





DEMARGINALIZING

VOICES



Commitment, Emotion, and Action
in Qualitative Research



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chapter 2

Ensuring Aboriginal Women's Voices Are Heard: Toward a Balanced Approach in Community-Based Research

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ABORIGINAL WOMEN'S VOICES are consistently absent in the literature on drug use and treatment, and researchers and treatment professionals alike know little about the destructive impact of stigma on the self-identities and recoveries of First Nations, Inuit, and Metis women in treatment for problematic drug use. Colleen Dell, in collaboration with the National Native Addictions Partnership Foundation and the Canadian Centre on Substance Abuse, secured research funding and assembled a team of researchers and community members to tackle what became a five-year and then an ongoing community-based research project.¹ National Native Addictions Partnership Foundation treatment centres constituted the communities participating in the research. The research team addressed the following questions: What are the experiential paths of Aboriginal women in conflict with the law in the constitution and reconstitution of their self-identity (defined as the healing journey), particularly in view of the stigma associated with illicit drug use, prior to, during, and following treatment? How do treatment program workers influence women's constitution and reconstitution of their self-identity, and what is their role in the healing journey? Over the course of one year, we interviewed sixty-five First Nations, Metis, and Inuit women in treatment, twenty women who had completed treatment, and thirty-eight treatment staff, many of whom were also in recovery. The majority of these individuals were First Nations, which reflects the composition of the treatment centres. All of the quotations that appear here are excerpted from these interviews, which were conducted between 2006 and 2007 in Aboriginal substance abuse treatment centres across the country.

The research team sought additional partners, including Aboriginal elders, treatment providers, women with a history of drug treatment, treatment centre directors, academic researchers, and community agencies working with criminalized Aboriginal women to ensure representation and input from multiple standpoints. We also engaged three expert mentors to provide advice in the specialized areas of traditional Aboriginal healing, drug treatment, and rehabilitation. The expanded team was composed predominately of Aboriginal women from a variety of educational, occupational, geographical, and age categories. As the project's research coordinator, Sheila, explained:

Working alongside a number of diverse individuals has brought forward the multitude of views that are reflective of each other's experiences, from urban to rural, First Nations to Metis, academic to activist. Each of us brings forward our lived experiences within the project. Our stories shape the way we approach research, and the project has benefitted by our differences, by understanding how we are not a single story.

From the outset, our team's primary consideration was researching with respect, which we defined as "carrying out research with people who have been traditionally excluded from the production of knowledge and considering the rights, beliefs, values and practices of everyone involved in the research process" (Dell et al., forthcoming). To facilitate respectful research, we made reciprocity and recognition cornerstones of our balanced approach so as to inform our relations and activities with participants throughout the project.

The goals of this chapter are twofold. First, we outline how we prioritized women's voices to create a balanced research approach based on reciprocity, respect, and recognition. The key to creating this balanced approach was the development of relationships, friendships, bonds, and connections among and between the research team. Second, by drawing on participation and action in collaborative community-based research, we explore how women's experiences guided the development of the interview and storytelling guide, story (co)production, collaborative analysis, and community-relevant knowledge-exchange activities.²

On Creating a Collaborative and Balanced Research Approach

Including Aboriginal women's experiential voices challenges the claim that the Western scientific method is the only way to produce valid knowledge (Gatenby and Humphries 2000; Tickner 2005). It also disrupts the longstanding power inequalities between the researcher and the researched that

are characteristic of social science (Hunter 2002; Deutsch 2004; Shope 2006). To carry out our goal of prioritizing the missing voices of marginalized First Nations, Inuit, and Metis women, we combined community-based, Aboriginal, and feminist research approaches to create a balanced approach to research – an extension of what Kirby and McKenna (1989) refer to as doing research “by, for and with” women. Our notion of balance emphasized a relationship based on reciprocity through shared storytelling and giving back to the treatment community. In this case, giving back involved coproducing knowledge and addressing Aboriginal interests. Research was carried out in a respectful way by safeguarding the rights, beliefs, and values of our diverse research team members, community members, and participants. Finally, to achieve a balanced approach, we had to recognize the legitimacy of Aboriginal women's voices in the research arena.

Elders reinforced that reciprocity, respect, and recognition are interrelated and common in community, Aboriginal, and feminist research methodologies. Our balanced approach to research is inherently political, for the team shared three personal and collective goals: empowerment and capacity building, privileging women's experiences and enhancing their lives, and producing knowledge to serve the needs of Aboriginal women.

Community-Based Research: Illustrating Reciprocity

Defined as “a collaborative approach to research that equitably involves, for example, community members, organizational representatives and researchers in all aspects of the research process” (Israel et al. 1998, 177), community-based research focuses on participation, democratic collaboration, and knowledge generation (Brydon-Miller and Maguire 2009, 80). While the socially marginalized are traditionally excluded from the production of knowledge in Western research, community participation, rooted in constructionist and critical theorist evaluations of scientific knowledge, offers a particularly useful alternative (Israel et al. 1998, 176–77; Mance, Mendleson, and Byrd III 2010, 132). Emphasizing shared participation throughout the research process and working with the strengths and resources of community members are critical to increasing the quality of the research (Fletcher 2003), for they help build relationships among partners and co-researchers that in turn encourage reflexivity (Mance, Mendelson, and Byrd III 2010, 132).

For example, when community service workers, all of whom had a history with problematic substance use, pointed out the importance of reciprocity and the need to honour the women who shared their stories with a meaningful gift, the research team agreed that a fiscal honorarium (already a contested issue in research ethics) (Fry et al. 2005) was not appropriate. Subsequently,

upon discovering the teachings of the oyster totem from Herb Nabigon's autobiography, *The Hollow Tree* (2006), we decided that following each storytelling session, we would offer the gift of a natural oyster and enclosed pearl. While the oyster was being opened, the researcher would share Nabigon's story of the pearl:

The strongest example I can find in Nature comes from Sister Water, the cradle of Mother Earth's womb. In her depth can be found the teachings of the oyster totem. Here the oyster's precious jewel, a pearl that starts out as a grain of sand, is nothing more than an irritant that has entered the barnacle or oyster at some point and cannot be removed. That oyster has lodged in its folds something that is very painful to its habitat-being. The sand cannot be removed and now the oyster must contend with it, using its natural abilities to deal with the situation. Unlike humans who pretend “it” will go away, the clam pulls from its inner qualities a working solution. The clam totem's teaching resembles our own feeble attempts to make peace with our emotions. It didn't ask for the lesson, but it was forced to take a negative aspect of life and work with its principles. In this instance Nature teaches the oyster to tap into its intrinsic abilities to protect itself from corrosion. The oyster now heaves up its own mucus in multiple layers until it polishes smooth the intrusive entity – the grain of sand. Time then becomes the key. The outcome is a jewel that is admired by all. (52–53)

Establishing a reciprocal relationship with participants fosters reflexivity. Drawing on the symbolic story of the pearl and oyster, the women similarly came to identify their problematic drug use as an irritant that required the discovery of their inner strength to overcome drug addiction, and they described the experience as transcendent.

Through reciprocity, members of the research team and treatment community both gained and learned from one another. While team members offered a message of hope through the symbolic gift of the pearl, they in turn received inspiration, insight, and knowledge about the complexity of substance use. Having interviewers with histories of substance use allowed team members to share their own stories as they found points of convergence with the women's experiences. One team member recounted:

And then reading those stories, too. It just made so much sense. It helps, I guess, reinforces, that this is why Aboriginal women use and abuse alcohol, drugs – because of a dysfunction of their families, the stuff they've witnessed, the violence, the poverty, the racism; they experienced a lot

of that, and they talked about that in all of the transcripts. And I related to a lot of that because a lot of that I experienced in my own life, coming from the same place. We all want to reach that same goal, you know. We want to be happy. We want to be free. We want that joy. We want that hope. We want that respect. (Jenny)

The exchange of symbolic and culturally meaningful gifts reinforced the importance of reciprocity underlying our balanced approach. Giving the pearl cultivated trust and comfort, demonstrating how the development of creative and project-specific methodologies can strengthen the relationship between researchers and the community. Further, the focus on reciprocal relations demonstrates the ways in which Aboriginal communities and universities can become coproducers of knowledge in ways that benefit Aboriginal women.

Aboriginal Methodology: Illustrating Respect

Aboriginal methodology requires directing research to serve Aboriginal interests or self-determination in the research process (Schnarch 2004), to counter the exploitative research rooted in Canada's history of colonization (Dua 1999; Smylie et al. 2004). Recent studies demonstrate the positive outcomes of incorporating the principles of community-based participatory research with Indigenous communities (Leslie, Hughes, and Braun 2010, 128) that invoke "a balance between leadership by academics and leadership by community" (Nguyen, Hsu, and Kue 2010, 118). Vannini and Gladue (2008, 140) call for a decolonized epistemology that begins with a reflection of one's own historical background and position before beginning "the process of democratizing, discovering, reframing, and claiming knowledge."

In response to the history of exploitative research on Aboriginal peoples, increasingly, individual Aboriginal communities are drafting their own ethical and moral agreements to ensure research is conducted with the guidance and participation of the community. Community involvement necessitates ensuring that the research is not harmful; as such, it holds tremendous potential to provide valuable information and insight into an issue of interest (Fisher and Ball 2003; Castellano 2004). The research was guided by the ownership, control, access, possession (OCAP) principles, the ethical codes adopted by treatment centres involved in the study, the guidelines from the National Native Addictions Partnership Foundation, and an elder's teaching on Aboriginal philosophy and clanship to understand and practice respect. The OCAP principles suggest that to avoid the abuse and mistreatment of First Nations communities under study, the researcher should provide the collective ownership of group information, First Nations control over research and

information, First Nations management of access to their data, and the physical possession of data by First Nations (Schnarch 2004), so as to ensure that Aboriginal people are more actively involved in the research process.

To foster respectful relations with the directors, staff, and women at the treatment centres, project coordinators organized an orientation to become familiar with staff and programs and to participate in traditional ceremonies. Additionally, we invited three Aboriginal team members to share their experiences with drug use and criminalization. We offered two of these inspirational stories, printed in a small booklet, to the women at the end of their storytelling session to demonstrate our respect and empathy for women in treatment and to offer them hope in their own healing journeys. One participant expressed how inspirational it was to see "Sharon had made it," and by meeting Sharon in person, she felt a sense of renewed hope for her own future. The inspirational stories helped to legitimate women's lived experiences and to generate mutual compassion and an authentic connection between researchers and participants.

To promote respectful and democratic relations among our team, we developed an open and fluid model of leadership for the project to ensure team members had ongoing opportunities for input and participation at all stages of decision making. An elder reflected: "There's been a lot of energy that went into somebody's vision to make this happen, a reality. And I believe what they're doing is the very best that they can do. They are not doing it alone. They're having a lot of direction. And it's for a good reason. They don't have ownership of this information" (Elder Joyce Paul). Another team member emphasized that establishing a respectful and trusting relationship with a community for the purpose of doing research requires "long-term relationship building" and "working on a level playing field." She stressed the importance of "strict research standards," "a balance between academic and community needs," and "using an Aboriginal approach" to achieve such a relationship. A non-Aboriginal team member noted that "respect is being together on a level playing field," adding that the researcher who spearheaded the project "never pulled rank" and that "everyone got their say" through regular and frequent emails that compiled "everyone's interpretations."

Fostering reciprocal relationships among a nationwide team of community members and researchers took over two years before we were ready to go into the field to begin conducting interviews, and it remains an ongoing process. As principal investigator, Dell was the central figure with whom treatment directors, elders, researchers, and Aboriginal team members had contact. Given the history of exploitation of Aboriginal communities by white researchers (Smylie et al. 2004), this relationship was vital to the project; over time and through face-to-face meetings, group retreats and travel, smudges,

and lengthy and oftentimes personal telephone conversations, team members developed a sense of trust in Dell's vision of the project. Developing trust required speaking to one another about personal issues – our families, health, weddings, funerals, school, careers, and any manner of things we were experiencing. Like snowball sampling, the development of interpersonal relationships emerged and grew organically rather than through forced and formalized measures such as those encouraged by traditional research methods that demand objectivity and emotional neutrality. For many Aboriginal team members, participation in this project required reassurance that researchers would not take from the community without giving back – this reassurance emerged as a result of their friendship with Dell. Team members and community members put their faith in Dell as a person they knew intimately rather than Dell as an objective and distanced researcher. In a project DVD titled "Sharing Our Research Journey," Dell states, "It is about people owning their own voices, information about themselves. In this sense, we all own the data, that is, our contributions to it. Although I have taken stewardship for it as the principal investigator, it was a result of your entrusting me with that responsibility."

This is not to say that we did not confront reservations about participation in the project. Initially, some treatment directors felt wary about working with researchers. However, one team member reflexively stated during an informal discussion of the project that "the project demonstrated that a research project could be done with respect and honour, as many projects are not done this way." Our attempts to ensure an ethically grounded research practice received acknowledgment and validation from treatment staff and elders. For example, one director and elder stated:

What stays with me is the honesty and being addressed all the time with integrity, dignity, and being consistent. 'Cause sometimes people just will touch base, and that's it. You don't hear from them for a while. But I found that the communication, like between our centre and [names team members], at all times was consistent. I was always kept up to date, like, you were an important part of this whole [project]. (Elder Joyce Paul)

Western approaches that emphasize researcher neutrality and nondisclosure (Gatenby and Humphries 2000; Hunter 2002; Deutsch 2004; Tickner 2005; Shope 2006) could be viewed as disrespectful by Aboriginal communities that emphasize mutual storytelling. Therefore, we sought opportunities to build respectful partnerships, whether it was participating in sweetgrass

ceremonies and morning prayers or sharing stories with the women at the centres. Throughout the project, elders were invaluable in guiding our efforts to understand and link to spirituality and embrace traditional teachings; as Elder Dexter remarked, "You want that balance in there. Whatever we did, whatever it is that we do, helping a person out there, there's always a prayer."

Feminist Research: Illustrating Recognition

A central feature and goal of feminist research is to improve women's lives (Fonow and Cook 2005; Harding and Norberg 2005). Such an approach accepts as "truth" that women occupy a marginalized position in society, and that social structures seek to maintain a power imbalance through patriarchy, misogyny, and gendered and racialized practices (de Laine 2000). Contrary to traditional social science, and given women's ongoing oppression, feminist research requires privileging their experiences (Cook and Fonow 1986). Addressing women as a homogenous category, however, does not acknowledge power imbalances between women or the intersectional implications of race, class, sexuality, and ability on the recognition (or lack thereof) of women's varied experiential knowledge (Shope 2006).

Feminist, antiracist, and anticolonial critics point out that "disrespectful, insensitive, or unresponsive" conduct by researchers persists in many communities and that Aboriginal women, particularly those marginalized by substance use and poverty, "continue to be treated as objects of study rather than experts of their lives and the conditions that mediate them" (Salmon 2007, 983). In a participatory action research project involving thirteen indigenous female elders, Zohl dé Ishtar (2005, 359) recommends, "For White feminists to forge a partnership with Indigenous women, they need to develop a methodology that can navigate two divergent cultures, two ways of knowing and being." Dé Ishtar describes her model, "Living on the Ground," as "grounded in relationship, bridg[ing] Indigenous and feminist knowledge, requir[ing] the researcher to be passionately involved, and produc[ing] tangible outcomes which immediately benefited the project's hosts" (ibid.). By basing the research on the development of personal relationships, many of which remain and continue to grow, our project captured the importance of bridging Indigenous and feminist knowledge. For example, one team member recounted how bonding with one another evoked the team's compassion and strengthened their commitment to the project: "[We] were sitting around having a meeting discussing the different findings that we found and how emotional all of us got and how passionate all of us got, talking about our findings. And we each talked about it, and we each cried about it, sitting in

this academic environment ... It just let me know right there, that we were in the right place" (Jenny).

Recognition occurred through prioritizing women's voices, which one team member articulated as follows:

It's a silenced voice, and that was one of the things that came through so clearly in the interviews. And we know that already. It is a silenced, marginalized voice ... It's so wrong that certain segments of society don't have a voice, and so that is part of what we could do as a collective, to give that voice, to make sure that their voice is heard. People are not able, I don't think, unless you start to understand and you start to feel what others are going through, then you just aren't going to get it. (Colleen)

Similarly, an academic team member reflected on the stark difference between our grounded approach and the Western scientific approach, observing that "it taught me how to be holistic, to work from the ground up, to leave 'expertise' at the door. I was there to learn from the women and their narratives." These outcomes were only possible due to the relationships fostered among the team.

Hence, our project began with recognizing the voices of Aboriginal women. As noted earlier, at the outset of the project we asked three First Nations women on the research team to document the impact of stigma on self-identity in their own healing. The women's stories informed the team's understanding of the significance and meaning of cultural identity; the centrality of family and community; the impacts of stigmatization and the importance of hope; and the need for balance (physical, emotional, intellectual, and spiritual). This knowledge was used to develop the storytelling guide (which we used in lieu of a more traditional interview schedule) for the project.

Beginning the project with the women's stories built trust with the staff and women at the treatment centres.¹ One woman in treatment indicated the project helped her to feel empowered and validated:

It made me feel important, you know, like I was somebody. 'Cause for so long I didn't feel like I was worth anything ... Like now somebody is taking the time to hear my side, my story, you know, things that bothered me. It made a lot of difference because I felt important, you know, like after all those years. Like I was always being everybody's backbone. Now all of a sudden I had a backbone. It made me feel worthy, you know, useful again. (Anita)

An elder similarly observed that "it is empowering [when] people's pain is validated, especially when they look back at it and know they made a difference. To anyone, themselves or their family or other women they've come across, they say, 'If she can do it, I can do it.' It's the power of example" (Elder Joyce). In this way, our nontraditional methodology – built upon the development of real relationships – was central not only to making connections in the community and across the team but in having a positive and inspirational impact upon the participants who make up the communities we researched.

Participation and Action in a Collaborative and Balanced Research Methodology

The trilogy of respect, recognition, and reciprocity that characterizes our balanced research approach provided the foundation for the team and community participation in all stages of the research process; participatory action and involvement in project outcomes are fundamental elements of community-based research (Stoecker 2009, 393). While participation of community members and partners is important throughout the research process, studies suggest that the interview stage requires the greatest community involvement (Stoecker 2009, 392). Stoecker (2009, 398) claims that "bringing equality to the social relations of knowledge production requires supporting people from all walks of life to become producers of publicly exchanged knowledge" that "transforms existing oppressive social relations of knowledge production." Working toward an open and democratic process in collaboration with members of the treatment community entailed promoting participation and action throughout the four stages of the research process: developing a storytelling guide; gathering and coproducing the stories; collaborating in the analysis of the stories; and relaying what we learned to the community.

Developing the Storytelling Guide

The decision to ask three First Nations women on our research team to document their personal healing journeys was a key turning point in shaping and moving the research forward. The objective was for Sharon, Valerie, and Jane to reflect upon their personal healing journeys in relation to areas of investigation – namely, problematic drug use, mothering, stigma, experiences of treatment and criminalization, and identity as an Aboriginal woman. They each shared their story in approximately five thousand words and found the process supportive:

I verbally shared my story so many times in the past twenty years, but never actually sat down to write it. I asked myself, "How do I write this?" As I wrote my story, I realized it was similar yet different than verbally telling my story. Well, words are words that come out of your mouth, and people can misinterpret what you're saying, and some even forget the message you're leaving. Whereas, with writing, you can leave a message of hope and can provide courage to someone who is really searching to understand one's life. Someone may be reading my story fifty years from now, when I have passed this physical life and moved to the spiritual realm. (Valerie)

By drawing upon Aboriginal traditions of oral storytelling (Vannini and Gladue 2008) and Western academic methods of written documentation, the three team members felt transformed by writing their stories with the goal of providing hope to other women. Rather than telling their stories to a counsellor or an institutional authority, they were identifying with aspects of their healing journeys that resonated with, moved, changed, and meant something to them. In this way, their storytelling was self-directed and autonomous rather than extracted by questions posed by others, and it generated connectedness among team members and between participants and researchers as we began to gather and coproduce participant stories. In addition to using these stories to identify key subject areas for the interview guide, we encouraged participants to read them to connect with the project before commencing the interview.

Gathering and Coproducing the Stories

Elder Joyce Paul spoke of the need for respect and hope to guide and move the project forward and felt that these seeds were planted at the first research meeting, observing that "giving [everyone] a pearl was like a seed planted and nurtured along as they looked forward to seeing each other again. No doubt women banded together ... Together they were empowered." We reinforced these relationships by establishing a collaborative approach to the storytelling session, where participants are "co-constructing and negotiating a narrative that is full of care" (Vannini and Gladue 2008, 141). The mutual sharing of stories reflects a talking circle, a traditional form of storytelling among First Nations in Canada (ibid., 142). Vannini and Gladue (2008, 142) identify the common similarities between this kind of interviewing ("reflexive dyadic") and talking circles: "the sharing of experiences, reciprocity, heartfelt speaking, respect, support, honouring, listening, mutual empowerment, compassion, and

interconnectedness generated by open sharing." One team member expressed the powerful impact of open sharing: "Women who have gone through these experiences and are telling their story, and they see people are listening, respecting what they say ... It's just so amazing when they see they can be treated with respect" (Sharon C.). Correspondingly, an expert mentor observed,

I think that the way the research was set up – it was so respectful to the clients that were being interviewed – and it was done in a way that was very respectful to their lives ... And the women, I guess because of that – sort of whatever rapport the interviewers were able to establish – they ended up very forthcoming in terms of talking about real aspects of their lives. I guess healing is recognizing the struggles you've been through. (Greg)

Like talking circles, we expected and welcomed differences and strove to problem solve any difficulties or tensions, often "talking it out" together as a group (in person and through frequent phone conversations and teleconferences) with the support and guidance of our elders. Our commitment and support for the women and their welfare unified our team; for example, as a team member stated, "All of us, every one of us, we work differently, we do things differently. We all have different ways of approaching, but the intent is the same. We all want the well-being of these women and try to articulate to the best of our ability to get a message out there for them" (Val). Showing respect for "the spirit" was fundamental to working through differences on our team. An elder and treatment director affirmed that "when you attack someone's spirit, it is never justified. No one should have to prove they know more because they are more brown – everyone has their own strengths" (Elder Joyce). When team members raised questions about the research process, we resolved them by listening with respect. The early and continued development of close personal ties between team members actually encouraged open discussion, as members felt safe to bring their concerns to the table. One concern, for instance, was the gender imbalance on the team, which called for us to expand the research team to include male advisors and mentors as well as a male elder:

Some impressions from the women and the centres were that perhaps we hadn't considered something like, for example, the importance of balance between men and women in those relationships. Women want healthy relationships with their partners. And, so when we talk about gender sensitivity, it's not always just women-centred programming ...

it's that balance. So, really, I think that [the research process] is constantly evolving and changing. Because we've encouraged dialogue, there's always been that dynamic process. So, there's that momentum. (Cathy)

Other concerns related to non-Aboriginal team members who felt apprehension about "doing or saying something wrong" to Aboriginal members of the team and treatment community. One team member spoke of being able to work through this "emotional barrier" because "the team was inclusive; no one was afraid to give opinions and teach others who don't know." Non-Aboriginal team members expressed some discomfort, for example, when they were first involved in participating in traditional ceremonies such as smudging. The research team's emphasis on inclusivity and knowledge sharing meant that non-Aboriginal team members were never treated "like outsiders." For another team member, "a great gift was a young Ottawa project coordinator who unfailingly bridged the cultural (and generational) gap with her compassion, deep commitment, and infectious enthusiasm for the project and its participants; she treated us all like family, which we felt deeply, and consistently provided the momentum and imagination to propel the project forward" (Cathy).

To gain insight regarding the effectiveness of the storytelling guide, participants were invited to complete an anonymous evaluation and to submit it in a sealed envelope at the treatment centre. In keeping with the project goals of reflexive, collaborative, and exploratory qualitative analysis, we asked the women to write as much or as little as they wanted about their experience of sharing their stories. The evaluations demonstrated that the women felt the project was meaningful to their lives. Most commented on the fact that they were not simply requested to answer a series of closed-ended questions. One woman, for instance, wrote, "I liked that the questions were designed to get me to tell my story." Other comments included: "I like the idea of you researching to help other women"; "it makes me feel better that there are people looking out for us"; and "finally, someone actually cares about women's issues and wants to address the problem at the root." One participant, who became a team member and assisted with the analysis and dissemination of research findings, reflected:

When I was first interviewed for this project I didn't think much of it because I felt that I had no voice and what could I possibly do to help another person ... Having gotten involved with it [the project] was an amazing experience that helped me to know that I am someone, and that I can help others, and that I do have that voice to be there even if it is just for one other person. (Anita)

Having received overwhelmingly positive feedback from team members and women participating in the storytelling sessions, we incorporated both participation and action throughout the analysis.

Collaborative Analysis of Stories

Our balanced, collaborative approach to analysis emphasized the importance of having researchers, partners, and communities equitably and democratically involved throughout the research project (Mance, Mendelson, and Byrd III 2010). Some methodologists metaphorically describe analysis as crystallization because "crystals grow, change, alter, but are not amorphous. Crystals are prisms that reflect externalities and refract within themselves, creating different colors, patterns, arrays, casting off in different directions. What we see depends upon our angle of repose" (Richardson 1997, 92, qtd. in Lincoln and Guba 2000, 181).

Crystallization allows us to emphasize the multiplicity of voices involved in the interpretation of the interview transcripts and to sustain transparency in our collaborative work. We filtered the experiential stories through the crystal or prism with the aim of gaining a threaded (holistic) understanding of the coproduced stories (rainbow/spectrum). At the centre of the crystal are our team member's diverse lenses that filter the analysis of the women's stories through their experiences and knowledge sets. In order to organize the women's stories, team members participated in identifying discursive themes. In all, we drew from the knowledge sets of different groups and people, including academic researchers, community members, elders, treatment workers (social workers, counsellors), storytelling participants, and transcribers.⁴

Academics brought social science and thus "outsider" knowledge (Kirby and McKenna 1989) from which the team conducted a preliminary organization of discourses. For example, literature reviews helped us to develop key thematic areas of interest: self-harm, identity, surviving violence, criminalization, caretaking, drug use, and mental and physical health. Community members and elders provided an experiential and cultural lens, better described as insider knowledge. These team members drew on their postcolonial worldviews and their own subjective experiences that made sense of the coproduced stories. Elders often provided culturally relevant stories that reflected the experiences and findings as they unfolded, which incorporated Aboriginal oral tradition into our meaning-making process. Treatment providers (social workers and counsellors) offered a third analytic lens and insider knowledge regarding treatment structures, programming, and goals. Finally, transcriptionists recorded the themes they identified during the transcription process, a strategy that Tilley (2003) emphasizes as important in preliminary open coding.

Our “prism” or crystallization approach to collaborative analysis increased the transparency and accuracy of our conclusions.⁴ Having multiple people review the transcripts enhanced transparency by increasing the opportunity for discussion, nuanced examination, and thus more accurate theme construction. Themes identified during the preliminary analysis were presented and discussed with staff and women in treatment at the centres,⁵ which not only increased analytical rigour but “support[ed] researcher reflexivity, and promote[d] positive, empowering research relationships” (Forbat and Henderson, qtd. in Salmon 2007, 986). Involving multiple groups of people in a collaborative analysis acted as a community-based form of member checking that increased the believability of our theme construction by ensuring that the themes reflected the patterns represented in the stories (Lincoln and Guba 1985). This kind of regular and ongoing collaborative peer feedback generated a sense of honesty in our interpretation of the discursive messages rather than trying to achieve the impossibility of uncovering “truth” in a discourse implied by traditional Western methods (Creswell and Miller 2000). In the words of one team member, the process of analysis was “slower but the outcomes were stronger ... When doing the analysis, we had ongoing reviews – agreeing, pointing out gaps – and the research process was more rigorous, the results were more reliable.”

Knowledge Exchange in Relaying the Findings to the Community

Graham and others (2006, 14) report considerable conceptual ambiguity, misapplication, and inconsistency in describing the terms used in the “knowledge-to-action field,” including *knowledge translation*, *knowledge transfer*, *knowledge exchange*, and *knowledge dissemination*. The multitude of terms has contributed to their confusion and complicated usage (Pentland et al. 2011; Henry and Mackenzie 2012). A common concern is the linearity of knowledge translation approaches and the need for more fluid and dynamic models of knowledge exchange (Ward et al. 2012) that emphasize a collaborative (Henry and Mackenzie 2012) and interactive approach (Mitton et al. 2007) among team members, participants, and community stakeholders (Graham et al. 2006). For this project, we adopted the term *knowledge exchange* because of its emphasis on respectful collaboration, genuine interaction, and the centrality of relationships in producing knowledge. As Graham and others write, “In contrast, with knowledge translation and transfer, there is no expectation that the same stakeholders will be involved in all stages of the process” (ibid., 17).

However, a common barrier to knowledge exchange activities is the traditional “incentive system” in the academy that requires the dissemination of research findings in peer-reviewed journals and books, for example (Mitton

et al. 2007, 739). More recently, critical scholars, such as van den Hoonaard (this volume), argue that the term reflects broader trends in the colonization of qualitative research by biomedical approaches to scientific studies, which, at the same time, have further intensified the pressure for social science scholars to publish (or perish). While we recognize the need for peer evaluation, knowledge exchange in community-based research grounded in Aboriginal and feminist praxis has quite a different meaning. For instance, knowledge exchange reflects the researcher’s ability to give back useful and timely results to participants and related communities. Lengthy journal articles and books laden with academic jargon do not provide the necessary accessibility for participating communities.

Treatment staff voiced this concern and urged the research team to provide the centres with practical and helpful results on a regular and ongoing basis. Subsequently, we approached knowledge exchange on two levels: first, the traditional publication path and, second, a more flexible and creative route by generating accessible mixed-media tools for participants, communities, and treatment centres. In the following discussion, we outline three of the unique ways our team translated research findings to participants and treatment communities – namely, through a research reflections video, a song, and a discussion guide.

Research Reflections Video

In February 2009, we held a gathering of thirty members of the research team, community partners, and participants at Cedar Lodge in Dundurn, Saskatchewan. The goals of this gathering were to review research findings, reflect upon the research process, and develop an effective action plan for sharing findings with participants and treatment communities. Dé Ishtar (2005, 358) urges the bridging of Indigenous and feminist knowledge at all stages of research, including knowledge exchange, to encourage passionate involvement so that findings have “direct, immediate use” to the community. Salmon (2007, 985) claims that many women are frustrated by their experiences with community researchers who not only own and guide research, but who “come, do the research, and then it’s months or years before we hear from them again.” Similarly, team members expressed concern about exploiting Aboriginal communities; one member affirmed, “researchers cannot go into a community and then leave. First Nations have suffered because of researchers, and [I] want instead to contribute to their success.” To provide treatment centres and participants with quick accessible feedback on the progress of the research, we shared findings through fact sheets, posters, a website, online forums, and regular informal emails and discussions on the Project’s progress.

Given that our balanced approach is unique in comparison to most research ventures, while at the Cedar Lodge gathering we formulated a broader action plan for knowledge exchange that included disseminating information specifically about our methodology. The team decided to develop a collaborative and participatory DVD that documented our research process. Videography, described as "an empowering, democratizing method" in interviewing (Kindon 2003, 144), has similar impacts on knowledge-exchange activities. MPet productions interviewed team members about who they were, how they became involved, and what they brought to the project. In order to receive feedback before the video was finalized, we distributed a rough cut to all team members, including those who were not able to attend the gathering. The video, *Sharing Our Research Journey* introduces the basic premise of our research process – that no single form of knowledge has priority over another. In April 2010, we broadcasted a ten-minute clip for SaskTel MAX television in Saskatchewan titled "Saskatchewan: A Healing Journey – Disseminating Knowledge through Song Creation."

With the findings in mind, participants at the Cedar Lodge gathering worked with Violet Naytowhow, a Woodland Cree singer/songwriter, to create a song that reflects the project's findings. Similar to the adoption of storytelling with its links to the talking circle as a tool for decolonizing our research methodologies, the use of music as a vehicle for communicating the findings of the project served to break down the traditional hierarchical relationships between academics and the community. Violet Naytowhow shares:

Reflecting back, to the song writing event, I saw the hearts and minds of many reflecting holistically, their emotions of a healing process, sharing that in a creative process (song writing) about their lives in motion with others lives. Inspiration for the words to dig deep into themselves was encouraged by the initial focusing meditation, sharing circle and youth who spoke on her own healing journey. It was a true testament of a respectful relationship amongst many human beings gathered to share the message of unified hope and supportive healing.

Various drafts of the song were distributed to team members for feedback; the song, "From Stilettos to Moccasins," was officially released on 13 May 2009, followed by a music video in August 2009. We delivered over six thousand copies of the DVD to treatment centres, conferences, and various community organizations. However, sharing our findings with a broader audience required the use of mass electronic media; therefore, we uploaded the song to YouTube and our Facebook group.⁷ Electronic media attracts youth, for whom such technology is a vital part of their social networks (Flicker et al. 2008, 286).

The development of "From Stilettos to Moccasins" was a collaborative, bonding, and transformative experience for many members of the research team. As academic researchers, we initially believed that the process required us to temporarily suspend our training in lieu of artistic creativity. Correspondingly, there was the discomfort of entering the unfamiliar terrain of songwriting for those who had little music background – not dissimilar to how many people feel when they act as a participant in a research project. Research is a method of knowledge coproduction and message sharing, and songwriting as a form of knowledge exchange taps into the very heart of what it is we do as researchers. There is no question that this song has gained a widespread audience; as of February 2014, the video has been viewed nearly twenty-five thousand times on YouTube.

Discussion Guide

Finally, the team developed a forty-minute training video and discussion guide, *From Stilettos to Moccasins: A Guide for Group Discussions*, intended as an educational tool for women in addictions treatment. The training guide is based on the central finding of our study that Aboriginal women need to reclaim a healthy self-identity in order to heal from problematic drug use. This initiative originated from participants' desire to have others experience "walking in their shoes" to understand their lives.

The discussion guide offers a structured three-hour group discussion guide on identity, stigma, and healing, and includes exploration exercises and guiding questions designed to promote self- and group reflection and dialogue and to support women in treatment as they transition back to their communities. The discussion guide reinforces the crucial role of aftercare support, an insight clearly voiced by participants. It is not a treatment program or model of recovery; nor is it designed as a counselling session. The training guide comes with evaluation forms for the facilitator and participant, which can be modified, updated, and improved by the research team.

Conclusion

A major aim of our research project was to examine the role of stigma and identity in the healing journeys of Aboriginal women as they grapple with problematic drug use.⁸ By drawing on community-based, Aboriginal, and feminist research methodologies, this research demonstrates that women's multiple voices are necessary to interpret, contextualize, and analyze coproduced stories as well as to identify effective avenues for disseminating research findings. Firmly entrenched in our research approach is the understanding that everything and everyone is interconnected. Congruent with

Aboriginal epistemology, we adopted a holistic approach that recognizes that there is a multiplicity of ways of knowing, the importance of reflexivity, and the value of subjective knowledge through storytelling. In contrast to objective, emotionally neutral research models, this approach endorses a democratic and decolonized methodology, working from a base of mutual respect, reciprocity, and recognition in developing long-term relationships with team members, participants, and community partners. Drawing on the work of Little Bear, Christensen (2012, 232) writes that storytelling is "the central medium of knowledge transmission" and a valuable "educational tool" for Indigenous communities. Unlike static linear methodologies, our dynamic balanced approach, with its emphasis on collaboration and relationships, enabled us to develop highly innovative and culturally meaningful methods of knowledge exchange, such as the coproduction of "From Stilettos to Moccasins," which reflected the women's stories of their complex healing journeys.

Undoubtedly, the team's inspiration was the women who shared their stories and to whom we felt a sense of commitment and responsibility. By maintaining the rule that the team had to approve of all project-related publications, presentations, and dissemination of findings, we avoided becoming academics who legitimized the voices of marginalized women. Rather than "giving a voice to" or "speaking for" the team or the participants, we worked to generate spaces for their voices to be heard and for them to speak on their own – both within their communities as well as in academia, with government officials, and among treatment services. By securing continued funding for travel, diverse team members were able to participate in conferences and presentations for the project. It was rare that an academic would publish or present findings alone; on those rare occasions, key team members were always listed as copresenters in absentia. Our team members participated in this project because they care about their communities and the research being done; however, most hold other full-time, paid employment. Subsequently, team members took the lead on different components of the project as they fit their interest, skills, and schedules. Rather than "passing through" the community by either seeking tacit approval of academically constructed work by busy community members, the project would halt until there was group discussion, reflection, and agreement. While at times this balanced approach prolonged typical research timelines, Dell argues that

whatever. That voice and that experience has to be there, and it is not any less than what I bring or anyone else brings.

At the same time, commitment to the project meant that team members faced challenges, whether it was juggling the competing demands of caring for a young family or an elderly parent with project deadlines, or travelling long distances with health challenges, or attempting to resolve the tensions between our research goals and those dictated by conservative university administrations. With respect to pressure from universities to produce a scholarly publication record, one team member explained,

All of the time spent drafting plain language summaries, writing a song, making videos, creating training guides, and engaging in ongoing informal discussions with community members and participants is time away from crafting articles for peer review. There are possible negative implications of these research decisions – for example, failing to focus exclusively on peer review publications or publishing authorship in alphabetical rather than contribution percentage value order – may affect us as we apply for tenure, promotion, or other research grants.

However, what we learned and experienced by working with the treatment community not only made us more compassionate social scientists, it also exemplified a path for researching with respect. Conducting community-based research requires thinking of research as praxis, which Paulo Freire (1993, 36) defines as "reflection and action upon the world in order to transform it." As critical social scientists, we had to challenge much of our academic training that taught us to be neutral and objective and to direct the research project as we saw fit. Ultimately, we sacrificed our position as "principal investigators" and entered the field as novices and outsiders. Moreover, we left the comforts and predictability of academia to engage in activities, such as song and video making, which were beyond our knowledge bases. Correspondingly, treatment providers worked outside their comfort zone by engaging in research activities, such as collaborative storytelling or analysis, rather than counselling. One team member described the challenge of listening as a researcher when she had experiential knowledge of drug use: "I could not take [my] street in there and be tough. [I] had to be patient, to listen." In effect, our project illustrates the coming together of very different communities – namely, academia, National Native Addictions Partnership Foundation treatment centres, marginalized women, and Aboriginal communities. We suggest that this research acted as a point of suture between these different

until we have that knowledge shared amongst everyone and people respect that and respect other individuals, I don't think we have a complete picture of what we are trying to solve or to create a policy, or

communities and that it was only possible because of the relationships formed among the group.

Mapping the research around the three R's – recognition, respect, and reciprocity – helped to ensure participation and action by the research team, members of the treatment community, and participants. Whether it was building the focus of the project and storytelling guide from the ground up (beginning with the stories of three team members), or finding a way to foster reciprocity in a culturally meaningful way with participants for sharing their stories (offering the pearl in the oyster), or standing outside of traditional academia as we disseminated research findings (in song and music video), we forged innovative entrées to community-based research. These methods require critical scholars to be both reflexive and flexible in their approach – and to avoid trying to fit research into a preconceived methodology. For this research, the strength of the relationships that were formed between team members made the project function. Completely outside traditional methodologies, the fact that many team members came to actually love one another pushed us to work together in a way that reflected an Aboriginal worldview. This is unlikely to occur in most research situations, and we are certainly not advocating for others to begin their research by expecting this to take place. Rather, we suggest that by letting go of predetermined expectations and being creative and open to different ways of thinking about, engaging, and doing research, researchers will be more likely to create a unique research path that bridges academic and community interests.

Notes

- 1 The Canadian Institutes of Health Research, Institute of Aboriginal People's Health was a major funder of this project.
- 2 Throughout this chapter, we use the term *story* to emphasize a particular kind of narrative most relevant in the Aboriginal methodology literature (Barton 2004), as well as to avoid confusion with emerging discussions of narrative analysis. Lawler (2008, 33) notes that many use the terms *story* and *narrative* interchangeably to describe "resources and social and cultural productions that people use in their day-to-day lives 'to make sense of' their lives."
- 3 Another key finding was the benefits the three women identified in telling their stories: discovering the impact of the written word, promotion of healing, recognition of the ability to offer hope to women in need, increase in self-esteem, and increased appreciation of the importance of sharing their lived experiences with others (Acoose et al. 2009).
- 4 Findings from the interviews with women clients and staff were remarkably similar. For example, both groups identified a core set of helpful traits defining the skills and abilities of treatment workers, including recognizing the impact of trauma, demonstrating care and empathy, fostering open communication, supporting links to Aboriginal spirituality and culture, being non-judgmental, providing inspiration and hope, acknowledging the past with a view to moving toward the future, and fostering community ties (Niccols, Dell, and Clarke 2009).

- 5 Another major finding of this study is the need for treatment programs to assist women in re-claiming their identity as Aboriginal women through the inclusion of culturally meaningful healing experiences (Niccols, Dell, and Clarke 2009).
- 6 Where possible, the team members who attended the treatment centres returned in person to discuss the preliminary findings; we also contacted staff by telephone, and in other instances, were able to discuss these findings at research meetings, such as at our Cedar Lodge (Saskatchewan) retreat in February 2009.
- 7 See "From Stilettos to Moccasins" at <http://www.youtube.com/watch?v=rQRb8wA2iHs&feature=channel>.
- 8 For a more detailed discussion of findings related to the Eurocentric construction of Aboriginal women as "expected" offenders, see Dell and Kilty (2013).
- 9 For further information on how the voices of First Nations women function as an essential teaching tool, see Acoose and Dell (2009).
- 10 This chapter is the first text solely authored by academics involved in the project.

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