looks at contemporary legal and social responses to Muslims in the West and places them in historical context. She explains how 'race thinking,' a structure of thought that divides up the world between the deserving and undeserving according to racial descent, accustoms us to the idea that the suspension of rights for racialized groups is warranted in the interests of national security. She discusses many examples of the institution and implementation of exclusionary and coercive practices, including the mistreatment of security detainees, the regulation of Muslim populations in the name of protecting Muslim women, and prisoner abuse at Abu Ghraib. She explores how the denial of a common bond between European people and those of different origins has given rise to the proliferation of literal and figurative 'camps,' places or bodies where liberties are suspended and the rule of law does not apply.

**Reid, Colleen, Lesley Dyck, Heather McKay, and Wendy Frisby (eds). “The Health Benefits of Physical Activity for Girls and Women Literature Review and Recommendations for Future Research and Policy.” *British Columbia Centre of Excellence for Women's Health*, 2000. Accessed June 4, 2008
<<http://www.bcewh.bc.ca/publications-resources/documents/physicalactivity.pdf>>**

Tag: Health



This literature review originated from the difficulties policy makers, practitioners, and programmers experienced in accessing diverse sources of research, and the challenges they faced while attempting to make sense of conflicting conclusions. Notwithstanding, the current health and well-being trends in the Canadian population provided an additional imperative for this project. Girls are less active than boys at most ages, women have been experiencing increasing rates of various diseases such as fibromyalgia, coronary heart disease and cancers, and both girls and women experience body image dissatisfaction, low self-esteem and eating disorders at a much higher rate than boys and men. This literature review tackled the complex relationship between health and physical activity in the context of girls and women's lives through a multi-disciplinary and holistic approach. From this analysis, future research strategies and policy implications to support and improve the health and well-being of girls and women were identified.

Reid, Shyanne, Helene Berman, and Cheryl Forchuk. "Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women." *Issues in Comprehensive Pediatric Nursing* 28.4 (2005): 237 - 256.

Tag: Violence, Complex Lives

Homelessness affects thousands of girls and young women in Canada. Terms that are commonly used to describe the homeless include lazy, mentally ill, middle aged, and male. The reality is that homelessness is not limited to a particular age, gender, or ethnocultural group, or to individuals of any single intellectual ranking. As a result of the prevailing stereotypes, little research has been conducted on homelessness among adolescent females, making it difficult to capture an accurate and comprehensive picture of the full scope of the problem. The purposes of this feminist narrative study were to (1) explore the intersections between homelessness and health among adolescent girls, with particular attention to the influence of contextual factors such as violence, gender, and poverty; and (2) to examine how these young women access health care, barriers they encounter, and factors that contribute to their health promotion. The sample consisted of ten females, ages 16-21, who were interviewed either individually or in small groups. Consistent with feminist research approaches, the interviews were conducted in an interactive manner in order to encourage critical reflection and dialogue. Data analysis consisted of a thematic analysis of the participants' experiences. Findings revealed that most girls had fled from difficult, and at times dangerous, situations at home to lives on the street that brought a new set of challenges, including a multitude of health problems and exposure to violence, chronic poverty, and discrimination. Many barriers to effective health care were described. In this article, the findings of the research will be presented and implications for health and social service providers will be addressed, including recommendations for programming and policy.

Reitz, Jeffery, and Rupa Banerji. "Racial Inequality, Social Cohesion and Policy Issues in Canada." *Institute for Research on Public Policy*, 2007. Accessed October 8, 2008 <<http://doc.politiquestsociales.net/serv1/reitz.pdf>>

**Tag: Violence**

In this chapter, we examine evidence of racial inequality and discrimination and consider their relation to the social integration of racial minorities in Canada. In doing so, we have used very helpful data from Statistics Canada's landmark Ethnic Diversity Survey (EDS). The survey, conducted in 2002, is the best source of information on the social integration of minorities yet produced in Canada, partly because its primary focus is on intergroup relations. The survey's large sample permits analysis of specific minority groups and of the emerging Canadian-born generation of minorities.

Report of the Teen Women Leadership Development Initiative Survey. "Does It Have to Be Like This?" Teen Women ask Their Peers About Violence, Hate and Discrimination." Washington: Centre for Women Policy Studies, 2001. Accessed July 6, 2008 <<http://www.centerwomenpolicy.org/pdfs/vaw3.pdf>>

Tag: Violence

This report is the latest in the Center's ongoing effort to bring to light the role of violence in the lives girls and young women, a journey on which the Center for Women Policy Studies embarked some eight years ago. Today, with the publication "*Does It Have to Be Like This?*," we present the results of the survey conducted by the Center and the teen women participants in the TWLDI program -- a cadre of young leaders from Washington, DC who developed and administered a survey on teen attitudes about violence and their experiences with violence, along with other issues related to inclusion and tolerance.

Richelle Dean, Amber, in cooperation with four young women determined to make a difference. "Locking Them up to Keep Them "Safe": Criminalized Girls in British Columbia." A Systemic Advocacy Project Conducted for Justice for Girls, 2005. Accessed June 4, 2008 <http://www.justiceforgirls.org/publications/pdfs/jfg_complete_report.pdf>

Tag: Violence, Civic Engagement

This report provides a unique glimpse of young women's experiences of criminalization, presented in their own words. Four girls (aged 15-19) with first-hand experiences of being arrested, appearing in court, and spending time in prison share their stories through conversations with the author, and their words serve as a foundation for outlining the many injustices experienced by girls whose actions are criminalized by the state. The report also offers an overview of the history of girls' imprisonment in Canada. Through reflection on this history, along with the girls' experiences with the police, the courts, and the prison system, the author concludes that nothing less than abolishment of the practice



of imprisoning girls will allow young women to escape the many human and equality-rights abuses they are currently subject to.

Richie, Beth E., Natalie J. Sokoloff, and Christina Pratt. Domestic Violence at the Margins: Readings on Race, Class, Gender, and Culture. Rutgers University Press, 2005.

Tag: Violence

Reprints of the most influential recent work in the field as well as more than a dozen newly commissioned essays explore theoretical issues, current research, service provision, and activism among Latinos, African Americans, Asian Americans, Jewish Americans, and lesbians. The volume rejects simplistic analyses of the role of culture in domestic violence by elucidating the support systems available to battered women within different cultures, while at the same time addressing the distinct problems generated by that culture. Together, the essays pose a compelling challenge to stereotypical images of battered women that are racist, homophobic, and xenophobic.

Riecken, Ted, Tish Scott, and Michele T. Tanaka. “Community and Culture as Foundations for Resilience: Participatory Health Research with First Nations Student Filmmakers.” *Journal of Aboriginal Health*, 2006. Accessed June 6, 2008 <<http://www.naho.ca/english/journal/Article01.pdf>>

Tag: Civic Engagement

This article describes a participatory action research project that brings together teachers and students from three First Nations education programs with researchers from the Centre for Youth & Society at the University of Victoria for the purpose of researching health and wellness among Aboriginal youth. Using the methodologies of participatory research, students identify topics that are of concern to them in the area of health and wellness. They plan, research and develop a video presentation on their chosen topic using digital video as a tool for research and communication of their findings. This article focuses on how such an approach to research contributes to building resiliency through the development of relationships that foster a connection with community and culture. The article describes the way the project has enhanced participants' relationships with their communities, across generations, with diverse groups in urban settings, and with their sense of self, and culture.



Ringrose, J., and Renold, E. “Presumed Guilty: The Gendered, Sexualized, Racialized and Classed Effects of Bully Discourses for Boys and Girls.” Presented at Gender and Education Association Conference, Trinity College Dublin, March 2007.

Tag: Violence

The present paper explores the conceptual limitations of the bully discourses that ground UK anti-bullying policy frameworks and psychological research literatures on school bullying, suggesting they largely ignore gender, (hetero)sexuality and the social, cultural and subjective dynamics of conflict and aggression among teen-aged girls. To explore the limitations of bully discourses in practice, the paper draws on a pilot, interview-based study of girls’ experiences of aggression and bullying, illustrating how friendships and conflicts among the girls are thoroughly heterosexualized, en-cultured and classed. Drawing on girls and parent interview narratives, I also trace some of the effects of bully discourses set in motion in schools to intervene into conflicts among girls. I suggest these practices miss the complexity of the dynamics at play among girls and also neglect the power relations of parenting, ethnicity, class and school choice, which can inform how, why and when bullying discourses are mobilized.

Ross, Melissa Nalani. “Anti-Immigrant Fervour Translates to Terror for Women.” On the Issues Magazine, (Fall, 2008). Accessed October 5, 2008
<http://www.ontheissuesmagazine.com/2008fall/2008fall_11.php>

Tag: Violence

Anti-immigrant fervour in the United States makes injustice for immigrant women tolerated – even encouraged. As a result, immigrant women are living in situations of sheer terror.

Rousseau Cécile, Louise Lacroix, Abha Singh, Marie-France Gauthier, and Maryse Benoit. “Creative Expression Workshops in School: Prevention Programs for Immigrant and Refugee Children.” Accessed June 3, 2008 <[http://www.irm-systems.com/onottaca/doc.nsf/files/63043031B5D5A6A28725714D006C1149/\\$file/August2005CreativeExpressionWorkshops.pdf](http://www.irm-systems.com/onottaca/doc.nsf/files/63043031B5D5A6A28725714D006C1149/$file/August2005CreativeExpressionWorkshops.pdf)>

Tag: Health, Civic Engagement

Introduction: Immigrant and refugee families underutilize mental health services and schools are in a good position to develop prevention programs to help children adapt to their new environment.

Method: The transcultural psychiatry team at the Montreal Children’s Hospital, in partnership with schools, has implemented creative expression workshops for



kindergarten, elementary schools, and high school to help the children bridge the gap between past and present, culture of origin and host society

Results: The workshops provide a safe space for expression, acknowledge and value diversity, allow the establishment of continuity, and facilitate the transformation of adversity.

Conclusion: Refugee and immigrant children's needs should be addressed through intersectoral programs that target exclusion and support a sense of agency.

Rousso, Harilyn. "Strong Proud Sisters: Girls and Young Women with Disabilities." Barbara Waxman Fiduccia Papers on Women and Girls with Disabilities Center for Women Policy Studies, 2001. Accessed November 24, 2008
<www.centerwomenpolicy.org/pdfs/DIS3.pdf>

Tag: Complex Lives

Despite their diversity, what binds girls and young women with disabilities together is their shared experience of double discrimination based on gender and disability, often compounded further by discrimination based on race, ethnicity, class and/or sexual orientation. Discrimination, and the underlying negative assumptions and stereotypes about girls with disabilities and their potential, are far more limiting to girls' survival and success than any limitations imposed by their disabilities, no matter how significant. But the force that binds girls and young women with disabilities goes beyond multiple oppressions to include the creative and cultural aspects of the disability experience combined with the particular vantage point of being female.

Roy, Jennifer. "Racism in the Justice System." Prepared for the Canadian Race Relations Foundation. Accessed October 5, 2008
<<http://www.crr.ca/content/view/227/377/lang,english/>>

Tag: Violence

To reach a full understanding of this particular issue, overrepresentation of First Nations Peoples in the criminal justice system, it is necessary to look at racism in three main ways: personal (or individual) racism, systemic racism and ideological (or cultural) racism. It is also necessary to see how these three main categories operate in the main processes of the criminal justice system: policing, judiciary, and the penal system. Personal, systemic, and ideological racism influences each of the three main processes of the justice system. For example, in regards to policing, personal racism is seen in statistics such as First Nations peoples are 3 times as likely to be charged and sent to court after arrest than non-natives. This statistic may be influenced by the fact that First Nations Peoples are under-represented in the police force - - in Ontario only 19 of 12,093 police officers are First



Nations Peoples (York, 1990). This systemic barrier interacts with cultural racism, which informs police officers' beliefs and misconceptions about First Nations Peoples.

Ruck, Martin D., and Scot Wortley. "Racial and Ethnic Minority High School Students' Perceptions of School Disciplinary Practices: A Look at Some Canadian Findings." *Journal of Youth and Adolescence* 31.3 (2002). Accessed October 6, 2008 <<http://www.geocities.com/CapitolHill/6174/eduprofiling8.html>>

Tag: Complex Lives, Violence

Ruck and Wortley examine perceptions of differential treatment relating to school disciplinary practices in a racially and ethnically diverse sample of high school students. The implications of these findings are discussed, and suggestions for future research are outlined.

Rural Assistance Center. "Women's Health Frequently Asked Questions." Accessed June 4, 2008 <http://www.raconline.org/info_guides/public_health/womenshealthfaq.php#access>

Tag: Health

Women's health frequently asked questions.

Rural Women, and Poverty Action Committee. "Rural Women Speak Out About the Face of Poverty, Final Report." Report Prepared by Colleen Purdon Project Coordinator, 2002. Accessed April 27, 2008 <www.wthuron.ca/pdfs/FinalReport.pdf>

Tag: Violence

The experience of poverty for rural women is a largely unresearched and invisible issue. We know little about the specific impact of changes in government income and social service policies on rural women, or on how poor women themselves define and manage their day-to-day lives in a rural area. This report gives voice to the experiences of 35 diverse poor women who live in villages and hamlets, and on farms and concession roads in the Ontario counties of Bruce, Grey and Huron. We hope it is a beginning point for



further research and action to develop new and rural specific policies and strategies that acknowledge the unique situations and challenges facing poor rural women.

Rural Women Making Change. Gural! Zine. Accessed May 6, 2008
<<http://www.rwmc.uoguelph.ca/page.php?p=11>>

Tag: Complex Lives

In the first year of the RWMC program, the GURAL project experienced tremendous success! GURAL is a project that aims to expand knowledge and livelihood opportunities for rural girls. Since April 2005, the project team has worked collaboratively to develop a website and to develop and design its own zine! The website (<http://www.hurontel.on.ca/~women/gural.html>) features a dazzling array of colours and photographs of gural members. It promotes discussion through its “Site of the Moment” and “Udderly Gural Stories” features. It also contains lists of websites that address issues facing rural girls. Finally, the site includes a link to the first GURAL zine that was completed in November 2005, also featured below. Over 2000 zines have been printed and distributed since its development. As this project continues to thrive, it’s goal of reaching rural young women and empowering them with knowledge and opportunities to succeed in life is becoming a reality.

Russell, Stephen T., and Kara Joyner. “Adolescent Sexual Orientation and Suicide Risk: Evidence From a National Study.” *American Journal of Public Health* 91.8 (2001). Accessed July 6, 2008 <<http://www.ajph.org/cgi/content/abstract/91/8/1276>>

Tag: Health, Complex Lives

Objectives. Sexual orientation has been a debated risk factor for adolescent suicidality over the past 20 years. This study examined the link between sexual orientation and suicidality, using data that are nationally representative and that include other critical youth suicide risk factors. *Methods.* Data from the National Longitudinal Study of Adolescent Health were examined. Survey logistic regression was used to control for sample design effects. *Results.* There is a strong link between adolescent sexual orientation and suicidal thoughts and behaviours. The strong effect of sexual orientation on suicidal thoughts is mediated by critical youth suicide risk factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or a family member, and experiences of victimization. *Conclusions.* The findings provide strong evidence that sexual minority youths are more likely than their peers to think about and attempt suicide.



Rousso, Harilyn. “Strong Proud Sisters: Girls and Young Women with Disabilities.” Barbara Waxman Fiduccia Papers on Women and Girls with Disabilities Center for Women Policy Studies, 2001.

Tag: Complex Lives

This paper presents what is known –and not known – about girls and young women with disabilities, drawing upon the limited research specifically focused on disabled girls as well as relevant studies both of disabled youth of both genders and of disabled women. Hopefully, this literature review will pique the curiosity of researchers, program developers, and activists alike, leading to more research, program development, and advocacy, as well as an appreciation of the diversity of experiences and the strengths of girls and young women with disabilities.

Savarese, Josephine. “Exploring the Intersections Between Women’s Health and Poverty.” A Policy Paper for Prairie Women’s Health Centre of Excellence, 2003. Accessed May 2008 <<http://www.pwhce.ca/pdf/exploringIntersections.pdf>>

Tag: Health, Violence, Intersectionality

The population health model encourages health analysts to consider both biomedical and socio-economic determinants of health in the implementation of policies and practices. Over the last few decades, studies have connected socio-economic factors and health inequalities. New research also acknowledges that women’s health is a by-product of gender-based differences resulting from social and economic inequities as well as biologically based sex differences. Regrettably, in much of the literature, the connections between women’s health and women’s poverty are often overlooked. Poverty is often addressed as a gender-neutral problem. The failure to connect income inequality, health and gender is problematic due to the pervasiveness and depth of poverty among women in Canada. Overlooking this factor at the research stage makes certain that the gendered nature of poverty remains unaccounted for in policies and programs

Schulz, Amy J., and Leith Mullings. Gender, Race, Class & Health: Intersectional Approaches. San Francisco: Jossey Bass, 2006.

Tag: Intersectionality



Gender, Race, Class, and Health examines relationships between economic structures, race, culture, and gender, and their combined influence on health. The authors systematically apply social and behavioural science to inspect how these dimensions intersect to influence health and health care in the United States. This examination brings into sharp focus the potential for influencing policy to improve health through a more complete understanding of the structural nature of race, gender, and class disparities in health. As useful as it is readable, this book is ideal for students and professionals in public health, sociology, anthropology, and women's studies.

Scott, Jacqueline L. "English Language and Communication Issues for African and Caribbean Immigrant Youth in Toronto." For the Coalition of Visible Minority Women (Ontario) Inc. Accessed June 4, 2008
<<http://ceris.metropolis.net/Virtual%20Library/education/scott1.html>>

Tag: Complex Lives, Violence

This research explores the language and communication issues faced by English-speaking black youths, from Africa and the Caribbean, as they settle into their new lives in Toronto. The study was commissioned by the Coalition of Visible Minority Women (Ontario) Inc. This non-profit agency had noticed that many of its Anglophone African and Caribbean clients were having difficulty with English. Placing them in the agency's English as a second language programme was not always helpful or appropriate. Using focus groups, the immigrant youth and parents were interviewed to share their experiences of settling into Canadian society, and the role of language in the process.

Sefa Dei, George J. "The Denial of Difference: Refraining Anti-Racist Praxis." Race Ethnicity and Education 2.1 (March 1999): 17 – 38.

Tag: Violence

This article makes a case for the 'strategic essentialism' of anti-racist practice. It reconceptualises anti-racism by examining the intersections of race and social difference. The article begins with an interrogation of the processes and/or strategies of denying of race in academic discourses and public social practices, and the resistant politics that affirm race and difference. It discusses how in the context of **racialized** experience(s) (e.g. denial of race and racial difference), anti-racist knowledge is/can be located. In making race visible the article also points to ensuing theoretical contradictions. A particular focus is on the interface of 'science' and the production of race knowledge. Lastly, how to understand social oppressions more broadly while still keeping race at the centre of anti-racism politics is a key question in reframing integrative anti-racist practice.



Senn, Charlene Y., Serge Desmarais, Norine J. Verberg, and Eileen J. Wood. "Offering Sexual Health Fairs to Supplement Existing Sex Education Programs: An Evaluation of Adolescent Students' Knowledge Needs [Choices not Chances]." *Alberta Journal of Educational Research* 46.4 (2000): 356 ProQuest CD-ROM.

Tag: Health

Alternative perspectives have resulted in the development of programs that incorporate comprehensive factual information with life skills training ([Kirby] et al., 1994; [Scales], 1986). These programs focus on health promotion and the development of decision-making skills. The health promotion model focuses on the influence of lifestyle on mental and physical well-being. In this context sexuality is incorporated into health promotion principles such as knowledge of how to treat your body well or knowledge of how to seek help (Scales, 1986). Issues such as how to obtain access to and successfully use contraceptive devices for the prevention of sexually transmitted diseases, HIV, and pregnancy; dating and communication skills such as how to say No are taught around the development of self-respect (DeGaston, Jensen, & Weed, 1995; Ehrhardt, 1996; Scales, 1986)

Sethi, Meera. "The Mainstreaming of Dissent: Women Artists of Colour and Canadian Art Institutions." *Resources for Feminist Research* 29.3/4 (2002): 85-104.

Tag: Violence

In this paper, I develop a theoretical framework that addresses key debates relevant to women artists of colour in Canada. I explore the relationship between established Canadian art institutions and women artists of colour and the corresponding ideological formations that give meaning to their art. In doing this, I note positioning of women artists of colour in Canada in relation to institutional exclusion, naming practices, multiculturalism and representational politics, government funding and survey exhibitions. I consider the relationship of women artists of colour to discourses of "Canadian" art and nation as constructed through the lens of multiculturalism.

Sexuality and U. "Sex Facts in Canada." Fact Sheet. 2006. Accessed June 4, 2008 <www.sexualityandu.ca/media-room/pdf/Sex-Stats-Fact-Sheet_e.pdf>

Tag: Health



www.sexualityandu.ca is the ultimate Canadian web site committed to providing accurate and up-to-date information and education on sexual health. From sexually transmitted infections (STIs) to contraception awareness, lifestyle choices to talking about sex, the site offers information for teens, adults, parents, teachers and health professionals. The web site is made possible with the guidance and collaboration of a team of distinguished Canadian medical organizations, and is led by the Society of Obstetricians and Gynaecologists of Canada.

Shahsiah, Sara. "Identity, Identification, and Racialization: Immigrant Youth in The Canadian Context." Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS), Working Paper No. 49 (2006). Accessed June 10, 2008
<http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP49_Shahsiah_final.pdf>

Tag: Complex Lives, Violence

As the number of immigrant youth in Toronto increases in a time of federal budget cuts in social services, policy makers and service providers must focus on how identity and identification are integral to youths' integration process as newcomers to Canada (Desai and Subramanian, 2000; Kilbride, Anisef, Baichman-Anisef, and Khattar 2000). Racialized immigrant youth face unique barriers and struggles as the intersecting effects of 'race', class, age, and gender mediate their experiences (Desai and Subramanian 2000; Kilbride, Anisef, Baichman-Anisef, and Khattar 2000; Rummens 2003). Through a combination of focus groups and individual interviews with foreign-born, non-white youth, this study explores how youth are able to articulate, negotiate, and problematize their identity. Employing an anti-racist theoretical framework and a critical social research approach, the study asked, in particular: how do racialized immigrant youth self-identify and perceive their 'racial,' ethnic, and/or cultural identity? The findings of this study illustrate that identity is constructed in a relational and contextual manner that is dependent on experiences of being othered and racialized.

Shields, John, Khan Rahi, and Antonie Scholtz. "Visible-Minority Employment Exclusion: The Experience of Young Adults in Toronto." Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS). Policy Matters 28 (2006). Accessed June 9, 2008
<<http://ceris.metropolis.net/PolicyMatter/2006/PolicyMatters28.pdf>>

Tag: Complex Lives, Violence

The ability to secure full and meaningful employment is a necessary condition for societal cohesion and inclusion. Effective access to labour market participation has been threatened, however, by the high incidence of unemployment, particularly for youth. The purpose of this research is to examine the "lived labour market" experience of immigrant



and refugee young adults who have been unsuccessful in their attempts to integrate into the Toronto labour market. A qualitative case study of visibly identifiable African and Asian immigrant/refugee young adults was utilized using semi-structured focus groups to probe their experiences of the local job market. The overall guiding questions informing our research were: What roles do race, ethnicity, and immigration status play in affecting employment opportunities and experiences for immigrant and refugee (IR) young adults?

Shields, John, Khan Rahi, and Antonie Scholtz. "Voices From The Margins: Visible-Minority Immigrant and Refugee Youth Experiences with Employment Exclusion in Toronto." Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS), Working Paper No. 47 (2006). Accessed June 7, 2008
<http://ceris.metropolis.net/Virtual%20Library/WKPP%20List/WKPP2006/CWP47_Shields_et_al_final.pdf>

Tag: Complex Lives, Violence, Civic Engagement

The ability to secure full and meaningful employment is a necessary condition for societal cohesion and inclusion. Effective access to labour market participation has been threatened, however, by the high incidence of unemployment, particularly for youth. The purpose of this research is to examine the "lived labour market" experience of immigrant and refugee youth/young adults who have been unsuccessful in their attempts to integrate into the Toronto labour market. A qualitative case study of visibly identifiable African and Asian immigrant/refugee youth was utilized using semi-structured focus groups to probe their experiences of the local job market. The overall guiding questions informing our research were: What roles do race, ethnicity, and immigration status play in affecting employment opportunities and experiences for immigrant and refugee (IR) youth? Do these factors operate to exclude such youth from successful labour market participation? And what other additional barriers exist that contribute to difficulties with immigrant and refugee youth labour-market integration?

Shoveller, J., Chabot, C., Soon, J., and Levine, M. "Identifying Barriers to Emergency Contraception use in Young Women from Various Ethno-Cultural Groups in British Columbia, Canada." Perspectives on Reproductive and Sexual Health 39.1 (2007): 13-20. Accessed October 16, 2008
<http://findarticles.com/p/articles/mi_m0NNR/is_1_39/ai_n27189551/pg_1?tag=artBody;col1>

Tag: Health

In a survey of 2,648 women attending British Columbia abortion clinics in July-December 2002, we found that 82% of respondents knew of emergency contraception; of those, however, only 18% knew that it was available without a physician prescription. (5,6) Many



(71%) of the respondents had been aware that they were at risk of pregnancy (e.g., had used no method of contraception, had had a condom break or had missed birth control pills) and therefore could have benefited by using emergency contraception. Nine per cent of respondents who had known they were at risk had used it, but the method had failed.

Simone de Beauvoir Institute Concordia University. "Reasonable Accommodation": A Feminist Response /Les « accommodements raisonnables » : Une réponse féministe. 2007. Accessed October 7, 2008
<http://www.dominionpaper.ca/weblogs/anna_carastathis/1554>

Tag: Violence

As anti-racist, anti-colonial feminists in Québec, we have serious misgivings about the Commission de Consultation sur les pratiques d'accommodement reliées aux différences culturelles. The Conseil du statut de la femme du Québec (CSF) has proposed that the Québec Charter be changed so as to accord the right of gender equality relative priority over the right to religious expression and to ban the wearing of "ostentatious" religious symbols in public institutions by public employees. Our concern is that the Commission and the CSF's subsequent intervention pave the way for legislation that will restrict rather than enhance the rights of women. We invite you to join us in questioning the exclusionary structure of the Commission, the assumptions it supports, and the negative impact it is likely to have on women's lives.

Singh, Jakeet. "Fuelling Fear in Canada. Let the Fear-Mongering Begin, Canadian-Style." The New Socialist (February 26, 2007). Accessed October 5, 2008
<<http://www.newsocialist.org/index.php?id=1197>>

Tag: Violence

Recent attempts to paint the rejection of multiculturalism as a kind of concern for visible minorities in Canada should be seen for what they are: a Canadian mask on an alarming global trend toward fear-mongering and racism.

Smith, Andrea. "Beyond the Politics of Inclusion: Violence Against Women of Color and Human Rights." Meridians: Feminism, Race, Transnationalism 4.2 (2004): 120-124.

**Tag: Violence**

What was disturbing to so many U.S. citizens about the September 11, 2001, attacks on the World Trade Center is that these attacks disrupted their sense of safety at "home." Terrorism is something that happens in other countries; our "home," the U.S.A., is supposed to be a place of safety. Similarly, mainstream U.S. society believes that violence against women only occurs "out there" and is perpetrated by a few crazed men whom we simply need to lock up. However, the anti-violence movement has always contested this notion of safety at home. The notion that violence only happens "out there," inflicted by the stranger in the dark alley makes it difficult to recognize that the home is in fact the place of greatest danger for women. In response to this important piece of analysis, the anti-violence movement has, ironically, based its strategies on the premise that the criminal legal system is the primary tool with which to address violence against women.

Smith, Andrea. "Looking to the Future: Domestic Violence, Women of Color, the State, and Social Change." *Domestic Violence at the Margins: Readings in Race, Class, Gender and Culture*. Eds. Nathalie J. Sokoloff, and Christina Pratt. Piscataway, N.J.: Rutgers University, 2005: 416-434.

Tag: Violence

In this final chapter, Andrea Smith thinks "outside the box" as she suggests strategies to end domestic violence that must deal simultaneously with the reality of structural as well as state violence, especially state violence within the criminal justice system. She brings us full circle as she argues that one cannot look to the criminal justice system for safety because state violence is intimately connected to domestic violence, in short, the state cannot be relied on to heal domestic violence. Thus, she asserts, if we truly put poor women of colour at the centre of our analysis, as Coker (chapter 22) and Rickie (chapter 4) before her suggest, then we are forced to reconsider the current remedial violence models that rely on social service programs and criminal justice interventions.

Smith, Carrie. "The New Racism and the Changing Beauty Norm." *Bad Articles*, 76: Race and Culture, 2006. Accessed October 5, 2008
<<http://bad.eserver.org/issues/2006/76/raceandbeauty.html>>

Tag: Media, Violence

From television shows to tabloids, the standard of beauty has changed in recent years. Today, young girls and women of colour can see beautiful women of the same skin tone in movies, magazines and television. They no longer have to aspire to achieve the beauty norm of White women. They now seek to look like the extremely beautiful black, brown, and Asian women they sometimes see on television. Is this any better?



Sodhi, Kalsi, Pavana, Dr. “‘The Best of Both Worlds’: Bicultural Identity Formation of Punjabi Women Living in Canada.” University of Toronto. Canadian Association for the Study of Adult Education - Online Proceedings 2003.

Tag: Complex Lives

This paper recapitulates the data and results of my doctoral study, which explored the bicultural identity formation of fifteen Punjabi women living in Canada. It also examines the cultural experiences internalized by Punjabi women as they juxtapose the Punjabi and Canadian value systems into one mindset. This paper consists of three sections: the first section delineates biculturalism; the second section discusses bicultural issues encountered by Punjabi women; and the final section provides a mind map, which describes this population’s bicultural identity formation.

Sokoloff, Natalie. “Alternative Visions of Ending Domestic Violence: A Race/Class/Gender/Sexuality Intersectional Analysis.” Paper presented at the annual meeting of the American Society of Criminology, Royal York, Toronto, 2008.

Tag: Violence, Intersectionality

Research and practice in the area of domestic violence all too often has been presented as a “one size fits all” approach. This is inadequate to the experiences and needs of diverse groups of women who are abused. Instead, this paper looks at (1) the recent research and practice using a race, class, gender, sexuality intersectional analysis and structural framework to understand the lived experiences and contexts of domestic violence for marginalized women in the U.S., (2) the relationship of battering in the family to violence against women (and men) by larger systems of socially structured inequality in poor and racialized communities, and (3) the availability of approaches and resources to diverse groups of women to fight this oppression. The focus of this paper is to provide several examples of different types of approaches being used in marginalized communities in the U.S. for dealing with domestic violence against women in their families. How poor women, women of colour, immigrant women, and lesbians visualize some of their work against domestic violence in poor and racialized U.S. communities will be the focus of this paper.

Springer, Joseph, Terry Roswell, and Janet Lum. “Pathways to Homelessness Among Caribbean Youth Aged 15-25 in Toronto.” Joint Centre of Excellence for Research on Immigration and Settlement – Toronto (CERIS). Policy Matters, No. 30 (2007). Accessed June 9, 2008
<<http://ceris.metropolis.net/PolicyMatter/2007/PolicyMatters30.pdf>>

Tag: Complex Lives, Violence



The primary goal of the research project was to ascertain patterns, trends, and pathways related to episodes of homelessness among Caribbean youth. The data component of the study used in-depth qualitative interviews with homeless Caribbean youth 15-25 to develop a greater understanding of the socio- demographic characteristics of 'street-involved' Caribbean youth, the ways in which they found themselves homeless, their support systems, interactions with police, vulnerabilities, and the impacts these have on their self-image and sense of control over their lives.

Statistics Canada. "Family Violence in Canada: A Statistical Profile." 2004. Accessed January 7, 2009 < <http://www.statcan.gc.ca/cgi-bin/af-fdr.cgi?l=eng&loc=85-224-x2004000-eng.pdf>>

Tag: Violence

This is the seventh annual Family Violence in Canada: A Statistical Profile report produced by the Canadian Centre for Justice Statistics under the Federal Family Violence Initiative. This annual report provides the most current data on the nature and extent of family violence in Canada, as well as trends over time, as part of this ongoing initiative to inform policy makers and the public about family violence issues. Each year the report has a different focus. This year, the focus is on sentencing in cases of family violence, compared to non-family violence cases. This report examines the role of the victim-offender relationship on sentencing outcomes by linking police and court statistical records from the Incident-based Uniform Crime Reporting (UCR2) Survey and the Adult Criminal Court Survey (ACCS). The report also analyzes spousal violence, violence against children and youth and violence against older adults by utilizing police-reported, victimization, and homicide data.

Status of Women Canada. "Summary of the Policy Forum on Aboriginal Women and Violence: Building Safe and Healthy Families and Communities." Ottawa Congress Centre, 2006. Accessed May 5, 2008 <http://www.swc-cfc.gc.ca/pubs/polforum/polforum_2_e.html>

Tag: Violence

The Policy Forum on Aboriginal Women and Violence: *Building Safe and Healthy Families and Communities* was an initiative of Federal/Provincial/Territorial (FPT) Ministers Responsible for the Status of Women. The idea grew from the recognition that Aboriginal Women are the most vulnerable and marginalized women within Canadian society, particularly with respect to violence. Ministers Responsible for the Status of Women made a commitment to work collectively or individually to address violence against Aboriginal women. Aboriginal women's organizations were asked to provide input to develop potential objectives for a forum on Aboriginal women and violence. The event was held on March 27 and 28, 2006 as a joint policy forum, with the costs shared among jurisdictions. The objectives of the forum were to create dialogue on policy and program initiatives between ministers, government officials and Aboriginal women's organizations, to share



best practices on violence prevention, and to describe government services from across the country that are making a positive impact.

Steans, Jill. “Telling Stories about Women and Gender in the War on Terror.” *Global Society* 22.1 (2008): 159 – 176.

Tag: Violence

This article focuses on the role of gender in boundary-drawing practices, in the construction of identities and in the discursive construction and depiction of the “body politic” in the War on Terror. It argues that the evocation of “liberated Western women” and “oppressed Muslim” women in narratives on the War on Terror has been useful in the project of casting the United States as a beacon of civilisation and in constructing, reinforcing and reproducing a polarity between the West and the Islamic world. The War on Terror has also generated narratives about male protectors and the female protected; narratives that are also central to boundary-drawing processes. The final section of the article focuses on “dissident stories” that have challenged dominant meanings and dominant constructions of identity and boundaries, and unsettled simplistic and dichotomous characterisations of “good” and “evil” in the War on Terror.

Steenbergen, Candis, and Christina Foisy. “Best Practices: Experience, Knowledge and Approaches for Working with and for Girls and Young Women.” Published by POWER Camp National/Filles d’Action, 2006. Accessed December 8, 2008 <http://www.powercampnational.ca/drupal47/files/BestPractice_complete.pdf>

Tag: Civic Engagement

The creation of this document represents one element of the work of POWER Camp National’s. Overall, PCN’s many projects provide opportunities for organizations working with and for girls to connect, learn from each other, share experiences and skills, and exchange resources. PCN’s national network is comprised of self-organized young women and formal and informal organizations from across Canada. This document contains issues, concerns and “best practices” as shared by PCN and its many national network members. The valuable learnings they share are rooted in their experiences working with and for girls and young women in specific communities across Canada.



Stephens, Dionne P., and Layli D. Phillips. "Freaks, Gold Diggers, Divas, and Dykes: The Sociohistorical Development of Adolescent African American Women's Sexual Scripts." *Sexuality & Culture*, Winter (2003). Accessed October 4, 2008 <http://www.fiu.edu/~stephens/SS_Sex+_Culture.pdf>

Tag: Media

The development of a sexual self is based in an understanding of the messages and meanings an individual is given about sexual roles and behaviours. To understand how meanings become scripts unique to adolescent African American women's experiences, it is important to look at how their images have been framed within a racialized and sexualized sociohistorical context. The remnants of the foundational Jezebel, Mammy, Matriarch, and Welfare Mother images of African American womanhood remain today, as exemplified by similar, yet more sexually explicit scripts that include the Freak, Gold Digger, Diva, and Dyke. This paper explores the sociohistorical development of current sexual scripts for African American female adolescents through an interpretation of Hip Hop culture documents, and the available empirical research. The relevance of these current sexual scripts to sexual identity development, sexual risk-taking behaviours, and interpersonal relationship dynamics are also addressed.

Stevenson, Kathryn, Jennifer Tufts, Dianne Hendrick, and Melanie Kowalski. Edited by Sandra Besserer. "A Profile of Youth Justice in Canada." Canadian Centre for Justice Statistics, 1998. Accessed June 4, 2008 <<http://dsp-psd.pwgsc.gc.ca/Collection-R/Statcan/85-544-XIE/0019785-544-XIE.pdf>>

Tag: Violence

Youth crime is a concern for Canadians, but what are the facts? How many youths are being charged with a crime; what offences are being committed and by whom; and what sentences are young offenders receiving? The purpose of this profile is to answer these types of questions. In so doing, it is hoped that readers will gain a better understanding of the issues and that this profile will be a useful tool for schools, policy makers, program developers, and others working in the justice field. The report is organized in a similar fashion to the way youths are dealt with by the justice system; it follows youths in trouble with the law from their initial contact with police to their handling by the correctional system.

Stockburger, Jillian, Betsabeh Parsa-Pajouh, Sarah de Leeuw, and Margo Greenwood. "Substance Abuse Task Force: University of Northern British Columbia. Youth Voices on the Prevention and Intervention of Youth Substance Abuse." 2005. Accessed June 4, 2008 <<http://www.coespecialneeds.ca/PDF/youthvoices.pdf>>

**Tag: Health, Civic Engagement**

This is a qualitative study that examines the voices and views of youth in a northern British Columbian city regarding substances and substance abuse. At risk youth aged between 15 and 19 discussed their perceptions about substances, what it means to be 'clean', and offered their stories and experiences with drugs and alcohol. The youth also offered advice regarding developing prevention activities and programs that are successful for youth. The results of this study offer valuable information for those interested in substance use and youth. Policy makers, program planners, service providers, parents, teachers and others can benefit from the candid advice and insight offered by these youth. This report also discusses youth-driven research as an innovative research methodology used to conduct a study on youth substance use. Specifically, the paper highlights some of the successes and challenges of youth researchers conducting research with their peers.

Sudbury, Julia C. "Toward a Holistic Anti-Violence Agenda: Women of Color as Radical Bridge-Builders." *Social Justice* 30 (2003). Accessed October 16, 2008
<http://findarticles.com/p/articles/mi_hb3427/is_ai_n29063347>

Tag: Violence

In the post-September 11 era, many women of colour have tired of seeking to transform liberal identity-based movements that claim to represent all "women" or "African Americans," for example, but remain entrenched in the politics of imperial feminism or patriarchal and heterosexist rights for black men. Instead, many of us have focused our attention in two complementary directions: building our own organizations based on an intersectional analysis of violence, and participating in and building coalitions within issue-based movements, such as the antiwar, prison abolitionist, political prisoner, police brutality, racial profiling, and domestic violence and sexual assault (DVSA) movements.

Sum, Alison. "Multiple Exposures: Racialized and Indigenous Young Women Exploring Health and Identity through Photovoice." A Thesis Submitted in Partial Fulfillment of the Requirements for the Degree of Master of Arts, University of British Columbia, 2003. Accessed October 4, 2008
<<https://dspace.library.uvic.ca:8443/dspace/bitstream/1828/1033/1/A.S.%20Thesis,%20Final,%20July%202022.pdf>>

Tag: Health, Social Inclusion, Violence, Civic Engagement

This study explores the health and well-being of eight racialized and Indigenous women between the ages of 21 and 28, who live in Victoria, BC. Participants use Photovoice, a participatory research strategy, to examine and discuss their intersecting everyday



realities in the contexts of health, well-being and identity. Through this project, I aim to provide an in-depth understanding of social exclusion, as a social determinant of health, and investigate the micro-social processes that occur at the intersections of race, class and gender, among many other social relations. I draw upon transnational feminist, anti-racist and postcolonial theories to shed light on the complexity of our shifting and emergent identities. The stories that participants share indicate that historical processes of colonization, daily forms of racism, migration, nationalism, citizenship and cultural essentialization are key contributors to their processes of identity formation and subsequently, their experiences of health and wellness.

Sutherns, Rebecca, Marilou McPhedran, Margaret Haworth-Brockman. “Rural, Remote and Northern Women’s Health: Policy and Research Directions Final Summary Report.” 2004. Accessed May 5, 2008 <http://www.cewh-cesf.ca/PDF/cross_cex/RRN_Summary_CompleteE.pdf>

Tag: Health

In response to widespread interest in the health issues of rural, remote and northern populations in Canada, calls for more systematic and applied rural health research and the virtual invisibility of gender analysis in current rural health policy and research, the Centres of Excellence for Women’s Health (CEWH) developed a national study entitled *Rural and Remote and Northern Women’s Health: Policy and Research Directions*. Its purpose was to combine the knowledge of women living in rural and remote areas of Canada with that of community organizations and researchers to develop a policy framework and research agenda on rural and remote women’s health in Canada. The results of the study reported here reflect investment in a highly consultative process to produce clear, achievable goals for change, based on the knowledge of women who have built their lives in rural, remote and northern Canada.

Taylor, Janette Y. “Colonizing Images and Diagnostic Labels: Oppressive Mechanisms for African American Women’s Health.” *Advances in Nursing Science* 3 (1999): 32-45.

Tag: Health, Media, Violence

The purpose of this article is to present colonizing images of African American women and describe how colonizing images and diagnostic labels function together to serve as oppressive mechanisms for African American women’s health. The mammy, the matriarch, the welfare mother, the Jezebel, and the Black lady overachiever are representational images of African American women that contribute to how they are viewed and treated within the health care arena.



Thurston, Wilfreda E., Scott Patten, Laura E. Lagendyk. "Prevalence of Violence Against Women Reported in a Rural Health Region." *Canadian Journal of Rural Medicine* 2006. Accessed May 5, 2008 <http://www.cma.ca/index.cfm/ci_id/50129/la_id/1.htm>

Tag: Violence, Health

The purpose of this paper is to present evidence that violence against women should be considered a serious public health issue in rural regions. This study reports the results of a secondary analysis of data representative of the population in a rural health region in Alberta, Canada. The purpose of the analysis was to examine the prevalence of physical and sexual assault reported by women living within this rural area, and to examine the relationship to self-reported health conditions, behaviours and health service use.

Tipper, Jennifer. "The Canadian Girl-Child: Determinants of the Health and Well-being of Girls and Young Women." Ottawa: Canadian Institute of Child Health. 1997. Accessed July 7, 2008 <<http://www.cich.ca/PDFFiles/cndgirlchildeng.pdf>>

Tag: Complex Lives

Existing research shows that today's girls and young women are confronted by a range of obstacles and barriers along their path towards healthy development. Our challenge is to uncover the extent to which growing up female impacts the healthy development of girls and young women from birth to adulthood. This report will outline how The Canadian Girl-Child project has taken us one step closer to building this knowledge and to advancing the status of the girl-child in Canada.

Thobani, Sunera. "Under The Shadow of 9/11 Part 1." Accessed October 16, 2008 <http://www.youtube.com/watch?v=iwB2iH_h9_A&feature=related>

Tag: Violence

Sunera Thobani talks about the "War on Terror" and its impact at home and globally.

Thobani, Sunera. Transcript of Speech From: "The Women's Resistance: From Victimization to Criminalization Conference." *Indy Newswire*, 2001. Accessed October 26, 2008 <http://www.casac.ca/english/conference01/conf01_thobani.htm>

Tag: Violence



"We, ad this 'we' is really problematic. If we in the West are all Americans now, what are Third World women and Aboriginal women to do? If Canadians are Americans now, what are women of colour to do in this country? And I'm open to suggestions for changing this title, but I thought I would stick with it as a working title for getting my ideas together for making this presentation this morning.

Thobani, Sunera. "White Wars: Western Feminisms and the 'War on Terror.'" *Feminist Theory* 8.2 (2007): 169-185.

Tag: Violence

The War on Terror is reconfiguring the practices that constitute whiteness through its definition of the West as endangered by the hatred and violence of its Islamist Other. Critical race and feminist theorists have long defined 'whiteness' as a form of subjectivity that is socially constructed, historically contextual, and inherently unstable. The equation of whiteness as a social identity with the socio-political category of the West has been seen as particularly problematic for its implication in colonial and imperialist projects. These theorists have also noted that the economic and political power of the West has enabled white subjects to exalt themselves even as they have sought to define the nature of the Other. This paper examines how three feminist texts engage with the hegemonic discourse of the War on Terror and its (re)constitution of whiteness.

Thobani, Sunera. "Anti-Racism and the Women's Movement." *Upping the Anti* No. 5 (2008). Accessed October 5, 2008 <http://auto_sol.tao.ca/node/3013>

Tag: Violence

Sunera Thobani is an assistant professor at the Centre for Women's and Gender Studies at the University of British Columbia. Her research focuses on race and gender relations, and migration, citizenship, and nation-building. She was the first woman of colour to serve as President of the National Action Committee on the Status of Women (NAC) between 1993 and 1996. During that time NAC, along with the Canadian Labour Congress, organized the National Women's March Against Poverty. She made national news in October of 2001 as one of the first critics of US foreign policy and the "war on terror" when she stated, "From Chile to El Salvador, to Nicaragua to Iraq, the path of US foreign policy is soaked in blood." Thobani is one of the founders of the cross-Canada Researchers and Academics of Colour for Equity (RACE) and is currently writing about media representation of the "war on terror" and its impact on gender, race, and empire-building. Sharmeen Khan interviewed Thobani in July 2007.



Tolman, Deborah L., Meg I. Striepe, and Tricia Harmon. “Gender Matters: Constructing a Model of Adolescent Sexual Health.” *The Journal of Sex Research* 40.1 (2003): 4-12. Accessed July 6, 2008
<http://findarticles.com/p/articles/mi_m2372/is_1_40/ai_101530206>

Tag: Health

In this paper, we examine the role of gender in sexual health models for adolescents. Our purpose is threefold: (a) We review current comprehensive models of adolescent sexual health, noting that gender is absent in these models; (b) we provide theoretical and empirical evidence for the importance of including gender in an explicit way; and (c) we describe how we developed a new model of adolescent sexual health in which gender matters.

Town Youth Participation Strategies. “Background Paper: Rural Youth Facts: Fact Sheets on Youth Centres in Canada: Rural Homelessness.” 2006. Accessed May 7, 2008
<<http://www.typs.com/Research/Facts%20Sheet%20on%20Youth%20Centres%20in%20Canada.pdf>>

Tag: Violence, Health

- Studies have shown that no less than 40 to 50% of the youth that are homeless in the cities are originally from small towns and rural/remote areas. The 99 homeless small town/rural youth interviewed verified these reports from their own experience. “It has been estimated that one-third of Canada’s homeless population are youth. On any given night, that means close to 65,000 young people are without a place to call home.”
- A study conducted by the Canadian Centre on Substance Abuse “Street youth (both rural and urban) continue to be at risk for an array of health problems, particularly HIV and Hepatitis B and C as a result of injection drug use and needle sharing.”

Tungasuvvingat Inuit. “Inuit Specific Approaches to Healing from Addiction and Trauma.” Mamisarniq Conference, 2007. Accessed May 9, 2008
<http://www.itk.ca/publications/2007EN_ReportMamisarniq_Final.pdf>

Tag: Health



The intent of TI's inaugural Mamisarniq Conference in 2006 was to create the first forum for face to face interaction between Northern and Southern frontline workers involved in Inuit specific trauma and addiction and mental wellness issues, many of whom had been communicating for years by telephone and email alone. One of the most important results of that seminal gathering was that a powerful sense of network emerged, specifically for the Northern workers who felt isolated in their communities. The 2007 edition of the conference continued to build on that sense of network and followed up on one of the 2006 conference's recommendations, namely to "Bring Northern and Southern frontline workers together to present on their Inuit specific programs and services."

Turner, Sandra G., Carol P., Kaplan, Luis Zayas, and Ruth E. Ross. "Suicide Attempts by Adolescent Latinas: An Exploratory Study of Individual and Family Correlates." *Child & Adolescent Social Work Journal* 19.5 (2002): 357-374. ProQuest CD-ROM.

Tag: Health

Epidemiological data show high rates of suicide attempts among Adolescent Latinas. Few studies have addressed the psychosocial, cultural and family correlates of suicide attempts among this age group of a rapidly growing population. The authors studied 31 adolescent Hispanic females who were receiving mental health services; 14 girls had attempted suicide in the previous five years and 17 had never attempted suicide. The two groups of girls did not differ significantly with respect to demographic profiles, levels of depression, family type, acculturation, or self-esteem. However, as hypothesized, the mutuality between girls and their mothers was lower among suicide attempters. Maladaptive coping skills of withdrawal and wishful thinking were more commonly used by attempters, and non-attempters used emotional regulation and problem-solving more frequently. Findings are discussed within the context of the empirical and theoretical literature and implications for practice are considered.

Tupuola, Anne-Marie. "Participatory Research, Culture and Youth Identities: An Exploration of Indigenous, Cross-Cultural and Trans-National Methods." *Children, Youth and Environments* 16.2 (2006): 291-316. Accessed October 4, 2008 http://www.colorado.edu/journals/cye/16_2/16_2_05_Tupuola-CultureAndYouthIdentities.pdf

Tag: Civic Engagement

This paper addresses the benefits of participatory youth research for young people who do not have the opportunity to speak out in their own immediate familial and cultural



environments. Different cultural methodological processes are described with the intent of illustrating the limitations of blanket participatory designs for young people of indigenous, cross-cultural and trans-national identities. The paper includes a detailed discussion of three individual research projects developed by the author. Two involved young women of Samoan descent in New Zealand and one involved the participation of young people of diverse backgrounds in New York. These studies accentuate the potential for participatory research methods to empower young people not only within the immediate research context but also across cultures and geographical locations.

Tyyskää, Vappu. "Immigrant Adjustment and Parenting of Teens: A Study of Newcomer Groups in Toronto, Canada." CERIS: Policy Matters, Issue Immigrant Families and Parenting Practices No. 19 (2005). Accessed June 4, 2008
<<http://www.ceris.metropolis.net/PolicyMatter/2005/PolicyMatters19.pdf>>

Tag: Complex Lives, Violence

The goal of this study is to illustrate that parenting practices among immigrants generally fall along a continuum – from traditional to non-traditional – and that these practices are subject to change upon immigration and settlement. This study collects information from interviews with 18 parents from different cultures whose parenting approaches and practices are discussed in the context of both the issues that newcomers face upon immigration and settlement, and the perceptions of immigrants about “Canadian” parenting and family relationships. It outlines shared parental issues and concerns, as well as the differences between mothers and fathers. It also addresses the gender ideologies related to raising teenaged sons and daughters. The results are related to the continuum of parenting practices. Finally, implications for further research and policy related to immigrant settlement are outlined.

Upping the Anti. "Singing in Dark Times: The Politics of Race and Class - An Interview with Himani Bannerji." Upping the Anti No. 2 (2006). Accessed October 5, 2008
<http://auto_sol. tao.ca/node/1694>

Tag: Complex Lives, Intersectionality

Himani Bannerji is a Professor in the Department of Sociology at York University where she teaches in the areas of anti-racist feminism, Marxist cultural theories, gender, colonialism, and imperialism. Her recent publications include *Inventing Subjects: Studies in Hegemony, Patriarchy and Colonialism*; *Of Property and Propriety: The Role of Gender and Class in Imperialism and Nationalism*, and *The Dark Side of the Nation: Essays on Multiculturalism, Nationalism and Racism*. She is currently working on a book on Rabindranath Tagore, decolonization, and modernity. Erin Gray, Tom Keefer, and John Viola interviewed Himani at her home in Toronto in August of 2005.



Upping the Anti. “Fighting Borders: A Roundtable on Non-Status (Im)migrant Justice in Canada.” Upping the Anti No. 2 (2006). Accessed October 4, 2008
<http://auto_sol.tao.ca/node/1786>

Tag: Violence

In June, Montreal’s Solidarity Across Borders (a broad coalition comprised of refugees, non-status immigrants, and their supporters) organized a walk from Montreal to Ottawa to push for four key demands: an end to all deportations, an end to the detentions of immigrants and refugees, an end to security certificates¹, and the full and accessible regularization of all non-status immigrants.² The walk was the culmination of years of organizing by such groups as No One Is Illegal (NOII) in Montreal, Toronto, Vancouver, Winnipeg and Kingston, Solidarity Across Borders (SAB) in Montreal, and the Ontario Coalition Against Poverty. The movement also has ties to a number of other cities and communities across Canada. In the follow-up to the walk, some participants discussed the future of this movement. To help further this dialogue, Upping the Anti asked three organizers from across Canada to answer some questions about the future of the refugee rights movement.

Valaitis, Ruta. “They Don’t Trust Us; We’re Just Kids.” Views About Community from Predominantly Female Inner City Youth.” Health Care for Women International 23 (2002): 248-266.

Tag: Health, Civic Engagement

The cornerstones of health promotion are the concepts of empowerment and community participation. There has been little research, however, on how these concepts are actualized within a youth population and even less from a gender perspective. Girls are socialized to be more compliant and cooperative; thus they feel less assertive to express themselves. The benefits of community participation, such as the development of personal identity and increased self-determination, may therefore be more important for girls’ development. In this qualitative study I explored youth’s perceptions about community, their ability to be heard, and their power to effect community change. Responses to focus groups and an on-line sentence completion exercise by 23 well-functioning, predominantly female (83%) youth, at an inner-city school in Canada, revealed that youth perceived that they were not heard and felt disempowered in the larger community.

Vancouver Coastal Health. “Trans Care Youth. Let’s Talk Trans: A Resource for Trans and Questioning Youth.” Accessed June 4, 2008
<<http://vch.eduhealth.ca/pdfs/GA/GA.100.L569.pdf>>

**Tag: Complex Lives, Health**

This booklet is for youth who want information about being trans, gender transition, coming out as trans, or finding resources and getting support. We hope that it will be a resource that can be used by trans and questioning youth as well as loved ones (sometimes called SOFFAs – significant others, friends, family, and allies).

van Daalen-Smith, Cheryl. “Living as a Chameleon: A Guide to Understanding Girls’ Anger For Girl-Serving Professionals.” 2006. Accessed June 3, 2008
<http://www.atkinson.yorku.ca/NURS/Anger_Research.pdf>

Tag: Complex Lives

Living as a Chameleon is a groundbreaking collaborative study conducted in partnership with girls, girl-serving professionals and organizations in communities across Canada. Interviews with a diverse group of 65 girls were conducted to better understand what generates anger, how they are permitted to express it, its relationship to depression, and to develop girl-driven recommendations.

van Daalen, Cheryl. “Shifting the Lens: Resituating Women’s Self-Esteem from the Personal to the Political.” *Women’s Health and Urban Life: An International and Interdisciplinary Journal* 3.2 (2004): 14-26. Accessed June 3, 2008<https://tspace.library.utoronto.ca/bitstream/1807/3065/2/Daalee_Shifting_the_lens.pdf>

Tag: Health

Women’s mental health is political and the erosion of women’s self-esteem demands feminist analysis and contextualization. At the threshold of the new millennium when self-esteem had gained popularity as a phenomenon of interest to mental health professionals, building self-esteem became an assigned duty of many public health nurses including myself. A feminist qualitative study situated in public health nursing illustrated that the plunge in self-esteem of six North American white women was the outcome of a patriarchal social system that demands narrow gender roles for women and subsequently devalues them. Mental health professionals must shift the problematic lens of self esteem interventions that are fixed on exposing and ameliorating individual deficits in women’s self appraisals. Consciousness-raising as a strategy to bolster self-esteem is proposed: a strategy that shifts the lens on women’s self-esteem from the personal to the political.



van der Woerd Kim A., David N. Cox, and Trica McDiarmid. “A Preliminary Look at Aggressive and Violent Behaviour in Aboriginal Adolescent Girls.” *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 5.2 (2007). Accessed April 30, 2008 <http://www.pimatisiwin.com/Articles/4.1J_AboriginalAggression.pdf>

Tag: Violence

Rates of aggression in adolescent girls are increasing, and Aboriginal adolescent girls are particularly at risk. No single variable has been found to predict involvement in aggressive or violent behaviour as either a victim or perpetrator. When conducting research with Aboriginal communities, it is particularly important to first consider historical context, and then review unique individual, school, family, and community factors related to aggressive and violent behaviour. The intention of this paper is to develop a proposal for future research on violent behaviour for Aboriginal adolescent girls. Therefore, this paper reviews data from the *Raven's Children* report, which is based on data from the McCreary Centre Society's Adolescent Health Survey (AHS) II. In 1998, the AHS II was administered to over 26,000 youth attending school in the province of British Columbia, of whom 1707 participants (45 per cent male, 55 per cent female) identified themselves as Aboriginal. An encouraging finding was that the majority of Aboriginal girls rated their health as good or excellent. Aboriginal girls who experienced harassment or abuse demonstrated significantly higher levels of emotional distress. A limitation of this study was that the AHS II did not specifically address issues from the perspective of the perpetrator. However, we did gain insight into factors related to being a victim of aggressive or violent behaviour. Future directions for research are discussed.

Van Roosmalen, Erica. “Forces of Patriarchy: Adolescent Experiences of Sexuality and Conceptions of Relationships.” *Youth and Society* 32.2 (2000): 202-227. ProQuest CD-ROM.

Tag: Complex Lives

This article examines the ways in which forces of patriarchy, along with capitalism, in constructing women, continue to play a significant role in shaping adolescent experiences of sexuality and conceptions of relationships. Based on a qualitative textual analysis of 875 letters written to the advice column of Teen Magazine, this article begins by reporting on some of the concerns and issues of sexuality, gender identity, and relationships facing preteen and teenage women in the 1990s.

Varcoe, Coleen. “Doing Participatory Action Research in a Racist World.” *Western Journal of Nursing Research* 28.5 (2006): 525-540.

**Tag: Civic Engagement**

This exploration of the racial power dynamics in a participatory action research project with women who had experienced intimate partner violence discusses the challenges inherent in doing participatory action with antiracist intent and offers suggestions for overcoming these challenges. To engage in this type of research, explicit commitment to the goals of an antiracist intent needs to be shared as widely as possible. Fostering such shared commitment demands that the social locations of all involved be interrogated continuously. Such interrogation, however, needs to be prefaced with understanding that individuals are not representative of particular power positions or social identities or locations and with critical attention to how language and social structures shape racism and other forms of dominance. Being inclusive must be understood as complex and the influence of diverse agendas and perspectives acknowledged and taken into account. In the face of such complexity, "success" in research may need redefinition.

Varcoe, Colleen, and Sheila Dick. "The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context." *Journal of Aboriginal Health* 4.1 (2008). Accessed May 7, 2008
<http://www.naho.ca/english/journal/jah04_01/07ViolenceHIV_42-52.pdf>

Tag: Violence, Health, Intersectionality

An ethnographic study looking at the intersecting risks of violence and human immunodeficiency virus (HIV) for rural women shows that the neo-colonial and racist context of Canadian society creates particular challenges for Aboriginal women. This article focuses on the experiences of the Aboriginal women who took part in the study. These women's experiences of violence occurred within a rural context of poverty and declining economic resources, and within a historical context of colonial abuses and cultural disruptions. Consequently, the women's lives were often characterized by disconnection from family and community, making them vulnerable to further violence and exploitation. Social support programs in this rural setting were limited and access was sometimes problematic. Understanding how the intersecting dynamics of gender, rural living, poverty, racism, and colonialism create risk for Aboriginal women provides a basis for developing policies that aim to strengthen the well-being of women, particularly their economic well being. It also highlights the need for an anti-racist agenda within the social service and health care sectors and at all levels of government.

Waldron, Ingrid R. G. "Examining Beliefs about Mental Illness Among African Canadian Women." *Women's Health and Urban Life: An International and Interdisciplinary*



Journal 2.1 (2003): 42-58. Accessed June 3, 2008
<<https://tspace.library.utoronto.ca/bitstream/1807/449/2/waldron.pdf>>

Tag: Health

This paper examines how social constructs such as race, culture, gender, age, socioeconomic status, educational level, language and immigrant status influence the ideologies, beliefs and attitudes that many African Canadian women hold about “mental illness”, symptom presentation and treatment. In this paper, interview data from six informants, two of whom speak about their emotional and mental health problems are provided. The remaining four informants were mental health professionals who provided additional data on many of their African Canadian female patients experiences in dealing with mental health problems. Standardized interview guides were used with each informant. Interviews lasted approximately one hour and thirty minutes. The data were analyzed by using a categorization system that was based on themes arising out of the author’s earlier research.

Wallis, Maria A., and Siu-ming Kwok, eds. Daily Struggles: The Deepening Racialization and Feminization of Poverty in Canada. Toronto: Canadian Scholar’s Press Inc, 2007.

Tag: Violence

Daily Struggles offers a unique, critical perspective on poverty by highlighting gender and race analyses simultaneously. Unlike previously published Canadian books in this field, this book connects human rights, political economy perspectives, and citizenship issues to other areas of social exclusion, such as class, sexuality, and disability.

Waltermaurer, Eve, Carole-Ann Watson, Louise-Anne McNutt. “Black Women’s Health: The Effect of Perceived Racism and Intimate Partner Violence.” Violence Against Women 12.12 (2006): 1214-1222.

Tag: Health, Violence

This study provides preliminary evidence of the relationship between perceived racial discrimination and intimate partner violence (IPV) and how these exposures interact to affect the mental and physical health of Black women. The exposures of lifetime perceived racial discrimination and IPV were found to be highly associated. Furthermore, women who reported both exposures showed a notably higher prevalence of anxiety and



nonspecific physical health symptoms compared with women who reported either or neither exposure. To appropriately respond to the health needs of Black women, it is essential that women's many stressors be considered simultaneously.

Weiler, Jeanne. "An Overview of Research on Girls and Violence." Choices Briefs, Number 1. 1999. Accessed June 8, 2008
<http://www.eric.ed.gov/ERICWebPortal/custom/portlets/recordDetails/detailmini.jsp?_nfpb=true&_ERICExtSearch_SearchValue_0=ED441916&ERICExtSearch_SearchType_0=no&accno=ED441916>

Tag: Violence, Girls Programs

Overall, the brief reviews the extent of girls' delinquency and violence, the ways they differ from boys, the contributing factors, and effective program strategies to prevent female delinquency. In 1994, arrests of girls accounted for one-fourth of youth arrests. Although there has been an increase in the arrest rate of girls for violent offenses, this pattern parallels an increase for boys' arrests, and may simply reflect overall changes in youth behaviour. When girls do commit violent crimes, they are more likely to use knives than guns, and are more likely to murder someone as a result of conflict than as a consequence of crime. School-related violence by girls, although not inconsequential, is far less likely than violence in school by boys. Abuse and victimization and school failure have been noted as risk factors for girls' violence and aggression. Female gangs make up a relatively small percentage of gangs nationwide, but it has been estimated that girls account for one-third of the youth in gangs in Los Angeles, California. Programs that serve young violent women effectively must take into account girls' status in a gendered society.

Whittington-Walsh, Fiona. "The Broken Mirror: Young Women, Beauty & Facial Difference." Women's Health and Urban Life 5.2 (2006): 7-24. Accessed June 4, 2008 <<https://tspace.library.utoronto.ca/bitstream/1807/9493/1/whittington-walsh.pdf>>

Tag: Violence, Health

The purpose of this study is to develop a theoretical understanding of the connection between the colonial and patriarchal notions of ideal beauty found in western society and the attitudinal violence that girls and young women with facial differences experience. This violence is enacted through both the scientific gaze and the public gaze and involves consequences such as economic discrimination, hiding and masking difference, living a life of fear and being induced to self hatred. Central to this work is the life history of Ani, a young woman born with a port wine stain birthmark covering the right side of her face and neck which also enlarges her lower lip and tongue. At times, Ani returns the imperial, male gaze by refusing to feel shame for her 'difference' and rejects the many demands to



'normalize' her appearance. However, as the attitudinal violence intensifies, Ani is forced to withdraw into submission and once again become victim of the gaze.

Wieman, Cornelia. "Improving the Mental Health Status of Canada's Aboriginal Youth." Guest Editorial. *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 15.4 (2006): 157-158. Accessed June 4, 2008 <<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=2277303>>

Tag: Health, Violence

It has been ten years since the Royal Commission on Aboriginal Peoples (RCAP) released its Final Report. Numerous recommendations grouped into major themes had the common goal of improving the relationship between Canada and its Aboriginal Peoples. There were specific recommendations to address the disparities in health status between the general Canadian population and Aboriginal Peoples. As such, the report was released with great optimism and hope by its authors and in turn, was met with considerable expectations on the part of Aboriginal people for positive change.

Wilson, Alex. "Living Well: Aboriginal Women, Cultural Identity and Wellness." Manitoba Aboriginal Women's Health Community Committee, and supported by the Prairie Women's Health Centre of Excellence. Accessed June 5, 2008: <http://www.uwinnipeg.ca/admin/vh_external/pwhce/pdf/livingWell.pdf>

Tag: Health

Traditional understandings of health and wellness in Manitoba's Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province's health care institutions. This research project, undertaken by an Aboriginal Women's Health Research Committee supported by Prairie Women's Health Centre of Excellence (PWHCE), seeks to extend our understanding of the positive impact of cultural identity on the wellness of Aboriginal women in Manitoba and our understanding of the ways that Aboriginal women have retained and drawn upon cultural values, teachings and knowledge in their efforts to heal themselves, their families, and their communities.



Women's Directorate Government of Yukon. "Free From Fear: Sexual Assault Prevention for Teens." Accessed May 8, 2008
<<http://www.womensdirectorates.gov.yk.ca/pdf/free.pdf>>

Tag: Violence

If you're not sure what sexual assault is, or how you can keep safe, this booklet can provide some answers. If you know someone who has been sexually assaulted, or someone who is abusive, you may want to find out how to help them. If you have been sexually assaulted, this booklet will help you understand that there are people who care about you and can help you.

Women's Health in Women's Hands Community Health Centre. "Racial Discrimination as a Health Risk for Female Youth: Implications for Policy and Healthcare Delivery in Canada." Published by The Canadian Race Relations Foundation, March 2003. Accessed June 9, 2008
<http://www.whiwh.com/Research/ePub_RacialDiscrimination.pdf>

Tag: Health, Violence, Intersectionality, Complex Lives

Our research highlighted the existing obstacle of racism which results in the denial of young women of colour to equal access to quality healthcare, health education and health information. The resulting disparities in health access and modes of treatment are varied and complex but it is undeniable that racism plays a major role and must be considered a viable determinant of health in the lives of young women of colour. (...) Our report concludes with an outline of specific recommendations for policy and program development provided by the young women and service providers who participated in this study. We hope to offer the readers this expression of our experience over the past year as an opportunity to consciously re-examine racism as a determinant of health and contribute to the transformation of this reality.

Yaqoob, Salma. "Hijab: A Woman's Right to Choose." Speech Given at The European Social Forum, (October 16, 2004). Accessed October 6, 2008
<<http://www.whatnextjournal.co.uk/Pages/Latest/Hijab.pdf>>

Tag: Violence

The first thing I'd like to say is that it is impossible to understand why we are having this meeting today without locating it within the increase of Islamophobia and anti-Arab racism since 9/11. The grief of the victims of 9/11 has been exploited by George Bush under the



banner of the “war on terror” to stamp new US military dominance on the world and to remap the Middle East in its own economic and strategic interests. Old- fashioned imperial conquest is now repackaged and disguised as a defence of “civilisation” against “global terror”. The “threat of Muslim fundamentalism” is to White House propagandists today what the bogey of communism was during the cold war. (...) The new phase of imperialism requires a new phase of racism. Today it takes the form of Islamophobia and Muslims the world over have become legitimate targets. In this context, a green light is given to every bigot to spew out their bile against Muslims. And this is seeping even into the official “respectable” discourse of our political establishment.

Yeung, Monica. “Ingredients for Learning Research Paper. Youth Engagement in Canada.” 2007. Accessed June 4, 2008
<http://www.mealexchange.com/index.php?option=com_content&task=view&id=41&Itemid=75>

Tag: Civic Engagement

With over half of 15 to 24 year olds actively volunteering within their respective communities, Canadian youth are among the most engaged citizens in the country (Michael Hall, Lasby, Gumulka & Tryon, 2006). Youth across Canada are being engaged to participate in a wide variety of organizations including those within the education, research, and social services sectors. But what exactly does youth engagement mean and how are youth in Canada being actively engaged within their communities? This paper aims to explore the theme of youth engagement by attempting to address several significant questions, namely: • What is youth engagement? • How are youth engaged, and why are some youth disengaged? • What are some examples of projects, programmes and organizations that engage youth in Canada?

Ying Yee, June Dr., and Sara Shhsiah. “Striving For Best Practices and Equitable Mental Health Care Access for Racialized Communities in Toronto.” 2006. Accessed June 3, 2008
<http://www.accessalliance.ca/index.php?option=com_content&task=view&id=10002&Itemid=28>

Tag: Health

The objective of this study was to explore barriers and opportunities faced by service providers in the provision of appropriate mental health services to racialized communities; to explore the extent to which a holistic approach is being used in the assessment and intervention work with racialized communities; and to identify best practices to be used by service providers in providing culturally competent and equitable services that can benefit racialized communities in the Toronto area. As part of this study, the working group held a



series of workshops with consumer survivors from racialized communities, service providers, policy makers, funders, senior management, educators and researchers in the Spring of 2006 to identify specific gaps, challenges, recommendations and ultimately guiding principles that may help define (prospective) best practices and equitable mental health care access for racialized communities in Toronto, and inform priority areas for future research and action.

Youth Action Network Manuals. “Fire It Up! Youth Action Manual.” 2001. Accessed October 5, 2008 <www.youthactionnetwork.org/rac/Fireitup/FireItUp.pdf>

Tag: Civic Engagement

This youth action manual covers topics ranging from anti-oppression to coalition building to fundraising. This is a great resource geared towards empowering youth to pursue a proactive approach to activism through education and conscientiousness.

Youth and Racial Equity Project Team, Daniel HoSang, Julie Quiroz-Martinez, and Lori Villarosa. “Changing the Rules of the Game: Youth Development and Structural Racism.” Published by the Philanthropic Initiative for Racial Equity: Washington, DC. 2004. Accessed October 8, 2008 <http://www.racialequity.org/docs/500393_0_YRE_Report-Jan.pdf>

Tag: Violence

This report focuses on a sample of 16 youth development and youth organizing groups that address structural racism as part of their work. The findings summarized below suggest that youth development organizations that adopt a structural racism framework and approach can dramatically increase their effectiveness. Such approaches allow youth themselves to better understand, analyze, and respond to the concrete effects of structural racism in their everyday lives. This framework can also build on the relationships, recognition, and resources of youth development organizations that are uniquely situated to expand the possibilities for racial justice.



Youth Net/ Réseau. “Youth and Mental Health: Quantitative and Qualitative Analyses of Youth Net/Réseau Ado Focus Groups: Executive Summary Background.” Children’s Hospital of Eastern Ontario, Ottawa, 2001.

Tag: Health

Youth Net/Réseau Ado strives to increase awareness and communication and decrease the negative stigma regarding mental health and illness issues, promote good mental health, facilitate early intervention for mental illness, develop plans for making the present mental health services more youth appropriate, and help youth develop connections with a safety net of professionals. A primary way in which YN/RA is achieving this is by listening to youth via focus groups, which provide an open forum for them to communicate their issues and opinions. We listen to the experts, the youth themselves. To date, YN/RA has organized 446 focus groups in Western Quebec and Eastern Ontario. From September 1995 to June 1998, 4624 youth (aged 12-20 years) participated in YN/RA focus groups. Fifty-one per cent of the groups were held in English and 49% in French. Fifty-six per cent of the participants were female and 44% were male. Eighty-four per cent of the groups were held with youth in mainstream school programs and 16% were held with youth in non-mainstream programs (including street youth, youth in alternative education programs, youth in care, young offenders in detention centres, gay, lesbian and bisexual youth, aboriginal youth, adolescent mothers). The present is a summary of the quantitative and qualitative information provided by youth in the focus groups.

Zamparo, JoAnne, and Donna I.M. Spraggon. “Echoes and Reflections: A Discussion of Best Practices in Inuit Mental Health.” Centre of Excellence for Children and Adolescents with Special Needs, 2005. Accessed June 4, 2008
<<http://www.coespecialneeds.ca/PDF/echoes&reflectionsreport.pdf>>

Tag: Health

Mental health is a major field of study and practice. Every human service discipline has generated a significant body of literature on research, programs and services to address the importance of mental health to overall health. Aboriginal and Inuit mental health is an emerging field as is an understanding of the professional role and ways of providing mental health services with these people. Aboriginal youth also are a primary concern among Elders and parents. A number of researchers have addressed these concerns in studies that attempt to understand the issues facing youth today. Still a disconnection exists between what we think we know and what is happening in Aboriginal and Inuit communities in rural remote Canada. This paper presents a discussion of best practices with a focus on Inuit mental health and youth in particular.



Zine, Jasmin. “Living on the Raged Edges: Absolute and Hidden Homelessness Among Latin Americans and Muslims in West Central Toronto.” Forum Summary, 2002. Accessed October 8, 2008
<http://ceris.metropolis.net/virtual%20library/housing_neighbourhoods/ragged%20edges%20031113.pdf>

Tag: Violence

The forum provided a unique opportunity for researchers, service providers and community activists to address the various factors that help or hinder immigrants, refugees and racially marginalized diasporic communities in gaining access to and maintaining housing in Toronto. The forum offered an opportunity to learn more about the research that has been undertaken and the policies and programs that have been suggested to reduce the risk of homelessness among these groups. The forum also helped define additional research that is needed in this area.