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The Sixties Scoop Among Aboriginal Veterans: A Critical Narrative Study

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Health and Rehabilitation Sciences

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Abstract

This study explored the experience of Aboriginal Veterans adopted and/or fostered during the Sixties Scoop using critical narrative inquiry. The objectives were to: 1) understand the lived experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop, 2) explore any health needs expressed by Aboriginal veterans adopted and/or fostered during the Sixties Scoop, and 3) provide recommendations for the implementation of health services and programs to assist this group of Aboriginal veterans with their health needs. Eight individual interviews were conducted with participants in Kitchener-Waterloo, London, Ottawa, Winnipeg, and Vancouver. All interviews were audio-taped, transcribed verbatim, and analyzed using the five stages of the holistic-content model (Lieblich, Tuval-Mashiach & Zilber, 1998). Three overarching themes were uncovered from the interviews: a) sense of belonging, b) racism: experienced and perceived, and c) resilience: not giving up in the face of adversity. Mental health care and support to fight substance abuse were the main health needs expressed by the participants. Increased awareness of the historical realities experienced by Aboriginal veterans and the influence these may have on their health is needed. A coordinated effort by Veterans Affairs Canada (VAC), Royal Canadian Legion (RCL), National Aboriginal Veterans Association (NAVA), Aboriginal Veteran Autochthones (AVA), and Aboriginal agencies is required to address the mental health needs faced by this population.

Keywords: Aboriginal, Adoption, Canadian Forces, Critical Narrative Inquiry, Health, Foster Care, Sixties Scoop, Veteran

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Summary for Lay Audience

This study focused on the experiences of eight Aboriginal veterans that were adopted and/or fostered during the Sixties Scoop in Kitchener-Waterloo, London, Ottawa, Winnipeg, and Vancouver. The Sixties Scoop refers to a period in Canada that extended from the 1960's to the late eighties where a disproportionate number of Aboriginal children were taken from their families and communities by child welfare services and placed in predominately non-Aboriginal homes (Fast & Collin-Vezina, 2010; Johnston, 1983; Kirmayer, Simpson, & Cargo, 2003; Sinclair, 2007a). The objectives of this study were to: 1) understand the lived experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop, 2) explore any health needs expressed by Aboriginal veterans adopted and/or fostered during the Sixties Scoop, and 3) provide recommendations for the implementation of health services and programs to assist this group of Aboriginal veterans with their health needs. Individual interviews with the participants in this study revealed the significance of belonging in their lives, as well as specific mental health needs related to mental health care and support to address substance abuse. It is recommended that veteran health services and health program providers attend to the historical realities experienced by this population of veterans and understand the influence that their lived experiences have on their health and wellbeing.

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Having met you I am better than I was
Like the rising sun
Your words are always with us
Shining your love always, you never did shun

I'll never forget the day that I met you
I felt so free
With your guidance I surely grew
And I wasn't afraid to be

You have touched so many
With your healing touch
Helped them find meaning in their life journey
And never did you judge

So passionate about helping homeless soldiers
You advocated for housing
And worked hard to remove institutional boulders
Your spirit was always inclusive; it never had me doubting

I learned to follow passions that were true
From the very day
That I met you
You showed me that there was always a way

Many have come to know you
Blessed we have come to be
To have known someone so genuine and true
I have learned from you to love openly

Having met you I am better than I was
Like the rising sun
Your words are always with us
Shining your love always, you never did shun

Rest in peace. Dr. Susan L. Ray 1950-2014

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Table of Contents

Abstract ii

Summary for Lay Audience iii

Dedication iv

Acknowledgments v

Table of Contents vi

List of Figures ix

List of Appendices x

List of Abbreviations xi

Terminology xii

Chapter 1: Introduction 1

1.1.Significance of the Study 6

1.2 Objectives 7

1.3 Outline of Study 7

Chapter 2: Literature Review 9

2.1 Introduction 9

2.2 Aboriginal Veterans in Canada 9

2.3 Health of Canadian Veterans 12

2.4 Aboriginal Peoples' Health 18

2.5 Intergenerational Trauma 22

2.6 Aboriginal Homelessness 24

2.7 Aboriginal Transracial Adoption During the Sixties Scoop 26

2.8 Conclusion 29

Chapter 3: Methodology 31

3.1 Introduction 31

3.2 Theoretical Framework 31

3.3 Methodology 33

3.4 Recruitment Process 33

www.manaraa.com

3.5 Data Collection 36
3. 6 Data Analysis 38
3.7 Quality Criteria 41
3.8 Reflexivity & Location 42
3.9 Ethical Considerations 44
3.10 Conclusion 46

Chapter 4: Research Findings 47
4.1 Introduction 47
4.2 Participants 47
4.3 Participant Stories 48
Akrittok's Story 48
Niigaani's Story 49
Animkii's Story 52
Miigwaans' Story 53
Amaqjuaq's Story 55
Tunerk's Story 57
Migiziins' Story 60
Giniw's Story 62
4.4. Expressed Health Needs 64
How the participants are addressing their health needs. 65
4.5 Overarching Themes 65
Theme One: Sense of Belonging 66
Theme Two: Racism: Experienced and Perceived 68
Theme Three: Resilience – Not giving up in the face of adversity 70
4.6 Conclusion 72

Chapter 5: Discussion, Implications, Recommendations, and Conclusion 73
5.1 Introduction 73
5.2 How has the experience of being adopted and/or fostered during the "Sixties Scoop" impacted the lives of Canadian Aboriginal Veterans? 73
5.3 Health Needs 83
5.4 Implications 83

www.manaraa.com

5.5 Strengths and limitations of this Study 87
5.6 Conclusion 88
References 90
Appendix A: Ethics Approval Notice 102
Appendix B: List of Organizations that Aided in Recruitment 103
Appendix C: Information Flyer 106
Appendix D: Information Poster 107
Appendix E: Ethics Approval Notice 108
Appendix F: Ethics Approval Notice 109
Appendix G: Ethics Approval Notice 110
Appendix H: Letter of Information (For Face-to-Face Interviews) 111
Appendix I: Letter of Information (For Skype Interviews) 115
Appendix J: Consent Form 119
Appendix K: Interview Guide 120
Appendix L: Demographic Questionnaire 122
Curriculum Vitae 124

www.manaraa.com

List of Figures

Figure 1.1: Progression from Primary, Secondary, to Current Study 5

www.manaraa.com

List of Appendices

Appendix A: Ethics Approval Notice 102

Appendix B: List of organizations that aided in recruitment 103

Appendix C: Information Flyer 106

Appendix D: Information Poster 107

Appendix E: Ethics Approval Notice 108

Appendix F: Ethics Approval Notice 109

Appendix G: Ethics Approval Notice 110

Appendix H: Letter of Information (For Face-to-Face Interviews) 111

Appendix I: Letter of Information (For Skype Interviews) 115

Appendix J: Consent Form 119

Appendix K: Interview Guide 120

Appendix L: Demographic Questionnaire 122

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List of Abbreviations

Abbreviations

ACE	- Adverse childhood events
AF	- Allied Forces
AVA	- Aboriginal Veteran Autochthones
CF	- Canadian Forces
CFAEP	- Canadian Forces Aboriginal Entry Program
DAPS	- Detailed Assessment of PTSD Scale
DRRI	- Deployment risk and resilience inventory
IU	- International Units
LGBTTQ	- Lesbian, gay, bisexual, transgender, two-spirit, and queer
MDD	- Major Depressive Disorder
NAVA	- National Aboriginal Veterans Association
OCAP	- Ownership, Control, Access, and Possession
PCL	- PTSD Checklist
PPFV	- Project to Prevent Falls in Veterans
PTSD	- Post-traumatic stress disorder
RCAF	- Royal Canadian Air Force
RCL	- Royal Canadian Legion
RCMP	- Royal Canadian Mounted Police
RCN	- Royal Canadian Navy
SDA	- Special Duty Areas
SES	- Socioeconomic status
SUDS	- Substance use disorders
VA	- Veterans Affairs
VAC	- Veterans Affairs Canada
VTP	- Veteran Transition Program
WWI	- World War One
WWII	- World War Two

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Terminology

The term “Aboriginal” is used throughout this thesis to represent the First Peoples in Canada and their related descendants. According to the Canadian constitution, the Aboriginal population is comprised of three main groups: First Nations, Métis, and Inuit (Communication Branch Indian & Northern Affairs Canada, 2002).

First Nations: This term is used instead of the word “Indian” as it is viewed as offensive to some. Individuals who identify as First Nations are not Métis or Inuit (Communication Branch Indian & Northern Affairs Canada, 2002). Approximately, 851,560 Canadians identified themselves as First Nations in 2011 (Statistics Canada, 2011).

Métis: Individuals who identify as Métis are of European and First Nations racial background (Communication Branch Indian & Northern Affairs Canada, 2002). Approximately 451,795 Canadians identified themselves as Métis in 2011 (Statistics Canada, 2011).

Inuit: This term refers to Aboriginal peoples from Northern Canada that reside predominately in Nunavut, Northwest Territories, Northern Quebec, and Northern Labrador (Communication Branch Indian & Northern Affairs Canada, 2002). Approximately 59,445 Canadians identified themselves as Inuit in 2011 (Statistics Canada, 2011).

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Chapter 1: Introduction

The term "Sixties Scoop" was initially used by Patrick Johnston (1983) in a report entitled *Native Children and the Child Welfare System* (Johnston, 1983). It refers to a period beginning in the 1960's and continuing into the late 1980's where a disproportionate number of Aboriginal children were removed from their families by social workers and placed in non-Aboriginal homes following revisions to the Indian Act (1867) in 1951 (Fast & Collin-Vezina, 2010; Johnston, 1983; Kirmayer, Simpson, & Cargo, 2003; Sinclair, 2007a). These amendments included the addition of Section 88 to the Indian Act, which facilitated the management of health and welfare services for Aboriginal peoples residing on reserve by each province and territory in Canada (Johnston, 1983; Sinha & Kozlowski, 2013).

There is limited reliable information from the period of the 1950's to the 1960's regarding the exact number of Aboriginal children removed from their homes (Johnston, 1983). Aboriginal children in Canada accounted for almost one percent of all children in the care of Children's Aid in 1959 (Fournier & Crey, 1997; Kirmayer, Tait, & Simpson, 2009). By 1969, Aboriginal children accounted for 30 to 40 percent of all children in the care of provincial and territorial child protective services (Fournier & Crey, 1997; Kirmayer, Tait, & Simpson, 2009).

Many adopted and/or fostered Aboriginal children during the Sixties Scoop lost contact with their biological families and communities (Sinha et al., 2011). In some cases, Aboriginal children were adopted out into the United States and other countries, despite prohibitions against the placement of these children with families residing outside of Canada (Bagley, Young, & Scully, 1993; Johnston, 1983; Sinha et al., 2011).

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It has been argued that social workers during this period failed to acknowledge the importance of Aboriginal parenting approaches and culture and how a lack of government funding adversely affected Aboriginal communities and reserves (Fast & Collin-Vezina, 2010). According to Bagley, Young, and Scully (1993) the "structural aspects of the problem" such as, poverty and poor health in Aboriginal communities was ignored by social workers (p. 217).

The Sixties Scoop has been referred to as a cultural genocide, an extension of residential schools, and another attempt to colonize Aboriginal peoples (Johnston, 1983; Sinclair, 2007a). Article 2 of the United Nations (UN) Convention on Genocide (1948), defines genocide as any of the following acts:

> a) killing members of the group; b) causing serious bodily or mental harm to members of the group; c) deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; d) imposing measures intended to prevent births within the group; and e) forcibly transferring children of the group to another group (Sinclair, 2007a; UN, 1948, Article 2).

According to this view, the removal of Aboriginal children from their families by social welfare services resulted in the loss of Aboriginal family and kinship networks, which ultimately impacted Aboriginal communities as a whole (Carriere, 2005; Johnston, 1983).

In a recent secondary analysis study conducted to explore the experience of homelessness and migration amongst Aboriginal veterans in Canada, all participants revealed that they had been either adopted and/or fostered out to Caucasian families during the Sixties Scoop (Ray & Abdulwasi, in press). This particular study involved a secondary analysis of seven interview transcripts conducted with homeless Aboriginal veterans obtained from a larger Canadian study, which examined the experience of homelessness amongst Canadian Forces (CF) and Allied

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Forces (AF) (Ray, Ta'an, Bamford, Forchuk, & Acosta, 2011) and two additional interviews with homeless Aboriginal veterans. All of the veterans in the secondary analysis study had been recruited from Toronto, Calgary, Vancouver, and Victoria (Ray & Abdulwasi, in press).

The secondary analysis employed an interpretative phenomenological approach to: 1) understand the meaning of homelessness in this population; 2) understand the meaning of churn migration among homeless Aboriginal Veterans and; 3) test if the Traditional Indigenous Sharing Circle with the Anishnaabe Symbol-Based Reflection is a feasible method of data collection (Ray & Abdulwasi, in press).

Although it was not the intent of the secondary analysis study to examine the experience of the Sixties Scoop among homeless Aboriginal veterans, the findings revealed that all participants had shared the experience of being adopted and/or fostered during this period. Many participants described feelings of loss, a lack of belonging, and connection to their Aboriginal culture and families as a result of their experiences during the Sixties Scoop (Ray & Abdulwasi, in press). Several had indicated that they experienced physical and emotional abuse as children (Ray & Abdulwasi, in press). The participants also discussed the significance of belonging, family, home, and cultural roots, indicating that these were key underlying factors in their current state of homelessness (Ray & Abdulwasi, in press). These factors alone do not prove causality of homelessness; however, they do provide an important insight into the experiences and subsequent homelessness of Aboriginal veterans adopted and/or fostered during the Sixties Scoop.

The participants in the secondary analysis described their experiences with homelessness, as a pattern of migration from their rural and/or remote communities to urban locations (Ray & Abdulwasi, in press). The term "churn" describes the circular movement of Aboriginal peoples

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between reserve and urban settings (Belanger, Awosoga, & Head, 2013, p. 18). This form of mobility has been associated with increased rates of Aboriginal urbanization (Snyder & Wilson, 2012). Aboriginal people engaged in churn may be motivated by various "push and pull factors", such as "social, economic, education and health related reasons" (Snyder & Wilson, 2012, p. 2421). While homeless, they may go unnoticed as they rely on relatives and friends for shelter and support (Distasio, Sylvestre, & Mulligan, 2005). Distasio, Sylvestre, and Mulligan (2005) suggest "hidden homelessness is particularly relevant within the Aboriginal context as the support of extended family and friendship networks is an inherent component of Indigenous value systems" (p.6).

Very little information is available regarding Aboriginal transracial adoption during the Sixties Scoop (Nuttgens, 2013; Sinclair, 2007a). According to Nuttgens (2013), more research is needed that examines the experience of Aboriginal transracial adoptees as a "distinct racial and cultural group" due to the "the unique sociocultural experiences of Aboriginal transracial adoptees" (p.2).

The connection between being an Aboriginal veteran and the experience of being adopted and/or fostered during the Sixties Scoop has not been explored in depth (Ray & Abdulwasi, in press). CF and AF Aboriginal veterans' who were part of the Sixties Scoop represent a group with unique experiences and health needs as military veterans and as Aboriginal peoples who have experienced transracial adoption and/or foster care during the Sixties Scoop. However, no research has been conducted to explore in depth the health needs of this group of veterans. Further research in this area is essential to help identify the necessary supports and services needed to assist Aboriginal veterans adopted and/or fostered during the Sixties Scoop with

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meeting their health needs. Figure 1.1 provides a general overview of the primary, secondary, and current study.

Figure 1.1: Progression from Primary, Secondary, to Current Study

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1.1. Significance of the Study

Aboriginal peoples have a long and proud history in the Canadian military. Many fought alongside the British in the American Revolution (1775), the War of 1812, Battle of Khartoum (1884), The South African War (1899), and served in the Korean War (1950) (Moses, Graves, & Sinclair, 2004; Summerby, 2005).

Despite the many difficulties endured by Aboriginal peoples enlisting in the First World War, approximately 4000 Status Aboriginal individuals signed up for military service (Summerby, 2005). Obstacles faced by these veterans included the government's hesitation to accept Aboriginal recruits, out of fear that these soldiers would receive inhumane treatment by the Germans due to their ethnicity (Gaffen, 1985; MacFarlane & Moses, 2005; Summerby, 2005). Some of the reasons Aboriginal peoples joined the military included "patriotism, adventure, or simply to earn a regular wage" (MacFarlane & Moses, 2005, p.26). Approximately 300 Aboriginal soldiers died in the First World War (Gaffen, 1985; Summerby, 2005).

During the Second World War, about 3,000 Status Aboriginal individuals enlisted in the military (MacFarlane & Moses, 2005; Sheffield, 1996; Summerby, 2005). The majority of these individuals came from remote areas and served in the infantry, as educational requirements were lower (MacFarlane & Moses, 2005; Summerby, 2005). Most of the Aboriginal recruits had family members who had enlisted in the First World War, and this encouraged them to join the military based on their family members' experiences (MacFarlane & Moses, 2005). They also decided to join the military due to economic reasons and fear of the growing support of Nazi Germany (MacFarlane & Moses, 2005; Summerby, 2005). Approximately 213 Aboriginal soldiers were killed in this war (Sheffield, 1996).

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Today, many Aboriginal youth continue to follow the military traditions of their predecessors through programs such as the Canadian Forces Aboriginal Entry Program (CFAEP) and the Bold Eagle Initiative. These two programs provide Aboriginal youth with an interest in joining the CF hands on military experience (Moses, Graves, & Sinclair, 2004).

Very little is known regarding the health of Aboriginal veterans, other than what has been written in anecdotal and historical records (Gaffen, 1985; Sheffield & Lackenbauer, 2007; Summerby, 2005). The increased knowledge regarding these veterans' experiences can enhance current veteran services and programs and help to address the expressed health needs and the unique sociocultural experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop. The purpose of this narrative study is to gain an in-depth understanding of the storied experiences of Aboriginal veterans in Canada who were adopted and/or fostered during the Sixties Scoop and their health care needs.

1.2 Objectives

The primary objectives of this study are to:

1) Explore and understand the lived experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop; 2) Identify health needs expressed by Aboriginal veterans adopted and/or fostered during the Sixties Scoop; and 3) Provide recommendations for the implementation of health services and/or programs to assist Aboriginal veterans adopted and/or fostered during the Sixties Scoop to address their expressed health needs.

1.3 Outline of Study

The first chapter of this thesis includes the introduction, significance, purpose and the objectives of this study. A review of the literature on Aboriginal veterans in Canada, the health of Canadian veterans, the health of Aboriginal peoples in Canada, and Aboriginal transracial

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adoption during the Sixties Scoop is presented in the second chapter. The third chapter outlines the theoretical framework of this study, methodology, method, recruitment process, data collection, quality criteria, ethical considerations, reflective notes, and data analysis. Brief narratives of the eight participants involved in this study and the overarching study themes are included in chapter four. In chapter five the major themes uncovered from the Veterans' stories are discussed in further detail in relation to the available literature. This is followed by the strengths and limitations of this study, future implications for research in this area, and the conclusion to this study.

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Chapter 2: Literature Review

2.1 Introduction

A preliminary literature search was conducted using the Veteran Affairs (VA) website and an electronic database (Scopus). Literature searches were also conducted at the University of Waterloo and Western University library search engines. Keywords entered for the manual search included the following: "*Canada and veteran", "Aboriginal and veteran", "Sixties Scoop", "intergenerational trauma and Aboriginal", "intergenerational trauma and First Nation", "Aboriginal and adoption", "Aboriginal and foster care", "Aboriginal and health and Canada*", and "*Aboriginal and homelessness*." A secondary search was conducted using the reference lists of four selected articles and one book. Searches were limited to English publications and only included articles, dissertations, and books published between 2005 and 2015. This range in dates was used to ensure that the literature review provided a comprehensive and up to date review of the literature. Abstracts of articles, books, and dissertations were carefully reviewed according to their relevance to the purpose of this study. Six main categories were generated by the literature search: Aboriginal veterans in Canada, the health of Canadian veterans, Aboriginal peoples' health, intergenerational trauma, Aboriginal homelessness, and Aboriginal transracial adoption during the Sixties Scoop. These categories are described in the next section.

2.2 Aboriginal Veterans in Canada

Fred Gaffen's (1985) book, *Forgotten Soldiers* provides an in-depth account of the military service of Aboriginal soldiers in Canada who had served in World War I and World War II. It remains an invaluable resource on Aboriginal peoples military history obtained mostly from

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anecdotal records and medical citations of Aboriginal soldiers (Gaffen, 1985; Sheffield & Lackenbauer, 2007). Since Gaffen's (1985) book, various publications and dissertations have been produced in honour of the military service of Aboriginal soldiers ensuring that their stories are not forgotten in Canadian history (Carlson, 1997; Davison, 1992; Dempsey, 1999; Lackenbauer, 2006; Lackenbauer, Moses, Sheffield, & Gohler, 2010; Royal Commission on Aboriginal Peoples, 1996, vol.1; Sheffield & Lackenbauer, 2007; Summerby, 2005).

In Sheffield's (1996) paper, *Of Pure European Descent and the White Race: Recruitment Policy of Aboriginal Canadians, 1939-1945*, the recruitment policies of the Royal Canadian Navy (RCN), Royal Canadian Air Force (RCAF) and the Canadian Army during the Second World War were analyzed. Sheffield (1996) discussed how early military recruitment policies of the RCN and RCAF served as an overt "racial barrier" or "colour line" because they required recruits to be of "pure European descent" (p.9). Despite these barriers, Aboriginal peoples were still able to join both the RCN and the RCAF, although the exact numbers are unknown. According to Sheffield (1996), most individuals of Aboriginal decent joined the Canadian Army because of its less stringent entry requirements pertaining to education, health, and racial background.

Robert Innes's (2004) article, *"I'm on Home Ground Now. I'm Safe": Saskatchewan Aboriginal Veterans in the Immediate Postwar Years, 1945-1946,* was based on the interviews conducted for his Master's thesis with Aboriginal World War II veterans. Innes (2004) argued that there was no evidence to support the claim that returning Aboriginal veterans in the immediate postwar years were directly responsible for the creation of five new Aboriginal political organizations in Saskatchewan. According to Innes (2004), many Aboriginal veterans were focused on transitioning to civilian life during this period. He explained that Aboriginal

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veterans instead indirectly influenced political attitudes in the early postwar period, by changing public perceptions of Aboriginal peoples in Canada.

Grace Poulin's (2005) Master thesis, *Invisible Women: Aboriginal servicewomen in Canada's WWII Military*, is a qualitative study that explores the experiences of 18 Aboriginal woman veterans of the Second World War. Poulin (2005) engaged in personal interviews with 14 Aboriginal woman veterans and the family members of two Aboriginal women veterans, a telephone interview with one Aboriginal women veteran, and received a written submission from another Aboriginal women veteran. Like Aboriginal men, most of the women (n=15) in this study had served in the army. Two participants served in the Royal Canadian Air Force Women's Division (RCAFWD) and one woman served in the Women's Royal Canadian Naval Service (WRCNS) (Poulin, 2005). Several participants in this study shared in the experience of gender discrimination similar to many non-Aboriginal servicewomen during this period, such as receiving lower pay compared to their male counterparts. This study's findings were insightful as they shed light on the sacrifices, challenges, and service of Aboriginal women veterans in Canada of the Second World War.

MacFarlane and Moses' (2005) qualitative study examined how three generations of Aboriginal veterans perceived their military service through interviews with sixty Aboriginal veterans across Canada. The participants comprised of three groups of 20 veterans who had served during the Second World War, from 1946 to 1968, and from 1968 to 2002 (McFarlane & Moses, 2005). This study focused on four major themes relating to: 1) the veterans desire to join the military, 2) any racial adversities they endured as Aboriginal individuals while serving in the military and in society, 3) unique attributes they possessed that aided in their integration and participation in the military, and 4) how their lives were impacted following their service in the

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military (MacFarlane & Moses, 2005). Overall, all of the veterans interviewed expressed their military experiences as being positive.

In his Masters' thesis, Moses (2008) used historical methodology and documentary sources to assess the role returning First World War Six Nations veterans played in the decision to have the Six Nation's traditional government substituted with an elected band council in 1924. Commonly accepted beliefs on this matter, point mainly to the Government's assimilation agenda (Moses, 2008). According to Moses (2008), historical analysis of this period and events reveal that this political change was also motivated and supported by a small group of Six Nation residents, including an elite group of Six Nation veterans of the First World War.

Evan J. Habkirk's (2010) Master's thesis was a historical analysis that challenged arguments proposed by scholars G. Elmore Reaman, Sally M. Weaver, and John Moses that Six Nations participation in the First World War meant the end of the autonomy of the Grand River community. Habkirk (2010) used historian Robert Rutherdale's Hometown Horizon theory to examine the Six Nations of the Grand River Territory relationship with Brantford and Ottawa before, during, and after World War I through local historical sources from the Grand River community. In his thesis, he states that, "Six Nations culture and nationalism did not die in the face of the militarism of the First World War. It instead became an evolved and post traditional culture that was still uniquely Six Nations" (p. 9).

2.3 Health of Canadian Veterans

Most of the retrieved literature on Canadian veteran health focuses on post-traumatic stress disorder (PTSD). The majority of these studies examined the relationship of PTSD with other mental and/or physical health conditions (Elhai, Contractor, Palmieri, Forbes, & Richardson, 2011; Fetzner, Abrams, & Asmundson, 2013; Fetzner, McMillan, Asmundson,

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2012; Poundja, Fikretoglu, Guay, & Brunet, 2007; Richardson, et al., 2012; Richardson, Pekevski, & Elhai, 2009).

Richardson, Naifeh, and Elhai (2007) examined the risk factors associated with PTSD in 1016 male Canadian peacekeeping veterans. Participants completed a general health survey, which included the PTSD Checklist (PCL), Center for Epidemiological Studies-Depression Scale (CES-D), and questionnaires relating to their personal life events, stressors, and demographic information. This study found that participants that were unmarried, younger, and deployed more than once were at more risk to develop PTSD symptoms.

Endalhl, Richardson, Elhai, and Frueh (2011) tested two 4-factor models of PTSD symptoms (emotional numbing and dysphoria) in 1066 Canadian military peacekeeping deployed and non-deployed veterans using the PCL. Although both factor models displayed an adequate fit for all of the participants, no models were a significant fit in the non-deployed group. The dysphoria model was a better fit in the deployed group, which may be attributed to this group's exposure to trauma. This study highlights possible differences in the factor structure of PTSD symptoms between deployed and non-deployed veterans.

Ray and Vanstone (2009) explored the impact of PTSD symptoms (emotional numbing and emotional withdrawal) on Canadian veteran's interpersonal family relationships and the influence of these relationships on their healing process. This study implemented a qualitative interpretative phenomenological approach, which involved a secondary analysis of a sample of 10 Canadian peace keeping veterans from a primary study entitled, *The experience of contemporary peacekeepers healing from trauma* (Ray, 2009a). Two main themes were uncovered through data analysis of the interviews, "emotional numbing and anger negatively impacts familial relationships" and "emotional withdrawal from family support creates a struggle

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with healing from trauma" (Ray & Vanstone, 2009, p.838). This study displayed how PTSD symptoms such as emotional numbing and withdrawal can have a negative impact on veteran's family relationships, creating obstacles in the healing process from trauma for these veterans (Ray & Vanstone, 2009).

Fikretoglu, Brunet, Poundja, Guay, and Pedlar's (2006) quantitative study aimed to test the validity of the deployment risk and resilience inventory (DRRI) on a sample of French Canadian veterans and the impact of deployment on the health of these veterans. A total of 131 French-Canadian veterans completed mailed surveys that included a measure of deployment risk and resilience factors, DRRI, and measures on psychological and physical health. The results of this study showed that DRRI risk factors were negatively associated with physical and psychological health. The DRRI was found to be a reliable and valid measure of deployment risk and resilience factors in this population.

An exploratory study conducted by Whelan (2013) examined the relationship between adverse childhood events (ACE) and substance use disorders (SUDS) in 108 CF veterans who had been previously treated for PTSD (n=57) (relapsed PTSD veteran group) and those untreated and newly diagnosed veterans with PTSD (n=51). Data were collected through a retrospective analysis of patient chart data from 2008 to 2011 at a clinic located in Atlantic Canada, focusing on results from the Detailed Assessment of PTSD Scale (DAPS). Veterans who had been previously treated for PTSD revealed increased rates of childhood abuse (68%), SUDS (86%), and cluster B personality traits, such as, "affective instability, identity problems, negative relationships, and self harm" (Whelan, 2013, p. 186). In comparison, rates of SUDS and childhood abuse (41%) were lower in newly diagnosed PTSD veterans (34%). The findings of this study suggest a need for further implementation of a developmental approach in the

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assessment and treatment of PTSD in military veterans that have experienced trauma (Whelan, 2013).

Transition to civilian life. Major depressive disorder (MDD) is the most common mental disorder in CF veterans and presents a major challenge to veterans transitioning to civilian life (Cox, Black, Westwood, & Chan, 2013). Cox, Black, Westwood, and Chan (2013) examined the impact of the Veteran Transition Program (VTP) on depressive symptoms in a sample of 39 CF veterans. The VTP is a ten-day residential group program that assists CF veterans experiencing issues transitioning to civilian life. This study assessed CF veteran's self-reported depressive symptoms at the beginning and the end of the VTP using the Beck Depression Inventory-II (BDI-II). CF veterans with mild, moderate, and severe depressive symptoms experienced a significant reduction in their depressive symptoms by the end of the VTP and were all categorized as mildly depressed. Overall, this study displayed the VTP's efficacy in the treatment of MDD in this sample.

In a qualitative study conducted by Ray (2009b), ten Canadian peacekeepers diagnosed with PTSD described their healing process from psychological trauma and their experiences with contemporary treatments. All of the participants in this study had been previously deployed to warzones, such as, Somalia, Rwanda, and Yugoslavia. Data for this study were collected through individual interviews with the participants and analyzed using a hermeneutic phenomenological approach. Three themes emerged from the data analysis: "medications as helping the most, understand what is going on, and self-healing as a journey of discovery" (Ray, 2009b, p. 115). Ray (2009b) concluded, "Research studies are needed to test the efficacy of treatment approaches for PTSD, especially those that incorporate embodied healing such as mind-body complementary therapies" (p. 126).

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Maclean et al. (2014) assessed the post-military adjustment and potential risk factors associated with a difficult transition to civilian life. A cross-sectional survey called the Survey on Transition to Civilian Life was administered by Statistics Canada through individual telephone interviews to a sample of 3154 CF veterans from 1998 to 2007. The majority of the participants in this study reported "easy or moderately easy adjustment" (62%) to civilian life and difficult adjustment was prevalent in 25% of the participants (Maclean et al., 2014, p. 1189). Risk factors associated with a difficult adjustment included, "lower rank and medical, involuntary, mid-career, and Army release" (Maclean et al., 2014, p. 1192).

Health service use among Canadian veterans. A prospective survey conducted by Elhai, Richardson, and Pedlar (2006) examined medical and psychological service use patterns in a sample of 1132 Canadian peacekeeping veterans with health issues. In this sample, medical service usage intensity was associated with married status, increased health issues, and severity of depression. Veterans that were younger, with severe PTSD, and other health issues were more likely to access psychological treatment.

Laforce, Whitney, and Klassen (2013) assessed the health service use of 224 serving CF members, 15 serving Royal Canadian Mounted Police (RCMP) members, 120 CF veterans, 3 RCMP veterans, and 1 veteran who had served in a foreign militia. Health service usage data of 363 participants at a Winnipeg Operational Stress Injury Clinic (OSI) were acquired through the clinical research database. This study found that older CF veterans were more likely to receive formal assessment services by a psychiatrist or psychologist instead of therapy. In comparison, current serving CF members were more likely to receive therapy instead of a formal assessment. Unlike Elhai, Richardson, and Pedlar's (2006) study, the severity of clinical symptoms in this study had no impact on the type of services the participants received.

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Senior veteran health research. Gill, Zou, Jones, and Speechley (2007) examined the effect of injurious falls on the level of physical and household activity in 200 male elderly Canadian World War II and Korean War veterans. This study was a secondary analysis of data obtained from the Project to Prevent Falls in Veteran (PPFV) trial (Speechley et al., 2005). Participants with one or more injurious falls displayed lower household physical activity and higher recreational physical activity compared to those that did not fall or those without injuries following a fall. This study demonstrated differences in physical activity levels following injurious falls.

Hall, Denda, and Yeung (2010) measured the vitamin D intake of thirty elderly Canadian veteran residents over the age of 70 living in a long-term care facility. Vitamin D intake was monitored over a three-day span of all food consumed by the residents using the Canadian nutrient file, which was then compared with the recommended adequate Vitamin D intake of 600 International Units (IU). None of the participants in this study met the required vitamin D intake of 600 IU through their food consumption. The average daily intake of participants was well below the recommended 600 IU. Hall, Denda, and Yeung (2010) suggested a minimum vitamin D supplementation of 400 IU for elderly veteran residents in this long-term care facility to achieve the recommended AI of 600 IU. They believed that vitamin D supplementation may help in the prevention of chronic illnesses and health conditions of this population, since 33% of the residents had diagnoses related to their vitamin D intake.

Bostrom, Van Soest, Kolewaski, Milke, and Eastbrooks (2011) examined the nutrition status and risk factors of malnutrition of 55 Canadian senior veterans living in an urban long term care facility in Western Canada. This study implemented a descriptive cross-sectional design and used the Mini Nutritional Assessment (MNA) to measure nutritional status in this

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sample. The findings of this study revealed that 32 residents were at risk of malnutrition and 17 were malnourished. Malnutrition was related to depression, dementia severity, and health issues in this sample. Bostrom et al. (2011) recommended that hospital staff and doctors in long-term care facilities place more significance on nutrition status of elderly residents diagnosed with depression, dementia, and who experienced unstable health.

2.4 Aboriginal Peoples' Health

The majority of the retrieved research on the health of Aboriginal peoples in Canada examines health disparities experienced by Aboriginal peoples living on reserve and non-Aboriginal Canadians, and so the information presented in this section is reflective of this focus in the literature (Waldram, Herring, & Young, 2007; Wilson & Cardwell, 2012; Young, 2012). Very little research is available on the health of Aboriginal individuals without Status, Métis, and Aboriginal peoples living in urban areas (Waldram, Herring, & Young, 2007; Wilson & Cardwell, 2012; Young, 2012).

Chronic health conditions and injuries such as accidents, violence, drowning, suicide, and fire related burns are the primary causes of death of Aboriginal peoples in Canada (Short, Mushquash, & Bedard, 2014; Waldram, Herring, & Young, 2007; Wilson & Cardwell, 2012; Young, 2012). Unintentional and intentional injuries represent a quarter of all deaths of First Nations individuals (Waldram, Herring, & Young, 2007; Young, 2012). Automobile collisions are the main causes of injury causalities in Aboriginal peoples in Canada (Short, Mushquash, & Bedard, 2014).

Aboriginal peoples have an increased risk of developing chronic health conditions compared to other Canadians, such as obesity, heart disease, hypertension, type 2 diabetes, and arthritis (Barton, 2008; Joseph et al., 2012; Thurston et al., 2014; Waldram, Herring, & Young,

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2007; Wilson & Cardwell, 2012; Young, 2012). Research indicates that Aboriginal peoples are 1.3 to 1.6 times more likely to be diagnosed with arthritis compared to the general population in Canada (Thurston et al., 2014). Arthritis remains the most prevalent chronic illness experienced by this population (Thurston et al., 2014).

The literature on obesity highlights lifestyle factors such as dietary changes and reduced physical activity as possible causes for the increased prevalence of obesity amongst Aboriginal peoples in Canada (Foulds, Bredin, & Warburton, 2011; Waldram, Herring, & Young, 2007; Willows, Hanley, & Delormier, 2012). According to Willows, Hanley, and Delormier (2012), "there is inadequate discussion in the literature on the relationship between the environmental and social determinants of obesity in Aboriginal communities" (p.3). Given the health inequities experienced by many Aboriginal peoples in Canada, more research is needed to examine the influence of structural and historical factors on obesity in this population (Ng, Young, & Corey, 2010; Willows, Hanley, & Delormier, 2012).

Food insecurity remains a significant health issue in many Aboriginal communities in Canada (Willows, Hanley, & Delormier, 2012). Willows, Veugelers, Raine, and Kule (2008) define food insecurity as the, "limited or uncertain availability of nutritionally adequate and safe foods, or the limited or uncertain ability to acquire acceptable foods in socially acceptable ways" (p.1150). Although studies have shown that obesity is more prevalent amongst those that are food insecure; there have been no studies conducted within an Aboriginal context exploring possible links between food insecurity and obesity (Willows, Hanley, & Delormier, 2012). According to Willows, Hanley, and Delormier (2012) there is an "overlap" of the "conditions" between obesity and food insecurity as Aboriginal peoples living in poverty may have fewer healthy food options accessible to them (p. 5).

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Aboriginal peoples in Canada experience an increased burden of type 2 diabetes compared to the general population in Canada, which is believed to be due to, "profound social, environmental, and lifestyle changes" (Barton, 2008, p. 28). Aboriginal individuals living with diabetes are more likely to experience complications related to their illness compared to other Canadians (Barton, 2008). The prevalence of type 2 diabetes differs across Aboriginal communities and groups in Canada (Barton, 2008). However, Aboriginal peoples living on reserve are at greater risk of developing type 2 diabetes compared to Aboriginal individuals living in urban areas (Barton, 2008).

There has been a gradual change in the demographic composition of Aboriginal communities in Canada since the 1960's, as the number of individuals of Aboriginal decent living in cities has increased steadily over time (Wilson & Cardwell, 2012). At the start of the 1950's, Aboriginal peoples represented less than 7 percent of the total urban population in Canada (Wilson & Cardwell, 2012). Fifty-four percent of the Aboriginal population in Canada now lives in cities (Snyder & Wilson, 2012). Although the number of Aboriginal individuals living in cities is increasing, there is limited literature available on the health needs of this population (Snyder & Wilson, 2012; Wilson & Cardwell, 2012). Most of the available research on the health of Aboriginal peoples residing in cities in Canada is focused on their access to healthcare (Snyder & Wilson, 2012; Wilson & Cardwell, 2012). Compared to Aboriginal peoples living in rural areas, research indicates that Aboriginal individuals living in cities have more access to healthcare resources (Harrington, Wilson, Elliot, & Clarke, 2013; Sibley & Weiner, 2011).

As the "fastest growing" and "youngest" population in Canada, approximately 50% of the Aboriginal population in Canada is under the age of 24 (Ning & Wilson, 2012, p. 1;

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Waldram, Herring, & Young, 2007). There is increasing research highlighting the health disparities experienced by Aboriginal children compared to non-Aboriginal children in Canada (Harrington, Wilson, Elliot, & Clarke, 2013; Waldram, Herring, & Young, 2007). Studies have shown that Aboriginal children have poorer health outcomes and a higher risk of infant mortality, respiratory tract infections, hepatitis A, type 2 diabetes, obesity, suicide and injuries compared to other children in Canada (Curren et al., 2014; Harrington, Wilson, Elliot, & Clarke, 2013; Lemstra, Rogers, Moraros, & Grant, 2013; Ng, Young, & Corey, 2010; Ning & Wilson, 2012; Stewart et al., 2013; Willows, Hanley, & Delormier, 2012; Worthington, Jackson, Mill, Prentice, Myers, & Sommerfeldt, 2010). Suicide is the primary cause of mortality in youth of First Nations and Inuit decent (Ning & Wilson, 2012). Substance abuse is also a significant health issue in this population (Ning & Wilson, 2012). Various reasons have been proposed to explain the health disparities faced by Aboriginal youth in Canada, such as poverty, social inequities, inadequate housing, food insecurity, as well as their "over-representation in the child welfare and youth criminal justice systems" (Marjerrison, Pole, & Sung, 2014, p. 2751; Ning & Wilson, 2012).

From 2001 to 2006, there has also been an increase of 43% in the number of Aboriginal individuals 65 years of age and older (Wilson, Ronsenberg, & Abonyi, 2011). Despite a growing aging population, research on the health of Aboriginal seniors in Canada is limited (Wilson, Ronsenberg, & Abonyi, 2011). Wilson, Rosenberg, Abonyi, and Lovelace (2010) analyzed the 2001 Aboriginal Peoples Survey (APS) and the 2000/2001 Canadian Health Survey (CCHS) to explore the health status of Aboriginal and non-Aboriginal individuals over the age of 55 (Wilson, Rosenberg, Abonyi, & Lovelace, 2010). The results of this study revealed that older

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Aboriginal individuals were not as healthy compared to non-Aboriginal older adults in this sample (Wilson, Rosenberg, Abonyi, & Lovelace, 2010).

There has been considerable attention focused on HIV/AIDS among Aboriginal peoples in Canada (McCall, Browne, & Reimer-Kirkham, 2009; Waldram, Herring, & Young, 2007). Although Aboriginal peoples comprised of 3.3% of the total population in Canada in 2008, they represented 12.5% of new HIV infections (McCall, & Lauridsen-Hoegh, 2014). Increased vulnerability to HIV infection in this population has been attributed to various factors, mainly "a history colonization, disproportionate experiences of violence and childhood sexual abuse, and high rates of illicit drug use" (McCall, & Lauridsen-Hoegh, 2014, p. S70).

Aboriginal women represent 47.4% of individuals diagnosed with HIV in the Aboriginal population in Canada (McCall, Browne, & Reimer-Kirkham, 2009; Mehrabadi, et al., 2008). In a qualitative study by McCall, Browne, and Reimer-Kirkham's (2009) the experience of eight Aboriginal women living with HIV and their access to healthcare services was examined. Four major themes were uncovered from the interviews with the participants, "fear of rejection when seeking services, finding strength in adversity, struggles with symptoms, and HIV as just one of many competing problems" (McCall, Browne, & Reimer-Kirkham, 2009, p.1769). These findings revealed that both "socioeconomic" and "historical" factors influenced the women's ability to cope with their illness and access the necessary health supports/services (McCall, Browne, & Reimer-Kirkham, 2009, p. 1772).

2.5 Intergenerational Trauma

Intergenerational trauma refers to the, "transmission of a collective emotional and psychological injury over the lifespan and across generations" (Mehrabadi, et al., 2008, p.238). Residential schools have been implicated as a significant factor in the intergenerational trauma

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experienced by Aboriginal peoples in Canada (Menzies, 2006). More than 100,000 Aboriginal children were required by the Indian Act to attend residential schools from 1840 to 1983 (Fast & Collin-Vezina, 2010; Menzies, 2006). Many residential school survivors experienced negative health effects due to physical, sexual, psychological abuse, neglect, isolation, and cultural suppression (Carriere, 2008; Menzies, 2006; Reid, 2005).

The health of former Aboriginal residential school attendees has been explored using both qualitative and quantitative approaches (Kaspar, 2014; Smith, Varcoe, & Edwards, 2005). In a study conducted by Kaspar (2014) the impact of residential school attendance on the health outcomes of Aboriginal peoples and the intersecting influences of socioeconomic status (SES), community and neighbourhood adversities was examined. This study involved a retrospective analysis of the self-reported health status of 13, 881 Aboriginal peoples across Canada obtained from the Aboriginal People Survey conducted in October 2006 and March 2007. Approximately ten percent (n=1347) of the survey respondents confirmed that they had attended residential schools. In comparison to respondents who did not attend residential schools, residential school attendees were more likely to report poor health and a lower SES (Kaspar, 2014).

According to Menzies (2006), historical policies relating to the Indian Act, residential schools, and Aboriginal child welfare have caused interruptions in the connections of four systems (i.e. individual, family, community, and Aboriginal nation) resulting in trauma and increased vulnerability to social issues in Aboriginal peoples in Canada. Using findings of his 2004 study on homeless Aboriginal men in Toronto, he proposed a model for intergenerational trauma for Aboriginal peoples in Canada. This model relies on teachings from traditional Aboriginal medicine and focuses on the balance of 4 indicators: “individual”, “family”, “community”, and “nation” (Menzies, 2006, p.13). Menzies (2006) argues that intergenerational

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trauma can be used to explain many of the social issues experienced by Aboriginal peoples today such as homelessness, violence, and substance abuse. His model offers a holistic and cultural approach to mental health for therapists working with Aboriginal clients.

2.6 Aboriginal Homelessness

According to Thurston, Oelke, and Turner (2013), Aboriginal homelessness represents a significant "public health" concern in cities across Canada (p. 250). There is an overrepresentation of Aboriginal peoples in the Canadian urban homeless population (Menzies, 2006; Thurston, Oelke, & Turner, 2013). Obtaining exact figures of homeless Aboriginal individuals in Canada is difficult due to the experiences of many Aboriginal peoples with "hidden homelessness" (Distasio, Sylvestre, & Mulligan, 2005, p. 6; Thurston, Oelke, & Turner, 2013).

Patrick (2014) states that, "Any discussion on the Aboriginal homeless crisis must include discussions about history and intergenerational (or 'historical') trauma" (p. 7). Most of the literature on the topic of Aboriginal homelessness in Canada has been focused on the topic of trauma (Patrick, 2014). The term "spiritual homelessness" has been used by Aboriginal and Indigenous scholars to describe the removal of Aboriginal peoples from their ancestral lands, families, and communities (Distasio, Sylvestre, & Mulligan, 2005; Patrick, 2014, p. 13). Poverty, colonialism, social inequities, inadequate housing, as well increased urbanization of this population have been described as possible contributing factors and/or causes of Aboriginal homelessness in Canada (Christensen, 2012; Distasio, Sylvestre, & Mulligan, 2005; Menzies, 2006; Patrick, 2014; Thurston, Oelke, & Turner, 2013).

Menzies' (2006) qualitative study explored if intergenerational trauma could be used as a possible explanation of homelessness experienced by Aboriginal peoples. This study involved in-

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depth interviews with 16 homeless Aboriginal men between the ages of 26 to 55 years living in Toronto. Many of the participants had been apprehended from their homes at an early age by child protective services and had little knowledge of their birth history. Menzies (2006) explained that the participants' experiences in the child welfare system had "detrimental effects on them" since it resulted in them being "without a home" early on in their lives (p. 11).

Roos et al. (2014) explored factors relating to the life history and demographic characteristics of homeless individuals living with mental illness using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12 health survey, and a trauma questionnaire. This study used baseline data (n=504) from the A Home / Chez Soi Trial Mental Health and Homelessness project in Winnipeg. Approximately 74.7% of the participants self-identified as Aboriginal. The results of this study revealed that half of the participant sample reported a history in-care. Participants reporting a history in-care were more likely to be female, possess less education, be younger, and of Aboriginal decent. This study highlighted how a history in-care is related to health and demographic characteristics in this participant sample.

Christensen's (2012) qualitative study aimed to understand the factors associated with the rural-urban migration of homeless Aboriginal peoples in Yellowknife and Inukvik, Northwest Territories. A total of 95 in-depth semi-structured interviews were conducted with homeless men and women in Inukvik and Yellowknife using a biographic interview approach. Eighty-seven participants identified as Aboriginal in this sample. Of these participants, 62 had indicated rural-urban migration as central to their homelessness. This study focused on the experiences of the 62 participants exhibiting rural-urban migration in the study locations. Four main factors related to the participant's rural-urban migration patterns included: "1) the attractions of opportunity in northern urban centres; 2) rural settlement-urban institutional flows; 3) chronic housing need in

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the settlements; and, 4) disintegrating social relationships in the settlements" (Christensen, 2012, p. 419).

According to Thurston, Oelke, and Turner (2013) there is a need for "city specific" research when examining the topic of Aboriginal homelessness in Canada since it allows researchers to also attend to contextual factors related to homelessness (p. 257). Due to the diversity of Aboriginal peoples and communities, more research is needed to examine specific understandings and meanings of homelessness amongst Aboriginal groups (Patrick, 2014). There have been few studies that have looked at the experiences of homeless Aboriginal men, youth, and lesbian, gay, bisexual, transgender, two-spirit, and queer (LGBTTQ) individuals (Patrick, 2014). More research is also needed exploring how Aboriginal women experience and overcome homelessness (Patrick, 2014).

2.7 Aboriginal Transracial Adoption During the Sixties Scoop

Bagley, Young, and Scully's (1993) study was the first longitudinal Canadian study to highlight issues related to the poor adjustment outcomes of Aboriginal transracial adoptees. This study compared the adjustment outcomes of adolescents aged 13 to 17 years from different ethnicities and family dynamics (Bagley, Young, & Scully, 1993). According to Bagley, Young, and Scully (1993), outcomes for Aboriginal transracial youth adoptees in Calgary were often poor compared to other inter-country and White adoptees (Bagley, Young, & Scully, 1993). Aboriginal adoptees had "significantly poorer levels of self-esteem, and higher scores on the suicidal ideation scale than the combined comparison groups" (Bagley, Young, & Scully, 1993, p.226). Comparatively, non-adopted White youth and non-adopted Aboriginal youth living on reserve both displayed positive adjustment outcomes.

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Since Bagley, Young, and Scully's (1993) study, several other dissertations and publications have been produced examining the experience of the Sixties Scoop from the vantage point of adoptees themselves (Arsenault, 2006; Carriere, 2005; Kulusic, 2005; Milner, 2001; Nuttgens, 2004; Sinclair, 2007b; Sindelar, 2004; Swidrovich, 2004; Peterson, 2002). With the exception of Swidrovich's (2004) study, the majority of these studies and testimonials highlight challenges relating to "identity" and/or "racism" faced by Aboriginal transracial adoptees adopted during the Sixties Scoop (Arsenault, 2006; Carriere, 2005; Sinclair, 2007b; Sindelar, 2004; Nuttgens, 2004; Peterson, 2002). Swidrovich's (2004) study was the only study that focused on the positive experiences of Aboriginal adoptees adopted during the Sixties Scoop.

Nuttgens (2004) narrative inquiry looked at the experiences of four adult Aboriginal adoptees raised in non-Aboriginal homes during the Sixties Scoop. The life stories of these participants were collected through individual unstructured interviews and seven themes were obtained from their stories: "disconnection, passing, diversion, connection, surpassing, reconnection, and identity coherence" (Nuttgens, 2004, p. iii). All of these themes illustrated that racism was a significant component in their identity development.

Additionally, Sinclair's (2007b) doctoral dissertation using a critical case study revealed similar findings. In this study, 15 Aboriginal transracial adoptees were interviewed to gain an understanding of how they conceptualized their cultural identity in relation to their adoption experiences. The results of this study indicated that Aboriginal transracial adoptions were not successful due to various factors related to the "socio-cultural context of racism in Canadian society" (Sinclair, 2007b, p. ii). Sinclair (2007b) found that racism was the central cause of trauma for the participants in her study.

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In Carriere's (2005) study the relationship between "connectedness, adoption, and health" using both Indigenous and Western research methods was examined (p. 545). In-depth qualitative interviews were conducted with 18 adult Aboriginal adoptees; many of whom were adopted during the Sixties Scoop. Two traditional Indigenous talking circles were also conducted with key informants from the Aboriginal community (Carriere, 2005). A grounded theory approach was used to analyze the research data (Carriere, 2005). Carriere (2005) found that the participants, through their physical, mental, emotional, and spiritual health, expressed many losses. This study demonstrated the importance of Aboriginal adoptees' connectedness to their communities, biological family, and "ancestral knowledge" (Carriere, 2005, p. 545).

In a Master's thesis conducted by Wickham (2010) the experiences of displaced Aboriginal peoples from their communities and the perspectives of those adopted during the Sixties Scoop was examined. Focus groups were conducted with the Wet'suwet'en community members where the information and themes from the displaced participant's interviews was presented. A model for "reconnecting and reintegration" was created using the insight of both the community of Wet'suwet'en and the displaced individual themselves (Wickham, 2010, p. 110). Wickham's study is unique in that it offers possible strategies and a framework for Aboriginal communities to address issues related to the displacement and reintegration of displaced individuals.

Huntinghawk's (2012) Master's dissertation provided an in-depth examination of the Aboriginal transracial adoption experience as told through the narratives of five non-Aboriginal adoptive parents of Aboriginal children adopted during the Sixties Scoop. Despite the many challenges faced by the participants and their families, all had stated that they were able to

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overcome these challenges to the best of their abilities and "had no regrets on their decision to adopt a Native child" (Huntinghawk, 2012, p.105).

2.8 Conclusion

This chapter included a review of the literature on Aboriginal veterans in Canada, the health of Canadian veterans, Aboriginal peoples' health, intergenerational trauma, Aboriginal homelessness, and Aboriginal transracial adoption during the Sixties Scoop. Most of the literature on Aboriginal veterans has focused on historical analysis of Aboriginal veteran's military contributions. More research is needed examining the health needs of Aboriginal veterans in Canada. The majority of the retrieved literature on the health of Aboriginal peoples in Canada is centred on health disparities experienced by Aboriginal peoples living on reserve and non-Aboriginal Canadians (Waldram, Herring, & Young, 2007; Young, 2012; Wilson & Cardwell, 2012). Further inquiry is also needed to examine the health needs of Aboriginal peoples living in urban contexts in Canada (Snyder & Wilson, 2012; Wilson & Cardwell, 2012).

Most of the recent research conducted within the area of Aboriginal transracial adoption in Canada during the Sixties Scoop examined the lived experiences of those adopted and/or fostered during the Sixties Scoop. This is promising as it provided an opportunity for the voices of those personally impacted by the Sixties Scoop to be heard from their point of view. Given the large number of Aboriginal individuals adopted and/or fostered during the Sixties Scoop, more research is needed to fully assess the health outcomes and health challenges of those adopted and/or fostered during this period. Furthermore, research exploring the health needs of Aboriginal veterans adopted and/or fostered during the Sixties Scoop is also important, since very little is known regarding the health needs of this specific group of veterans. It is hoped that

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this study will contribute to the literature by increasing knowledge and awareness of the specific health needs of this population.

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Chapter 3: Methodology

3.1 Introduction

This chapter provides an overview of the research questions, theoretical framework, and research methodology employed in this study. The recruitment process, data collection and analysis, quality considerations, demographic information of the participants, reflexive notes, and ethical considerations are also discussed.

Research Questions: This study addressed the following research questions:

1. How has the experience of being adopted and/or fostered during the "Sixties Scoop" influenced the lives of Aboriginal Veterans in Canada?
2. What are the health needs of Aboriginal Veterans adopted and/or fostered during the "Sixties Scoop"?
3. What health services and/or programs are required to meet the health needs of Aboriginal Veterans adopted and/or fostered during the Sixties Scoop?

3.2 Theoretical Framework

The perspectives of critical theory guided this study. Originally developed in the 1920's at the Institute of Social Research at the University Frankfurt, critical theory has come to be understood and defined in many different ways (Ponterotto, 2005). Although there is no single definition of this paradigm, a key aspect of critical theory involves a "focus on realities that are mediated by power relations that are socially and historically constituted" (Ponterotto, 2005, p. 130). Through reflective analysis of hegemony and ideology, critical theorists advocate for the emancipation and empowerment of marginalized and oppressed individuals and groups in society (Carpenter & Suto, 2008; Guba & Lincoln, 1994; Ponterotto, 2005).

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As this study aims to understand the lived experience of the Sixties Scoop from the perspective of Aboriginal veterans, I begin by acknowledging that, "imperialism frames the indigenized experience" (Smith, 2012, p. 20). Discriminatory policies such the Indian Act still serve as forms of colonialism and have an impact on the health and wellbeing of Aboriginal peoples and communities today (Browne, Smye, & Varcoe, 2005). Through colonization, Aboriginal peoples have experienced losses to their self-determination, ancestral lands, and traditional ways of being (Reading & Wien, 2009).

According to Absolon and Willet (2004), "Aboriginal and non-Aboriginal researchers who tackle any facet of Indigenous study accordingly must have a critical analysis of colonialism and of research methodology as an instrument of colonization" (p. 12). For many Aboriginal peoples research is viewed with skepticism due to the fact that many past researchers used their power and findings in a selfish pursuit to objectify Indigenous people producing very little benefit to them and/or their communities (Smith, 2012). Martin and Mirraboopa (2003) refer to the objectification of Australian Aboriginal peoples in research as "terra nullus research" where Aboriginal peoples are viewed, "as objects of curiosity and subjects of research, to be seen but not asked, heard or respected" (Martin & Mirraboopa, 2003, p. 203).

By implementing a critical framework for this study, I have chosen to move away from an objective focus as promoted by positivism towards a perspective that respects the integrity and the individual voices of the participants in this study. The "locus of research" will involve a broader analysis of the unequal power dynamics, colonizing agents, and ideologies that have an impact on the lives of the participants (Smith, 2012, p.95).

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3.3 Methodology

I used narrative inquiry as a research methodology to explore and understand the experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop and to identify any expressed health needs of this population. According to Chase (2005), a "narrative may be oral or written and be elicited or heard during fieldwork, an interview, or naturally occurring conversation" (p. 652). As a qualitative research methodology, narrative inquiry is concerned with the study of an individual's "lived" and "told" experiences and the meanings attached to them (Clandinin, 2006, p. 44).

Through oral traditions such as storytelling, ceremonies, songs, and teachings, Aboriginal knowledge has been passed down from generation to generation (Absolon & Willet, 2004). The purpose of these oral traditions is "to remember authentic realities" (Absolon & Willet, 2004, p.8). This process is significant since it allows individuals to connect with their "inner selves" (Carriere, 2005, p. 545). Absolon and Willet (2004) state that the process of remembering is also important to "collective knowing and consciousness" (p.13).

Although narrative inquiry is a Western research methodology, I chose to implement it in this study because it aligns with Aboriginal epistemology (Barton, 2004). Like Indigenous knowledge, narrative inquiry is relational and oral (Absolon, 2010; Clandinin, 2006). It is a dynamic process that incorporates the participant's individual experiences, the researchers experiences, and the "co-constructed experiences" during the research process (Clandinin, 2006, p. 47).

3.4 Recruitment Process

Ethics approval to conduct the study was granted by the Non-Medical Research Ethics Board for Health Sciences at Western University (Appendix A). Prior to the recruitment process,

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verbal permission to recruit participants was obtained from the executive director and/or president of all collaborating organizations, which included Royal Canadian Legion (RCL) branches, Aboriginal services and organizations, and community outreach services (Appendix B). Each participant was recruited using purposive sampling. Purposive sampling is the intentional sampling of a group of people that is best suited to answer the research question (Holloway, 2008). According to Holloway (2008), this form of sampling is determined by the researcher's judgment, research aim, and research question. The participants were not selected at random, but were invited to participate based on their ability to provide rich information about the research questions, and their adherence to the eligibility criteria. Snowball sampling was also used to recruit potential participants. Key informants such as the Aboriginal CF veteran leaders of the Aboriginal Veteran Autochthones (AVA) and the elder guiding this study distributed this study's information flyer (Appendix C) to potential participants across the country and recommended the study to potential participants (Marshall, 1996).

The partnership with the AVA was instrumental for conducting this study. The AVA Mission is three-fold: "Advocacy", "Community Service", and "Remembrance". The AVA advocates by providing support to all Aboriginal Veterans, Aboriginal Serving Members, and their families to address Veteran's health and needs. The AVA is also actively engaged in the community and strives to honour and convey the memories and sacrifices of Aboriginal Veterans in Canada (Aboriginal Veterans Autochtones, 2012).

The RCL branches, collaborating community outreach services and Aboriginal organizations also provided potential participants with information about this study by advertising the information poster at their respective organizations (Appendix D).

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The following eligibility criteria were used to recruit participants:

1. Aboriginal Veterans who have served in the Canadian Forces (CF) regular, and/or reservists, and/or served in Special Duty Areas (SDA's) and/or Aboriginal Veterans who are Canadian citizens who served in the American Forces.
2. Aboriginal CF Veterans who were adopted or fostered out during the "Sixties Scoop" to Non-Aboriginal families during any period/s of their childhood.
3. Aboriginal CF Veterans living off-reserve with no or limited connection to their Aboriginal communities.
4. Able to speak and understand English to the degree necessary to engage in a conversation.
5. Able to read and write in English.
6. Able to give an informed consent related to the research.

Exclusion Criteria:

1. Canadian Forces Aboriginal members who are currently serving in the military

Participants in this study were initially recruited in the Greater Toronto area, London, Hamilton, Brantford, Kingston, Kitchener–Waterloo, and surrounding areas in Southwestern Ontario. A revision was made to Western University's ethics department in March, 2014 to have North Bay and Ottawa included as additional recruitment sites (Appendix E). I had hoped that I would be able to reach more potential participants in these cities since they both have a considerable Aboriginal population. Another revision was made to the ethics department at Western University in May, 2014 to have the study areas expanded to include the rest of Canada and have Skype added as a data collection method (Appendix F and G).

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Regarding sample size, Holloway (2008) states that sample sizes should be larger for populations that are heterogeneous. Since this study involves a specific population of Canadian veterans self-identifying as Aboriginal, I aimed to recruit between eight to ten participants basing my estimated participant range on the number of participants recruited in the previous secondary analysis (Ray & Abdulwasi, in press).

Although there is no standard sample size for studies employing narrative inquiry, sample sizes using this approach tend to be small (Beal, 2013). The overall recruitment process for this study spanned from February to late July of 2014. In total, eight participants were recruited for this study. I stopped recruitment at eight participants as I determined that no new major themes emerged from the interview data and that data saturation had been reached (Marshall, 1996).

Potential participants interested in partaking in this study were provided with my contact information (email and phone number), which they received either from recommendations from key AVA members, the elder, collaborating organizations, and/or following review of the information poster/flyer for this study. After contacting me through either one of these means, I scheduled an interview with them at a date, time, and/or location (for in-person interviews) of their preference.

3.5 Data Collection

Prior to the data collection, all of the participants were provided with a letter of information (Appendix H and I). The information letter included the purpose of the study, methods, all of the potential risks and benefits, so that participants had the capacity to use this information to voluntarily decide whether to participate in this study. Participants were also asked to provide informed consent (Appendix J), but only those with a face-to-face interview were required to sign the form in order to participate in this study. Those with a Skype interview

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indicated their voluntary agreement to participate in the study after I had read the consent form to them verbally by providing their verbal consent at the beginning of the study and responding to the interview questions.

I collected data by conducting one on one individual open-ended in depth semi-structured interviews with the participants. The interview process ranged from approximately 20 to 80 minutes in length. All interviews were audio-recorded with the permission of the participants.

Most of the interviews were conducted face-to-face with participants living in Ontario, at a safe location and time of their choice, which included local coffee shops, community shelters, and Aboriginal Friendship Centres. Two interviews were conducted using Skype as a data collection method with participants living in Vancouver and Winnipeg, at a time and date of their preference.

Skype afforded me with the opportunity to reach and interview potential participants across large geographical distances and served as a cost-effective alternative to a face-to-face interview. The video mode of Skype allowed me to see the interviewee in the present moment and engage with them personally during the interview process. This was important as I could still view for signs of distress during the interview process.

An interview guide was utilized to facilitate the interview process (Appendix K). The questions posed during the interview were first approved by the elder guiding this study to ensure that they were inclusive of Aboriginal knowledge and beliefs surrounding health and wellbeing prior to the interview process. Unlike Western biomedical beliefs concerning health and wellbeing, Aboriginal views on health and wellbeing involve a holistic approach and emphasize the importance of balance in four dimensions: "mental, emotional, physical, and spiritual" (Dapice, 2006, p. 251).

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All of the interviews were recorded using the same voice recorder. Audio files were deleted off of the voice recorder once they were uploaded onto a password-protected computer for both the face-to-face and Skype interviews. I transcribed each audio recording of the interviews verbatim. At the completion of the study, these audio files were securely deleted off the computer and stored in a locked cabinet at Western University, where they will be retained for two years.

Demographic data were also collected using a questionnaire to provide general background information on the participants involved in this study (Appendix L). Information collected included age, expressed gender, educational level, ethnicity, marital status, and number of children. Additional information pertinent to the participant's involvement, deployment, and service in the military was included to aid in the interpretation of the results.

All of the participants received an honorarium of $20 for their participation in this study.

3. 6 Data Analysis

In order to capture the storied nature of the participant's accounts, a critical narrative analysis was employed. Unlike positivist methods, which may be more interested in generalizable and absolute truths, critical narrative analysis is concerned with the individual realities of the participants (Patton, 2002).

An integral part of critical narrative analysis includes the process of problematizing which involves the examination of "taken for granted phenomenon and revealing the particular social and economic processes that contribute to it" (Carpenter & Suto, 2008, p. 24). The aim of this critical narrative analysis was to critique unequal power dynamics, colonizing agents, and ideologies that have an impact on the lives of the participants and to facilitate an opportunity for agency, change, and empowerment through their narratives.

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I started the analysis process by transcribing each interview, ensuring that the data obtained was presented as verbatim quotations to retain the participants' authentic voices. Each transcript was then analyzed using the five stages of the "holistic-content model" (Lieblich, Tuval-Mashiach, & Zilber, 1998, p. 62). The holistic-content model "uses the complete life story of an individual and focuses on the content presented by it" (Lieblich, Tuval-Mashiach, & Zilber, 1998, p.13).

With the printed hardcopy of the transcript on hand, I began the first stage of data analysis process by reading the entire interview as I listened to the audio recording. I initially listened to the audio recordings as I read along, so that I could hear the context in which the text presented itself and ensure accuracy of the text. I followed Lieblich, Tuval-Mashiach, and Zilber's (1998) advice to, "read or listen carefully, empathically, and with an open mind" (p.62). As I read and listened to the interviews a second time, I began to write brief notes in a notebook about characteristics or points in the narrative that stood out to me within the context of the entire interview. I continued to listen and read the interview in this manner several times until I noticed a pattern develop within the narrative pausing in between each reading to reflect upon my notes.

For the second stage, Lieblich, Tuval-Mashiach, and Zilber, (1998) indicate to, "Put your initial and global impression of the case into writing" (p. 62). Using the interview text and notes developed in the previous stage, I created a temporal sequence of the participant's narrative focusing on aspects mentioned relating their upbringing, military service, post military life, and adult life. I noted any "unusual features of the story such as contradictions, or unfinished descriptions, episodes or issues that seem to disturbed the teller, or produce disharmony" in their narrative (Lieblich, Tuval-Mashiach, & Zilber, 1998, p.62).

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For the third stage of analysis, Lieblich, Tuval-Mashiach, and Zilber, (1998) state to, "Decide on special foci of content or themes that you want to follow in the story as it evolves from beginning to the end" (p. 63). I re-read the interview text and focused on the details that the participant elaborated on, repeated, omitted, and/or briefly mentioned in relation to the entire interview narrative. I began to underline and code these themes within the interview text using a pen. I also made small notes in the margins of the interview text for future reference regarding my interpretation of these codes.

I then proceeded to the fourth stage of the analysis process, where I marked the various themes in the interview text using different coloured markers and followed their progression throughout the text "reading separately and repeatedly for each one" (Lieblich, Tuval-Mashiach, & Zilber, 1998, p. 63).

The final stage of this process involves "keeping track of the themes" and noting my final conclusions (Lieblich, Tuval-Mashiach, & Zilber, 1998, p. 63). For this stage, I merged my notes, temporal sequence, and conclusions onto a single Word document on my laptop. I then highlighted using the same colour scheme, the themes uncovered in the previous step onto a saved copy of the interview transcript on my laptop. Following this, I cut the highlighted excerpts out of the interview text and pasted them into the temporal sequence document, where I believed they fit within the context of participant's life story (i.e. upbringing, military service, post military life, and adult life). This document was also provided to the participants for their verification of the results of this study along with a copy of the transcript.

Once all of the participants' temporal sequences had been compiled, I followed phases three to five of Braun and Clarke's (2006) phases of thematic analysis. Braun and Clarke (2006)

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define thematic analysis as the, “method for identifying, analyzing, and reporting patterns (themes) within data” (p. 79).

For phase three, I began by making a handwritten list of the initial themes compiled for each participant. I then went through the initial themes and determined if there were any similar themes across the data and marked similar themes. I continued sorting the themes in this manner, analyzing related theme excerpts, re-sorting the initial themes through different drafts of the list.

For phase four, I reviewed the excerpts compiled for each theme and verified to see if they created of a “coherent pattern” (Braun & Clarke, 2006, p.91). If they did not, I went back and checked to see if the theme itself or the excerpts were problematic. If this was the case, I reworked each theme until all extracts were representative of a theme. Once a revised “candidate thematic map” was created, I checked to see if the individual themes were representative of the entire data set and if the candidate map was reflective of the entire data (Braun & Clarke, 2006, p.91).

In phase five, I defined each theme by identifying the “essence” of what the theme portrayed and what aspect the data of the theme captured (Braun & Clarke, 2006, p. 92). I referred to the coded extracts for reference and chose to represent the theme based on what I perceived to be the unifying theme.

3.7 Quality Criteria

For this study, I used Tracy’s (2010) quality criteria for credibility. According to Tracy (2010), credibility refers to “the trustworthiness, verisimilitude, and plausibility of the research findings” (p. 842). I chose these criteria because they apply to all paradigms and can be used to assess my study as a whole. In qualitative research, thick description is one of the most significant ways of achieving credibility (Tracy, 2010). Regarding thick description, Tracy

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(2010) states that researchers must "show, meaning that they provide enough detail that readers may come up to their own conclusions about the scene" (p. 843). I aimed to provide thick description through descriptive notes of all meetings with the participants and observations, and immersion in the field. I also did this by making sure that I kept track of anything pertaining to my discussions through what is referred to as a clear and descriptive "audit trail" (Morrow, 2005, p. 252).

Another strategy I used to ensure credibility of my research findings was through "member reflections" (Tracy, 2010, p. 844). According to Tracy (2010), member reflections "allow for sharing and dialoguing with participants about the study's findings, and providing opportunities for questions, critique, feedback, affirmation, and even collaboration" (p. 844). As I aimed to employ a decolonizing framework, I was interested in including the voices of the participants in this study. I provided written narratives from the transcribed interviews via email to the participants to review for further clarification of the text. This facilitated an opportunity for the participants to provide me with their input during analysis of the data to ensure that it was representative of their experiences (Tracy, 2010).

3.8 Reflexivity & Location

Finlay (2002) states "reflexivity can be defined as thoughtful, conscious self-awareness. Reflexive analysis in research encompasses a continual evaluation of subjective responses, intersubjective dynamics, and the research process itself" (p. 532). Throughout this study, I reflected on my experiences and beliefs by engaging in reflexive notes from the beginning to the end of the study.

My reflection involved being aware of the fact that I am a non-Aboriginal researcher. As a Black Canadian Muslim woman, I understood my position as an outsider as well as my

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limitations as a non-Aboriginal researcher examining an experience that is unique to this population. I was often asked why I was conducting this study and how I came to examine the experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop.

My journey to this study began shortly after my graduate thesis supervisor Dr. Susan L. Ray at Western University offered me with the opportunity to assist her with the secondary analysis examining the experience of homelessness and migration amongst Aboriginal Veterans as described in the Introduction (Ray & Abdulwasi, in press). As I reviewed the results of the secondary analysis, I was surprised to learn that all of the participants had been adopted and/or fostered during the Sixties Scoop.

Previous to assisting with the secondary analysis, I did not know what the Sixties Scoop was. Growing up, I had never been taught about the Sixties Scoop in school. As a teacher, I wondered why this period in Canadian history was not discussed in the current curriculum. When I discussed my thesis with my peers, I noticed that many of my peers also did not know what the Sixties Scoop was.

As I researched the Sixties Scoop, I became aware of my own limitations surrounding knowledge, history, and reality. This awareness has resulted in me challenging my current belief systems as I learned more about the history of colonialism in Canada. Through this process, I have learned to appreciate the diversity of knowledge and the importance of acknowledging and including Aboriginal worldviews.

The stories of my past have shaped my worldview and opinions on freedom and politics. I grew up hearing about my parent's upbringing in Eritrea and their search for freedom. In the late seventies, my parents fled Eritrea as refugees due to political turmoil and war. As a researcher, I naturally gravitate towards critical theory and narrative inquiry because both

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provide for opportunities of empowerment for marginalized individuals in society and recognize the distinct realities of all human beings. I believe that everyone regardless of their race, ethnicity, religion, and background should have the freedom to express their voice and tell their story, which is also the reason why I chose to conduct this study using narrative inquiry. I believe that stories can connect and bring us closer together in our collective quest of understanding. Stories can also help us see different worldviews outside of our own. Since I aim to understand the experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop, I begin with the stories of the participants. As a novel researcher, I am engaged in a journey of understanding their stories and the distinct meanings they hold.

3.9 Ethical Considerations

Throughout this study I ensured that this study conformed to the guidelines proposed by the Tri-Council Panel on Research Ethics (Canadian Institute of Health Research, Natural sciences and Engineering Research Council of Canada, and Humanities Research Council of Canada, 2010).

Chilisa (2012) defines decolonization as a, "process of conducting research in such a way that the worldviews of those who have suffered a long history of opposition and marginalization are given space to communicate from their frames of reference" (p. 14). As a way to support the intent of decolonizing the research process, I adhered to the First Nation principles of ownership, control, access, and possession (OCAP), which consists of ethical guidelines proposed by First Nation communities to ensure the self-determination of First Nation participants during the research process (First Nations Centre, 2007). These guidelines can also be applied in contexts where research is being conducted with Aboriginal communities and participants. I provided each participant with their interview transcript and study results, and also disseminated the

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results to the executive members of the Aboriginal Veteran Autochtones (AVA) of which I had continued contact with throughout the study.

This study was also guided by the cultural wisdom, insight, and knowledge of a trusted Aboriginal elder and traditional counselor. According to Absolon (2010):

> Elders are another cornerstone of Indigenous knowledge, culture and heritage. Oral traditions, languages and historical accounts would be lost without the wisdom, knowledge and experience of Elders. Ethics of practice exist in the protocols in working with the Elders and with traditional knowledge (p. 80).

I maintained regular contact with the elder through meetings and emails throughout the study. The elder helped ensure that this study abided by the ethical principles of OCAP and was inclusive of Aboriginal worldviews. I provided the elder with the interview data and the findings of this study, which were also made accessible to local elders and Aboriginal community members. This data contained no personal identifying information, as it was coded with a unique number to maintain the confidentiality and privacy of the participants. Amendments were made to the interview questions as requested by the elder.

Since this study deals with personal topics such as experiences in the Sixties Scoop and military service, it presented potential risks to the participants in this study. Given their involvement in the military and their experiences of being adopted and/or fostered during the Sixties Scoop, the participants in this study may have endured traumatic experiences.

Past experiences of trauma may put the participants at risk of experiencing emotional distress during and after the interview process as they recall their personal and confidential experiences. Emotional distress has been described as a potential risk factor for participants in

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research who have experienced a traumatic experience in their past (Griffin, Resick, Waldrop, & Mechanic, 2003). PTSD may also be a reaction to warzone exposure (Friedman, 2004).

I informed all of the participants that they had the option to discontinue their participation in the study at any time if they experienced any pain, stress or discomfort because of their participation at the beginning of the study. In the event that a participant became visibly uncomfortable and/or emotionally distressed, they were asked if they needed a break and reminded of the fact that they could discontinue their participation at any time if they desired to do so. Each participant was provided with a list of the contact/s for community resources, Aboriginal cultural and/or health services, and referrals to qualified professionals in their community (Liamputtong, 2007). Following their participation in this study, all of the participants were debriefed and were encouraged to contact my thesis supervisor and/or myself, in the event that they experienced any adverse reactions as a result of their participation in the study.

3.10 Conclusion

This chapter outlined the methodological approach implemented in this study. The research objectives, research questions, theoretical framework, and methodology were discussed. In addition, the recruitment process, data collection and analysis, quality considerations, demographic information of the participants, and ethical considerations were also outlined. This chapter also included reflexivity regarding my role as a researcher and my perceptions, location, and experiences throughout the research process.

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Chapter 4: Research Findings

"People shape their daily lives by stories of who they and others are and as they interpret their past in terms of these stories. Story, in the current idiom, is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as story, then, is first and foremost a way of thinking about experience." (Connelly & Clandinin, 2006, p. 479)

4.1 Introduction

This chapter begins with a brief overview of the demographic characteristics of the participants involved in this study. The participants' stories are also presented in this chapter. The experiences relayed by the participants during their individual interviews served as the foundation of these stories. The stories are structured chronologically and will be discussed according to the three overarching themes uncovered through the thematic analysis of the interview data: 1) sense of belonging, 2) racism: experienced and perceived, and 3) resilience: not giving up in the face of adversity. Excerpts from the participants' interviews will also be used to present the participant's authentic words within the context of their individual stories. Information pertaining to how the participants are addressing their health needs is also noted in this section. This chapter concludes with a discussion of the overarching study themes. Pseudonyms approved by the participants were used to protect their privacy and confidentiality.

4.2 Participants

Seven male participants and one transgender male participant were interviewed for this study. The participants ranged in age from 30 to 54 years. Five participants had children, one participant was married, three participants were separated/divorced, and four were single/never married. All of the participants had a high school education and five had postsecondary education (college and/or university). One participant served in the American Forces. Seven

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participants served in the Regular Forces. The average time the participants served in the military was 5.72 years. Three participants had been deployed overseas.

4.3 Participant Stories

Akrittok's Story

Akrittok identified as First Nations and was in his early fifties at the time of the interview. He began the interview by describing his vague memories of his foster care experience, explaining what it was like to be moved from home to home as a young child.

> I remember this lady driving in this car and I was in the backseat a little boy. I, that's my vague memory of it. We went to this house, and she told me, "Now you be a good boy, you know, just stay still be a good boy." Took me to the house introduced me to this other women. And these two ladies were talking. I sat in this chair...and after that I sat in the chair all day. I didn't move. I didn't move. This happened, I was being moved around from family to family at that time.

Throughout his experiences in foster care, Akrittok noted that he did not understand what home meant or why he was being moved from one home to another. He was adopted into his last foster home in 1963, which was an Aboriginal home. As he reflected back on this, Akrittok wondered how his adoption was even possible. "At that time they weren't allowed to adopt other Native kids" he explained.

Akrittok's adoptive father was an X-Ray technician, with a very successful career. Both of his adoptive parents were residential school survivors and had previously attended a residential school in Ontario. He had seen pictures and heard stories of their experiences at this school and the harsh discipline that they endured there. Akrittok expressed how thankful he was that he did not have to attend residential schools growing up.

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When he was sixteen, he left home and started travelling. His travels eventually led him to the military. He was fascinated by what he saw on the television about the military as a child, and this inspired him to enroll. “I thought I would be a soldier running a field but I wasn’t.” The reality of military life was quite different from what he had initially envisioned. He was slotted as a vehicle technician since military tests determined that he was mechanically inclined. For the most part, he enjoyed the military because he was also able to travel to different army locations within Canada and meet different people.

The military was also where his addiction to alcohol began, which he attributes to the ease of accessibility of alcohol in the military. “Pop a machine, fifty cents, can a beer, anywhere.”

Akrittok viewed his adoption as both a blessing and a gift because he went to a good home where he was fed and clothed. His adoptive parents taught him how to live the way they grew up. He learned to split wood, haul water, and had spent quality family time up North where his adoptive mother grew up. This is where his family camped all summer.

As he looked back fondly upon his upbringing, he took pride in the fact that he had learned to adjust and survive in both the city and the bush. This is something that his adoptive father was very pleased about since he was able to stick it through the harsh rugged conditions when they tree planted up North.

Niigaani’s Story

Niigaani identified himself as Ojibwe and was in his late forties at the time of the interview. He was adopted as an infant to a White couple who had decided on the option of adoption, since they could not conceive a child of their own. His adoptive parents had also adopted another male Ojibwe child from another reserve.

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Niigaani grew up aware that he was adopted. “And I grew up knowing from a very early age that I was adopted...didn't really, I wasn't under misconceptions.” He described his adoption experience as positive overall but noted that a lack of understanding of his own history and culture as the only negative aspect of his adoption. This was only noticeable to him at school when he was asked to speak on behalf of every Aboriginal person.

Growing up, he was quite athletic and had aspired to pursue a football scholarship in the United States. However, his dreams of pursuing a football scholarship were cut short in his final year of high school when he was involved in a motorcycle accident. Due to his injuries, Niigaani was forced to look at other career options. This is when he decided to apply to a police foundations program. He was inspired to apply to this program because of his adoptive father who had volunteered for eighteen years as an OPP auxiliary. However, since he submitted his application late, Niigaani was not selected as a student.

At this time, Niigaani started to really look at his life and the direction he was going. “And that caused me to look around me and I noticed that you know I wasn't in around the most positive of environments and you know I always concerned about... people lashing out at me.” He realized that he needed to break away from the crowd that he was in because they were not conducive to his future career plans in law enforcement. He remembered that a number of police officers he knew had also mentioned that they had been in the military.

Knowing this, Niigaani decided to join the military in 1988. He used the word “sobering” to describe his experiences in the military as all the fun and games in his life were over at that point. Although he struggled to adjust at first, he felt like he belonged in the military, as he was able to excel and succeed in this environment.

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While living out West in the military, Niigaani experienced racism. “Diverse backgrounds, and I started meeting more Aboriginal people from the West coast to the East coast. And I experienced a greater amount of racism.” He mentioned that conflicts in the military were resolved “old school boy style” similar to how he resolved disputes and racism as a young man growing up in Kitchener. Having played in a full contact sport, Niigaani was able to defend himself physically in this type of environment. “I was able to hold my own.”

Despite this, Niigaani saw a pathway of success for himself in the military. He knew what he needed to do to succeed, which was to work hard every day, do his pushups, and make his bed. Within two and a half years, he was trained up to the rank of a sergeant. However, due to cutbacks in the 1980’s there were not many opportunities for further advancement. His trade, air defense artillery, was also cut. Although Niigaani was offered an opportunity for another trade, he asked to join the military police and was granted an opportunity to do so.

Due to his involvement in the military and now his employment as a police officer, Niigaani has become estranged with his adoptive brother. “He’s on the side of the fence as far as I’m on side of enforcement…Right?” He indicated that his adoptive brother has chosen his path in life and that it was best for them stay apart for each other’s sake.

On occasion, Niigaani connects with other Aboriginal veterans in his community where he partakes in powwows. He is a sun dancer and has danced for five years now.

His son is also currently contemplating in following his footsteps and considering a career in the military. When asked about this further, Niigaani laughed and enthusiastically replied, “He’s gonna try it out. Who knows?”

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Animkii's Story

Animkii identified as First Nations and was in his late forties when the interview was conducted. He started the interview by recalling the time when he was placed on a train as a young child and sent to a foster home far away from his home, which he explained was because his family could not control him as a young child.

The first foster home that he was placed in was an Aboriginal home. He experienced a lot of abuse there. His biological sister was also placed in this home. Animkii slowly came to learn that the foster father was also abusing his little sister, "There was a lot of abuse in the downstairs part too," he said painfully. He remembered the time that he was thrown down a flight of stairs by his foster father. "That was when all hell began."

Animkii described his foster father as "very mean." He was scared of him. He indicated that his foster father got him to do what he wanted. His biological sister eventually ran away from this foster home informing Animkii that she would never come back.

Animkii also ran away from a subsequent foster care placement. Following this, he was sent to live in a non-Aboriginal home out in the country. He stated that he was beaten at least once a week along with the other foster children there. According to Animkii, they were just kids being hired out as slaves. He learned how to fix cars, and do things "that kids shouldn't have to do." Although this foster home was supposed to be a temporary placement, Animkii spent eight years there.

At the age of twelve or thirteen, Animkii tried to return to his reserve. He spent a year at home but was kicked out by his family. He learned to take care of himself and survive on his own ever since.

Following this, Animkii joined the railway. However, he was let go of his position at the Canadian railway because of a charge that he had acquired when he was about eight or nine

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years of age. “And when it came back to haunt me, it gave me, it gave me a bad record and it cost me my career of CN of fifteen years.” He did not go into detail of the charge, but stated that he did not know what he was doing at the time. “I didn't know, I was just, it was the way I was, when I was taught.” The loss of his job devastated him greatly. He eventually turned to drugs soon after this as a way to cope.

Animkii was motivated to join the military by his father who was an air force pilot. He had a hard time adjusting to the military, which he attributed to his lack of discipline and abusive upbringing. His time in the military was short lived because of this. “It was the wrong time for me to join.”

As Animkii looked back on how his experiences being fostered out during the Sixties Scoop impacted his life as a whole, he stated:

> For a while it helped me good because I was taught to work, and I learned to work at a young age. But basically it alienated me from my people. I’m not wanted on the reserves, like I don’t belong on the reserve where I , cuz I didn’t grow up on the reserve…

He became emotional as he discussed his struggle to belong in society. Animkii tried to go back to his reserve again as an adult but described that as a “fiasco.” His family shot his cousin at his expense because they felt that he did not belong.

Animkii is currently registered as a claimant for the current Sixties Scoop lawsuit in Ontario. He remains hopeful about this case. “I don't want to live. I want to live because I want to finish where I stood. [inaudible] Where I started with this lawsuit…”

Miigwaans’ Story

Miigwaans identified as Ojibwe and was in his early forties at the time of the interview. His adoption and foster care experiences began when his biological mother abandoned him at his

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babysitter's house. He was placed in the care of his babysitter after this incident and adopted into this home at seven days old.

Miigwaans indicated that he grew up hearing racist and derogatory names. "And it was always when they needed me for something. It was you little black bastard get your ass over here...Or you're nothing but a dirty Indian you should be over there doing that instead of over here...So it was a lot of stuff like that." His adoptive parents also abused him physically and emotionally. "There was a lot of punishment handed down to me that the brother and sister were responsible for but they were blood." As a result of this, Miigwaans mentioned that he felt like the black sheep of the family.

His relationship with his adoptive brother was strained mainly because his adoptive brother never really accepted him into the family. His adoptive brother made it a point to always refer to him as his "foster brother" and never just his brother. He also told him that he was never really a part of the family. Although this hurt Miigwaans, he mentioned that he learned to "toughen up" on this quickly.

Shortly after entering foster care, he joined the cadets at the age of nine as a way to avoid mischief, he explained. He was in cadets from the age of nine to seventeen years of age.

Since he enjoyed the military lifestyle, he decided to continue and enrolled in the Canadian Armed Forces. He served in the Canadian Armed Forces from the age of seventeen up until he was about twenty-three years old. He expressed both negative and positive experiences in the military. Miigwaans appreciated "learning how to live" and "the discipline" in the military. He discussed a negative experience, involving harassment from another member in the military.

> I had one instance where a [description omitted] military person out in [location omitted] was doing training with and woke up two hours before my fire picket and I said no I'm

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> not getting up yet. And I was in my sleeping bag and he just constantly started punching me...punching me in the head. I couldn't get out. And then I got up and did my shift. Next day we had a live fire exercise and he was on the very far side of our lines and I ended up shooting him in the foot…

As he reflected back on what had transpired, he indicated that he got charged with an accidental discharge, which he said was a lot better than what it could have been.

Miigwaans also discussed how he learned how to drink heavily in the military:

> It seems that their way of thinking if you're older to serve your country, you're old enough to drink. And it just went hand in hand. And I dealt with drinking for a lot of years...Well actually it dealt with me. But it did...it did turn me into an alcoholic at that time too because there was nothing else to do but drink, sleep, and drink and that was it.

After leaving the military, Miigwaans realized that he had to change his lifestyle. So he turned to Aboriginal traditional healing methods because they were alcohol and drug free. He joined a group of men in his community after they had asked him to come out and sing with their drum. "It was singing, sweats, dancing, everything all in one."

Due to his experiences growing up in foster care, Miigwaans said that he has "learned to do just for himself and nobody else." Although he currently does not have any communication with his adoptive brother, he maintains a strong relationship with his adoptive sister and has improved his relationship with his adoptive parents.

Amaqjuaq's Story

Amaqjuaq identified as First Nations and was in his late forties at the time of the interview. His story begins on a reservation in Western Canada, where he spent the first few years of his life. Due to a housing crisis, his family ended up moving to the city.

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Amaqjuaq and his siblings lived with their grandparents who were both residential school survivors, since his mother was addicted to drugs. He described his home as an alcoholic household but acknowledged that they were together, adapted, and got by for the most part.

Every once in a while, he recalled child protective services would come to his home and take one of his siblings away. He found it strange that they would only select one child at a time when there was a whole household full of kids.

He was eventually placed in foster care. This experience was quite traumatic for him. He remembered his first experience in a foster home with a French couple that did not speak a word of English except for the word "shame". He wondered about the effect that this type of communication had on a young child.

He described his experiences in foster care as pretty "hit or miss", with one foster home even being sexually abusive. Amaqjuaq was eventually adopted into the last foster home he was placed in, which he described as a good placement. He described his adoptive parents as "very conscious."

Since his adoptive father was a minister, Amaqjuaq moved often as they changed churches every three to five years. Once again he found himself in a situation where there was a lack of permanency in his life but he began to realize that it allowed him to see more environments. He realized that nothing in life was static and that he could adapt to anything. He carried this lesson with him throughout his life.

He joined the marines, as a way of, "being something, part of something…better bigger." In the military, he learned the importance of being a part of the group and the benefits and securities it provided him in combat and in life in general.

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While working in construction, he decided to return to school and study programming after realizing that it was not the career that he wanted to pursue for the rest of his life.

> They call adaptability, working in construction to two years later working in a [name omitted] office doing programming for a phone company. It's the ability to change like that, it's...you know, it takes not just the smarts of it but the social adaptability to do that.

Amaqjuaq struggled with alcoholism for many years and said that it was period where he could not see the truth. He was able to get out of his addiction by finding his personal truth and realized that he was not alone in his troubles.

He has been able to reconnect with his biological family members and his culture as an adult. He referred to the Sixties Scoop as an attempt to isolate Aboriginal peoples, indicating that it took away the brightest in the community.

As an adult, he remains committed to staying connected to his community. He is actively involved with initiatives like Idle No More, which encourage others to speak up to make positive changes in Indigenous communities.

> Now I'm able to speak to many different peoples and circles, you know because of... Making the best of a bad experience, I guess, and growing from it. It's like well no, actually you didn't break me down. I overcame it even better.

Tunerk's Story

Tunerk identified as First Nations and was in his late forties at the time of the interview. Both Tunerk and his older biological brother were removed from their biological mother's care by child protective services after she had been caught drinking. Following his biological mother's murder and his biological father's drowning, Tunerk was adopted at a very young age to a White couple living in Northern Canada. Regarding his adoption, he explained, "First of all

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you have to understand that I'm transgender. And so I was raised as female. So, I was adopted because my adopted parents wanted a little girl."

He grew up in a town that was divided by race. So, racism became very apparent to him at early age. As an Aboriginal adoptee, Tunerk also received differential treatment from his adoptive parents unlike his adoptive siblings because he was of Aboriginal decent. He was excluded from family events and often compared to other Aboriginal children in the town attached to his community, where a lot of his biological cousins lived.

When his adoptive mother "wanted a break" or when his two older adoptive brothers had hockey tournaments in different communities, Tunerk was temporarily sent to a foster home. While at the foster home, he disclosed that another teenage foster child residing there sexually abused him. "He got every kid that was younger than him."

The foster parent at this home dismissed Tunerk's claims of sexual assault. "And we tried to explain to [foster mom] that you know he was hurting us. And she said nothing like that ever happened under her roof and she denied it."

Tunerk realized at an early age that he had "no safe places." He could not go to his adoptive mom and confide in her about what was happening at the foster home because he knew that she would blame him. Both of his adoptive parents were abusive and heavy drinkers. "I was abused badly. My backside was often black, blue, and red." He recognized that was a lot of baggage for him to carry at such a young age.

He struggled to fit in at school due to his gender. "And the kids in my community didn't know where to put me". As a result of this, Tunerk was bullied at school.

Just before his fourteenth birthday, Tunerk acknowledged that he needed to make a change in his life or else he would not make it. So, he decided to run away from home. A couple

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of days after he ran away, he was picked up by a social worker and was taken to a youth centre. He lived there for about a year and then moved into a foster home up until his nineteenth birthday.

After this, Tunerk moved in with a social worker for a year when he was nineteen years old since he was no longer a child in care. The social worker encouraged him to complete high school and to pursue post-secondary education. Tunerk was accepted and enrolled in university but left his studies after a year. He decided to travel across Canada after this using his student VIA rail pass. He lived in Calgary for a bit where he assisted a friend with a youth in care conference, and then travelled further East to Regina.

> And like I realized that I had to do something you know I just couldn't go back home. And you know... and not doing anything...So, I kind of woke up in front of the military recruiting centre - The Canadian Armed Forces recruiting centre and [inaudible] You know... I can do this…

Although he wanted to be a tank driver, he was placed in communications due to his writing skills and also because he wore glasses. During military training, Tunerk revealed that he was sexually assaulted:

> I ended up being sexually assaulted. I.... I was raped by this other guy (a private who had his stripe) and got pregnant because of it, and miscarried almost immediately. Actually, I didn't even know that I was pregnant until I miscarried...and you know, I had to have a medical procedure to clean that up.

Being transgender and Aboriginal in the military was not easy for Tunerk. He described his difficulties serving and assisting with the Oka crisis in Quebec, which involved a land dispute between the local Mohawk community and the town of Oka regarding the extension of a golf

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course. He experienced a lot of racism and homophobia during this time, which eventually resulted in his decision to leave the military altogether.

After the military, Tunerk went back to Northern Canada where he became a teacher and taught for ten years. He left this position due to his mental health. He was eventually diagnosed with PTSD four years ago, which his psychiatrist and counselor were able to relate back to his experiences in military training and his childhood upbringing. “But that's - so I took a break from teaching and doing stuff about ten years because of the situation growing up, and the military, and you know the rape and stuff and yeah so...”

He remains a source of hope and lends his support to other family members coming out as gay or bisexual. “I now have family members who are, you know, coming up to me or...actually on Facebook a lot of time...who are coming out to me and saying you know what do I think I'm gay...what do you do...?”

Tunerk currently lives in Western Canada just ten minutes away from his older biological brother. He has gone back to school and is pursuing his passion for writing.

Migiziins’ Story

Migiziins was in his early thirties at the time of the interview. When first asked about what his experiences of being adopted and/or fostered during the Sixties Scoop have been, he replied, “It’s just kind of growing up.” Since he was adopted as a baby, he struggled with how to best answer this question because that was all he knew. “I got adopted into a White family.”

Both of his adoptive parents worked with Aboriginal peoples. His adoptive father worked with the provincial government with treaties. Migiziins’s adoptive mother worked with child and family services mainly on reserve.

Migiziins older adoptive brother is also of Aboriginal decent but was adopted from

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another family. He noted that his brother had fetal alcohol syndrome. Growing up, his adoptive brother was involved in gangs, drugs, and had spent some time in jail. “My mom couldn’t control him. He was beating my mom regularly.” His adoptive brother was also abusive towards him. As a result of this, his brother was sent to a group home.

Migiziins stated that his upbringing “was not the worst but also not the greatest.” His adoptive father had left his family when he was ten years old and his relationship with him has been strained ever since.

Growing up, Migiziins struggled a lot with who he was “culture wise”. He admitted that he did not actually know what his ethnicity or parentage was but identified as Métis.

> There’s no proof, no record, no evidence. I don't know who my parents are and there wasn't enough information to even find them. My mom said she might know the reverend that might know them.

At times, fitting in as an Aboriginal person was difficult for Migiziins. He mentioned that Aboriginal people did not really accept him as a “half breed” and White people would not accept him as an Aboriginal individual. Since his adoptive brother was of full Aboriginal decent, Migiziins noted that he was liked.

Migiziins became emotional as he discussed his experiences with racism and the impact it had on him when he was growing up. He also recalled his experiences with racism in the military and stereotypes directed at Aboriginal peoples. Regarding this he explained, “Dirty Indian, stuff like that. There's...one guy from Barrie that I won't but... Not very offensive, but luckily, I was in a different infantry at the time and so we didn't, never saw each other.”

As he discussed his experiences in the military, he spoke about the trauma he faced while deployed in Afghanistan, which included a blast that killed his boss and threw him under a

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vehicle. Migiziins has been diagnosed with PTSD and a traumatic brain injury as a result of this incident.

Migiziins was released from the military in 2014. He noted that his adjustment to civilian life has been difficult and that he was briefly homeless living in his vehicle for six months. During this time, he struggled with his confidence, alcoholism, his weight, and financial burdens. His relationship with his adoptive brother and father remains strained.

Despite this, Migiziins articulated a willingness to do things on his own and not depend on his mother or anyone else to support him. He is sober and remains hopeful that he will be able to overcome his adversities and make a successful transition to civilian life.

Giniw's Story

Giniw identified as Ojibwe and was in his early fifties at the time of the interview. He started the interview with his memories of the period before his adoption. He mentioned that he had been removed from his biological parents care because they had been addicted to drugs and alcohol.

> I remember, the last thing that I don't have any real family members. I remember, we had hidden in the attic and we were hiding under the insulation because the police were coming to get us. And we were being pulled out from under the insulation by the police. So, and that's really the only memories I have before we were taken away.

Giniw and his younger sister were then taken to a farm somewhere in Southern Ontario, which was an emergency home. Shortly after this, they were both adopted to a White couple in 1967. He was five years old at the time.

He was raised in a well-kept middle class neighbourhood in the Greater Toronto Area. "They were a rather well to do family, they lived in a neighbourhood that had like two cars, two

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dogs, you know...two kids."

Growing up, Giniw noted that he always found himself in trouble. He struggled academically and had to repeat grade five. So every time there was a report card, he was disciplined. The strap was used quite regularly in his household. Giniw started to run away from home at the age of six as a way to avoid punishment. "I went down, hiked down the big hill behind our house. And I hiked up a ravine and through a creek and I lived in the mall for three days under a popcorn stand where I was hiding out there." He chuckled, as he relayed the story because it took three days for the police to find him hiding under a popcorn stand.

At the age of fourteen, Giniw's adoptive parents had arranged for him to live with a fellow at church who had agreed to take legal guardianship of him. This was a negative experience for him, as he stated because his guardian started to get into trouble. He lived in fear for two years while living with this guardian from his church, sleeping at night with his mattress up against the door and with a knife under his pillow. By the time he was sixteen, he had enough and decided to leave this home.

As a result, he became homeless and lived on the streets of Toronto. Giniw did everything he could to survive on his own and make it through this difficult period in his life:

> I've eaten out of dumpsters. I've robbed people for money. Did second story work. Breaking into people's houses. Driven stolen cars across the border for cash. You know, just things that you got to do to live on the streets...

At the age of eighteen he decided to join the military as a way to support his family and avoid incarceration. He enjoyed the first four years of the military when he was in the infantry. However, this changed once he punctured both cartilages in his knees. He was informed that he could no longer continue in the infantry because it was too physical. He commented

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sarcastically, “So, re-mustered to cook so I could stay on my feet all day on cement floors with my busted up knees.” He was a cook for ten years in the military. This position was physically demanding for him especially with his injuries.

It was not until his sister got into an argument with his adoptive mother that the truth about his ethnicity was revealed. In the heat of the moment, this is when his adoptive mother told his sister that she was “nothing but a dirty Indian anyway.” Giniw found about his Aboriginal heritage in 1990, while he was serving in the military.

Both Giniw and his sister were surprised by the revelation and did not know how to react at the time. They soon found out they had a whole different family. Giniw was ecstatic to meet his older and younger brother through this disclosure of truth.

Regarding this experience, he stated, “…. I met my, my oldest brother that was still living. He passed away last year. And it was only two years ago that I met my youngest brother. And he was only a baby when we were adopted...”

As he looked back upon his adoption experience, Giniw acknowledged that the experience had made him into a tougher person. “Well, I learned not to trust people. I learned how to be independent. I learned how to run. I learned how to take care of myself. I learned that I didn't need other people to take care of me.”

4.4. Expressed Health Needs

The participants in this study expressed specific mental health needs relating to mental health care and support to fight substance abuse.

Six participants articulated a need for mental health resources, such as counseling and community-based health resources. Animkii, Miigwaans, Amaqjuaq, and Tunerk described adverse impacts on their mental/emotional health as a result of their upbringing. Animkii and

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Migiziins recalled previous suicide attempts in their past. Migiziins, Giniw, and Tunerk, have been diagnosed with PTSD. Giniw has also been diagnosed with MDD.

Five participants (Migiziins, Animkii, Miigwaans, Amaqjuaq, and Akrittok) spoke about their struggles with substance abuse, mainly alcohol abuse. Three of these participants (Migiziins, Miigwaans, Akrittok) stated that they had developed their addiction to alcohol while serving in the military. Amaqjuaq and Animkii indicated that they used their addictions as a way to help them deal with their problems and loss in their lives. Akrittok relayed a need for an inpatient alcohol rehabilitation centre with an Aboriginal focus to address this health need. Four out of five participants are now recovered from their addiction.

How the participants are addressing their health needs.

Tunerk, Migiziins, and Giniw are receiving assistance through VAC for their health needs. Miigwaans uses mental health resources available at his place of employment (i.e. counseling and psychodramatic bodywork). Both Miigwaans and Amaqjuaq use traditional Aboriginal healing methods to address their health needs such as: sweat lodge, cedar baths, and bear grease. Animkii and Niigaani are currently not receiving any assistance for their health needs. Akrittok is currently at an inpatient treatment centre for his addiction to alcohol.

4.5 Overarching Themes

Three major themes were uncovered from the participants' stories: a) sense of belonging, b) racism: experienced and perceived, and c) resilience: not giving up in the face of adversity. The first theme "sense of belonging" represents the participant's positive feelings of belonging, their struggle/s to fit in, and their individual search to belong in various different contexts in their lives. The second theme "racism: experienced and perceived" discusses the participant's experiences with racism and/or their awareness of the history and/or presence of racism towards

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Aboriginal peoples in Canada. The third theme "resilience: not giving up in the face of adversity" describes the participants' emphasis of their ability to survive on their own and their experiences overcoming adversities in their lives.

Theme One: Sense of Belonging

Positive feelings of belonging were expressed in four of the participants' narratives as they discussed their belonging in the military, society, home, culture, and their biological family. Both Niigaani and Amaqjuaq took pride in the fact that they "*fit in*" and were "*a part of"* the military.

Amaqjuaq discussed how he was motivated to join the military, as a way of, "*being something, part of something...better, bigger*." He explained that he wanted to join the marines in particular because it offered him an opportunity to do better as a minority. While serving in the military, he learned that the group was more important than the individual. He described how happy he was to be a part of a group in the military in times of combat and how he has come to also learn that he belonged everywhere:

> It was strange how it dawned on me but I was, you know, after so long but I was so happy to be part of the group [inaudible] in that environment and stuff that... And we, we overcame that it was...you know, the whole thing about the Sixties Scoop is... They just made some of these, these things up, you don't belong here type of thing. Like well no, I belong everywhere. Look how great of a people we are; we can go anywhere.

Many of the participants relayed their difficulties fitting in as Aboriginal people adopted and/or fostered during the Sixties Scoop and their search to belong as individuals at home, school, their community and in society. Both Tunerk and Animkii used the analogy of "*worlds*" to describe their sense of belonging in the "*White*" and the "*Aboriginal/Native*" worlds. Animkii spoke about

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how his experiences in foster care alienated him from the Aboriginal and the White world:

> You're not an Indian, you're not, you're not in the White world, you know the acceptance there. You are not accepted by your own people. You're basically, you're all alone. It's like what foster care did to me, it put me in my own little world where you're not native. You're native but you're not native looking by your native people cuz you grew up in their world.

According to Tunerk, Aboriginal individuals adopted during the Sixties Scoop "straddle" both the "White" and "Aboriginal" world, which he expressed as the following:

> We straddled the Aboriginal world. We straddled the White world. So there is...you know, that area where we sit and stand and in that world like until we find another person like us we struggle with where do we belong. And we question that like daily, you know. And I walk very comfortable in both worlds. But in my home I'm very First Nations, you know...we make coloured jokes. But we joke around the same way.

Several participants also described their struggles fitting in amongst other Aboriginal people, peers, in their adoptive and/or foster homes, in the military, and school. Miigwaans, Tunerk, and Giniw said that they were treated differently by their adoptive and/or their foster parents and this made them feel different and inhibited their ability to fit in growing up. Tunerk also expressed difficulties fitting in at school as a result of a "*gender barrier*" because he was transgender. In the military, Tunerk was also subject to both racism and homophobia, which also negatively influenced his sense of belonging. Niigaani and Migiziins both stated that as Aboriginal individuals they had experienced difficulties fitting in due to racism amongst peers and in the military.

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Theme Two: Racism: Experienced and Perceived

Racism became very apparent to the participants at an early age. Five participants discussed direct personal experiences with racism. Four participants spoke about their awareness of racism, discrimination, and colonization of Aboriginal peoples in Canada, such as the impact of residential schools and the Sixties Scoop. Amaqjuaq's biological grandparents were residential school survivors. Akrittok's adoptive parents are also residential school survivors. Tunerk's three older biological siblings were also sent to residential schools. None of the participants in this study had attended residential schools.

Akrittok made mention of his awareness of the residential school system in Canada, and how it impacted Aboriginal peoples: "… Looking back in history what happened with the residential schools what they tried to do was make them non-native…Stripped them of everything. All their rights, their beliefs…But it didn't work I guess…It just made things worse."

Amaqjuaq spoke about how colonization was used to disrupt the interconnectedness of Aboriginal communities and groups:

> …One of the first things they did was, you know, outlaw our way of life basically when they said no men are head of household. Well like no, our societal…whole societal structure is it's grandmother led. Spreads out in circles. Interlocking circles and balance and woven in. You know the grandmothers and the clan system, the grandmas and the families, the grandmas from the different village…they all kind of kept things woven in together, even you meet different families in the same clan. You're still together, you know.

Migiziins emotionally recounted a situation in which he was socially excluded at a party because he was Aboriginal:

> I remember getting kicked out of a party once because they thought I was going to

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> steal… Steal stuff, which was a White guys party, so I was like…And the guy later apologized to me years down the road so…Yeah, leaves an impact on you.

With regards to racism in the military, three participants described incidents in the military where they had personally experienced racism from peers and those higher in rank. As the interview progressed, Migiziins described negative experiences with racial stereotypes while serving in the military.

> Yeah, that's, that my whole thing with the military too though. It's I'll be like, but then they'll always say just make sure Migiziins doesn't get into that alcohol.

In 1990, the military was deployed to assist with the Oka crisis, which involved a land dispute between the local Mohawk community and the town of Oka in Quebec. Tunerk recalled the situation:

> …They got really tense. And the Mohawks got the warriors out. And they put a roadblock up. And police were called out, the SQ, the Sûreté du Quebec. And there was a shooting that happened and a member of the police force was shot. And they tried to blame it on the Mohawks but the guy was shot in the back right…He was shot by his own guys.

Deployed to assist with the Oka crisis, Tunerk explained the struggles he faced: "And there was a lot of racism thrown my way and there was also during basic training there was a lot of homophobia thrown your way. So it was like [inaudible], it was really tense situation."

During this time, Tunerk faced both racism and homophobia as a transgender Aboriginal individual in the military: "Being in the military, being queer. Being queer and umm then being native with all this you know Oka thing happening… I ended getting out of the military."

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The participants discussed the overall impact of racism (experienced and perceived) in their lives. Migiziins, Niigaani, Tunerk, Miigwaans, and Giniw remembered events in which they had personally experienced racism. These incidents included: derogatory racial slurs and stereotypes, social exclusion, physical abuse, bullying, and differential treatment in their adoptive and/or foster homes. Tunerk, Amaqjuaq, Animkii, and Akrittok relayed their perceptions of racism, colonization, and discrimination towards Aboriginal peoples in Canada. According to Amaqjuaq, the Indian Act was in "direct contrast" to the Aboriginal way of life as it was used to "minimize" and "take away" the brightest in the Aboriginal community. Tunerk, Animkii, Akrittok, and Amaqjuaq described how the removal of Aboriginal peoples from their families and communities and forced attendance to residential schools and/or the Sixties Scoop served as a form of discrimination and had long lasting negative effects on all Aboriginal individuals. Akrittok also acknowledged the unique nature of his adoption to an Aboriginal couple, as he noted that Aboriginal individuals were generally not permitted to adopt other Aboriginal children during that time.

Theme Three: Resilience: Not giving up in the face of adversity

Some of the participants took pride in their independence and learned survival skills. Others stated that it was the personal circumstances such as childhood abuse, which had forced them to learn and assume these skills in order to cope. The participants discussed adversities in their lives such as: abuse (i.e. physical, mental, verbal, and sexual), substance abuse, and childhood and/or military trauma in which they did their best to persevere in light of these difficulties.

At the age of thirteen, Animkii returned home from foster care to his reserve but was kicked out a year later. He talked about his ability to survive on his own at such a young age: "I

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was kicked out and I joined the railway after that. Finished high school on my own. And I joined the railway. And I have been on my own, I've been on my own..."

After leaving the military, Tunerk went back to school and got a degree in education. He taught for ten years but eventually had to leave due to mental health reasons:

> And I continued to teach for another couple of years. I actually went home to my home community and taught there for a year I did college upgrading at the college there in the community. And by that, at the end of that I was not doing well at all. So, I ended up taking a break from work, and... But I did manage to do a lot of work anyhow....

In his interview, Niigaani spoke about his initial attempts to join the military in 1988:

> So yeah, in January of 1988, I went to the recruitment office here in [location not disclosed] and I told them what my plan was and they told me to get out. And I remember walking out, and on my way home I was taking the bus I was really upset with myself…

Niigaani then described how he went back the next day:

> ...And it took half a day. I left a couple of times. I got lunch...I remember going and eating a gourmet hot dog, if there's such a thing right across from the recruiting office. I went over there. There were a couple of guys from the recruiting centre eating there as well. And I was talking to them, I said I'm just waiting and they looked at me right. I went back in finally they spoke to me and the application started then...

All of the participants' stories displayed accounts in which they used their personal strength to help them deal and overcome difficult situations in their lives. Animkii, Akrittok, Amaqjuaq, Migiziins, and Miigwaans noted that they had overcome substance abuse at some point in their lives. Giniw, Tunerk, and Animkii ran away from home in search of a better life at a young age and had learned to make it on their own as best they could given their

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circumstances. Giniw, Tunerk, Amaqjuaq, Migiziins, and Akrittok had struggled with homelessness and have found a place now to call home. The participants shared with me not only their adversities, but also their stories of strength and their willingness to not give up in the face of adversity.

4.6 Conclusion

This chapter included a brief overview of the participant demographic information. Brief life stories of each participant were also included. Three out of eight participants described their upbringing as positive, whereas the other participants stated that their experiences as mainly negative due to abuse and neglect they had endured growing up. Data analysis uncovered three overarching themes: sense of belonging, racism: experienced and perceived, and resilience: not giving up in the face of adversity.

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Chapter 5: Discussion, Implications, Recommendations, and Conclusion

5.1 Introduction

This chapter examines the research findings obtained from the individual and collective stories of the eight participants involved in this study. The research questions are answered through further analysis of the overarching study themes and existing literature available on this topic. The strengths and limitations of this study, implications for future research in this area, and conclusions of this study are also presented in this chapter.

5.2 How has the experience of being adopted and/or fostered during the "Sixties Scoop" impacted the lives of Aboriginal Veterans in Canada?

As the participants discussed their life experiences, they focused on how it had impacted their sense of belonging in different contexts of their lives. In this study, the theme "sense of belonging" served as a major focus in their narratives and encompassed both positive and negative aspects of their stories.

According to Hagerty, Lynch-Sauer, Patusky, Bouwesma, and Collier (1992), sense of belonging can be categorized using two key criteria: "(1) valued involvement: the experience of feeling valued, needed, accepted; and (2) fit: the person's perception that his or her characteristics articulate with or complement the system or environment" (p. 173). As a basic human need, it is not surprising that all of the participants chose to reflect upon their sense of belonging throughout their lives (Maslow, 1943). Aware of their unique upbringing, transracial adoption and foster care placements during the Sixties Scoop, the participants mainly discussed their struggles to belong, their individual search to belong, and their positive feelings of

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belonging, in their adopted/foster homes, school, the military, society, and amongst other Aboriginal peoples.

According to the transracial adoption literature, transracial adoptees are more likely to be confused about their identity and to have a "weaker ethnic identity" compared to those with same-race adoptions (Boivin & Hassan, 2015, p. 1085). Bagley, Young, and Scully (1993) indicate that "identity conflicts" may play a role in the poor adjustment of Aboriginal transracial adoptees (p. 226). They believe that these conflicts may occur with Aboriginal adoptees that perceive themselves as Caucasian and experience racism as Aboriginal individuals (Bagley, Young, & Scully, 1993). For the participants in this study, this did not appear to be the case as most (except for Giniw) were aware of their Aboriginal heritage early on in their lives. None of the participants in this study discussed confusion regarding their Aboriginal ethnicity in their narratives.

Rather, the majority of the participants (Animkii, Niigaani, Tunerk, Miigwaans, Migiziins, and Amaqjuaq) expressed their difficulties integrating in their adopted/foster homes and in society in general due to their bicultural identities as Aboriginal individuals adopted and/or fostered transracially into White homes. Although these participants identified culturally with their White adoptive/foster families and communities, they felt that they could not fit in because they were racially different as Aboriginal individuals. They also struggled to belong amongst other non-adopted/fostered Aboriginal individuals due to their lack of cultural knowledge having been raised and socialized in non-Aboriginal home/s. At the core of the participants' struggles to fit in these groups were negative experiences related to their racial identity such as racism and a lack of knowledge of Aboriginal cultural understandings.

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As indicated by social identity theory, "a social identity is a person's knowledge that he or she belongs to a social category or group" (Stets & Burke, 2000, p. 225). The process of developing a social identity involves "self categorizations" and "self comparisons" made by an individual as they consider commonalities between themselves and members of the same group and the differences that they possess with others of another group (Stets & Burke, 2000, p. 225). For the participants in this study, the process of developing a social identity involved several factors related to their sense of belonging in social groups, their bicultural identities, and their transracial adoption/foster care experiences. Although their belonging in their ethnic group was something that they had attained at birth, their upbringing and experiences with transracial adoption and/or foster care had an impact on how they and/or others perceived their belonging to their ethnic group (Manzi, Ferrari, Rosnati, & Bennet-Martinez, 2014). Despite sharing cultural identity and norms with their adoptive/foster families, they were still regarded as out-group members by their adoptive/foster families and/or other White people due to their ethnic identity as Aboriginal peoples.

Studies on Aboriginal transracial adoptees have shown similar findings to the results obtained in this study relating to the lack of a sense of belonging of Aboriginal transracial adoptees among White and Aboriginal racial groups (Arsenault, 2006; Nuttgens, 2004; Sinclair, 2007b; Sindelar, 2004; Peterson, 2002, Westermeyer, 1977). Peterson's (2002) doctoral dissertation used phenomenology to explore the experiences of 12 Native American and Canadian Aboriginal transracial adoptees through structured individual interviews. This study focused on aspects related to the participants development and expression of their ethnic identity. The participants in Peterson's (2002) study discussed their experiences as transracial adoptees and the adverse impact on their sense of belonging. Peterson (2002) states:

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> One of the main struggles emerging from transracial adoption resulted from a sense of belonging to either the Indian or non-Indian world. They described a perpetual sense of being caught in a position between two worlds having not been fully accepted by either their culture of origin or the culture represented by their adoptive families (p. 85).

In this study, both Tunerk and Animkii used the analogy of *worlds* to describe their position as Aboriginal transracial adoptees. Unable to fully gain acceptance and belonging in the "White" and/or "Aboriginal/native" world, they attributed their lack of belonging in these groups to their negative transracial adoption and foster care experiences and racism.

The participants spoke about racism either directly through their experiences and/or indirectly through their awareness of its presence in their lives and the lives of Aboriginal peoples. Racism was a common experience in their narratives, even among the three participants who had indicated their adoptive experience was positive (Niigaani, Migiziins, and Akrittok). As they told their stories, many participants recalled experiences of "relational racism" (Reading, 2013, p. 4). Reading (2013) states that, relational racism, "occurs when a person experiences discriminatory behaviour from people he/she encounters in his/her daily life" (p.4). This is the most obvious form of racism and for many of the participants; it was also considered as the most damaging to their sense of belonging. The experiences of the participants in this study with racism appeared to be in line with much of the literature conducted in the area of Aboriginal transracial adoption (Arsenault, 2006; Sinclair, 2007b; Sindelar, 2004; Nuttgens, 2004; Peterson, 2002).

Three participants, Migiziins, Miigwaans, and Giniw, noted their personal experiences with racial stereotypes. Migiziins emotionally recalled experiences in his past where he was subject to racial stereotypes directed towards Aboriginal peoples relating to crime and

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alcoholism. In the military, he stated that some people were not accepting of his Aboriginal heritage, since he sometimes was called a "dirty Indian". Miigwaans was also referred to as a "dirty Indian" by his adoptive parents whenever they wanted him to do something for them. Giniw discovered the truth about his ethnicity as an adult when his adoptive mother told his biological sister that she was nothing but a "dirty Indian anyway". Previous to this, he was raised to believe that Aboriginal people were nothing but "drunken scum." For these participants, racial stereotypes and associated derogatory racial slurs were not just words, they were negative labels that they sometimes felt that they could not break free from no matter how hard they had tried. They were also a reminder of their racial differences as Aboriginal individuals and negative representations of their ethnic group in society.

In addition to his experiences with racism, Tunerk experienced homophobia as a transgender individual. According to Taylor (2009), Aboriginal individuals that identify as transgender may experience more "threats to their health" due to racism and "transphobia" (p.63). Taylor (2009) defines transphobia as the negative perceptions of individuals who do not conform to accepted definitions of gender roles, such as female (feminine traits) and male (masculine traits). Tunerk expressed that he did not fit into his adoptive parent's gender expectations and also struggled to fit in at school and the military as a transgender individual. Tunerk's experiences with homophobia aligns with the literature on this topic which indicates that transgender individuals may experience hostility as a result of their identity (Taylor, 2009). From his narrative, it is clear that Tunerk's identity as an Aboriginal transgender individual and transracial adoptee were central to his struggles to belong when he was growing up and during his service in the military.

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It should be noted that four participants (Amaqjuaq, Giniw, Niigaani, and Akrittok) also provided examples and/or stories where they felt like they "fit in" and were "a part of" something, such as, the military, society, home, culture, and their biological family. These participants portrayed their feelings of belonging in a positive light as it influenced the positive development of their social identity in these social groups/categories.

Akrittok displayed positive feelings of belonging to his adoptive home, adoptive family, and Aboriginal traditional ways of life. Adoption brought not only stability in his life but also a loving home and an understanding of the meaning of home. He was the only participant that was adopted into an Aboriginal home and raised on a reserve. His connection to his home may also be attributed to Aboriginal worldviews which relate the health of an individual to the, "family, community, and the land" (Vukik, Gregory, Misener, & Etowa, 2011, p. 69). Having been raised in a loving Aboriginal household, this likely explains why Akrittok developed Aboriginal worldviews resulting in his relational outlook and his deep connection to his home, family, and community regardless of departure from home.

Although adjusting to the military was initially a struggle for Niigaani, he indicated that he fit in the military "*like a square peg in a square hole*." His feelings of belonging were instrumental to his success within the military. Once he realized that he needed to be disciplined in order to succeed in the military, Niigaani was able to focus and see a pathway for himself in the military. He knew that with hard work and determination he could succeed in the military.

Amaqjuaq described the importance "being a part of the group." His conceptualization of "the group" represented not only his position in the military but also his belonging in a wider cultural and social framework. His feelings of belonging appeared to be aligned with traditional Aboriginal worldviews. In traditional Aboriginal worldviews, "Sense of belonging as

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connectedness occurs through the dynamics of relationships between everything in the creation/universe" (Hill, 2006, p. 212). Amaqjuaq expressed that he felt like he was a "*naturally a part of everything*." His placement in his cultural group and in the military as an Aboriginal individual and his belonging in society helped him realize that he was not alone in his issues and that he was a part of something bigger and greater than himself.

Giniw displayed feelings of belonging to his biological family, as he was able to reunite with his older biological brother and younger biological brother after being estranged due to his adoption. He was happy to find out the truth of his heritage and biological family. Giniw had many questions as a result of his adoption regarding where he belonged in society. His questions regarding his birth culture and family are akin to the struggles faced by other transracial adoptees in this regard (Godon, Green, & Ramsey, 2014). According to Godon, Green, and Ramsey (2014) transracial adoptees may not only have to deal with questions regarding their birth families, but may also experience more uncertainty concerning their racial and cultural identity compared to same-race adoptees. As a result, transracial adoptees may feel more compelled to search for and reunite with their birth families as a way to help them answer critical questions regarding their ethnic identity and/or find individuals of their ethnic group to aid them in their journey of understanding their ethnic identity (Godon et al., 2014). For Giniw, the revelation of his Aboriginal heritage and biological family brought him closer to finding out more about who he was.

Despite their personal struggles, all of the participants' provided examples of resilience in their stories. Although different definitions have been proposed to define resilience, there is a general consensus amongst researchers that in order for resilience to occur the experience of adversity is necessary (Dyer & McGuinness, 1996). Resilience is defined as, "the ability to do

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well despite adversity" (Kirmayer et al., 2011, p. 84). There is minimal research available to date examining the subject of resilience amongst Aboriginal individuals adopted and/or fostered during the Sixties Scoop (Sinclair, 2007a). Resiliency in Aboriginal adoptees "is an area that beckons inquiry" (Sinclair, 2007a, p. 75). I would add that more research is needed examining the resilience of Aboriginal veterans', given their diverse lived and military experiences and possible exposure to trauma while serving in the military.

Resilience is a "dynamic process" involving the interplay of various different factors (Dyer & McGuinness, 1996, p 277). "Protective factors" are believed to assist individuals in minimizing and/or deterring the adverse impacts of hardships in one's life (Hooper, 2009, p. 21). Examples of protective factors include: a caring mentor in a child's life, culture, personality, endurance, and support systems (Hooper, 200, p. 84; Kirmayer et al., 2011).

Akrittok, Niigaani, and Migiziins mentioned the presence of loving parent/s as helping them navigate through their difficult life experiences. Akrittok's adoptive parents taught him about how to live in both the city and the bush, providing him with survival skills that aided him in his life travels and homelessness. It was clear from Migiziin's story that he held his adoptive mother near to his heart. His mother remained a central figure in his life and was someone he turned to in the past for help in times of need. Niigaani's adoptive father served as a positive role model for him. Through his adoptive father's volunteer work with the OPP auxiliary, Niigaani was exposed to different career opportunities. This helped him break away from the negative peer influences around him when he was growing up.

Five participants (Akrittok, Miigwaans, Animkii, Tunerk, and Amaqjuaq) noted that they were in foster care at some point in their childhood. For many of these participants, the memory of being moved from home to home was something they had clearly remembered as adults.

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Through their foster care experiences, they had learned to adapt to their new surroundings despite a lack of permanency in their lives during this time. Many of the participants carried this lesson throughout their lives adapting to many different circumstances in their life.

Animkii, Giniw, and Tunerk had chosen to run away from their adoptive and/or foster homes as teenagers as a way to escape abuse in their homes. The majority of the participants in the secondary analysis had also run away from their adoptive homes as a way to escape poverty and abuse (Ray & Abdulwasi, in press). The theme "running away in search of where to belong" in the secondary analysis described the participants search for belonging (Ray & Abdulwasi, in press).

Animkii spoke about how he survived on his own since he was about fourteen years of age. Despite his experiences of being abused (physically and mentally) as a child, he was able to overcome various odds and move forward accomplishing a high school degree and a career in the railway all on his own.

Giniw started running away from his adopted home at the age of six. As a child, he had learned how to "live quite comfortably in the bush" as a way to avoid punishment. At the age of sixteen, he ran away from the care of a guardian. Once again, he found himself in a situation where he had to survive on his own and had nowhere to go for help. Giniw was homeless for two years on the streets of Toronto. He did everything he could to survive on his own and had learned how to take care of himself. He was able to overcome homelessness at eighteen years of age and move forward with his life despite the adversities he had endured as a child and on the streets.

Tunerk made the decision to run away from his abusive adopted home at the age of fourteen. He spent the following years in a youth centre and a group home until he was nineteen

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years old. Tunerk succeeded in graduating high school, briefly attended university after this, and joined the military. In the military he experienced sexual assault (rape), homophobia, and racism. Despite his traumatic experiences, he returned back to his community and completed a degree in education. Overcoming great odds, Tunerk then went on to teach in his community for ten years. His strength and determination to keep going against all odds was clearly visible in his narrative.

Amaqjuaq, Akrittok, and Migiziins had also experienced homelessness at some point in their lives and have been able to survive on their own and overcome homelessness. Akrittok described his travels, which also included his experiences at emergency shelters while he was homeless. Upon returning home from the military, the youngest participant, Migiziins, recently faced homelessness in January of 2014. Amaqjuaq briefly mentioned being homeless as an adult. These participants have been able to survive homelessness and now have a place to call home.

According to Dyer and McGuinnnes (1996), resilience results in the "toughening effect, a sense of having overcome one situation so that active mastery of other situations is possible" (p. 277). The ability to take control and overcome adverse situations was evident in all of the participants' stories. Animkii remembered the time he was thrown into a lake and forced to learn how to swim by paddling like a dog. He was grateful knowing that he was able to swim successfully and avoid drowning. The skill to swim had saved him a couple of times after this incident from drowning. Five participants (Migiziins, Animkii, Miigwaans, Amaqjuaq, and Akrittok) also revealed their struggles with substance abuse, mainly alcohol abuse and how they worked to overcome their addiction/s. Many of the participants were also able to survive abuse (I.e. physical, mental, verbal, and sexual) as children and as adults.

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5.3 Health Needs

Compared to the Aboriginal health literature which indicates that chronic health conditions and injuries are the leading causes of death amongst Aboriginal peoples in Canada (Barton, 2008; Joseph et al., 2012; Short, Mushquash, & Bedard, 2014; Waldram, Herring, & Young, 2007; Wilson & Cardwell, 2012; Young, 2012), the health needs discussed by the participants in this study are centered on specific mental health needs, such as mental health care and support to fight substance abuse. Mental health is a critical health need for many Aboriginal peoples in Canada; as suicide is a leading cause of death in this population (Kirmayer, Tait, & Simpson, 2009; Ning & Wilson, 2012). According to Kirmayer, Tait, and Simpson (2009), a history of colonization, oppression, and cultural suppression in the lives of Aboriginal peoples has resulted in increased rates of "depression, alcoholism, violence, and suicide in many communities" (p.3).

The health needs addressed by the veterans in this study are also reflective of previous research, which show that military service increases veterans' risk of developing PTSD, substance abuse, and depression (Ray & Heaslip, 2011). According to Veterans Affairs Canada, approximately one-fifth of Canadian veterans have experienced a mental health disorder at some point in their lives (Government of Canada, 2015).

5.4 Implications

Implications for practice. The results of this study suggest a need for veteran health services and programs to be tailored with an understanding of the historical realities of Aboriginal veterans adopted and/or fostered during the Sixties Scoop. Like the residential school period, the Sixties Scoop is a "historically situated phenomenon" and one that is directly influenced by the Indian Act (Menzies, 2006; Smith, Varcoe, & Edwards, 2005, p. 40). It is

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important that health program service providers are knowledgeable of the unique experiences of Aboriginal veterans adopted and/or fostered during this period and the impact this may have on their health and wellbeing as adults.

Although most of the participants in this study noted a preference for Western medical approaches, some mentioned a need for traditional Aboriginal ways of healing. Therefore, a "flexible approach to healing" is critical, and this should include options of both Western ways and/or traditional Aboriginal ways of doing (Vukik, et al., 2011, p. 70).

All CF, Regular, and reserve members are entitled to an interview with a case manager upon their release of the military to help them navigate and plan their transition from the military to civilian life (Veteran Affairs Canada, 2014). VAC case managers work in conjunction with a larger interdisciplinary team comprising of a pension officer, doctors, nurses, mental health and rehabilitation specialists (VAC, 2014). In their contact and practice with these veterans, it is critical that the interdisciplinary health team also include options such as: elders, traditional Aboriginal healers, Aboriginal counselors, Aboriginal social workers, Aboriginal health centres, Aboriginal treatment centres, and other Aboriginal community based health resources. Lesbian, gay, bisexual, transgender, two-spirit, and queer (LGBTTQ) veterans should be provided with accessible support, services, and/or referrals by their VAC to resources/and health care professionals competent and informed by LGBTTQ veteran issues and health needs. The term two-spirit is used to refer to Aboriginal people who possess "both male and female spirit" and sexual identities (Garrett & Barret 2003, p. 133).

Mental health professionals working with Aboriginal veterans adopted and/or fostered during the Sixties Scoop should also adopt a holistic approach in their analysis and care, focusing not only on individual health needs but also on the impact of government policies, "family",

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"culture", the "community" in their health outcomes (Menzies, 2006). This is important since holistic approaches attend to relational Aboriginal worldviews pertaining to health and wellbeing (Vukik et al., 2011). Understanding Aboriginal worldviews is critical to communicating and counseling Aboriginal clients (McCormick, 2009).

According to Jiwa, Kelly, and Pierre-Hansen (2008), "treating the whole community honours the holistic approach of the interrelatedness of individuals and their communities" (p. 1000e4). Community based approaches have been shown to be effective in the treatment of addiction disorders in Aboriginal communities (Jiwa, Kelly, & Pierre-Hansen, 2008). An example of an effective community-based addiction treatment involving Aboriginal populations is the "community mobile treatment" model (Jiwa, Kelly, & Pierre-Hansen, 2008, p. 1000e4). Developed in 1984, this treatment approach involves a team of addiction health workers and the local community in the healing process requiring them to develop local solutions to substance abuse issues in their community (Jiwa, Kelly, & Pierre-Hansen, 2008). Further research is needed examining the efficacy of culturally appropriate forms of community-based health approaches, such as the community mobile treatment in the study population.

Many of the participants in this study described experiences of childhood abuse and the adverse impact it had on their lives. According to Whelan (2013), "Childhood trauma has been identified as a stable predictor of adult-onset psychological distress, including depression, sexual disturbances, PTSD, substance use disorders, high PTSD symptom severity, and poor treatment outcomes" (p. 182). Mental health assessments of Aboriginal veterans adopted and/or fostered during the Sixties Scoop should incorporate a "life course perspective" (Elder & Rockwell, 1979, p.1). This perspective includes a developmental analysis of an individual's lifespan, connecting age to time ("history") and space ("social structures") (Elder & Rockwell, 1979, p.1). A life

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course perspective to mental health enables mental health professionals to explore topics such as childhood abuse, as well as any other contextual and/or developmental factors related to their client's health and wellbeing.

A coordinated effort must be made by the VAC, NAVA, RCL, AVA, as well as Aboriginal agencies and services, emergency shelters, to address the mental health needs of these veterans. A framework for appropriate course of action needs to be developed through the engagement of all these organizations to address the health needs of Aboriginal veterans adopted and/or fostered during the Sixties Scoop. More research is needed in this area regarding best practices for addressing these issues.

Implications for future research. Given the lack of available research regarding the experience of Aboriginal veterans, it is difficult to compare health outcomes of different groups within the Aboriginal veteran community and non-Aboriginal veterans in Canada. More research is needed to examine the health needs of Aboriginal veterans across Canada, those living in rural/reserve, and in urban settings. There is also a need for future research to explore the experience of female Aboriginal veterans.

In this study, one participant identified as transgender. This participant noted experiences such as: homophobia, racism, and sexual assault in the military. The perspectives of lesbian, gay, bi-sexual, transgender, two-spirit, and queer Aboriginal veterans adopted and/or fostered during the Sixties Scoop are yet to be examined.

This study highlighted two major health needs, mental health care and support to fight substance abuse. Research into treatment options incorporating, Aboriginal traditional methods and/or Western biomedical approaches is needed in the examination of the identified health needs for this population of veterans.

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5.5 Strengths and limitations of this Study

As the first Canadian study examining the experience of the Sixties Scoop amongst Aboriginal veterans and their expressed health needs, a strength of the current study is that it addresses a gap in the current literature regarding this topic and reveals the health needs of this unique population of Canadian veterans. Another strength of this study is that it is includes the experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop from other Canadian provinces (such as Manitoba and British Columbia) and is not only restricted to participants from Ontario. Lastly, the presence and contribution of the elder guiding this study also served as a strength, as the elder was instrumental in ensuring that this study was culturally sound and inclusive of Aboriginal worldviews.

According to Absolon (2010), Indigenous knowledge "…is lived knowledge, experiential knowledge and enacted knowledge" (p. 81). Despite all the rigour and quality measures that were taken, as a non-Aboriginal researcher, I am limited in my knowledge of the Aboriginal culture, traditions, and beliefs. I stand on the margins as an outsider as I have not lived within the sociocultural contexts and traditional Aboriginal ways of life. I am limited by my lack of lived experience, knowledge, contextual and cultural understanding, as a non-Aboriginal individual.

My previous experience with research was mainly quantitative and laboratory based. As a novel researcher, I am limited in my practice and knowledge of qualitative research, which may have impacted my interviewing skills, results, and analysis of this study. The entire research process has been a learning process for me. However, through the support of the elder guiding this study, my graduate supervisor/s, and academic committee member, I have been able to build upon my qualitative research skills to ensure that this thesis is representative of the participants' individual and collective stories.

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This study is mainly limited to the experiences of Aboriginal male veterans located in Ontario. This presents a limitation as the perspectives of female Aboriginal veterans are not included in this study. This study does not include participants living in rural, reserve, and/or remote areas, since all of the veterans were recruited from major cities in Canada such as Kitchener, Waterloo, London, Ottawa, Winnipeg, and Vancouver.

5.6 Conclusion

This study used critical narrative inquiry to examine the health needs and lived experiences of eight Aboriginal Veterans adopted or fostered during the Sixties Scoop from Kitchener, Waterloo, Ottawa, London, Winnipeg, and Vancouver.

Three themes were uncovered from the participants' stories: sense of belonging, racism: experienced and perceived, and resilience: not giving up in the face of adversity. The first theme "sense of belonging" represents the participants' positive feelings of belonging, their search for belonging, and their struggles fitting in throughout their lives. The second theme "racism: experienced and perceived" describes the participants' personal experiences with racism and/or their awareness and perceptions of racism towards Aboriginal peoples. The third theme "resilience: not giving up in the face of adversity" illustrates how the participants were able to overcome adversities in their lives.

The participants expressed a need for mental health care to address their health needs. Research is needed examining Aboriginal, life-course, and holistic approaches in the treatment of mental health issues in this population. Veteran health programs and services should also be inclusive of Aboriginal worldviews and ways of doing.

I will forever remain grateful to the participants who have entrusted me with their stories. They are the keepers of these stories and this study serves as but a vessel to the experiences they

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have shared with me. I hope that this study will serve as a launching pad for future research endeavors in this area and the creation of health services and programs tailored to meet the health needs of Aboriginal veterans adopted and/or fostered during the Sixties Scoop.

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Appendix A: Ethics Approval Notice

Western Research

Research Ethics

Use of Human Participants - Initial Ethics Approval Notice

Principal Investigator: Dr. Susan Ray
File Number: 104697
Review Level: Delegated
Protocol Title: The "Sixties Scoop" among Aboriginal Veterans: A Critical Narrative Inquiry
Department & Institution: Health Sciences\Nursing,Western University
Sponsor:
Ethics Approval Date: January 31, 2014 **Expiry Date:** June 30, 2014

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Western University Protocol	Original	
Other	SAFETALK Certificate (received for information only)	2013/12/18
Other	Recruitment: Local Legion Centres/Aboriginal Services (received for information only)	2013/12/18
Other	CONTACT INFORMATION - THIS WILLL BE PROVIDED TO THE PARTICIPANTS IN THE EVENT THAT THEY WOULD LIKE TO CONTACT US	2013/12/18
Instruments	DEMOGRAPHIC QUESTIONNAIRE	2013/12/18
Recruitment Items	POSTER - TIME, DATE, LOCATION HAS BEEN REMOVED FROM THIS POSTER. THE POSTER WILL BE USED TO BE PLACED AT THE LOCIAL LEGION BRANCHES/ABORIGINAL SERVICE CENTRES WHERE IT WILL BE USED TO PROVIDE INFORMATION REGARDING THE STUDY TO POTENTIAL PARTICIPANTS AND/OR ANYONE ELSE THAT MAY KNOW OF ANYONE THAT MIGHT FIT THE INCLUSION CRITERIA OF THIS STUDY.	2013/12/18
Recruitment Items	ADVERTISEMENT	2013/12/18
Other	REFERENCE LIST	2013/12/16
Other	The following attachment provides a list of resources and contacts for participants in the following study areas: Toronto, London, Hamilton, Brantford, Kitchener-Waterloo, and Kingston. This list will be provided to participants recruited, as participants may be recruited from these areas.	2014/01/27
Letter of Information	Revised Letter or Intent with the following changes: LOI 1. "you are being invited to participate in a research study to help the study investigators fill the current gap in the literature regarding the experience of Aboriginal Veterans adopted or fostered during the Sixties Scoop" please include "because you have been identified as an Aboriginal Veteran" 2. Board requirements, point 15: Please indicate in the LOI that participants will receive a copy of the LOI and signed Consent Form	2014/01/27
Letter of Information & Consent	CONSENT FORM	2013/12/18

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above named research study on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[redacted]

Ethics Officer to Contact for Further Information

Grace Kelly	Vikki Tran	Mina Mekhail	Erika Basile
[redacted]	[redacted]	[redacted]	[redacted]

This is an official document. Please retain the original in your files.

Western University, Research, Support Services Bldg., Rm. 5150
London, ON, Canada N6A 3K7 t. 519.661.3036 f. 519.850.2466 www.uwo.ca/research/services/ethics

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Appendix B: List of Organizations that Aided in Recruitment

Royal Canadian Legion Branches
Branch 530
Branch 236
Branch 317
Branch 501
Branch 163
Branch 315
Branch 461
Branch 003
Branch 031
Branch 066
Branch 075
Branch 266
Branch 527

Aboriginal services/organizations
Aboriginal Veterans Autochtones
Conestoga College Aboriginal Services
Four Directions Aboriginal Centre

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Wilfred Laurier University – Aboriginal Student Centre
The Healing of the Seven Generations
Indigenous Services – Western University
Métis Nation of Ontario
Hamilton Regional Indian Centre
Toronto Council Fire Native Cultural Centre
Native Canadian Centre
At'lohsa Family Healing Centre
Southwest Ontario Aboriginal Access Health Centre
Anishnawbe Health Toronto (AHT)
North Bay Indian Friendship Centre
Anishnabeg Outreach
Odawa Friendship Centre
Wabano Centre for Aboriginal Health
N'Amerind London Friendship Centre.
Shawenjeagamik Aboriginal Drop-in Centre
Wigwamen Terrace
Na-Me-Res (Adult Men's Residence)

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Inuiit Tapiriit Kanatami

Community Organizations
Charles Street Men's Hostel - Kitchener
Shepherds of Good Hope - Ottawa
Ottawa Booth Centre
Unity Project - London
Centre of Hope (Salvation Army) - London
Good Shepherd of Hope - Toronto
London CAReS
Salvation Army: Ottawa Booth Centre
Scott's Mission
St. Christopher House: The Meeting Place

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Appendix C: Information Flyer

Western
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The "Sixties Scoop" among Aboriginal Veterans

Aboriginal Veterans living in Canada are needed to participate in a study exploring the experience of Aboriginal Veterans adopted or fostered during the Sixties Scoop, in a study conducted by researchers from Western University. We would like to hear about your experience of being adopted and/or fostered during this period (i.e. from 1960 to the late 1980's) to discuss supports needed to address issues about health, health needs, and health challenges you face as a result of your experience or provide insight into how your experience has shaped your life as a whole. If you agree to participate in this study, an individual interview will be conducted once face-to-face or via Skype for approximately 60 to 90 minutes in the upcoming months. Your input would be very much appreciated and valued!

For more information contact: Munira Abdulwasi at ([redacted] Email:[redacted]

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Appendix D: Information Poster

Western
UNIVERSITY · CANADA

The "Sixties Scoop" among Aboriginal Veterans

Are you an Aboriginal Veteran who was adopted or fostered during the "Sixties Scoop" (i.e. 1960's, '70s, and '80s)?

If so, a study conducted by researchers from Western University is being conducted to hear about YOUR experience of being adopted or fostered during this period. We would like to discuss supports needed to address issues about health, health needs, and health challenges you face as a result of your experience to provide greater insight into how your experience has shaped your life as a whole. If you agree to participate in this study, an individual interview will be conducted once face-to-face or via Skype for approximately 60 to 90 minutes in the upcoming months. Your input would be very much appreciated and valued!

For more information please contact: Munira Abdulwasi at (xxx) xxx-xxxx; Or Email: xxxxxxx

المنارة للاستشارات
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Appendix E: Ethics Approval Notice

Western Research

Research Ethics

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Susan Ray
File Number: 104667
Review Level: Delegated
Protocol Title: The "Sixties Scoop" among Aboriginal Veterans: A Critical Narrative Inquiry
Department & Institution: Health Sciences\Nursing\Western University
Sponsor:
Ethics Approval Date: March 31, 2014 Expiry Date: June 30, 2014

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Recruitment Items	Information Poster: This document includes a revised information poster. The revisions now include the additional recruitment sites: Ottawa and North Bay.(March 18/14 amendment)	
Recruitment Items	Advertisement Poster: This document includes a revised advertisement. The revisions in this advertisement are minimal, but now include the additional recruitment sites: Ottawa and North Bay. (March 18/14 amendment)	
Other	The following document contains a list of veteran services, aboriginal services, community outreach services, and emergency shelters that have provided verbal (or pending) agreement for us to advertise at their centres. ANAVETS, community outreach services, emergency shelters, and additional aboriginal services/organizations have been added onto this list. (March 18/14 amendment)	
Other	Attached are contacts for community services (aboriginal health services, mental health, aboriginal community services) in the North Bay area. (March 18/14 amendment)	
Revised Western University Protocol	Attached is the edited protocol form. (Received March 18/14)- Changes to recruitment	
Instruments	Interview Questions: The following attachment includes revisions to the interview questions as indicated [redacted]er.(March 19/14 amendment)	

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 0000094.

[redacted]

Ethics Officer to Contact for Further Information

Grace Kelly [redacted]	Vicki Tran [redacted]	Mina Nickfall [redacted]	Erika Basile [redacted]

This is an official document. Please retain the original in your files.

Western University, Research, Support Services Bldg., Rm. 5150
London, ON, Canada N6A 3K7 t. 519.661.3036 f. 519.850.2466 www.uwo.ca/research/services/ethics

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Appendix F: Ethics Approval Notice

Western Research

Research Ethics

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Susan Ray
File Number:104697
Review Level: Delegated
Protocol Title: The "Sixties Scoop" among Aboriginal Veterans: A Critical Narrative Inquiry
Department & Institution: Health Sciences\Nursing,Western University
Sponsor:
Ethics Approval Date: May 12, 2014 **Expiry Date:** June 30, 2014

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Revised Western University Protocol		2014/05/02
Advertisement	Poster advertisement	2014/05/09
Recruitment Items	Information Flyer	2014/05/09
Letter of Information & Consent	Skype LOI	2014/05/09

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[redacted]
Signature

Ethics Officer to Contact for Further Information

Grace Kelly	Vikki Tran	Mina Mekhail	Erika Basile
[redacted]	[redacted]	[redacted]	[redacted]

This is an official document. Please retain the original in your files.

Western University, Research, Support Services Bldg., Rm. 5150
London, ON, Canada N6A 3K7 t. 519.661.3036 f. 519.850.2466 www.uwo.ca/research/services/ethics

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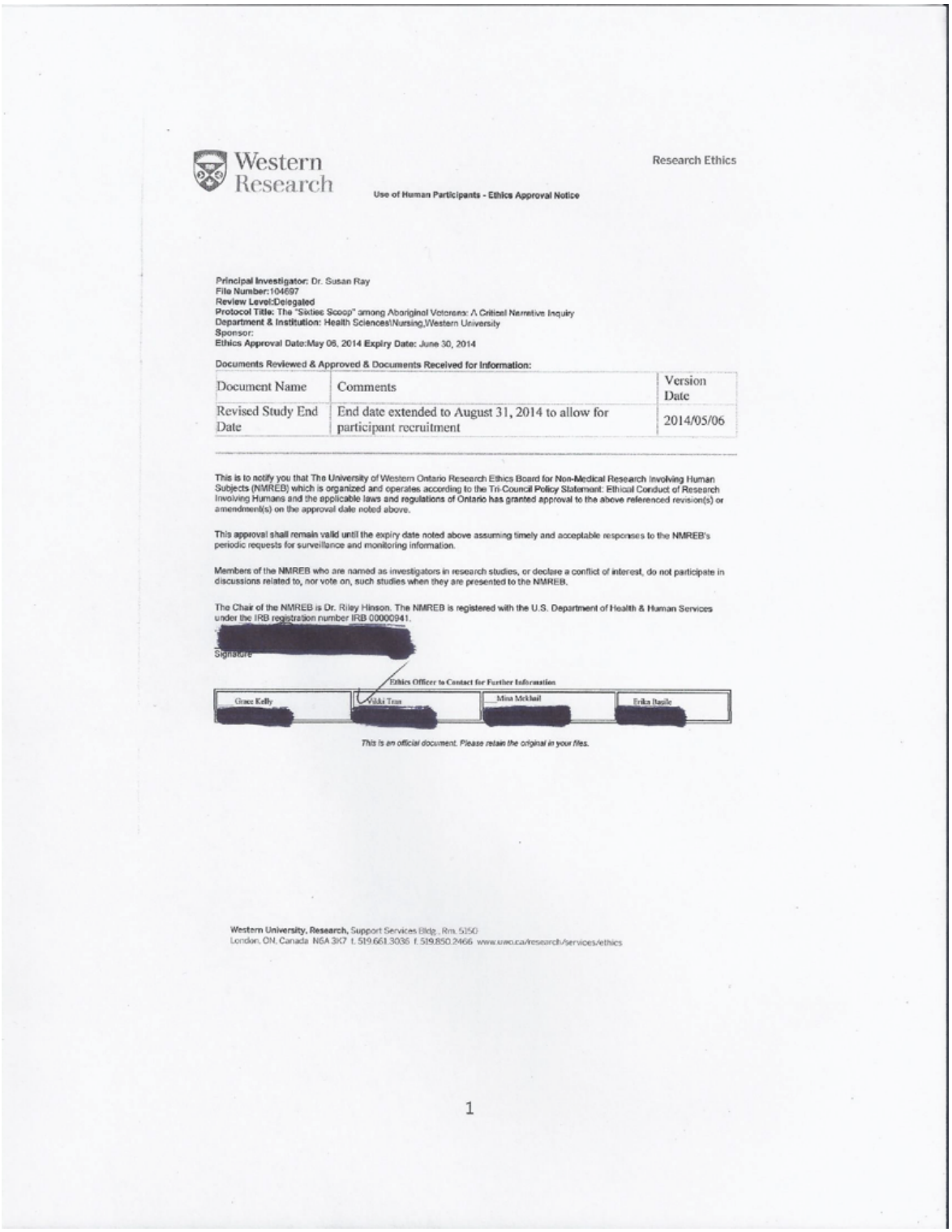
Appendix G: Ethics Approval Notice



Western Research

Research Ethics

Use of Human Participants - Ethics Approval Notice

Principal Investigator: Dr. Susan Ray
File Number: 104697
Review Level: Delegated
Protocol Title: The "Sixties Scoop" among Aboriginal Veterans: A Critical Narrative Inquiry
Department & Institution: Health Sciences\Nursing,Western University
Sponsor:
Ethics Approval Date: May 06, 2014 **Expiry Date:** June 30, 2014

Documents Reviewed & Approved & Documents Received for Information:

Document Name	Comments	Version Date
Revised Study End Date	End date extended to August 31, 2014 to allow for participant recruitment	2014/05/06

This is to notify you that The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects (NMREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the applicable laws and regulations of Ontario has granted approval to the above referenced revision(s) or amendment(s) on the approval date noted above.

This approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the NMREB's periodic requests for surveillance and monitoring information.

Members of the NMREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussions related to, nor vote on, such studies when they are presented to the NMREB.

The Chair of the NMREB is Dr. Riley Hinson. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

[redacted]
Signature

Ethics Officer to Contact for Further Information

Grace Kelly	Vikki Tran	Mina Mikhail	Erika Basile
[redacted]	[redacted]	[redacted]	[redacted]

This is an official document. Please retain the original in your files.

Western University, Research, Support Services Bldg., Rm. 5150
London, ON, Canada N6A 3K7 t. 519.661.3036 f. 519.850.2466 www.uwo.ca/research/services/ethics

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Appendix H: Letter of Information (For Face-to-Face Interviews)

Letter of Information

The "Sixties Scoop" among Aboriginal Veterans

There is currently very little known about CF Aboriginal veterans that have been adopted or fostered out during the Sixties Scoop, despite their historical involvement in the military and the fact that Aboriginal people continue to join the military and fight to preserve the rights of Canadians and peace around the world. As a result of this, you are being invited to participate in a research study to help the study investigators fill the current gap in the literature regarding the experience of Aboriginal Veterans adopted or fostered during the Sixties Scoop because you have been identified as an Aboriginal Veteran. We would like to hear about your experience of being adopted and/or fostered during this period to help address issues about health, health needs, and health challenges you face as a result of your experience to provide greater insight into how your experiences have shaped your life as a whole.

Through individual face-to-face in-depth interviews we hope to help further an understanding of the experience of Aboriginal Veterans adopted or fostered during the 1960's into the late 1980's, to examine how past and current power structures in society and government policies have impacted you.

The purpose of this study is to facilitate a greater understanding of the issues faced by Aboriginal Veterans adopted and/or fostered during this period. We hope that this study will be able to guide the implementation of services to help address health needs particular to Aboriginal veterans.

The study is conducted by researchers from the University of Western Ontario.The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research. Please take the time to read this carefully. Feel free to ask questions if anything is unclear or if there are words or phrases that you do not understand. This letter is yours to keep.

Objectives

Our primary objectives are to: Explore and understand the lived experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop; 2) Identify health needs expressed by Aboriginal veterans adopted and/or fostered during the Sixties Scoop; and 3) Provide recommendations for the implementation of health services and/or programs to assist Aboriginal veterans adopted and/or fostered during the Sixties Scoop to address their expressed health needs.

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Inclusion Criteria

In order to participate in this study, you must be:

1. An Aboriginal Veteran who has served in the Canadian Forces (CF) regular, and/or reservists, and/or served in Special Duty Areas (SDA's) and/or an Aboriginal Veteran who is a Canadian citizen who has served in the American Forces.
2. An Aboriginal CF Veteran who was adopted or fostered out during the "Sixties Scoop" to a Non-Aboriginal family during any period/s of their childhood.
3. An Aboriginal CF Veteran living off reserve with no or limited connection to their Aboriginal communities.
4. Able to speak and understand English to the degree necessary to engage in a conversation.
5. Able to read and write in English.
6. Able to give an informed consent related to the research.

Exclusion Criteria

1. Canadian Forces Aboriginal members who are currently serving in the military

Procedure

If you agree to participate, you will be interviewed and audiotaped individually once face-to-face at a safe location and time of your choice. Each interview is anticipated to last between 60 to 90 minutes. All interviews will be audio recorded. If you do not wish to be audio recorded during the interview process, you should not participate in this study. There will be a total of 8-10 Aboriginal Veterans participants in this study. Demographic information will be collected in the form of a questionnaire. The purpose of the questionnaire is to provide general background information of the participants involved in this study. This information may also be used to help researchers and readers of this study determine who the research findings can be generalized to. You will also be provided with a copy of the letter of intent and a signed consent form, which you will be required to sign in order to participate in this study.

Your initials, phone number, address, full postal code, telephone number, and/or email (if applicable) will be collected by the graduate student researcher with your permission on a piece of paper separate from the Consent form for your input and verification of the study results. This information will also be used to provide you with a copy of the potential study results.

Compensation

You will be compensated $20 for your participation in this study. If you attend the interview but choose not to partake in the interview process for any reason you will still be compensated at a pro-rated amount of $10 which you will be provided with immediately at the interview site to help pay for your time and/or related transportation costs. If you decide to partake in the interview process but decide to withdraw once the interview is in progress for any reason, you will still be compensated the full amount of $20. If you complete the interview process, you will be compensated the full amount of $20.

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Risks

This study presents potential risks to participation. You may be at risk of experiencing emotional distress during and after the interview process as you recall personal experiences. Emotional distress has been described as a potential risk factor for participants in research who have experienced a traumatic experience in their past. Post-traumatic stress disorder (PTSD) may also be a long-term reaction to warzone exposure. You have the option to discontinue your participation in the study at anytime if you experience any pain or discomfort at any time without penalty. At the end of the study, you will be provided with a list containing the contact/s of community resources or referrals to qualified professionals in the community. In the event that you experience any adverse reactions due to your participation in the study, we will do our best to connect you with the appropriate resources and services to help assist you.

Benefits

There is no guarantee that you will directly benefit from your participation in this study. You may directly benefit through your participation in this study as you may gain insight in disclosing your experiences of being adopted or fostered during the Sixties Scoop. You may indirectly benefit in knowing that your input may be used to help other Aboriginal veterans with similar life experiences and/or anyone else in the Aboriginal community adopted or fostered during this period. This increase in knowledge about Aboriginal veterans adopted or fostered during the Sixties Scoop and health issues they face may lead to the development of polices and health care services for this population.

Confidentiality

Interviews will be recorded using an audiotape and transcribed. All data collected will remain confidential and accessible only by the investigator of this study. However, if we find information we are required by law to disclose, we cannot guarantee confidentiality. The collected hard copy data and recordings will be stored in the following manner: locked in a cabinet in a secure office; audio recordings will be reviewed only by the Graduate student conducting the study and the Graduate student's supervisor and they will be destroyed after 2 years.

The transcribed data from the interviews will be kept on a password-protected computer with no personal identifying details at the University of Western Ontario. A master list will be used with identifying information and will be kept separately from the data. A unique number will be used to code the data to keep responses confidential. The list of identifiers will be destroyed once data collection is complete. However, transcribed data with no identifying information will be retained for further analysis and will be destroyed within 5 years after completion of the study. The transcribed data will be destroyed within 5 years according to Western University Policy after completion of the study. All of the printed transcriptions and questionnaires will be shredded and recycled/thrown out. Recordings of the interviews will be securely deleted off devices and computers (i.e. computers have an option to securely delete items from the trash bin to ensure that all files have been fully deleted). If the results are published, your name will not be

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used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

Voluntary Participation

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future care. It will not involve any additional costs to you. You do not waive any legal rights by signing the consent form. If you are participating in another study at this time, please inform us right away to determine if it is appropriate for you to participate in our research.

If you require any further information regarding this research study or your participation in the study you may direct them to the Graduate student or the Graduate student Supervisor below responsible for this study:

Munira Abdulwasi
Masters of Science, Health Promotion Graduate student
University of Western Ontario,
1151 Richmond Street
London, N6A 3K7
Email: [redacted]

OR:

Susan L. Ray RN PhD, Principle Investigator
Associate Professor in Nursing at University of Western Ontario
Associate Scientist – Lawson Health Research Institute
The University of Western Ontario, Health Sciences Addition- #32
1151 Richmond Street
London, N6A 3K7.
Tel: ([redacted] Fax: ([redacted]

If you have any questions about your rights as a research participant or the conduct of the study you may contact: The Office of Research Ethics at [redacted] or by email at [redacted]

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Appendix I: Letter of Information (For Skype Interviews)

Letter of Information

The "Sixties Scoop" among Aboriginal Veterans

There is currently very little known about CF Aboriginal veterans that have been adopted or fostered out during the Sixties Scoop, despite their historical involvement in the military and the fact that Aboriginal people continue to join the military and fight to preserve the rights of Canadians and peace around the world. As a result of this, you are being invited to participate in a research study to help the study investigators fill the current gap in the literature regarding the experience of Aboriginal Veterans adopted or fostered during the Sixties Scoop because you have been identified as an Aboriginal Veteran. We would like to hear about your experience of being adopted and/or fostered during this period to help address issues about health, health needs, and health challenges you face as a result of your experience to provide greater insight into how your experiences have shaped your life as a whole.

Through individual Skype in-depth interviews we hope to help further an understanding of the experience of Aboriginal Veterans adopted or fostered during the 1960's into the late 1980's, to examine how past and current power structures in society and government policies have impacted you.

The purpose of this study is to facilitate a greater understanding of the issues faced by Aboriginal Veterans adopted and/or fostered during this period. We hope that this study will be able to guide the implementation of services to help address health needs particular to Aboriginal veterans.

The study is conducted by researchers from the University of Western Ontario.The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research. Please take the time to read this carefully. Feel free to ask questions if anything is unclear or if there are words or phrases that you do not understand. This letter is yours to keep.

Objectives

Our primary objectives are to: Explore and understand the lived experience of Aboriginal veterans adopted and/or fostered during the Sixties Scoop; 2) Identify health needs expressed by Aboriginal veterans adopted and/or fostered during the Sixties Scoop; and 3) Provide recommendations for the implementation of health services and/or programs to assist Aboriginal veterans adopted and/or fostered during the Sixties Scoop to address their expressed health needs.

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Inclusion Criteria

In order to participate in this study, you must be:

1. An Aboriginal Veteran who has served in the Canadian Forces (CF) regular, and/or reservists, and/or served in Special Duty Areas (SDA's) and/or an Aboriginal Veteran who is a Canadian citizen who has served in the American Forces.
2. An Aboriginal CF Veteran who was adopted or fostered out during the "Sixties Scoop" to a Non-Aboriginal family during any period/s of their childhood.
3. An Aboriginal CF Veteran living off reserve with no or limited connection to their Aboriginal communities.
4. Able to speak and understand English to the degree necessary to engage in a conversation.
5. Able to read and write in English.
6. Able to give an informed consent related to the research.

Exclusion Criteria

1. Canadian Forces Aboriginal members who are currently serving in the military

Procedure

If you agree to participate, you will be interviewed and audiotaped individually once via Skype at a safe location and time of your choice. Each interview is anticipated to last between 60 to 90 minutes. All interviews will be audio recorded. If you do not wish to be audio recorded during the interview process, you should not participate in this study. There will be a total of 8-10 Aboriginal Veterans participants in this study. Demographic information will be collected in the form of a questionnaire. The purpose of the questionnaire is to provide general background information of the participants involved in this study. This information may also be used to help researchers and readers of this study determine who the research findings can be generalized to. You will also be provided with a copy of the letter of intent and a signed consent form.

Your initials, phone number, address, full postal code, telephone number, and/or email (if applicable) will be collected by the graduate student researcher with your permission on a piece of paper separate from the Consent form for your input and verification of the study results. This information will also be used to provide you with a copy of the potential study results.

Compensation

You will be compensated $20 for your participation in this study. The honorarium will be distributed to you via email or money transfer by the researcher. If you attend the interview but choose not to partake in the interview process for any reason you will still be compensated at a pro-rated amount of $10 which you will sent to you immediately via email or money transfer to help pay for your time and/or related transportation costs. If you decide to partake in the interview process but decide to withdraw once the interview is in progress for any reason, you will still be compensated the full amount of $20. If you complete the interview process, you will be compensated the full amount of $20.

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Risks

This study presents potential risks to participation. You may be at risk of experiencing emotional distress during and after the interview process as you recall personal experiences. Emotional distress has been described as a potential risk factor for participants in research who have experienced a traumatic experience in their past. Post-traumatic stress disorder (PTSD) may also be a long-term reaction to warzone exposure. You have the option to discontinue your participation in the study at anytime if you experience any pain or discomfort at any time without penalty. At the end of the study, you will be provided with a list containing the contact/s of community resources or referrals to qualified professionals in the community. In the event that you experience any adverse reactions due to your participation in the study, we will do our best to connect you with the appropriate resources and services to help assist you.

Benefits

There is no guarantee that you will directly benefit from your participation in this study. You may directly benefit through your participation in this study as you may gain insight in disclosing your experiences of being adopted or fostered during the Sixties Scoop. You may indirectly benefit in knowing that your input may be used to help other Aboriginal veterans with similar life experiences and/or anyone else in the Aboriginal community adopted or fostered during this period. This increase in knowledge about Aboriginal veterans adopted or fostered during the Sixties Scoop and health issues they face may lead to the development of polices and health care services for this population.

Confidentiality

Interviews will be recorded using an audiotape and transcribed. All data collected will remain confidential and accessible only by the investigator of this study. However, if we find information we are required by law to disclose, we cannot guarantee confidentiality. The collected hard copy data and recordings will be stored in the following manner: locked in a cabinet in a secure office; audio recordings will be reviewed only by the Graduate student conducting the study and the Graduate student's supervisor and they will be destroyed after 2 years.

The transcribed data from the interviews will be kept on a password-protected computer with no personal identifying details at the University of Western Ontario. A master list will be used with identifying information and will be kept separately from the data. A unique number will be used to code the data to keep responses confidential. The list of identifiers will be destroyed once data collection is complete. However, transcribed data with no identifying information will be retained for further analysis and will be destroyed within 5 years after completion of the study. The transcribed data will be destroyed within 5 years according to Western University Policy after completion of the study. All of the printed transcriptions and questionnaires will be shredded and recycled/thrown out. Recordings of the interviews will be securely deleted off devices and computers (i.e. computers have an option to securely delete items from the trash bin to ensure that all files have been fully deleted). If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database. Representatives of The University of Western Ontario Health Sciences Research

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Ethics Board may contact you or require access to your study-related records to monitor the conduct of the research.

Voluntary Participation

Participation in this study is voluntary. You indicate your voluntary agreement to participate by responding to the questions. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future care. It will not involve any additional costs to you. You do not waive any legal rights by signing the consent form. If you are participating in another study at this time, please inform us right away to determine if it is appropriate for you to participate in our research.

If you require any further information regarding this research study or your participation in the study you may direct them to the Graduate student or the Graduate student Supervisor below responsible for this study:

Munira Abdulwasi
Masters of Science, Health Promotion Graduate student
University of Western Ontario,
1151 Richmond Street
London, N6A 3K7
Email: [redacted]

OR:

Susan L. Ray RN PhD, Principle Investigator
Associate Professor in Nursing at University of Western Ontario
Associate Scientist – Lawson Health Research Institute
The University of Western Ontario, Health Sciences Addition- #32
1151 Richmond Street
London, N6A 3K7.
Tel: [redacted] ext. 86576. Fax[redacted]

If you have any questions about your rights as a research participant or the conduct of the study you may contact: The Office of Research Ethics at [redacted] or by email at [redacted]

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Appendix J: Consent Form

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Consent Form

The "Sixties Scoop" among Aboriginal Veterans

I have read the Letter of Information, have had the nature of the study explained to me, and I agree to participate. All questions have been answered to my satisfaction.

☐ I give the researcher permission to use direct quotations for use in this study. All quotations will remain anonymous.

Name (Print): _____

Signature: _____

Date: _____, 20___

Name of Person Responsible for Obtaining Informed Consent (Print):

_____

Signature of Person Responsible for Obtaining Informed Consent:

_____

Date: _____, 20___

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Appendix K: Interview Guide

Semi Structured Interview Guide

The "Sixties Scoop" among Aboriginal Veterans

The following is a list of beginning questions as actual issues and questions to be addressed will be raised by the participants.

1) What were your experiences of being adopted and/or fostered during the Sixties Scoop?

2) How have your experiences impacted you and your life as a whole?

3) What motivated you to join the military?

4) What was your experience like in the military?

5) How would you describe your current state of health?

6) Are there any health challenges you face as a result of being adopted and/or fostered out during the Sixties Scoop?

7) Are there any health challenges that you face as a result of your experience in the military?

8) Are you currently receiving any services or assistance to help you address your health needs and/or any health challenges?

9) If "yes" – Can you describe these services?

Do you feel that these services meet your health needs?

10) Do you currently participate in healing circles and/or Aboriginal healing practices?

11) Were you aware of Aboriginal healing practices previous to enlisting in the military?

12) What health services are needed to assist Aboriginal Veterans adopted or fostered during the Sixties Scoop?

13) Do you know of any other Aboriginal Veterans that were also adopted and/or fostered during the Sixties Scoop?

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14) Are you a residential school survivor?

15) Do you have any other comments to make about your experience of being adopted and/or fostered during the Sixties Scoop?

16) Any other comments or suggestions?

Thank you for your time.

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Appendix L: Demographic Questionnaire

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I. D. #__ __ __ __ __ __

Date: _____, 20___

Demographic Questionnaire

The "Sixties Scoop" among Aboriginal Veterans

What is your gender? _____

Age: ____ years

Number of years in the Canadian Forces: _____

Regular forces: _____

Reservists in Special Duty Areas (SDA's): _____

Number of years in the American Forces: _____

Deployed overseas: Yes_____ No_____

If Yes: Where deployed overseas: _____

Year released from the Canadian Forces: _____

Year released from the American Forces: _____

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Aboriginal: (Specify below):

First Nation_____

Métis _____

Inuit_____

Number of children: _____

Marital Status:

	Single/ Never Married	(1) ___
	Separated/ Divorced	(2) ___
	Widowed	(3) ___
	Married/ Common Law	(4) ___
	Other:	(5) ___
Highest Level of Education:	Grade School	(1) ___
	High School	(2) ___
	Community College/ University	(3) ___

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Curriculum Vitae

Name: Munira Abdulwasi

Post-secondary Education and Degrees:

University of Guelph
Guelph, Ontario, Canada
2005-2010 BSc honours

Nipissing University
North Bay, Ontario, Canada
2011-2012 B. Ed
Ontario Certified Teacher (OCT)

Western University
London, Ontario, Canada
2012-2015 MSc

Related Work Experience

*Research Assistant***,** Social Planning Council of Cambridge and North Dumfries **(**2013)
- Assisted with the creation of the annual local trends report for the City of Cambridge of Cambridge and North Dumfries for the year 2013.

Health Promotion Assistant, University of Waterloo (2013-2014)
- Helped with the coordination of health programs and services at the University of Waterloo.

Health Promotion Intern, Kitchener Downtown Community Healthcare Centre (2015)
- Aided in the preparation, facilitation, and presentation of workshops to 28 local adult male and female newcomer participants from various different cultural communities in the Kitchener-Waterloo region.

Publications in process:

Ray, S.L. & Abdulwasi, M. (in press). The experience of homelessness and migration among Aboriginal veterans. In J Dalton (Ed.). *Encounters in Canada: Comparing Indigenous, Settler, and Immigrant Perspectives.* Canadian Scholars press. Manuscript submitted for publication.

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