

NORTHERN GIRLS
RESEARCH REVIEW:
A COMPILATION OF
RESEARCH ON
NORTHERN, RURAL AND
ABORIGINAL GIRLS' AND
YOUNG WOMEN'S ISSUES

BY GIRLS ACTION FOUNDATION
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WHY WE CREATED THIS RESEARCH REVIEW

The goal of this research review is to provide resources and information about the realities facing Northern, rural and/or Aboriginal girls and young women in Canada. The goal is to support initiatives that empower girls and young women to become agents of change. This research compilation is a quick and easy way for young women, educators and organizations that work with girls and young women to access information which can reinforce funding proposals, program development, and communication materials like presentations or fact sheets.

Research reviews such as this one are just one form of knowledge. Community knowledge and the knowledge girls have about their own experiences are even more important. This resource was created, however, to fill a gap: we could not easily find statistics or information about girls and young women that were relevant to Northern, rural and/or Aboriginal contexts. In creating this research review, we have prioritized the inclusion of research that has been initiated by or created in collaboration with Northern, Aboriginal and rural communities. This document is limited and by no means exhaustive, but we hope it will be useful as a resource that supports community groups, young women and educators who are working with girls in the North and in rural communities. There is also a list of action-oriented resources in Appendix A which will also provide tools for use in your projects.

Research provides evidence that girl-focused programs, policies, and spaces, which are specific to culture and community contexts, offer crucial support for girls and young women growing up. This research review also highlights the sorts of challenges that arise for girls and young women living in Northern and/or rural communities. The unique gender-based challenges that girls and young women face are often more acute in the Northern and rural contexts. Examples include: experiences of health issues, suicide, economic marginalization, racism, family violence, addiction,



geographic and social isolation, residential school systems, and lack of access to communication and social support networks and services.

Our hope is that this information will be used to make policies and programs more responsive to Northern and rural girls' and young women's needs and perspectives.



ABOUT GIRLS ACTION FOUNDATION

Girls Action Foundation is a national charitable organization. We lead and seed girls' programs across Canada. We build girls' and young women's skills and confidence and inspire action to change the world. 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 have what 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.



ABOUT NORTHERN LIGHT: COLLABORATING FOR GIRLS' EMPOWERMENT

This research review is part of Northern Light, a larger project coordinated by **Girls Action Foundation** in collaboration with Northern community groups working with girls and young women. The Northern Light Project began when four Northern and remote community organizations met during a networking event hosted by Girls Action. Girls and women from these communities talked about their shared realities, particularly the under-resourced community services and the serious social and economic challenges that families and young women face in the North. At the same time, we knew that Northern girls and young women had unique capacities to become agents for positive social change. Girls Action was asked by our Northern partners to start a project that would create more resources for community groups who wanted to support young women's leadership. Together, we created the Northern Light Project with these two goals in mind:

We will support Northern young women to become advocates for themselves, their communities and their regions.

We will build a network of people who want to create more opportunities for Northern girls and young women to become empowered.

In addition to this research review, we have also published a zine by young women called **Northern Pride and Women's Power** and a resource for community organizers called **Northern Light: Collaborating for Girls' Empowerment**.

You can view and download these publications from our online Resource Centre at www.girlsactionfoundation.ca or email us for hard copies info@girlsactionfoundation.ca



WHAT WE MEAN BY ‘NORTH’, ‘RURAL,’ AND ‘ABORIGINAL’

Initially, the community partners of the Northern Light project came together based on a sense of common issues and challenges. Although the contexts of Northern communities differ widely, there are some commonalities that gave us reason to work together on the project. This is the same reason why this research review pools together research not only relevant to Northern girls’ lives, but also to rural and Aboriginal girls and young women.

The term “Aboriginal” is used to refer to all the original peoples living on the land mass that is now called Canada. According to the *Constitution Act of 1982*, Aboriginal peoples are made up of three groups: First Nations, Métis and Inuit. “First Nations, Inuit and Métis peoples have unique heritages, languages, cultural practices and spiritual beliefs. The term Aboriginal peoples should not be used to describe only one or two of the groups.”¹ It should also be noted that some girls may not identify with these terms. This research review prioritizes research and statistics about Aboriginal girls who live in Northern and rural communities over research about Aboriginal girls who live in southern and urban communities. However, when relevant, we also included information about Aboriginal girls from all over Canada.

Terms like “rural” and “Northern girls” are used to describe a much wider target audience based solely on their geographical location. It should be understood that the experiences of First Nations, Métis, Inuit and non-Aboriginal girls living in Northern and rural communities often differ drastically from each other. But at the same time, their shared experiences of isolation and marginalization based on geographic location, and/or colonization, racism, sexism, and the residential school system, for example,

¹ *Assembly of First Nations, “Terminology”, 2008. [http://www.afn.ca/article.asp?id=437]*



can be a basis to work together and understand each other. Positive aspects of Northern, rural and Aboriginal communities, such as close-knit and supportive communities and closeness to natural landscapes and cultural heritage, can also be ways in which Northern girls can connect and develop their skills and dreams together.



USING THIS RESOURCE

Feel free to take quotes or statistics that are relevant to your project and use them:

- In your funding proposals
- In information sheets about your project
- In information sheets about girls' issues – to raise awareness about issues you are working on
- In presentations to schools or potential partners...
- (Remember: Give credit to the source of the information. Don't forget the bibliographic references!)

Also, check out the very useful action-oriented resources in Appendix A.

If you are a policy-maker or a professional in health, education or other fields, we hope this research review is useful in making decisions or creating new programs! We would greatly appreciate knowing your thoughts about this document's usefulness in your work. If you have any suggestions, please contact us at info@girlsactionfoundation.ca



HOW THIS RESOURCE WAS CREATED AND ORGANIZED

We have prepared this research review as a resource for young women, educators, and communities in our Network and beyond, who endeavor to provide opportunities for girls to develop their strength, voice and community involvement. Research can provide a rationale for girl-specific programs and projects that are informed by the realities of living in rural and Northern communities.

This research review contains research that was produced by academic and community researchers, Northern organizations and grassroots organizers working with and for girls and young women in Northern, rural and Aboriginal communities. In selecting the material to be included in this review, we have prioritized information and knowledge that was initiated by and done in collaboration with people living in Northern, rural and Aboriginal communities, for the betterment of their respective communities. We recognize that outside researchers have often played a negative role in intervening in Northern and Aboriginal affairs, and that statistics can seem to reduce complex realities to bare numbers. At the same time, community groups, and especially those who provide important supports to Northern girls and young women, need to use statistics to back up their requests for funds and partnerships. Therefore we have included some governmental statistics in the sub-sections called “Stats and Facts,” which can be used to explain the rationale for girl-specific programs & services.

We have organized the research findings into these broad themes:

- General information about Northern and/or rural and/or Aboriginal girls and young women
- Health promotion
- Violence prevention
- Pop culture and media literacy
- Civic and community engagement



These themes were chosen because they are some of the key areas of girls' lives that often differ from those of boys. These themes also reflect the different audiences such as funders who may be more interested in violence prevention, leadership development or health promotion.

At Girls Action, when we address each of these issues, we ground our approach 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 varying degrees of access to power and privilege in their lives. While health, violence, and media represent sources of challenges that can affect girls, the civic and community engagement perspective offers the opportunity for intervention, and a way for girls to take action against the challenges they may encounter.

The first phase of the research review consisted of locating relevant sources of evidence that could illuminate girls' lives in Northern and rural communities and be useful in demonstrating the need for girl-specific spaces, policies and programs. English research material was collected from the following sources in April/May, 2008, listed below. We focused on evidence and literature created in 2000 or later; in some cases, key statistics or findings were included from earlier periods. All sources are Canadian unless otherwise specified.



The quotes and statistics provided herein were collected from the following search engines:

- 1) **Google:** This internet search engine provided access to books, magazines, publications, websites, grassroots programs and organizations, and research conducted by both governmental and non-governmental organizations. Once a relevant hit was found, its bibliography was used to find similar and related sources.
- 2) **EBSCOHOST-Academic Search Premier:** This is an interdisciplinary database containing scholarly sources and was consulted for academic references. Once a relevant hit was found, its bibliography was used to find similar and related sources.
- 3) **Ingentaconnect:** This is an online database containing a comprehensive collection of academic and professional research articles and publications. Once a relevant hit was found, its bibliography was used to find similar and related sources.

The next phase of the research review consisted of reading selected sources and reproducing the most relevant and contemporary quotes and statistics which describe the unique experiences of girls and young women living in the North. The supporting research is presented using direct quotes with bibliographic references at the end of each section.

Additional action-oriented sources which did not make it into the Research Review section are discussed in Appendix A and are provided on the Girls Action website: www.girlsactionfoundation.ca. Since Girls Action supports the empowerment and the development of action strategies which enable girls to enact changes in their lives and communities, we have provided a short summary or abstract of action-oriented reports or research findings, along with a link to the actual article.

For additional research on Northern and rural girls please consult our online Resource Centre at www.girlsactionfoundation.ca or our other Research Reviews.



I. GENERAL INFORMATION ABOUT NORTHERN, AND/OR RURAL AND/OR ABORIGINAL GIRLS

- 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).ⁱ
- The issues relevant to Inuit women do not fit under the neat category or archaic heading of ‘women’s issues.’ The scope of activities pursued by Pauktuutit on behalf of Inuit women and their families is far reaching and not limited to gender. For example midwifery, childcare, fetal alcohol spectrum disorder (FASD), violence against women and children are multi-faceted problems where solutions are not gender-specific but require broad community-based strategies. Inuit economic development benefits from distinct women’s components such as Pauktuutit’s highly successful work on the amauti and craft commercialization. And on work on traditional knowledge and intellectual property rights benefits all Inuit and all Canadian Aboriginal peoples.ⁱⁱ
- 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.ⁱⁱⁱ
- Some Inuit women are facing internal struggles to figure out where they belong and how they can be true to the two cultures (Inuit and non-Inuit) that are coming together in Nunavut. In some cases, the tension between the cultures comes from having one parent who is Inuk and another who is non-Inuk. In other cases, the tension is brought out by the growing population of non-Inuit in the territory or the fact that many Inuit today have more education and travel experiences in the South.^{iv}
- Inuit have witnessed significant social change with the development of permanent settlements in the North. Unfortunately, the adjustment to living in these communities has not always been easy. The legacy of the residential school system, poverty, rising suicide rates, poor diets, growing concerns over contaminants and climate change, inadequate health care, and such infrastructural problems as inadequate and overcrowded houses and limited access to health and social services have undermined the overall health and well-being of Inuit.^v



- The average age of all Inuit is 20 years [...] and 40% of Inuit are under 14 years old. As our third priority issue, building stronger families embraces a broad range of initiatives that promote progressive economic, health, and social change, leading to healthy and sustainable communities. These priorities are closely associated with the broad concept of self sufficiency and it can be difficult to delineate between issues of health, diet, violence, safe shelters, safe and healthy housing, mental wellness counseling, and economic development. Within our communities the distinctions between these areas are neither clear nor straightforward.^{vi}
- Discussions of Inuit culture are often enveloped in discussions of the concept of acculturation. Acculturation has different meanings according to specific contexts. In a Nunavut context, it refers to replacement of the traits of one culture with those of another, such as happened to many Indigenous peoples around the globe during the process of colonization. Acculturation occurs when a community undergoes a transition from a traditional society to a modern, industrialized society (Nunavut Department of Health and Social Services, 2005). The Nunavut 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.^{vii}
- Within our communities, it is women who tend to suffer the most, but ironically, they also are the best primary agents for bringing positive change. Over the years Pauktuutit has worked hard to support women to promote social development within Inuit communities and to mitigate the negative impacts of change that came with established community life.^{viii}
- Rural Canada is a highly diverse economy and society, from its coastal regions to its agrarian heartland. Canada's rural natural resources provide employment, forest products, minerals, oil and gas, food, tax revenue and much of our foreign exchange. Rural Canada is also ethnically diverse, encompassing many Aboriginal cultures alongside those of European descent, as well as immigrants from around the world.^{ix}
- The needs of rural women should figure prominently in that process. As slightly more than half of the population, women are far more than a "special interest group." They are the majority of voters, health care providers and caregivers. 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.^x
- 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.”^{xi}

STATS AND FACTS

- Approximately 3% of the Canadian population is of aboriginal origin (Indian, Metis, Inuit). These people have traditionally been concentrated in rural regions (on reserves or in small communities); however, they are increasingly moving to urban centres in search of employment.^{xii}
- Towns with less than 10,000 residents account for 22.2% of the population – 6.4 million Canadians.^{xiii}
- Over 1 in 5 Canadian women live in a rural area.^{xiv}
- 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.^{xv}
- The Canadian Rural Partnership Research report demonstrates that *youth in rural areas have a lower incidence of post-secondary education*. Northeastern Ontario shows significantly lower rates than the Ontario average for both rural and urban settings - rates that are also lower than the Canadian average.^{xvi}
- “[...] [*H*]igh school drop-outs are more prevalent in southwestern and northern Ontario, and in smaller communities. There are fewer drop-outs in larger urban centres such as Toronto[...].” Two significant identifying predictors of an early-school leaver is the student’s sense of alienation and isolation. Both predictors are magnified in small communities with few social and recreational outlets outside of school and where transportation is a major barrier.^{xvii}
- Rural women have appreciably lower labour force participation rates, higher fertility rates and a higher likelihood of being poor than their urban counterparts.^{xviii}
- Women in rural communities are at a higher risk of violence, economic insecurity and primary industry occupation hazards. Aboriginal women and senior women are particularly vulnerable.^{xix}
- Rural women often have to travel long distances to obtain health care, and are often without easy access to transportation; as a result, they are less likely to use health services.^{xx}
- Rural women have limited access to women-centred care. A lack of confidentiality about services received can be a problem in small communities.^{xxi}
- Education: The chance that an Inuk child will complete grade 12 is low. Currently figures from Nunavut indicate that for every 100 children entering kindergarten, only 25 will complete grade 12. Throughout Nunavut, almost 52% of those over 25 never completed



high school. Some communities do not even have a high school. Students must therefore move to a larger community if they want to continue schooling.^{xxii}

- 43% of Inuit aged 25-34 have not completed high school compared to 15% of non-Inuit in Canada (Source: Statistics Canada 2001).^{xxiii}
- 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. For women facing additional barriers of racism, poverty or lack of education, the negative health effects can be multiplied further.^{xxiv}



II. HEALTH PROMOTION

- 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).^{xxv}
- 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 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.^{xxvi}
- Wellness, suicide and stress are also significant issues for Inuit women as compared to non-Inuit women (Lavalley & 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.^{xxvii}
- 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:
 1. 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;
 2. 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;

3. Poverty of identity due to forced disenfranchisement, forced urbanization and the residential school legacy;

4. Poverty of safety and security due to spousal and family violence, incarceration, disabilities, motor vehicle accidents, poisonings, diabetes and poor drinking water;

5. Poverty of mental health due to historic trauma, depression, suicide and substance abuse;

6. Poverty of participation due to discrimination based on gender, race, class, sexual orientation and age, chronic health problems and "burn-out";

7. Poverty of power and knowledge due to research gaps, capacity deficits, loss of culture and languages and gender inequality.^{xxviii}

- A common complaint among Inuit healers and elders is that today's justice system prolongs problems in the community by taking such a long time to intervene and when court is finally held to convict or sentence an accused, that the community is left out of the decision-making. "Sometimes it takes a long, long time to get help when you go through the justice system," says **Lucy Dillon**, an elder and mental health worker in Tuktoyaktuk. "We used to deal with problems right away in the community. But then the justice system came in and the courts and there is a lot of waiting around and meanwhile the problems don't go away, they get worse."^{xxix}
- 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 youth stated, "Pamphlets are useless, we need real people connecting to the communities"^{xxx}
- 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 *gxleena*, our medicine; it is what makes us strong [...] If it were not for my culture, I would probably not be here today."^{xxxi}
- 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.^{xxxii}



- 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 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).^{xxxiii}
- 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 [. . .] [b]ecause 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).^{xxxiv}
- 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?^{xxxv}

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 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.^{xxxvi}

- [A] gap is there are not a lot of resources in the community. There are over 1000 People, there are myself, 3 social workers, and we have skills in different counselling areas. We have alcohol and drug counsellors and 3 workers at the women’s shelter. There are 9 paid people by the department and directly if not indirectly, ‘cause those programs are funded by the Department of Health and Social Services. I think a lot of them do not have the training that is required to be a counsellor. In 1997 my supervisor



(regional psychiatrist) and I did a workshop on how to counsel, because we felt at that time people didn't have skills, and they are good people, willing to learn. So some people took that workshop for two weeks, it went well. But after three years they left the community. You know, when you train someone they always go someplace else.^{xxxvii}

STATS AND FACTS

- Alarmingly, 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)^{xxxviii}
- The poor health status of Canadians of aboriginal origin is most marked in the Indian population living on reserves (59). 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 (62). Abused women on reserves face the same problems of isolation and transportation as other abused rural women.^{xxxix}
- 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."^{xl}
- 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.^{xli}
- 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).^{xlii}



- 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.^{xliii}
- 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 percent stating that they often had insufficient food.^{xliiv}
- Girls aged 5-19 living in rural areas have an overall mortality rate 2.5 times higher than girls who live in cities.^{xlv}
- Rural Canadians are served by only 10.1% of Canada's physicians.^{xlvi}
- 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.^{xlvii}
- 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.^{xlviii}
- 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.^{xlix}
- 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 regions^l
- 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.^{li}
- 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.^{lii}
- 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 of the larger urban areas. Youth centres have become significant "front-line" partners with local mental health agencies in addressing these issues.^{liii}



III. VIOLENCE PREVENTION

- 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, counseling and support for the children.^{liv}
- Many of the problems in Inuit communities are impacted by the cross-cutting issue of gender fairness and the need to empower Inuit women. Problems range from unequal employment and economic opportunities, to violence and abuse in the home, to systemic discrimination in the justice system, to the marginalization of Pauktuutit as the national voice of Inuit women.^{lv}
- Health and safety issues are urgent priorities that deserve immediate attention. As noted earlier, poor quality and overcrowded housing has a devastating effect on the health and social well-being within Inuit communities. Inuit women and their young children tend to bear the brunt of this crisis and are often left without the social support alternatives that are routinely found in most southern communities. Poor housing conditions lead to more violence and distress for Inuit women and their children. This is a multi-sectoral issue that is linked to community well-being and social development. Poverty begets poor housing, which, in turn, fosters circumstances that lead to homelessness and to poor health and violence in the home.^{lvi}
- [...] Pauktuutit is concerned that work related to the residential schools will stop when current funding runs out in 2008. The legacy of the residential schools continues to impact the safety and well-being of Inuit communities and the healing will not be completed over the next two years. The inter-generational legacy of the residential schools is one of the root causes of violence within Inuit communities. In recent years Pauktuutit has prepared an inventory, history, and comparative analysis of existing program and service models within Inuit communities that offer support for child sexual abuse survivors, including survivors of residential school abuse. The project served to increase awareness about available services and to identify the need for services for child sexual abuse survivors both young and old.^{lvii}
- Most Inuit healers believe that it is better to deal with problems as soon as possible than to avoid them. In traditional Inuit society, individuals were encouraged to bring problems to their older relatives so that they wouldn't continue to be plagued by the long-term effects of the problems. Many healers stated that immediate intervention was practiced traditionally in Inuit society and that a community would respond quickly when there was abuse or violence. "As Inuit now, we do not notify others immediately about issues we are aware of," says **Joana Qamaniq**. "If it is a safety issue we must seek help immediately. This is something I know about first hand."^{lviii}



▪ **Interviewer: Do you have any ideas about the best way to prevent abuse or violence?**

Pitsula: First of all it has to come from parents. We need to develop parenting skills among the young people of today. We need to teach parenting to the younger generation. Babies are having babies, too many young people are parents when they don't know how to parent, they have never been taught.

Interviewer: Do you have any ideas about what causes abuse?

Pitsula: Yes. The children who are abused and disciplined or taught in a negative way will learn to abuse. There's a difference between positive teaching and negative teaching. Also, the families have been destroyed and the parents have lost the power they used to have. The elders tell us that children between 9 and 17 need the most teaching but this is when the young offenders get sent away and they are given rights over their parents. The parents have become afraid to discipline.^{lix}

Interviewer: Do you have any ideas about the best way to prevent abuse or violence?

Angaangaq: Yes I do. Healing. We have a lot of love for one another, we have lots of love, incredible love for one another. But when things go wrong inside our lives and we have not been taught about anger and how to use it, we abuse it [...] If you look at the court system in Nunavut, in Nunatsiavut and Inuvialuit, if you look at the court cases, most of them are something to do with violence, abuse within the family, most of them.^{lx}

Interviewer: Do you think that there are any big gaps in the way abuse is prevented?

Meeka: Yes. Sometimes there are not enough people to approach for help, a person who is a good person to speak with, whom others believe in. I'm a healer but not all people are open to going to me for help. There needs to be many different people with different thoughts and approaches, a variety of people who are able to listen. One of the biggest gaps to preventing abuse that I know of is that we don't have a building or office to go to for healing sessions where there are healers with different approaches and knowledge about particular problems. This is our biggest limitation; we have to find a solution before the problem becomes any deeper or bigger.^{lxi}

**STATS AND FACTS**

- 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 intersections rarely inform health policy and practice related to violence or HIV, or policies related.^{lxii}
- 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.^{lxiii}
- 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).^{lxiv}
- 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)^{lxv}
- 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 neighborhood 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.^{lxvi}



IV. POP CULTURE AND MEDIA LITERACY

- 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.^{lxvii}
- 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 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.^{lxviii}



V. CIVIC AND COMMUNITY ENGAGEMENT

- Mentors have been shown to promote positive development through role modeling 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 behaviors" (Rhodes & Roffman, 2002, p. 232). In Aboriginal communities, role modeling 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).^{lxi}
- 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).^{lxx}
- 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.^{lxxi}
- We propose that community-based participatory research (CBPR) is an appropriate approach to address sexual health and STI's 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.^{lxxii}
- 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.
 - Positive. Mentors are relentless in praising students' positive behavior. They remind them of their strengths & successes. Mentors provide encouragement to students when they are hurting. They display an enthusiastic and hopeful attitude.^{lxxiii}
- Working with youth to halt the spread of the epidemic is one of the most effective ways to confront rising infection rates.^{lxxiv}
 - 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.^{lxxv}
 - 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).^{lxxvi}
 - 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).^{lxxvii}
 - 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).^{lxxviii}
 - *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 behavior 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.^{lxxix}



- 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 also need HIV education, and many suggested the need for intergenerational programming. Some also mentioned the importance of incorporating traditional knowledge.^{lxxx}



APPENDIX A

ACTION-ORIENTED RESOURCES

Women's Directorate Government of Yukon. *Options, Choices, Changes*. 4th edition, March 2002.
<http://www.womensdirectorate.gov.yk.ca/pdf/options_choices_changes2.pdf>

Tag: Health, Violence

Women can be abused physically, emotionally, sexually, and financially. Maybe you are being abused by your partner, husband, boyfriend, or some other person in your life. Maybe you think you are being abused, but you are not sure. We hope this book can help you decide what is happening to you and what you might want to do about it. If you are being abused by another woman, you may also be able to use this book.

Women's Directorate Government of Yukon. *Free From Fear: Sexual Assault Prevention for Teens*.
<<http://www.womensdirectorate.gov.yk.ca/pdf/free.pdf>>

Tag: Health, 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.

Rural Women Making Change. *Gural! Zine*. <<http://www.rwmc.uoguelph.ca/page.php?p=11>>

Tag: Media

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! 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. Its goal of reaching rural young women and empowering them with knowledge and opportunities to succeed in life is becoming a reality.



Gullit 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. January 18-20, 2006.
<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.

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.*
<<http://www.pauktuutit.ca/hiv/downloads/Reports/Plan%20of%20Action.pdf>>

Tag: Health

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 of Canada. *Keepers of the Light: Inuit Women's Action Plan.* October 2006.
<www.pauktuutit.ca/pdf/publications/pauktuutit/KeepersOfTheLight_e.pdf >

Tag: Civic and Community 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, Aboriginal Healing Foundation: Research. *Inuit Healing in Contemporary Inuit Society*. March 2004.
<http://www.pauktuutit.ca/pdf/publications/abuse/AHFNuluuqInuitHealing_e.pdf>

Tag: Health, Violence

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 Nuluuq Project in 2003 in order to bring together individuals, agencies and groups who share a common interest in preventing abuse. The three-year Nuluuq 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.

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. October 2003.
<http://www3.telus.net/public/wnn/RESEARCH_PUBLICATIONS/Speaking_own_voices_amended.pdf>

Tag: Health, Civic and Community Engagement

Planning from Strength is a project that developed out of a collective vision of many northern women. The project aims to empower and motivate northern British Columbian women to identify and implement healthcare initiatives that will address the unique health care needs of their communities and the larger health region.

MacNeil, Melanie S. "Preventing Youth Suicide: Developing A Protocol For Early Intervention In First Nations Communities". *The Canadian Journal of Native Studies* XXIV, 2(2004): 343-355.

Tag: Health

Aboriginal youth suicide is a complex problem with culturally specific risk factors identified by Coulthard (1999). This article proposes the development of a suicide risk management tool for gathering culturally sensitive, data about First Nations populations. The article also suggests the implementation of a tool that would be useful in reducing attempted suicides for Aboriginal youth populations.

Ip, Janet. "We Don't Live in Igloos: Inuvik Youth Speak Out." *Canadian Family Physician • Le Médecin de famille canadien* Vol 53: may • mai 2007. <<http://www.cfp.ca/cgi/reprint/53/5/864>>

Tag: Media, Health

This article aims to determine which health problems concern youth in the Canadian North, and what solutions these youths propose to address these problems, both by interviewing Inuvik youths and using their photographs to spark discussion.



Health Canada. *Community Action Resources for Inuit, Métis and First Nations: Making it Happen.* <http://www.hc-sc.gc.ca/fniah-spnia/pubs/services/_adp-apd/makingithappen-realisation/index-eng.php>

Tag: Civic and Community Engagement

When asked, “What is a community?” Aboriginal people often answer, “A community is a group of people sharing and caring.” This series of manuals is about just that: sharing information and skills to empower people so they can better care for their communities. Training in community development and program evaluation has been identified by Health Canada and by national Aboriginal organizations as a priority need.

Health Canada. *Acting on What We Know: Preventing Youth Suicide in First Nations.* <http://www.hc-sc.gc.ca/fnih-spni/alt_formats/fnihb-dgspni/pdf/pubs/suicide/prev_youth-jeunes_e.pdf>

Tag: Health

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 stop the tide of youth suicides occurring in First Nations communities across Canada.

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

Tag: Health

Over the past 10 years, Aboriginal women from a northern Ontario urban community have been gathering to hand drum as a way to revive their culture and support one another. Results of the qualitative analysis show that the Aboriginal women’s involvement in hand-drumming circles has many health-promoting benefits, and also 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.



Canadian Aboriginal AIDS Network. *HIV Prevention Messages for Canadian Aboriginal Youth Final Report*, March 2004.
<www.caan.ca/english/grfx/resources/publications/youth_prevent.pdf>

Tag: Health

This is the final report based on a research 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 to strengthen an existing prevention message, design a new one, or adapt an existing message for use in their own communities.



APPENDIX B

RESEARCH TERMS

Girls and/or young women and Aboriginal

Girls and/or young women and First Nations

Girls and/or young women Inuit

Girls and/or young women and Metis

Girls and/or young women and North and/or Northern

Girls and/or young women and North West Territories

Girls and/or young women and Nunavut

Girls and/or young women and Yukon

Aboriginal girls and media representation

Aboriginal girls and violence

Aboriginal girls and suicide

Aboriginal girls and health

Aboriginal girls and community

Aboriginal girls and mentorship

Rural women's health and/or services and/or organizations

Aboriginal women's health and/or services and/or organizations

Northern girls and civic engagement and Canada

Northern girls and social inclusion and Canada

Native youth and independent media



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