SOCIAL STRESSORS, COMMUNITY BELONGING, AND CULTURE-RELATED
PROTECTIVE FACTORS AMONG
YOUTH AND ADULTS IN FIRST NATIONS COMMUNITIES:
LINKS WITH PSYCHOLOGICAL DISTRESS

by

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DEDICATION PAGE

To my incredible home First Nations community. Wela'loiq for supporting me through this time and helping my achieve this goal. Thank you Ma and Pa (Naomi & Richard), my sister Shannon and her fam, the Paul side, the Chubra fam, Aybars Gürses, the Gürses family, as well as all the wonderful pets that I have been blessed to be a fur-sister or fur-mom to. I feel so blessed to have you all in my life. This Thesis would not be possible without your tireless support. Wela'loiq.

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ABSTRACT

Secondary analyses of the 2015/16 First Nations Regional Health Survey (RHS) explored the pathways in which various social and cultural factors were related psychological distress in First Nations youth (Study One) and adults (Study Two) living on-reserve in Canada. Multivariate analyses revealed that social stressors assessed in youth (i.e., bullying, cyberbullying) and adult (i.e., cyberbullying, physical aggression, verbal aggression, racism) were positively associated with psychological distress. In youth and adults, strong community belonging was associated with reduced psychological distress. Conversely, agreement that cultural events (for youth) and traditional spirituality (for adults) were important was associated with higher psychological distress. Amongst youth (Study One), strong community belonging protected against high levels of distress associated with bullying/cyberbullying. Amongst adults (Study Two) strong community belonging protected (moderated) against high distress levels associated with racism, but agreement that traditional importance of traditional spirituality increased (moderated) psychological distress levels associated with physical aggression.

Keywords: First Nations culture racism aggression bullying cyberbullying spirituality cultural events belonging

LIST OF ABBREVIATIONS USED

FNIGC ....First Nations Information Governance Centre

FNs ....First Nations

FNRHS or RHS ....First Nations Regional Health Survey or Regional Health Survey

RCAP ....Royal Commission on Aboriginal Peoples

TRC ....Truth and Reconciliation Commission

CCHS ....Canadian Community Health Survey

AFN.. Assembly of First Nations

TPF.. Thunderbird Partnership Foundation

ITK ....Inuit Tapiriit Kanatami

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CHAPTER 1   INTRODUCTION

Indigenous populations living in Canada and elsewhere experience health and social inequities, compared to non-Indigenous counterparts (Bombay, McQuaid & Doria, 2018; Bombay, Young, Anisman & Matheson, 2019; Cunningham & Paradies, 2012; Frohlich, Ross, & Richmond, 2006; MacMillan, et al., 1996; Oliver, Peters, & Kohen, 2012; Shepherd, Li & Zubrick, 2012; Royal Commission on Aboriginal Peoples [RCAP], 1996; Wallace, Patel & Dellinger, 2003). Indigenous populations in Canada, the United States, and Australia have also been documented as having higher psychological distress compared to non-Indigenous counterparts, which in turn, has been associated with direct and/or intergenerational contact with various historical and contemporary social stressors that are rooted in colonialism (Bombay, Matheson, & Anisman, 2014ab; Cunningham & Paradise, 2012; Davison, Nagel & Singh, 2017; Davison, Singh & McFarlane, 2019; Kirmayer, Tait & Simpson, 2009; McNamara et al., 2018; Walls & Whitbeck, 2012ab). In addition to the various socio-economic adversities faced by many Indigenous populations in Canada and elsewhere (e.g., poverty and food security; Hajizadeh, Bombay & Asada, 2019; Shepherd, Li, Mitrou & Zubrick, 2012), there is evidence that some Indigenous populations also face high levels of social stressors (e.g., racism, bullying, aggression). These stressors are expected to heighten feelings of social rejection and also potentially increase the likelihood an individual will experience various outcomes related to poor health and well-being (Broll, Dunlop & Crooks, 2018; Crengle, Robinson, Ameratunga, Clark & Raphael, 2012; Dunlop, 2016; Lemstra, Rogers, Redgate, Garner & Moraros, 2011; Melander, Hartshorn & Whitbeck, 2013; Truth & Reconciliation [TRC] Canada, 2015; Walls & Whitbeck, 2011; van der Woerd, Cox & McDiarmid, 2006; Zubrick et al., 2005).

While Indigenous populations may be at an increased risk for exposure and/or particularly vulnerable to experiences of certain stressors (Bombay, Matheson & Anisman, 2014ab; Greenwood & de Leeuw, 2012; Kolahdooz, Nader, Yi, & Sharma, 2015), a growing base of evidence has shown the importance of specific cultural factors in relation to protecting against the effects of stress and promoting positive well-being among Indigenous peoples in Canada and the United States (Brown, Dickerson & D'Amico, 2016; Chandler & Lalonde, 1998; Durkalec, Furgal, Skinner,& Sheldon, 2015; Galliher, Jones & Dahl, 2011; Health Canada, 2015; Kirmayer et al., 2000; Snowshoe, Crooks, Tremblay, Craig & Hinson, 2015). Whereas some cultural factors have direct links with improved health outcomes among Indigenous populations

(Bals, Turi, Skre & Kvernmo, 2011; Lines & Jardine, 2019; Mohatt, Fok, Burket, Henry, Allen, 2011), some might promote well-being by buffering against the negative effects of various stressors (Bombay, Matheson & Anisman, 2010; Whitbeck, McMorris, Hoytt, Stubben, & Lafromboise, 2002). For example, participation in cultural activities among 287 American Indian adults living on-reserve in the US (Whitbeck et al., 2002), as well as a self-identified sense of cultural pride among 220 First Nations adults living mostly off-reserve in Canada (Bombay et al., 2010) were both associated with reduced depressive symptoms and buffered against the negative effects of perceived discrimination on depressive symptoms.

This Master's Thesis is comprised of secondary analyses of the youth (Study One) and adult (Study Two) data sets of the 2015/16 First Nations Regional Health Survey (RHS). Analyses in both studies explored how certain social stressors (risk) and certain aspects of cultural identity and/or engagement (protective) assessed in the 2015/16 RHS, were associated with psychological distress in nationally representative samples of First Nations youth and adults living on-reserve in Canada. Analyses of the youth RHS data explored the links between self-reported experiences of bullying and cyberbullying in the past year and symptoms of psychological distress in the past month. Analyses of the adult data assessed the links between self-reported experiences of physical aggression, verbal aggression, racism and cyberbullying in the past year and psychological distress. It was expected that the direction in which all measured social stressors would be associated with psychological distress, was such that all social stressors as measured in the RHS youth and adult data, would serve as risk factors for poor psychological health, as measured by heighted psychological distress scores.

It was also of interest to explore the directions in which community belonging, participation in cultural events, the importance of traditional events (only in youth) and the importance of traditional spirituality (only in adults) were associated with psychological distress. Specifically, it was expected that community belonging in youth and adults would be protective against poor psychological health, as measured by reduced psychological distress scores. Whereas little research has explored three cultural variables, participation in community cultural events, importance of traditional cultural events (only measured in youth RHS) and importance of traditional spirituality (only measured in adult RHS) among representative samples, as the samples and context influenced the generalizability of the few past studies, no alternative hypotheses were made for these three cultural variables in relation to outcome levels of

psychological distress.

Finally, across both the youth and adult secondary analyses of the 2015/16 respective RHS data sets, it was of interest to explore the directions in which particular cultural factors moderated the associations the social stressors as they were measured in the RHS youth and adults, and outcome levels of psychological distress. Specifically, it was expected that community belonging in youth and adults would be protective against poor psychological health, which would be indicative by reduced psychological distress scores. Specifically, it was expected that community belonging in youth and adults would be protective against poor psychological health, as measured by reduced psychological distress scores. Whereas little research has explored three cultural variables, participation in community cultural events, importance of traditional cultural events (only measured in youth RHS) and importance of traditional spirituality (only measured in adult RHS) among representative samples, as the samples and context influenced the generalizability of the few past studies, no alternative hypotheses were made for these three cultural variables respective to how each moderated the relationships between social stressors as measured in the youth and adult RHS, and outcome levels of psychological distress.

CHAPTER 2   LITERATURE REVIEW

"Psychological distress" (i.e., "emotional" psychological distress, "mental" psychological distress or [simply] psychological distress) is an internal state that an individual experiences that consists of psychological and physiological symptoms of both depression and anxiety (e.g., Andrew & Slade, 2001; Kessler et al., 2002; Pratt, Dey & Cohen, 2007; Ridner, 2004). Like the inequalities in other psychological health outcomes among Indigenous and non-Indigenous populations living in Canada and elsewhere (Bingham et al., 2019; Reading, 2009; Jorm, Bourchier, Cvetkovski & Stewart, 2012), psychological distress is often reported as being disproportionately high among First Nations (Hajizadeh, Bombay & Asada, 2019; First Nations Information Governance Centre [FNIGC], 2012), Metis (Sanguins et al., 2013), and Inuit peoples who live in Canada (Kirmayer, Tait & Simpson, 2009). Among First Nations living on-reserve in Canada, descriptive analyses of the 2015/16 RHS revealed that 17.4% of adults and 23.4% of youth reported high levels of psychological distress (measured by the Kessler K10 scale) (eKessler et al., 2002; FNIGC, 2018a, p. 77, 84). These high levels are concerning, especially as high psychological distress levels have been associated with other negative psychological and physical health outcomes amongst Indigenous and non-Indigenous populations, including suicidal ideation, heart disease, arthritic pain, and chronic obstructive pulmonary disease (Egede & Dismuke, 2012; McLachlan, 2018; McQuaid, Bombay, McInnis, Humeny, Matheson & Anisman, 2017). Not surprisingly, *reducing* psychological distress among Indigenous populations and *improving* mental health and wellness has been identified as a priority by the Assembly of First Nations, the Thunderbird Partnership Foundation, and other First Nations and Indigenous groups in Canada and elsewhere (Alberta Health Services, 2018; Booksa, Joober & Kirmayer, 2015; Hopkins, Robinson & Wiebe, 2015; National Collaborating Centre for Aboriginal Health, 2015; Health Canada, 2015; United Nations, 2009; United States [U.S] Department of Health and Human Services, 2010).

2.1. COLONIZATION IN CANADA

Psychological health inequities facing First Nations and other Indigenous communities have been linked to numerous historical and ongoing stressors that are the result of various aspects of colonization (Bombay et al., 2014ab; Evans-Campbell, 2008; Fast & Collin-Vézina, 2019; Gone, 2009; Potvin-Boucher & Malone, 2014; Whitbeck, Adams, Hoyt & Chen, 2004). In the 1400's, European-Christian explorers *claimed* ownership of Canada based on assumptions

that Indigenous peoples were "inferior" and "savage", and set the foundation for historical and contemporary experiences of mistreatment, racism, and genocide that Indigenous peoples have faced for generations (Bombay et al., 2014ab; Blackstock et al., 2004; de Leeuw, 2009; Montgomery, 1965, p. 175; Sinclair, 2007; TRC, 2015). One government policy that precipitated significant intergenerational impacts among Indigenous populations in Canada was the Indian Residential School (IRS) System (TRC, 2015). From the late 18th century – 20th century, thousands of Indigenous children in Canada were forcibly removed from their homes and were transported to one of the several IRS across Canada. In 1883, Sir John. A McDonald, Canada's first Prime Minister, encouraged the assimilation of "Indians" into European culture through the *Indian Act*, and especially through one statement of which he told the House of Commons:

"When the school is on the *reserve*, the child lives with its parents, who are savages; he is surrounded by savages, and though he may learn to read and write, his habits, and training, and mode of thought are Indian. He is simply a savage who can read and write. It has been strongly pressed on myself as the head of the Department, that Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men (TRC, 2015, p. 2)."

From the 1880's until the late 1990's, hundreds of thousands of Indigenous students living in Canada attended IRS that were overseen by Catholic administrators (Gellately & Kiernan, 2003; Fournier & Crey, 1997). During the time spent in these schools, many Indigenous children reported experiencing high levels of physical and psychological stress. Many were ingrained with fear due to experiencing various forms of abuse if caught valuing or practicing aspects of *their* Indigenous culture or language (Amnesty International, 2004; Barnes, Josefowitz & Cole, 2006; Kelm, 2001; TRC, 2015). In fact, some research using nationally representative samples of First Nations living on-reserve (using the RHS) and non-representative samples of Indigenous peoples living in various contexts off-reserve has revealed that those who attended IRS reported higher levels of negative psychological outcomes compared to First Nations adults who did not attend (Bombay, Matheson & Anisman, 2014ab; Bombay et al., 2018). For example, the 2008/10 RHS revealed that individuals who had at least one previous familial generation who were exposed to IRS, had increased lifetime suicide ideation and attempts compared with individuals who reported no familial history of IRS attendance (McQuaid et al., 2017). Other

research amongst a convenience sample of 143 First Nations adults living primarily off-reserve, found that parental IRS attendance moderated (was protective) against high outcome levels of feelings of depression that were linked with various negative life experiences, including adult traumas, adverse childhood experiences and perceived discrimination (Bombay et al., 2011).

As many children were victims of maltreatment and bullying from staff and students at IRS for generations, it is assumed that these experiences might also be significant root causes for the continued lateral violence that exists in some Indigenous communities (Bombay, Matheson, & Anisman, 2014b). While First Nations children continue to be the target of racist policies through inequitable funding for services and programs on-reserve (e.g., Blackstock et al., 2004), other forms of violence are ongoing and experienced by Indigenous peoples, including high rates of discrimination in healthcare and judicial settings (Goodman et al., 2017; Palmater, 2016), as well as the over-imprisonment of Indigenous peoples, high number of deaths of Indigenous peoples when in police custody (e.g., "starlight tours"), and dozens of missing and murdered Indigenous women and girls (Farley, Lynne & Cotton, 2005; Missing and Murdered Indigenous Women and Girls [MMIWG] Final Report, 2019). Negative racial attitudes towards Indigenous peoples in Canada persist and specific types of racism have been linked with poor health and well-being outcomes among Indigenous populations (Allan & Smylie, 2015; Berger et al., 2017; Blackstock, 2017; Patrick, 2014; Reading & de Leeuw, 2014). The amount and extent of continued social stress faced by Indigenous peoples (FNIGC, 2018; RCAP, 1995; Richardson, 2006) is concerning, as social rejection has been linked to heightened feelings of anxiety and sadness (Beeri & Lev-Wiesel, 2012; Blackheart, Eckel & Tice, 2007; DeWall, Twenge, Gitter, & Baumeister, 2009, Dickerson & Kemeny, 2004; Slavich, O'Donovan, Epel, & Kemeny, 2010).

2.2. IDENTIFYING RISK AND PROTECTIVE FACTORS AMONG INDIGENOUS POPULATIONS

Past research has proposed risk and protective (resiliency) models for understanding how protective factors might operate (main effects vs. stress buffer [interactions]) and serve as guides to understanding the pathways and reasons why it particular minorities are negatively affected by particular social stressors (e.g., Zimmerman & Arunkimar, 1994). For example, Zimmerman and Arunkimar (1994) describe the Compensatory Protective Factors Model (CPFM). The CPFM is concerned with factors that might limit negative outcomes across all levels of risk. Essentially, this model is concerned with the direct effects of protective factors on outcome variables after

controlling for the effect of the risk factor, in this case, racism, and the various forms of aggression and bullying measured in the 2015/16 RHS (Zimmerman & Arunkimar, 1994). Another relevant model is called the Protective Factor Model of Resilience (PFMR). The PFMR highlights that certain factors might buffer particular relationships between exposure to risk factors and negative outcomes (Zimmerman, Bingenheimer, & Notaro, 2002). Within the context of racism, aggression and bullying, it is possible that certain sociocultural factors might protect against poor outcomes but are relatively unimportant for those who have not experienced or are currently experiencing the particular stressor. Likewise, some variables might intensify the relationships between racism, aggression and bullying and negative outcomes. In both cases, the protective or risk factor moderates the relationship between the social stressor and the outcome variable. As Indigenous peoples continue to experience various social stressors, identifying such protective factors, particularly those that can be channeled into an intervention, is highly important. As a final thought, while it is assumed that culture is protective, it is also important to recognize that particular culture factors might not all be associated with improved health outcomes, and in this case, remain cognizant of the nature of the associations (e.g., bi-directional) and interpret them with caution and possible context. While amounts of research and literature explored traditional cultural events, community cultural events, or traditional spirituality, it will be to interpret the implications of this variable in contrast with social stressors and distress, and in comparison to other representative research as it is currently non-existent, but the exploration of various cultural factors within Study One and Study Two will serve as a foundation for continued research in this area.

2.3. CONTEMPORARY SOCIAL STRESSORS

2.3.1. Bullying and Cyberbullying as Social Stressors

Bullying can be defined as a subtype of aggression characterized by repeated violent transgressions (e.g., verbal, physical) performed with the intent to maintain a power *imbalance* over the victim(s) (Ostrov, Kamper-DeMarco, Blakely-McClure, Perry & Mutignani, 2018). While physical harm associated with bullying might include repeated instances of a bully intentionally shoving or hitting a victim(s), verbal harm associated with bullying might include the bully viciously condescending or threatening their victim's sense of self or safety (Ando, Asakura, & Simons-Morton, 2005; Hinduja & Parchin, 2008; Swart & Bredekamp, 2009; Wong, Lok, Wing Lo, Ma, 2008). In contrast, *cyberbullying* is characterized by bullying using

electronic devices and platforms to threaten or repeatedly mock victim(s) either on public social media platforms, or through personal or anonymous platforms (Keith & Martin, 2005; Li, 2006; Mishna et al., 2010; Patchin & Hinduja, 2006; Xie, Swift, Cairns, & Cairns, 2002; van der Walsdon, de Wit & Hirasing, 2003). The 2015/16 RHS final descriptive Report revealed that 27.9% of First Nations youth living on-reserve reported experiencing *bullying* within the past year (FNIGC, 2018a, p.147, 148), a significant increase from 11.7% in 2008/10 (FNIGC, 2012, p. 323, 329). The 2015/16 RHS final descriptive Report also included an additional question about *cyberbullying* in the past year, which was reported by just under one in five (17.9%) youth and 6.9% of adults living on-reserve (FNIGC, 2018b, p.135, 147).

These national rates among First Nations living on-reserve appear to be about the same or slightly lower compared to other youth in Canada. In this regard, the 2012 Canadian Community Health Survey (CCHS) revealed that 40% of youth in the general Canadian population were cyberbullied and 33.3% experienced bullying the past year. Of course, considering that First Nations and other Indigenous communities across Turtle Island (i.e., North America) are often quite diverse, it is not unexpected that other studies in specific First Nations communities have reported both higher (Brownlee et al., 2014; Lemstra, 2011, 2014) and lower levels (Carlyle & Steinman, 2007) compared to these national rates. For example, 54.3% of Indigenous students and 69% of non-Indigenous students attending two elementary schools in a northwestern Ontario community reported bullying victimization in a four week time period (Brownlee et al., 2014). Likewise, among First Nations youth in grades 5 through 8 (ages 10-16) living on-reserve in Saskatchewan, 35.8% of youth reporting experiencing physical bullying, 59.3% verbal bullying, 47.5% social bullying, and 3.3% experienced cyberbullying at least once or twice in the previous four weeks (Lemstra et al., 2011). In contrast to these relatively high rates, only 0.7% out of a sample of 570 Ohioan American Indian and Alaska Native junior and high school students reported at least four experiences of bullying within the past year; a rate that is lower compared to other ethnic or cultural groups that participated in the study (Carlyle & Steinman, 2007). Although variation exists across contexts in relation to the prevalence of bullying experienced by youth, research among Indigenous (e.g., Lemstra et al., 2011) and non-Indigenous (e.g., Ttofi, Farrington, Lösel, & Loeber, 2011) youth consistently reveals significant positive associations between various forms of bullying and poor mental health outcomes. In fact, in the 2008/10, a higher proportion of First Nations youth who were reported bullying victimization in the past

year, they felt depressed for fourteen days or more (in a row), compared to those who did not report prior bullying (FNIGC, 2012, p. 299, 329).

To my knowledge, no studies to date have published research on cyberbullying among Indigenous <u>adult</u> populations. However, a handful of studies have explored the impacts of cyberbullying among Indigenous youth living in different contexts has provided evidence that experiences of cyberbullying are typically associated with poor psychological health outcomes among younger populations (Brownlee et al., 2014; Lemstra et al., 2011; Schumann, Craig & Rosu, 2014). For example, of 204 First Nations youth living on-reserve within a Saskatoon Tribal Council community, cyberbullying victimization was significantly associated with increased depressive symptoms (Lemstra et al., 2011). Likewise, the results of one study that explored cyberbullying among 170 Indigenous adolescents from three unnamed Canadian provinces and one unnamed territory, found that cyberbullying victimization was associated with high levels of self-reported anxiety, levels which were higher compared to participants who reported bullying victimization experiences (Broll, Dunlop & Crooks**,** 2018). Other than these two studies, very little published research has explored experiences of cyberbullying and subsequent changes in psychological or other health outcomes specifically with Indigenous populations.

2.3.2. Aggression as a Social Stressor

Compared to non-Indigenous populations, Indigenous peoples living in Canada and elsewhere have been identified as being at high risk of experiencing various forms of *aggression* (Brownridge et al., 2017; Brownridge, 2010; Hylton, 2002; Korff, 2019; Kubik, Bourassa & Hampton, 2009; National Inquiry into Missing and Murdered Indigenous Women and Girls [MMIWG] Final Report, 2019; Statistics Canada, 2014; Razack, 2000; Reno, Fisher, Robinson, Brennan & Chaiken, 1999). In general, aggression has been defined as a type of social stressor that involves an aggressor performing a hostile act towards a victimized individual or population (De Almeida, Cabral, & Narvaes, 2015; Miczek, De Almeida, Kravitz, Rissman, De Boer & Raine, 2007). Subtypes of aggression include *physical aggression* (e.g., pushing or hitting someone intentionally) or *verbal aggression* (e.g., mocking someone's physical appearance) (Daoud, Smylie, Urquia, Allan & O'Campo, 2013; MMIWG Final Report, 2019; RCAP, 1996;

Scrim, 2017; FNIGC, 2018).[1] According to the most recent RHS final descriptive Report in 2015/16, 11.0% of First Nations adults living on-reserve reported experiencing physical aggression "sometimes or often in the past year", and 21.0% experienced verbal aggression (FNIGC, 2018b, p. 135). Not unexpectedly, the 2015/16 RHS final descriptive Report also revealed that experiences of verbal or physical aggression were associated with moderate or high levels of psychological distress among First Nations adults (FNIGC 2012, p. 197, 209). These findings are comparable with research in other mainstream and minority populations in which verbal and physical aggression are often linked with negative health outcomes, including heightened psychological distress (Brendgen, Wanner, Vitaro, Bukowski & Tremblay, 2007; Teague, Mazerolle, Legosz & Sanderson, 2018; Savin-Williams, 1994). While less research has explored specific forms of violence or aggression in relation to psychological health outcomes, a 2017 review revealed that interpersonal violence was associated with adverse mental health outcomes (e.g., depression, anxiety) among Indigenous women living in North America, Australia, and elsewhere (see Chmielowska & Fuhr, 2017). In addition, over the past decade, some countries have expressed increasing concern related to online aggression displayed towards Indigenous peoples, such as vicious, unwarranted comments towards articles that focus primarily on Indigenous experiences and topics (Carlson & Frazer, 2018; CBC News, 2015).[2]

2.3.3. Racism as a Social Stressor

Systemic and interpersonal racism towards Indigenous peoples in Canada continues and is recognized to reflect some of the same attitudes held by early colonial settlers that led to the genocide of Indigenous peoples (TRC, 2015). For example, Canadian federal government documentation from the 1800's described Indigenous peoples as "child-like" and "uncivilized" (de Leeuw, 2009; Montgomery, 1965, p. 175), which may have set out the foundation for continued anti-Indigenous attitudes and behaviours that fuel Westernized society to this day. Not surprisingly, experiences of types of racism are related to various worsened health outcomes

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[1] Aggression is often conceptualized as different from bullying because bullying experiences often involve (1) a power imbalance between the bullied and bully and (2) is sustained over a period of time (e.g., happens more than once).

[2] Only for adults, were the constructs of verbal aggression and physical aggression were assessed using a single question. The single question did not specifically ask whether the aggressive perpetrator was Indigenous or non-Indigenous; or whether they were a stranger, colleague, peer, loved-one, or otherwise. For this reason, it is difficult to compare our research (or any findings derived from our aggression variables) with other research. Nonetheless, we still expect our findings, at the very least, to serve as a starting basis point from which future research may expand.

(e.g., depressive symptoms) among Indigenous and other populations (Boyce, 2016; Bombay et al., 2011; 2014ab; Iwasaki, Bartlett & O'Neil, 2004; Adelson, 2005; Benoit, Carroll & Chaudhry, 2003; Browne, Fiske & Thomas, 2000; Culhane, 2003; Dodgson & Struthers, 2005; Fiske and Browne, 2006; Lawrence et al., 2016; Walls & Whitbeck, 2011; 2012; Whitbeck et al., 2004b; Whitbeck et al., 2002). Among First Nations adults living on reserve in Canada, 24.2% experienced racism at least once in the past year, experiences that are suggested to be detrimental to health and well-being (FNIGC, 2018b, p. 135). Other research among First Nations (Bombay et al., 2011; 2013; Whitbeck et al., 2001) and Indigenous populations (Browne, 1995; 2001; Graham & Stamler, 2010; Vukic, Jesty, Mathews & Etowa, 2012) has demonstrated that there are strong links between experiences of forms of racism and negative mental health outcomes, such as heightened feelings of depression and anxiety. Indeed, decades of prejudicial attitudes and subsequent behaviors experienced among Indigenous populations are often assumed to be a primary instigator of detrimental physical and psychological health outcomes (e.g., Chmielowska & Fuhr, 2017), and remains an extremely problematic factor in various contexts (see MMIWG, Final Report, 2019). While certain aspects of culture have been suggested to be protective against the negative effects of particular social stressors on psychological health and well-being, it is possible that others may have complex impacts in particular populations (e.g., Bombay, Matheson & Anisman, 2010), and furthered delineation of various cultural variables in relation to representative samples of Indigenous populations in Canada is needed.

2.4. IDENTITY AND CULTURE RELATED VARIABLES & WELL-BEING

2.4.1. Belonging to First Nations Community

Research that has explored Indigenous and non-Indigenous populations living in various contexts has shown that strong feelings of belonging to where an individual lives and/or to particular social groups, can be a strong predictor of positive health and well-being (Acton and Malathum, 2000; Hagerty, Williams, Coyne, & Early, 1996; Hagerty & Williams, 1999; Hill, 2009; Hystad & Carpiano, 2012; Jones & Galliher, 2007; MacDonald et al., 2015; Restoule, Hopkins, Robinson & Wiebe, 2016; Ross, 2002; Shields, 2008). Specific to Indigenous populations, one study in Australia found that experiences of 111 Maori adults in alcohol and substance use treatment that were interviewed, found patterns that a sense of belonging to one's "tribe" was described as important throughout the recovery process (Huriwai, Sellman, Sullivan & Potiki, 2000). Secondary analyses of the Canadian Community Health Survey (CCHS)

revealed that high levels of community belonging were associated with fewer sedentary behaviours among First Nations adults who lived off-reserve (Anderson et al, 2016). In a similar vein, qualitative interviews interview data of 16 First Nations youth that lived in the Canadian province of Saskatchewan revealed that multiple aspects of wellness (physical, emotional and spiritual) were heightened through experiences that facilitated a stronger sense of belonging, such as in some cases, when Elders shared their wisdom and assisted with youth decision-making (MacKay, 2005).

For First Nations and other Indigenous youth living in Canada and elsewhere, it is possible that feelings of belonging *specific* to their ancestral home (e.g., reserve) community might be particularly important to the well-being of community members because of the distinctive meaning that it has in relation to one's unique First Nations culture and ancestors. In this regard, one's First Nations ancestral home community may be the *only place left* where the intricacies of their unique First Nations traditions, culture, history and knowledge of their community are taught and relied upon. Likely for this reason, among others, Health Canada, Inuit Tapiriit Kanatami (ITK), Thunderbird Partnership Foundation (TPF), and the Assembly of First Nations (AFN) developed the "First Nations Mental Wellness Continuum Framework" after engaging with First Nations from across Canada. This framework characterizes mental *wellness* as: "belonging, purpose, hope, and meaning, with culture being the foundation of mental wellness" for First Nations populations (i.e., also described in the framework as a: "*balance of mental, physical, spiritual, and emotional health*") (Health Canada, 2015). According to the 2015/16 RHS final national descriptive Report, a large proportion of First Nations adults (80.6%) claimed that they had strong or somewhat strong sense of belonging to their home reserve (FNIGC, 2018b, pg. 51). However, research that has assessed the associations between feelings of belonging to one's home community and particular psychological outcomes in First Nations populations that live on-reserve seems absent. Although it is not the same has feelings of belonging to one's community, one study found that among 243 Native American adolescents living in the Southwest of the US, higher belonging in school was associated with several positive outcomes regarding substance abuse, including a reduced amount of cigarette and marijuana use over the month prior to the survey, and a reduced lifetime engagement with alcohol and cigarettes (see Napoli, Marsiglia & Kulis, 2003). In a sample of 205 Alaskan Native and non-Alaskan Native college students (M_{age}= 22.8 years), higher scores on a specific single

(unnamed) aspect of ethnic identity measured by the Multigroup Ethnic Identity Questionnaire (i.e., scale that measures feelings of affirmation, belonging, and commitment to ethnic identity) were negatively associated with alcohol consequences (Skewes & Blume, 2015); it is possible that powerful feelings of "belonging" to others of a similar ethnic identity, as a concept by itself, might reduce the likelihood that harm related to alcohol use will occur. In addition, secondary analyses of 453 American Indian adults, a similar variable that measured community connectivity, found that participants who felt connected to their community and satisfied with their life, were also more likely to report lower suicidal ideation scores (Hill, 2009).

There is less research that has assessed community belonging as a potential protective *moderator* between experiences of bullying/cyberbullying and psychological health outcomes among Indigenous populations. Although I have not found previous research that has explored the potential buffering effect of belonging among First Nations peoples living on-reserve, research in other populations has provided evidence for a moderating effect of belonging (Huynh & Gillen-O'Neel, 2016). For example, among large samples of both Latino and Asian American adolescents, feelings of belonging to one's school buffered against the positive relationship that existed between experiencing discrimination and reduced sleep quality (Huynh & Gillen-O'Neel, 2016). Although evidence exists for the possibility of such a buffering effect, other studies that assessed these associations in non-Indigenous populations did not report a protective effect (Hunter, Case, Joseph, Mekawi & Bokhari, 2017). For example, a sense of belonging to other African American peoples amongst a sample of 110 individuals first- or second-generation Black immigrants, did *not* serve as a protective moderator (i.e., did not buffer against the negative effects of race-related stress on depressive symptoms; see Hunter et al., 2017). Although belonging has not been assessed as a moderator of social stressor to mental health outcomes relationships among First Nations youth living in Canada, related concepts, such as social ties with other members of their group and feelings of in-group pride, have been shown to be protective against the negative effects of discrimination on depressive symptoms across a small sample of First Nations adults (who lived mostly off-reserve) in Canada (Bombay, Matheson & Anisman, 2010).

2.4.2. Participation in Community Cultural Events and Importance of Traditional Cultural Events

In the 2015/16 RHS final descriptive Report, 19.1% of adults and 19.9% of youth reported that

they almost always/always participated in community cultural events (FNIGC, 2018, p. 48-51), and 80.2% of youth either agreed or strongly agreed that "traditional cultural events were important in their life". The 2008/10 RHS final descriptive Report revealed that fewer (20.7%) First Nations adults that almost always/always participated in community cultural events reported depressed mood (compared to adults who participated sometimes [46.4%], rarely [20.4%] or never [12.5%]) (FNIGC, 2012, p. 213, 215-216, 219), but we are not aware of similar analyses assessing this association between importance of traditional cultural events in relation to any mental health outcomes. Studies on the relations of participation in community cultural events (i.e., on First Nations reserves), or of beliefs that traditional cultural events are important in life, with significant changes in psychological health are scarce.

One of these few studies revealed that particular facets of enculturation, including participation in traditional activities, were associated with alcohol cessation among 980 American Indian adults (17-77 years old) who had recently abused or used alcohol (Stone, Whitbeck, Chen, Johnson, & Olson, 2006). However, as with all cross-sectional data, it is unclear participation in traditional activities encourages alcohol cessation, and/or whether alcoholic cessation encourages participation in traditional activities (Stone et al., 2006). For example, as some Indigenous communities across North America might ban alcohol consumption during traditional events, it may be more likely that community members are only permitted to participate once they are free from alcohol for a certain period of time, compared to the participation in the events resulting in the higher likelihood of alcohol cessation (e.g., McPherson & Wakefield, 2015; New York Times, 1994).

In contrast to the findings reported by Stone and colleagues (2006), a study with 401 Southwestern American Indian youths (205 living on on-reserve, 196 living in urban environments) revealed that the frequency of participation of cultural activities was not associated with reduced alcohol use and/or dependency (Yu & Stiffman, 2007). Whether participation in cultural activities as an Indigenous youth or adult, or recognition of the importance of traditional cultural events in one's life as an Indigenous youth, serves as a moderator of relationships between negative social experiences/stressors and psychological health impacts. is unclear because no quantitative studies have assessed these relations in any Indigenous samples (that we are aware of) That said, qualitative research has provided some evidence for a stress-buffering effect of the importance of traditional ceremonies and beliefs as it

relates to life circumstances and well-being. For example, one qualitative study among 16 First Nations youth living in Saskatchewan, suggested that some youth claimed that traditional ceremonies and beliefs were *not* important to them *until* they were in a crisis (Mackay, 2005). Overall, the several interrelated qualitative findings of Mackay (2005) lead Mackay to highlight the importance of safe spaces for youth to practice ceremony, build and maintain healthy social relationships and social support systems, and of Elders in helping youth through meaningful activities.

While I uncovered minimal research, it is important to recognize that even with these findings, because Indigenous communities and bands are often so diverse, it is difficult apply or use the findings to build a foundation for hypotheses in related cases for nationally-representative samples of First Nations living on-reserve in Canada. Nonetheless, other studies using minority populations have provided evidence that participation in cultural practices serves as an evident moderator at the state/provincial or national level as it pertains to the impacts of negative social experiences/stressors on particular psychological health outcomes. For example, Shah (2019) performed secondary analyses on the 2003 Detroit Arab American Survey, and found that some aspects of religion, such as participating in religious practices, protectively moderated against the negative effects of discrimination on psychological distress. Likewise, analyses of a large, national sample of African American adults revealed that both religious guidance and attendance served as protective moderators of the negative effects of racism on psychological distress (Ellison, Musick & Henderson, 2008). While these two studies help provide an understanding for how these particular stressors impact minority populations, a lack of research exists regarding representative Indigenous populations living in countries such as Canada, the United States, Australia or New Zealand.

2.4.3. Importance of Traditional Spirituality

According to the 2015/16 RHS national descriptive Report, 71% adults agreed or strongly agreed that traditional spirituality was important to them (FNIGC, 2018b), compared to 79.9% of adults in the 2008/10 RHS final descriptive Report (FNIGC, 2012). While the importance of traditional spirituality variable does not measure the mechanisms and frequency in which First Nations adults living on-reserve honour their traditional spirituality or whether traditional spirituality is important because of positive *or* negative life experiences that they have associated with it, it does provide a stepping-stone of insight into the values that some First

Nations adults individual might hold.

To date, only a handful of studies have explored the importance of traditional spirituality in relation to particular health outcomes. For example, Walls (2007) found that among 746 youth living on-reserve across nine different communities in Canada and the United States, higher ratings of traditional spirituality importance were related to fewer suicidal behaviours through reduced depressive symptoms. In addition, among 1456 American Indian peoples between 15-57 years old that lived either on or close to the Northern Plains reservation, higher perceived importance of tribal spiritual beliefs was associated with a lower chance of attempting suicide relative to those with lower perceived importance of such beliefs (Garroutte et al., 2003). In a similar vein, Yoder, Whitbeck, Hoyt, and LaFromboise (2006) found that, of 212 American Indian youth living on or near reserve, higher enculturation scores (i.e., higher scores on a measure that assessed traditional activities, cultural identity, and spirituality altogether as a single concept) were associated with reduced suicidal ideation. That said, by combining these different aspects of culture and cultural identity into one measure, the contribution of each in accounting for its negative association with suicidal ideation remains unknown.

Other research by Stone and colleagues (2006) found that, among 980 Midwestern Native American adults (71% women), participation with and in traditional spirituality, alongside one other facet of enculturation[3] (e.g., participation in traditional activities) was associated with alcohol cessation among adults who had used or abused alcohol in the past. In more detail, enculturation predicted alcohol cessation such that two of three facets of enculturation as measured in the present study, participation in traditional activities and traditional spirituality, had significantly positive effects on alcohol cessation.

To my knowledge, no published literature has explored whether heightened perceptions of importance of traditional spirituality *moderates* the links between social or other life stressors and poor psychological health outcomes among Indigenous populations. Some limited research on these complex relationships does exist in some regard amongst other populations. For example, in a study of 854 participants (79.4% identified as "White"), spirituality was assessed

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[3] "The measures of enculturation identified three basic principles: (1) participation in activities that were traditional, (2) the extent to which one identified with their American Indian culture, and (3) ratings of traditional spirituality. Objective 1: measured by 19 types of traditional activities. Objective 2: measured by American Indian cultural identification items (adapted from Oetting and Beauvais's (1990-1991). Objective 3: measured traditional spirituality a with regards to the extent of participation in spiritual activities, and the a importance of traditional spiritual values with regards to ADL and specific involvements in 16 traditional spiritual activities.

using the 6-point scale Daily Spiritual Experience Scale (Underwood & Terisi, 2002) which included items such as "I find strength in my spirituality" (Sprung, Sliter & Jex, 2012). Overall, Sprung and colleagues (2012) found that spirituality served as a protective moderator between experiences of physical aggression and feelings of workplace stress (Sprung, Sliter & Jex, 2012). One other study, measured spirituality among 155 African American undergraduate students, using a 25-item Spirituality Scale with a 6-point scale (derived from their cited reference of an unpublished manuscript by Jagers, Boykin, & Smith (1994) that assessed belief and commitment to spirituality. Overall, Bowen-Reid and Harrell (2002) found that spirituality buffered against the negative effects of racial stress in relation to symptoms of poor psychological health (Bowen-Reid & Harrell, 2002). Once again, this Master's thesis serves as a foundation for future research, as it is unclear the context in which youth and adults reported either traditional cultural events or traditional spirituality important to them.

2.5. OVERVIEW OF LITERATURE REVIEW AND RATIONALE FOR THE CURRENT RESEARCH

Various psychological health issues have been observed among Indigenous populations living in Canada and elsewhere for generations, including high levels of psychological distress (Bombay et al., 2014ab; Cunningham & Paradise, 2012; Davison, Nagel & Singh, 2017; Davison, Singh & McFarlane, 2019; Hajizadeh, Bombay & Asada, 2019; Kirmayer, Tait & Simpson, 2009; McNamara et al., 2018; Walls & Whitbeck, 2012ab). These health issues are often recognized as stemming from various aspects of colonization and the *Indian Act*, such as IRSs or federal criminalization of Indigenous spiritual practices and traditional ceremonies (Bombay, Matheson & Anisman, 2014ab; Greenwood & de Leeuw, 2012; Kolahdooz, Nader, Yi, & Sharma, 2015; TRC, 2015). Even while a very minimal amount of past research has explored Indigenous cultural factors as protective factors, and social stressors as risk factors, for adverse psychological health outcomes, results are mixed across studies (Bombay, Matheson & Anisman, 2010; Health Canada, 2015; Whitbeck, McMorris, Hoytt, Stubben, & Lafromboise, 2002). Although disconnection to Indigenous culture is often understood as having a detrimental impact on the well-being of Indigenous peoples living in Canada (Health Canada, 2015), it remains unclear what specific cultural or social factors will serve as protective against feelings of psychological distress (i.e., feelings of anxiety and depression), or unexpectedly as risks for such psychological distress – especially among First Nations populations that are living on their

ancestors' land as allocated by colonizers and the *Indian Act* (i.e., living on what are known formally known as *Indian* "reserves").

CHAPTER 3 STUDY ONE

The purpose of the present study (Study One) was to explore the cross-sectional data and associations between particular social stressors and cultural factors in relation to self-reported psychological distress in the youth 2015/16 First Nations Regional Health Survey (RHS), which is a nationally representative survey of First Nations youth aged 12-17 years old who live in on-reserve in Canada.[4, 5]

Based on the research reviewed in Chapter 2, there were three hypotheses:

H1: It was predicted that experiences of cyberbullying, and experiences of bullying, would be all be independently associated with higher levels of outcome psychological distress,

H2: It was predicted that having a strong sense of community belonging would be associated with lower levels of psychological distress, and

H3: It was predicted that community belonging would moderate (e.g., serve as a protective moderator or "buffer") against the consequences of each social stressor in relation to outcome levels of psychological distress.

Although some social interpersonal experiences (e.g., bullying) have shown to be associated with poor psychological or other health outcomes, and the impact of strong feelings of community belonging or support on various improved psychological health outcomes, only a handful of research has explored participation in community cultural events and the importance of traditional cultural events in relation to mental health, findings of which appear to differ depending on contextual and population outcomes. With this in mind, I was not aware prior research that explored these three cultural factors among a representative sample of First Nations youth living on-reserve in Canada. Therefore, a directional hypothesis was not made a priori in relation to the direct associations between these cultural variables and psychological distress or as a moderator of the links between any of the four social stressors, and outcome levels of

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[4] In the late 19-20th century, the Indian Act encouraged the forced removal of thousands of First Nations families (i.e., one of the three primary types of Indigenous peoples in Canada) away from traditional territory and prosperous feeding and medicine grounds. Instead, many families were either forcibly relocated to different or the same federally controlled, often underfunded, often less abundant parcels of land that would come to be known as "Indian reservations" or reserves. Only decades later, were First Nations permitted to live *off*-reserve (see Paul, 1993; TRC, 2015).

[5] Questions about verbal aggression, physical aggression, and racism were asked in the adult survey, but not the youth survey. Youth were asked about bullying, but adults were not. Both youth and adults were asked the same question about cyber-bullying.

psychological distress.

3.1. METHODS

3.1.1. Project Background, Access to RHS Data and Ethics Approval

The analyses presented in this Thesis are part of a larger research initiative being led by the Thunderbird Partnership Foundation (TPF) with Dr. Bombay and Dr. McQuaid to explore the associations between cultural identity and engagement with culture and well-being. In order to access the RHS data, our project proposal was approved by the First Nations Information Governance Centre (FNIGC), which is a non-profit organization run in association with the Assembly of First Nations (AFN) that serves as the data stewards of the nationally-representative RHS data sets. In 2018, our team submitted an application that outlined our proposed analyses and gave a presentation to the FNIGC national board to give an overview of the analyses and preliminary results. Although this thesis will not be released publicly beyond the logging of the thesis (a publicly accessible document) with Dalhousie Faculty of Graduate Studies. It is hoped that between 2020-2021, we will submit a condensed manuscript presenting the results from the thesis, once they have been reviewed and approved by the FNGIC.

3.1.2. The RHS: Participants and Procedure

The most recent phase 3 RHS data used in the current thesis was collected from First Nations youth between the ages of 12 and 17 living on-reserve in Canada. The sample consisted of 4,968 First Nations youth that were living on-reserve in Canada. The mean age was 14.80 years (95% CI: 14.71 to 14.89) and consisted of a near even split of males (50.6%)[6] versus female (49.4%)[7]. The data was collected between from March 2015 and December 2016 (see detailed information on p. 12-14, vol. 2 of 2015/16 RHS final descriptive Report). Typically, participants completed the survey in their home, using computer-assisted personal interviewing (CAPI) on laptops with Entryware, a survey software. The First Nations and Inuit Health Branch (FNIHB) of Health funded the RHS, and the Public Health Agency of Canada, Department of Indigenous Services Canada and the Crown-Indigenous Relations and Northern Affairs Canada partnered with The First Nations Information Governance Centre (FNIGC) in relation to the RHS.

Specific to the RHS youth and adult analyses in this Master's thesis, Dr. Amy Bombay,

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[6] n=2,514
[7] n=2,454

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Dr. Robyn McQuaid, and myself (Jocelyn Paul) worked together in a primary partnership with Thunderbird Partnership Foundation. Carol Hopkins, of Thunderbird Partnership Foundation (TPF) partnered with our team and expressed that the TPC is eager to assist with efforts to identify risk and resiliency pathways for psychological health and a holistic approach to Indigenous health. Specifically, Carol Hopkins role is to ensure the validity of data interpretation and the relevance of these findings within a two-eyed seeing approach. Related to the two-eyed seeing approach, FNIGC and Thunderbird Partnership Foundation will lead decisions around knowledge translation outputs/products that will be impactful for community members, service providers, and other relevant organizations.

As part of the 2015/16 RHS survey development of the First Nations Information Governance Centre, the questionnaire content of previous RHS versions (i.e., those from 2002 and 2008) went through an extensive review by several advisory committees and partners, including the Assembly of First Nations and First Nations and Inuit Health Branch (FNIHB) of Health Canada. Recommendations were made for the 2015/16 national RHS and several factors were taken into consideration before finalizing the survey (e.g., participant fatigue due to the extensiveness of the survey). Finally, the RHS was examined by an external and independent Research Ethics Committee, which was formed to evaluate the survey questions and whether they were adequately phrased and ethical to ask community members. The Research Ethics Committee supported that the survey met ethical standards, provided that particular recommendations were implemented. After a few weeks, Research Ethics Committee met again to ensure their recommended changes had been implemented, and then officially awarded their ethical approval of the RHS 2015/16 in 2014.

As described in more detail in the 2015/16 RHS National Report (pg. 13), the 2015/16 RHS used a complex sampling design. First was the selection of the number of and specific communities to invite to participate in the survey. Decisions about which potential communities (by region, sub-region, and community size) and potential individual participants to invite were obtained from the 2014 Registry information of Indigenous and Northern Affairs Canada (INAC). Participation was voluntary wherein two types of consent were acquired prior to participation (community and age- and context-appropriate participant consent). In total, after data-cleaning and the deletion of incomplete response/surveys, the final sample consisted of a total of 4,968 youth (12-17 years old) representative of 47,918 youth as represented in

participants to invite were obtained from the 2014 Registry information of Indigenous and Northern Affairs Canada (INAC). The secondary data analyses as described in this thesis were approved by the Research Ethics Board at Dalhousie University (REB #2018-4585) and at the Royal Ottawa Institute for Mental Health Research (REB #2018-020).

3.1.3. Secondary Analyses of the RHS

All secondary analyses of the 2015/16 RHS data were carried out using the *Complex Samples Module of SPSS* version 20. *This software* yielded estimates based on weights and specifications of the RHS sampling methodology, so that when weights proceeded to be applied to each case, the sample as well as the proportions in (within) the sample, reflected the total population. Confidence intervals (CIS) at the 95% level were calculated for all estimates, which means that the CIs contain the true value found in the population about 95% of the time. Descriptive and bivariate cross-tabulations were carried out between each study variable, with non-overlapping 95% confidence intervals that indicated statistically significant differences between the estimates.

Relative to Study One, two subsequent multivariate analyses predicting psychological distress from social stressors bullying and cyber-bullying was carried out separately using a step-wise Analysis of Variance (ANOVA) in which age and gender were entered on step 1, the specific bullying variable[8] was added on step 2, the cultural variables were added in step 3, and the interactions between the bullying and cultural variables were added on step 4. The significance tests for the bullying variables and community belonging were one-sided and at the $p<0.10$ level of significance because of the associated one-sided hypotheses. Because no predictions were made about the directionality between participation in community cultural event and importance of traditional events in relation to psychological distress, these tests were two sided and assessed at the $p<0.05$ level of significance. For each analysis, participants with missing data on relevant variables were excluded from that specific analysis. Upon completion of the analyses, the data center manager at FNIGC vetted the output, and estimates with high coefficients of variation (greater than 33.3%) or small cell counts (fewer than 5 individuals)

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[8] The same procedure was followed for the adult analyses except for there were four risk factors (cyberbullying, verbal aggression, physical aggression, and racism) instead of the two risk factors (bullying, cyberbullying) as in the youth dataset. In addition, in the adult analyses and the importance of traditional cultural spirituality was assessed at the $p<0.05$ level, in comparison the importance of traditional cultural events variable that was assessed in the youth sample.

values were suppressed to protect the anonymity of participants. As well, estimates for which the coefficient of variation was high (between 16.6% and 33.3%) were accompanied by a warning that they should be interpreted with caution (denoted by an E in superscript: [E]).

3.2. MEASURES

3.2.1. Gender/Sex

Participants were asked if they were male or female, although it was not specified whether they were responding to the question based on their sex or gender identity. Although a separate question inquired whether participants identified as Transgender and/or Two-Spirited, this question was only asked for those older than fifteen years old as well as participants tended to omit the question. Therefore, for this Thesis project, we used the single dichotomous question about male and female identity, recognizing the significant limitations and that additional gender identities exist beyond male, female, and transgender, and two-spirited identities.

3.2.2. Psychological Distress

Psychological distress was assessed using the 10-question Kessler scale (K10; Kessler et al., 2002) that inquired whether or not participants experienced feelings (symptoms) of anxiety (e.g., "…often…feel so nervous…nothing could calm you?") or depression (e.g., "often…feel so sad…nothing could cheer you up?") within the past month. Participants were asked to rank their experiences with these statements on a scale of 1 (none of the time) to 5 (all of the time). Responses were calculated by adding the sum of all 10 questions, that resulted in a possible score that ranged from 10-50. Higher cumulative scores indicated higher levels of psychological distress within the past month (prior to the survey).

Although research has regarded psychological distress having good convergent validity (Andrews & Slade, 2001; Cornelius et al., 2013), criterion validity, and predictive value for disorders related to depression or anxiety (Andersen et al., 2007; Furukawa, et al., 2003; Kessler et al., 2002). the K10 has also shown strong reliability within First Nations and other Indigenous populations (Bougie, Arim, Kohen & Findlay, 2016; FNIGC, 2018a).

3.2.3. Bullying

Bullying was measured using a single, dichotomous question that inquired whether (*Yes*) or not (*No*) the participant had experienced bullying within the past twelve months. The following statement was the statement in the youth RHS directly above the dichotomous question: "Bullying is an act that is done on purpose. Bullies use their power (physical size, age,

social status, etc.) to threaten, harass, or hurt others. Bullying happens over and over to one person or to a group of people. Bullying happens in four basic ways: physical (hitting, kicking, stealing, etc.); verbal (teasing, name-calling, etc.); indirect (spreading rumours, excluding people, mean gestures, etc.); and cyberbullying (covered in next question)." Participants who selected "Don't know" or "Refused" were excluded from the analyses.

3.2.4. Cyberbullying

Cyberbullying was measured using a single, dichotomous question that inquired whether (*Yes*) or not (*No*) the participant had experienced cyberbullying within the past twelve months. The following definition of bullying was provided to all youth participants directly above the dichotomous question: "Cyberbullying refers to the use of a computer or other electronic device to engage in bullying." Participants who selected "Don't know" or "Refused" were excluded from the analyses.

3.2.5. Community Belonging

Community belonging was measured using a single question that required participants to rate their "sense of belonging to their local community" using one of the following response options: "very strong", "somewhat strong", "somewhat weak" or "very weak". In our analyses, the response options were dichotomized into those with "very" or "somewhat" strong feelings of belonging and those with "somewhat weak" or "very weak" feelings of belonging. This was motivated by the low number of participants that indicated "very weak" community belonging, which rendered the statistic unreliable. Participants who selected "Don't know" or "Refused" were excluded from the analyses.

3.2.6. Participation in Community Cultural Events

Participation in community cultural events was measured using a single question that required participants to rate how often they "took part in their local community's cultural events". Participants had the following response options: using "always/almost always", "sometimes", "rarely" and "never". In the analyses, the response options were dichotomized into those who selected "always/almost always" and/or "sometimes", compared to those who selected the response option of "rarely" or "never". This was motivated by the low number of participants who indicated "never", which rendered the statistic unreliable. Participants who selected "Don't know" or "Refused" were excluded from the analyses..

3.2.7. Importance of Traditional Cultural Events

Importance of traditional (Indigenous) cultural events was measured only in the youth RHS. This construct was measured with a single question that inquired whether youth participants "strongly agree", "agree", "neither agree nor disagree", "disagree", or "strongly disagree" with the statement: "Traditional cultural events are important in my life." The question was accompanied by the following description: "Note: Traditional cultural events vary, but may include powwows, sweat lodges, and community feasts." In the analyses, the youth participant response options for this variable were dichotomized into those that agreed or strongly agreed that traditional cultural events were important, and those who strongly disagreed, disagreed, or neither agreed nor disagreed. Participants who selected "Don't know" or "Refused" were excluded from the analyses.

3.3. STUDY ONE: YOUTH RESULTS

3.3.1. Descriptive and Bivariate Analyses

Just over one in four (27.9%)[9] reported experiencing bullying and just under one in five (17.9%)[10] experienced cyberbullying. Cross-tabulation analyses by gender/sex revealed that a greater proportion of females reported experiencing bullying ($\chi2=81.97$, *p*<.001) and cyberbullying ($\chi2=199.15$, *p*<.001) compared to males (Table 1). Just over three-quarters (76.6%) described their sense of belonging to their local community as being very or somewhat strong, leaving 23.4% who indicated it was very or somewhat weak (Table 1; no differences by gender/sex: $\chi2=.51$, *p*=.56).[11] Seventy-one percent (71.3%) reported participating in community cultural events always/almost always or sometimes, leaving 28.7% who participated rarely or never (Table 1); no differences by gender/sex: $\chi2=9.00$, *p*=.14).[12] Eighty percent (80.2%) of youth either agreed or strongly agreed that traditional cultural events were important, leaving 18.8% who strongly disagreed, disagreed, or neither agreed nor disagreed (Table 1; no differences by gender/sex: $\chi2=6.32$, *p*=.087).[13]

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[9] N=4664
[10] N=4658
[11] N=4258
[12] N=4905
[13] N=4789

Table 1   Estimates Of Categorical Variables In The Total Sample And Among Males And Females.

	%	Lower 95% CI	Upper 95% CI
Bullying: *Yes*			
Total	27.9	25.5	3.3
Male	22.1	18.7	25.8
Female	33.9	30.8	37.3
Cyberbullying: *Yes*			
Total	17.9	16.2	19.7
Male	10.1^E	7.1	14.1
Female	25.9	23.0	29.0
Feelings of community belonging: *Strong or Very Strong*			
Total	76.6	74.5	78.6
Male	77.0	74.3	79.6
Female	76.1	73.5	78.6
Participation in community cultural events: *Sometimes, Often, or Almost Always/Always*			
Total	71.3	69.5	72.9
Male	69.3	66.5	72.1
Female	73.2	69.8	76.4
Importance of traditional cultural events: *Agree or Strongly Agree*			
Total	80.2	78.5	81.8

Male	78.8	76.5	79.1
Female	81.7	79.1	84.0

The mean level of psychological distress was 18.86, with females reporting higher levels of psychological distress (*M*=21.10) compared to males (*M*=16.71).[14] Youth who reported being bullied in the past year reported higher psychological distress levels (*M*=23.32) compared to those who were not bullied (*M*=17.03).[15] Likewise, youth who were cyberbullied in the past year (*M* =24.87) reported higher levels of psychological distress compared to those who were not (*M*=17.40).[16] Youth who described their sense of belonging to their community as somewhat or very strong (*M*=18.39) reported lower levels of psychological distress compared to those who said it was somewhat or very weak (*M*=21.16).[17] Those who reported that they always, almost always or sometimes participated in community cultural events (*M*=19.19) reported *higher* psychological distress compared to youth who reported that they participated rarely or never (*M*=18.01).[18] Youth who agreed or strongly agreed that traditional cultural events were important in their life reported *higher* levels of psychological distress (*M*=19.26) compared to youth who strongly disagreed, disagreed, or neither agreed/disagreed that cultural events were important (*M*=17.27).[19]

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[14] N=4511
[15] N=4329
[16] N=4328
[17] N=4006
[18] N=4472
[19] N=4377

Table 2   Mean Levels Of Psychological Distress Within Each Category Of Each Study
               Variable.

	Psychological Distress	Lower 95% CI	Upper 95% CI
Gender/sex			
Males	16.71	16.28	17.15
Females	21.10	20.36	21.83
Bullying			
Not bullied	17.03	16.62	17.44
Bullied	23.32	22.19	24.56
Cyberbullying			
Not cyberbullied	17.40	16.98	17.82
Cyberbullied	24.87	22.91	26.83
Feelings of community belonging			
Somewhat or Very strong	18.39	17.88	18.90
Somewhat or Very weak	21.16	20.20	22.12
Participation in community cultural events			
Always, almost always or sometimes	19.19	18.66	19.72
Never	18.01	17.10	18.93

Importance of traditional cultural events			
Agreed or strongly agreed	19.26	18.73	19.79
Strongly disagreed, disagreed, or neither agreed/disagreed	17.27	16.12	18.73

Eighty-two percent (82.1%; 95% CI: 77.1% to 86.2%) of youth who reported facing bullying in the past year also reported being cyberbullied, compared to 17.9% (95% CI: 13.8% to 22.9%) who did not face bullying ($\chi2$=1452.79, *p*<.001).[20] A greater proportion of youth who claimed that they took part in community cultural events at least sometimes (3.2%; 95% CI: 27.5% to 33.0%) reported that they had been *bullied* in comparison to those who never or rarely participated in such events (22.5%; 95% CI: 18.7% to 26.7%; $\chi2$=28.21, *p*=.002).[21] Likewise, a greater proportion of youth who agreed or strongly agreed that traditional cultural events were important (30.0%; 95% CI: 27.5% to 32.7%) reported being bullied compared to those who did not (19.9%; 95% CI: 15.7% to 24.9%; $\chi2$=37.13, *p*<.001).[22]

The proportion of youth who reported exposure to bullying did not differ significantly between those who reported having very or somewhat strong community belonging (29.0%; 95% CI: 26.1% to 32.1%) vs. those who reported very or somewhat weak community belonging (25.4%; 95% CI: 21.8% to 29.5%; $\chi2$=4.50, *p*=.10).[23]

A greater proportion of youth who reported taking part in community cultural events at least sometimes 20.3%; 95% CI: 17.9% to 22.9%) claimed that they had been *cyberbullied* in comparison to those who never or rarely participated in such events (12.2%; 95% CI: 9.3% to 15.8%; $\chi2$=41.04, *p*<.001)[24] Likewise, a greater proportion of youth who agreed or strongly agreed that traditional cultural events were important (19.1%; 95% CI: 27.5% to 32.7%) reported being cyberbullied compared to those who did not (11.2%[E]; 95% CI: 7.9% to 15.7%; $\chi2$=30.85, *p*=.004)[25] The proportion of youth who reported exposure to cyberbullying did not differ

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[20] N=4529
[21] N=4617
[22] N=4508
[23] N=4070
[24] N=4608
[25] N=4496

significantly between those who reported having very or somewhat strong community belonging (18.5%; 95% CI: 16.0% to 21.3%) vs. those who reported very or somewhat weak community belonging (16.4%; 95% CI: 12.9% to 2.5%; χ2=2.31, *p*=.38)[26]

A greater proportion of youth who reported very or somewhat strong feelings of community belonging reported participating in community cultural events at least sometimes (79.4%; 95% CI: 77.1% to 81.5%) compared to those who reported weak or very weak community belonging (54.1%; 95% CI: 5.1% to 58.1%; χ2=248.35; *p*<.001).[27] A greater proportion of youth who reported very or somewhat strong feelings of community belonging agreed or strongly agreed that traditional cultural events were important (85.5%; 95% CI: 83.5 to 87.3) compared to those who reported that their community belonging was somewhat or very weak (65.2%; 95%CI: 60.2% to 69.8%) (χ2=196.20, *p*<.001).[28] Ninety percent (90.3%) (95% CI: 88.6 to 91.8) of youth who reported participating in community cultural events sometimes, often, almost always, also indicated that they either agreed or strongly agreed that traditional cultural events were important to them compared to 54.6% (95% CI: 50.4 to 58.7) of youth who rarely or never participated in community cultural events (χ2=775.41; *p*<.001).[29]

3.3.2. Multivariate Analyses: Stepwise ANOVAs Predicting Psychological Distress

In step 1, age and gender accounted for 7.7% of variance in psychological distress when they were the only predictive variables in the model. Age was positively associated with psychological distress (B=.62; 95% CI: .40 to .83; p<.001), and females reported greater mean psychological distress levels compared to males (b= -4.39, 95% CI: -5.13 to -3.65; *p*<.001).

When bullying and cyberbullying were both added to the same model in step 2, both were positively associated with psychological distress and together with age and gender accounted for 20% of the variance in psychological distress levels (Table 3). Because bullying and cyberbullying were highly associated (χ2=1452.79, *p*<.001), separate analyses were run in which bullying and cyberbullying were entered on step 2 in separate models. In this regard, together with age and gender, the model with bullying accounted for 17.9% of the variance in

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[26] N=4048
[27] N=4229
[28] N=4154
[29] N=4756

psychological distress (Table 4) and cyberbullying accounted for 16.0% of the variance in psychological distress (Table 5).

Table 3   Estimates for the Variables Predicting Psychological Distress (PD) in Step 2 After The Addition of Bullying and Cyberbullying to the Same Model.

$R^2=.20$	B	Lower 95% CI	Upper 95% CI	p-value
Age	.85	.63	1.07	<.001
Gender/sex[a]	-3.15	-3.89	-2.41	<.001
Bullying	4.26	3.28	5.25	<.001
Cyberbullying	4.37	2.55	6.18	<.001

[a]Female = 2 and male = 1.

Table 4   Estimates For The Variables Predicting Psychological Distress (PD) In Step 2 After The Addition Of Bullying To The Model.

$R^2=.18$	B	Lower 95% CI	Upper 95% CI	p-value
Age	.62	.71	1.12	<.001
Gender/sex[a]	-3.62	-4.31	-2.94	<.001
Bullying	6.46	5.49	7.43	<.001

[a]Female = 2 and male = 1.

Table 5   Estimates For The Variables Predicting Psychological Distress (PD) In Step 2 After The Addition Of Cyberbullying To The Model.

$R^2=.16$	B	Lower 95% CI	Upper 95% CI	p-value
Age	.73	.51	.94	<.001
Gender/sex[a]	-3.27	-4.02	-2.52	<.001
Cyberbullying	6.84	5.17	8.51	<.001

[a]Female = 2 and male = 1

In step 3, community belonging, participation in community cultural events, and the importance of traditional cultural events were added to the respective separate models with bullying and cyberbullying[30] (see Table 6). In both cases, those with strong or very strong feelings of community belonging reported lower psychological distress compared to those with weak or very weak feelings of belonging, but youth who agreed that traditional cultural events were important reported higher mean psychological distress levels.

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[30] N=3755

Table 6   Estimates For Variables Predicting Psychological Distress (PD) In Step 3 In The Model With Bullying.

$R^2=.20$	B	Lower 95% CI	Upper 95% CI	*p*-value
Age	.90	.68	1.11	<.001
Gender/sex[a]	-3.83	-4.66	-3.00	<.001
Bullying	6.16	5.02	7.30	<.001
Community belonging	-2.87	-3.81	-1.93	<.001
Participation in community cultural events	.33	-.71	1.38	.53
Importance of traditional cultural events	1.83	.73	2.92	<.001

[a]Female = 2 and male = 1.

Table 7   Estimates For Variables Predicting Psychological Distress (PD) In Step 3 In The Model With Cyber-Bullying.

$R^2=.19$	B	Lower 95% CI	Upper 95% CI	*p*-value
Age	.70	.47	.92	<.001
Gender/sex[a]	-3.60	-4.56	-2.67	<.001
Cyberbullying	6.59	4.66	8.52	<.001
Community belonging	-2.90	-3.82	-1.98	<.001
Cultural participation	.22	-.95	1.38	.72
Importance of traditional	2.18	1.12	3.24	<.001

cultural events		

cultural

events

_aFemale = 2 and male = 1.

In step 4, the interactions between the bullying variables with community belonging, participation in community cultural events, and importance of traditional cultural events were added to the models. In both cases, those who were bullied or cyberbullied reported greater psychological distress compared to those who were not, and strong or very strong community belonging was associated with lower levels of psychological distress (Table 8-9). The interactions between community belonging and both bullying variables were significant such that the relationship between being bullied and greater psychological distress was stronger among those with weak belonging compared to those with strong belonging (see Figures 1-2). Neither of the other cultural variables significantly interacted with the bullying variables.

Table 8   Estimates For Variables Predicting Psychological Distress (PD) In Step 4 In The
         Model With Bullying.

$R^2=.21$	B	Lower 95% CI	Upper 95% CI	p-value
Age	.88	.68	1.09	<.001
Gender/sex[a]	-3.80	-4.58	-3.01	<.001
Bullying	1.34	6.57	14.11	<.001
Community belonging	-1.74	-2.67	-.81	<.001
Participation in community cultural events	.20	-.93	1.32	.73
Importance of traditional cultural events	2.15	1.02	3.27	<.001
Bullying x Community belonging	-4.30	-6.61	-1.99	<.001
Bullying x Participation in community cultural events	.72	-1.50	2.94	.52
Bullying x Importance of traditional cultural events	-1.62	-4.79	1.57	.32

[a]Female = 2 and male = 1.

Table 9   Estimates For Variables Predicting Psychological Distress (PD) In Step 4 In The
         Model With Cyberbullying.

$R^2=.20$	B	Lower 95% CI	Upper 95% CI	p-value
Age	.69	.48	.92	<.001
Gender/sex[a]	-3.60	-4.48	-2.72	.001
Cyberbullying (CB)	12.10	7.49	16.70	.001
Community belonging	-2.13	-3.01	-1.24	.001
Participation in community cultural events	.48	-.70	1.67	.42
Importance of traditional cultural events	2.354	1.30	3.41	.001

CB x Community belonging	-4.32	-7.18	-1.45	.003
CB x Participation in community cultural events	-1.24	-3.92	1.43	.36
CB x Importance of traditional cultural events	-1.35	-5.28	2.58	.50

[a]Female = 2 and male = 1.
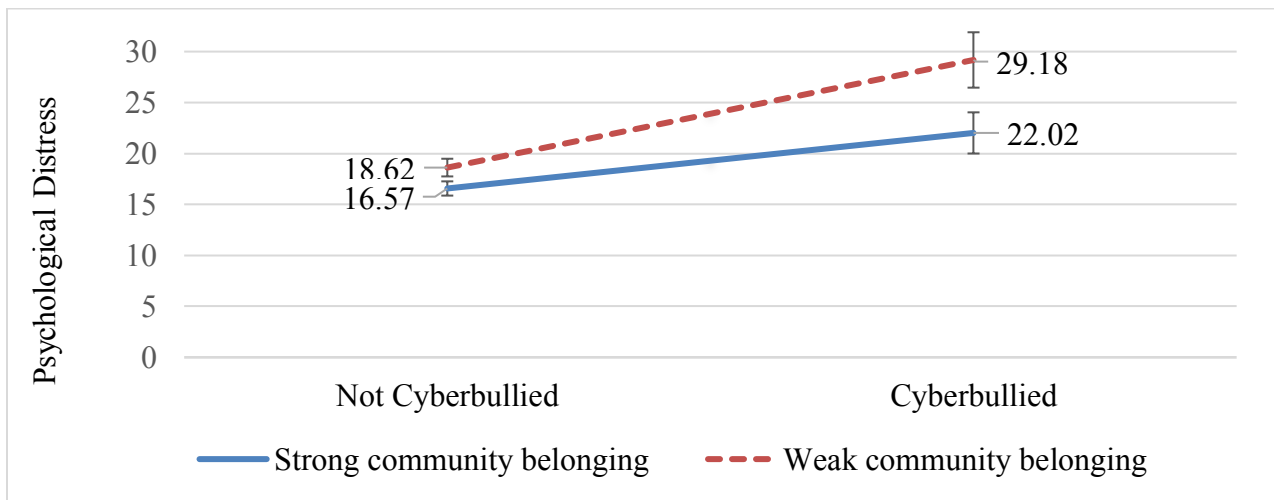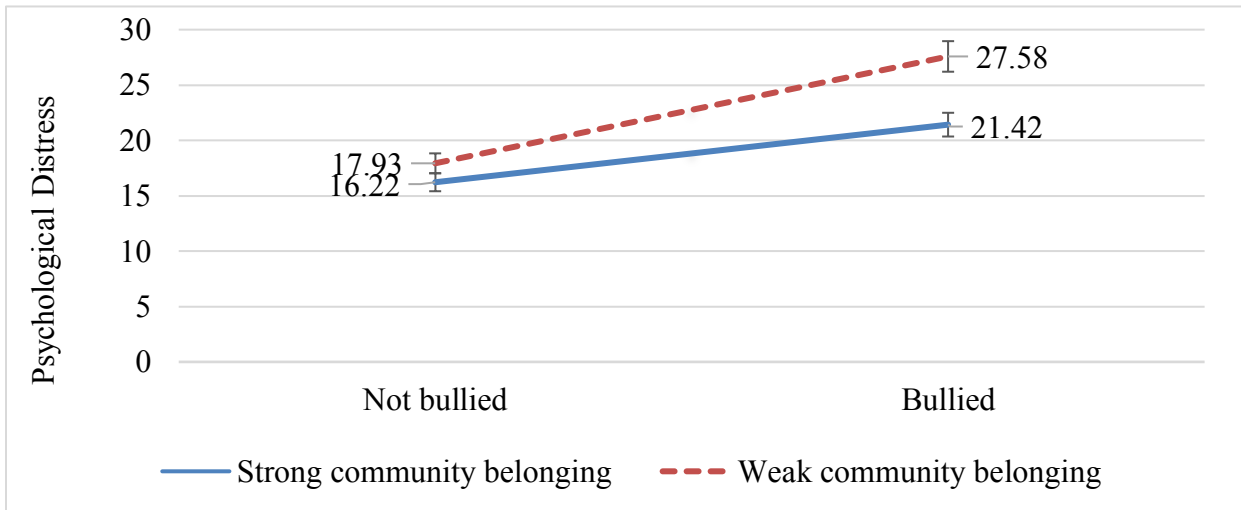
Figure 1A and 1B.   Interactions between community belonging with bullying and cyberbullying in predicting psychological distress among First Nations youth living on-reserve. The upper line graph displays levels of psychological distress as a function whether the youth has experienced bullying within the past year, and whether they hold strong or weak feelings of community belonging. The lower line graph displays levels of psychological distress as a function of whether the youth has experienced cyberbullying within the last year, and whether they hold strong or weak feelings of community belonging. As depicted in both line graphs, high ratings of (i.e., strong) community belonging was associated with statistically significantly lower levels of psychological distress ($p \leq 0.05$) even if the youth had experienced or been the victim of bullying or cyberbullying within the past year.

3.4. MAIN FINDINGS SUMMARY

Among First Nations youth living on-reserve in Canada (as represented within the youth RHS 2015/16 data aged 12-17 years old), secondary analyses revealed that older youth compared to younger, *and* females compared to males, experienced statistically significantly higher levels of psychological distress. In addition, experiences of bullying and cyberbullying within the last year were significantly associated with higher levels of psychological distress in the last month. As well, a high levels of community belonging were significantly associated with lower reported levels of psychological distress. Interestingly, youth who agreed that traditional events were important reported *higher* levels of psychological distress. High levels of community belonging significantly moderated (protected) against high levels of psychological distress that were associated with experiences of bullying and cyber-bullying.

CHAPTER 4   STUDY TWO

4.1. DESIGN AND HYPOTHESES

The purpose of the present study (Study Two) was to explore the associations between particular social stressors and cultural factors in relation to self-reported psychological distress in the adult 2015/16 First Nations Regional Health Survey (RHS), which is a nationally representative sample cross-sectional survey of First Nations adults between >18 years old living on-reserve in Canada.[31, 32]

Based on the research reviewed in Chapter 2, there were three hypotheses:

H1: It was predicted that experiences of cyberbullying, experiences of racism, experiences of verbal aggression, and experiences of physical aggression would be all be independently associated with higher levels of outcome psychological distress,

H2: It was predicted that having a strong sense of community belonging would be associated with lower levels of psychological distress, and

H3: It was predicted that community belonging would moderate (e.g., serve as a protective moderator or "buffer") against the consequences of each social stressor in relation to outcome levels of psychological distress.

Although some social interpersonal experiences (e.g., racism, aggression, other forms of bullying) have shown to be associated with poor psychological or other health outcomes, and the impact of strong feelings of community belonging or support on various improved psychological health outcomes, only a handful of research has explored participation in community cultural events and the importance of traditional spirituality in relation to mental health, findings of which appear to differ depending on contextual and population outcomes. With this in mind, I was not aware prior research that explored these three cultural factors among a representative

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[31] In the late 19-20th century, the Indian Act encouraged the forced removal of thousands of First Nations families (i.e., one of the three primary types of Indigenous peoples in Canada) away from traditional territory and prosperous feeding and medicine grounds. Instead, many families were either forcibly relocated to different or the same federally controlled, often underfunded, often less abundant parcels of land that would come to be known as "Indian reservations" or reserves. Only decades later, were First Nations permitted to live *off*-reserve (see Paul, 1993; TRC, 2015).

[32] Questions about verbal aggression, physical aggression, and racism were asked in the adult survey, but not the youth survey. Youth were asked about bullying, but adults were not. Both youth and adults were asked the same question about cyber-bullying.

sample of First Nations adults living on-reserve in Canada. Therefore, a directional hypothesis was not made a priori in relation to the direct associations between these cultural variables and psychological distress or as a moderator of the links between any of the four social stressors, and outcome levels of psychological distress.

4.1.2. Project Background, Access to RHS Data and Ethics Approval

The purpose of the present study (Study Two) was to examine particular social stressors and potential cultural factors that might influence outcome levels of psychological distress in a nationally representative sample of First Nations adults that live on-reserve. Like Study One, Study Two was a cross-sectional study. A total of 12,137 adults (>18 years old) participated and the average age of adult participants was approximately 47.69 years old (SD= 7.20). The analyses presented in this thesis are part of a larger research initiative being led by the Thunderbird Partnership Foundation (TPF). See Chapter 3 for a thorough description of the background of the RHS.

4.2. MEASURES

4.2.1. Gender/Sex

Participants were asked if they were male or female, although it was not specified whether they were responding to the question based on their sex or gender identity. Although a separate question inquired whether participants identified as Transgender and/or Two-Spirited, participants tended to omit the question. Therefore, for this Thesis project, we used the single dichotomous question about male and female identity, recognizing the significant limitations and that additional gender identities exist beyond male, female, and transgender, and two-spirited identities.

4.2.2. Psychological Distress

Psychological distress was assessed using the 10-question Kessler scale (K10; Kessler et al., 2002) that inquired whether or not participants experienced feelings (symptoms) of anxiety (e.g., "…often…feel so nervous…nothing could calm you?") or depression (e.g., "often…feel so sad…nothing could cheer you up?") within the past month. Participants were asked to rank their experiences with these statements on a scale of 1 (none of the time) to 5 (all of the time). Responses were calculated by adding the sum of all 10 questions, that resulted in a possible score that ranged from 10-50. Higher cumulative scores indicated higher levels of psychological distress within the past month (prior to the survey).

Although research has regarded psychological distress having good convergent validity (Andrews & Slade, 2001; Cornelius et al., 2013), criterion validity, and predictive value for disorders related to depression or anxiety (Andersen et al., 2007; Furukawa, et al., 2003; Kessler et al., 2002). the K10 has also shown strong reliability within First Nations and other Indigenous populations (Bougie, Arim, Kohen & Findlay, 2016; FNIGC, 2018a).

4.2.3. Cyberbullying

Cyberbullying was measured with the single dichotomous question that inquired whether (*Yes*) or not (*No*) the participant experienced cyberbullying within the past twelve months. The following definition of bullying was provided to all adult participants directly above the dichotomous question: "Cyberbullying refers to the use of a computer or other electronic device to engage in bullying." Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.2.4. Verbal Aggression

Verbal aggression was measured using the question: "Have you experienced any verbal aggression towards you in the past 12 months? *Verbal aggression includes threats, insults, name calling, etc.".* Multiple choice options were dichotomized into two categories: *yes (*included "yes, often", "yes, sometimes" and "yes, rarely" response options) and *no* (included "never" response option). Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.2.5. Physical Aggression

Physical aggression was measured using the question: "Have you experienced any physical aggression towards you in the past 12 months? *This includes hitting, kicking, crowding, etc.".* Multiple choice options were dichotomized into two categories: *yes (*included "yes, often", "yes, sometimes" and "yes, rarely" response options) and *no* (included "never" response option). Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.2.6. Racism

Racism was measured with the single dichotomous question that inquired whether (*Yes*) or not (*No*) the participant had personally experienced any instances of racism (i.e., perceived racism) in the past 12 months. Participants who indicated that they did not know or refused were excluded from the analyses.

4.2.7. Community Belonging

Community belonging was measured using a single question that required participants to rate their "sense of belonging to their local community" using one of the following response options: "very strong", "somewhat strong", "somewhat weak" or "very weak". In our analyses, the response options were dichotomized into those with "very" or "somewhat" strong feelings of belonging and those with "somewhat weak" or "very weak" feelings of belonging. This was motivated by the low number of participants that indicated "very weak" community belonging, which rendered the statistic unreliable. Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.2.8. Participation in Community Cultural Events

Participation in community cultural events was measured using a single question that required participants to rate how often they "took part in their local community's cultural events". Participants had the following response options: using "always/almost always", "sometimes", "rarely" and "never". In the analyses, the response options were dichotomized into those who selected "always/almost always" and/or "sometimes", compared to those who selected the response option of "rarely" or "never". This was motivated by the low number of participants who indicated "never", which rendered the statistic unreliable. Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.2.9. Importance of Traditional Spirituality

Importance of traditional (Indigenous) spirituality was measured only in the adult RHS. This construct was measured with a single question that inquired whether adult participants "strongly agree", "agree", "neither agree nor disagree", "disagree", or "strongly disagree" with the statement: "Traditional spirituality is important to me." In the analyses, the participant response options for this variable were dichotomized into those that agreed or strongly agreed that traditional spirituality was important, and those who strongly disagreed, disagreed, or neither agreed nor disagreed. Participants who selected "Don't know" or "Refused" were excluded from the analyses.

4.3. STUDY TWO: ADULT RESULTS

4.3.1. Descriptive and Bivariate Statistics

In total, after data-cleaning and the deletion of incomplete response/surveys, the final

sample consisted of 23,167 children, youth and adults from 253 communities (final response rate = 76.1%). A total of 12,137 adults (18 years or older) represented 282,129 adults (total number retrieved from 2015/16 RHS final descriptive Report [FNGIC, 2018]). Participant ages ranged from 18-97 years old and the average age of adult participants was approximately 47.69 years old (SD = 17.20).

About half of participants self-identified as male (46.61%) and half as female (53.39%), and the mean age was 47.69 years (*SE*=.16). Close to one quarter (23.6%; 95% CI: 1.9% to 13.7%) of adults claimed that they had experienced physical aggression rarely, sometimes or often in the past year, and 38.8% (95% CI: 4.5% to 18.8%) experienced verbal aggression rarely, sometimes or often in the past year. Seven percent (6.9%; 95% CI: 6.1% to 7.9%) of adults reported experiencing cyberbullying in the past year, and 24.4% (CI: 22.0% to 26.4%) experienced racism within the last year. About four in five (86%; 95% CI: 31.5% to 49.1%) adults reported that their sense of belonging to their local community was very strong or somewhat strong, and 67.2% (95% CI: 17.7% to 49.9%) reported that they always, almost always or sometimes took part in their local community's cultural events. Most adults (71.0%, 95% CI: 69.2 to 72.8) agreed or strongly agreed that traditional spirituality is important to them.

The mean score on the psychological distress scale was 17.69 (95% CI: 16.45 to 18.91), which was higher among females (*M*=18.50; 95% CI: 18.07 to 18.92) than males (*M*=16.88; CI: 16.45 to 17.31). Psychological distress levels were higher among those who reported experiencing physical aggression (*M*=22.02; CI: 21.51 to 22.54) and verbal aggression (*M*=21.05; 95% CI: 20.65 to 21.44) compared to those who did not report physical (*M*=16.19; 95% CI: 15.86 to 16.52) or verbal aggression (*M*=15.43; 95% CI: 15.07 - 15.79). The mean psychological distress score for those who had been cyberbullied in the past year was higher (*M*=23.41; 95% CI: 22.31 to 24.51) compared to those who did not experience cyberbullying (*M*=17.14; 95% CI: 16.80 to 17.48). Those who experienced racism within the last year had higher mean psychological distress scores (*M*=19.94; 95% CI: 19.39 to 2.49) compared to those who did not (*M*=16.84; 95% CI: 16.48 to 17.21). Those who had very or somewhat strong feelings of belonging reported lower psychological distress (*M*=16.90; 95% CI 16.54 to 17.25) compared to those who had very or somewhat weak belonging (*M*=20.63; 95% CI: 20.06 to 21.21). Those who participated in community cultural events always/almost always or sometimes did not differ significantly in mean psychological distress levels (M=17.60; 95% CI:

17.20 to 18.00) in comparison to those that participated rarely or never (M=17.87; 95% CI: 17.40 to 18.40). Likewise, mean distress levels among adults who either strongly agreed or agreed that traditional spirituality is important to them (M=17.86; 95% CI: 17.47 to 18.25) did not differ significantly from those who neither agree/disagree, disagree nor strongly disagree (M=16.93; 95% CI: 16.39 to 17.48).

4.3.2. ANOVA Predicting Psychological Distress – Model with All Four Social Stressors

In step 1 with only age and gender in the model, younger adult age was associated with higher levels of psychological distress (b= -.06; 95% CI: -.073 to -.048) and females reported greater mean psychological distress levels compared to males (b=-1.68; 95% CI: -2.12 to -1.24). The variables age and gender together accounted for 3% of the variance in psychological distress levels (R^2=.029%). Adding the four social stressor variables to their respective models in step 2 resulted in increased R^2 compared to step 1 in each case[33], with those who experienced the stressor reporting higher psychological distress (Tables 10-16).

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[33] The addition of the three cultural variables also resulted in an increased R^2 in step 3 which is ΔR^2=0.15

Table 10   Estimates in Step 2 When the Social Stressors Were Added to the Same Model
            Predicting Psychological Distress (PD).

$R^2=.18$	B	Lower 95% CI	Upper 95% CI	p-value
Age	-.017	-.03	-.01	.001
Gender/sex[a]	-1.26	-1.64	-.88	.001
Physical aggression	2.90	2.33	3.5	.001
Verbal aggression	3.29	2.82	3.76	.001
Cyberbullying	2.99	1.89	4.08	.001
Racism	.88	.37	1.40	.001

[a]Female = 2 and male = 1.

Adults who reported strong or very strong feelings of belonging reported lower psychological distress levels compared to those with weak or very week feelings of belonging.[34] Those that indicated that traditional spirituality was somewhat or very important claimed that they had *higher* levels of psychological distress compared to those who neither agreed nor disagreed, disagreed, or strongly disagreed. Participation in community cultural events was not significant associated with psychological distress (Table 2). An analysis was run in which all of the possible two-way interactions between each social stressor and each cultural variable, however there was collinearity between the independent variables and so four subsequent ANOVAs were carried out in which each social stressor was assessed separately.

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[34] The addition of the three cultural variables also resulted in an increased R^2 in step 3 which is $\Delta R^2 = 0.15$.

Table 11   Estimates in Step 3 When the Cultural Factors Were Added to the Model

Predicting Psychological Distress (PD).

$R^2=.21$	B	Lower 95% CI	Upper 95% CI	p-value
Age	-.014	-.03	-.004	.009
Gender/sex[a]	-1.07	-1.47	-.67	.001
Physical aggression	2.683	2.10	3.26	.001
Verbal aggression	3.363	2.89	3.84	.001
Cyberbullying	2.561	1.39	3.74	.001
Racism	.619	.090	1.15	.023
Community belonging	-3.079	-3.63	-2.53	.001
Participation in community cultural events	.092	-.34	.53	.678
Importance of traditional spirituality	.784	.32	1.25	.001

[a] Female = 2 and male = 1.

4.3.3. Model with Physical Aggression Predicting Psychological Distress

An ANOVA in which the interactions between physical aggression and each cultural variable were included in the models revealed that physical aggression and importance of traditional spirituality were associated with *increased* psychological distress and having strong feelings of community belonging was associated with reduced psychological distress. Importance of traditional spirituality interacted with physical aggression such that the association between physical aggression and psychological distress was stronger among those who agreed that traditional spirituality was important (See Table 12 & Figure 2).

Table 12   Estimates of Interactions Between Physical Aggression and Each Cultural Variable in Model with Physical Aggression Predicting Psychological Distress (PD).

R^2=.16	B	Lower 95% CI	Upper 95% CI	*p*-value
Age	-.026	-.037	-.02	.001
Gender/sex[a]	-1.496	-1.89	-1.10	.001
Physical aggression (PA)	4.086	2.66	5.51	.001
Community belonging	-3.297	-3.94	-2.65	.001
Participation in community cultural events	.033	-.52	-.58	.905
Importance of traditional spirituality	.682	.12	1.25	.019
PA * Community belonging	-.044	-1.26	1.17	.943
PA * Participation in community cultural events	.462	-.82	1.75	.478
PA * Importance of traditional spirituality	1.142	.010	2.27	.048

[a] Female = 2 and male = 1.
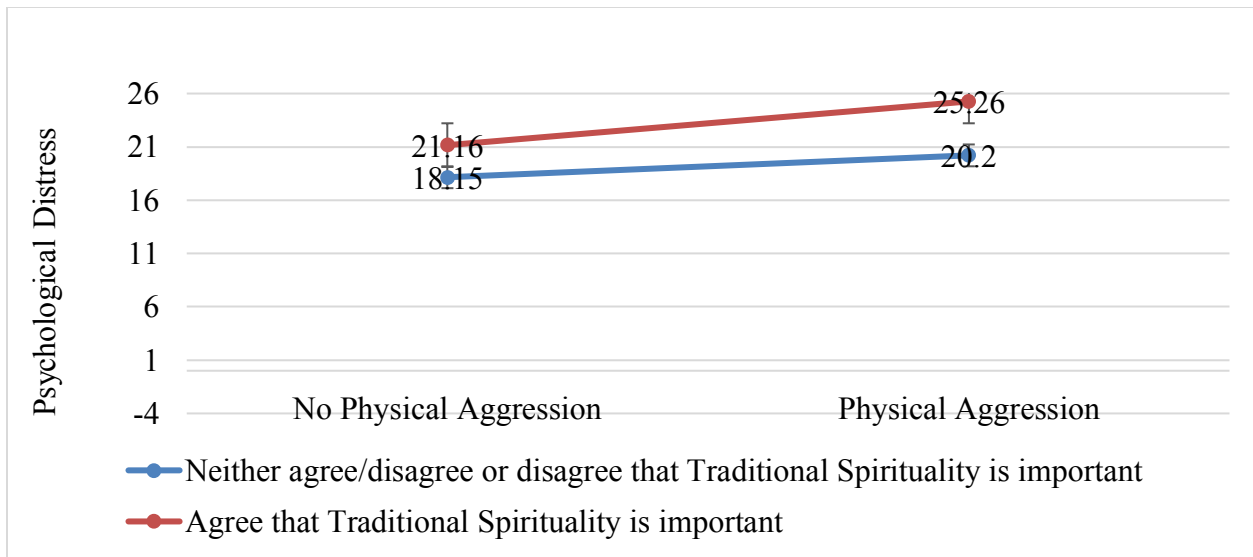
Figure 2. A line graph depicting the interaction between importance of traditional spirituality with physical aggression in predicting psychological distress among First Nations adults living on-reserve. The upper line graph displays levels of psychological distress as a function whether the adult has experienced physical aggression within the past year, and whether they do (yes) or do not (no) believe that traditional spirituality is important to them. The lower line graph displays levels of psychological distress as a function of whether the adult has experienced physical aggression within the last year, and whether they hold agreed or disagreed that traditional spirituality was important in their life. As depicted in this graph, agreement that traditional spirituality was important in their life was associated with statistically significantly higher levels of psychological distress ($p \leq 0.1$) even if the adult had experienced or been the victim of physical aggression within the past year.

4.3.4. Model with Verbal Aggression Predicting Psychological Distress

An ANOVA in which the interactions between verbal aggression and each cultural variable were included in the models revealed that verbal aggression and importance of traditional spirituality were associated with increased psychological distress, whereas those with high feelings of belonging reported lower psychological distress levels. None of the three cultural factors moderated the relationships between experiences of verbal aggression in the past year and levels of psychological distress within the past month (See Table 4 & Figure 2).

Table 13   Estimates of Interactions between Verbal Aggression and Each Cultural Variable

in Model with Verbal Aggression Predicting Psychological Distress (PD).

| R^2=.22	B	Lower 95% CI	Upper 95% CI	p-value
Age	-.028	-.02	-.04	.001
Gender/sex[a]	-1.206	-.81	-1.69	.001
Verbal aggression (VA)	5.191	6.38	4.01	.001
Community belonging	-3.231	-2.58	-3.89	.001
Participation in community cultural events	-.559	84	-.15	.175
Importance of traditional spirituality	.628	1.17	.09	.022
VA * Community belonging	-.331	.70	-1.36	.526
VA * Participation in community cultural events	-.559	.32	-1.44	.214
VA * Importance of traditional spirituality	**.**735	1.98	-.11	.086

[a] Female = 2 and male = 1.

4.3.5. Model with Cyberbullying Predicting Psychological Distress

An ANOVA in which the interactions between cyber-bullying and each cultural variable were included in the models revealed that cyberbullying and importance of traditional spirituality were associated with increased psychological distress, and strong belonging was associated with reduced psychological distress. No cultural factors moderated relationships between experiences of cyberbullying and psychological distress.

Table 14. Estimates of Interactions Between Cyberbullying and Each Cultural Variable in Model with Cyberbullying Predicting Psychological Distress (PD).

R^2=.22	B	Lower 95% CI	Upper 95% CI	*p*-value
Age	-.041	-.05	-.03	.001
Gender/sex[a]	-1.125	-1.55	-.70	.001
Cyberbullying (CB)	5.236	2.87	7.60	.001
Community belonging	-3.758	-4.35	-3.16	.001
Participation in community cultural events	.193	-.316	.703	.455
Importance of traditional spirituality	1.066	.509	1.62	.001
CB* Community belonging	1.609	-.58	3.80	.149
CB* Participation in community cultural events	-1.468	-3.89	.96	.234
CB * Importance of traditional spirituality	-.179	-2.19	1.83	.860

[a] Female = 2 and male = 1.

4.3.6. Model with Racism Predicting Psychological Distress

An ANOVA in which the interactions between racism and each cultural variable were included in the models revealed that having a strong sense of community belonging was associated with reduced psychological distress, and those who agreed that traditional spirituality was important or who were cyberbullied reported higher mean psychological distress levels. Sense of community belonging moderated the relationship between experiences of racism within the past year and high levels of psychological distress, such that the association is reduced among those who strong feelings of belonging.

Table 15   Estimates of Interactions Between Racism and Each Cultural Variable in Model with Racism Predicting Psychological Distress (PD).

R2=.089	B	Lower 95% CI	Upper 95% CI	*p*-value
Age	-.051	-.06	-.038	.001
Gender/sex[a]	-1.383	-1.82	-.95	.001
Racism	4.030	2.56	5.50	.001
Community belonging	-3.011	-3.67	-2.35	.001
Participation in community cultural events	.238	-.41	.89	.470
Importance of traditional spirituality	1.186	.58	1.78	.001
Racism * Community belonging	-1.462	-2.64	-.28	.015
Racism * Participation in community cultural events	-.181	-1.51	1.15	.788
Racism * Importance of traditional spirituality	-.449	-1.69	.80	.477

a Female = 2 and male = 1.
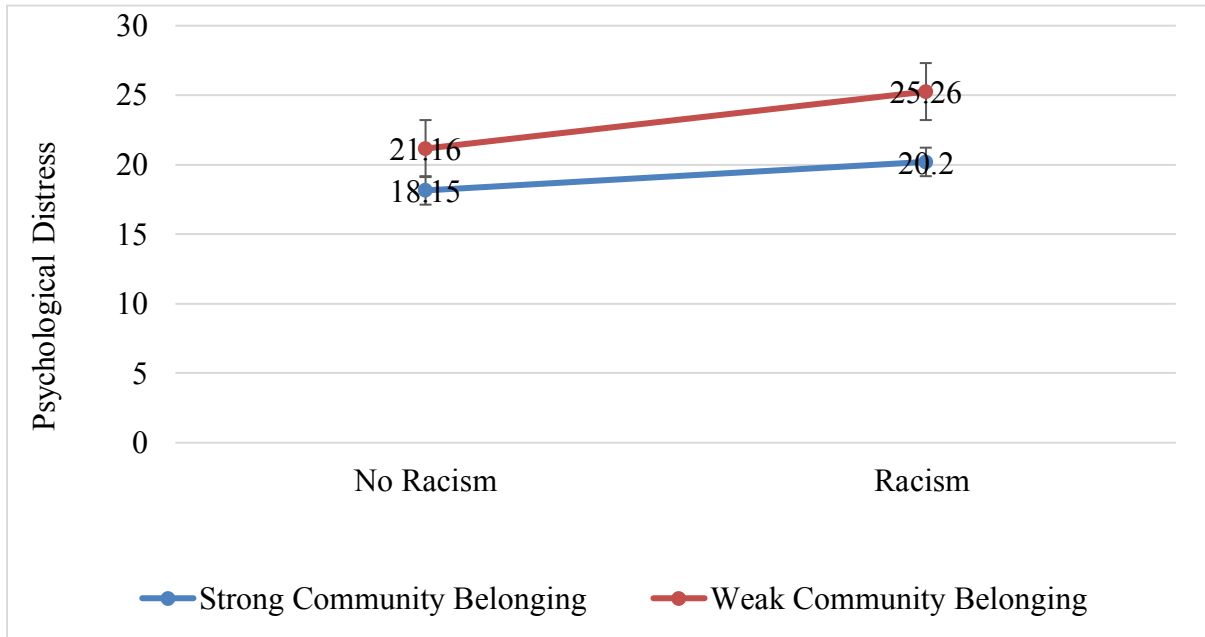
Figure 3.   A line graph depicting significant interaction of community belonging with racism in predicting psychological distress among First Nations adults living on-reserve. The upper line graph displays levels of psychological distress as a function whether the adult has experienced bullying within the past year, and whether they hold strong or weak feelings of community belonging. The lower line graph displays levels of psychological distress as a function of whether the adult has experienced racism within the last year, and whether they hold strong or weak feelings of community belonging. As depicted in the line graph, high ratings of (i.e., strong) community belonging was associated with statistically significantly lower levels of psychological distress ($p \leq 0.05$) even if the adult had experienced or been the victim of racism within the past year.

4.4. MAIN FINDINGS SUMMARY

Among First Nations adults living on-reserve, according to secondary data analyses with the 2015/16 RHS, experiences of verbal aggression, physical aggression, cyberbullying, and racism were associated with higher levels of psychological distress. Adults who reported strong feelings of community belonging reported lower levels of psychological distress compared to those who reported somewhat or very weak feelings of belonging. High levels of community belonging also moderated (buffered) the association between experiences of racism and psychological distress. Those who agreed that traditional spirituality was important reported higher psychological distress compared to those who disagreed or neither agreed/disagreed. Importance of traditional spiritualty also moderated the association between physical aggression and psychological distress, such that those who rated traditional spirituality as being important, and who had experienced an instance/instances of physical aggression experienced higher levels of psychological distress compared to adults who did not rate traditional spirituality as important and experienced physical aggression.

CHAPTER 5   DISCUSSION

5.1. SOCIAL STRESSORS AND PSYCHOLOGICAL DISTRESS

The current Master's thesis project analyzed the youth (Study One) and adult (Study Two) 2015/16 RHS data, which is a representative survey of First Nations youth and adults living on-reserve in Canada. As described earlier, the Compensatory Model is concerned with direct effects of particular protective factors on outcome once the effect of the risk factor is controlled for (Zimmerman & Arunkimar, 1994). In addition, the Protective Factor Model of Resilience highlights that certain factors might buffer the relationship between particular risk factors on various outcomes (Zimmerman, Bingenheimer, & Notaro, 2002). In a social stressor context, certain factors protect individuals experiencing social stressors (e.g., racism or various forms of bullying or aggression) against poor outcomes (e.g., psychological distress), but are relatively unimportant for those not personally experiencing said social stressor. Likewise, some variables may intensify the relationship between particular social stressors and negative psychological health outcomes. As both studies highlighted nationally-representative rates of First Nations populations living on-reserve in Canada exist as relative to social stressors cyber-bullying in youth and adult populations, bullying within youth populations and physical aggression, verbal aggression and racism in adult populations, identifying such protective factors, particularly those amenable to intervention, is of obvious importance.

Across both Study One and Study Two, all social stressors that were assessed among First Nations youth (bullying, cyberbullying) and adults (cyberbullying, physical aggression, verbal aggression, and racism) were associated with higher levels of psychological distress. These findings are similar to other research that has the impact that experiences of bullying and cyberbullying in Indigenous (e.g., Brolls et al., 2018; Lemstra et al., 2011) and non-Indigenous (Lemstra, Nielsen, Rogers, Thompson & Moraros, 2012) populations have on psychological health outcomes. In particular, our findings are similar to the work of Broll et al. (2018) who found that, among 172 self-identifying First Nations, Metis, and Inuit youth in central/upper Canada, bullying and cyberbullying was associated with heightened feelings of anxiety and stress (Broll et al., 2018). Negative impacts of bullying or bullying victimization on psychological health are concerning, especially considering that, of the 2015/16 RHS samples, 27.9% and 17.9% of First Nations youth living on-reserve experienced bullying and cyberbullying respectively, and 6.9% of adults experienced cyberbullying at least once within the

year prior to completing the survey). While it can be assumed that rates differ according to various contextual and community factors (Brownlee, 2014) these rates are similar to those observed in Broll et al., (2018) and Lemstra et al., (2011). The high rates of bullying stressors observed in our nationally-representative samples is concerning, especially given the negative impacts that bullying and cyberbullying can have on health and social wellbeing in various contexts (Carter, 2011; Martínez-Monteagudo, Delgado, García-Fernández & Ruíz-Esteban, 2020; Söderberg & Björkqvist, 2020; Thomas et al., 2016; Neto, Ferreira, Martinez & Ferreira, 2017). In this regard, some researchers have highlighted that bullying in various contexts can have negative impacts on social and emotional development (such as relationship building) (Franks, 2012; Huang, Lewis, Cohen, Prewett, & Herman, 2018; Shea & Wiener, 2003; Sigurdson, 2019). It is also possible that some youth who are bullied, will begin to bully others and as a consequence, reduce the likelihood that they will foster reciprocal and genuine social supports with others their age (see Lazuras, Barkoukis & Tsorbatzoudis, 2017).

In addition to bullying, while there is a lack of research that has explored specific *aggression* variables among Indigenous groups in Canada and elsewhere, research that has explored other experiences of violence and their links to psychological health outcomes show similar results to the findings of this Master's Thesis. For example, Evans-Campbell, Lindhorst, Huang, and Walters (2006) found that among 112 adult American Indian and Alaskan Native women in New York City, links existed between interpersonal and other forms of violence with negative psychological health outcomes, such as depression. Other research in specific contexts with smaller samples has shown that First Nations peoples, such as those in western Canada, are also at a heightened risk of experiencing of various forms of violence or aggression (Farley, Quinn & Cotton, 2005). For example, interviews from 100 prostituting women and children were collected using snowball recruitment) in primarily in the East Vancouver, Canada (age range 13-49 years, M_{age}=28 years). Even while 52% of interviewees were First Nations (compared to 48% non-First Nations), statistically significantly higher proportions of First Nations experienced childhood physical and/or sexual abuse compared to their non-First Nations counterparts (Farley, Quinn & Cotton, 2005). While the nationally-representative rates of Study Two highlight that 11% and 21.0% of adults experiencing physical aggression or verbal aggression respectively (within the year prior to the survey), these high rates are concerning; especially as particular experiences of aggression have shown to have links with negative

psychological health outcomes, including PTSD symptoms (Farley, Quinn & Cotton, 2005).

In addition to psychological outcomes associated with variables that measured aggression, Study Two found that just under 1 in 4 (24.2%) First Nations adults personally experienced racism in the year prior to the survey. While almost one-fourth sounds like a high proportion, it is possible this rate is lower compared to First Nations adults living off-reserve –as First Nations might be less likely to interact with *non*-Indigenous peoples outside of their community. However, the construct of "*racism*" is not measured nationally across off-reserve populations (i.e., Aboriginal Peoples Survey) in Canada, so our current proportional findings cannot be discussed in contrast to the national *off*-reserve First Nations population. Nonetheless, the rates uncovered in Study Two are concerning, especially given the direct relationship between racism and psychological distress symptoms found in our analyses. Poor psychological health as a consequence of racism experiences is a finding not unlike that of Bombay et al. (2010), who found that among 220 First Nations adults in Canada, perceived discrimination was associated with heightened depressive symptoms, or that of Whitbeck et al. (2002) who found that among 287 Midwestern American Indian adults, discrimination was associated with depressive symptoms. Overall, it is expected that the common element through which all social stressors measured heightened psychological distress might be through heightened or prolonged feelings of social rejection or invalidation (Wright & Li, 2013; Wright, Harper &Wachs, 2019). In addition, various social stressor experiences have also shown to be associated with other negative such as alcohol or substance use (Davis, et al., 2018; DeWall & Bushman, 2011; Huang, 2020; Kwate, Valdimarsdottir, Guevarra & Bovbjerg, 2003; Leary et al., 2003; McFarlin, Fals-Stewart, Major & Justice, 2001; Pittman, & Kaur, 2018; Vidourek, King, & Merianos, 2016; Wesselmann, Nairne & Williams, 2012).

5.2. DIRECT LINKS BETWEEN CULTURAL VARIABLES IN RELATION TO PSYCHOLOGICAL DISTRESS

In both youth (Study One) and adult (Study Two), a heightened sense of community belonging to First Nations community was associated with significantly lower levels of psychological distress. These findings are consistent with a handful of other research that has explored these links (Hill, 2009). For example, Hill (2009) found that amongst 453 American Indian adults, a sense of belonging to one's home community was negatively linked with heightened suicidal ideation, as well as had a protective effect against heightened depressive

symptoms (Hill, 2009). Studies such as Hill (2009) and ours reiterate the attributes of the "First Nations Mental Wellness Continuum Framework" that characterizes mental *wellness* as a combination of *belonging*, purpose, hope, and meaning, with culture being the foundation of mental wellness for First Nations populations (i.e., holistic balance of mental, physical, spiritual, and emotional health) (Health Canada, 2015).

Relative to our studies, it is possible that a strong sense of belonging to a social group heightened a sense of purpose in life, wherein heightened purpose in life has shown to protective against diminished psychological health outcomes in particular populations (Wang, Koenig, Ma & Shohaib, 2016; Pinquart, 2002; Wann, Hackathorn & Sherman, 2017). Similarly, it is possible that a heightened sense of social connection achieved through high belonging reduces the likelihood of poor psychological health, as for some, increased social connectedness has been associated with reduced depressive symptoms in other populations (Hagerty, Williams, Coyne & Early, 1996; Werner-Seidler, Afzali, Chapman, Sunderland & Slade, 2017). It is important to one point out that the one-item measure of belonging was specifically in relation to their sense of belonging to their local community(which if you are living on-reserve is your home community), which can include belonging to the community culture and/or feelings of belonging to other community members (regardless of cultural orientation). Therefore, this makes it impossible to determine whether participants answered the question in relation to citing their sense of belonging to the *culture* within their own First Nation community, or if they are rating their belonging in relation to non-culture-related feelings of belonging or ties with other members of the community.

Our study demonstrates that participation in community cultural events was *not* significantly associated with psychological distress among youth or adults. Although some research has shown protective effects of participation in community and/or cultural events (Whitbeck et al., 2002), it is possible that First Nations youth and adults might attend because they feel obliged due to a voluntary commitment, social or political reasons, or feeling that they need to keep up social appearances in order to avoid rumors shared or initiated about their absence or "non-communal" behaviour. From this standpoint, it is possible that just attending cultural community events might not be enough to reduce psychological distress, especially if the individual *already* experiences feelings of depression and anxiety - because they might view benign ambiguous social interactions as negative, and attribute the less favorable outcomes to

their personal social wrong doings (Gotlib et al., 2004ab; Joiner & Coyne, 1999). Although Whitbeck et al. (2002) found that participation in traditional activities was associated with reduced depressive symptoms among 287 American Indian adults from the upper Midwest United States, the authors posited that these outcomes may have been attributed linked to the social support gained from participation at the community members at events, rather than the actual act of participating in the activities themselves (see Whitbeck et al., 2002).

One surprising finding was that a high sense of importance of traditional spirituality for adults and importance of traditional events for youth was associated with *higher* (rather than lower) levels of psychological distress. As indicated in relation to participation in community cultural events, this link likely reflected the fact that those who have been affected directly or intergenerationally negatively psychologically impacted by the IRS system and other aspects of colonization are more likely to turn to traditional spirituality and cultural activities as a way of healing and wellness (Bombay et al., 2014ab, 2018; Health Canada, 2015; TRC, 2015). An explanation for our findings relates to the concept that indeed, some adults might consider traditional spirituality important, or some youth might consider traditional events important; however, as previously discussed, these links do not translate to direct knowledge of their frequency of engagement with traditional spirituality or events, but rather reflect the importance they give such traditional events. In this regard, some might experience shame participating, due to trauma experienced at the hand of colonizers (IRSs), as many survivors of IRS reported that colonizers emphasized the importance of Indigenous culture as inferior, shameful and devilish, which were debilitating narratives that may have been transferred across familial generations (Koelwyn, 2018). It is possible that these shame might become inadvertently associated with various aspects of their culture (e.g., Louth, 2012) which in turn, might be feelings that are socialized and taught to younger generations through complex intergenerational pathways (Bombay et al., 2014ab; 2017).

 ....While this is a complex hypothetical but potential pathway, of course, it is important to note within both our studies, we are using cross-sectional data, which is difficult to interpret with respect to whether the psychological distress predated the feelings of importance of traditional spirituality or traditional events, or the feelings of importance of traditional spirituality or traditional events predated the psychological distress.

5.3. CULTURAL FACTORS AS MODERATORS OF LINKS BETWEEN

SOCIAL STRESS AND PSYCHOLOGICAL DISTRESS

For adults, high levels of cultural community belonging moderated (protected) against high levels of psychological distress that were associated with experiences of racism within the last year. For youth, high levels of cultural community belonging moderated (protected) against high levels of psychological distress that were associated with experiences of bullying and moderated the links between psychological distress experiences of cyberbullying and high psychological distress. Compared to other research, these findings advance understandings of belonging while corroborating previous research in this area. For example, a strong sense of community belonging buffered against the negative effects that educational or financial factors had on depressive symptoms and increased suicidality (Clarke, Colantonio, Rhodes & Escobar, 2008). While this particular sample did not include First Nations living on-reserve, these analyses were formed with 2000/01 Canadian Community Health Survey (CCHS 1.1) data found that Indigenous peoples that lived off-reserve reported greater suicidality compared to English speaking white Canadians, but suicidality was not directly associated with their sense of belonging to their community where they live. In the CCHS 1.1, having a strong sense of belonging was indirectly associated with reduced suicidality through its association with reduced depressive symptoms associated with income and education. In this regard, the meaning of the question about belonging to their "local community" has different meanings for First Nations living on-reserve and for First Nations, Metis, and Inuit peoples living off-reserve. While one's home community is synonymous with the community they are currently living in for First Nations youth living on-reserve, this is not the case for First Nations youth living off-reserve, who may feel weak belonging to their home First Nations community and strong belonging to the community they live in, or vice versa. The question in the 2000/01 CCHS asked Indigenous youth living off-reserve about their sense of belonging to the community in which they were living, which for the most part was assumed to be multicultural communities in various contexts across Canada with varying proportions of Indigenous peoples living there.

Despite the potential differences of the meaning of this question to First Nations peoples living off and on-reserve, the current findings add to the literature demonstrating the potential positive outcomes associated with having a strong sense of belonging, and provide evidence that having a strong sense of belong specific to one's First Nations community is associated with reduced psychological distress among youth living on-reserve. Whereas social stressors heightened social

rejection and subsequent negative mood, higher belonging might mitigate heightened feelings of depression or anxiety. For example, our findings are comparable to research that explored longitudinal data of 408 children that revealed that those with low ethnic-racial identity (ERI) affirmation[35] that had parents who had experienced discrimination/racism were more likely to have difficulties with social emotional well-being two years later (Marcelo & Yates, 2019). It is important to recognize that some researchers might measure belonging as related more to cultural identity status that one belongs to rather than the extent to one feels connected or connects with their community or culture. For example, one study that look at ethnic identity belonging, or otherwise just being a "Latino/a", among 1,613 Latino/a adolescents, ethnic *positively* predicted substance use and depressive symptoms through the pathway of experiences of discrimination (Meca et al., 2020). Therefore, when researcher definitions of sense of belonging are important to be operationalized and understood before applying them.

Various studies such as these reflect unique patterns among differing populations, including different ways in which belonging is defined and measured, which is a directive for future research to better define various categories of belonging, and other related factors to allow for a practical cross-comparison process. It is possible that these links were found because particular social stressors can be very intimate prolonged social rejection experiences; wherein the idea that one feels a sense of belonging can mitigate some of those devastating mental health symptoms that are attributed to feeling that sense of social rejection; and thereby that strong sense of belonging can protect against heightened feelings of psychological distress. Recall that Sir John A. McDonald stated in 1883:

> "When the school is on the reserve, the child lives with its parents, who are savages; he is
> surrounded by savages, and though he may learn to read and write his habits, and training
> and mode of thought are Indian. He is simply a savage who can read and write. It has
> been strongly pressed on myself as the head of the Department, that Indian children

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[35] Multigroup Ethnic Identity Measure–Revised Version (MEIM-R; Phinney & Ong, 2007) was used. Scale adapted from Phinney (1992). Ethnicity was *directly* defined as:

> "In this country, people come from a lot of different cultures and there are many different words to
> describe the different backgrounds or ethnic groups that people come from. Some examples of the
> names of ethnic groups are Mexican American, Hispanic, Black, Asian American, American
> Indian, Anglo American, and White. Every person is born into one or more ethnic groups, but
> people differ on how important their ethnicity is to them, how they feel about it, and how much
> their behavior is affected by it. These questions are about your ethnicity or your ethnic group and
> how you feel about it or react to it."

should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men" (TRC, 2015, p. 2).

While Sir John A. McDonald and several other political leaders for decades have encouraged assimilation through cultural disconnection, as reserves are no longer dictated directly by Canadian federal institutions, First Nations peoples living on-reserve, especially children, can now grow up on that reserve and practice their culture without criminalization/ prosecution. Whereas Western culture is individualistic, First Nations culture is often regarded as highly collectivistic – wherein there is respect among ages, among peoples, and typically a great amount of communication between Indigenous peoples. In addition, First Nations nation-wide are now criticizing the government for their systemic racism and oppression – and continue to band together to fight internally so as to spread the knowledge of their culture from the Elders before they pass away, and fast, in order to recover as much as possible from ongoing colonial practices and survive any future disintegration or abuse. Our findings are clear that a sense of belonging to one's First Nations community is associated with decreased psychological distress – regardless of the expected diminished well-being in the context or racism or that bullying either intra- or inter-ethnically might result in.

For adults, high levels of importance of spirituality not only was unexpectedly associated directly with *higher* levels of psychological distress, but it moderated the links between levels of psychological distress associated experiences of physical aggression. Specifically, when adult participants ranked traditional spirituality as having greater importance to them, they also reported significantly *higher* levels of psychological distress that were associated with prior experiences of physical aggression. Other studies have shown similar links, such as among 854 participants (79.4% "White", 13.4% "Black", 7.1% "Other") wherein heightened spirituality significantly moderated the relationship between physical aggression and workplace stress (Sprung et al., 2012), or in other words the direction in which spirituality moderated was that spirituality was a factor that reduced/exacerbated high levels of workplace stress that were associated with experiences of aggression (Sprung et al., 2012). In another study, among 444 undergraduate students from private Roman Catholic universities in the Northeast United States, where religious wellbeing was protective against symptoms of depression and PTSD related to dating violence victimization (Polichnowski, 2008).

It is possible that in this sample, those who had high importance of traditional spirituality experienced higher psychological distress as a response to physical aggression because they might have firmer values related to morals and rules around interpersonal treatment among all peoples in general. Although not yet research in depth, in this regard, it is possible that when an individual experiences physical aggression, they are upset, and feel that not only were their physical boundaries have been violated, but just as painfully, their psychological ones were – such that it is *possible* that people with high levels of importance of traditional spirituality then proceed to experience higher levels of psychological discomfort in the form of psychological distress.

Finally, changes in the frequency or levels of community cultural event participation (for youth and adults) and whether or not a youth viewed traditional cultural events as "important" did not buffer against the direct links between any social stressors and psychological distress among First Nations youth or adults. While an exceptionally small amount of research has been done in this area, our findings do contrast with one study by Whitbeck and colleagues (2002). Whitbeck and colleagues (2002) found that *participation in traditional events* served as a *protective* buffer against depressive symptoms exacerbated from perceived discrimination among 287 American Indian adults from the upper Midwest United States. However, Whitbeck and colleagues (2002) cautioned within their paper that the underlying *mechanism* through which high levels of cultural event participation moderated the relationship between discrimination and depressive symptoms might have been more closely related to *social support; particularly because* many of the cultural practices (e.g., pow wows) were primarily social events or activities. In this vein, Whitbeck et al. (2002) explored "social support" as an independent moderating variable of its own in the same study, and found that it moderated the links between perceived discrimination and depression symptoms as well (Whitbeck, et al., 2002). Another factor that may have influenced our results relates to how the question about "participation in community cultural events" was asked in the RHS survey. In this regard, participants may have incorrectly over- or under-estimated their previous or future event participation – or had either positive, negative or fluctuating understandings of what "cultural event" meant to them – compared to Whitbeck et al. (2002) who asked about specific event information. However, less research has explored directly what certain practices and participation events mean to participants – as it may change over time due to various factors, including those who are leading

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the traditional ceremonies.

Overall, this Master's Thesis also addressed a few recommendations/ calls to action as depicted in Truth and Reconciliation Commission of Canada Final Report (TRC, 2015). For example, this project supported an understanding that "the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies" and that the "health-care rights of Indigenous peoples" need to be further "recognized" across various levels of Canadian government (TRC, 2015). The current project recognizes the unique history and health of First Nations living on-reserve, and the unique resilience factors that might buffer against heightened psychological distress under particular social stressor conditions. The project also recognizes the need for continued awareness, exploration and "recognition of the value of Indigenous healing practices" (TRC, 2015). Due to the complex social stressors and relationship many First Nations peoples might have with culture and the deleterious that psychological distress might have on well-being, this research encourages policies and funding programs to support and encourage an "increased number of Indigenous health-care professionals". As well, "cultural competency training for those in the health-care field" is encouraged so that First Nations community members can finally prosper physically, psychologically, and spiritually (TRC, 2015).

5.4. LIMITATIONS

There were multiple limitations with the methodology of both studies. First, all relationships analyzed in the data were *cross-sectional,* such that causality or the direction of the relationships cannot be inferred – and may perhaps in some cases be *cyclical*. For example, it is possible that those who are distressed are more likely to be bullied because they might isolate and be viewed as "loner" and easy victim, wherein the experience of bullying exacerbates their levels of psychological distress and their subsequent isolating behaviors. Alternatively, it is possible that peoples with high psychological distress (e.g., high depression) might be more likely to report low belonging because they avoid social events and other events in which they would have had the opportunity to heighten their sense of belonging to their local community. While some relationships might be cyclical, another significant limitation across both studies is that several *single*-question measures were used (see Bergkvist & Rossiter, 2007). However, because the RHS includes dozens of pages of questions, if multiple-question measures had been used, this might heighten participant error rate, fatigue, and reduce completion accuracy **(**Hoeppner, Kelly, Urbanoski, & Slaymaker, 2011). While we also dichotomized our cultural and

social variables, it may have also increased the risk of false positives, as considerable variability may have existed between response options. The surveys were also susceptible to various biases and errors, including participant recall and social acceptability bias. For example, some participants may have provided misleading survey responses if they were concerned that their responses might be linked with their identifying information (e.g., due to the small size of their reserve). Participants may have also "faked good" because they wanted to promote positive narratives around the psychological health and wellbeing of First Nations people who live on-reserve (see Nichols & Maner, 2010). In terms of drawing implications from the results, the present study will not be able to claim that any of our findings are uniquely generalizable to only First Nations youth who live on-reserve in Canada. This is because the present study does not have a comparison or control population, such as First Nations youth and adults who live *off* reserve. We are aware that a significant limitation is how gender is asked, such that other LGBTQQIP2SAA community members were not identified in our study. The gender identity multiple choice question answers no in the FNRHS included male and female. Although a later question asked if the participant identified as Transgender and/or Two-Spirited, a significant proportion did not answer the question, which we only could feasibly use those who identified as male or female in the survey. Due to this limitation, gender identity and the continuous nature of age, we focused less on these demographic variables throughout the current project. However, it is hoped future editions of the RHS will attend to these gaps and perhaps shift to including a greater number of diverse categorical gender identity options. In this regard, as the RHS is quite long, there may be certain similar personality characteristics of all those who successfully completed the survey, such as higher levels of conscientiousness, or slightly less economic adversity. Therefore, it is hard to generalize these large sample sizes as nationally-representative without hesitation, as there may be biasing characteristics of those that completed the survey – vs. those that either did not complete or completed the survey up until a particular point.

CHAPTER 6   CONCLUSION

In conclusion, this Master's thesis project explored correlational data of nationally representative surveys of First Nations (FNs) adults and youth living on-reserve in Canada. Multivariate analyses of the 2015/16 First Nations Regional Health Survey (RHS) found that for youth: (1) experiences of bullying and cyberbullying, *and* importance of traditional events, were associated with higher psychological distress, (2) community belonging was associated with reduced psychological distress, and (3) high community belonging moderated (protected) against high psychological distress levels associated with experiences of bullying, and with cyberbullying. In addition, among adults: (1) experiencing verbal aggression, physical aggression, racism and cyberbullying, and importance of traditional *spirituality*, was associated with higher psychological distress, (2) *higher* community belonging was associated with lower psychological distress, (3) *high* community belonging moderated (protected) against high psychological distress levels that were associated with an experience of racism, and (4) *high* levels of traditional spirituality importance served as a moderator, wherein experiences of higher experiences of psychological distress associated with physical aggression were exacerbated when adult participants rated importance of traditional spirituality as high. turning back to the original hypotheses, as predicted, all social stressors resulted in higher psychological distress among youth and adults. in addition, as predicted, community belonging was associated with significantly lower levels of psychological distress among youth and adults. finally, community belonging significantly moderated the relationship between high psychological distress and experiences of social stressors, but these results were limited to racism as an independent variable among adults, and bullying and cyberbullying as an independent variable among youth (i.e., only psychological distress associated with these three social stressors was linked with reduced psychological distress among those with high community belonging).[36]

Overall, this Master's thesis project supported various recommendation by the Truth and Reconciliation of Canada (2015), such as offering knowledge about "the current state of Aboriginal health in Canada [and how it] is a direct result of previous Canadian government policies" as various social stressors were rooted in the context of various negative effects of

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[36] Recall that we did not have a priori hypotheses for participation in cultural events, importance of traditional cultural events (youth) or importance of traditional spirituality (adults) as moderators or direct independent variables.

colonization, stemming from the Indian Act that was enforced by the Canadian federal government. The project also address the phrase "recognition of the value of Indigenous healing practices" and the "health-care rights [and needs] among Indigenous [First Nations] peoples as it highlights the high rates of psychological distress among Indigenous peoples, the mixed benefits of particular aspects of culture and the discrepancies among Indigenous and non-Indigenous populations in various contexts. As a take-away, it is hoped readers will share this knowledge and go on to share, in whatever capacity they can, that there be an "increased number of Indigenous health-care professionals" and associated programs, as well as improved "cultural competency training for those in the health-care field" about how various levels of community belonging for First Nations living on-reserve can serve protective factor against particular psychological health outcomes, such as feelings of anxiety and depression in the context of psychological distress. Indeed, it is hoped the complex findings be considered as impactful and important risk and protective factors in relation to psychological wellness for First Nations communities in Canada, such that the cultural factors that are protective could be targeted in future healing and wellness services and initiatives. However, continued efforts are needed to delineate whether protective cultural factors are similar among First Nations peoples living on-reserve compared to off reserve in Canada, such as through additional cross-sectional analyses (e.g., Aboriginal Peoples Survey, First Nations Regional Health Survey [RHS]) or qualitative research. Qualitative research would be most useful to explore community or regional differences especially because, for example, although having a sense of belonging to one's community where they live may certainly be important for the well-being of First Nations, at the same time, they may also be affected by their sense of belonging to their home First Nations community in unknown, less harder to quantitatively measure or simply *different* ways (which might influence First Nations living off-reserve different than those living on-reserve). Innovative methods gaining popularity; such as undertaking a two-spirit methodology, would benefit from exploration of the unexpected effects of various cultural factors and gain additional contextual information important for delineating the statistical relationships. In this vein, I, Jocelyn Paul, encourage researchers/health to continue to build reciprocal and genuine relationships with First Nations communities and engage in community-informed research that are broad, compared to restricted in statistical effects. As a final thought, as First Nations often report high rates of suicide rates and weakened health in various respects, continued research is

needed to protect against the negative effects of particular social stressor victimization in the healing lens of particular aspects of Indigenous culture protective given certain situations and population.

BIBLIOGRAPHY

Albuhairan, F., Abou Abbas, O., El Sayed, D., Badri, M., Alshahri, S., & De Vries, N. (2017). The Relationship Of Bullying And Physical Violence To Mental Health And Academic Performance: A Cross-Sectional Study Among Adolescents In Kingdom Of Saudi Arabia. *International Journal Of Pediatrics And Adolescent Medicine*, *4*(2), 61-65.

Adelson, N. (2005). The Embodiment Of Inequity: Health Disparities In Aboriginal Canada. *Canadian Journal Of Public Health, 96*, S45-61. Retrieved From Http://Ezproxy.Library.Dal.Ca/Login?Url=Https://Search-Proquest-Com.Ezproxy.Library.Dal.Ca/Diocview/232010834?Accounbtid=10406

Allan, B. & Smylie, J. (2015). First Peoples, Second Class Treatment: The Role Of Racism In The Health And Well-Being Of Indigenous Peoples In Canada. Toronto, On: The Wellesley Institute

Amnesty International. *"Canada: Stolen Sisters: A Human Rights Response To Discrimination And Violence Against Indigenous Women In Canada", Amnesty International*, 3 October 2004, Https://Www.Amnesty.Org/En/Documents/Amr20/003/2004/En/.View All Notes

Andersen, B. L., Farrar, W. B., Golden-Kreutz, D., Emery, C. F., Glaser, R., Crespin, T., & Carson Iii, W. E. (2007). Psychological Distress Reduction From A Psychological Intervention Contributes To Improved Health For Cancer Patients. *Brain, Behavior, And Immunity*, *21*(7), 953-961.

Anderson, S., Currie, C. L., Copeland, J. L., & Metz, G. A. (2016). Community Belonging And Sedentary Behavior Among First Nations Adults In Canada: The Moderating Role Of Income. American Indian And Alaska Native Mental Health Research Journal, 23(5), 1-14.

Ando, M., Asakura, T., & Simons-Morton, B. (2005). Psychosocial Influences On Physical, Verbal, And Indirect Bullying Among Japanese Early Adolescents. *The Journal Of Early Adolescence*, *25*(3), 268-297. Doi: 1.1177/0272431605276933

Andrews, G., & Slade, T. (2001). Interpreting Scores On The Kessler Psychological Distress Scale (K10). *Australian And New Zealand Journal Of Public Health*, *25*(6), 494-497. Doi:

Https://Doi.Org/1.1111/J.1467-842x.2001.Tb0031.X

Backhaus, I., Lipson, S. K., Fisher, L. B., Kawachi, I., & Pedrelli, P. (2019). Sexual Assault, Sense Of Belonging, Depression And Suicidality Among Lgbq And Heterosexual College Students. Journal Of American College Health, 1-9.

Backhaus, I., Lipson, S. K., Fisher, L. B., Kawachi, I., & Pedrelli, P. (2019). Sexual Assault, Sense Of Belonging, Depression And Suicidality Among Lgbq And Heterosexual College Students. Journal Of American College Health, 1-9.

Bals, Anne Lene Turi, Ingunn Skre & Siv Kvernmo. The Relationship Between Internalizing And Externalizing Symptoms And Cultural Resilience Factors In Indigenous Sami Youth From Arctic Norway. *International Journal Of Circumpolar Health*, *70*(1), 37-45. Retrieved From Https://Www.Tandfonline.Com/Doi/Pdf/1.3402/Ijch.V70i1.17790

Barnes, N. Josefowitz And E. Cole Residential Schools Impact On Aboriginal Students' Academic And Cognitive Development. Cjs, 21, No 1–2 (2006): 18–32.

Beeri, A., & Lev-Wiesel, R. (2012). Social Rejection By Peers: A Risk Factor For Psychological Distress. *Child And Adolescent Mental Health*, *17*(4), 216-221. Retrieved From Https://Doi-Org.Ezproxy.Msvu.Ca/1.1111/J.1475-3588.2011.00637.X

Benoit, C., Carroll, D., & Chaudhry, M. (2003). In Search Of A Healing Place: Aboriginal Women In Vancouver's Downtown Eastside. *Social Science & Medicine*, *56*(4), 821-833. Doi: Https://Doi.Org/1.1016/S0277-9536(02)00081-3

Berger, M., Leicht, A., Slatcher, A., Kraeuter, A. K., Ketheesan, S., Larkins, S., & Sarnyai, Z. (2017). Cortisol Awakening Response And Acute Stress Reactivity In First Nations People. *Scientific Reports*, *7*, 4176.

Bergkvist, L., & Rossiter, J. R. (2007). The Predictive Validity Of Multiple-Question Versus Single-Question Measures Of The Same Constructs. *Journal Of Marketing Research*, *44*(2), 175-184.

Bingham, B., Moniruzzaman, A., Patterson, M., Distasio, J., Sareen, J., O'neil, J., & Somers, J. M. (2019). Indigenous And Non-Indigenous People Experiencing Homelessness And Mental Illness In Two Canadian Cities: A Retrospective Analysis And Implications For Culturally

Informed Action. *Bmj Open*, *9*(4), E024748.

Blackhart, G. C., Eckel, L. A., & Tice, D. M. (2007). Salivary Cortisol In Response To Acute Social Rejection And Acceptance By Peers. *Biological Psychology*, *75*(3), 267-276. Doi: Https://Doi.Org/1.1016/J.Biopsycho.2007.03.005

Blackstock, C. (2017). The Complainant: The Canadian Human Rights Case On First Nations Child Welfare.

Blackstock, C., Trocmé, N., & Bennett, M. (2004). Child Maltreatment Investigations Among Aboriginal And Non-Aboriginal Families In Canada. Violence Against Women, 10(8), 901-916. Https://Www.Google.Com/Url?Sa=T&Source=Web&Rct=J&Url=Https://Www.Albertahealthse rvices.Ca/Info/Page11949.Aspx&Ved=2ahukewidsybwjd_Pahxcmhiehffmclwqfjaaegqiahab&Us g=Aovvaw2kmhphprgfgzbqkzfj6lwma

Blackstock, Cindy, Et Al. "Keeping The Promise: The Convention On The Rights Of The Child And The Lived Experiences Of First Nations Children And Youth." First Nations Child And Family Caring Society Of Canada, 2004. Available Online At: Http://Www.Fncfcs.Com/Docs/Keepingthepromise.Pdf

Boksa, P., Joober, R., & Kirmayer, L. J. (2015). Mental Wellness In Canada's Aboriginal Communities: Striving Toward Reconciliation. Journal Of Psychiatry & Neuroscience: Jpn, 40(6), 363.

Bombay, A., Matheson, K., & Anisman, H. (2010). Decomposing Identity: Differential Relationships Between Several Aspects Of Ethnic Identity And The Negative Effects Of Perceived Discrimination Among First Nations Adults In Canada." *Cultural Diversity And Ethnic Minority Psychology, 16(4),* 507. Doi: Http://Dx.Doi.Org/1.1037/A0021373

Bombay, A., Matheson, K., & Anisman, H. (2011). The Impact Of Stressors On Second Generation Indian Residential School Survivors. Transcultural Psychiatry, 48(4), 367-391. Blackhart, G. C., Eckel, L. A., & Tice, D. M. (2007). Salivary Cortisol In Response To Acute Social Rejection And Acceptance By Peers. Biological Psychology, 75(3), 267-276.

Bombay, A., Matheson, K., & Anisman, H. (2013). Expectations Among Aboriginal Peoples In Canada

Regarding The Potential Impacts Of A Government Apology. Political Psychology, 34(3), 443-46.

Bombay, A., Matheson, K., & Anisman, H. (2014a). Appraisals Of Discriminatory Events Among Adult Offspring Of Indian Residential School Survivors: The Influences Of Identity Centrality And Past Perceptions Of Discrimination. *Cultural Diversity And Ethnic Minority Psychology, 20*(1), 320–338.

Bombay, A., Matheson, K., & Anisman, H. (2014b). The Intergenerational Effects Of Indian Residential Schools: Implications For The Concept Of Historical Trauma. *Transcultural Psychiatry, 51*(3), 320–338.

Bombay, A., Mcquaid, R. J., Schwartz, F., Thomas, A., Anisman, H., & Matheson, K. (2018). Suicidal Thoughts And Attempts In First Nations Communities: Links To Parental Indian Residential School Attendance Across Development. *Journal Of Developmental Origins Of Health And Disease*, 1-9. Doi: Https://Doi.Org/1.1017/S2040174418000405

Bombay, A., McQuaid, R.J. & Doria, N. (2018). Indian Residential Schools. In First Nations Information Governance Centre (Eds.), First Nations Regional Health Survey (RHS) Phase 3 (2015-17) *National Report Adults, Youth, and Children Living in First Nations Communities.* Ottawa, ON: First Nations Information Governance Centre.

Bougie, E., Arim, R. G., Kohen, D. E., & Findlay, L. C. (2016). *Validation Of The 10-Question Kessler Psychological Distress Scale (K10) In The 2012 Aboriginal Peoples Survey*. Statistics Canada.

Bowen-Reid, T. L., & Harrell, J. P. (2002). Racist Experiences And Health Outcomes: An Examination Of Spirituality As A Buffer. Journal Of Black Psychology, 28(1), 18-36.

Boyce, J. (2016). Victimization Of Aboriginal People In Canada, 2014. Canadian Centre For Justice Statistics. Retrieved From Http://Www.Statcan.Gc.Ca/Pub/85-002-X/2016001/Article/14631-Eng.Pdf

Boyd-Ball, A. J., Dishion, T. J., Myers, M. W., & Light, J. (2011). Predicting American Indian Adolescent Substance Use Trajectories Following Inpatient Treatment. *Journal Of Ethnicity In Substance Abuse, 10*(3), 181-201. Doi: 1.1080/1533264.2011.600189

Boyd-Ball, A. J., Dishion, T. J., Myers, M. W., & Light, J. (2011). Predicting American Indian
Adolescent Substance Use Trajectories Following Inpatient Treatment. *Journal Of Ethnicity In
Substance Abuse*, *10*(3), 181-201. Doi: 1.1080/1533264.2011.600189

Brendgen, M., Wanner, B., Vitaro, F., Bukowski, W. M., & Tremblay, R. E. (2007). Verbal Abuse By
The Teacher During Childhood And Academic, Behavioral, And Emotional Adjustment In
Young Adulthood. *Journal Of Educational Psychology*, *99*(1), 26. Doi:
Http://Dx.Doi.Org/1.1037/0022-0663.99.1.26

Brennan, S. (2011). Violent Victimization Of Aboriginal Women In The Canadian Provinces, 2009.
Juristat: Canadian Centre For Justice Statistic S, 1d. Retrieved From
Https://Www15.Statcan.Gc.Ca/N1/En/Pub/85-002-X/2011001/Article/11439-
Eng.Pdf?St=Ccyu5ouf

Broll, R., Dunlop, C., & Crooks, C. V. (2018). Cyberbullying And Internalizing Difficulties Among
Indigenous Adolescents In Canada: Beyond The Effect Of Traditional Bullying. *Journal Of
Child & Adolescent Trauma*, *11*(1), 71-79. Doi: Https://Doi.Org/1.1007/S40653-017-0163-Y

Broll, R., Dunlop, C., & Crooks, C. V. (2018). Cyberbullying And Internalizing Difficulties Among
Indigenous Adolescents In Canada: Beyond The Effect Of Traditional Bullying. *Journal Of
Child & Adolescent Trauma*, *11*(1), 71-79. Doi: Https://Doi.Org/1.1007/S40653-017-0163-Y

Brondolo, E., Gallo, L. C., & Myers, H. F. (2009). Race, Racism And Health: Disparities, Mechanisms,
And Interventions. *Journal Of Behavioral Medicine*, *32*(1), 1. Doi:
Https://Doi.Org/1.1007/S10865-008-9190-3

Brondolo, E., Ver Halen, N. B., Pencille, M., Beatty, D., & Contrada, R. J. (2009). Coping With Racism:
A Selective Review Of The Literature And A Theoretical And Methodological Critique. *Journal
Of Behavioral Medicine*, *32*(1), 64-88. Doi: Https://Doi.Org/1.1007/S10865-008-9193-0

Brown, A., Scales, U., Beever, W., Rickards, B., Rowley, K., & O'dea, K. (2012). Exploring The
Expression Of Depression And Psychological Distress In Aboriginal Men In Central Australia: A
Qualitative Study. *Bmc Psychiatry*, *12*(1), 97.

Brown, R. A., Dickerson, D. L., & D'amico, E. J. (2016). Cultural Identity Among Urban American Indian/Alaska Native Youth: Implications For Alcohol And Drug Use. *Prevention Science*, *17*(7), 852-861. Doi: 1.1007/S11121-016-0680-1

Browne, A. J. (1995). The Meaning Of Respect: A First Nations Perspective. Canadian Journal Of Nursing Research Archive, 27(4).

Browne, A. J., & Fiske, J. A. (2001). First Nations Women's Encounters With Mainstream Health Care Services. Western Journal Of Nursing Research, 23(2), 126-147.
Graham, H., & Stamler, L. L. (2010). Contemporary Perceptions Of Health From An Indigenous (Plains Cree) Perspective. Journal Of Aboriginal Health, 6(1).

Browne, A. J., Fiske, J. A., & Thomas, G. (2000). *First Nations Women's Encounters With Mainstream Health Care Services & Systems*. Vancouver, Bc: British Columbia Centre Of Excellence For Women's Health. Retrieved From:
Https://Pdfs.Semanticscholar.Org/0c12/1ef973705a570b3351774d5854e08e05de7c.Pdf

Browne, A.J. (2005). Discourses Influencing Nurses' Perceptions Of First Nations Patients. Canadian Journal Of Nursing Research, 37(4), 62-87. Retrieved From
Https://Www.Google.Com/Url?Sa=T&Rct=J&Q=&Esrc=S&Source=Web&Cd=1&Cad=Rja&Uact=8&Ved=2ahukewj6qv6umvlkahvout8khfqhdrmqfjaaegqiabac&Url=Http%3a%2f%2fcjnr.Archive.Mcgill.Ca%2farticle%2fdownload%2f2174%2f2168&Usg=Aovvaw1dik5oehg5fa488dw1m71p

Brownlee, K., Martin, J., Rawana, E. P., Harper, J., Mercier, M., Neckoway, R., & Friesen, A. (2014). Bullying Behaviour And Victimization Among Aboriginal Students Within Northwestern Ontario. First Peoples Child & Family Review, 9(1).

Brownridge, D. A. (2010). Intimate Partner Violence Against Aboriginal Men In Canada. *Australian & New Zealand Journal Of Criminology*, *43*(2), 223-237. Doi:
Https://Doi.Org/1.1375/Acri.43.2.223

Brownridge, D. A., Taillieu, T., Afifi, T., Chan, K. L., Emery, C., Lavoie, J., & Elgar, F. (2017). Child Maltreatment And Intimate Partner Violence Among Indigenous And Non-Indigenous

Canadians. Journal Of Family Violence, 32(6), 607-619.

Statistics Canada 2014 Https://Www15.Statcan.Gc.Ca/N1/Pub/85-002-X/2016001/Article/14631-Eng.Htm

Bygren, L. O., Weissglas, G., Wikström, B. M., Konlaan, B. B., Grjibovski, A., Karlsson, A. B., ... & Sjöström, M. (2009). Cultural Participation And Health: A Randomized Controlled Trial Among Medical Care Staff. *Psychosomatic Medicine*, *71*(4), 469-473. Retrieved From Http://Www.Gensstudy.Org/Dati/Pag/4.7/Doc/143.Pdf

Carlson, B. & Frazer, R. (2018). Social Media Mob: Being Indigenous Online, Macquarie University, Sydney. Retrieved from https://research-management.mq.edu.au/ws/portalfiles/portal/85013179/MQU_SocialMediaMob_report_Carlson_Frazer.pdf

Carlyle, K. E., & Steinman, K. J. (2007). Demographic Differences In The Prevalence, Co-Occurrence, And Correlates Of Adolescent Bullying At School. Journal Of School Health, 77(9), 623-629.

Carter, J. M. (2011). Examining The Relationship Among Physical And Psychological Health, Parent And Peer Attachment, And Cyberbullying In Adolescents In Urban And Suburban Environments.

Cbc News. (2015, November 30). Uncivil Dialogue: Commenting And Stories About Indigenous People. Retrieved June 25, 2020, From Https://Www.Cbc.Ca/Newsblogs/Community/Editorsblog/2015/11/Uncivil-Dialogue-Commenting-And-Stories-About-Indigenous-People.Html

Chmielowska, M., & Fuhr, D. C. (2017). Intimate Partner Violence And Mental Ill Health Among Global Populations Of Indigenous Women: A Systematic Review. Social Psychiatry And Psychiatric Epidemiology, 52(6), 689–704.

Clarke, D. E., Colantonio, A., Rhodes, A. E., & Escobar, M. (2008). Pathways To Suicidality Across Ethnic Groups In Canadian Adults: The Possible Role Of Social Stress. Psychological Medicine, 38(3), 419-431.

Cornelius, B. L., Groothoff, J. W., Van Der Klink, J. J., & Brouwer, S. (2013). The Performance Of The K10, K6 And Ghq-12 To Screen For Present State Dsm-Iv Disorders Among Disability Claimants. *Bmc Public Health*, *13*(1), 128.

Crengle, S., Robinson, E., Ameratunga, S., Clark, T., & Raphael, D. (2012). Ethnic Discrimination Prevalence And Associations With Health Outcomes: Data From A Nationally Representative Cross-Sectional Survey Of Secondary School Students In New Zealand. *Bmc Public Health*, *12*(1), 45. Doi: Https://Link.Springer.Com/Content/Pdf/1.1186/1471-2458-12-45.Pdf

Culhane, D. (2003). Their Spirits Live Within Us: Aboriginal Women In Downtown Eastside Vancouver Emerging Into Visibility. *American Indian Quarterly, 27*(3/4), 593-606. Retrieved From Http://Www.Jstor.Org/Stable/4138965

Cunningham, J., & Paradies, Y. C. (2012). Socio-Demographic Factors And Psychological Distress In Indigenous And Non-Indigenous Australian Adults Aged 18-64 Years: Analysis Of National Survey Data. *Bmc Public Health*, *12*(1), 95. Doi: 1.1186/1471-2458-12-95

Cunningham, J., & Paradies, Y. C. (2012). Socio-Demographic Factors And Psychological Distress In Indigenous And Non-Indigenous Australian Adults Aged 18-64 Years: Analysis Of National Survey Data. *Bmc Public Health*, *12*(1), 95. Doi: 1.1186/1471-2458-12-95

Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., Veugelers, P. J., Parlee, B., & Mckennitt, D. W. (2011). Enculturation And Alcohol Use Problems Among Aboriginal University Students. *The Canadian Journal Of Psychiatry*, *56*(12), 735-742. Retrieved From Https://Journals.Sagepub.Com/Doi/Pdf/1.1177/070674371105601205

Czyzewski, K. (2011). Colonialism As A Broader Social Determinant Of Health. *The International Indigenous Policy Journal*, *2*(1), 5. Doi: 1.18584/Iipj.2011.2.1.5

Daoud, N., Smylie, J., Urquia, M., Allan, B., & O'campo, P. (2013). The Contribution Of Socio-Economic Position To The Excesses Of Violence And Intimate Partner Violence Among Aboriginal Versus Non-Aboriginal Women In Canada. *Canadian Journal Of Public Health*, *104*(4), E278-E283. Retrieved From Https://Pdfs.Semanticscholar.Org/13a6/6fde15c1fc823d55558ed8ff82196c10cff5.Pdf

Davis, J. P., Dumas, T. M., Merrin, G. J., Espelage, D. L., Tan, K., Madden, D., & Hong, J. S. (2018). Examining The Pathways Between Bully Victimization, Depression, Academic Achievement,

And Problematic Drinking In Adolescence. *Psychology Of Addictive Behaviors*, *32*(6), 605.

Davis, J. P., Dumas, T. M., Merrin, G. J., Espelage, D. L., Tan, K., Madden, D., & Hong, J. S. (2018). Examining The Pathways Between Bully Victimization, Depression, Academic Achievement, And Problematic Drinking In Adolescence. *Psychology Of Addictive Behaviors*, *32*(6), 605.

Davison, B., Nagel, T., & Singh, G. R. (2017). Life, Lifestyle And Location Examining The Complexities Of Psychological Distress In Young Adult Indigenous And Non-Indigenous Australians. *Journal Of Developmental Origins Of Health And Disease*, *8*(5), 541-549. Retrieved From Https://Pdfs.Semanticscholar.Org/B407/457034aff12fce7f1925e828383018433199.Pdf

Davison, B., Singh, G. R., & Mcfarlane, J. (2019). Hair Cortisol And Cortisone As Markers Of Stress In Indigenous And Non-Indigenous Young Adults. *Stress (Amsterdam, Netherlands)*, *22*(2), 210–22. Doi: Https://Doi.Org/1.1080/1025389.2018.1543395

De Almeida, R. M. M., Cabral, J. C. C., & Narvaes, R. (2015). Behavioural, Hormonal And Neurobiological Mechanisms Of Aggressive Behaviour In Human And Nonhuman Primates. *Physiology & Behavior*, *143*, 121-135. Doi: Https://Doi.Org/1.1016/J.Physbeh.2015.02.053

De Leeuw, S. (2009). 'If Anything Is To Be Done With The Indian, We Must Catch Him Very Young': Colonial Constructions Of Aboriginal Children And The Geographies Of Indian Residential Schooling In British Columbia, Canada. *Children's Geographies*, *7*(2), 123-140.

Decou, C. R., Skewes, M. C., & López, E. D. (2013). Traditional Living And Cultural Ways As Protective Factors Against Suicide: Perceptions Of Alaska Native University Students. *International Journal Of Circumpolar Health*, *72*(1), 20968.

Dewall, C. N., & Bushman, B. J. (2011). Social Acceptance And Rejection: The Sweet And The Bitter. *Current Directions In Psychological Science*, *20*(4), 256-260.

Dewall, C. N., Twenge, J. M., Gitter, S. A., & Baumeister, R. F. (2009). It's The Thought That Counts: The Role Of Hostile Cognition In Shaping Aggressive Responses To Social Exclusion. *Journal*

Of Personality And Social Psychology, *96*(1), 45. Doi: 1.1037/A0013196

Dickerson, S. S., & Kemeny, M. E. (2004). Acute Stressors And Cortisol Responses: A Theoretical
Integration And Synthesis Of Laboratory Research. *Psychological Bulletin*, *130*(3), 3

Do, C. (2012). *Aboriginal Children And Youths 'Experiences Of Bullying And Peer Victimization In A
Canadian Context (Unpublished Doctoral Dissertation)*. Ottawa: University Of Ottawa
Retrieved From
Https://Ruor.Uottawa.Ca/Bitstream/10393/22683/1/Do_Cindy_2012_Thesis.Pdf

Dodgson, J. E., & Struthers, R. (2005). Indigenous Women's Voices: Marginalization And Health.
Journal Of Transcultural Nursing, *16*(4), 339-346. Doi:
Https://Doi.Org/1.1177/1043659605278942

Dunlop, C. I. (2016). Bullying Experiences Among First Nations Youth: Identifying Effects On Mental
Health And Potential Protective Factors. Retrieved From
Https://Ir.Lib.Uwo.Ca/Cgi/Viewcontent.Cgi?Article=5307&Context=Etd

Durkalec, A., Furgal, C., Skinner, M. W., & Sheldon, T. (2015). Climate Change Influences On
Environment As A Determinant Of Indigenous Health: Relationships To Place, Sea Ice, And
Health In An Inuit Community. *Social Science & Medicine*, *136*, 17-26.

Egede, L. E., & Dismuke, C. E. (2012). Serious Psychological Distress And Diabetes: A Review Of The
Literature. Current Psychiatry Reports, 14(1), 15-22.

Elizabeth Fast, Delphine Collin-Vézina, Historical Trauma, Race-Based Trauma, And Resilience Of
Indigenous Peoples: A Literature Review, First Peoples Child & Family Review: Vol. 14 No. 1
(2019): Special Issue: Celebrating 15 Years Of Wisdom

Ellison C, Musick M, Henderson A. Balm In Gilead: Racism, Religious Involvement, And
Psychological Distress Among African American Adults. Journal For The Scientific Study Of
Religion. 2008;47:291–309.

Evans-Campbell, T. (2008). Historical Trauma In American Indian/Native Alaska Communities: A
Multilevel Framework For Exploring Impacts On Individuals, Families, And

Communities. *Journal Of Interpersonal Violence*, *23*(3), 316-338. Doi: Https://Doi.Org/1.1177/0886260507312290

Evans-Campbell, T., Lindhorst, T., Huang, B., & Walters, K. L. (2006). Interpersonal Violence In The Lives Of Urban American Indian And Alaska Native Women: Implications Health, Mental Health, And Help-Seeking. *American Journal Of Public Health*, *96*(8), 1416-1422. Retrieved From Https://Ajph.Aphapublipsychological Distressions.Org/Doi/Pdfplus/1.2105/Ajph.2004.054213

First Nations Information Governance Centre (FNIGC) (2012). First Nations Regional Health Survey (Rhs) 2008/10: National Report On Adults, Youth And Children Living In First Nations Communities. Ottawa: Fnigc

First Nations Information Governance Centre [Fnigc] (2018a). *National Report Of The First Nations Regional Health Survey Phase 3: Volume One*, (Ottawa: 2018). 200 Pages. Published In 2018. Retrieved From Https://Fnigc.Ca/Sites/Default/Files/Docs/Fnigc_Rhs_Phase_3_National_Report_Vol_1_En_Fin al_Sm_1.Pdf

First Nations Information Governance Centre [Fnigc] (2018b). National Report Of The First Nations Regional Health Survey Phase 3: Volume Two, (Ottawa: 2018). 200 Pages. Published In 2018. Retrieved From Https://Fnigc.Ca/Sites/Default/Files/Docs/Fnigc_Rhs_Phase_3_National_Report_Vol_2_En_Fin al_Sm_1.Pdf

Fiske, J. A., & Browne, A. J. (2006). Aboriginal Citizen, Discredited Medical Subject: Paradoxical Constructions Of Aboriginal Women's Subjectivity In Canadian Health Care Policies. *Policy Sciences*, *39*(1), 91-111. Retrieved From Https://Www.Researchgate.Net/Profile/Annette_Browne2/Publipsychological Distression/227029892_Aboriginal_Citizen_Discredited_Medical_Subject_Paradoxical_Constru ctions_Of_Aboriginal_Women's_Subjectivity_In_Canadian_Health_Care_Policies/Links/54399 4f50cf2d6698be166d9.Pdf

Fortin, I., Guay, S., Lavoie, V., Boisvert, J. M., & Beaudry, M. (2012). Intimate Partner Violence And Psychological Distress Among Young Couples: Analysis Of The Moderating Effect Of Social Support. Journal Of Family Violence, 27(1), 63-73.

Fortin, I., Guay, S., Lavoie, V., Boisvert, J. M., & Beaudry, M. (2012). Intimate Partner Violence And Psychological Distress Among Young Couples: Analysis Of The Moderating Effect Of Social Support. Journal Of Family Violence, 27(1), 63-73.

Fournier, S., & Crey, E. (1997). *Stolen From Our Embrace: The Abduction Of First Nations Children And The Restoration Of Aboriginal Communities*. Douglas & Mcintyre Ltd., 1615 Venables Street, Vancouver, British Columbia, Canada V5l 2h1 (Cloth: Isbn-55054-117-X, $29.95; Paper: Isbn-55054-661-9, $19.95).

Furukawa, T. A., Kessler, R. C., Slade, T., & Andrews, G. (2003). The Performance Of The K6 And K10 Screening Scales For Psychological Distress In The Australian National Survey Of Mental Health And Well-Being. *Psychological Medicine*, *33*(2), 357-362.

Galliher, R. V., Jones, M. D., & Dahl, A. (2011). Concurrent And Longitudinal Effects Of Ethnic Identity And Experiences Of Discrimination On Psychosocial Adjustment Of Navajo Adolescents. *Developmental Psychology*, *47*(2), 509

Garroutte, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., & Ai-Superpfp Team. (2003). Spirituality And Attempted Suicide Among American Indians. *Social Science & Medicine*, *56*(7), 1571-1579. Retrieved From Http://Www.Turtleisland.Org/Healing/Suicideandspirituality.Pdf

Gellately, R., & Kiernan, B. (Eds.). (2003). *The Specter Of Genocide: Mass Murder In Historical Perspective*. Cambridge University Press.

Gone, J. P. (2013). A Community-Based Treatment For Native American Historical Trauma: Prospects For Evidence-Based Practice. Retrieved From Http://Citeseerx.Ist.Psu.Edu/Viewdoc/Download?Doi=1.1.1.47.124&Rep=Rep1&Type=Pdf

Goodkind, J. R., Ross-Toledo, K., John, S., Hall, J. L., Ross, L., Freeland, L., ... & Lee, C. (2010).

Promoting Healing And Restoring Trust: Policy Recommendations For Improving Behavioral Health Care For American Indian/Alaska Native Adolescents. *American Journal Of Community Psychology*, *46*(3-4), 386-394. Doi: 1.1007/S10464-010-9347-4

Goodman, A., Fleming, K., Markwick, N., Morrison, T., Lagimodiere, L., Kerr, T., & Society, W. A. H. R. (2017). "They Treated Me Like Crap And I Know It Was Because I Was Native": The Healthcare Experiences Of Aboriginal Peoples Living In Vancouver's Inner City. Social Science & Medicine, 178, 87-94.

Gotlib, I. H., Kasch, K. L., Traill, S., Joormann, J., Arnow, B. A., & Johnson, S. L. (2004a). Coherence And Specificity Of Information-Processing Biases In Depression And Social Phobia. Journal Of Abnormal Psychology, 113(3), 386.

Gotlib, I. H., Krasnoperova, E., Yue, D. N., & Joormann, J. (2004b). Attentional Biases For Negative Interpersonal Stimuli In Clinical Depression. Journal Of Abnormal Psychology, 113(1), 127.

Governance Centre (Eds.), First Nations Regional Health Survey (Rhs) Phase 3 (2015-17) National Report On Adults, Youth, And Children Living In First Nations Communities. Ottawa, On: First Nations Information Governance Centre.

Government Of Canada. (1876). The Indian Act. Amendments To The Indian Act, 1910, 1911, 1927, 1951, 1970, & 1981. Kingston And Ottawa: Government Of Canada.

Greenfield, B. L., Venner, K. L., Tonigan, J. S., Honeyestewa, M., Hubbell, H., & Bluehorse, D. (2018). Low Rates Of Alcohol And Tobacco Use, Strong Cultural Ties For Native American College Students In The Southwest. *Addictive Behaviors*, *82*, 122-128. Doi: 1.1016/J.Addbeh.2018.02.032

Greenfield, B. L., Venner, K. L., Tonigan, J. S., Honeyestewa, M., Hubbell, H., & Bluehorse, D. (2018). Low Rates Of Alcohol And Tobacco Use, Strong Cultural Ties For Native American College Students In The Southwest. *Addictive Behaviors*, *82*, 122-128.

Greenwood, M. L., & De Leeuw, S. N. (2012). Social Determinants Of Health And The Future Well-Being Of Aboriginal Children In Canada. *Paediatrics & Child Health*, *17*(7), 381-384. Retrieved From Https://Watermark.Silverchair.Com/Pch17381.Pdf?Token=Aqecahi208be49ooan9kkhw_Ercy7

dm3zl_9cf3qfkac485ysgaaan4wggj6bgkqhkig9w0bbwagggjrmiiczwibadccamagcsqgsib3dqehat
aebglghkgbzqmeas4weqqmqxewhs2zon6rk_1xageqgiicmvajcu97w28larpsuenuj6fh5h0anfyjscz
ndkernaidhjdk_Umzkqhxqugle5m0gpnm7fu5swxrj503bxkgykssz9rk7ocilpzbpqbxxtqsjabb4590
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Gsdkjjewff458uft9ai2gtily_Prbow41smcxkfcbik8pqg8vhzhpwmh3e-Mompooif_Kyzs9g

Hagerty, B. M., & Williams, A. (1999). The Effects Of Sense Of Belonging, Social Support, Conflict,
And Loneliness On Depression. *Nursing Research*, *48*(4), 215-219. Doi:
Http://Dx.Doi.Org.Ezproxy.Msvu.Ca/1.1097/00006199-199907000-00004

Hagerty, B. M., Williams, R. A., Coyne, J. C., & Early, M. R. (1996). Sense Of Belonging And
Indicators Of Social And Psychological Functioning. Archives Of Psychiatric Nursing, 10(4),
235-244.

Hagerty, B.M., & Williams, R.A. (1999). The Effects Of Sense Of Belonging, Social Support, Conflict
And Loneliness On Depression. Nursing Research, 48(4), 215-219.

Hajizadeh, M., Bombay, A., & Asada, Y. (2019). Socioeconomic Inequalities In Psychological Distress
And Suicidal Behaviours Among Indigenous Peoples Living Off-Reserve In Canada. *Cmaj*,
191(12), E325-E336. Retrieved From Https://Www-Ncbi-Nlm-Nih-
Gov.Ezproxy.Msvu.Ca/Pmc/Articles/Pmc6435365/Pdf/191e325.Pdf

Hansen, E., Sund, E., Knudtsen, M. S., Krokstad, S., & Holmen, T. L. (2015). Cultural Activity
Participation And Associations With Self-Perceived Health, Life-Satisfaction And Mental
Health: The Young Hunt Study, Norway. *Bmc Public Health*, *15*(1), 544. Retrieved From
Https://Bmcpublichealth.Biomedcentral.Com/Track/Pdf/1.1186/S12889-015-1873-4

Health Canada, (2015). First Nations Mental Wellness Framework. Retrieved From Https://Thunderbirdpf.Org/Wp-Content/Uploads/2015/01/24-14-1273-Fn-Mental-Wellness-Framework-En05_Low.Pdf

Hill, D. L. (2009). Relationship Between Sense Of Belonging As Connectedness And Suicide In American Indians. Archives Of Psychiatric Nursing, 23(1), 65-74.

Hinduja, S., & Patchin, J. W. (2008). Cyberbullying: An Exploratory Analysis Of Factors Related To Offending And Victimization. *Deviant Behavior*, *29*(2), 129-156. Retrieved From Https://Www.Researchgate.Net/Profile/Justin_Patchin/Publication/248985854_Cyberbullying_An_Exploratory_Analysis_Of_Factors_Related_To_Offending_And_Victimization/Links/55098efb0cf26ff55f85e9f5.Pdf

Hinton, R., Kavanagh, D. J., Barclay, L., Chenhall, R., & Nagel, T. (2015). Developing A Best Practice Pathway To Support Improvements In Indigenous Australians' Mental Health And Well-Being: A Qualitative Study. *Bmj Open*, *5*(8), E007938.

Hoeppner, B. B., Kelly, J. F., Urbanoski, K. A., & Slaymaker, V. (2011). Comparative Utility Of A Single-Question Versus Multiple-Question Measure Of Self-Efficacy In Predicting Relapse Among Young Adults. *Journal Of Substance Abuse Treatment*, *41*(3), 305-312.

Holden, G., Mancher, M. S., Gordon, A., & Schinke, S. P. (1990). Avoidable Mortality Risks And Cultural Identification Among Urban Native American Youths. *Journal Of Adolescent Health Care*, *11*(4), 288.

Hollingsworth, D. W., Cole, A. B., O'keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing Racial Microaggressions Influences Suicide Ideation Through Perceived Burdensomeness In African Americans. *Journal Of Counseling Psychology*, *64*(1), 104. Retrieved From Http://Dx.Doi.Org.Ezproxy.Msvu.Ca/1.1037/Cou0000177

Huang, L. (2020). Exploring The Relationship Between School Bullying And Academic Performance: The Mediating Role Of Students' Sense Of Belonging At School. *Educational Studies*, 1-17.

Hunter, C. D., Case, A. D., Joseph, N., Mekawi, Y., & Bokhari, E. (2017). The Roles Of Shared Racial

Fate And A Sense Of Belonging With African Americans In Black Immigrants' Race-Related Stress And Depression. *Journal Of Black Psychology*, *43*(2), 135-158. Doi: Https://Doi.Org/1.1177/0095798415627114

Huriwai, T., Robertson, P. J., Armstrong, D., Kingi, T. P., & Huata, P. (2001). Whanaungatanga–A Process In The Treatment Of Ma Ori With Alcohol-And Drug-Use Related Problems. Substance Use & Misuse, 36(8), 1033-1051.

Huriwai, T., Sellman, J. D., Sullivan, P., & Potiki, T. L. (2000). Optimal Treatment For M A Ori With Alcohol And Drug-Use-Related Problems: An Investigation Of Cultural Factors In Treatment. Substance Use & Misuse, 35(3), 281-30.

Huynh, V. W., & Gillen-O'neel, C. (2016). Discrimination And Sleep: The Protective Role Of School Belonging. Youth & Society, 48(5), 649-672.

Hylton, J. H. (2002). Aboriginal Sexual Offending In Canada. Ottawa, On: Aboriginal Healing Foundation. Retrieved From Http://Www.Ahf.Ca/Downloads/Revisedsexualoffending_Reprint.Pdf

Hystad, P., & Carpiano, R. M. (2012). Sense Of Community-Belonging And Health-Behaviour Change In Canada. Journal Of Epidemiology And Community Health, 66(3), 277–283. Https://Doi.Org/1.1136/Jech.2009.1035

Iwasaki, Y., Bartlett, J., & O'neil, J. (2004). An Examination Of Stress Among Aboriginal Women And Men With Diabetes In Manitoba, Canada. *Ethnicity & Health*, *9*(2), 189-212. Doi: Https://Doi.Org/1.1080/1355785042000222888

Jacobs, K., & Gill, K. (2001). Substance Abuse In An Urban Aboriginal Population: Social, Legal And Psychological Consequences. *Journal Of Ethnicity In Substance Abuse*, *1*(1), 7-25. Doi: Https://Doi.Org/1.1300/J233v01n01_02

Jagers, R. J., Boykin, A. W., & Smith, T. D. (1994). A Measure Of Spirituality From An Afrocultural Perspective. Unpublished Manuscript.

Jagers, R. J., Boykin, A. W., & Smith, T. D. (1994). A Measure Of Spirituality From An Afrocultural

Perspective. Unpublished Manuscript.Acton, G. J., & Malathum, P. (2000). Basic Need Status
And Health-Promoting Self-Care Behavior In Adults. *Western Journal Of Nursing Research*,
22(7), 796-811.

Janzen, B., Karunanayake, C., Rennie, D., Katapally, T., Dyck, R., Mcmullin, K., ... & Dosman, J.
(2017). Racial Discrimination And Depression Among On-Reserve First Nations People In Rural
Saskatchewan. *Canadian Journal Of Public Health*, *108*(5-6), E482-E487. Retrieved From
Https://Www.Researchgate.Net/Profile/Tarun_Reddy_Katapally/Publication/322650328_Racial_
Discrimination_And_Depression_Among_On-
Reserve_First_Nations_People_In_Rural_Saskatchewan/Links/5ac2603d0f7e9bfc045f2c94/Raci
al-Discrimination-And-Depression-Among-On-Reserve-First-Nations-People-In-Rural-
Saskatchewan.Pdf

Joiner, T. E., & Coyne, J. C. (1999). The Interactional Nature Of Depression: Advances In Interpersonal
Approaches(Pp. Xiv-423). American Psychological Association.

Jones, M. D., & Galliher, R. V. (2007). Ethnic Identity And Psychosocial Functioning In Navajo
Adolescents.Journal Of Research On Adolescence,17(4), 683-696.

Jorm, A. F., Bourchier, S. J., Cvetkovski, S., & Stewart, G. (2012). Mental Health Of Indigenous
Australians: A Review Of Findings From Community Surveys. *Medical Journal Of Australia*,
196(2), 118-121.

Justice, E. M. (2001). Alcohol Use And Workplace Aggression: An Examination Of Perpetration And
Victimization. *Journal Of Substance Abuse*, *13*(3), 303-321.

Keith, S., & Martin, M. E. (2005). Cyberbullying: Creating A Culture. Reclaiming Children And
Youth, 134(3), 224-228.

Kelm, M.E. *Colonizing Bodies: Aboriginal Health And Healing In British Columbia* (Vancouver:
University Of British Columbia Press, 2001).

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., ... & Zaslavsky,
A. M. (2002). Short Screening Scales To Monitor Population Prevalences And Trends In Non-

Specific Psychological Distress. *Psychological Medicine*, *32*(6), 959-976.

Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S. L., ... & Zaslavsky, A. M. (2002). Short Screening Scales To Monitor Population Prevalences And Trends In Non-Specific Psychological Distress. *Psychological Medicine*, *32*(6), 959-976.

Kirmayer, L. J. (1994). Suicide Among Canadian Aboriginal Peoples. *Transcultural Psychiatric Research Review*, *31*(1), 3-58. Doi: Https://Doi.Org/1.1177/136346159403100101

Kirmayer, L. J. (2012). Rethinking Cultural Competence. *Transcultural Psychiatry*, *49*(2), 149. Doi: Https://Doi.Org/1.1177/1363461512444673

Kirmayer, L. J., Boothroyd, L. J., Tanner, A., Adelson, N., & Robinson, E. (2000). Psychological Distress Among The Cree Of James Bay. *Transcultural Psychiatry*, *37*(1), 35-56.

Kirmayer, L. J., Brass, G. M., & Tait, C. L. (2000). The Mental Health Of Aboriginal Peoples: Transformations Of Identity And Community. *The Canadian Journal Of Psychiatry*, *45*(7), 607-616. Doi: Https://Doi.Org/1.1177/070674370004500702

Kirmayer, L. J., Gill, K., Fletcher, C., Ternar, Y., Boothroyd, L., & Quesney, C. (1994). Emerging Trends In Research On Mental Health Among Canadian Aboriginal Peoples. *Montreal, Qc: Culture & Mental Health Research Unit*. Retrieved From Https://Www.Mcgill.Ca/Tcpsych/Files/Tcpsych/Report2.Pdf

Kirmayer, L. J., Tait, C. L., & Simpson, C. (2009). The Mental Health Of Aboriginal Peoples In Canada: Transformations Of Identity And Community. In L. J. Kirmayer & G. G. Valaskakis (Eds.), Healing Traditions: The Mental Health Of Aboriginal Peoples In Canada(Pp. 3–25). Van-Couver, Bc: University Of British Columbia Press.

Kirmayer, L., Simpson, C., & Cargo, M. (2003). Healing Traditions: Culture, Community And Mental Health Promotion With Canadian Aboriginal Peoples. *Australasian Psychiatry*, *11*(Sup1), S15-S23. Retrieved From Http://Web.Mnstate.Edu/Robertsb/306/Healing%20traditions%20culture,Community%20and%20mental%20health%20promotion%20with%20canadian%20aboriginal%20peoples.Pdf

Kisely, S., Alichniewicz, K. K., Black, E. B., Siskind, D., Spurling, G., & Toombs, M. (2017). The Prevalence Of Depression And Anxiety Disorders In Indigenous People Of The Americas: A Systematic Review And Meta-Analysis. Journal Of Psychiatric Research, 84, 137–152. Https://Doi.Org/1.1016/J.Jpsychires.2016.09.032

Koelwyn, R. (2018). Unsettling Settler Shame In Schooling: Re-Imagining Responsible Reconciliation In Canada. *Mcgill Journal Of Education/Revue Des Sciences De L'éducation De Mcgill*, *53*(2).

Kolahdooz, F., Nader, F., Yi, K. J., & Sharma, S. (2015). Understanding The Social Determinants Of Health Among Indigenous Canadians: Priorities For Health Promotion Policies And Actions. *Global Health Action*, *8*(1), 27968.

Korff, J. (2019). Creative Spirits: Domestic And Family Violence. Retrieved From Https://Www.Creativespirits.Info/Aboriginalculture/People/Domestic-And-Family-Violence

Kubik, W., Bourassa, C., & Hampton, M. (2009). Stolen Sisters, Second Class Citizens, Poor Health: The Legacy Of Colonization In Canada. *Humanity & Society*, *33*(1-2), 18-34. Doi: Https://Doi.Org/1.1177/016059760903300103

Kwate, N. O. A., Valdimarsdottir, H. B., Guevarra, J. S., & Bovbjerg, D. H. (2003). Experiences Of Racist Events Are Associated With Negative Health Consequences For African American Women. *Journal Of The National Medical Association*, *95*(6), 450.

Kwate, N. O. A., Valdimarsdottir, H. B., Guevarra, J. S., & Bovbjerg, D. H. (2003). Experiences Of Racist Events Are Associated With Negative Health Consequences For African American Women. *Journal Of The National Medical Association*, *95*(6), 450.

Lafromboise, T. D., Hoyt, D. R., Oliver, L., & Whitbeck, L. B. (2006). Family, Community, And School Influences On Resilience Among American Indian Adolescents In The Upper Midwest. *Journal Of Community Psychology*, *34*(2), 193-209. Doi: Https://Doi.Org/1.1002/Jcop.20090

Lawrence, H. P., Cidro, J., Isaac-Mann, S., Peressini, S., Maar, M., Schroth, R. J., ... & Jamieson, L. (2016). Racism And Oral Health Outcomes Among Pregnant Canadian Aboriginal Women. *Journal Of Health Care For The Poor And Underserved*, *27*(1), 178-206.

Lazuras, L., Barkoukis, V., & Tsorbatzoudis, H. (2017). Face-To-Face Bullying And Cyberbullying In Adolescents: Trans-Contextual Effects And Role Overlap. Technology In Society, 48, 97-101.

Leary, M. R., Kowalski, R. M., Smith, L., & Phillips, S. (2003). Teasing, Rejection, And Violence: Case Studies Of The School Shootings. *Aggressive Behavior: Official Journal Of The International Society For Research On Aggression*, *29*(3), 202-214.

Leary, M. R., Kowalski, R. M., Smith, L., & Phillips, S. (2003). Teasing, Rejection, And Violence: Case Studies Of The School Shootings. *Aggressive Behavior: Official Journal Of The International Society For Research On Aggression*, *29*(3), 202-214.

Li, Q. (2006). Cyberbullying In Schools: A Research Of Gender Differences. School Psychology International, 27(2), 157-17.

Lines, L. A., & Jardine, C. G. (2019). Connection To The Land As A Youth-Identified Social Determinant Of Indigenous Peoples' Health. *Bmc Public Health*, *19*(1), 176.

Louth, S. (2012). Overcoming The 'Shame' Factor: Empowering Indigenous People To Share And Celebrate Their Culture. In *International Conference: Innovative Research In A Changing And Challenging World: Conference Proceedings (B)* (Pp. 265-275). Australian Multicultural Interaction Institute.

Macdonald, J. P., Willox, A. C., Ford, J. D., Shiwak, I., Wood, M., Government, R. I. C., & Imhacc Team. (2015). Protective Factors For Mental Health And Well-Being In A Changing Climate: Perspectives From Inuit Youth In Nunatsiavut, Labrador. Social Science & Medicine, 141, 133-141.

Mackay, G. (2005). The City As Home: The Sense Of Belonging Among Aboriginal Youth In Saskatoon. University Of Saskatchewan.

Macmillan, H. L., Jamieson, E., Walsh, C. A., Wong, M. Y. Y., Faries, E. J., Mccue, H., ... & Offord, D. D. R. (2008). First Nations Women's Mental Health: Results From An Ontario Survey. Archives Of Women's Mental Health, 11(2), 109. Doi: Https://Www.Researchgate.Net/Profile/Christine_Walsh/Publication/5356062_First_Nations_Women%27s_Mental_Health_Results_From_An_Ontario_Survey/Links/0deec523c9c6ad7e0400000.Pdf

Macmillan, H. L., Macmillan, A. B., Offord, D. R., & Dingle, J. L. (1996). Aboriginal Health. *Cmaj:*

Canadian Medical Association Journal, *155*(11), 1569. Doi: Https://Www-Ncbi-Nlm-Nih-Gov.Ezproxy.Msvu.Ca/Pmc/Articles/Pmc1334995/Pdf/Cmaj00107-0037.Pdf

Marcelo, A. K., & Yates, T. M. (2019). Young Children's Ethnic–Racial Identity Moderates The Impact Of Early Discrimination Experiences On Child Behavior Problems. Cultural Diversity And Ethnic Minority Psychology, 25(2), 253.

Martínez-Monteagudo, M. C., Delgado, B., García-Fernández, J. M., & Ruíz-Esteban, C. (2020). Cyberbullying In The University Setting. Relationship With Emotional Problems And Adaptation To The University. *Frontiers In Psychology*, *10*, 3074.

Mcfarlin, S. K., Fals-Stewart, W., Major, D. A., & Justice, E. M. (2001). Alcohol Use And Workplace Aggression: An Examination Of Perpetration And Victimization. *Journal Of Substance Abuse*, *13*(3), 303-321.

Mclachlan, K. J., & Gale, C. R. (2018). The Effects Of Psychological Distress And Its Interaction With Socioeconomic Position On Risk Of Developing Four Chronic Diseases. Journal Of Psychosomatic Research, 109, 79-85.

Mclaren, S., & Challis, C. (2009). Resilience Among Men Farmers: The Protective Roles Of Social Support And Sense Of Belonging In The Depression-Suicidal Ideation Relation. *Death Studies*, *33*(3), 262-276. Doi: Https://Doi.Org/1.1080/07481180802671985

Mclaren, S., Gomez, R., Bailey, M., & Van Der Horst, R. K. (2007). The Association Of Depression And Sense Of Belonging With Suicidal Ideation Among Older Adults: Applicability Of Resiliency Models. *Suicide And Life-Threatening Behavior*, *37*(1), 89-102. Retrieved From Https://S3.Amazonaws.Com/Academia.Edu.Documents/45767732/Suli.2007.37.1.8920160519-13922-Nysn9o.Pdf?Response-Content-Disposition=Inline%3b%20filename%3dthe_Association_Of_Depression_And_Sense.Pdf&X-Amz-Algorithm=Aws4-Hmac-Sha256&X-Amz-Credential=Akiaiwowyygz2y53ul3a%2f20190921%2fus-East-1%2fs3%2faws4_Request&X-Amz-Date=20190921t013255z&X-Amz-Expires=3600&X-Amz-Signedheaders=Host&X-Amz-Signature=31033933a8af861936f738cc88b7b5931f138cd9f1c5772744eabd12cae18fb2

Mcnamara, B. J., Banks, E., Gubhaju, L., Joshy, G., Williamson, A., Raphael, B., & Eases, S. (2018).

Factors Relating To High Psychological Distress In Indigenous Australians And Their Contribution To Indigenous–Non-Indigenous Disparities. *Australian And New Zealand Journal Of Public Health*, *42*(2), 145-152. Doi: Https://Doi.Org/1.1111/1753-6405.12766

Mcpherson, K., & Wakefield, P. (2015). The Perfect Colonizer: Understanding Alcoholism And Its Treatments In Native America Through Humanistic Inquiry. *Journal Of Student Research*, *4*(1), 174-179.

Mcquaid, R. J., Bombay, A., Mcinnis, O. A., Human, C., Matheson, K., & Anisman, H. (2017). Suicide Ideation And Attempts Among First Nations Peoples Living On-Reserve In Canada: The Intergenerational And Cumulative Effects Of Indian Residential Schools. The Canadian Journal Of Psychiatry, 62(6), 422-430.

Melander, L. A., Hartshorn, K. J. S., & Whitbeck, L. B. (2013). Correlates Of Bullying Behaviors Among A Sample Of North American Indigenous Adolescents. *Journal Of Adolescence, 36*(4), 675-684. Doig: Http://Dx.Doi.Org/1.1016/J.Adolescence.2013.05.003

Miche, K. A., De Almeida, R. M., Gravit, E. A., Rissman, E. F., De Boer, S. F., & Raine, A. (2007). Neurobiology Of Escalated Aggression And Violence. *Journal Of Neuroscience*, *27*(44), 11803-11806. Doi: Https://Doi.Org/1.1523/Jneurosci.3500-07.2007

Mishna, F., Cook, C., Gadalla, T., Daciuk, J., & Solomon, S. (2010). Cyber Bullying Behaviors Among Middle And High School Students. *American Journal Of Orthopsychiatry*, *80*(3), 362-374. Doi: Https://Doi.Org/1.1111/J.1939-0025.201.0104.X

Mohatt, N. V., Fok, C. C. T., Burket, R., Henry, D., & Allen, J. (2011). Assessment Of Awareness Of Connectedness As A Culturally-Based Protective Factor For Alaska Native Youth. *Cultural Diversity And Ethnic Minority Psychology*, *17*(4), 444. Doi: 1.1037/A0025456

Montgomery, M. (1965). *The Six Nations Indians And The Macdonald Franchise*. Ontario Historical Society. Vol. 57, No. 1, P.175.

Napoli, M., Marsiglia, F. F., & Kulis, S. (2003). Sense Of Belonging In School As A Protective Factor Against Drug Abuse Among Native American Urban Adolescents. Journal Of Social Work

Practice In The Addictions, 3(2), 25–41. Doi:1.1300/J160v03n02_03

Neto, M., Ferreira, A. I., Martinez, L. F., & Ferreira, P. C. (2017). Workplace Bullying And Presenteeism: The Path Through Emotional Exhaustion And Psychological Wellbeing. *Annals Of Work Exposures And Health*, *61*(5), 528-538.

New York, T. (1994). Traditional Powwow, Emphasizing Sobriety. Retrieved July 10, 2020, from https://www.nytimes.com/1994/01/02/us/traditional-powwow-emphasizing-sobriety.html

Nichols, A. L., & Manor, J. K. (2008). The Good-Subject Effect: Investigating Participant Demand Characteristics. *The Journal Of General Psychology*, *135*(2), 151-166.

Oetting, E. R., & Beauvais, F. (1991). Orthogonal Cultural Identification Theory: The Cultural Identification Of Minority Adolescents. *International Journal Of The Addictions*, *25*(Sup5), 655-685.

Oliver, L. N., Peters, P. A., & Kohen, D. E. (2012). Mortality Rates Among Children And Teenagers Living In Inuit Nunangat,1994 To 2008. Component Of Statistics Canada Psychological Dialogue No. 82-003-X Health Reports. Retrieved From Https://Www15.Statcan.Gc.Ca/N1/En/Pub/82-003-X/2012003/Article/11695-Eng.Pdf?St=L_Q_Xk_K

Ostrov, J. M., Kamper-Demarco, K. E., Blakely-Mcclure, S. J., Perry, K. J., & Mutignani, L. (2019). Prospective Associations Between Aggression/Bullying And Adjustment In Preschool: Is General Aggression Different From Bullying Behavior?. Journal Of Child And Family Studies, 28(9), 2572-2585.

Palmater, P. (2016). Shining Light On The Dark Places: Addressing Police Racism And Sexualized Violence Against Indigenous Women And Girls In The National Inquiry. Canadian Journal Of Women And The Law, 28(2), 253-284.

Paradies, Y. C. (2006). *Race, Racism, Stress And Indigenous Health* (Doctoral Dissertation). Retrieved From Https://Minerva-Access.Unimelb.Edu.Au/Bitstream/Handle/11343/39147/66976_Paradies%20file%20properties. Pdf?Sequence=1&Isallowed=Y

Paradies, Y. C., & Cunningham, J. (2012). The Druid Study: Exploring Mediating Pathways Between Racism And Depressive Symptoms Among Indigenous Australians. *Social Psychiatry And Psychiatric Epidemiology*, *47*(2), 165-173. Retrieved From Https://S3.Amazonaws.Com/Academia.Edu.Documents/32774360/6906.Pdf?Response-Content-Disposition=Inline%3b%20filename%3dthe_Druid_Study_Exploring_Mediating_Path.Pdf&X-Amz-Algorithm=Aws4-Hmac-Sha256&X-Amz-Credential=Akiaiwowyygz2y53ul3a%2f20190915%2fus-East-1%2fs3%2faws4_Request&X-Amz-Date=20190915t003822z&X-Amz-Expires=3600&X-Amz-Signedheaders=Host&X-Amz-Signature=B3be5bd29893b337ce0327e7dcb3500722663b5bfeca5ba0d715d65e5c1d0a9e

Patchin. J. W., & Hinduja, S. (2006). Bullies Move Beyond The Schoolyard: A Prelimary Look At Cyberbullying. Youth Violence And Juveineile Justice. 4(2): 148-69.Cyberbullying. Youth Violence And Juvenile Justice 4(2): 148-69

Patrick, C. (2014). *Aboriginal Homelessness In Canada: A Literature Review*. Canadian Homelessness Research Network.

Pinquart, M. (2002). Creating And Maintaining Purpose In Life In Old Age: A Meta-Analysis. Ageing International, 27(2), 90-114.

Pittman, D. M., & Kaur, P. (2018). Examining The Role Of Racism In The Risky Alcohol Use Behaviors Of Black Female College Students. *Journal Of American College Health*, *66*(4), 310-316.

Pittman, D. M., & Kaur, P. (2018). Examining The Role Of Racism In The Risky Alcohol Use Behaviors Of Black Female College Students. *Journal Of American College Health*, *66*(4), 310-316.

Potvin-Boucher, J. T., & Malone, J. L. (2014). Facilitating Mental Health Literacy: Targeting Canadian First Nations Youth. Canadian Journal Of Counselling And Psychotherapy, 48(3).

Pratt, L. A., Dey, A. N., & Cohen, A. J. (2007). Characteristics Of Adults With Serious Psychological Distress As Measured By The K6 Scale, United States, 2001-04. Retrieved From Https://Stacks.Cdc.Gov/View/Cdc/6840/Cdc_6840_Ds1.Pdf

Priest, N., Paradies, Y., Stewart, P., & Luke, J. (2011). Racism And Health Among Urban Aboriginal Young People. *Bmc Public Health*, *11*(1), 568. Doi: Https://Doi.Org/1.1186/1471-2458-11-568

Priest, Paradies, Trenerry, Truong, Carlen, & Kelly. (2013). A Systematic Review Of Studies Examining The Relationship Between Reported Racism And Health And Wellbeing For Children And Young People. *Social Science & Medicine, 95*, 115-127. Doi: Https://Doi.Org/1.1016/J.Socscimed.2012.11.031

Raskauskas, J. & Stolz, A., (2007). Involvement In Traditional And Electronic Bullying Among Adolescents. Developmental Psychology. 43(3): 564-73.

Razack, S. H. (2000). Gendered Racial Violence And Spatialized Justice: The Murder Pamela George. *Canadian Journal Of Law & Society/La Revue Canadienne Droit Et Société*, *15*(2), 91-13. Doi: Https://Doi.Org/1.1017/S0829320100006384

Rcap (Royal Commission On Aboriginal Peoples), 1995. Choosing Life: Special Report On Suicide Among Aboriginal People. Ottawa (Ontario): Canada Communion Group.

Reading, C., & De Leeuw, S. (2014). Aboriginal Experiences With Racism And Its Impacts. *Prince George: National Collaborating Centre For Aboriginal Health*.

Reading, J. (2009). *The Crisis Of Chronic Disease Among Aboriginal Peoples: A Challenge For Public Health, Population Health And Social Policy*. Centre For Aboriginal Health Research.

Reno, J., Fisher, R. C., Robinson, L., Brennan, N., Travis, J., & Chaiken, J. M. (2000). Us Department Of Justice Office Of Justice Programs.

Restoule, B. M., Hopkins, C., Robinson, J., & Wiebe, P. K. (2016). First Nations Mental Wellness: Mobilizing Change Through Partnership And Collaboration. Canadian Journal Of Community Mental Health, 34(4), 89-109. Https://Www.Sac-Isc.Gc.Ca/Eng/1576093687903/1576093725971

Richardson, C. "Métis Identity Creation And Tactical Responses To Oppression And Racism." *Variegations* 2 (2006): 56-71.

Ridner, S. H. (2004). Psychological Distress: Concept Analysis. *Journal Of Advanced Nursing*, *45*(5), 536-545. Doi: Https://Doi.Org/1.1046/J.1365-2648.2003.02938.X

Ross N. Community Belonging And Health. Health Reports (Statistics Canada, Catalogue 82-003) 2002;13(3):33-39. Https://Www15.Statcan.Gc.Ca/N1/Pub/82-229-X/2009001/Envir/Cob-Eng.Htm#N2

Rothenberg, J. (2019). Not One More: Addressing The Data Crisis Of Missing And Murdered Indigenous Women And Girls In Urban Areas. Booker, K. (2016). Connection And Commitment: How Sense Of Belonging And Classroom Community Influence Degree Persistence For African American Undergraduate Women. *International Journal Of Teaching And Learning In Higher Education*, *28*(2), 218-229.

Royal Commission On Aboriginal Peoples [Rcap]. (1996). *Report Of The Royal Commission On Aboriginal Peoples.* Ottawa, On: Minister Of Supply And Services Canada.

Sanguins, J., Bartlett, J. G., Carter, S., Hoeppner, N., Mehta, P., & Bassily, M. (2013). Depression, Anxiety Disorders, And Related Health Care Utilization In The Manitoba Metis Population.

Savin-Williams, R. C. (1994). Verbal And Physical Abuse As Stressors In The Lives Of Lesbian, Gay Male, And Bisexual Youths: Associations With School Problems, Running Away, Substance Abuse, Prostitution, And Suicide. *Journal Of Consulting And Clinical Psychology*, *62*(2), 261. Doi: Http://Dx.Doi.Org/1.1037/0022-006x.62.2.261

Schneider, S. K., O'donnell, L., Stueve, A., & Coulter, R. W. (2012). Cyberbullying, School Bullying, And Psychological Distress: A Regional Census Of High School Students. *American Journal Of Public Health*, *102*(1), 171-177. Https://Www.Ncbi.Nlm.Nih.Gov/Pmc/Articles/Pmc3490574/

Schumann, L., Craig, W., & Rosu, A. (2014). Power Differentials In Bullying: Individuals In A Community Context. Journal Of Interpersonal Violence, 29(5), 846-865.

Scrim, K. (2017). Aboriginal Victimization In Canada: A Summary Of The Literature: Victims Of Crime Research Digest No. 3. Retrieved From Https://Www.Justice.Gc.Ca/Eng/Rp-Pr/Cj-Jp/Victim/Rd3-Rr3/P3.Html

Shah, S. (2019). Does Religion Buffer The Effects Of Discrimination On Psychological Distress For Religious Minorities? The Case Of Arab Americans. Society And Mental Health, 9(2), 171-191.

Shea, B., & Wiener, J. (2003). Social Exile: The Cycle Of Peer Victimization For Boys With Adhd. *Canadian Journal Of School Psychology*, *18*(1-2), 55-90.

Shepherd, S. M., Hazel Delgado, R., Sivasubramanian, D., & Paradies, Y. (2018). Predictors Of Psychological Distress And The Protective Impact Of Cultural Engagement For Indigenous Prisoners. *Journal Of Offender Rehabilitation*, *57*(6), 367-383. Retrieved From Https://Www.Researchgate.Net/Profile/Yin_Paradies/Publication/328150275_Predictors_Of_Psy chological Distress_And_The_Protective_Impact_Of_Cultural_Engagement_For_Indigenous_Prisoners/Lin ks/5bbf064f299bf1010178cb74/Predictors-Of-Psychological Distress-And-The-Protective-Impact-Of-Cultural-Engagement-For-Indigenous-Prisoners.Pdf

Shields M. Community Belonging And Self-Perceived Health. Health Reports (Statistics Canada, Catalogue 82-003) 2008;19(2):51-6.

Sinclair, R. 2007. "Identity Lost And Found: Lessons From The Sixties Scoop." *First Peoples Child And Family Review*. 3.1 (2007): 65-82. Available Online At: Http://Www.Fncfcs.Com/Pubs/Vol3num1/Sinclair_Pp65.Pdf

Skewes, M. C., & Blume, A. W. (2015). Ethnic Identity, Drinking Motives, And Alcohol Consequences Among Alaska Native And Non-Native College Students. Journal Of Ethnicity In Substance Abuse, 14(1), 12-28.

Slavich, G. M., O'donovan, A., Epel, E. S., & Kemeny, M. E. (2010). Black Sheep Get The Blues: A Psychobiological Model Of Social Rejection And Depression. *Neuroscience & Biobehavioral Reviews*, *35*(1), 39-45. Doi: 1.1016/J.Neubiorev.201.01.0032015/2017 Rhs Https://Fnigc.Ca/Sites/Default/Files/Docs/Fnigc_Rhs_Phase_3_National_Report_Vol_1_En_Fin al_Sm_1.Pdf

Slovak, K., Crabbs, H., & Triflers, B. (2015). Perceptions And Experiences Of Cyberbullying At A Faith-Based University. Social Work And Christianity, 42(2), 149.

Smokowski, P. R., David-Ferro, C., & Strophe, N. (2009). Acculturation And Violence In Minority Adolescents: A Review Of The Empirical Literature. The Journal Of Primary Prevention, 30(3-4), 215-263.

Smokowski, P. R., Evans, C. B., Cotter, K. L., & Webber, K. C. (2014). Ethnic Identity And Mental Health In American Indian Youth: Examining Mediation Pathways Through Self-Esteem, And Future Optimism. *Journal Of Youth And Adolescence*, *43*(3), 343-355. Doi: Https://Www.Researchgate.Net/Profile/Caroline_Evans5/Publication/255715797_Ethnic_Identity_And_Mental_Health_In_American_Indian_Youth_Examining_Mediation_Pathways_Through_Self-Esteem_And_Future_Optimism/Links/56a7d23708aeded22e370eb1.Pdf

Snowshoe, A., Crooks, C. V., Tremblay, P. F., Craig, W. M., & Hinson, R. E. (2015). Development Of A Cultural Connectedness Scale For First Nations Youth. *Psychological Assessment*, *27*(1), 249. Retrieved From Https://Www.Csmh.Uwo.Ca/Docs/Publipsychological Distressions/Snowshoe,%20crooks,%20tremblay,%20and%20craig%202015.Pdf

Söderberg, P., & Björkqvist, K. (2020). Victimization From Peer Aggression And/Or Bullying: Prevalence, Overlap, And Psychosocial Characteristics. Journal Of Aggression, Maltreatment & Trauma, 29(2), 131-147..

Spence, N. D., Wells, S., Graham, K., & George, J. (2016). Racial Discrimination, Cultural Resilience, And Stress. *The Canadian Journal Of Psychiatry*, *61*(5), 298-307. Retrieved From Https://Journals.Sagepub.Com/Doi/Pdf/1.1177/0706743716638653

Spicer, P. (2001). Culture And The Restoration Of Self Among Former American Indian Drinkers. *Social Science & Medicine*, *53*(2), 227-24. Doi: Https://Doi.Org/1.1016/S0277-9536(00)00333-6

Sprung, J. M., Sliter, M. T., & Jex, S. M. (2012). Spirituality As A Moderator Of The Relationship Between Workplace Aggression And Employee Outcomes. Personality And Individual Differences, 53(7), 930-934.

Statistics Canada (2013) Canadian Community Health Survey—Annual Component, 2012), Http://Www23.Statcan.Gc.Ca/Imdb/P2sv.Pl?Function=Getsurvey&Sdds=3226. Accessed January 10th 2014

Statistics Canada 2017 Https://Www12.Statcan.Gc.Ca/Census-Recensement/2016/As-Sa/98-200-X/2016020/98-200-X2016020-Eng.Cfm

Stone, R. A. T., Whitbeck, L. B., Chen, X., Johnson, K., & Olson, D. M. (2006). Traditional Practices, Traditional Spirituality, And Alcohol Cessation Among American Indians. *Journal Of Studies On Alcohol*, *67*(2), 236-244. Retrieved From Https://Www.Researchgate.Net/Profile/Xiaojin_Chen/Publication/7217666_Traditional_Practices_Traditional_Spirituality_And_Alcohol_Cessation_Among_American_Indians/Links/02bfe50df08e804bb1000000/Traditional-Practices-Traditional-Spirituality-And-Alcohol-Cessation-Among-American-Indians.Pdf

Straiton, M. L., Aambø, A. K., & Johansen, R. (2019). Perceived Discrimination, Health And Mental Health Among Immigrants In Norway: The Role Of Moderating Factors. Bmc Public Health, 19(1), 325.
Straiton, M. L., Aambø, A. K., & Johansen, R. (2019). Perceived Discrimination, Health And Mental Health Among Immigrants In Norway: The Role Of Moderating Factors. Bmc Public Health, 19(1), 325.

Swart, E., & Bredekamp, J. (2009). Non-Physical Bullying: Exploring The Perspectives Of Grade 5 Girls. *South African Journal Of Education, 29*(3). Retrieved From Https://Www.Ajol.Info/Index.Php/Saje/Article/Viewfile/45180/28670

Teague, R., Mazerolle, P., Legosz, M., & Sanderson, J. (2008). Linking Childhood Exposure To Physical Abuse And Adult Offending: Examining Mediating Factors And Gendered Relationships. *Justice Quarterly*, *25*(2), 313–347. Doi: 1.1080/07418820802024689

Thiel, L. (2015). Leave The Drama On The Stage: The Effect Of Cultural Participation On Health. Retrieved From Https://Www.Econstor.Eu/Bitstream/10419/111477/1/828797013.Pdf

Thomas, H. J., Chan, G. C., Scott, J. G., Connor, J. P., Kelly, A. B., & Williams, J. (2016). Association Of Different Forms Of Bullying Victimisation With Adolescents' Psychological Distress And Reduced Emotional Wellbeing. Australian & New Zealand Journal Of Psychiatry, 50(4), 371-379.

Timpson, J., Mckay, S., Kakegamic, S., & Roundhead, D. (1988). Depression In A Native Canadian In Northwestern Ontario: Sadness, Grief Or Spiritual Illness?. *Canada's Mental Health*.

Truth And Reconciliation Canada. (2015). *Honouring The Truth, Reconciling For The Future: Summary Of The Final Report Of The Truth And Reconciliation Commission Of Canada*. Winnipeg: Truth And Reconciliation Commission Of Canada. Retrieved From Https://Nctr.Ca/Assets/Reports/Final%20reports/Executive_Summary_English_Web.Pdf

Ttofi, M. M., Farrington, D. P., Lösel, F., & Loeber, R. (2011). Do The Victims Of School Bullies Tend To Become Depressed Later In Life? A Systematic Review And Meta-Analysis Of Longitudinal Studies. Journal Of Aggression, Conflict And Peace Research.

Ttofi, M. M., Farrington, D. P., Lösel, F., Gibb, S. J., Horwood, L. J., & Fergusson, D. M. (2011). Bullying Victimization/Perpetration In Childhood And Later Adjustment: Findings From A 30 Year Longitudinal Study. *Journal Of Aggression, Conflict And Peace* Research. Doi: Https://Doi.Org/1.1108/17596591111132891

Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, Theoretical Description, Reliability, Exploratory Factor Analysis, And Preliminary Construct Validity Using Health-Related Data. *Annals Of Behavioral Medicine*, *24*(1), 22-33.
Underwood, L. G., & Teresi, J. A. (2002). The Daily Spiritual Experience Scale: Development, Theoretical Description, Reliability, Exploratory Factor Analysis, And Preliminary Construct Validity Using Health-Related Data. *Annals Of Behavioral Medicine*, *24*(1), 22-33.
United Nations (Un), 2009. State Of The World's Indigenous Peoples. New York: United Nations.

Van Der Wal, M. F., De Wit, C. A., & Hirasing, R. A. (2003). Psychosocial Health Among Young Victims And Offenders Of Direct And Indirect Bullying. *Pediatrics*, *111*(6), 1312-1317. Doi: Https://Repository.Ubn.Ru.Nl//Bitstream/Handle/2066/63227/63227.Pdf?Sequence=1

Van Der Woerd, K. A., Cox, D. N., & Mcdiarmid, T. (2006). A Preliminary Look At Aggressive And Violent Behaviour In Aboriginal Adolescent Girls. *Pimatisiwin: A Journal Of Aboriginal & Indigenous Community Health*, *4*(1). Retrieved From Https://Journalindigenouswellbeing.Com/Media/2018/10/10_Van_Der_Woerd.Pdf

Van Der Woerd, K. A., Cox, D. N., & Mcdiarmid, T. (2006). A Preliminary Look At Aggressive And Violent Behaviour In Aboriginal Adolescent Girls. *Pimatisiwin: A Journal Of Aboriginal & Indigenous Community Health*, *4*(1). Retrieved From Https://Journalindigenouswellbeing.Com/Media/2018/10/10_Van_Der_Woerd.Pdf

Vidourek, R. A., King, K. A., & Merianos, A. L. (2016). School Bullying And Student Trauma: Fear And Avoidance Associated With Victimization. *Journal Of Prevention & Intervention In The Community*, *44*(2), 121-129.

Vidourek, R. A., King, K. A., & Merianos, A. L. (2016). School Bullying And Student Trauma: Fear And Avoidance Associated With Victimization. *Journal Of Prevention & Intervention In The Community*, *44*(2), 121-129.

Vitoroulis, I., & Vaillancourt, T. (2018). Ethnic Group Differences In Bullying Perpetration: A Meta-Analysis. Journal Of Research On Adolescence, 28(4), 752-771.

Vukic, A., Jesty, C., Mathews, S. V., & Etowa, J. (2012). Understanding Race And Racism In Nursing: Insights From Aboriginal Nurses. Isrn Nursing, 2012.

Wallace, L. J. D., Patel, R., & Dellinger, A. (2003). Injury Mortality Among American Indian And Alaska Native Children And Youth-United States, 1989-1998. *Mmwr: Morbidity & Mortality Weekly Report*, *52*(30), 697-697. Retrieved From Https://Pubmed.Ncbi.Nlm.Nih.Gov/12894055/

Walls, M. L. (2007). A Mixed Methods Examination Of Indigenous Youth Suicide (Order No. 3271918). Available From Proquest Dissertations & Theses Global; Proquest One Academic. (304838199). Retrieved From Http://Ezproxy.Library.Dal.Ca/Login?Url=Https://Search.Proquest.Com/Docview/304838199?Accountid=10406

Walls, M. L., & Whitbeck, L. B. (2011). Psychological Distress Among Indigenous North Americans: Generalized And Culturally Relevant Stressors. *Society And Mental Health*, *1*(2), 124-136. Doi: 1.1177/2156869311414919

Walls, M. L., & Whitbeck, L. B. (2012a). The Intergenerational Effects Of Relocation Policies On Indigenous Families. *Journal Of Family Issues*, *33*(9), 1272-1293. Doi: Https://Doi.Org/1.1177/0192513x12447178

Walls, M.L. & Whitbeck, L.B. (2012b). The Intergenerational Effects Of Relocation Policies On Indigenous Families. Journal Of Family Issues. 33(9). 1272-1293.

Walls, M.L., & Whitbeck, L.B. (2012a). Advantages Of Stress Process Approaches For Measuring Historical Trauma. American Journal Of Drug And Alcohol Abuse, 38(5), 416-420. Doi: 10.3109/00952990.2012.694524

Walters, K. L. (1999). Urban American Indian Identity Attitudes And Acculturation Styles. *Journal Of Human Behavior In The Social Environment*, *2*(1-2), 163-178.

Wang, J., Nansel, T. R., & Iannotti, R. J. (2011). Cyber And Traditional Bullying: Differential Association With Depression. *Journal Of Adolescent Health*, *48*(4), 415-417. Doi: Https://Doi.Org/1.1016/J.Jadohealth.201.07.012

Wang, Z., Koenig, H. G., Ma, H., & Shohaib, S. A. (2016). Religion, Purpose In Life, Social Support, And Psychological Distress In Chinese University Students. Journal Of Religion And Health, 55(3), 1055–1064. Https://Doi.Org/1.1007/S10943-016-0184-0

Wang, Z., Koenig, H. G., Ma, H., & Shohaib, S. A. (2016). Religion, Purpose In Life, Social Support, And Psychological Distress In Chinese University Students. Journal Of Religion And Health, 55(3), 1055–1064. Https://Doi.Org/1.1007/S10943-016-0184-0

Werner-Seidler, A., Afzali, M. H., Chapman, C., Sunderland, M., & Slade, T. (2017). The Relationship Between Social Support Networks And Depression In The 2007 National Survey Of Mental Health And Well-Being. Social Psychiatry And Psychiatric Epidemiology, 52(12), 1463-1473.

Wesselmann, E. D., Nairne, J. S., & Williams, K. D. (2012). An Evolutionary Social Psychological Approach To Studying The Effects Of Ostracism. *Journal Of Social, Evolutionary, And Cultural Psychology*, *6*(3), 309.

Wesselmann, E. D., Nairne, J. S., & Williams, K. D. (2012). An Evolutionary Social Psychological Approach To Studying The Effects Of Ostracism. *Journal Of Social, Evolutionary, And Cultural Psychology*, *6*(3), 309.

Whitbeck, L. B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004a). Conceptualizing And Measuring Historical Trauma Among American Indian People. *American Journal Of Community Psychology*, *33*(3-4), 119-13. Doi: Https://Doi.Org/1.1023/B:Ajcp.000002700.77357.31

Whitbeck, L. B., Hoyt, D. R., Mcmorris, B. J., Chen, X., & Stubben, J. D. (2001). Perceived Discrimination And Early Substance Abuse Among American Indian Children. *Journal Of Health And Social Behavior*, 405-424. Doi: 1.2307/3090187

Whitbeck, L. B., Mcmorris, B. J., Hoyt, D. R., Stubben, J. D., & Lafromboise, T. (2002). Perceived Discrimination, Traditional Practices, And Depressive Symptoms Among American Indians In The Upper Midwest. Journal Of Health And Social Behavior, 400-418. Retrieved From Https://Intranet.Newriver.Edu/Images/Stories/Library/Stennett_Psychology_Articles/Perceived%20discrimination%20traditional%20practices%20%20depressive%20symptoms%20among%20american%20indians%20in%20the%20upper%20midwest.Pdf

Whitbeck, L.B., Chen, X., Hoyt, D. R., & Adams, G. W. (2004b). Discrimination, Historical Loss And Enculturation: Culturally Specific Risk And Resiliency Factors For Alcohol Abuse Among American Indians. *Journal Of Studies On Alcohol*, *65*(4), 409-418.

Williams, A. D., Clark, T. C., & Lewycka, S. (2018). The Associations Between Cultural Identity And Mental Health Outcomes For Indigenous Māori Youth In New Zealand. *Frontiers In Public Health*, *6*, 319. Doi: Https://Doi.Org/1.3389/Fpubh.2018.00319

Wilson, D. M., & Northcott, H. C. (2008). Dying And Death In Canada. *Toronto: U Of Toronto P*.

Wilson, K. (2003). Therapeutic Landscapes And First Nations Peoples: An Exploration Of Culture, Health And Place. *Health & Place*, *9*(2), 83-93. Retrieved From Http://Www.Healthalt.Org/Uploads/2/3/7/5/23750643/Firstnationspeoples_Cultureheathandplace.Pdf

Wong, D. S., Lok, D. P., Wing Lo, T., & Ma, S. K. (2008). School Bullying Among Hong Kong
      Chinese Primary Schoolchildren. *Youth & Society*, *40*(1), 35-54. Retrieved From
      Https://Www.Researchgate.Net/Profile/Dennis_Wong14/Publication/249685077_School_Bullyi
      ng_Among_Hong_Kong_Chinese_Primary_Schoolchildren/Links/565e9ba508ae1ef92983de09.
      Pdf

Wright, M. F., & Li, Y. (2013). The Association Between Cyber Victimization And Subsequent Cyber
      Aggression: The Moderating Effect Of Peer Rejection. Journal Of Youth And
      Adolescence, 42(5), 662-674.

Wright, M. F., Harper, B. D., & Wachs, S. (2019). The Associations Between Cyberbullying And
      Callous-Unemotional Traits Among Adolescents: The Moderating Effect Of Online
      Disinhibition. Personality And Individual Differences, 140, 41-45.

Xie, H., Swift, D. J., Cairns, B. D., & Cairns, R. B. (2002). Aggressive Behaviors In Social Interaction
      And Developmental Adaptation: A Narrative Analysis Of Interpersonal Conflicts During Early
      Adolescence. *Social Development*, *11*(2), 205-224. Doi: Https://Doi.Org/1.1111/1467-
      9507.00195.

Yoder, K. A., Whitbeck, L. B., Hoyt, D. R., & Lafromboise, T. (2006). Suicidal Ideation Among
      American Indian Youths. Archives Of Suicide Research : Official Journal Of The International
      Academy For Suicide Research, 10(2), 177–19.

Yu, M., & Stiffman, A. R. (2007). Culture And Environment As Predictors Of Alcohol
      Abuse/Dependence Symptoms In American Indian Youths. Addictive Behaviors, 32(10), 2253-
      2259.

Zimmerman, M. A., & Arunkumar, R. (1994). Resiliency Research: Implications For Schools And
      Policy. *Social Policy Report*, *8*(4), 1-20. Retrieved From
      https://srcd.onlinelibrary.wiley.com/doi/pdf/10.1002/j.2379-3988.1994.tb00032.x

Zimmerman, M. A., Bingenheimer, J. B., & Notaro, P. C. (2002). Natural Mentors And Adolescent
      Resiliency: A Study With Urban Youth. *American Journal Of Community Psychology*, *30*(2),
      221-243. Retrieved From
      https://onlinelibrary.wiley.com/doi/pdf/10.1023/A%3A1014632911622?casa_token=Ol2Rtg8fn

B4AAAAA:s-t3-
K7g_GHQJTBk9LSQXBjBjQoKML1YHayweLHMIRbdAKUYtavPP5MGGgKH345TKfzPXN
RCWrRVhw

Zubrick, S., Silburn, S., Lawrence, D., Mitrou, F., Dalby, R., Blair, E. M. Et Al. (2005). The Western Australian Aboriginal Child Health Survey: The Social And Emotional Wellbeing Of Aboriginal Children And Young People. Perth, WA: Curtin University Of Technology And Telethon Institute For Child Health Research.