



# connections



Alberta Home Visitation  
Network Association

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## Listening and Learning: An opportunity to connect with Aboriginal families

By Lavonne Roloff

In the past year, approximately 15% of the families that were receiving services from AHVNA members indicated they were Aboriginal. AHVNA established a working group to determine what the needs of members are with regard to training and resources. A few of the projects have included a professional development day with Dr. Cathy Richardson on “Attending to Dignity” when working with Aboriginal families and posting an Aboriginal tool kit on the AHVNA website in the members-only section.

Dr. Cathy Richardson, our feature writer for this edition, discusses the “Islands of Safety” program that has been implemented on Vancouver Island for working with Aboriginal families who have experienced family violence. The key focus of this program is human dignity and resistance to violence so that individuals who have experienced violence will have the opportunity to be safe, have respect and be in harmonious relationships with their family. Despite accounting for only five per cent of Canada’s child population, Aboriginal children represent approximately 25 per cent of children in government care. It is our hope that when families have the opportunity to participate in home visitation programs, parents will be supported in their parenting role and their children will not be apprehended.

Home visitors work with families to educate and support them in the important role of being a parent. Each family comes with its own unique needs. Home visitors can be supportive of Aboriginal families by educating themselves about topics such as Aboriginal parenting, cultural norms and the residential school experience. In this issue are tips on how to work with Aboriginal families, as well as resources that might be useful in your work.

In “A Sense of Belonging: Supporting Healthy Child Development in Aboriginal Families,” produced by Best Start: Ontario’s Maternal Newborn and Early Child Development Resource Centre (2006 p.4), the teachings of the four directions of the medicine wheel (north, west, east, south) were applied to reflect the learning process. The west direction represents listening. “Listening to parents is the key to knowing how to positively support Aboriginal families. Parents often know how to best support their children. By listening to parents, you may learn how to improve services for families with young children.”

*Lavonne Roloff is the Provincial Director of the  
Alberta Home Visitation Network Association.*

# Islands of Safety: A Violence Cessation Model for Métis and Urban Aboriginal Families

By Dr. Cathy Richardson

**I**slands of Safety is a safety process and model used in child protection in cases of violence. Based on Métis and indigenous teachings, human dignity, family work and response-based practices, it is both a philosophy and a model for safety planning (Richardson & Wade, 2010; Richardson, 2009). Islands of Safety is linked to various academic ideas such as a critique of psychological theories that fail to consider the realities and prevalence of violence against women and children; feminist-inspired, systemic family therapy; Aboriginal and post-colonial literature; and social work child protection.

The purpose of Islands of Safety work, based on Aboriginal principles of “everyone matters,” is to help families stop violence and create safe and respectful interactions so that families can stay together without having children removed. The premise is that if perpetrators stop using violence, are held accountable and have demonstrated “repair” of the harm over time, and if the woman and children are made safe, the family may remain intact with happier dynamics. The decisions around safety are guided by those who have been most harmed and are typically directed by the mother on a foundation of human dignity. The safety process and plan must be supported by the surrounding community, both family and professionals, to make everyone responsible for preventing violence—not just the victims.

Islands of Safety teachings are organized around overlapping blankets representing family life, right relations and the roles of family members in community. Attention to the dignity of all participants, together with an ongoing analysis of power, sets the stage for safety planning for those who are being targeted and harmed without being held responsible for the violence. Islands of Safety is based on response-based practice.

Response-based ideas arose from direct service work with people who had endured violence, including indigenous women and men violated in prison camps commonly and euphemistically referred to as “residential schools.” We have found that child protection is the site where many forms of oppression intersect, with more violence and colonial intrusion. For example, a Métis mother in an urban centre may have experienced violence at the hands of her male partner, who is also indigenous. Aside from dealing with issues of poverty, isolation, dismal or non-existent social supports and no prospects of housing, she also faces a number of other dilemmas—issues that constitute more social violence against her.

She doesn’t want to call the police because she knows that both she and her partner will be subjected to racism and possibly even police brutality. She doesn’t want the father of her children to be harmed by police, even though she would appreciate his removal and greater safety in her life. She is aware of the reality of child welfare interventions because she has seen what happened to her sister and her neighbour. She wants to keep her children and whatever is left of her dignity. If she is drawn forcibly into a government child welfare process, her life, choices and actions will be scrutinized through a lens of psychology, and she will be seen as deficit, particularly if she was subjected to violence in her own childhood, which is often used to build a case against her.

She wants her partner to be held accountable for the violence and for creating safety for her children, not to be seen as an equal in a co-parenting arrangement. Judges and social workers may have decided that a man who is violent to his wife/partner may not be violent to his children, disregarding all the things he is

doing to undermine the mother’s parenting and to destabilize the family environment.

## Based on Response-Based Practice

Response-based practice (RBP) is based on the theory that whenever people are treated badly, they resist (Wade, 1997; Response-based Practice, 2010). RBP “was first proposed by Canadian family therapist and researcher, Dr. Allan Wade, in his 1997 article ‘Small Acts of Living: Everyday Resistance to Violence and Other Forms of Oppression’”. It includes elements of brief, solution-oriented, systemic and narrative therapies (Wade, 1997, p. 24).

A common feature among these therapies is the notion of an “... inherent ability [in all human beings] to respond effectively to the difficulties ... face[d]” (Wade, 1997, p. 24). The language and focus of therapy in RBP differs in that it incorporates elements of discourse analysis.

In his 2007 article, “Hope, Despair, Resistance: Response-Based Therapy with Victims of Violence,” Wade states

Linda Coates, Nick Todd and I have been working on a ‘response-based’ approach to therapeutic interviewing which has required the development of specific interviewing practices and the modification of practices developed in brief, systemic, solution-focused, narrative and feminist approaches. We focus not on treating effects, but on elucidating individuals’ physical, emotional, mental and spiritual responses to specific acts of violence and other forms of oppression and adversity (p. 8).

# The Problems Islands of Safety Seeks to Address

## Violence Against Indigenous People

Islands of Safety is founded on a number of practices and ideas, many stemming directly from counselling work with people (e.g., indigenous women) who have experienced violence in various forms. Within the context of colonial Canada, indigenous people continue to experience high levels of violence structurally, systemically and interpersonally. The ensuing and predictable negative social responses that victims typically receive tend to worsen the suffering and intensity of these negative experiences (Andrews & Brewin, 1990). We know that “Aboriginal women report spousal assault at a rate three times higher than non-Aboriginal women, and they are significantly more likely than non-Aboriginal women to report the most severe and potentially life-threatening forms of violence” (Statistics Canada, 2006, *Stolen Sisters*, 2009: *No More Stolen Sisters*). In addition to being subjected to disproportionately high levels of violence, indigenous people, marginalized groups, and women in general are also the recipients of negative social responses more frequently and intensely in comparison to European Canadians. (Monture-Angus, 2001)

Perpetrators are emboldened by tapping into the pre-existing “ideological” flow, and they count on attitudes such as sexism, racism and colonialism (Coates & Wade, 2007), knowing that they may not be contested in their violent actions. They are emboldened by the structures of colonial relations which undermine social safety, equality, justice or fairness. An indigenous child is

- 4.0 times more likely to have a protection concern reported than a non-Aboriginal child
- 5.3 times more likely to be investigated
- 8.0 times more likely to be found in need of protection
- 5.6 times more likely to be admitted into care
- 12.3 times more likely to remain in care (B.C. Ministry Report n.d.)

In North America, a particular form of contempt is reserved for victims of violence or other forms of adversity. These individuals are presumed to do nothing on their own behalf. In the culture of the helping professions, victims of violence are situated in structures of neo-liberalism, where values of personal responsibility perpetuate widespread practices of blaming the victim. This contempt may be amplified when the victim is an indigenous mother. Numerous social and psychological concepts have been invented to characterize such victims:

- the victim personality
- the deserving victim
- the victim who attracts abusers
- the victim who unconsciously chooses abusive partners
- the single mother

The idea that women “fail to protect” their children is another such construct. It encodes in social services jargon a profound disdain for abused women/mothers that is generated, it seems, by an utter lack of careful analysis.

The author and a team of colleagues on Vancouver Island developed the Islands of Safety model and process to address and rectify many of these structural issues and inequalities.

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Dr. Cathy Richardson has a PhD in Child and Youth Psychology, a Masters in Education and a BA in French and Political Science. She is a professor in the School of Social Work, Indigenous Specializations, at the University of Victoria and is currently conducting a research team with Métis Community Services in Victoria.

Cathy is a family therapist, violence prevention/recovery specialist and family child welfare advocate. Her work has focused on the Métis community, urban and northern First Nations communities, residential school recovery and family systems work. She is the co-founder of the Islands of Safety intervention and the Centre for Response-based Practice on Vancouver Island. Cathy is a participant in the permanent forum on indigenous issues at the United Nations. She is Métis with Cree and Gwichin ancestry, a mother of three children, and lives on Vancouver Island with her husband.

For a more in-depth description of the Islands of safety, see Richard, C. & Wade, A. (2010). Islands of safety: Restoring dignity in violence-prevention work with indigenous families. *First Peoples Child and Family Review*, 5(1):137-145.

# Early Childhood Development and Home Visiting with First Nations

By Dawn Boustead

First Nations people are tribal people. A major part of the culture includes the involvement of extended families in nurturing children. It is important to pattern our early childhood development and home visitation programs after traditional and culturally-relevant family values, involving the community at every level. We need to include and encourage the older women (elders) to advise young moms on how to raise their children and encourage the young parents to embrace the customs and traditions that they are comfortable with. The grandmas and aunts need to have a key role in instructing the younger women about good nutrition, traditional diet and physical preparation for the birth. They also need to act as role models for healthy lifestyles, and exemplify wisdom in making decisions.

Home visiting must address such elements as nutrition, adequate rest, exercise, balanced lifestyle and prenatal medical care. Support from the whole community is vital to the upkeep of these elements, as peer pressure is often destructive to young moms. If the young mothers experience friends and relatives accepting negative behaviours in their lives, then the tendency is also for the expectant mother to follow. Emotions usually run high during pregnancy, and any stress or mental health issues need to be addressed. A woman's confidence and awareness of parenting choices need to be encouraged and developed. Community programs offer social support and informal learning opportunities that encourage early, regular prenatal care, promote healthy infant development and foster an awareness of the needs of babies during the prenatal phase. ■

*Dawn Boustead is a Manager with the Children's Cottage in Calgary*



## News Update from the AHVNA Aboriginal Working Group

By Dawn Boustead

The Aboriginal working group has had a groundbreaking year. They have met over the year to accomplish these goals:

- create terms of reference
- develop a survey for AHVNA members to determine needs

Survey results indicated an interest in the following:

- cultural norms
- Aboriginal parenting
- treaties
- best practices
- residential schools
- medicine wheel
- referral sources
- addictions
- grief counseling
- family violence
- fetal alcohol syndrome disorder (FASD)

The working group is using these as a guide to offer training and resources.

In the fall of 2010, the working group began to develop the Aboriginal tool kit that will soon be complete and will be available on the AHVNA website.

At the annual general meeting on June 25, 2010, Dr. Cathy Richardson presented a workshop, "Attending to Dignity when Working with Aboriginal Families." This workshop was a great success. Elder Corky Jonassen presented the opening prayer.

The working group is collecting names of potential speakers to address Aboriginal issues and gain further insight in working with Aboriginal families in a home visitation setting. If you have suggestions for speakers or future training, please contact the AHVNA office. ■

*Dawn Boustead is the Chairperson of the Aboriginal Working Group for Alberta Home Visitation Network Association (AHVNA).*

# Skills to Use When Visiting Aboriginal Families

By Jan Tailfeathers

- We always say it's a small world because we all seem to know someone's family or a friend of the family no matter where we are in the city or province. When doing my visitations with Aboriginal families, I begin by saying something positive about the family (in our culture, we ask who your parents or your grandparents are as that's how we identify one another).
- I ask what the family's parenting traditions are and if they are actively involved in their culture or do they want to be.
- Sometimes it may take longer to get to know families because they have a hard time trusting people in "authority."
- I will occasionally bring a gift for the child, such as a book, or sometimes I'll call when I'm on my way to a home visit and say I'm stopping to buy a beverage, and ask if they would like a coffee or a tea.
- Some families come from strong cultural backgrounds, so you have to be careful how you approach certain topics. Let them speak and then support them. If you try to change their opinion, you may never get in the door again.
- Wear comfortable casual attire.
- If you are on a home visit, and other family members are visiting, greet all the people in the room, and shake their hand.
- When talking to the parents, use eye contact, and be mindful of your tone of voice. Speak calmly. Don't be offended when the family does not make eye contact with you.
- Once you get to know the families, and they are comfortable with you, tell stories appropriate to the conversation.
- And laugh - humor is always good. ■

*Jan Tailfeathers was the coordinator of the Healthy Families program with Closer to Home in Calgary.*

# Working with Aboriginal Families

By Mandy Csizmar

**M**any diverse groups of families live in Alberta. One group in particular has been around the longest—the Aboriginal people of Canada. Whether they are First Nation (status and non-status), Métis or Inuit, for these individuals, family plays a major role in their culture and identity.

Being raised in a Cree and Métis home, I understand the joy and confusion of home visitors working with families who have a different ethnic background from theirs. Here are a few of my recommendations, based on my personal experience, for working with Aboriginal families.

- **TRUST** - This is probably the most important element when working with Aboriginal families. Most of us have learned the history of Canada's Aboriginal people and how their trust was brutally violated. Although these atrocious acts took place years ago, we must remember that the wounds are still visible and sensitive. Don't rush into too many things too quickly. Just allow a natural pace to guide the development of the worker-family relationship. And set clear boundaries. Aboriginal people can be the most accepting of people and are warm to friendships.
- **GENUINENESS** - It is important to be genuine in your support and work with Aboriginal families. They want to know that you are invested in their life changes and not treating them like just another "client." They want to see you keep your word in helping them create a safe and healthy future for them and their families.
- **IDENTITY** - Ask the family how they would define their cultural identity. Some may get offended if you assume their Aboriginal descent. We must remember that not all people want to be identified as Aboriginal. There are also many families who represent one or more tribe (i.e. Blackfoot and Cree) or category, and they are proud of all of them.
- **FLEXIBILITY** - The need to be flexible is vital. Don't expect that Aboriginal families are always available. Family is extremely important, and that includes extended family members. If there is a family celebration, or if a family member is ill, they will put their needs before yours. While some individuals may follow "Indian time," not all Aboriginal people do. Observe how individuals view the importance of time management.
- **EDUCATION** - Even with education and annual Aboriginal training, it is good to personally experience Aboriginal culture in your community. Take the time to participate in different cultural activities in your area.

Working with Aboriginal people can be a wonderful experience for families and home visitors. We can learn so much from their holistic and cultural view of family. We as a society can learn from and share with others the positive experience we gain, and apply it to our workplace and personal life.

*Mandy Csizmar is a Healthy Families home visitor with Children's Cottage in Calgary.*



# Motherhood: Happiness and Joy with a Hint of Loss and Grief

By Connie Lemay

Pregnancy and motherhood is often thought of in terms of happiness, joy and fulfillment mixed with a touch of anxious anticipation. The reality is motherhood is often filled with contradictions that can bring both joy and sadness.

Lewis and Nicolson's (1998) interviews with new moms indicated the multidimensional experience of motherhood of loss and grief. The emotional contradictions that new moms, and particularly teen moms, experience can an influence

- pre-delivery decision making
- emotional health
- care giving for newborns

## Role for home visitors in new motherhood experience

Home visitation workers have an important role to play in assisting new moms to identify both the joys and losses associated with the motherhood experience.

Lewis and Nicolson (1998) suggest that understanding both the positive and negative emotions of giving birth is critical for moms to move from their old role and identity into that of motherhood. We need to pay particular attention to the experience of the teen mom. Her journey into motherhood is full of contradictions:

- role confusion
- disrupted identity formation
- susceptibility to grief and loss reactions

For a teen, pregnancy is often a crisis filled with doubt and nerve-racking decision making that is further complicated by contradictions:

- guilt and shame versus a sense of accomplishment

- the need to be nurtured versus the need to nurture
- being dependent versus being depended upon
- planning for the future versus planning for the baby's future

Lewis and Nicolson (1989) indicate mothers may have little context or understanding for dealing with their mix of emotions and reactions. Recognizing that motherhood has elements of loss and grief allows new moms to make sense of frustrations, anger and sadness they may experience in what is supposed to be a joyous time. Normalization of loss and grief reactions allows mothers to reflect on the meaning of their emotional reactions without the fear of being seen as a "bad mother."

## Recognition of loss

Due to the demands associated with motherhood and the emotional context in which family and friends view the joys of motherhood, young moms may be overwhelmed. They may not be able to identify and normalize their feelings of sadness, loss and grief as part of their change process.

Home visitors are in a position to give new moms a voice to express the struggles and challenges of caring for a newborn and leaving a career, job or school, and friends. Some new moms feel they are losing themselves to the role of caregiving. This is a particular challenge for teen moms whose teen years are traditionally a time of self-exploration that leads to successful identity formation. For example, for some teen moms it may seem very reasonable to leave their newborn with a friend as they venture out to maintain the lifestyle they lived prior to their pregnancy and delivery.

## Loss of identity

Lewis and Nicolson's (1998) research found that motherhood involved a redefinition of women's identity. Research participants indicated loss of autonomy, identity and independence on becoming mothers. Some felt "invisible" and redefined once the baby was born. For teen moms, who are naturally self-focused, the attention on the baby or toddler can be a source of distress and

frustration. This can affect their ability to effectively nurture and care for their child.

## Disappointment in motherhood

Another loss experienced is that motherhood does not turn out to be the fulfilling, happy experience they expected, or the solution to a difficult marital relationship. Disappointment in motherhood may manifest when the baby's father will not take his role and responsibility seriously, leaving the young mom to fend for herself and her child.

## Feeling of powerlessness

For some women, the transition into motherhood is an experience of being powerless and losing confidence as they take on unfamiliar tasks and responsibilities. They may be leaving behind careers or jobs that gave them independence and decision-making powers equal to their colleagues. The role change of being at home with a newborn can be very challenging for women whose identity is tied to their roles outside of the home. They may feel loss of freedom and feel tied down to the home and the traditional world of female roles. For the teen mom, the sense of freedom associated with being a teen is automatically cut short.

The role of the home visitor is to normalize the mix of emotions that may accompany the transition into motherhood. If these feelings are not viewed as a normal reaction to changing roles and responsibilities, new moms may see themselves as not being a good mom, or may cycle into depressive episodes.

Home visitors play an important role in listening to, and reflecting on, the negative and positive experiences of motherhood. They can encourage mothers to have a voice and find solutions that fit their experience.

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Connie LeMay is a consultant for the Alberta Home Visitation Network Association.

# The Scope of Violence Against Indigenous People

Relevant statistics related to violence against women and children (Richardson.C. (2008). *A Word is Worth a Thousand Pictures: Working with Aboriginal Women who have Experienced Violence*. In Lynda R. Ross (Ed.), *Feminist Counselling Theories, Issues and Practice*. Toronto: Women's Press.

- 51% of women endured at least one incident of violence since the age of 16.
- 25% of all women experienced violence of some form in an intimate relationship.
- About 50% of women report violence perpetrated by men known to them; 25% reported stranger violence (Statistics Canada, 1993).
- Women who experience violence are more likely to be seriously injured than men who experience violence (Comach, Cophyk & Wood, 2002). When mothers are the targets of violence, often children are targeted by the same violent perpetrator. Children who have witnessed one parent violate another are more likely to be physically, emotionally or sexually abused. The abuse often becomes worse after parents separate, not better.
- Of persons charged: 98% of sexual assaults are by men, and 86% of violent crimes are committed by men; half of all incidents involve a male perpetrator and a female victim (Johnson, 1996).
- Women are almost eight times more likely to be victimized by a spouse than are men (Fitzgerald, 1999).
- 30% of women currently or previously married have experienced at least one incident of physical or sexual violence at the hands of a marital partner (Fitzgerald, 1999).
- 21% of women abused by a marital partner were assaulted during pregnancy; 40% of these women stated that the abuse began during their pregnancy (Fitzgerald, 1999).
- 12% of women aged 18 to 24 reported at least one incident of violence by a marital partner in a one-year period

- four times the national average (Fitzgerald, 1999).
- Marital partnerships of two years or less have the highest rate of wife assault (Rodgers, 1994).
- One-third of women assaulted by a partner feared for their lives at some point during the relationship (Rodgers, 1994).
- In two-thirds of wife assault cases, violence occurred on more than one occasion (Rodgers, 1994).
- 45% of women who experienced spousal violence indicated that they had suffered injury; 43% of these women required medical attention (Rodgers, 1994).
- Four in ten women who experience violence report that their children witness the violence. This means that one million Canadian children have witnessed violence by their fathers against their mothers (Fitzgerald, 1999).
- In 52% of violent relationships in which children witnessed the violence, the woman feared for her life; in 61% of these relationships, she was injured by her partner (Fitzgerald, 1999).
- 90% of children in homes where there is spousal violence are aware of and affected by the violence (Fitzgerald, 1999). Violence against mothers is sometimes followed by child protection interventions that blame mothers (for

Provided by Dr. Cathy Richardson

- not stopping the violence, for staying, for not choosing a non-violent partner, for not reporting to the police, etc.) with an analysis known as "Failure to Protect" (Strega, 2006).
- The Representative's Report in British Columbia (2009, 2010) documents the following:
  - Aboriginal children and youth represent a disproportionately high incidence of child deaths and critical injuries in children receiving government services.
  - Aboriginal children suffer greater intentional and accidental injuries, experience neglect and, as adolescents, may engage in more high-risk activities, such as excessive alcohol consumption and unsafe driving.
  - As well, the overall suicide rates for Aboriginal youth are high, varying significantly among communities. Untreated mental health concerns and general feelings of hopelessness and despair lead to suicide attempts and completed suicides. Suicide rates are five to seven times higher for First Nations youth than for non-Aboriginal youth. Inuit youth suicide rates are among the highest in the world, at 11 times the national average. Many mental health concerns are related to unaddressed violence.

## SOME RESOURCES TO CHECK OUT

Aboriginal Alberta Information Centre  
[www.aboriginal.alberta.ca](http://www.aboriginal.alberta.ca)

Aboriginal Canada Portal  
[www.aboriginalcanada.gc.ca/acp/site.nsf/eng/index.html](http://www.aboriginalcanada.gc.ca/acp/site.nsf/eng/index.html)

Aboriginal Child and Youth Health  
[www.cps.ca/English/HealthCentres/AboriginalChildHealth.htm](http://www.cps.ca/English/HealthCentres/AboriginalChildHealth.htm)

Alberta Native Friendship Centres Association  
[www.anfca.com](http://www.anfca.com) • Phone: 780-423-3138

Aboriginal Relations Office (Edmonton)  
[www.edmonton.ca/aro](http://www.edmonton.ca/aro) • Phone: 780-944-7602

Calgary Aboriginal Agencies and Services Guide  
[www.calgary.ca](http://www.calgary.ca) (type in Calgary Aboriginal Agencies and Services Guide in search box)

Health Canada: First Nations, Inuit and Aboriginal Health  
[www.hc-sc.gc.ca/contact/fniiah-spnia/index-eng.php](http://www.hc-sc.gc.ca/contact/fniiah-spnia/index-eng.php)

Métis Child and Family Services (Calgary)  
[www.mcfs.ca](http://www.mcfs.ca)

Aboriginal Affairs and Northern Development Canada  
<http://www.ainc-inac.gc.ca/index-eng.asp>

National Aboriginal Health Organization  
[www.naho.ca/english](http://www.naho.ca/english)

Native Counselling Services of Alberta  
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## Coming up

The next issue of *Connections* will focus on **Home Visitor Health and Safety**. If you would like to submit an article or resource for this topic, please contact the AHVNA office by **October 21, 2011**.

## Hearing from you

*Connections* is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA Provincial Director, by phone at 780-429-4784 or by email to [info@ahvna.org](mailto:info@ahvna.org).

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## In the Know

Welcome to Heather Boonstra, Marianne Dickson and Linda Orosco who have recently joined the AHVNA board at the Annual General Meeting on June 17, 2011 in Red Deer. In this edition of *Connections*, we introduce you to Linda Orosco. In upcoming issues, we will introduce you to Heather and Marianne. We are looking forward to the opportunity to work with Heather, Marianne and Linda as they bring their expertise and passion for working with children and families.

### Linda Orosco

Linda graduated from the Social Work program at Grant MacEwan in 2003 and joined the Healthy Families Program with the Bent Arrow Traditional Healing Society as a family visitor in 2004. In 2006, she became a team leader with the program, and two years later became the program manager. She has been a member of AHVNA since 2004, and she is involved in the Aboriginal Working Group and Communication/Membership committees, as well as committees external to the association. Linda brings with her a genuine desire to work with children and families. She has been fortunate to work with, and gain knowledge from, colleagues and other professionals who share her passion for home visitation.



### On another note

Congratulations to our *Connections* editor, Carolyn (Carri) Hall. Recently she won the JonWhyte Memorial essay prize as part of the Alberta Literary Awards for a creative non-fiction essay titled "A Pinch of Time." We are definitely in good "writing" hands with Carri at the helm. Congratulations, Carri! ■