

MÉTIS WOMEN AT RISK: HEALTH AND SERVICE PROVISION IN URBAN BRITISH COLUMBIA

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ABSTRACT

Objectives: This research examines links between Métis identity and health and well-being for Métis women at risk of sexual exploitation in British Columbia, identifies user-defined elements of culturally safe health and social services, and recommends ways to improve health promotion and services.

Methods: Twelve semi-structured interviews with Métis women and three focus groups with a total of twenty service providers were conducted in three urban centres in BC: Fort St. John, Prince George, and Vancouver. Primary themes included Métis women's health and well-being, supports and services for Métis women, and Métis-specific health promotion messaging. Qualitative data analysis was performed using QSR NVivo™ software.

Results: The link between Métis identity and well-being was consistently highlighted. Children and education were important motivators, and in some cases enablers, for improving well-being. Many Métis women reported negative experiences in accessing a range of both Aboriginal and mainstream services due to perceived prejudice. Métis-specific or Métis-inclusive services are desired but currently limited. Among multiple characteristics that contribute to culturally safe services, an open, nonjudgmental atmosphere and trusting client-practitioner relationships are primary.

Conclusion: The effectiveness of health and social services for Métis women is linked to respectful awareness about Métis identity, incorporating Métis women as collaborators, and removing culturally specific barriers. Moving toward cultural safety for Métis women can begin with basic improvements in health promotion and service provision; however, systemic change that addresses the social determinants of health must be fostered through culturally appropriate policy and practice at multiple levels. Changing Métis demographics will increasingly impel governments and organizations to address issues around Métis-specificity.

Key words: Métis; Aboriginal; identity; cultural safety; women's health; health services

INTRODUCTION

Our culture is largely unknown. Our history is largely unknown. But we do carry the effects of it, whether it's residential schools or whether it's shame because of who we are. We're not status, we're not White.... I really feel that loss of cultural identity puts people at risk, and then it's like being unidentifiable — "Who are we?" — right? So by reclaiming some of those things, it gives you a sense of standing on strong ground, like knowing who you are and where you come from. So, it raises that confidence and your ability ... to empower yourself. (Métis Service Provider, Prince George)

MÉTIS IDENTITY, HEALTH AND WELL-BEING

Indigenous peoples around the world are particularly burdened by ill health. The process of European colonization is consistently identified as an underlying determinant, as it results in socioeconomic inequities (Carson et al., 2007; International Symposium on the Social Determinants of Indigenous Health, 2007; Kirmayer et al., 2003; Reading and Wien, 2009; Smylie, 2009). While some Aboriginal health indicators (e.g., infectious disease and mortality) have improved over the past century, significant disparities remain (Smylie, 2009). In Canada, the three constitutionally recognized Aboriginal groups — Indian (First Nations), Inuit, and Métis — share health and health care challenges, but specific and distinct concerns exist among and within these populations.

The self-identified Métis population numbers approximately 390,000, making up one third of the total Aboriginal population in Canada (Statistics

Acknowledgements: I am very grateful to the Métis women and service providers who shared their stories and insights. I also thank Victoria Pruden (MNBC) and Catherine Graham (Métis Centre of NAHO) for their guidance and support throughout this study; Chantelle Russell who designed the health promotion products; Erin Corston (NWAC) for her support; Jing Feng for her help with Figure 1; and those who reviewed the manuscript for their helpful suggestions. Research funding was provided by the Métis Centre of NAHO.

Canada, 2009a). Métis are young compared to the non-Aboriginal population (median age: 30 vs. 40 years) and live primarily (87%) in Ontario and the western provinces. Processes such as historical displacement from original settlements and exclusion from federally administered health programs have resulted in long-standing impacts on Métis health and well-being (Smylie, 2000, 2009). Métis tend to be disadvantaged in various social determinants of health (e.g., employment rates, income, and educational attainment; Statistics Canada, 2009a) and are disproportionately affected by a range of chronic diseases (e.g., arthritis/rheumatism, high blood pressure, and asthma; Statistics Canada, 2009b). An additional challenge is that Métis health data are often integrated with other Aboriginal health data, resulting in a dearth of Métis-specific health research, information, and programming (Furgal et al., 2010; Kumar et al., 2012; Wilson and Young, 2008).¹

Although Métis are recognized in the 1982 Constitution Act as a distinct Aboriginal group, they lack a statutory definition, an official registry of members, and effectively have no land rights. This has resulted in an ongoing process of identity construction by Métis people and the Canadian courts (Bourassa and Peach, 2009). Over time, the external designation of Métis people as “mixed bloods” or “halfbreeds” led to a naturalized definition based on racial ancestry rather than cultural distinctiveness or Indigenous nationhood (Andersen, 2008). This plays a confounding role in the public’s understanding (or lack thereof) of who Métis are. Citizens who self-identify as Métis in the Canadian census encompass a range of backgrounds. Their identity may be linked to mixed Aboriginal and settler ancestry, or to affiliations with the historic Métis Nation, whose homeland extends from western Ontario to British Columbia (Andersen, 2008). This fact and the overarching constitutional classification dampen the recognition of local, regional, and cultural variations that make it difficult for Métis to collectivize as a unified whole (Sawchuk, 2001).

While the majority of Métis (69%) live in urban settings (Statistics Canada, 2009a), their residences

do not tend to be highly clustered. Thus, Métis identities are often constructed in contexts where they form a minority population and are influenced by a variety of cultural sources. Given this diversity, a singular “Métis experience” does not exist, even within a particular urban centre (Peters, 2008). In these contexts, individuals must make concerted efforts to connect with their Métis or broader Aboriginal community if they seek to develop a strong contemporary Métis identity, a process that is influenced by the presence or absence of Aboriginal-focused institutions (Peters, 2011; Urban Aboriginal Task Force, 2007).

In Canada, Aboriginal people face particular challenges in meeting fundamental health needs. While the health *determinants* for First Nations, Inuit, and Métis may not differ significantly, the health and social *needs* of each population are quite varied (Richmond and Ross, 2009). Furthermore, as Métis geographies change, largely due to increased self-identification through ethnic mobility, both the heterogeneity of the Métis experience and the Métis influence on Aboriginal and Canadian society and politics are likely to grow (Guimond, 2003; Peters, 2008). These realities reinforce the importance of Métis-specific research and programming.

SEXUAL EXPLOITATION OF ABORIGINAL WOMEN

Aboriginal women in Canada are at high risk of experiencing violence, often involving sexual exploitation. However, a lack of official records and responses limits understandings of the scale, type of perpetrators, and circumstances that contribute to such violence (Amnesty International, 2004). Sexual exploitation involves the use or abuse of a power differential to encourage or coerce the exchange of sex or sexual acts for material or nonmaterial goods or services. It can occur at any point along the continuum of sex work (Living in Community, 2007), as well as outside this context (e.g., as a form of domestic abuse). The term sexual exploitation is frequently used in reference to individuals under age 18; however, it also applies to adults, often affecting those with limited options and related vulnerabilities (e.g., poverty, marginalization, mental health problems, addictions), including those

¹ This reality is reflected in the references used in this paper, which are primarily pan-Aboriginal or First Nations focused.

who work in the outdoor sex industry (Living in Community, 2007). Aboriginal women are over-represented in Canada's sex industry, which many engage in as a means of survival. The likelihood of Aboriginal youth involvement in the commercial sex trade increases with individual traumas that detach them from their families, communities, and cultures (Amnesty International, 2004).

Research on Aboriginal health and, in particular, on sexual exploitation of Aboriginal women (including Métis), must be framed within the broader context of historical trauma (i.e., colonial processes and legislated oppression; Mehrabadi et al., 2008). Past and current government policies play a major role in creating and maintaining systemic vulnerability (Native Women's Association of Canada [NWAC], 2010) and contribute to the multiple burdens of Aboriginal women (Stout et al., 2001). The results of Canada's colonial and colonizing history have been passed to successive generations, leaving an ongoing multigenerational legacy (Greenwood et al., 2007).

CULTURALLY SAFE HEALTH SERVICES

Despite the range of both Aboriginal and mainstream health and social services available to Aboriginal women (e.g., health centres, child and family services, drop-in centres, women's resource organizations), they often face significant barriers in accessing *culturally appropriate* health services in urban areas (Benoit et al., 2003). "Cultural safety" provides a useful conceptual framework for addressing this issue, reflecting an emerging approach to health care "that recognizes the contemporary conditions of Aboriginal people which result from their post-contact history" (Brascoupe and Waters, 2009, p. 6). In practice, cultural safety is envisioned as an *outcome*, where the Aboriginal patient evaluates the level of effectiveness of the interaction and services provided. Culturally safe outcomes require that practitioners and institutions practice respect for individuals, their cultures and beliefs, while ensuring that patients have decision-making power as partners in managing their health and health care (Brascoupe and Waters, 2009).

While some research exists on issues relating to sexual exploitation and Aboriginal women, almost no published work to date has focused on Métis in

this context. To address this gap, this study has the following objectives:

- to examine links between Métis identity and health and well-being for women at risk of sexual exploitation in urban British Columbia,
- to identify the elements of culturally safe health and social services and supports, as defined by Métis, and
- to provide recommendations for improving health promotion and services for Métis women.

METHODS

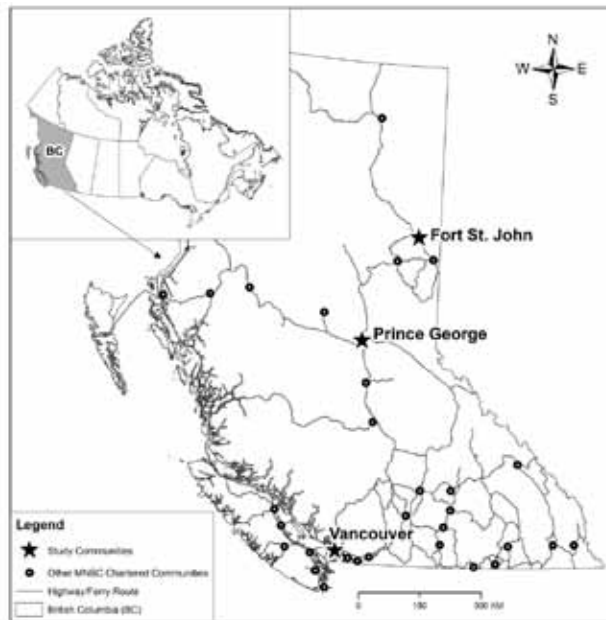
This study emerged from a collaboration between the Métis Centre of the National Aboriginal Health Organization (NAHO) and Métis Nation British Columbia (MNBC). While this project was not associated with a university and thus did not require vetting via a Research Ethics Board, both NAHO and MNBC recognized the requirement for an ethical research process. The proposed project was vetted through an internal process to ensure that the methodology was consistent with the Métis-specific ethical guidelines for health research developed by NAHO (Métis Centre of NAHO, 2010). All interviews and focus groups were held in locations deemed comfortable, safe, and inclusive for participants. The research process followed traditional protocols (e.g., opening and closing sessions with a prayer, tobacco offerings), ensured respect for all participants, employed nonjudgment regarding life experiences and level of connection to Métis identity, and maintained confidentiality. An important outcome of this research included direct benefits to the participating communities in the form of health promotion products for Métis women and service providers (Appendix 1).

RECRUITMENT

Contact with Aboriginal health and social service organizations (e.g., Aboriginal health centres, Aboriginal child and family services, drop-in centres, local Métis societies) in BC communities was established through collective effort by a Métis representative of MNBC and myself, a non-Métis employee of the Métis Centre of NAHO. Three urban centres — Fort St. John, Prince George, and

Vancouver's Downtown Eastside — were selected to represent a range of geographic locations across BC, including varied levels of urban density and remoteness (Figure 1). These study sites have some of the highest numbers of registered Métis citizens among the province's thirty-five MNBC Chartered Communities,² and are identified both in the literature and by MNBC as areas of risk for the sexual exploitation of Aboriginal women.

Figure 1: Map of Study Communities and other MNBC Chartered Communities in British Columbia, Canada



In winter-spring of 2011 semistructured interviews with Métis women and a focus group of front-line service providers were conducted in each location. Through snowball sampling, participants were recruited using targeted information flyers distributed by the local organizations via hard copy or e-mail, or word of mouth. Interviewees self-selected based on self-reported identification as Métis and first-hand experience with sexual exploitation. Service providers self-selected based on relevance to their work and level of personal or professional interest. All participants were advised about the nature of the project and how the results would be used before voluntarily agreeing to participate and signing a consent form.

² British Columbia communities with at least 25 adult Métis citizens (as registered with MNBC, the provincial Métis governing body) may register as MNBC Chartered Communities, thus playing a role in the province-wide governance structure (MNBC, n.d.).

Twelve Métis women aged 25–54 were interviewed. All interviewees were “experiential” in the sex trade; however, their history of involvement varied. Twenty individuals participated in three service provider focus groups (Table 1). Half of these participants self-identified as Métis, two of whom also identified as “experiential.” Thus, many of the service providers were able to comment both from their professional perspective and from their perspective as a Métis person or an “experiential” Métis person.

Table 1: Demographics for Focus Group Participants (n=20)

Category	Number of Participants
Sex	18 females, 2 males
Self-identification	10 Métis, 8 First Nations, 2 non-Aboriginal
Age	3 < 25 years, 16 between 25–54, 1 > 54 years
Other	Two Métis service providers self-identified as “experiential” in the sex trade

INTERVIEWS AND FOCUS GROUPS

Interview and focus group questions were organized around three primary themes: Métis women's health, supports and services for Métis women, and the nature of Métis-specific health promotion messaging needed to address issues relating to sexual exploitation (data for the last theme is not presented here; Appendix 1 lists health promotion products developed from this project).

DATA ANALYSIS

Discussions were audio-recorded and transcriptions coded by the author using QSR NVivo™ 9 software. Coding was organized around the primary themes explored in the interviews and focus groups, as well as other emergent themes. Subsequent rounds of inductive coding allowed the teasing out and analysis of subthemes within each umbrella category.

LIMITATIONS

Despite attempts to attract participants from surrounding communities, data collection was restricted to the perspectives of Métis women and service providers in the three urban centres. The snowball sampling method and condensed timeframe for

fieldwork may have limited the diversity of Métis women who participated. The aim was to engage individuals and organizations in discussing issues relating to a broad definition of sexual exploitation; however, much of what the participants shared on this topic was linked to the sex trade. Perspectives on other forms of less visible sexual exploitation, such as in the home or workplace, may thus have been underrepresented.

RESULTS

MÉTIS WOMEN'S HEALTH AND WELL-BEING

During discussions about health and well-being, Métis identity emerged as a predominant theme. Disconnection from the notion of what it means to be Métis, including links to family and historical roots, was viewed as contributing to vulnerability, and vice versa. The presence of children in women's lives was identified as an important motivator for improving individual and collective well-being, while engagement in education acted as both a motivator and an enabler. These aspects are elaborated on below.

Métis identity

The majority of participants did not indicate a strong sense of what it meant to be Métis, generally referring to Métis identity in relation to Native and/or White identities, rather than describing it as a unique entity. Many participants reported having little knowledge of their Métis roots, culture, and history, and some had been taught to repress these notions from an early age. The lack of a universally accepted definition of Métis was perceived to further complicate the ability of both Métis and the public to develop accurate understandings.

It's one or the other [in B.C.] ... [Métis] don't have their own identity; you're either White or Native. (Interviewee, Prince George)

Here we are in a room full of Métis and we're asking about what the definition is. So, I think there's a barrier right there in terms of the public understanding who Métis are, and even Métis understanding. (Métis service provider, Prince George)

Many women reported experiencing a hybrid identity and had limited positive associations with

being Métis, making it difficult for them to be comfortable in a distinct Métis identity. They often felt judged on their outward appearance — whether they had darker or lighter skin. They saw this uncertain sense of identity as increasing the vulnerability of young women to being exploited.

When I was little I sat in the tub with one of those bristle brushes and I was scrubbing my skin and my mom was like "What are you doing?" because I was taking my skin off — I was so red. And I'm like "I'm trying to take this mud off me so I can look like [my sisters]," because I didn't understand. I felt so different. (Interviewee, Prince George)

I think it just depends on what you look like... There's a lot of prejudice and I think it kind of depends on how you present yourself sometimes, right? And for Métis women, that comes from both sides. People have prejudice against the Aboriginal place and the White place. (Interviewee, Vancouver)

It wasn't just enough to be hated by the non-Aboriginal community, you know, we had to hate in amongst ourselves... That hatred from within has made our family a very vulnerable family. (Métis Service Provider, Prince George)

Due to prejudice, whether from outside or within the Métis community, some participants reported changing how they outwardly identify — as Native, White, or Métis — depending on the situation, thus using their identity strategically. In some cases, Métis women may perceive an advantage to identifying as "Native" to fit in with their community and enhance their well-being.

I can be a Native or I can be White. It just depends who knows me. (Interviewee, Prince George)

The residents in the shelter that I work with ... get more respect if they identify as half Native... [It] gives them some sort of standing in the community, because there's a massive, massive population of the Native community in the Downtown Eastside and, you know, there is strength in numbers. You know you've got people watching your back if you can identify as a Native person.... It's skewed a little bit, but that's the way it is. (Métis Service Provider, Vancouver)

The level of stability of the home environments of Métis women was seen to have an important influence on their well-being. Many participants had

been affected by family environments that included alcoholism, drug abuse, and/or violence. This dysfunction was for them linked in large part to the legacy of the residential school experience, shame, sense of loss, and disconnection from Métis roots and identity. Several participants indicated that they had been apprehended from their parents, were fostered or adopted out of their culture, or had left home at a young age. A related, recurring theme was their inability to discuss important issues with family members, such as family heritage, culture, identity, and healthy relationships.

Fostering well-being

The connection between Métis women and their children was frequently identified as a source of strength and a motivation for women to improve their well-being and heal from past trauma. Mothers indicated that they wanted to be healthy and productive for their children, while also protecting them from sexual exploitation. Several described striving to live drug-free to care for or regain custody of their children. Some reported still engaging in the sex trade on occasion to provide for their children, as their limited skills and education precluded alternative work. Some Métis women with relatively stable home environments may thus experience a dual life.

[You] spend, like, quality time with [your family], do things that normal people do. But when it starts to get dark you're getting ready and you're out there and you're hustling. You're trying to make money for the next day, just to get by.... That's how it is. It's really hard.... It helps me get food for my kids' lunches and do things with them; be there when they have a field trip coming up or something. (Interviewee, Prince George)

Several women stressed that education about Métis identity and history is important for service providers and the public in general, and particularly essential for Métis youth and women. Education through the school system and cultural programming was considered equally important.

I think the Métis identity has been repressed for so many years ... [and] a lot of times people have actually grown up in homes needing to repress that identity.... As an adult I get to make my choices on my own, but that's something that I learned.

Without the access to education that certainly wouldn't have come out so openly and freely. (Métis Service Provider, Vancouver)

A number of women indicated that learning about their culture has helped in their own healing and contributed to their empowerment in a number of ways. The Métis community was characterized as having the following strengths: strong family and community networks, an inherent attitude that fosters helping and a care-giving, and collective enjoyment in coming together around traditional dancing, music, and food.

Now that I am back in touch with my culture ... that's what grounds me. You know, I have to be honest; there's still a little tiny piece, I think, of living so many years with loss of identity and cultural loss.... There's still a piece missing. I haven't come full circle yet.... I don't know if we ever do fully heal in our lifetime. (Interviewee, Fort St. John)

I understand a little bit more about it, so I'm comfortable and I'm proud to be Métis. (Interviewee, Prince George)

HEALTH AND SOCIAL SERVICES

Service provision challenges for Métis women

Participants reported relying on a range of both mainstream and Aboriginal health and social services, including Aboriginal health centres, Friendship centres, Aboriginal youth centres, Aboriginal child and family services, parenting programs, drop-in centres, HIV/AIDS-education services, needle exchanges, shelters, sex trade counseling and support centres, women's resource organizations, and Aboriginal legal services. While they reported negative experiences with some mainstream services, several also indicated discomfort with accessing some Aboriginal-specific services due to the perception that they were not sufficiently "Native." Service providers were generally perceived to have limited awareness about Métis identity, and several Aboriginal service providers themselves highlighted the lack of Métis-specific services. Limited funding for Métis community activities, culturally specific resources, and health care advocates emerged as cross-cutting issues.

I don't think that Métis women often feel that they can ... go to an Aboriginal family services.... As

a young mother, until I got to know them I probably would have just avoided them like I would have the Ministry. (Interviewee, Fort St. John)

Sometimes for Métis women they feel that they don't have someone to turn to,... [whereas] a lot of our First Nations clients can go to their Band Council.... Depending on what they need, there is no Métis system of referral available or an advocate. (Service Provider, Fort St. John)

Women in each community independently indicated that a Métis-specific cultural organization or gathering place would be a great asset, particularly for young people seeking a place that offers a sense of belonging. Improving access to Métis elders was suggested as a way to help women connect to their identity and community. Participants also advocated access to more holistic, non-addictions-focused counseling services.

There's not a lot of counseling anywhere else; just drug counseling in town here, that's it. (Interviewee, Prince George)

Culturally safe services for Métis women

Métis interviewees identified a number of characteristics of “culturally safe” services (Table 2). These related to the overall approach to service provision, practitioner characteristics, type and orientation of services provided, nature of the physical space, and type and orientation of available resources. Participants overwhelmingly indicated that *the* essential characteristic of a culturally safe space is an atmosphere and practitioners who are open, non-judgmental, inviting, warm, and nurturing. When asked where they turn for support, most Métis women specified the names of individual practitioners rather than organizations, indicating that respectful personal relationships are fundamental to effective care. Interviewees indicated that most of their health information comes from one-on-one contact with trusted service providers. A holistic approach to care, where multiple services are offered at the same location, was deemed particularly effective. Participants also noted the utility of visible, available Métis-specific resources that explicitly highlight Métis people and relevant health issues, and include Métis symbols (e.g., infinity symbol, Métis flag, sash, or buffalo).

Table 2: Characteristics Identified by Métis Interviewees as Contributing to Culturally Safe Services

<i>Aspect</i>	<i>Characteristic</i>
Approach	<ul style="list-style-type: none"> • Respectful client-practitioner relationships, which provide a foundation for all future interactions. • Sensitivity to and respect for Aboriginal people and issues, including an understanding of who Métis are.
Practitioners	<ul style="list-style-type: none"> • Open, nonjudgmental, and accepting attitude toward clients, regardless of who they are. • Valuing of each individual and equally respectful treatment of everyone. • Ability to connect with clients and their experience on a personal level. • For sex trade-specific services, practitioners who are “experiential.”
Health/Social Services	<ul style="list-style-type: none"> • Provision of a range of interconnected services (holistic model). • Aboriginal-driven and Aboriginal-focused services. • Inclusion of Métis-specific services.
Educational Services	<ul style="list-style-type: none"> • Cultural programming, activities and events.
Physical Space	<ul style="list-style-type: none"> • Symbols that represent Métis culture and/or a range of cultures. • Child-friendly surroundings and atmosphere.
Resources	<ul style="list-style-type: none"> • Positive, supportive signage and messaging. • Métis-specific resources, including: Métis-relevant messaging, Métis symbols (e.g., infinity symbol, sash, buffalo), and images of strong, healthy Métis women.

CONCLUSION

This research offers important insights for policy and practice in several areas. As Métis have historically suffered from ambiguous status as Aboriginal peoples, the act of reconceiving and reclaiming notions of Métis identity is an important part of the process towards improving both individual and collective health and well-being (Bourassa and Peach, 2009; Kirmayer et al., 2000). However, findings indicate that Métis women in BC do not generally perceive Métis identity to be a unique entity that is distinct from both White and First Nations identities. Furthermore, they often express their “Métis-ness” as part of a hybrid identity.

Positive Métis identity formation can be supported by the development of both formal and informal mechanisms for awareness-building among Métis and non-Métis (e.g., school curricula, Métis health promotion products), and attention to cultural safety and cultural programming in both

mainstream and Aboriginal health and social services. In turn, the fostering of interconnected, dynamic Métis communities in urban areas may provide an important basis for positive change in these locales (Peters, 2007).

Métis participants stressed the importance of culturally appropriate, integrated health care and social services, highlighting the primacy of trusting and respectful relationships with specific practitioners. These individuals act as gatekeepers for Métis women's health and well-being. Services for Métis women could be improved by identifying these gatekeepers; informing them about Métis-specific issues, resources, and services; providing training in cultural safety; and building strong networks to increase referrals and collaboration. Culturally safe service provision also requires a shift in power dynamics. Both the patient and service providers must be aware of their own influences, perspectives, and context, and be willing to work together in a framework of mutual trust, respect, and generosity of spirit. These efforts must also be integrated into broader institutional processes and policies (Brascoupe and Waters, 2009).

The increasing numbers of self-identifying Métis across the country requires that federal, provincial, and territorial governments and organizations, such as those providing health and social services, address issues of Métis-specificity. Through the development and promotion of culturally safe programs and services, we can support positive identity formation for Métis women in urban centres. However, such endeavours must be undertaken while also addressing other social determinants of health (e.g., alleviating poverty, improving food security and increasing access to education). It is important to support programming and research that recognizes the specific needs of Métis women.

While this project focuses on Métis women in urban BC, outcomes may also be relevant to minority urban Métis elsewhere in Canada — particularly beyond the core Métis prairie homeland area — where Métis are less visible and may tend toward hybrid identities. Further research on these points is required to enable comparisons and achieve broader policy influence.

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APPENDIX A

MÉTIS HEALTH PROMOTION PRODUCTS

DEVELOPED BASED ON PARTICIPANT INPUT

Guided by the results of this research, the Métis Centre of NAHO developed a range of health promotion tools for distribution to Métis women and service providers. Digital versions are available at <http://www.naho.ca/metis/current-work/metis-womenstrong-and-beautiful>.

<i>Product</i>	<i>Title</i>
Pocket booklet for Métis women	<i>Métis Women Strong and Beautiful</i>
Pocket mirrors with Métis logo	<i>Reflecting the Beauty of Métis Women</i>
Community brochures (Fort St. John, Prince George, Vancouver)	<i>Understanding Sexual Exploitation: A Quick Guide for Métis Women</i>
Parent/guardian guide	<i>Métis Children Safe in Cyberspace</i>
Youth guide	<i>Métis Youth, Respect Yourself: A Guide to Healthy Relationships and Sexuality</i>
Research poster	<i>Healthy Messages for Métis Women at Risk of Sexual Exploitation</i>

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