Chapter Title: Helpers, Not Helpless: Honouring the Strength, Wisdom and Vision of Aboriginal Women Experiencing Homelessness or Marginal Housing
Chapter Author(s): Billie Allan and Izumi Sakamoto

Book Title: Homelessness & Health in Canada
Book Editor(s): Manal Guirguis-Younger, Ryan McNeil and Stephen W. Hwang
Published by: University of Ottawa Press

Stable URL: https://www.jstor.org/stable/j.ctt184qqc6.8

# Helpers, Not Helpless: Honouring the Strength, Wisdom and Vision of Aboriginal Women Experiencing Homelessness or Marginal Housing

Billie Allan, MSW, PhD candidate
Factor-Inwentash Faculty of Social Work, University of Toronto

Izumi Sakamoto, MSW, PhD
Factor-Inwentash Faculty of Social Work, University of Toronto

## Introduction

In reviewing the health of homeless persons in Canadian cities, Hwang (2001) estimates that the representation of Aboriginal peoples in urban homeless populations is approximately 10 times that of their relative proportion of the general populations of urban centres. Research on homelessness experienced by Aboriginal peoples is slowly increasing, but literature addressing the intersections of identities (e.g., Aboriginal women) that builds on a strengths-based model appears to be scarce. Homelessness does not occur in a vacuum (Jahiel 1992); creating effective solutions means moving far beyond narrow, deficit-based stereotypical constructions that paint homelessness as resulting from individual choices and personal characteristics (e.g., drug use, mental illness, unemployment) and effectively ignore underlying structural issues. For Aboriginal peoples, this means constructing an understanding of, and response to, the needs of those experiencing homelessness and marginal housing that acknowledges and resists the effects of colonization. We propose an Aboriginal approach to conceptualizing and advancing the health and well-being of Aboriginal women experiencing marginal housing

or homelessness. This approach would be centred on the vision, voices, strengths and agency of Aboriginal women in determining their health and well-being and would honour their roles and contributions as helpers, not helpless.

Coming Together: Homeless Women, Housing and Social Support was a community- and arts-based, participatory action research project that explored how ciswomen build support networks with each other when experiencing homelessness or marginal housing. This chapter focuses specifically on the findings relating to the Aboriginal women who participated in the project. The project data were initially collected, coded and analyzed using a grounded theory approach (Charmaz 2006). Later in the research process, the research team focused on the Aboriginal sub-sample, drawing from Indigenous methodology (Smith 1999) in order to more fully understand the experiences of Aboriginal women in the context of an Aboriginal worldview. (While the research team would see this process as the second phase of the data analysis, this can be considered a secondary data analysis to some others.)

The findings from the subset of Aboriginal women participants revealed the kinds of marginalization and violence that they faced on the streets while attempting to access or maintain housing. At the same time, they were actively helping each other by offering social support, sharing stories and resources, accepting each other, promoting safety and volunteering. Moreover, these women offered significant insight into what was needed to improve their situations and the services they accessed and received. This chapter will focus on the recommendations for service providers and policy-makers offered by the participants. The results challenge health and social service providers, policy-makers, educators and researchers to revise discourses of housing and homelessness, to resist colonial history and practices and to instead honour the strength and agency of Aboriginal women.

## Context of the Research

### Aboriginal Health and Well-Being in Canada
Trying to capture a snapshot of the health and well-being of Aboriginal peoples generally is quite difficult (Health Council of Canada 2005), and that of Aboriginal women experiencing homelessness even more so. Indeed, the landscape of Aboriginal health statistics is not easily navigated. For example, census data gathered

by Statistics Canada is impacted by incomplete enumeration or non-participation of several First Nations (Anderson et al. 2006). Health data collected through provincial and territorial health systems do not necessarily or consistently utilize markers for Aboriginal identity. Even where ethno-racial identification markers are included, Aboriginal peoples accessing health services may elect not to identify for fear of racism. Aboriginal health statistics may be gathered from one specific subpopulation, for example, First Nations (status or non-status Indians), and yet be generalized to Aboriginal peoples as a whole. Indeed, the majority of available information regarding Aboriginal peoples is drawn from data collected from the status Indian population (CIHI 2004, as cited in Health Council of Canada 2005). As such, Aboriginal health data should be appreciated, with clear acknowledgement of all of its complications and challenges, for what it offers in helping to further our understanding.

There is a need for a general statement regarding the use of statistics (and other research data) relating to Aboriginal peoples, not only in terms of data collection (methods, sampling, generalizability, etc.), but in the responsibility to avoid inadvertently reinforcing stereotypes and systemic racism through the application of statistics. While this may seem like an obvious statement to some, the deeply painful history of both research and social policy directed towards Aboriginal peoples underlines the responsibility of researchers, educators, policy-makers, health professionals and community and social workers to gather, share and apply statistics in ways that disrupt stereotypical, one-dimensional ideas about Aboriginal peoples and instead advance the health, well-being and self-determination of Aboriginal communities. One means of responsibly utilizing statistics and other data derived from research is to ensure adequate discussion of the historical and ongoing colonial context faced by Aboriginal peoples. Another is to ensure the data is framed within the perspectives and voices of Aboriginal peoples. The purpose of including this statement here is to contextualize the challenges of engaging in and contributing to discussions of Aboriginal peoples' health and to stress the importance of doing so in ways that clearly identify limitations and actively move towards disrupting rather than reinforcing negative discourses of Aboriginal peoples. In the section that follows, we review available information on the health and well-being of Aboriginal women, as well as examining the impacts of historical and contemporary colonialism on Aboriginal women.

### *Aboriginal Women: Looking at Our Past, in the Present, for the Future*

To look at our past, in the present, for the future is a traditional teaching shared across many nations. In the case of Aboriginal women experiencing homelessness and marginal housing, this means looking at the history of colonization and its effects within the contemporary context, with an eye towards positively transforming their health and well-being and the social conditions they face.

**The past.** The effects of colonization on the lives of Aboriginal peoples are undeniable even though the colonial history of Canada receives limited attention in our public schools and public discourse (Kempf 2006). The intersectional effect of gender and racialization has amplified the impact of colonization on Aboriginal women. Attacking the roles of Aboriginal women was, in fact, a key strategy in destabilizing First Nations and establishing colonial control (Anderson 2004; Lawrence and Anderson 2005; Walters and Simoni 2002). Mohanram (1999) describes the fundamental role of women in building and maintaining a nation, in that women quite literally reproduce the nation through childbirth. She further highlights the patriarchal discourses of colonization that have and continue to portray women as existing without agency. The very idea of women without agency directly contravenes the status, roles and responsibilities of Aboriginal women on Turtle Island (North America) prior to European contact. Within the tremendous diversity of Aboriginal nations and their traditions across Turtle Island, Aboriginal women were understood as powerful and sacred; they held multiple and varying roles as helpers, healers, teachers, leaders, warriors, knowledge keepers and lifegivers (Walters and Simoni 2002). In matriarchal societies, Aboriginal women carried responsibilities for or control over property and leadership, for example, within the Haudenosanee Nations in which women held all property rights, and Clan Mothers were charged with selecting and deposing of leaders.

The colonial project of European settlers, aided by the work of Christian missionaries, undertook to 'civilize' Aboriginal peoples by upending traditional governance structures and cultural values and practices and by imposing and enforcing European values and norms, including patriarchy and the consequent subordination of women (Bourassa, McKay-McNabb and Hampton 2005; Lawrence and Anderson 2005). These efforts were ultimately institutionalized in the *Indian Act of 1876*, legislation that resulted in multiple human

rights violations, including the political exclusion of women. The Act usurped the role of Aboriginal women in selecting and deposing leaders (i.e., the role of Clan Mothers) and prevented them from holding leadership positions themselves. The legislation instead inserted band chief and council structures in which only men were eligible for election and in which women held no right to vote (Blair 2005). The *Indian Act* further removed the real property rights of Aboriginal women and regulated their status such that women who married non-Aboriginal men (or non-status Aboriginal men) would lose their status, as would their children. This stood in contradiction to the treatment of status Aboriginal men who, upon marrying non-Aboriginal women, conferred their status on their wife and, subsequently, their children.

In response to activism and legal action by Aboriginal women, the federal government passed Bill C-31 in 1985, rescinding the 'enfranchisement' provisions of the *Indian Act* and reinstating those who had lost their status. Bill C-31 was meant to ensure the conformity of the *Indian Act* with the *Canadian Charter of Rights and Freedoms,* specifically section 15—the equality rights section. Using a 'gender neutral' approach, Bill C-31 removed the purely patrilineal eligibility for status, but it did not also provide Aboriginal women with the right to confer status onto their spouses and children. Instead, it situated status men in a position similar to that of status women, such that children of status women or men who married non-status or non-Aboriginal individuals could no longer confer their status on their own children if they too married a non-status or non-Aboriginal partner. The irony of Bill C-31, which was touted as a vehicle to restore gender equity for Aboriginal women and increase the number of people who qualify for Indian status, is that it actually works to speed the extinction of status Indians—since hundreds of thousands of descendants of today's status Indians will be excluded from status rights over the coming decades. This policy action has arguably significantly benefited the federal government by decreasing the status Indian population, for whom the government has a fiduciary duty to provide, thereby reducing associated obligations and costs (Daniels 1998).

The removal of property rights through the *Indian Act* continues to significantly impact Aboriginal women today. Provincial matrimonial real property laws do not apply to Aboriginal women living on reserve, as reserve land is a matter of federal jurisdiction

and the use of reserve lands, including housing, is controlled directly by band councils (Blair 2005). This is especially problematic for women experiencing violence, which Blair (2005) has estimated to be approximately one in three among Aboriginal women. The violence faced by Aboriginal women is compounded by chronic and severe on-reserve housing shortages, such that the lack of matrimonial real property rights means that Aboriginal women experiencing violence may be forced to choose between fleeing at the cost of their housing or continuing to live in violence in order to maintain housing (Blair 2005). Violence is a well-documented force in the migration of Aboriginal women to urban centres (NAFC 2012; RCAP 1996). The federal government has been engaged in consultation around and the development of multiple (failed) bills for more than thirteen years, including Bill S-2. However, the legacy of this legal limbo and the continued strain of housing shortages will not simply disappear with one new piece of legislation.

The denigration of Aboriginal women was a central goal in the colonial project of European settlement (Walters and Simoni 2002), achieved through multiple means, including legislated and systemic oppression, social and economic exclusion, physical and sexual violence and the rupture and erosion of the role of Aboriginal women in having and caring for their children. This has included forced sterilization of Aboriginal women in both Canada and the United States (the division of which was only created through a colonial imposed border). In the 1970s, approximately 40 percent of Aboriginal women of childbearing age in the United States experienced non-consensual sterilization administered by the federally run Indian Health Services (Walters and Simoni 2002). This practice of eugenics also occurred here in Canada, although to a lesser degree and primarily in Alberta and British Columbia (Grekul, Krahn and Odynak 2004). More than 2,800 Aboriginal women underwent forced sterilization in Alberta alone between 1928 and 1972 (Truth Commission into Genocide in Canada 2001). Testimony provided to the Truth Commission into Genocide in Canada (2001), indicated that sterilization of Aboriginal women was in fact a standard practice in some places (i.e., provincial training schools). Additional testimonial evidence provided to the Commission suggests that the Department of Indian Affairs provided a financial reward to physicians for each Aboriginal woman sterilized, in particularly "if they weren't church-goers" (Truth Commission 2001: 13).

In addition to eugenics, the goals of cultural annihilation were enacted by the mass removal of Aboriginal children from their families, homes and communities, first in the era of residential schools and then through the assertion of child welfare authority in the lives of Aboriginal families, which saw thousands of children taken into foster care or placed in cross-cultural adoption. While some may wish to relegate residential schooling or invasive child welfare practices to the distant past, the last residential school in Canada closed in 1996, and recent data from the National Household Survey suggests that Aboriginal children presently constitute nearly half of the estimated 30,000 children in care in Canada (Woods and Kirkey 2013), despite the fact that Aboriginal peoples are thought to compose less than 5 percent of the Canadian population (Statistics Canada 2011). Residential schooling and child welfare involvement have been associated directly with adverse health outcomes, such as, increased risk and rates of HIV and hepatitis C (Pearce et al. 2008) as well as social determinants of poorer health, including homelessness (Baskin 2007; Sinclair 2009).

Colonization has had an undeniably devastating, intergenerational and collective impact on Aboriginal peoples, tearing at the fabric of Aboriginal ways of knowing and being, including substantive damage to roles of and respect accorded to Aboriginal women prior to contact and to family and community cohesion. In the context of decolonizing communities and improving Aboriginal health and well-being as a whole, the health and well-being, wisdom and vision of Aboriginal women is integral. An often cited Cheyenne saying states that "A Nation is not defeated, until the hearts of its women are on the ground", so that by caring for our women, honouring our women, raising their voices and raising their hearts, we are also caring for, honouring and renewing our nations.

**The present.** Subsequent to colonization, Aboriginal women face severe marginalization in Canadian society. Aboriginal women are more likely than their non-Aboriginal counterparts to experience poverty, under- or unemployment, under housing, homelessness or incarceration (Dion Stout, Kipling and Stout 2001; NWAC, 2007a). They are also more likely than non-Aboriginal women to have lower levels of educational achievement and to live with poorer community infrastructure and resources as a result of the persistent economic marginalization of Aboriginal peoples in Canada (Adelson 2005;

Benoit, Carroll and Chaudhry 2003; NWAC, 2007b; Smylie 2001; Loppie-Reading and Wien 2009). Aboriginal women experience substantial violence; those with status are five times more likely than non-Aboriginal women to die as a result of violence and eight times more likely to die by spousal homicide (CAEFS n.d.). The violence levelled at Aboriginal girls and women is painfully captured in the epidemic of missing and murdered Aboriginal women in Canada, an issue that has recently been identified as a subject of inquiry by the United Nations Committee on the Elimination of Discrimination Against Women (Talaga 2012). While the Native Women's Association of Canada (NWAC 2010) has verified nearly 600 cases of missing and murdered Aboriginal women, other activists suggest that the actual number may be much higher (Kraus 2011; Talaga 2012).

Aboriginal women experience alarming disparities in health, with higher rates of heart disease, hypertension, diabetes, multiple forms of cancer (including cervical and gallbladder), HIV/AIDS, mental illness, substance abuse and suicide (Dion Stout, Kipling and Stout 2001; Gatali and Archibald 2003; NWAC 2007b). They not only experience a shorter life expectancy and higher infant mortality rate than non-Aboriginal women (Statistics Canada 2006; Smylie, Fell and Ohlsson 2010) but also higher rates of chronic disease than Aboriginal men (Bourassa, McKay-McNabb and Hampton 2005). This disproportionate burden of ill-health reflects the inequities Aboriginal women face in foundational determinants of health, including housing, income, food security, education, violence and environmental degradation (NAFC 2012).

While recent census data estimates 54 percent of the overall Aboriginal population now resides in urban centres (Statistics Canada 2008), fully 78 percent of Aboriginal women live off-reserve (Statistics Canada 2006). Among Aboriginal women living off reserve, 52 percent have been diagnosed with a chronic health condition by a health professional (Vancouver Women's Health Collective 2006). Homelessness and marginal housing are in no way limited to urban contexts; however, the Coming Together Project was conducted in an urban centre (Toronto) and reflects the types of experiences and services accessed by Aboriginal women in a large, metropolitan city. As such, we focus our discussion and recommendations within the realm of urban housing and homelessness, while recognizing that homelessness and marginal housing are issues that abide by no geographical bounds. In fact, there is a need, beyond the scope

of this chapter, to ensure more attention to issues of homelessness and marginal housing in rural, remote and Northern environments (see, for example, Qulliit Nunavut Status of Women Council 2007; Yukon Status of Women Council 2007).

Urban Aboriginal peoples earn substantially less than the median income of their non-urban counterparts and face higher rates of homelessness, tuberculosis, diabetes, HIV/AIDS, substance abuse and suicide than their non-Aboriginal peers (Benoit et al. 2003). Urban Aboriginal women are more likely than non-Aboriginal women to be lone mothers and to face difficulty in providing basic necessities for their children, including food, clothing and housing (UATF 2007). Homelessness statistics for the city of Toronto indicate that while Aboriginal peoples are estimated to compose less than 1 percent of the city's entire population, they account for approximately 15 percent of the homeless population but fully 26 percent of 'rough sleepers', meaning those who sleep outside (Novac et al. 2006; Khandor and Mason 2007).

## Methods

### *Description of the Project*

The research findings presented herein are part of a larger, multi-method community-based research project entitled Coming Together: Homeless Women, Housing and Social Support, which explored how ciswomen[1] and transwomen with experiences of homelessness build support networks with each other in Toronto, Canada. Adhering to the community-based research approach (e.g., Flicker and Savan 2006; Israel et al. 1998), the Coming Together Project was a collaborative effort between a university and two community agencies serving people who are homeless.

These findings were derived from a secondary analysis of the data, particularly focusing on the subset of the data comprising of Aboriginal ciswomen and transwomen participants, whose experiences were contrasted to that of the non-Aboriginal participants. Unlike what is typically seen when the term *secondary data analysis* is used, which typically involves an analysis of a large data set previously collected by a governmental body (e.g., Statistics Canada survey data sets, health utilization data from a provincial/territorial registries, etc.) or other researchers, this process involved a second phase analysis of our own data (from interviews and arts-based focus

groups) with the intention of generating a deeper understanding of the experiences of Aboriginal participants through the application of a more 'Indigenized' approach to data analysis.

The analysis drew upon both a constructivist grounded theory approach (Charmaz 2006), where data collection and analysis are conducted hand-in-hand in a cyclical manner involving multiple reiteration of coding strategies, and upon Aboriginal/Indigenous knowledge and principles regarding the gathering and care of knowledge (research). Maori scholar Linda Tuhiwai Smith (1999) sets out several projects for Indigenous research, including 'reframing', which seeks to transform how social issues of Indigenous peoples are discussed and addressed. In the context of this project, reframing required continuous attention to the historical context of the lives and circumstances of the participants with an eye to what could be done now to disrupt the chronic, colonial marginalization of Aboriginal women and create change for our future.

The project's advisory board was comprised of seven ciswomen and transwomen who had experienced homelessness, including two Aboriginal members. During the project implementation and follow-up, two Aboriginal PhD students (Billie Allan and Rose Cameron) also became research assistants, helping with data collection, transcription, data management, data analysis and dissemination. The analysis presented herein was led by one of the Aboriginal researchers involved in the project (Billie) in consultation with the rest of the team, including the advisory board. She also integrated Indigenous research methodology (Smith 1999) during the analysis process so that we can understand and describe the experiences of Aboriginal women more fully.

As is often the case with community-based participatory research, the ethics approval process involved multiple steps to allow for flexibility in research design to reflect participants' opinions and increase the trustworthiness of research findings. In Phase I, in-depth face-to-face semi-structured interviews for both service providers and researchers as key informants ($n$ = 13) and service users (women and transwomen who were homeless; $n$ = 20) were conducted at either the participant's location or at a mutually designated location. For service user participants, each interview participant received a $25 honorarium and two transit tokens as a token of appreciation and partially to compensate for their time and contribution.

Of the 20 ciswomen and transwomen with experiences of homelessness interviewed, 11 were between the ages of 40 and 59

and nine were between 25 and 39 years old. Six identified as transwomen and 14 identified as women (ciswomen, non-transwomen). Nine of the ciswomen and transwomen with experiences of homelessness interviewed identified as Aboriginal or Metis, seven as white or of European descent and four identified as people of colour. At the time of their interviews, five ciswomen/transwomen had been homeless or marginally housed for over 10 years, two had been homeless or marginally housed between five and 10 years, six had been in similar situations between one and five years and seven had been without stable housing for up to a year. The living situations of the ciswomen and transwomen at the time of the study varied. Two ciswomen/transwomen were living on the street, two were living in subsidized housing, four were living in private housing, five were staying with relatives or friends and seven were accessing shelter or hostel services. Of 13 service providers interviewed, five service providers worked mostly with Aboriginal women, while one worked specifically with transwomen (including Aboriginal transwomen), and the rest worked with a range of ciswomen/transwomen who are marginally housed or homeless. While the experiences and insights of the service providers were a valuable part of our project, giving us a deeper understanding of the issues, due to space limitations, in this chapter we have chosen to focus mainly on the voices of ciswomen and transwomen who were actively experiencing homelessness or marginal housing themselves.

Based on the findings from Phase I, Phase II of the project was designed to be more participatory, action oriented and arts based. To ensure that this project was based on participatory, anti-oppressive and empowerment approaches (Gutiérrez and Lewis 1999; Ristock and Pennel 1996; Sakamoto and Pitner 2005), an advisory board was created consisting of women and transwomen who used their own experiences of being homeless and/or marginally housed to critically reflect on the information previously collected through interviews. These ciswomen/transwomen were recruited from the communities where the initial interviews had been conducted. Many of the members were asked to participate because of their reputations for supporting other homeless women. Out of seven advisory board members, three were transwomen, two were Aboriginal (one identified as a transwoman) and two were ciswomen or transwomen of colour. Advisory board members acted as consultants and peer researchers throughout the rest of the research process, participating

**Figure 3-1. Members of the advisory board and research team**

in the arts-making sessions, brainstorming the results with the rest of the team and helping the team make key decisions in analysis and dissemination strategies.

In Phase II, in order to examine and expand the earlier findings and generate more voices from ciswomen and transwomen who have experienced homelessness, the research team proposed to conduct arts-based group activities. Art has the power to bring people together in ways that verbal interaction alone may not be able. Further, the process of making art can allow for the creation of alternative and inclusive knowledge. To design and facilitate the process, a community artist, Natalie Wood, who had experience with art education, community organizing and working with ciswomen and transwomen who have experienced homelessness and poverty was hired to be as part of the research team.

The advisory board first met to review the project material and develop the key themes through discussion and brainstorming. In collaboration with the artist (Natalie), the advisory board members chose method of 'staged photography'[2] for the next phase of data collection. The artistic form was based on Natalie's experience teaching art with homeless and marginally housed women and her commitment to applying collaborative methodology and using a form of artistic expression in which all could participate. We also set

a two-to-three-hour time limit for the discussion and distillation of ideas and experiences into visual form, because it was unlikely that exactly the same group of ciswomen and transwomen would return to the drop-in centres on a subsequent date had more than one session been required to complete the activity. The advisory board members were given a 'crash course' on the artistic form, collaborative methodology and how to transform the language of experience into visual metaphors that were unique and not stereotypical. The goal of this approach was to give voice to those individuals whose voices have been silenced, marginalized and socially isolated—in this case, ciswomen and transwomen who are homeless or marginally housed.

The advisory board and research team travelled to four drop-in centres across Toronto to engage groups of ciswomen/transwomen in the art-making sessions (overall $n = 50+$). Through painting, costumes, theatre and photography, groups of ciswomen and transwomen who have experienced homelessness created scenes depicting their own visions and stories of inclusion, friendships and safe spaces. The preliminary findings were then followed by subsequent consultations with advisory board members and feedback sessions with ciswomen and transwomen at four drop-in sites. In addition to printing four posters depicting these four stories, a community research report was published to more fully capture the process and outcomes of research (Sakamoto et al. 2007). Dissemination of the research results included public exhibits of photos, distribution of posters and research reports, academic and community presentations and writing of journal articles (Sakamoto et al. 2009), followed by a larger synthesis report, joint exhibit and new website with seven other community-based, arts-informed research projects on homelessness in Toronto, entitled Homelessness: Solutions from Lived Experiences through Arts-Informed Research[3] (Sakamoto et al. 2008). For further description of the methodology, please refer to the project report, *Coming Together: Homeless Women, Housing and Social Support—With a special focus on the experiences of Aboriginal women and transwomen* (Sakamoto et al. 2010).

### An 'Indigenized' Approach to Grounded Theory Data Analysis

Building upon the grounded theory methodology employed in the broader research project, the analysis of the Aboriginal women's subset of data employed a methodology that drew upon both grounded theory and Indigenous knowledge practices regarding the gathering

and care of knowledge (research). The challenge of bridging between these two ways of knowing and handling knowledge is not easy, and the limitations of Western approaches to organizing data in being able to generate a meaningful understanding of Indigenous experiences have been increasingly discussed by other Indigenous researchers (Absolon and Willett 2004; Kovach 2009; Lavallée 2009). Moreover, the considerable abuse, harm, loss and exploitation historically endured by Indigenous peoples in the name of scholarly research means that any kind of research method used with Indigenous peoples requires the utmost critical consciousness and attention to issues of power, domination and marginalization. As an Indigenous researcher [the first author of this article, Billie], this issue is particularly personal; I entered the process with a visceral understanding of all that has been stolen, misrepresented and used to create and enforce colonial policies and practices on our peoples (Absolon 2011; Smith 1999). Therefore, the process of engaging in data analysis involved a constant negotiation between the ideas of grounded theory, and the Western knowledge system from which it evolves, and Indigenous ways of conceptualizing and understanding all of existence. The process required a decolonizing lens in order that we all be cognizant of how both the process and the outcome of the research impacted the lives of the women: Did it further reinforce their marginalization and dehumanization or did it help to bring forward their voices, stories and wisdom? Was the analysis ignoring or embodying the values of Indigenous ways of knowing and caring for the stories the women had gifted us with?

The approach to coding and the subsequent themes and stories that emerged and are shared here reflect Smith's (1999) project of reframing, which acknowledges the power of framing not only in how an issue is understood, but whether and how it is responded to:

> The framing of an issue is about making decisions about its parameters, about what is in the foreground, what is in the background, and what shadings or complexities exist within the frame. The project of reframing is related to defining the problem or issue and determining how best to solve that problem. (153)

The use of grounded theory coding processes to stay close to the knowledge provided by each participant, positioned within an

Indigenous worldview that attends to the historical and contemporary contexts of Aboriginal women and to the project of reframing, follows what Cree scholar Margaret Kovach (2009) has referred to as a 'modified grounded theory' in which the researcher must attend to both the 'berry' (each small piece of knowledge) and the 'bush' (the context and relations in which each 'berry' exists). This 'grounding' of analysis in an Indigenous worldview aims to resist the fragmentation of Indigenous experience that may otherwise be caused by a grounded theory approach to data analysis as highlighted by Algonquin/Cree/Metis scholar Lynn Lavallée (2009).

## Results: Voices and Vision, Using Lived Experience to Create Change

The Aboriginal women participating in the project (both in the interviews and arts-making sessions) offered many recommendations to improve service provision based on their lived experiences, insight and the wisdom they carry inside of themselves—this wisdom could also then be understood as their *embodied knowledge.* Honouring the embodied knowledge of participants ruptures the discourse of *who* is understood to hold knowledge in the interactions between those accessing and and those providing services addressing the health and well-being of Aboriginal women experiencing homelessness. It also challenges *what kind* of knowledge is understood as valid. Centring the embodied knowledge of Aboriginal women honours their strengths, voices and visions, as well as their struggles, challenges and needs. It disrupts practices, intentional or unintentional, that position Aboriginal women as lacking understanding, insight or expertise of their very own lived experiences.

The recommendations offered by participants ranged from micro to macro practices, such as improving communication between and within agencies, increased outreach services, the development of services for women who are homeless with disabilities and efforts to remove structural barriers to service for women who are actively using drugs and alcohol. Themes within this part of the data included understanding/compassion, communication and transforming services. We explore these themes below, drawing linkages and discussing the implications for those involved in policy-making, programming (design, delivery and evaluation) and frontline services.

### Understanding and Compassion

Participants discussed the challenges of navigating systems of service and care and spoke directly to the need for deepened understanding and compassion on the part of staff at receiving agencies or services.

> *We shouldn't be treated like criminals or like we've done something bad and need to be punished. This humiliation is re-victimizing—we've already left abusive situations and now we get treated like this in the shelter . . . . When I arrived at the shelter I was told by one of the intake workers not to make friends with the other women. This goes to show how that worker regards the women staying in the shelter. And at the shelter, compassion is taking a second seat. It feels that the rules are more important to the shelter than each person as an individual.*
>
> — Dorene,[4] Ojibwe-European woman, 40–59 years old,
> residing in a shelter, following approximately
> one year of marginal housing

> *Don't blame it on you 'cause I find I get a lot of that 'It's your fault you're homeless', so more open-mindedness and understanding of where that person's coming from.*
>
> — Shelley, Ojibwe woman, 25–39 years old,
> residing in a shelter for the past five months
> after having lived on the streets for 1.5 years

These recommendations may seem small or even simple in terms of what is needed to create change. However, in light of the historical and contemporary conditions experienced by Aboriginal women previously discussed in this chapter, it is even more apparent why experiences of uncompassionate or even humiliating care could compound personal and societal experiences of colonization and racism. On the other hand, caring, genuine and accepting care can constitute a major element of accessibility of services.

### Improved Communication

Communication between agencies, and between staff within agencies, was a need clearly identified by the women. Increased communication was viewed as an essential piece of respect, and necessary to avoid humiliation or re-victimization:

*Share information amongst staff better so that we don't have to keep telling our histories of abuse over and over. Women are shuffled around, not helped. Once you've told your story, you shouldn't have to keep reliving it. Direct and respectful communication is a key to building trusting relationships between those seeking and providing services.*

– Dorene

Problematic communication can speak to underlying dynamics, as discussed by a participant in the following passage:

*So there is a whole lack of understanding by social service workers who try to speak a pretty language under the crisis management ideal as opposed to speaking plain English and saying this is what I want from you. Social services are very much about treating people like children. If you're good I'll feed you and if you're bad you have to go home now— even though you don't have a home. As opposed to 'this is an adult, and I'm asking you to be respectful in my space', 'I have to work here so you need to be respectful'. That's what is not happening in social services. There is an 'us' and a 'them'. And they talk about boundaries. 'Boundaries' is another fake social services word. Boundaries are for people who don't have the nuts to say 'no'.*

– Kim, Metis woman, 40–59 years old, residing
in subsidized housing with a history of both
homelessness and marginal housing

A focus on increased direct and positive communication could go a long way towards uprooting and transforming unhealthy or harmful power dynamics. Uprooting power dynamics is necessary to transforming the accessibility and experiences of health and social services for those who are homeless, where access and quality of these services is understood as a determinant of health and well-being. For Aboriginal women, open examination and transformation of power dynamics can serve to honour their knowledge and contributions in the process and contribute towards Aboriginal self-determination.

### Transforming Services

Participants offered concrete recommendations for transforming services based on their lived experience and embodied knowledge. These recommendations underline the importance of, as one participant stated, "a system in place to meet each woman's specific needs.

They need to realize that we are individuals and we have individual needs". Moreover, the following recommendations would all serve to decrease the marginalization of Aboriginal women (and women generally) experiencing homelessness. They make visible the interlocking nature of oppression where existing marginalization based on race, culture, gender and housing status are further compounded by additional factors.



**Figure 3-2.  Example of Coming Together project dissemination posters**

For example, one participant spoke of the challenges she faced in navigating homelessness services with a disability. She suggested that

> *There should be specific places/facilities for women with disabilities where women can get extra rest [and not be forced out during the day] and get special diet requirements met and have counsellors.*
>
> – Dorene

Ensuring that services for those experiencing homelessness or marginal housing are not only physically accessible but also appropriate and responsive to the specific needs of women with disabilities should be considered a basic act of maintaining human rights. While the context of shelter services in particular tends to be marked by a lack of resources, high workloads and low staffing, a failure to recognize and respond to the needs of women with disabilities could be read as a symptom of a system that ignores the individual needs and context of each woman. Moreover, there is a need to deconstruct policies that require women to leave shelter services during the daytime, since these policies assume the ability to do so—and to do so without risk of harm to oneself or one's health.

Another participant spoke to the challenges and barriers to services faced by women who are actively using substances or alcohol. She advocated for a revision of policies that exclude women who are using from accessing services:

> *These women need agencies even if they are smoking crack. They should be allowed to smoke crack inside agencies if that is what it takes to get them in the door 'cause even if they are stoned, at least they're sitting there* [in an agency] *talking. Giving them a place to cry if they need to and relieve themselves could mean more to them than even buying them a house.*
>
> – Diane, Native/Black woman, 40–59 years old, residing on the street for about five years

While allowing service users to smoke crack inside an agency may situate on the extreme end of a spectrum of options to make services more accessible to women who are using, the suggestion does highlight some important considerations. First, increasing the accessibility of services for women who are using should reflect a compassionate

understanding of the reasons they are engaged in use in the first place. Secondly, it is arguable that women who are using, specifically Aboriginal women, may be at increased risk of harm in terms of violence and sexual assault. As such, policy and practice revision around substance and alcohol use could also increase safety.

Outreach services were a focus for one participant, who emphasized the role of outreach in decreasing isolation and making service utilization more viable for her:

> They should have more outreach support for loners like me. 'Cause a lot of the time I won't go searching for something. Either I'm too afraid, or nervous, so more outreach for women on the streets, and support.
>
> – Shelley

While another participant stressed the importance of having options in terms of service providers available to her:

> Where I go for support depends on how I'm feeling. For example, if I want a male or a female. Different days, different feelings—different people. Sometimes only females [service providers] will do. Some days a male [service provider] will ask me how I'm doing and I'll say 'fine', meanwhile my life could be falling apart. That's why it's important to have a lot of different people around you who can give you support, so you can pick and choose.
>
> – Ruth, Aboriginal woman, 40–59 years old, recently residing in rented room in private apartment after having been homeless for approximately three years

One participant shared from her experiences of having both been homeless and of providing 'frontline' services to women experiencing homelessness. She offered several powerful insights into needed transformation in how we deliver or even imagine services directed towards those experiencing homelessness:

> If you want to do anything to support street people, they have an incredible amount of grief. I have spent more time with my clients allowing them a safe place to grieve than anything else because it's not safe out there. The only thing you can do in social work is give them that space, because they are in a chronic state of loss.

*My advice to agencies is to get out of Dodge. Why are we pouring money into shelters? I don't want shelters. I refuse to do any activism around shelters. People are not dogs. I do not need a 20-year-old kid telling me when I can take a shower, when I can wash my hair, what clothes I can wear, when to go to bed, and, and, and, and. This is ludicrous. There's a whole political agenda to keeping people poverty ridden and homeless. We pump more and more money into shelters and we get more and more homeless. Hasn't somebody said 'What the fuck!!!' That has nothing to do with any of this, this is about land! There is enough empty land in this city and enough empty houses to house everybody in it . . . . There are a million creative ways to solve the problem that poor people already do all the time which is squat, break in, jump in, sleep on it, bring a friend into it, climb over the roof of it. Just give people a spot, they'll build a home, have a barrel and be perfectly happy. They don't need you, they don't need me. We have been conned that we're helpless. We're told we're psychologically unhealthy if we're independent.*

– Kim

Kim (not her real name) problematizes both the micro and macro understandings and responses to homelessness and the needs of those who are homeless. These passages highlight how current discourses of homelessness obscure, erase or ignore the agency of those who are homeless, resulting in services that can inadvertently imply to service users that they are helpless and reinforce feelings of grief, isolation and marginalization. In response, then, raising the voices of those who have or currently are experiencing homelessness and ensuring their active and meaningful involvement in policy, program and service development and delivery should transform both individual experiences and societal discourses of homelessness.

## Discussion

### *Looking Towards the Future*
The Aboriginal women who participated in the Coming Together project generously shared their voices and vision, clearly demonstrating their agency and wisdom in opposition to the negative stereotypical constructions of homeless Aboriginal women. They offer suggestions on how to move forward in a good way. While commonly housing, income, and service are understood as critical components

of addressing homelessness in Canada, the specific needs, history, strengths, and experiences of Aboriginal women need to be taken into account, considering when Aboriginal peoples are dispropor- tionately represented in homelessness in general. It is not enough just to address universal formula of resolving homelessness, but we need to step further to address particular issues, such as issues of colonialism, violence against Aboriginal women, and many other issues that affect Aboriginal women's lives differently than non-Aboriginal women's lives every day. Figure 3-3 (Sakamoto, Chin and Baskin 2010; Sakamoto et al. 2008) highlights this notion of needing to meaningfully include specific experiences of different identity/ social membership groups that go through homelessness differently in order to effectively address homelessness as a whole. Reflecting on the voices and vision of the Aboriginal women participants shared in this chapter, we propose the following implications for those working within systems associated with homelessness.
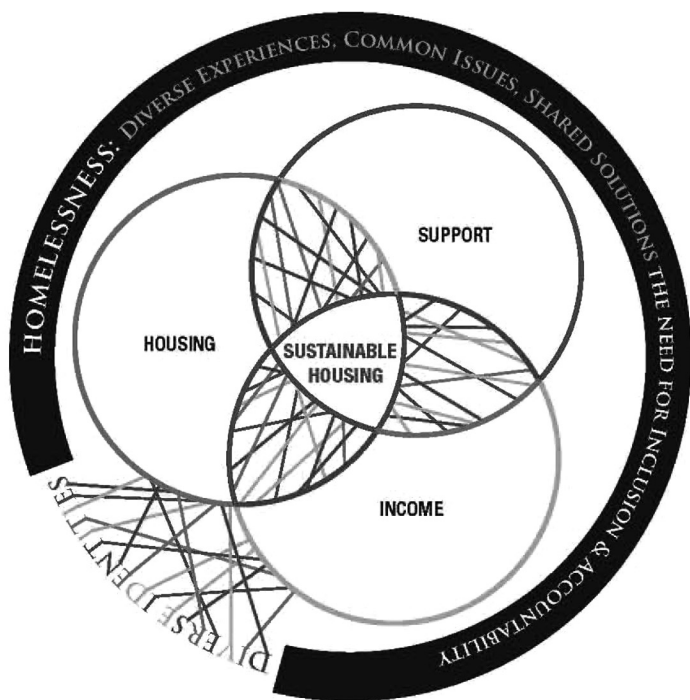


**Figure 3-3. Illustrating the themes of 'inclusion and accountability' to address homelessness**

### Reconstructing Ideas of Help and Helpers

There is a lot to be learned in here for how we think about, undertake, evaluate and plan the role of helping. Helping in the Western sense typically constructs the helper as one side of an equation, the powerful, normative, functional side. However, from an Aboriginal perspective a helper is an honoured role and responsibility. We all carry roles as helpers, but with different gifts to give. Aboriginal women, and particularly those experiencing homelessness, are not typically recognized for their gifts. They are situated among the lowest of the low in terms of marginalization in Canadian society. The racialized, sexualized violence levelled at Aboriginal women is starkly marked by the epidemic of missing and murdered women (e.g., NWAC 2010). We need system and service level responses that disrupt insidious societal stories of Aboriginal women experiencing homelessness as dependent, unworthy or helpless. Systems and services should honour the gifts and roles of these women as helpers, with important wisdom and experience to offer, in transforming their own safety, well-being and health and that of their families and communities. Honouring their voices and visions should occur in the creation, implementation or evaluation of policies, programs and services aimed at meeting their needs (including housing, shelter, health and social service systems). Aboriginal women who have or are currently experiencing homelessness should be well-represented in service organization boards of directors, community advisory panels, policy-making bodies, research teams and frontline service delivery and management.

### Decolonizing Systems, Services and Care

Decolonizing the education, practice and research of health and helping professions requires knowledge of Aboriginal histories prior to contact, of the history of colonization and cultural genocide and of the ongoing and intergenerational effects of colonization on both Aboriginal peoples and broader Canadian society today. Ignorance of the colonization and its effects enables the severe marginalization of Aboriginal women, their families, communities and nations to remain invisible and intact. As such, this should constitute mandatory content in the education and training of service providers and policy-makers. This education should also be delivered by Aboriginal peoples themselves.

In the context of policy development or change, decolonization efforts would include the involvement of Aboriginal women with

direct experiences of homelessness, extending well beyond token-ism or one-off consultations, to ensure meaningful input and actual power to effect change. In the context of program development and delivery, decolonization would demand that programs are not sim-ply based in Western perspectives; indeed, Aboriginal approaches to helping would naturally fit with a decolonizing agenda. Reflecting notions of interconnectedness, interdependence and reciprocity, an Aboriginal approach would recognize all parties as sharing respon-sibility for health and well-being and each person having something to offer. In this way, Aboriginal women accessing services would be recognized as helpers just as much as those who are formally employed to serve them. This approach recognizes that formal ser-vice providers have just as much to learn and benefit as much from helping relationships as those accessing services. Interconnectedness and interdependence considers the relationships between all things, and in the context of the health and well-being this reflects an under-standing that the health of the collective is impacted by the health of the individual just as the health of the individual is impacted by that of the collective. If systems and providers of health social services moved away from an individualist stance (your health and well-being is *your* problem) to a collectivist stance, then we could operate as a society that understands how the illness and marginalization of some affects the health and well-being of all. Utilizing an Aboriginal approach also firmly recognizes and honours the agency of Aboriginal women in determining their own health and well-being and helps to foster a system in which seeking help does not equate with being helpless.

## Notes

1. In this chapter, the terms *ciswomen*, *women*, and *non-transwomen* may be used interchangeably. For those unfamiliar with the term, "A cis-woman, shorthand for 'cissexual woman' or 'cisgender woman', is [a] non-transsexual woman—a woman whose assigned gender is female, and whose assigned female gender is more or less consistent with her personal sense of self. This distinguishes her from transwomen, short-hand for 'transsexual women'—women who were initially assigned a male gender, but have a female identity. If you identify as a woman but are not a transsexual woman, you're a ciswoman" (Head n.d.).

2. Traditionally, in 'staged' photography the artists take on the role of the director, creating or staging an image (McDonald 1999). They use models, props, costumes or lighting, often creating a sense of theatre that is then photographed. This kind of photography has ties to theatre, dance, sculpture, painting and literature. It is well suited to making stories from experiences because the images that are photographed are always coming out of context. The viewer is therefore invited to make the connections between the 'before' and 'after' sections of the story.

3. For more information about this project, visit www.artsandhomeless.com or www.homelesshub.ca/Topics/Arts-and-Homelessness-492.aspx.

4. All the participants' names shown here are pseudonyms, chosen to protect the anonymity and confidentiality of study participants.

## References

Absolon, K. E. 2011. *Kaandosswin: How We Come to Know.* Halifax: Fernwood.

Absolon, K. and C. Willett. 2004. "Aboriginal Research: Berry Picking and Hunting in the 21st Century." *First Peoples Child & Family Review,* 1(1): 5–17.

Adelson, N. 2005. "The Embodment of Inequity: Health Disparities in Aboriginal Canada." *Canadian Journal of Public Health,* 96: s45–s61.

Anderson, K. 2004. *A Recognition of Being: Reconstructing Native Womanhood.* Toronto: Canadian Scholars' Press.

Anderson, M., J. Smylie, I. Anderson, R. Sinclair and S. Crengle. 2006. *First Nation, Métis, and Inuit Health Indicators in Canada,* Discussion Paper No. 18 [on-line]. Indigenous Peoples' Health Research Centre. http://www.iphrc.ca/Upload/canadian.pdf [consulted June 10, 2011].

Baskin, C. 2007. "Aboriginal Youth Talk about Structural Determinants as the Causes of Their Homelessness." *First Peoples Child & Family Review,* 3(3): 31–42.

Benoit, C., D. Carroll and M. Chaudhry. 2003. "In Search of a Healing Place: Aboriginal Women in Vancouver's Downtown Eastside." *Social Science & Medicine,* 56: 821–33.

Blair, P. J. 2005. *Rights of Aboriginal Women On- and Off-Reserve.* Vancouver: Scow Institute.

Bourassa, C., K. McKay-McNabb and M. Hampton. 2005. "Racism, Sexism and Colonialism: The Impact on the Health of Aboriginal Women in Canada." *Canadian Woman Studies,* 24(1): 55–58.

CAEFS (Canadian Association of Elizabeth Fry Societies). n.d. "Aboriginal Women." In Fact Sheets [on-line]. CAEFS Home Page. http://www.caefs. ca/wp-content/uploads/2013/04/Aboriginal-Women.pdf [consulted January 10, 2014].

Charmaz, K. 2006 *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis.* London: Sage.

Daniels, H. W. 1998. "Bill C-31: The Abocide Bill." [on-line]. Congress of Aboriginal Peoples. http://www.abo-peoples.org/programs/C-31/Abocide/Abocide-6.html [consulted February 20, 2009].

Dion Stout, M., G. D. Kipling and R. Stout. 2001. *Aboriginal Women's Health Research Synthesis Project: Final Report.* Ottawa: Canadian Women's Health Network.

Flicker, S. and S. Savan. 2006. *A Snapshot of CBR in Canada.* Toronto: Wellesley Institute.

Gatali, M. and C. Archibald. 2003. "Women and HIV." In *Women's Health Surveillance Report.* Ottawa: Minister of Health, Canada.

Grekul, J., H. Krahn and D. Odynak. 2004. "Sterlizing the 'Feeble-Minded': Eugenics in Alberta, Canada, 1929–1972." *Journal of Historical Sociology,* 17: 358–84.

Gutiérrez, L. and E. Lewis. 1999. *Empowering Women of Color.* New York: Columbia University Press.

Head, Tom. n.d. "Ciswoman," *Civil Liberties* [online]. About.com. http://civilliberty.about.com/od/gendersexuality/g/Ciswoman-Cissexual-Woman.htm [consulted January 12, 2014].

Health Council of Canada. 2005. *The Health Status of Canada's First Nations, Métis and Inuit Peoples.* Toronto: Author.

Hwang, S. 2001. "Homelessness and Health." *Canadian Medical Association Journal,* 164(2): 229–33.

Israel, B. A., A. J. Schulz, E. A. Parker and A. B. Becker. 1998. "Review of Community-Based Research: Assessing Partnership Approaches to Improve Public Health." *Annual Review of Public Health,* 19: 173–202.

Jahiel, R., ed. 1992. *Homelessness: A Prevention-Oriented Approach.* Baltimore and London: Johns Hopkins University Press.

Kempf, A. 2006. "Anti-colonial Historiography: Interrogating Colonial Education." In *Anti-colonialism and Education: The Politics of Resistance,* ed. G. Dei and A. Kempf. Rotterdam: Sense Publishers, 129–58.

Khandor, E. and K. Mason. 2007. *Street Health Report.* [on-line]. Street Health. http://www.streethealth.ca/Downloads/SHReport2007.pdf [consulted August 30, 2013].

Kovach, M. 2009. *Indigenous Methodologies: Characteristics, Conversations and Contexts.* Toronto: University of Toronto Press.

Krauss, K. 2011 (April 7). "Activist Communique: 3,000 Missing Women Should Be an Election Issue." rabble.ca. [on-line]. http://rabble.ca/blogs/bloggers/krystalline-kraus/2011/04/activist-communiqu%C3%A9-3000-missing-women-should-be-election-i [consulted August 30, 2013].

Lavallée, L. 2009. "Practical Application of an Indigenous Research Framework and Indigenous Research Methods: Sharing Circles and Anishnaabe

Symbol-Based Reflection." *International Journal of Qualitative Methods,* 8(1): 21–40.

Lawrence, B. and K. Anderson. 2005. "Introduction to 'Indigenous Women: The State of Our Nations.'" *Atlantis*, 29(2): 1–10.

Loppie-Reading, C. and F. Wien. 2009. *Health Inequalities and Social Determinants of Aboriginal Peoples' Health.* Prince George, BC: National Collaborating Centre for Aboriginal Health.

McDonald, A. A. 1999. *Czech + Slovak Staged Photographs.* [on-line]. www.czechslovakphotos.com [consulted August 30, 2013].

Mohanram, R. 1999. *Black Body, Women, Colonialism and Space.* Minneapolis: University of Minnesota Press.

NAFC (National Association of Friendship Centres). 2012. *Urban Aboriginal Women: Social Determinants of Health and Well-Being.* National Association of Friendship Centres. [on-line]. http://www.laa.gov. nl.ca/laa/naws/pdf/NAFC-UrbanAboriginalWomen.pdf [consulted August 30, 2013].

NWAC (Native Women's Association of Canada). 2010. *What Their Stories Tell Us: Research Findings from the Sisters in Spirit Initiative.* Ottawa: Native Women's Association of Canada.

———. 2007a. *Aboriginal Women and Homelessness: An Issue Paper.* Ottawa: Native Women's Association of Canada.

———. 2007b. *Violence against Aboriginal Women and Girls: An Issue Paper.* Ottawa: Native Women's Association of Canada. Available at: http://www.nwac-hq.org/en/documents/nwac-vaaw.pdf [consulted June 10, 2011].

Novac S., J. Hermer, E. Paradis and A. Kellen. 2006. *Justice and Injustice: Homelessness, Crime, Victimization, and the Criminal Justice System.* Toronto: Centre for Urban and Community Studies, University of Toronto, and the John Howard Society of Toronto.

Qulliit Nunavut Status of Women Council. 2007. *The Little Voices of Nunavut: A Study of Women's Homelessness North of 60, Territorial Report.* Iqaluit: Qulliit Nunavut Status of Women Council.

RCAP (Royal Commission on Aboriginal Peoples). 1996. *Women's Perspectives.* [on-line]. Minister of Supply and Services Canada. http://www.ainc-inac.gc.ca/ap/pubs/sg/cg/cj2-eng.pdf [consulted March 4, 2009].

Ristock, J. L. and J. Pennel. 1996. *Community Research as Empowerment: Feminist Links, Postmodern Interruptions.* Toronto: Oxford University Press.

Sakamoto, I. and R. Pitner. 2005. "Use of Critical Consciousness in Anti-oppressive Social Work Practice: Disentangling Power Dynamics at Personal and Structural Levels." *British Journal of Social Work,* 35: 435–52.

Sakamoto, I., M. Chin, A. Chapra and J. Ricciardi. 2009. "A 'Normative' Homeless Woman?: Marginalisation, Emotional Injury, and Social Support of Transwomen Experiencing Homelessness." *Gay and Lesbian Issues and Psychology Review*, 5(1): 2–19.

Sakamoto, I., J. Ricciardi, J. Plyler and N. Wood. 2007. *Coming Together: Homeless Women, Housing and Social Support.* Toronto: Centre for Applied Social Research, Faculty of Social Work, University of Toronto.

Sakamoto, I., E. Khandor, A. Chapra, T. Hendrickson, J. Maher, B. Roche and M. Chin. 2008. *Homelessness—Diverse Experiences, Common Issues, Shared Solutions: The Need for Inclusion and Accountability.* Factor-Inwentash Faculty of Social Work, University of Toronto. [on-line]. Homelessness Hub. http://www.homelesshub.ca/ResourceFiles/id4katob.pdf [consulted January 12, 2014].

Sakamoto, I., J. Ricciardi, J. Plyler, N. Wood, A. Chapra, M. Chin, B. Allan, R. Cameron and M. Nunes. 2010. *Coming Together: Homeless Women, Housing and Social Support.* [on-line]. Wellesley Institute. http://www.wellesleyinstitute.com/research/coming-together-homeless-women-housing-and-social-support/ [consulted August 30, 2013].

Sinclair, R. 2009. "Identity or Racism? Aboriginal Transracial Adoption." In *Wicihitowin: Aboriginal Social Work in Canada,* ed. R. Sinclair, M. A. Hart and G. Bruyère. Halifax: Fernwood, 89–113.

Smith, L. T. 1999. *Decolonizing Methodologies: Research and Indigenous Peoples.* London: Zed Books.

Smylie, J. 2001. "sogc Policy Statement: A Guide for Health Care Professionals Working with Aboriginal Peoples: Cross Cultural Understanding." *Journal of the Society of Obstetricians and Gynaecologists of Canada,* 100: 157–200.

Smylie, J., D. Fell and A. Ohlsson. 2010. "A Review of Aboriginal Infant Mortality Rates in Canada: Striking and Persistent Aboriginal/Non-Aboriginal Inequities." *Canadian Journal of Public Health*, 101(2): 143–48.

Statistics Canada. 2011. *Aboriginal Peoples in Canada: First Nations People, Métis and Inuit.* [on-line]. Statistics Canada. http://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-011-x/99-011-x2011001-eng.cfm [consulted August 30, 2013].

———. 2008. *Aboriginal Peoples in Canada in 2006: Inuit, Métis and First Nations.* [on-line]. Statistics Canada. http://www12.statcan.ca/english/census06/analysis/aboriginal/index.cfm [consulted August 30, 2013].

———. 2006. Chapter 8: Aboriginal Women. In *Women in Canada: A Gender-Based Statistical Report (5th ed.).* [on-line]. Statistics Canada. http://www.statcan.gc.ca/pub/89-503-x/89-503-x2005001-eng.pdf [consulted August 30, 2013].

Talaga, T. 2012 (January 6). "UN to Investigate Missing Aboriginal Women." [on-line]. *Toronto Star.* http://www.thestar.com/news/insight/2012/01/

06/un_to_investigate_missing_aboriginal_women.html [consulted August 30, 2013].

The Truth Commission into Genocide in Canada. 2001. *Hidden from History: The Canadian Holocaust.* [on-line]. Truth Commission into Genocide in Canada, Justice in the Valley Coalition and International Human Rights Association of American Minorities. http://canadiangenocide.nativeweb.org/genocide.pdf [consulted August 30, 2013].

UATF (Urban Aboriginal Task Force). 2007. *Urban Aboriginal Task Force: Final Report.* Commissioned by the Ontario Federation of Indian Friendship Centres, the Ontario Métis Aboriginal Association, and the Ontario Native Women's Association.

Vancouver Women's Health Collective. 2006. "Titbits . . . on Women's Health: Facts on Aboriginal Women's Health." [on-line]. Vancouver Women's Health Collective. http://www.womenshealthcollective.ca/PDF/aboriginal%20women%20and%20health%20titbit.pdf [consulted August 30, 2013].

Walters, K. L. and J. M. Simoni. 2002. "Reconceptualizing Native Women's Health: An 'Indigenist' Stress-Coping Model." *American Journal of Public Health,* 92(4): 520–24.

Woods, M. and S. Kirkey. 2013 (May 8). "'Tragic' Number of Aboriginal Children in Foster Care Stuns Even the Experts." *Montreal Gazette.* [on-line]. http://www.montrealgazette.com/life/Canada+young+aboriginals+grow+less+stable+homes+survey/8354098/story.html [consulted May 13, 2013].

Yukon Status of Women Council. 2007. *A Little Kindness Would Go a Long Way: A Study of Women's Homelessness in the Yukon Territory.* Whitehorse: Yukon Status of Women Council.

This page intentionally left blank