

A COMPILATION OF  
RESEARCH ON  
RURAL GIRLS'  
AND YOUNG  
WOMEN'S ISSUES

COMPILED BY GIRLS ACTION FOUNDATION  
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## ABOUT GIRLS ACTION FOUNDATION

Girls Action Foundation is a national charitable organization. We lead and seed girls' programs across Canada. We create opportunities to build girls' and young women's skills and confidence, and inspire action to change the world.

Grounded in research and girls' realities, our innovative programs address violence prevention, community engagement, media literacy education, health promotion, anti-racism, and healthy sexuality. Our programs combine creative expression, knowledge and skill-building activities, mentorship, community action, and fun. Through our innovative programs, research, and support to a network of over 200 partnering organizations and projects, Girls Action reaches over 60,000 girls and young women.

At Girls Action, we believe in the potential of girls and young women to be future leaders and change-makers. We are building a movement of active and engaged young women and organizations across Canada.

For more information on our approach to girls' programs, the National Network or our free resources, please visit [www.girlsactionfoundation.ca](http://www.girlsactionfoundation.ca)



## WHY WE CREATED THIS RESEARCH REVIEW

Girls Action Foundation compiled this research review in order to increase access to recent research about Canadian girls and young women who live in rural communities.

This review is part of a larger project, which shines light on the potential of rural girls and young women to contribute to community development. The project engages youth and rural organizations to advance the leadership and community involvement of rural young women. Project activities include a partnership with four rural organizations to deliver leadership programs with female youth; regional meetings of girls' program practitioners in the Atlantic and Prairie regions; webinars on topics related to rural young women's empowerment; and another publication gathering successful practices and perspectives of rural communities working for girls' and young women's well-being and empowerment across Canada.

The intention behind this publication is to provide research-based support for initiatives that empower girls and young women. Research often provides important rationale, credibility, and legitimacy to girl-specific projects and programs. This publication is a quick and easy way for those who work with, and care about, girls who live in rural communities to access research that can strengthen and validate the important work that they do. People who support girls' and young women's empowerment work in many contexts; they may be youth workers, girls' programmers, educators, health professionals, policy makers, young women organizers, youth centres, and rural community organizations.



Readers may use the information presented in this review to reinforce funding proposals or program development, legitimize programs, inform policy development and decision-making, or inform communication materials, such as presentations or fact sheets. When using this or any research, please be sure to always use proper citations to credit the authors.

Research reviews like this one are just one form of knowledge. It is important to note that community knowledge and the knowledge girls have about their own experiences, are even more important. This research review is comprehensive but not exhaustive, and the research citations within this publication do not always represent the views and values of Girls Action.

As part of this project, we have also developed the Rural Community Action Guide: A collection of reflections, best practices, and resources from practitioners who work with girls and young women in rural communities.

Girls Action has produced several other publications, including other research reviews:

**Girls Action Research Review:** A Compilation of Research on Girls' and Young Women's Issues

**Racialized Girls Research Review:** A Compilation of Research on Racialized Girls' and Young Women's Issues

**Northern Girls Research Review:** A Compilation of Research on

**Northern, Rural and Aboriginal Girls' and Young Women's Issues**

**Immigrant Girls Research Review:** A Compilation of Research on Rural Girls' and Young Women's Issues

Please visit our Learning Centre online to download all our publications for free: [www.girlsactionfoundation.ca](http://www.girlsactionfoundation.ca).



## WHY FOCUS ON RURAL GIRLS AND YOUNG WOMEN?

Girls Action Foundation aims to create projects and publications that are useful to organizations and individuals working for girls' empowerment. Many rural communities participate in our National Network of organizations delivering girls' programs; over the years, it has become clear that rural girls and young women have particular experiences and that girl-centred programs and spaces are important supports for rural girls' empowerment.

Rural young women and those working with them know from experience that rural youth can face a multitude of challenges. These challenges may vary from girl to girl and from community to community, but some frequently cited challenges that appear in the research include: geographic and social isolation; continuing effects of colonization and residential schools; anonymity, confidentiality and privacy issues; community norms which can ostracize any perceived "difference"; xenophobia; homophobia; sexism; racism; transphobia; lack of accessible and anonymous or confidential health care resources and services; lack of public transportation; lack of spaces and activities designed for girls and young people; lack of access to shelters and services for those who have been victims of abuse; migration to access opportunities; agricultural restructuring; dependence on natural resource economy; lack of employment; poverty, and more.

Although much of the research in this review describes challenges that girls and their communities face we do not wish to reinforce negative perceptions or over simplifications about girls and their communities, nor paint a picture of girls as victims.





Rather, our hope is that this information will be used in ways that make policies and programs more responsive to girls' and young women's needs, perspectives, and experiences by raising awareness on individual, community, and systemic issues, as well as provide evidence that supports the development of gender-specific programs and policies. In so doing, our aim is to support the development of rural girls' and young women's own empowerment, well-being, and leadership.

“Rural” can have different definitions. In this publication, we have chosen to cast a wide net to include any research that was self-defined as relating to rural, remote, or non-urban Indigenous communities, as well as any research that included a large rural population as their research participants. There is a wide diversity among rural communities, including First Nations, Métis and Inuit communities; farm and natural resource based; those in Northern territories and southern provinces; remote communities and those that are closer to urban centres or any combination thereof.

If you have any feedback to this publication, please let us know what you think by writing to: [info@girlsactionfoundation.ca](mailto:info@girlsactionfoundation.ca)



## USING THIS RESOURCE

Please feel free to cite any quotations or statistics from this publication. Remember to always use proper bibliographic references to give credit to the authors of specific studies.

The information found in this resource can be used in:

- your funding proposals
- information sheets about your project or program
- resources to raise awareness about girls' issues
- presentations to schools or potential partners
- health, education or other fields to support policy-makers and professionals
- making decisions or creating new programs



## METHOD FOR FINDING QUOTATIONS AND STATISTICS

In November and December of 2011, we reviewed English and French research on rural girls and young women. This research was drawn from academic, community-based, and government sources, and includes reports, journal articles, presentations, and fact sheets.

The following search engines were used for the English sources: Google, Google Scholar, Academic Search Premier – EBSCOhost, Canadian Rural Research Network, Library and Archives Canada, and the Government of Canada and its affiliated search engines.

The following search engines were used for the French sources: Google, Google Scholar, BAnQ, ÉRUDIT, le Réseau Canadien de recherche rurale, le Réseau canadien pour la santé des femmes, Bibliothèque et archives Canada, le site Internet du gouvernement du Canada et ses moteurs de recherches affiliés et l'Institut canadien d'information sur la santé.

From this diversity of sources, we have tried to pull the most relevant citations. Citations are directly pulled, and any changes have been indicated with a [ ]. Most common changes include providing full names instead of acronyms or indicating that only a segment of a citation was pulled for example using [...] to indicate that original text has not been included.



In the event that we included a citation that itself cited other authors in their work, we have provided the names of the in-text cited authors, followed by the date of the publication. For example:

“Social isolation may be greater in rural regions, because the chance to identify with an LGB peer group may be limited or nonexistent.<sup>2</sup>[D’Augelli AR and Hart MM, 1987]...”

All citations and statistics have been published between 2000 and 2011, with the exception of one study published in 1992. This research was included because research that is more recent was not available. All citations and statistics are from Canadian sources. Please see Appendix A for a list of keywords in French and English that were used in our search.

Research with girls and young women as the subject was prioritized; however, when such research was not available, the search was expanded to include relevant research on youth, women, and even the general public.



## APPROACH TO FINDING RELEVANT RESEARCH FOR THE EMPOWERMENT OF RURAL GIRLS AND YOUNG WOMEN

At Girls Action we recognize that there is not one experience of “girlhood” in Canada; rather girls and young women have diverse and complex experiences related to gender, socio-economic status, race, religion, culture, migration, location, ability, sexuality, and much more. By recognizing these complexities and how they interact in girls’ lives, a more holistic understanding of girls’ and young women’s issues within Canadian society is possible.

We prioritized research that reflects a nuanced and in-depth analysis of the issues and barriers faced by girls; however we also included research that comes from other analytic frameworks, as well as research and statistics that do not provide analysis. We hope that all the information found in this review will be strategically used to promote the empowerment of rural girls and young women, regardless of its analytical perspectives.



## HOW THIS REVIEW IS ORGANIZED

The citations and statistics are organized into seven themes: Complex Lives; Health Issues and Health Promotion; Violence and Violence Prevention; Community and Community Engagement; Education and Employment; Girls' Programs; and General Statistics.

Since we value a holistic approach to understanding girls' and young women's experiences and realities, categorizing the research findings was often difficult as dimensions of health, violence, community, education and employment, and so much more are all deeply interconnected.

Ultimately, we organized the research into these broad themes because they:

- a) emerged as predominant themes through the research review process;
- b) reflect some of the federal and provincial funding body departments, thus making accessing research for those funders and departments easier for the reader;
- c) reflect some of the "lenses" through which we carry out our work at Girls Action;
- d) help the reader navigate through so much information.

Each theme has been further organized to present citations in the following order:

- issues faced by rural girls;
- relevant statistics;
- promising practices, recommendations and ways forward.



Each quotation and statistic has been “tagged” in order to help differentiate the subjects of the citation. The following tags were used: *girls*, *young women*, *youth*, *women*, *general*, and/or a combination of any of these terms. If a study was province specific, we added an additional location tag as well. Please note that these tags are not absolute; research sources do not always make distinctions between girls and women or girls and youth.

## SECTION 1: COMPLEX LIVES

This section highlights the complexity of girls’ lives as described by researchers as well as by girls themselves. Girls Action values highlighting complexity because girls’ experiences of rural living, and girlhood in general, vary greatly depending on a multitude of factors. By looking at the ways in which various forms of oppression like sexism, racism, homophobia, poverty, colonialism, and others, interlock with one another, a more nuanced, holistic, and deeper understanding of girls’ realities emerge, which results in more relevant actions for their empowerment.

## SECTION 2: HEALTH ISSUES AND HEALTH PROMOTION

Girls Action recognizes that health is a multidimensional concept that includes physical, emotional, mental, spiritual, and sexual well-being. Health is affected by the different individual, social, economic, and environmental conditions in girls’ lives.

Research suggests that the following are central themes affecting rural girls’ and young women’s health: geographic and social isolation; lack of accessible and



culturally appropriate health services, especially for Indigenous and LGTTIQQ (lesbian, gay, trans, two-spirit, intersex, queer and questioning) girls; maternal evacuation; lack of confidentiality and anonymity as barriers to accessing support or services; homophobia; heterosexism; individualistic Western conceptions of prevention and treatment; continued impacts of colonization and residential schools; health care restructuring and centralization of services; lack of outreach services and accessible and affordable transportation; and systemic poverty.

### SECTION 3: VIOLENCE AND VIOLENCE PREVENTION

Violence ranges from personal violence (including self-harm, substance abuse, and others); to relational violence (including sexual abuse, emotional or verbal abuse, physical abuse, racism, homophobia, transphobia, and others); to systemic violence (including poverty, discrimination from and within institutions, the state, policies or laws, sexism, racism, homophobia, transphobia, and others). Violence can occur on one, two, several, or all of these levels simultaneously.

In the research, violence and violence prevention were linked to geographic and social isolation; racism; heterosexism; homophobia; xenophobia; use of drugs and alcohol for recreation due to lack of youth activities and spaces; limiting or oppressive community norms; continued impacts of colonization and residential schools; lack of confidentiality and anonymity as barriers to disclosing abuse and access support services; disproportionate violence against Indigenous women and girls; lack of support services and little trust in police intervention; lack of outreach and social





services; lack of accessible and affordable transportation; choices between leaving an abusive relationship or leaving the community; systemic poverty, and more.

## SECTION 4: COMMUNITY AND COMMUNITY ENGAGEMENT

Leadership opportunities and supports, along with mentorship and community engagement, are intertwined elements that can support girls' empowerment and opportunities to take action. Girls Action's approach to leadership is one that sees every girl as an expert in her own life. Therefore, she is uniquely positioned to enact change and take action based on her own expertise and experience.

This section contains research on girls' relationships to their rural communities; the importance and benefits of rural community life; the tensions between individual identity and community identity and norms; community health and language and culture preservation; supportive community ties, role models, and mentorship; creating and finding alternative communities online; barriers to community engagement and community health; and recommendations and successful community engagement practices for young women.



## SECTION 5: EDUCATION AND EMPLOYMENT

Education and employment are other areas that can pose challenges for rural girls and young women. Some of the recurring issues revealed in our research review include: lack of funding, schools, training and services on reserves; limited post-secondary school opportunities; rural to urban migration; lack of accessible public transportation; agricultural restructuring; dependence on a natural resource economy; lack of employment and training opportunities; lower income levels and systemic poverty; traditional gender socialization; lack of a diversity of role models, and more.

Despite these issues, the research also highlights a tension between the wish of girls and young women to remain or at least return to a rural community and the challenges inherent in doing so.

## SECTION 6: ALL-GIRLS' PROGRAMS

An important strategy to build rural girls' and young women's skills, break their isolation, and support violence prevention, health promotion, and leadership development, is to create girl-specific spaces and programs. Through the Girls Action National Network of girls' programmers, we have seen that girl-specific programs, as well as those that reach rural girls, offer important opportunities for them to network among themselves and with mentors.

This section contains research about the importance of girls' programs in rural contexts, and in particular highlights the need for rural girls to have occasions to talk



about their experiences in a confidential and accessible gender-specific space; the need for gender differentiated approaches to violence prevention; and the importance of girls' involvement in planning their programs.

## SECTION 7: GENERAL STATISTICS

This section provides general demographic information and statistics that did not fit within the themes mentioned above.



## SECTION 1: COMPLEX LIVES

Overall, the rural participants in this study see the many benefits of growing up in a rural community. Personal connections with the people around them, identification with nature, and participation in a variety of activities have given them a strong sense of identity. They are also cognizant of the constrained opportunities and resources in their community. However, in spite of perceived limitations, these participants would like to raise their children in similar rural settings.<sup>1</sup>

### **Tag: Young Women**

Rural areas are facing population decline and the steady erosion of services, which only worsens the situation. It is important to recognize that the reduction of services in rural communities does not affect all community members equally. Instead the most marginalized bear the greatest cost in terms of reduced service accessibility.<sup>ii</sup> [Lauzon, A. C. and Hagglund L. O., 1998] This means that girls and young women – who often already face social, economic, and geographic barriers when attempting to access services – are disproportionately feeling the burden of service reduction in rural communities.<sup>2</sup>

### **Tag: Girls**

People in rural areas also tend to be more likely to hold traditional values. There is less diversity and fewer opportunities to connect with other people who may fall outside the local norm. This makes it particularly difficult for girls who are perceived as “different.”

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<sup>1</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 164. Web. 15 Nov 2011.

<sup>2</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. .



“You can’t really be all that different around here... like if you were from a completely different race or culture... you can’t be different – there’s no variety. Even your sexuality. People get made fun of for being gay – or lesbian – because they’re so different from everyone else. Around here everyone is the same. You have to be.”<sup>3</sup>

### **Tag: Girls**

Gender, rural living and poverty shaped the intersecting risks of violence and exposure to HIV for all of the participants. However, for the Aboriginal participants, these features were shaped by systemic racism within the neocolonial context of Canadian society. All of the Aboriginal women, for instance, were affected by the consequences of generations of their families having been confined to reserves and residential schools (a number of the women in the study had attended residential school themselves).<sup>4</sup>

### **Tag: Young Women, Women**

Rural communities have several characteristics that may affect the experiences of LGB [lesbian, gay, bisexual] adolescents. Social isolation may be greater in rural regions, because the chance to identify with an LGB peer group may be limited or nonexistent.<sup>2</sup>[D’Augelli AR, Hart MM, 1987]<sup>20</sup>[McCarthy L, 2000]<sup>21</sup>[Bell D, Valentine G, 1995] Adolescents and their families may also lack access to resources for information and support.<sup>2</sup>[D’Augelli AR, Hart MM, 1987]<sup>20</sup>[McCarthy L, 2000] Furthermore, more conservative attitudes in general, and negative attitudes or misconceptions about non heterosexual orientations specifically, and less anonymity in small communities may make it harder for adolescents to openly express same-gender affections<sup>2</sup>[D’Augelli AR, Hart MM, 1987], and risk public disclosure.<sup>22</sup>[Rosario M, Schrimshaw EW, Hunter J, Gwadz

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<sup>3</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 5.

<sup>4</sup> Colleen Varcoe and Sheila Dick. “The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context.” *Journal of Aboriginal Health* (Jan. 2008): 45. Web. 13 Dec. 2011.



M, 2002] Thus, LGB adolescents in rural areas may face greater disparities and challenges compared with their urban counterparts.<sup>5</sup>

**Tag: Youth, British Columbia**

The following list of emerging issues was drawn from all of the workshops and the Northern Growth Plan. It includes issues that are new and emerging as well as issues which are known to exist but have not received significant research attention. This list is derived from the researchers' reflections on the discussions at the workshops.

- Aboriginal Issues (youth, engagement, collaboration between government and communities)
- Access to Capital for small businesses
- Adequate Services in rural areas with declining populations
- Climate Change
- Demographics (Aging population)
- Immigration - attracting new immigrants & labour migration
- Poverty
- Rising Energy Prices and impact on rural communities
- Safe Drinking Water (a specific priority in the North)
- Women's Issues (training, employment, transportation, etc.)<sup>6</sup>

**Tag: General, Ontario**

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<sup>5</sup> Colleen S. Poon and Elizabeth M. Saewyc. "Out Yonder: Sexual-Minority Adolescents in Rural Communities in British Columbia." *American Public Health Association* 99.1 (2009): n. pag. Web. 14 Nov. 2011.

<sup>6</sup> Wayne Caldwell. *Rural Research Priorities*. Rural Ontario Institute, 2010. PDF File. Web. 22 Nov. 2011. iii-iv.



What are their [rural youth in BC] challenges in transitioning to adulthood?

- Economic restructuring and business closures
- Reduction in resource-based industries such as fishing, forestry, mining, and farming
- Chronic unemployment and social assistance
- High youth unemployment
- Lack of affordable housing
- Limited social resources
- Risky behaviours
- Isolation
- Decreased expectations of attending post-secondary
- Lack of urban information & practical steps to move on
- Need for information about and access to apprenticeships and educational programs
- Difficulty letting go of community
- Not optimistic about future opportunities in their community
- Lack of employment opportunities for young women in their communities
- For young women educational capital is necessary
- Families lack economic resources <sup>7</sup>

**Tag: Youth, British Columbia**

Northern Ontario Key Issues

Health Care: Improving access and quality of health care services to northern communities is crucial to build capacity for an adaptive and knowledge-based economy.

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<sup>7</sup> Blythe Shepard. *The Perspectives of Rural Youth in BC*. University of Victoria: n.d. PDF File. Web. 29 Nov. 2011.



**First Nations Engagement:** Government, at the Federal, Provincial and Municipal level, needs to engage and collaborate with First Nation communities in Community Economic Development.

**Strengthen Connections:** Northern Ontario [communities] must connect with one another and the global economy through improved transportation, broadband and energy infrastructure.

**Fiscal Sustainability:** With ongoing uncertainty and restructuring of economic sectors, long range planning in Northern Ontario must incorporate innovative partnerships and maximization of resources in order to be fiscally sustainable.

**Environmental Sustainability:** Large scale logging and mining operations must use new, innovative practices that reduce its foot print on the natural environment that allows for reuse.

**Youth:** Ensuring that there are employment and post-secondary education opportunities for youth.

**Aboriginal Youth:** In Northern Ontario, 34% of the aboriginal population is Under 15 years of age. There needs to be expanded educational opportunities for aboriginal youth to ensure that they are able to participate and lead in an innovative economy.

**Climate Change:** Climate Change is an immensely important issue for Northern Ontario on two fronts:

a. Ontario's North, with vast forests and wetlands, is a significant carbon sink that stores more than 97 billion tonnes of carbon and absorbs 12.5 million tonnes of carbon dioxide each year.

b. Northern communities and their ecosystems are more vulnerable to climate change than southern Ontario and its effects could result in new pest infestations, threats to the region's biodiversity, greater incidence of forest fires and storms. A rise in temperatures will also reduce the winter icepack and reduce the ability to use





temporary ice roads to import fuel, building supplies and other large goods to remote aboriginal communities

**Economic Diversification:** Northern Ontario has a reliance on prevalent resources that has led to drastic population increases and decreases over past decades. To better ensure steady population growth and new economic opportunities, the region must diversify its outputs through fostering entrepreneurship and pursuing innovative value-added business opportunities.

**Collaboration:** In order to move forward, there must be strong collaboration and cooperation between all levels of government and Aboriginal Communities.

**Safe Drinking Water:** Northern communities are struggling to maintain the infrastructure and meet the monitoring requirements necessary to provide safe drinking water.<sup>8</sup>

### **Tag: Youth, Ontario**

These authors [Kimayer and colleagues] also suggest that “in many Native communities, youth face economic uncertainty with limited jobs and opportunities so that they may have few positive expectations for the future ... (and) most importantly, the transmission of culture tradition and identity has been disrupted by generations of cultural oppression.”<sup>9</sup>

### **Tag: Youth**

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<sup>8</sup> Wayne Caldwell. *Rural Research Priorities*. Rural Ontario Institute, 2010. PDF File. Web. 22 Nov. 2011. 33.

<sup>9</sup> Javier Mignone and John O’Neil. “Social Capital and Youth Suicide Risk Factors in First Nations Communities.” *Canadian Journal of Public Health* 96.1 (2005): 52. Web. 20 Nov. 2011.



## SECTION 2: HEALTH ISSUES AND PROMOTION

The factors that affect access to health resources (and ultimately the health status) of all Canadian women are compounded and intensified in more rural, remote and northern areas. In addition, there are further influential factors particular to these areas. Research and outreach conducted by (and in association with) the Northern Secretariat in northern BC has contributed to an understanding of these additional factors through our participatory data collection process. They include:

1. Isolation - physical and emotional 2. Transient population 3. Seasonal employment / fluctuating resource-based economies 4. Harsh climate 5. Low population (when used as basis for determining public investment in services) 6. Substandard, limited or non-existent services 7. Limited access (No accounting for transportation required or distance covered to deliver or access health services).<sup>10</sup>

### **Tag: General**

Generally, the health of people living in rural, remote, northern and Aboriginal communities is poorer than that of their urban counterparts; indeed, health status declines with distance from urban centres. Compared with urban residents, people living in rural communities have shorter life expectancies, higher death rates and higher infant mortality rates.<sup>11</sup>

Rural areas have a disproportionately high proportion of long-term disabled people compared to the urban population.<sup>37</sup> [CMA, 1992] There are two types of problems that

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<sup>10</sup> Northern Secretariat of the BC Centre of Excellence for Women's Health. The Determinants of Women's Health in Northern Rural and Remote Regions Examples and Recommendations from Northern British Columbia. Prince George: Northern Secretariat of the BC Center of Excellence for Women's Health and UNBC, 2010. Web. 3 Dec. 2011. 10.

<sup>11</sup> Canada. Ministerial Advisory Council on Rural Health. Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011.



disabled people are more likely to encounter in rural, rather than urban settings: a lack of specific needed facilities and a lack of access to the standard services.

Disabled people often require specialized services such as surgery, physiotherapy, dialysis, chemotherapy and counselling. These specialized services may not be available in smaller rural centres, so that the disabled person must travel to reach them. If the person is a child, an elderly person, severely disabled or seriously ill, travelling becomes even more complex because the assistance of another person may be required.<sup>12</sup>

**Tag: General**

Disabled persons living in rural areas encounter the additional problem of access to services that are generally available to other people. Ramps, elevators, sloping curbs, automatically opening doors, grab bars in washrooms, and washrooms that can accommodate wheel chairs are only starting to be introduced into such areas. Moreover, special transportation for the disabled person is usually not available in rural areas, making the rural disabled person more dependent on family and friends for medical appointments, social engagements, and work.<sup>13</sup>

**Tag: General**

[...] [C]ertain health problems are recognized as being more likely to affect people living in rural areas. These include mental health problems (Wagenfeld, 1990; Human and Wasen, 1991; Clayer et al., 1995; Johnsen et al., 1997; Hartley et al., 1999; Judd and Humphreys, 2001); mood disorders and anxiety (Diala and Muntaner, 2003); and suicides (Pesonen et al., 2001; Singh and Siahpush, 2002; Middleton et al., 2003), especially among youth (Low and Andrews, 1990; Dudley et al., 1997; Leenaars et al., 1998) and among Aboriginal people in Australia (Clayer and Czechowicz, 1991) and Canada (Regnier, 1994;

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<sup>12</sup> Therese Jennisen. Health Issues in Rural Canada. Ottawa: Political and Social Affairs Division, 1992. Web. 13 Dec. 2011. n.p.

<sup>13</sup> Therese Jennisen. Health Issues in Rural Canada. Ottawa: Political and Social Affairs Division, 1992. Web. 13 Dec. 2011. n.p.



Royal Commission on Aboriginal Peoples, 1995; Katt et al., 1998; Masecar, 1998). The same is true for vision problems (Madden et al., 2002), oral/dental health problems (Westover, 1999; Steele et al., 2000; Pacza et al., 2001; Vargas et al., 2002, 2003a, 2003b), and motor vehicle traffic accidents (Thouez et al., 1991; Chen et al., 1995; LaValley et al., 2003) and the serious injuries that they cause (Stella et al., 2001).<sup>14</sup>

**Tag: Youth, General**

[...] [T]he health care system perpetuates the inherent values, beliefs, and attitudes of mainstream society. These values and associated actions can be implicitly discriminatory in nature and are founded on historical fallacies. They perpetuate a vicious cycle for First Nations women who misuse substances. Stigmatization toward substance users deepens the wounds of the Canadian Aboriginal population who are often already oppressed by poverty, lack of adequate housing and insufficient health care services. A final barrier is the continued devaluing of women as a whole. In a society that professes to provide equality for all, women – and especially Aboriginal women – remain at the ‘bottom of the totem pole’ so to speak.<sup>15</sup>

**Tag: Women**

Inadequacies in health services and informational material in rural areas are more pronounced for recent immigrants, especially immigrant women, since women have more contact with the health care system. Some problems are “lack of information about services, insensitivity on the part of health care personnel because of cultural practices, and problems associated with services designed for a mainstream population.”<sup>3</sup>

[Federal/Provincial/Territorial Working Group on Women’s Health, Working Together for Women’s Health] In some cultures, for example, women are used to delivering their

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<sup>14</sup> Jérôme Martinez, Robert Pampalon, Denis Hamel, and Guy Raymond. Quebec Public Health Association. Does Living in Rural Communities Rather than Cities Really Make a Difference in People’s Health and Wellness? Quebec: Institut National de Santé Publique, 2004. Web. 15 Nov. 2011. 9.

<sup>15</sup> Lynda Brunen. Aboriginal Women With Addictions: A Discussion Paper on Triple Marginalization in the HealthCare System. Prince George: Northern Secretariat of the BC Center of Excellence for Women’s Health, 2000. Web. Nov. 27 2011.



babies in their own homes with the help of a midwife, yet midwives in rural Canada are almost non-existent. An immigrant woman may not be able to communicate her problem effectively and as a result receive inappropriate diagnosis or treatment for a medical problem. Language training centres are not as available in rural communities and women generally have less access to them than do immigrant men.<sup>16</sup>

### **Tag: Women**

There is a paucity of intervention programs for Aboriginal girls and many of those that exist are delivered in culturally inappropriate ways. The lack of success of mental health programs, for example, has been attributed to the “lack of Aboriginal participation, which could make programs culturally meaningful and locally more relevant” (Kirmayer, Simpson, & Cargo, 2003, p. S21). As described by First Nations people, healing results from interdependence and not from independence (McCormick, 1997b).<sup>17</sup>

### **Tag: Girls**

[...] [C]ultural discontinuity and oppression, and marginalization have been linked to high rates of depression, alcoholism, suicide, and violence in many communities, with the greatest impact on youth (Kirmayer, Brass & Tait, 2000). Chandler and Lalonde (1998) argue, for example, that cultural discontinuity is strongly associated with suicide risk for Aboriginal youth.<sup>18</sup>

### **Tag: Girls, Youth**

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<sup>16</sup> Therese Jennisen. Health Issues in Rural Canada. Ottawa: Political and Social Affairs Division, 1992. Web. 13 Dec. 2011. n.p.

<sup>17</sup> Elizabeth M. Banister and Deborah Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” Canadian Academy of Child and Adolescent Psychiatry 15.4 (2006): 168-173. Web. 17 Nov. 2011.

<sup>18</sup> Elizabeth M. Banister and Deborah Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” Canadian Academy of Child and Adolescent Psychiatry 15.4 (2006): 168-173. Web. 17 Nov. 2011.



Besides geographical isolation, rural girls often find it difficult to access anonymous social support. For rural girls, it is also often hard to find emotional support for problems, especially because there is no way for them to protect their privacy. In the rural Canadian town examined for this study, many of the young women expressed concerns about gossip. When rural young women are faced with problems, traditional support networks are often felt to be unhelpful due to a lack of privacy. In a survey conducted through TakingITGlobal's Canada Network Susan, 19 years old and from Newfoundland, states that:

“Young people in rural communities have less access to information and support. Through the Internet I've been introduced to many more ideas that have impacted my life. In my town there's no one to help with eating disorders; I found support online.”<sup>19</sup>

### **Tag: Girls**

The close-knit nature of the rural communities, while identified by girls as something they like about growing up rural, is also a barrier to accessing services. Most girls said that they could not go to the drug store or the doctor without knowing someone there, or having their car recognized in the parking lot. Ensuring confidentiality was identified as a huge barrier to accessing support.

“Everyone's going to find out. That's what everyone knows here – that nothing can happen because everyone's going to find out. Or you can't tell anyone.”

The fact that service providers may be a well known community member (a friend's parent, a friend of the family) means that even if the girl does trust that confidentiality will be maintained, she may still feel uncomfortable confiding her questions or problems.

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<sup>19</sup> Lisa Campbell. “Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet.” *Canadian Women's Studies* 24.4 (2004): 168. Web. 14 Dec. 2011.



“If I did something I wasn’t proud of, I wouldn’t want someone I know to think less of me.”<sup>20</sup>

**Tag: Girls, Nova Scotia**

There are more Indigenous youth in the child welfare care system today than when the residential schools were in place. To make matters worse, even though children living ‘on reserve’ are identified as having significantly higher child welfare needs, they receive less funding than the children who do not live on reserves.<sup>16</sup> [Blackstock C, 2009]<sup>21</sup>

**Tag: Youth**

Many participants believed that wait times are a product of the lack of providers of specialized care in the region or the lack of infrastructure (e.g., limited time in the operating room for physicians). A number of women experienced feelings of frustration with waiting to access specialized health care, but other women were resigned to having to wait for care. The demands of caregiving during wait times were challenging for many. Wait times were reported to have some negative impact on the physical and emotional health of participants and their families.<sup>22</sup>

**Tag: Young Women, Nova Scotia**

A unique finding of our research is that at least some women take control over their experiences with wait times by accessing private health care or “the next best thing,”

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<sup>20</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 11-12.

<sup>21</sup> Canadian Association of Elizabeth Fry Societies. “Young Women.” PDF File. Web. 17 Nov 2011.

<sup>22</sup> Jessie Harrold and Lois A. Jackson. “Hurry Up and Wait. The Experiences of Young Women in Rural Nova Scotia Accessing Specialized Care.” Canadian Journal of Rural Medicine 16.3 (2011): 87. Web. 14 Nov. 2011.



even though this can be financially costly. Accessing “the next best thing” includes providers of alternative health care whose services are not funded by the Canadian health care system. For women who have coverage for private health care, accessing care from providers of private or alternative health care may not add a financial burden, but for women without such coverage or a substantial household income, this strategy is either out of their financial reach or means financial sacrifice. Although we do not know how many people in rural places are unable to access alternative or private health care because of the cost, research suggests that low socioeconomic status is common among young rural women and that paying for such health care may be challenging or impossible for many in this situation.<sup>23</sup>

**Tag: Young Women, Nova Scotia**

Rural sexual-minority adolescents, especially girls, were more likely to report various types of substance use. Rural status was associated with a lower risk of dating violence and higher risk of early sexual debut for sexual-minority girls and a higher risk of dating violence and lower risk of early sexual debut for sexual-minority boys.<sup>24</sup>

**Tag: Girls, Youth**

Many participants [of the Aboriginal Women and Girls' Health Roundtable] also expressed frustration that policy makers do not sufficiently understand First Nations, Inuit, and Métis issues and needs. As a result, they confront a range of barriers in applying for funding while also feeling forced into deficit models to access financial support. One participant remarked that Aboriginal programs have to “fit” and “adapt” to mainstream programs while communities tend to lose sight of their needs, while another stated that

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<sup>23</sup> Jessie Harrold and Lois A. Jackson. “Hurry Up and Wait. The Experiences of Young Women in Rural Nova Scotia Accessing Specialized Care.” *Canadian Journal of Rural Medicine* 16.3 (2011): 87. Web. 14 Nov. 2011.

<sup>24</sup> Colleen S. Poon and Elizabeth M. Saewyc. “Out Yonder: Sexual-Minority Adolescents in Rural Communities in British Columbia.” *American Public Health Association* 99.1 (2009): n. pag. Web. 14 Nov. 2011.





overwhelming reporting requirements means providing less direct support to the community.<sup>25</sup>

**Tag: Girls, Women**

Whereas adults presume to have knowledge of and believe in the integrity of health-care providers, youth who question this assumption are portrayed as being naive. When adults presume that their perspectives are correct, they risk subjugating youth's concerns; and, when little action is taken to improve the actual circumstances in which youth seek health care, their anxieties about accessing such services remain high. Youth who feel they cannot safely access the system may withdraw from engaging with health-care providers.

Eventually, some spiral into crisis because their problems intensify. This is especially true for youth that occupy lower social positions because they are virtually bereft of economic, educational, cultural and social capital.<sup>26</sup>

**Tag: Youth, British Columbia**

The tremendous increase in the proportion of women caring for aged or chronically ill family and friends illustrates the impact of the loss of services in rural Canada. In rural areas, reduced medical services, shorter hospital stays and in-home care services mean people remain in their homes longer. The impact on women is an increased demand on them to support and assist with the care of the elderly or ill family or friends. In effect,

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<sup>25</sup> Deborah Chansonneuve. Aboriginal Women and Girls' Health Roundtable: Final Report. Ottawa: Health Canada and The National Aboriginal Health Organization, 2005. Web. 9 Nov. 2011. 11.

<sup>26</sup> Jean Shoveller, Joy Johnson, Ken Prkachin, and David Patrick. "Around Here They Roll Up the Sidewalks at Night: A Qualitative Study of Youth Living in a Rural Canadian Community." *Health and Place* 13 (2007): 832-833. Web. 15 Nov. 2011.



these changes have moved the delivery of health care services from institutions to people's homes (Martz and Brueckner 2003).<sup>27</sup>

**Tag: Women**

Moreover, Blakeley and Jaffe (1999: 14-16) noted that caregiving limits farm women's work and social lives; it can also lead to physical health problems. For example, women with caregiving responsibilities are less likely to be involved in community and social activities, and therefore are more isolated. Women adjust their work and lives to accommodate caregiving, leading to sleep deprivation and other health problems like headaches, chronic back pain, depression, and physical and emotional exhaustion. Rural women's health is further compromised by the lack of access to health care facilities and health providers that are geographically distant (Kubik and Moore 2001: 30) and unevenly distributed (Skinner 2003). Women also may be reluctant to use services that might help deal with stress, because they fear being "labelled" (Kubik and Moore 2001: 30).<sup>28</sup>

**Tag: Women**

The use of genetically modified organisms (GMOs), like canola and corn, was a key issue for women in all workshops. Many who grew genetically modified canola did so despite reservations about its long-term environmental and health safety. Many felt there was little choice if they wanted to achieve even a slight economic advantage over their neighbours. In contrast, for others, genetically modified canola is the best business decision. GMO

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<sup>27</sup> Carla Roppel, Annette Aurélie Desmarais, and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 25.

<sup>28</sup> Carla Roppel, Annette Aurélie Desmarais, and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 25-26.



production is sold to farmers through strong government policy and business promotion as the most efficient production system.<sup>29</sup>

**Tag: Women**

Although the national averages indicate that the difference in life expectancy between urban and rural populations is about a year, life expectancy between regions varies by as much as 16 years. In 1996, infant mortality rates in rural areas were 30 percent higher than the national average, while death rates from all causes were 9 percent higher than the national average.<sup>30</sup>

**Tag: General**

[...] the smoking prevalence was 21% in girls living in northern regions of Canada. Given that smoking habits often start before the age of 18, preventing smoking at a younger age could be considered a key issue to address in order to reduce the overall prevalence of smoking in both rural and urban areas.<sup>31</sup>

**Tag: Girls**

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<sup>29</sup> Carla Roppel, Annette Aurélie Desmarais, and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 44.

<sup>30</sup> Canada. Ministerial Advisory Council on Rural Health. Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 1.

<sup>31</sup> Canada. Public Health Agency of Canada. How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants. Ottawa: CPHI, 2006. Public Health Agency of Canada. Web. 17 Dec. 2011. 35.



[...]the smoking rates of teenage girls were higher than those observed among teenage boys in 2003, and the same pattern was found in rural and northern teenage girls.<sup>32</sup>

**Tag: Girls**

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<sup>32</sup> Canada. Public Health Agency of Canada. How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants. Ottawa: CPHI, 2006. Public Health Agency of Canada. Web. 17 Dec. 2011. 74.



## SEXUAL AND REPRODUCTIVE HEALTH

The picture of adolescent sexual health, as indicated by pregnancies, STIs, and sexual aggression or violence is not the same for all Canadian adolescents. The burden of poor sexual health is unevenly distributed across the adolescent population. Within Canada, teens who experience the poorest sexual health live in regions where families with particularly low incomes and tenuous connections to the labour force are concentrated (Hardwick & Patychuk, 1999; Langille et al., 2004), in more isolated and rural areas (Shoveller et al., 2007), and in provinces and territories with greater concentrations of rural and aboriginal populations (Canadian Federation for Sexual Health, 2007). In these regions, geographical, social, and economic forces interact to create environments that increase the likelihood that youth will become sexually active early in their teens, will experience early pregnancies, will be victims of sexual abuse, and will be more susceptible to STI. Social and health policies, programs and services are critical to improving the sexual health and well-being of youth living in these circumstances.<sup>33</sup>

### **Tag: Youth**

Even though in Canada advancements are being made in health services delivery specific for Aboriginal adolescent women, significant inequities remain in relation to the general population (Health Canada, 1999). One reason for the higher incidence of sexual health issues among such women is the incongruity between Western medical approaches (based on a biomedical framework of disease, treatment and prevention), and approaches that are more holistic and culturally sensitive (Van Uchelen, Davidson, Quressette, Brasfield and Demerais, 1997). Western values and individualistic views serve

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<sup>33</sup> Eleanor Maticka-Tyndale. "Sexuality and Sexual Health of Canadian Adolescents: Yesterday, Today and Tomorrow." *The Canadian Journal of Human Sexuality* 17.3 (2008): 89. Web. 15 Nov. 2011.



to isolate the adolescent at a time when connections take on greater meaning (Banister & Begoray, 2006).<sup>34</sup>

**Tag: Young Women**

After talking with Sarah [Sarah, age 20, former student at Evangelical Christian School] about the potential for school to be a non-private setting within which to access information about sex over the Internet, she said: “ But even then most people have Internet at home.” These excerpts illustrate more broadly held beliefs in Prospect [rural community in BC] (including youth and adults who did not identify as Evangelical Christians) about the role of the school in actively helping youth access sexual health information and resources. That the onus is on youth to access existing resources (rather than on the school or broader community to provide resources and/or develop alternative mechanisms for accessing supports) was a prominent theme. Throughout our data, resources are constituted as simply “being there”, and few respondents comment on the barriers to negotiating access to resources that might help youth learn more about sexuality or other “private” issues (e.g., deal with a drug problem, escape abuse).<sup>35</sup>

**Tag: Young Women, Youth, British Columbia**

Half the participants reported having forgone seeking health care of one type or another at least once because of their sexual orientation. A third said they had forgone seeking routine physical care, and roughly the same proportion reported they did not go for regular breast screening and Pap smears.[...] Barriers to adequate care included

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<sup>34</sup> Elizabeth M. Banister and Deborah Begoray. “A Community of Practice Approach for Aboriginal Girls’ Sexual Health Education.” *Canadian Academy of Child and Adolescent Psychiatry* 15.4 (2006): 168-173. Web. 16 Nov. 2011.

<sup>35</sup> Jean Shoveller, Joy Johnson, Ken Prkachin, and David Patrick. “Around Here They Roll Up the Sidewalks at Night: A Qualitative Study of Youth Living in a Rural Canadian Community.” *Health and Place* 13 (2007): 830. Web. 15 Nov. 2011.



heterosexist assumptions, physicians' responses to disclosure, and the implicit responsibility for patients to educate providers.<sup>36</sup>

**Tag: Young Women, Women, Nova Scotia**

The girls involved in the project have identified a major gap in terms of sexual health information available to younger girls. They are asking for more and better information regarding sexuality and sexual health, particularly for younger grades. They feel that this is an important part of any discussion of “healthy relationships”.

“I think that “healthy relationships” should be like –‘make sure you’re protected, if you’re gonna have sex, go on birth control... use a condom’... what goes on if you get a sexual disease, or whatever.”

They argue that younger girls are engaging in similar sexual behaviours to older girls (in grades 11 and 12), but they aren't equipped to deal with it.

“I’ve heard grade 8s say, ‘oh, it’s my first time, nothing can happen.’ They don’t know the facts.”<sup>37</sup>

**Tag: Girls, Nova Scotia**

A self-completion survey asked students about sexual behaviours, use of physician services and barriers to use of those services. Results: Only 8.7% of male and 37.9% of female students with family physicians had discussed with the physician whether they were sexually experienced ( $p < 0.0001$ ). More females had discussed sexual activity when the physician was female than when the physician was male (43.7% vs. 35.1%;  $p < 0.05$ ). More sexually experienced females who had not discussed this behaviour with their

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<sup>36</sup> Cynthia Mathieson. “Lesbian and Bisexual Health Care: Straight Talk About Experiences with Physicians.” *Canadian Family Physician* 44 (Aug. 1998): 1637. Web. 20 Dec. 2011.

<sup>37</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 13.



physicians identified specific issues as barriers to discussion. Conclusions: Female physicians discuss sexual activity more with their adolescent female patients than do male physicians. The results support the need to provide health services in addition to those of physicians to meet the sexual health needs of adolescents.<sup>38</sup>

**Tag: Young Women**

While highly specialised health professionals do not reside in large numbers in Prospect [rural community in BC], the kinds of services that most youth said they required (e.g., birth control, STI testing, counselling) do not need to be provided by specialists. Rather, explanations for a lack of youth-oriented sexual health services appear to be more determined by pervading social mores than by the number of specialists practicing in town. During our fieldwork, we learned that of the three health clinics in Prospect, one is widely known for its “anti-abortion” stance. We heard stories about “a lot of the community being up in arms” (Alice, Public Health Nurse) about the provision of the emergency contraception pill (ECP) through pharmacies, which was mandated provincially in BC in 2000. During our interviews, we also learned that young women had been refused access to ECP at the hospital because “it’s not really an emergency unless she came in, you know, at eleven o’clock at night when there’s no other options” (Alice, Public Health Nurse) (Shoveller et al., 2007).<sup>39</sup>

**Tag: Youth, British Columbia**

Since the victories in the 1960s and 1980s, however, there has been only limited improvement in access and for only some women.<sup>2,3</sup> [Bowes N, Burstyn V and Knight A, 1998; Canadian Abortion Rights Action League, 2003] For many teenaged girls and

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<sup>38</sup> D.B. Langille, G.T. Murphy, J. Hughes, and J.A. Rigby. “Nova Scotia high school students’ interactions with physicians for sexual health information and services.” *Canadian Journal of Public Health* 92.3 (2001): 1. Web. 20 Dec. 2011.

<sup>39</sup> Jean Shoveller, Joy Johnson, Ken Prkachin and David Patrick. “Around Here They Roll Up the Sidewalks at Night: A Qualitative Study of Youth Living in a Rural Canadian Community.” *Health and Place* 13 (2007): 831. Web. 15 Nov. 2011.





women, particularly those who are poor, live in rural areas, are young, disabled, Aboriginal, are in a racial minority, are immigrants, or who do not speak English or French – those who are the most vulnerable – access to abortion is limited. In some provinces, abortions are not available at all. Only 17.8% of all general hospitals provide abortion services,<sup>3</sup> [Canadian Abortion Rights Action League, 2003] a decrease from 20.1% in 1977.<sup>4</sup> [Badgley R, 1997] Some hospitals require physician referrals, have waiting periods of up to 6 weeks, impose gestational limits or allow abortions only as a “last resort.” Clinic abortions are not available in all provinces, and even where available, some clinic abortions cost women \$500–\$750. Some physicians refuse to provide abortion services and refuse to provide women with the information or referrals needed to find help elsewhere. Many women cannot get information about how to access abortion services, and some receive unsolicited anti-abortion counselling. Although Plan B emergency contraception is now available without a prescription, barriers continue to be faced by those who seek access to it.<sup>40</sup>

**Tag: Women, Young Women**

While two-thirds of all abortions are done in a hospital and covered by Medicare, the availability of hospital abortions is disappearing from smaller communities across the country. [...] The lack of services in rural areas places undue physical and financial stress on women when forced to travel long distances, find accommodation, take time away from work and, in some cases, have to pay for the abortion themselves. For teenagers, victims of incest, or women living in an abusive relationship, the risks are much greater. Provinces must also comply with the Canada Health Act to ensure the availability of Medicare-funded abortions, whether performed in a hospital or a clinic.<sup>41</sup>

**Tag: Young Women, Women**

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<sup>40</sup> Sandra Rodgers and Jocelyn Downie. “Abortion: Ensuring Access.” Canadian Medical Association Journal 175.1 (2006): 9. Web. 13 Dec. 2011.

<sup>41</sup> “Abortion Access and Funding.” Abortion Rights Coalition of Canada. n.d. Web. 13 Dec. 2011.



The lack of universal access to Medicare-funded abortion is a serious problem for women and their families living in rural areas. Finding out where services are available is especially difficult for women with no doctor, or an anti-choice doctor. When contacting hospitals and/or doctor's offices, women sometimes encounter anti-choice "gatekeepers" who restrict information or refer women to pregnancy crisis centres opposed to abortion. The lack of information and the need for confidentiality is acute for women in rural and small communities.

Finding child care, negotiating time away from work, explaining the need to be away from home (often on short notice), and finding the funds to cover the cost of travel, accommodation and, in many cases, the cost of the abortion, is extremely stressful. For teenagers, women living in an abusive relationship or who are victims of incest, the risks are much greater. According to Dr. Henry Morgentaler, every week of delay increases the medical risks by 20 percent.<sup>42</sup>

**Tag: Women**

Women in rural or remote areas face increased difficulty when they wish to terminate a pregnancy. The lack of services forces many women to become parents against their will. A 2003 CARAL study showed that nationally, fewer than one in five Canadian hospitals provide abortion services. As abortion clinics are located only in larger communities, women living in remote and rural areas are forced to travel outside their community for an abortion. It is an obstacle thousands of Canadian women face every year.<sup>43</sup>

**Tag: Women**

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<sup>42</sup> Abortion Rights Coalition of Canada. Access to Abortion in Rural/Remote Areas. 2005. PDF File. Web. 13 Dec. 2011.

<sup>43</sup> Abortion Rights Coalition of Canada. Access to Abortion in Rural/Remote Areas. 2005. PDF File. Web. 13 Dec. 2011.



How abortions are funded differs from province to province, as do the requirements for obtaining an abortion. While abortion services in another province may be closer to the woman, there is no guarantee the costs will be included in that province's reciprocal billing agreement. Clinic abortions may be only partially covered or, as in New Brunswick, receive no provincial funding. No abortion services, hospital or clinic, are available in PEI. To further complicate things, hospitals may require a physician's referral. This presents additional difficulties to women with no doctor, or who have an anti-choice doctor. Their only hope is to find the nearest clinic and the resources to get there before their options run out.<sup>44</sup>

### **Tag: Women**

A key challenge in HIV prevention is understanding the unique vulnerabilities of two-spirit youth in relation to HIV infection. Indeed, little is known about this vulnerable group of youth. Understanding increased infection rates in a marginalized population demands that we move beyond psychological explanations such as the myth that youth believe themselves to be invulnerable to HIV infection (see, for example, Hays, Kegeles & Coates, 1990; Yarber & Sanders, 1998) to situate HIV risk in a broader social context of poverty and other forms of inequality (Namaste, 1999; Trussler & Marchand, 1997).<sup>45</sup>

### **Tag: Youth**

Historically birth in Aboriginal communities was a community event and as such, strengthened ties within families and nations (Mofitt). More recently there has been a systematic evacuation of women due to shifting policy and practice including immigration restrictions on foreign-trained nurse-midwives who traditionally staffed remote outposts (Jasen). The consequences have been severe, leading away from birth as

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<sup>44</sup> Abortion Rights Coalition of Canada. Access to Abortion in Rural/Remote Areas. 2005. PDF File. Web. 13 Dec. 2011.

<sup>45</sup> Doris O'Brien Teengs and Robb Travers. "River of Life, Rapids of Change: Understanding HIV Vulnerability Among Two-Spirited Youth who Migrate to Toronto." Wilfred Laurier University, n.d. PDF File. Web. 14 Nov. 2011. 19-20.



a community event to birth as an isolating experience resulting in feelings of loss of control for women (Jasen; Robinson; Voisey et al).<sup>46</sup>

**Tag: Women**

In a comprehensive overview of the unintended consequences of maternal evacuation from the far north, Jennifer Stonier lists the detrimental health effects on women (e.g. loneliness, worry, anxiety, loss of appetite, increased smoking behaviour) and those on the children and family left behind (increased rates of illness and school problems for other children of evacuated women and the loss of understanding of the birth process among men).<sup>47</sup>

**Tag: Women**

Youth living in the northern communities reported that they had far fewer opportunities to leave their communities to seek testing elsewhere, since they had poor access to public transportation and often depended on their parents for transport. A female nurse from a remote First Nation's health centre gave an example of how living in rural places can influence a young person's access to testing: "So if you're say 14, and you're in Grade 8 at [a remote reserve], and you're peeing and it's burning and you have some discharge, you got to ask your mom or a family member to take you to town [...] There's a huge risk of confidentiality breach for that young fellow" (Chuckie).<sup>48</sup>

**Tag: Youth, British Columbia**

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<sup>46</sup> Jude Kornelsen and Stefan Grzybowski. "The Costs of Separation: The Birth Experiences of Women in Isolated and Remote Communities in British Columbia." *Canadian Women's Studies Journal* 24.1 (2005): 75-76. Web. 3 Nov. 2011.

<sup>47</sup> Jude Kornelsen and Stefan Grzybowski. "The Costs of Separation: The Birth Experiences of Women in Isolated and Remote Communities in British Columbia." *Canadian Women's Studies Journal* 24.1 (2005): 75-76. Web. 3 Nov. 2011.

<sup>48</sup> John Oliffe Patrick, Rod E Knight, Jean A Shoveller, Joy Johnson, Mark Rosenberg, Lorraine Greaves, and M. David. "Youth's Experiences with STI Testing in Four Communities in British Columbia, Canada." *Sexually Transmitted Infections* (June 2008).Web. 16 Nov. 2011.



Another important concern in all the communities related to social norms regarding homophobia and heterosexism. In particular, service providers in Quesnel and Prince George told us that to their knowledge, very few LGBTQ youth access testing in their communities. A female nurse from Quesnel explained that being ‘out’ in some communities, such as Quesnel, may not be safe:

“You wouldn’t want to be gay in this town, and be ‘out’ and young. That’d be very dangerous.” (Helen).

Service providers, especially in the northern communities, recognized that heterosexism and homophobia contributed to missing opportunities for LGBTQ-specific sexual health counseling. For example, when we asked young people to tell us whether they were invited to identify their sexual orientation during clinical encounters, most reported that they perceived that they were presumed to be heterosexual, including several participants who identified in our study as being LGBT or Q.<sup>49</sup>

**Tag: Youth, British Columbia**

Limited service hours were also frequently cited as a problem, although limited hours of operation were particularly pronounced in Prince George and Quesnel. A female nurse from Quesnel explained how students there experience difficulties accessing the public health unit, which only provides testing services during four hours per week and how these hours of operation coincide with school hours:

“It’s a problem that we’re not open in the evenings [...] we’re not open on Saturdays when kids might be downtown on their own” (Anne).<sup>50</sup>

**Tag: Youth, British Columbia**

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<sup>49</sup> John Oliffe Patrick, Rod E Knight, Jean A Shoveller, Joy Johnson, Mark Rosenberg, Lorraine Greaves, and M. David. “Youth’s Experiences with STI Testing in Four Communities in British Columbia, Canada.” *Sexually Transmitted Infections* (June 2008). Web. 16 Nov. 2011.

<sup>50</sup> John Oliffe Patrick, Rod E Knight, Jean A Shoveller, Joy Johnson, Mark Rosenberg, Lorraine Greaves, and M. David. “Youth’s Experiences with STI Testing in Four Communities in British Columbia, Canada.” *Sexually Transmitted Infections* (June 2008). Web. 16 Nov. 2011.



The need to travel imposes an increased financial burden in the form of transportation costs and hotels; it also means people are separated from their families and community supports. Travelling long distances for health services may also adversely affect health outcomes because of delays and the hazards of transport or inclement weather. This is the case for pregnant women. Studies have shown that in communities lacking maternity services there is an increased incidence of perinatal deaths and premature births.<sup>38</sup>

[Hutten-Czapski P, 2001]<sup>51</sup>

### **Tag: Women**

[...]it is also necessary to consider the costs of travel borne by rural women and families who may be forced to leave a rural community at 36 wks gestational age to await the onset of labour in a referral centre far from home<sup>9</sup> [Kornelsen J and Grzybowski S, 2005a]. Costs of travel, accommodation, lost income for both partners and supplemental food costs can be substantial. While First Nation and Inuit Health (FNIH) subsidizes some costs for First Nations families who live on reserve, even this important contribution only goes part way to defray the financial costs of maintaining a family out of the community for several weeks.<sup>52</sup>

### **Tag: Women**

Recent research in northern British Columbia exemplifies precisely how and why Aboriginal women living in rural and remote locations might find themselves especially vulnerable to these and other health concerns. Varcoe and Dick (2008) conducted research looking at the “intersecting dynamics” of gender, rural living, race, and poverty for determining women’s risk of violence and exposure to sexually transmitted diseases

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<sup>51</sup> Canada. Ministerial Advisory Council on Rural Health. Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 13.

<sup>52</sup> Canada. Ministerial Advisory Council on Rural Health. Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 7.



(STIs) and HIV. The majority of the women in the study had experienced multiple forms of abuse and these experiences were “compounded by poverty, drug and/or alcohol use and limited access to support services, all of which put them at significant risk for exposure to HIV and other sexually transmitted infections (STIs)” (Varcoe and Dick 2008: 44). For many women, the lack of career opportunities and limited resources in rural locations forced them to stay in abusive relationships for the conditional economic security they provided. Others were compelled either by these abusive partners or by their dire economic circumstances into unwanted or unprotected sex, and this in turn left them at an increased risk of contagious infections. Due to systemic racism and the “neocolonial context of Canadian society,” rural and on-reserve Aboriginal women were particularly likely to find themselves in these difficult situations. The legacy of residential schools and the associated loneliness and despair associated with being separated from friends and family, losing language and traditional culture, and sexual, physical, and emotional abuse (Browne and Fiske 2001; Browne and Smye 2002), has shaped rural Aboriginal women's lives in very distinct ways and left many vulnerable to drug and alcohol misuse and entering and staying in abusive relationships.<sup>53</sup>

### **Tag: Women**

Further, government cuts in health and social services, including legal aid and social assistance, mean these women either have to leave their communities where they have no social support or they are compelled to remain in abusive relationships. Funding cuts to these regions also means less education and fewer prevention programs for violence and HIV, fewer street nurse services to address immediate health concerns, and fewer women's centres and support groups (Dolan and Thien 2008; Hanlon and Halseth 2005).

At the same time that resource-related funding cuts have limited the social services available to many women living in rural and remote regions of Canada, the federal and provincial governments have been “down-sizing health care services, broadly

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<sup>53</sup> Cecilia Benoit, Leah Shumka, Kate Vallance, Helga Hallgrimsdottir, Rachel Phillips, Karen Kobayashi, Olena Hankivsky, Colleen Reid and Elena Brief. “Explaining the Health Gap Experience by Girls and Young Women in Canada: A Social Determinants of Health Perspective.” *Sociological Research Online* 14.15 (2009): n.p. Web. 16 Nov. 2011.



characterized in rural communities by centralization of services (e.g., maternity care, rural hospital, bed and clinic closures), privatization of services (e.g., more fee-for-service models of care) and shifting responsibility for services to the community level (e.g., deinstitutionalization of care)” (Dolan and Thien 2008: S40). As a result, pregnant women living in rural and remote locations in Canada face a particular set of health challenges due to the lack of maternity care services (Centre for Rural Health Research 2008). This shortage forces rural and remote women to travel to major urban centres to give birth in regional hospitals. For many women, this means paying out-of-pocket costs for travel, food, and lodging while they are away. While some women may decide to stay home and have unassisted home births for financial and social support reasons, they too can run into trouble if they find they have a difficult labour or encounter any unexpected health emergencies. One possible solution to this problem is more and better-trained midwives available throughout the province, perhaps working in concert with nurse-practitioners (CIHI 2004). However, due to a host of obstacles (see Benoit, Carroll and Westfall [2007] for an in-depth discussion), such remedial actions seem unlikely. As a result, rural pregnant women, but Aboriginal women in particular, are in the unenviable situation where there are too few physicians to tend to their prenatal and childbirth needs, publicly funded midwives are too few in numbers and generally located in urban centres, and the biomedical establishment lacks the cultural sensitivities to appropriately train women who want to live and work in their own communities.<sup>54</sup>

### **Tag: Women**

Youth made up 31.4% of positive HIV test reports among Aboriginal peoples from 1998 to 2003[...] [A] higher percentage of Aboriginal peoples test positive for HIV at a younger

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<sup>54</sup> Cecilia Benoit, Leah Shumka, Kate Vallance, Helga Hallgrimsdottir, Rachel Phillips, Karen Kobayashi, Olena Hankivsky, Colleen Reid and Elena Brief. “Explaining the Health Gap Experience by Girls and Young Women in Canada: A Social Determinants of Health Perspective.” *Sociological Research Online* 14.15 (2009): n.p. Web. 16 Nov. 2011.





age when compared to non-Aboriginal persons. This is also true of the receipt of an AIDS diagnosis[.]<sup>55</sup>

**Tag: Youth**

Before 1993, females represented 11.9% of reported AIDS cases among Aboriginal peoples[.] In the year 2003, this percentage increased to 44.0%[...] During 1998-2003, females represented 44.6% of positive HIV test reports among Aboriginal peoples[.] In contrast to the non-Aboriginal population, females make up a comparatively larger part of Aboriginal HIV and AIDS cases[.]<sup>56</sup>

**Tag: Women**

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<sup>55</sup> Canada. Public Health Agency of Canada. Understanding the HIV/AIDS Epidemic Among Aboriginal Peoples in Canada: The Community at a Glance. Ottawa: Public Health Agency of Canada, 2004. Web. 14 Nov. 2011.

<sup>56</sup> Canada. Public Health Agency of Canada. Understanding the HIV/AIDS Epidemic Among Aboriginal Peoples in Canada: The Community at a Glance. Ottawa: Public Health Agency of Canada, 2004. Web. 14 Nov. 2011.



## MENTAL HEALTH

In Nova Scotia, rural individuals are also less likely than non-rural individuals to contact health professionals for mental health assistance, and there are major barriers to accessing mental health services, especially specialized services within rural areas.<sup>26</sup>[Johnston MT. 1998],<sup>27</sup>[Marland R, Michalski J., 2001]. A young mother in a rural area suffering postpartum depression, for example, has the universal difficulty of overcoming the stigma of seeking help for her depression, and will also face significant barriers in finding help for this specific form of depression. Specialized assistance for postpartum depression and many other health problems is available only in metropolitan areas. Traveling to a regional centre with the cost of transportation, babysitting, and time from paid or unpaid work are significant barriers.<sup>57</sup>

### **Tag: Young Women, Nova Scotia**

The lack of outreach services in rural communities was also identified as a major obstacle. Transportation is a problem, and having to drive to Antigonish to access services is not always possible, and is usually not desirable.

“There a few people from here that go to mental health, but us travelling in there once a week can get pretty annoying and we just don’t want to go anymore.”

“The principal had to get someone to come out from New Glasgow to come into the school, and my parents had to pay for him to be there – it was really expensive.”

“I don’t want to go see my doctor because I don’t want to drive an hour...”

“I don’t think it’s fair that we have to go to Mental Health in Antigonish. I think someone – like a psychiatrist – could at least come out here once a week.”

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<sup>57</sup> Lois Jackson, Patrick McGrath, Lauranne Sanderson, Deborah Stiles and Anita Unruh. “Young Rural Nova Scotian Women: What do we know about their health—and still need to know?” Strongest Families, Bringing Health Home, n.d. PDF File. Web. 15 Nov. 2011. 5.



The lack of outreach services, particularly specialized services, also causes situations in which girls get referred from one service provider to the next.

“The people who come to our school just refer us to other people. ... I just want to talk to someone, I don’t want to keep moving through all these people.”

They expressed frustration over the lack of consistency and inability to get the support they wanted.<sup>58</sup>

**Tag: Girls, Nova Scotia**

Chandler and Lalonde<sup>218</sup> [1998] examined the influence of social and cultural change on the individual’s continuity of a sense of self, observing that First Nations communities that had taken active steps to preserve and rehabilitate their own cultures had dramatically lower rates of youth suicide.<sup>59</sup>

**Tag: Youth**

A participant quote from a previous study of farm women illustrates the extent to which farm families experience the impacts of the farm crisis.

“We can no longer control our own destiny and this is why we are witnessing increased depression, addictions (to drinking and gambling) suicides, divorce, family abuse, etc. Even children in schools are concerned that Mom and Dad argue more and there is a decrease in

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<sup>58</sup> Wynne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 13-14.

<sup>59</sup> Canada. Public Health Agency of Canada. How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants. Ottawa: CPHI, 2006. Public Health Agency of Canada. Web. 17 Dec. 2011. 113.



harmony in rural families. The bottom line – Farm crisis because of low commodity prices (Kubik and Moore 2001: 27)”.<sup>60</sup>

**Tag: Women**

Overall, about 14% of the youth responded they had experienced sad feelings to the extent that it affected their activities. There is, however, a significant difference between female and male youth and more than twice as many females (19.5%) report sad feelings to the extent that it affected their activities. When youth reports of sad feelings were compared to other responses in the study and controlled for sex and age, sexually active females were more likely to report having sad feelings. In addition, youth who reported sad feelings generally rated their health as poorer.<sup>61</sup>

**Tag: Young Women, Saskatchewan**

However, there is a significant difference in the responses between female and male youth with females almost three times more likely to report they have seriously consider attempting suicide than males (12.8% vs. 4.5%). Across all age groups, about 9% of the youth report that they had seriously considered attempting suicide over the past year. There are no strong differences between youth of different ages and reported thoughts of suicide. When controlled for age and sex, sexually active females were also more likely to report considering suicide. In addition, youth who rated their health as poorer were more likely to report having considered suicide.<sup>62</sup>

**Tag: Young Women, Saskatchewan**

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<sup>60</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. “Farm Women and Canadian Agricultural Policy.” Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 27.

<sup>61</sup> Diane Martz. “Saskatchewan Rural Youth Healthy Lifestyles and Risk Behavior Project: Fact Sheet #4 Sad Feelings and Attempted Suicide.” Prairie Women’s Health Centre of Excellence, n.d. PDF File. Web. 9 Dec. 2011.

<sup>62</sup> Diane Martz. “Saskatchewan Rural Youth Healthy Lifestyles and Risk Behavior Project: Fact Sheet #4 Sad Feelings and Attempted Suicide.” Prairie Women’s Health Centre of Excellence, n.d. PDF File. Web. 9 Dec. 2011.



While the suicide mortality rates were higher among females of the youngest age groups (5 to 19 and 20 to 44) living in No MIZ\* areas, older rural women had significantly lower mortality rates than their urban counterparts [...]The risks were statistically significant in young girls (5 to 19) living in rural areas, the highest standardized mortality ratio being found in No MIZ\* areas

\* No commuters to census metropolitan areas and census agglomerations for work purposes.<sup>63</sup>

### **Tag: Girls**

Aboriginal communities also experience high rates of fatal injuries and suicide. The suicide rate in the Aboriginal population for all age groups is about three times the national average; among Aboriginal youth, it is five to six times the national average.<sup>31</sup>[Archibald L. and Grey R., 2000]<sup>64</sup>

### **Tag: Youth**

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<sup>63</sup> Canada. Public Health Agency of Canada. How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants. Ottawa: CPHI, 2006. Public Health Agency of Canada. Web. 17 Dec. 2011. 109.

<sup>64</sup> Canada. Ministerial Advisory Council on Rural Health. Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 13.



## RECOMMENDATIONS, PROMISING PRACTICES AND WAYS FORWARD

The feeling of exclusion or social isolation has a powerful impact on self-esteem, and the lack of access to information about resources or opportunities will limit the access to basic resources and thus to well-being. Communities with flexible, inclusive and diverse networks tend to develop a social environment that is more conducive to health because fewer youth will be left out of opportunities, dialogue, information, and resources.<sup>65</sup>

### **Tag: Youth**

Our findings illustrate how [sexual health] interventions that focus exclusively on resource deprivation are likely too simplistic. The provision of more information and services, without taking into consideration the local socio-cultural context, tend to be advocated by adults who view such resources as simply “being there” for youth to use if they take the initiative. Such approaches to (re)- investments in material supports (e.g., providing more school-based sex education that focuses on the risky behaviour) may unintentionally contribute to the stigmatisation and self-segregation, thereby reducing opportunities for enhancing community cohesion (or other features of social capital) (Shoveller and Johnson, 2006). Alternatively, interventions that are developed in solidarity with youth (potentially using participatory action research approaches) may be better positioned to support young people’s development as sexual beings.<sup>66</sup>

### **Tag: Youth, British Columbia**

The discussion [of participants at the Aboriginal Women and Girls’ Health Roundtable] began with roundtable introductions, and identification of milestones in Aboriginal women’s health. Some highlights included:

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<sup>65</sup> Javier Mignone and John O’Neil. “Social Capital and Youth Suicide Risk Factors in First Nations Communities.” *Canadian Journal of Public Health* 96.1 (2005): 53. Web. 20 Nov. 2011.

<sup>66</sup> Jean Shoveller, Joy Johnson, Ken Prkachin and David Patrick. “Around Here They Roll Up the Sidewalks at Night: A Qualitative Study of Youth Living in a Rural Canadian Community.” *Health and Place* 13 (2007): 836. Web. 15 Nov. 2011.



- The importance of culture, Elders and traditional healing is now widely recognized, including recognition by the federal government;
- There is increased collaboration and partnerships among Aboriginal organizations at local and national levels as well as with government;
- There is an intellectual movement of Aboriginal women, an increase in women leaders and a strengthening collective voice of First Nations, Inuit, and Métis women uniting to address women's issues;
- Métis women's voices are being heard and more services are being created in response to a growing awareness of the need to address Métis health issues;
- Pauktuutit has become the voice of Inuit women in the North and is seeking formal recognition of that status from the federal government;
- In Quebec, the Quebec Native Women's Association keeps women's issues on the table;
- The Ontario Aboriginal Healing and Wellness Strategy jointly managed by the provincial and federal governments provides over 250 initiatives to improve health;
- The Northwest Territories, Manitoba, Nunavut and Ontario, as well as Health Canada's policy direction, are recognizing the importance of Aboriginal midwifery;
- The creation of midwifery training and services has meant that babies are now being born in their own home communities;
- The creation of Nunavut has generated more opportunities for culture and language-appropriate services for Inuit;
- Through the work of the Aboriginal Healing Foundation there is a growing awareness of the impacts of residential schools;
- Issues such as homelessness are being brought to the forefront, and



- The Standing Committee on the Status of Women, which has Aboriginal women's health as a priority, has recently produced a report on Gender- based Analysis.<sup>67</sup>

**Tag: Girls, Women**

The implications of this study support improving access to maternity services for women from rural and remote communities. The recently published Rural Birth Index provides a metric for systematically quantifying need for maternity services in rural community populations and defining the appropriate service level for a given population<sup>30</sup> [Grzybowski S., Kornelsen J., and Schuurman N., 2009]. The Canada Health Act specifies that insured persons must be provided “reasonable access” to insured services. The research underpinning costs and outcomes needs to redefine what is “reasonable” because if it is reasonable then we should act accordingly [...] If we do not provide local services to rural residents we should take greater responsibility to overcome geographical barriers to access<sup>31</sup> [Starfield B.,1998].<sup>68</sup>

**Tag: Women**

For women living in rural and remote areas to have safe and timely access to abortion, all provinces and territories must increase the number of hospitals providing abortion services, and, comply with the Canada Health Act to ensure Medicare-funded abortions, whether performed in a hospital or a clinic.<sup>69</sup>

**Tag: Women**

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<sup>67</sup> Deborah Chansonneuve. Aboriginal Women and Girls' Health Roundtable: Final Report. Ottawa: Health Canada and The National Aboriginal Health Organization, 2005. Web. 9 Nov. 2011. 8-9.

<sup>68</sup> Stefan Grzybowski, Kathrin Stoll and Jude Kornelson. “Distance Matters: A Population Based Study Examining Access to Maternity Services for Rural Women.” BMC Health Services Research 11.47 (2011): 10-11. Web. 13 Dec. 2011.

<sup>69</sup> Abortion Rights Coalition of Canada. Access to Abortion in Rural/Remote Areas. 2005. PDF File. Web. 13 Dec. 2011.





If future research confirms social capital as an intervening variable in youth suicide, it would point to the relevance of identifying levels of social capital in communities as components of mental health policy. Policy decisions, at whatever level, would need to take into account how they impact the communities' social capital, because the risk of suicide among youth in First Nations communities would be impacted to a large extent by policies defined outside of traditional mental health policy and program areas.<sup>70</sup>

### **Tag: Youth**

Community-based research that is Aboriginal-directed and controlled is vital to improving the health status of Aboriginal people. Research on Aboriginal health must be culturally sensitive, fostering the principle that “all knowledge is spiritual knowledge”.<sup>83</sup> [Timmins L., 2001/2002] Aboriginal research must also encourage the contribution of Aboriginal researchers and respect the differences among First Nations, Métis and Inuit people. The Aboriginal Women’s Health Research Synthesis Project called for the “indigenisation” of the research process to develop strategies for collaboration among researchers and Aboriginal organizations, and to incorporate Aboriginal stories and experiences into research.<sup>84</sup> [Stout Dion, M., Kipling, G, and Stout, R., 2001]<sup>71</sup>

### **Tag: Women**

The curriculum offered Aboriginal youth the opportunity to share their stories and to obtain information about sexual health including HIV/AIDS information and prevention. Our use of a “teaching and sharing circle” for delivering the curriculum helped to reinforce the traditional belief that all knowledge is valued (Poonwassie & Charter, 2001, p. 67). In addition to the inclusion of Aboriginal girls’ voices, we incorporated suggestions

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<sup>70</sup> Javier Mignone and John O’Neil. “Social Capital and Youth Suicide Risk Factors in First Nations Communities.” *Canadian Journal of Public Health* 96.1 (2005): 53. Web. 20 Nov. 2011.

<sup>71</sup> Canada. Ministerial Advisory Council on Rural Health. *Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities*. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 33.



from the Aboriginal mentors and elder who helped facilitate the group. Two female Aboriginal school support staff members were chosen as mentors. In Aboriginal communities, elders are viewed and respected for knowing, living, and passing on traditional knowledge (Hunter, Logan, Goulet & Barton, 2006). The elder was not only a health care worker with the local band but knew all the girls and many of their health issues within their family and community context. She offered suggestions for group activities that were culturally appropriate; for example, participants created a wild woman necklace as a concrete symbol to remind them of their authentic voice (Banister & Begoray, 2006). Native traditions such as storytelling (pertaining to the research topic) in addition to understanding the importance of body, mind, and spirit were woven into the program (Napoli, 2002). For example, the girls' short and long term goals for participation in the program were linked to the medicine wheel.

The elder's presence helped to remind the mentors and girls of their interconnectedness to the larger community and prepared the participants for their mentoring responsibilities within their Aboriginal community (Banister & Leadbeater, in press).<sup>72</sup>

### **Tag: Girls, Youth**

The mentoring program helped build community both within and outside of the group. For example, the group crossed divisions representing various family units in the Aboriginal community that were entrenched among groups of girls attending the school (Banister & Leadbeater, in press). As one girl said: "When all us girls, get together we connect ... we share our problems ... and things we like." The girls were practicing school and community participation norms. A mentor observed how the girls were reaching out to others beyond the group:

"From the beginning some of the girls would not talk, not even say good morning but now they are so open and they are socializing more. One girl was definitely that way, she would not talk. Now she is chatting up a storm for her teachers."

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<sup>72</sup> Elizabeth M. Banister and Deborah Begoray. "A Community of Practice Approach for Aboriginal Girls' Sexual Health Education." *Canadian Academy of Child and Adolescent Psychiatry* 15.4 (2006): 168-173. Web. 16 Nov. 2011.



The elder and mentors' expertise helped foster participants' greater understanding of issues of sexual health (Richards, 2006). At the same time, the girls were learning to utilize their own knowledge and resources related to sexual health decision making (Wenger, 1998). A participant said: "I learned how to say 'no.' To say 'no' when it's not right. Listen to your heart or guts." Bradley (2004) suggests that through encouraging a balance between learning from community resources and learning from one's own resources, individuals "may come to identify themselves as members of communities of practice" (p. 363).<sup>73</sup>

### **Tag: Girls**

Kirmayer and colleagues, and the Royal Commission on Aboriginal People's Special Report on Suicide among Aboriginal People, [...] list protective factors that can act to decrease the risk of suicide: a strong sense of the value and meaning of life; individual and collective self-esteem; belief in survival and coping; fear of suicide and moral objections to suicide; skills in stress management, communication and problem solving; support from peers and family; family responsibilities; community support networks; and a sense of belonging.<sup>74</sup>

### **Tag: Youth**

Holistic health refers to balanced well-being of the mind, body, heart, and spirit throughout the lifespan of individuals, families and communities. The following is a summary of holistic health key indicators identified by [Aboriginal Women and Girls' Health Roundtable] participants:

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<sup>73</sup> Elizabeth M. Banister and Deborah Begoray. "A Community of Practice Approach for Aboriginal Girls' Sexual Health Education." *Canadian Academy of Child and Adolescent Psychiatry* 15.4 (2006): 168-173. Web. 16 Nov. 2011.

<sup>74</sup> Javier Mignone and John O'Neil. "Social Capital and Youth Suicide Risk Factors in First Nations Communities." *Canadian Journal of Public Health* 96.1 (2005): 53. Web. 20 Nov. 2011.



### Health for Individuals Through the Lifespan

- Healthy pregnancies and healthy babies;
- Positive self-identity in all aspects: body, mind, heart, spirit;
- Sense of belonging and purpose;
- Coping, life, and parenting skills;
- Contribution to/involvement with the community;
- Being active;
- Food sources from traditional diet;
- Longer life span; and,
- Education.

### Health at the Family Level

- Healthy bonding within all relationships;
- Access to health information;
- Access to traditional teachings; and,
- Stable, consistent home life.

### Health at the Community Level

- Elders are respected teachers;



- Transferences of knowledge;
- Equal participation of women in decision-making;
- Child-centered policies and practices;
- Support networks and positive peer interaction; and
- High level of community interaction.<sup>75</sup>

**Tag: Girls, Women**

Relationship with Nature:

- Provides youth with a sanctuary for healing, a place to achieve new perspectives and to embrace new possibilities.
- When saturated with chaos and stress, the physical environment offers a sense of place, of rootedness.
- Expands the definition of mental health from an emphasis on individual autonomy to include the capacity for experiencing mutually enhancing relationships and reciprocity with nature.
- The natural world presents another external protective factor.

If our relationship with the natural world is healthy, then our human relationships are likely to be healthy as well.<sup>76</sup>

**Tag: Youth**

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<sup>75</sup> Deborah Chansonneuve. Aboriginal Women and Girls' Health Roundtable: Final Report. Ottawa: Health Canada and The National Aboriginal Health Organization, 2005. Web. 9 Nov. 2011. 9-10.

<sup>76</sup> Blythe Shepard. The Voice of the Earth: Connecting with Nature as a Pathway to Resilience. Paths to the Future, 10 Jun. 2010. PDF File. Web. 17 Dec. 2011.



Two-spirit youth also require support and social venues that are youth-friendly and specific. Currently, many two-spirit youth socialize and receive support services alongside adults (again increasing their risk of adult exploitation). Youth-specific support services should be designed in a manner to facilitate learning about two-spirit issues, positive Aboriginal identity, and traditional cultural teachings. Other components would include communicating with family, harm reduction counselling for substance use and sessions dedicated to learning about HIV. Strategies that enhance outreach services are urgent for street-involved two-spirit youth. These should be inclusive of peer-based components designed to reach youth and hook them up to available services.

Finally, two-spirit youth require prevention programming tailored to their specific needs and concerns. The Canadian Aboriginal AIDS Network (2004, p.5) noted a tendency in HIV prevention materials targeted at Aboriginal peoples to treat them all as if they were a “homogeneous group.” Two-spirit youth, in particular, have unique HIV prevention needs and further research is required to determine the scope of these needs and the most culturally-appropriate means of delivering them.<sup>77</sup>

### **Tag: Youth**

These findings point to opportunities to improve STI testing services for youth. For example, in order to promote young people’s uptake of testing services, clinics would best be located in youth-accessible places and clinic hours should accommodate the schedules of young people. In some instances, perhaps most obviously in rural and/or more remote communities, school-based clinics (that offer general health services as well as sexual health services) could promote accessibility to testing and other sexual health services.<sup>78</sup>

### **Tag: Youth, British Columbia**

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<sup>77</sup> Doris O’Brien Teengs and Robb Travers. “River of Life, Rapids of Change: Understanding HIV Vulnerability Among Two-Spirited Youth who Migrate to Toronto.” Wilfred Laurier University, n.d. PDF File. Web. 14 Nov. 2011. 19-20.

<sup>78</sup> John O’liffe Patrick, Rod E Knight, Jean A Shoveller, Joy Johnson, Mark Rosenberg, Lorraine Greaves, and M. David. “Youth’s Experiences with STI Testing in Four Communities in British Columbia, Canada.” Sexually Transmitted Infections (June 2008). Web. 16 Nov. 2011.



'LGBTQ-friendly' services also need to be more widely available, especially in geographical and cultural contexts that are homophobic.<sup>30</sup> Assuming that every young woman or man who presents for STI testing is engaged solely in heterosexual sex may mean that clinicians (and youth) miss opportunities to engage in important and potentially emancipatory discussions about sexual identities, diversity and the promotion of sexual health. Moreover, clinicians and public health service providers could model positive attitudes regarding diversity of all forms, including multiple sexual identities.<sup>79</sup>

**Tag: Youth, British Columbia**

The key elements of the Healthy Communities approach are: a broad definition of health; an asset-based approach that identifies a community's strengths, resources and experiences; intersectoral collaboration among agencies and organizations so that problems are not dealt with in isolation; community participation in defining problems and priorities; and local action by volunteers, healthcare providers and community organizations. The Healthy Communities approach is supported by a significant body of research and offers practical tools for communities to use. In fact, the model developed in Canada has inspired the World Health Organization and many countries to advocate its use, especially for implementation in rural communities.<sup>54</sup> [Sherwood, D., 2002]<sup>80</sup>

**Tag: Youth**

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<sup>79</sup> John Oliffe Patrick, Rod E Knight, Jean A Shoveller, Joy Johnson, Mark Rosenberg, Lorraine Greaves, and M. David. "Youth's Experiences with STI Testing in Four Communities in British Columbia, Canada." *Sexually Transmitted Infections* (June 2008). Web. 16 Nov. 2011

<sup>80</sup> Canada. Ministerial Advisory Council on Rural Health. *Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities*. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011.  
33.



### Summary of Recommendations for Action

- Equitable participation of women in decision making;
- Emphasize and expand community-based research models and program and service models;
- Develop a range of policies to address gaps and issues identified;
- Develop a communications plan that disseminates information in clear, simple, effective, culturally relevant and appropriate language and in a timely manner, using a multi-media approach (FAQ Sheets, Communiqués to community health centers, radio stations, Aboriginal newspapers, Internet emailing, website posting, etc.);
- Develop a knowledge transfer plan relating to information, research, bringing people together to share and exchange knowledge through networking, partnerships/collaboration, including Traditional Knowledge Transfer;
- Promote midwifery and in-community birthing;
- Involve Elders broadly and promote the integration and protection of traditional knowledge into health practice and training;
- Increase health career training programs, including apprenticeship programs on traditional healing practices especially in smaller communities;
- Develop funding policies that address equity concerns;





- Increase health promotion programs and resource materials in communities on a range of women’s health issues; and
- Develop an Aboriginal women’s health action plan.<sup>81</sup>

**Tag: Girls, Women**

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<sup>81</sup> Deborah Chansonneuve. *Aboriginal Women and Girls’ Health Roundtable: Final Report*. Ottawa: Health Canada and The National Aboriginal Health Organization, 2005. Web. 9 Nov. 2011. 2.



## SECTION 3: VIOLENCE AND VIOLENCE PREVENTION

[...] immigrant and refugee girls in rural communities are more isolated because they do not have peers who share their cultural background. A service provider from the same town described the experience of two sisters she worked with:

“At home, they were loved by their parents and the parents wanted them to learn and go to work and do everything like anybody else does. But at school, these two young girls felt very isolated. People would look at them, stare at them, and call them names. ... People won’t sit beside them because they felt East Indian girls were smelly.

So their experience at school was very, very difficult. All they wanted to do was learn but they didn’t look forward to going to school.” (Service Provider from small town in rural BC)

Given that isolation is a key risk factor for violence (Jiwani, 2001), the situation of immigrant and refugee girls in rural areas is in one sense, worse than their urban counterparts. The sheer lack of alternatives often forces these girls and young women into either internalizing the violence and rejection they experience or fitting into peer groups that are not always accepting of their difference.<sup>82</sup>

### **Tag: Girls**

Rural communities are sometimes constructed in opposition to the coldness and unfriendliness of cities[,] as places that are not divided by conflict. This definition assumes that there are lower crime rates, less substance abuse, and lower incidents of race- and class-based tensions; that rural communities are places where individuals share

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<sup>82</sup> Helene Berman and Yasmin Jiwani, eds. *In the Best Interests of the Girl Child Phase II Report*. Ottawa: Status of Women Canada, 2002. Web. 15 Nov. 2011. 71-72.



social and cultural values and support each other in times of trouble. Such a construction denies the social isolation of people constructed as “different”<sup>83</sup>[Watkins, 1997]. In order to raise awareness about violence against women in smaller communities, activists have had to debunk this construction of the rural because many people still deny that women and girls are vulnerable to violence and abuse in small towns.<sup>83</sup>

**Tag: Girls, Women**

Lack of anonymity and social isolation has unique implications for women and girls from marginalized communities. It is impossible for girls and women who are living in poverty to remain anonymous in small communities. This is further exacerbated if you are part of a small immigrant and refugee community. The anonymity of Indigenous African Canadian women is equally compromised. In addition, in rural communities it is unlikely that the victim [of abuse] will not know the service provider who will provide translation or culturally-sensitive counselling.<sup>84</sup>

**Tag: Girls, Women**

We were concerned with how girls experienced violence, and how they defined it. Instead of providing a definition at the outset, we instead asked girls about the sensory experience of violence in their community – what does it look, sound, and feel like? This inevitably led to a discussion of the different types of violence. In all cases, verbal and emotional violence was identified along with physical violence. Various forms of self-harm, including cutting, were also discussed:

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<sup>83</sup> Blaney, Elizabeth. “PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing ‘better’ Practices and Reflexive Approaches.” Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 47.

<sup>84</sup> Blaney, Elizabeth. “PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing ‘better’ Practices and Reflexive Approaches.” Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 50.



“A lot of people do it – I will admit that I’ve done it in the past. Some people do it because of depression or you’ve been hurt a lot or you’re having problems with your families and you just have nothing else to do – and the only thing that works is just pain.”

It is clear that such forms of self-inflicted violence are often related to other forms of violence and loss of control that a person has (or is) experiencing in her life.<sup>85</sup>

**Tag: Girls, Nova Scotia**

The causes of violence are complex and may be specific to the types of violence that a particular community is experiencing. However, in each of the communities that we worked with, there were certain themes that generally emerged when we talked about why there was violence in the community. One of these themes was the lack of organized activities for young people in rural communities other than playing sports. The resulting “boredom” was identified as one of the biggest causes of alcohol and drug use in rural communities.

“I think that people who’ve gotten bored as a result have gotten into drugs. That’s a huge problem around here. A lot of people around here either smoke or drink. Or both. And it’s just because there’s nothing else to do.”<sup>86</sup>

**Tag: Girls, Nova Scotia**

The lack of diversity in rural communities was given as one of the major reasons for social violence. In the smaller communities in particular, it was emphasized that anyone who is “different” or “new” gets picked on.

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<sup>85</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 5.

<sup>86</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 6.



“It’s so cliquey... even if we were to get new kids, we’d just talk about them or kind of reject them.”

This extends to the difficulties of identifying as anything other than heterosexual, and the very real backlash for young people who either decide to come “out”, or who are “outed” by others.

“Imagine the people who aren’t out and they hear that stuff – and that only pushes them further into the closet and they don’t want to say anything, they don’t feel comfortable. I don’t want anyone else to go through what I went through, because it was hell. If I wasn’t strong – like I am – I don’t know where I’d be right now.”<sup>87</sup>

**Tag: Girls, Nova Scotia**

Where there was more ethnic diversity (a significant number of African Nova Scotian students), this was identified as a huge “divide”.

“The way that we talk about some of them and the way they talk about us, we’re not doing each other any favours and we’re not helping anyone try to eliminate the racism that is actually in our school, and I think that’s another problem with our school and with trying to get different things started.”

“There is a big divide – it’s like fifty feet wide and deep... step over and you fall.”

“That’s the way we grew up... we grew up with the stigma, ‘oh, you’re racist if you do this – if you say this kind of thing’... parents and teachers have made us the way that we are – like we’re segregated and different and blocked – them on one side and us on the other – it’s because of the way that our teachers have shown us... they’re making us do stuff on

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<sup>87</sup> Wynne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 6.



that subject [of racism] that we don't really want to do because we've done it so many times... they're making it that way. They're making us be the way we are.”

“They tell us to treat everyone the same way, or equally, but they don't treat all of us equally.”<sup>88</sup>

**Tag: Girls, Nova Scotia**

One of the factors that impacts the vulnerability of girls to violence is where they are hanging out. In general, young people in rural communities do not have physical spaces to gather.

“The cops keep kicking people out of place after place. There's no place you can stand anymore without getting a charge.”

This means that they tend to hang out and party in marginal and isolated places.

“... there's a lot of camps... That's what it is – people have nothing to do so they're like, 'let's go back to the camp'... while they're drunk.”

“They go out to camps – in the woods – and then they come back later to a dance... all smiles and stories.”

Because of the physical isolation of these places, girls tend to be at a higher risk of experiencing violence. This is particularly true when the young people who are spending time at these places are using alcohol and drugs, which were also identified as a major factor in increasing the vulnerability of girls to violence.

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<sup>88</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women's Resource Centre, 2009. PDF File. Web. 11 Nov 2011.6-7.



“In grade eight, we switched classes, and I fell in with the wrong crowd... I started doing drugs and stuff...and there was an eighteen year old and he took advantage of me, but my friend didn’t let him, and then she called the cops on him.”<sup>89</sup>

**Tag: Girls, Nova Scotia**

Amanda is 21 years old and from a Hutterite Colony in rural Alberta. She uses the Internet and computers but has to keep it secret, especially from the rest of the colony. In the Hutterian tradition, “things of the world: are deemed evil, so the Internet and other forms of media have traditionally been banned. In the isolated world of Hutterite life, Hutterite women can use the Internet to access to ideas, support, education, and expression. [...] Online communication has the potential to support young rural women like Amanda, who face harassment and prejudice from the community at large because of their identities. When I visited with her she told me stories of people ignoring her on the street, things being thrown at her family members when they went into town, as well as bales of hay being set on fire on Halloween.”<sup>90</sup>

**Tag: Girls, Alberta**

Regarding verbal abuse, this is a sample of what the girls said during workshop discussions: “You hear verbal abuse[”], “females are meaner than males”, “You don’t see it in school; it is definitely there, but people hide it.” Other relational aggression includes: “Sometimes people just give you looks,” “snickering”, “cliques”, “the odd bully”, “pushing, butting in line”. There was a division of opinion on violence prevalence, presumably based on individual experiences. One girl said, “For me, I don’t see cliques in this school”, but in response, another said, “In our class, people are really bad. It is like I looked at her the wrong way, or the way that I was dressed; I talked to the guy that she likes, and now she

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<sup>89</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 6-7.

<sup>90</sup> Campbell, Lisa. “Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet.” *Canadian Women’s Studies* 24.4 (2004): 169. Web. 14 Dec. 2011.



hates me.” The majority indicated that the sort of relational or indirect aggression reported in the literature by Crick, Bjorkqvist, and colleagues prevails in school hallways, tolerated by some as a norm, but seen by others as a situation requiring change.<sup>91</sup>

**Tag: Girls**

Barriers related to living in rural, remote, and socially-isolated areas from The African United Baptist Association of Nova Scotia Women’s Institute

- fear of drawing attention to the community (racism)
- community condemnation
- lack of services
- segregation in isolated areas
- gendered perceptions of relations[:] “that’s the way Black men show love”
- rejection of Church
- fear of unknown
- fear of rejection by White service providers or service recipients<sup>92</sup>

**Tag: Girls, Women, Nova Scotia**

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<sup>91</sup> Sylvie Normandeau, Françoise Guay, Elizabeth Harper, Dominique Damant and Maryse Rinfret-Raynor. “Preventing Violence Against Girls. Should Programs be gender-Specific?” 25 Oct. 2002, Montreal, QC. Quebec, QC: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes, 2002. PDF File. Web. 14 Nov. 2011. 40.

<sup>92</sup> Blaney, Elizabeth. “PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing ‘better’ Practices and Reflexive Approaches.” Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 83-84.





Two-spirit youth recounted many reasons for leaving their home communities, including experiencing oppression, violence and anti-gay discrimination. As one young man succinctly stated[,] “the streets are safer than home[,]” and as one key informant stated[,] “homophobia drives youth away from reserves and other communities.” When faced with this unrelenting storm on a daily basis, youth leave because it is an alternative to suicide – an escape from hopeless situations.

“I was tormented all the way until I was in the ninth grade.” (trans mtf – male to female – youth, 22)<sup>93</sup>

**Tag: Young Women, Youth**

The overrepresentation of Aboriginal women in Canada as victims of violence must be understood in the context of a colonial strategy that sought to dehumanize Aboriginal women.[...] This is compounded by a colonial process that involved a deliberate strategy to undermine the influence and respect held by Aboriginal women and replaces the existing social, economic and political systems of Aboriginal peoples with ones rooted in patriarchy and European understandings of femininity and masculinity. The outcomes and ongoing impacts of this history are pervasive and include poor health and mental health outcomes, intergenerational trauma, overrepresentation of Aboriginal children in the child welfare system, lack of access to justice, and economic insecurity leading to restricted options and inadequate choices. The impacts of colonization, however, are perhaps most evident in the rates of violence against Aboriginal women.<sup>94</sup>

**Tag: Girls, Women**

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<sup>93</sup> Doris O'Brien Teengs and Robb Travers. “River of Life, Rapids of Change: Understanding HIV Vulnerability Among Two-Spirited Youth who Migrate to Toronto.” Wilfred Laurier University, n.d. PDF File. Web. 14 Nov. 2011. 21.

<sup>94</sup> Native Women’s Association of Canada. “What Their Stories Tell Us: Research Findings from the Sisters In Spirit Initiative.” Native Women’s Association of Canada, 2010. PDF File. 16 Nov. 2011. 3.



Prior to the Sisters In Spirit initiative, academic literature on violence and violence experienced by Aboriginal women focused on domestic or family violence rather than violence rooted in the systemic, gendered racism facing Aboriginal women. While academic literature on violence still largely focuses on family violence, NWAC [Native Women's Association of Canada] has tried to expand the scope of literature on violence. The initial research question of the initiative boldly challenged the context in which violence impacts Aboriginal women in that it asked specifically: —What are the circumstances, root causes and trends leading to racialized, sexualized violence against Aboriginal women in Canada? This question challenged the assumptions of violence against Aboriginal women and girls. [...] The initial question broadened the context of violence to ask if Aboriginal women and girls are victimized because of their race and gender, and if the experiences of violence go unnoticed by police, the justice system, government, and society because of their race and gender.<sup>95</sup>

### **Tag: Girls, Women**

The migration experiences of two-spirit youth are precipitated by a desire to find a safe and welcoming place to live out their lives. Unlike youth raised in cities, two-spirit youth have no access to visible role models in their home communities, they have few places to hide if they are discovered or suspected, and they experience considerable and persistent harassment. For those youth in very small communities, this may mean that everyone in town knows of their sexual orientation or gender identity.

Homophobia in their families and in their broader home communities leaves them little choice but to migrate to the city. This can lead to a crisis, and services for two-spirit youth are rare outside of large urban centres. Some of these youth migrate to Toronto, arriving without a plan or direction, and as a result of quitting school early and possessing few job skills, they are ill-equipped to deal with the pace of urban life and its realities.

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<sup>95</sup> Native Women's Association of Canada. "What Their Stories Tell Us: Research Findings from the Sisters In Spirit Initiative." Native Women's Association of Canada, 2010. PDF File. 16 Nov. 2011. 3.



Thus, two-spirit youth start out searching for a safe place to explore and live out their gay, bisexual, or trans identities and instead encounter inequality and discrimination at almost every turn. Many end up feeling as if they don't matter and that their lives are unimportant. The end result is isolation from their home communities, from the urban Aboriginal communities and a profound loss of cultural identity.<sup>96</sup>

### **Tag: Youth**

Responses by educators and parents to homophobic bullying were seen as crucial in either fostering or mitigating bullying. A respondent explained inaction on the part of responsible adults not only as a missed opportunity for intervention, but as 'sending a message that it's okay to keep bullying'. Alternately, respondents stated that 'if the teacher responds by stopping what's going on and having a conversation', the teacher is providing support and thus protection for lesbian and gay youth. Respondents also noted rural-urban differences in vulnerability of lesbian and gay youth: 'In more suburban and rural areas there is greater tolerance for homophobic bullying'.<sup>97</sup>

### **Tag: Youth**

Six key findings distinguished woman abuse in rural areas from woman abuse generally:

- *Geography* - the physical isolation that women experience due to their location.
- *Rural ethics and character* - women are reluctant to ask for help partly because of traditional values about male and female roles.

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<sup>96</sup> Doris O'Brien Teengs and Robb Travers. "River of Life, Rapids of Change: Understanding HIV Vulnerability Among Two-Spirited Youth who Migrate to Toronto." Wilfred Laurier University, n.d. PDF File. Web. 14 Nov. 2011. 23.

<sup>97</sup> Faye Mishna, Peter A. Newman, Andrea Daley and Steven Solomon. "Bullying of Lesbian and Gay Youth: A Qualitative Investigation." *The British Columbia Journal of Social Work* 39.8 (2009): n.p. Web. 18 Nov. 2011.



- *Community complacency* - many in the community knew about the abuse but few did anything about it. Abuse was often a source of gossip.
- *Limited access to services and information* - distance and lack of transportation limits women's access to services and information.
- *Lack of anonymity* - everyone knows everyone.
- *Safety issues* - delayed response time, distance and location can all affect a woman's safety. The complexity of rural areas indicates that responses to urban abuse require a rural-specific lens.<sup>98</sup>

**Tag: Women**

Abused women often use the term isolation. Along with feeling physically isolated, they often feel excluded from society and on the margins of their community life. Women spoke of the enforced isolation imposed by their husbands. Conditions of rurality such as long distances, lack of transportation, limited services, and rigid, small town social structures further complicate the isolation experienced by rural women.

“You just feel like you're totally lost in the middle of nowhere ... that's probably why they move you there in the first place, because of the isolation factor ... and they can get away with more, and they can control what you do and where you go, if you're stuck there.”  
(Oxford County survivor)<sup>99</sup>

**Tag: Women, Ontario**

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<sup>98</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman's Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 49.

<sup>99</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman's Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 13.



For women living in a rural area or small town, gossip was a serious concern which added to their feelings of isolation and marginalisation. Most of the women stated that they felt that the people in their community judged them.

“... Everybody knows everybody’s business ... If they don’t, they’ll speculate, and that’s how the rumours start.” (Cochrane survivor)

“It’s so hard in a small town. There’s gossip and every family has so much pride, they want to keep their secrets to themselves, and not let anybody else in on what is happening.” (Grey-Bruce survivor)<sup>100</sup>

**Tag: Women, Ontario**

The abuser’s status in the community impacted on the women in several ways. Examples include receiving unsatisfactory results from the police because the police knew the abused woman’s husband; being unable to rent an apartment because the landlord knew the abuser and was told not to rent to his wife; and, the reluctance of the community to believe that the husband was an abuser.

“In a small town, if a person has a certain reputation or something and you say something the opposite, it’s like it’s BS. ‘That’s not right. I’ve known him all my life.’ Well, you don’t know him until you live with him.” (Cochrane survivor)

“One woman stated that other people’s employment was dependent on her husband, therefore they wouldn’t want to believe her. Another pointed out that her husband was highly placed in their church and she didn’t want him to be embarrassed before them.” (Oxford County Community Report)<sup>101</sup>

**Tag: Women, Ontario**

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<sup>100</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 14.

<sup>101</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 15.



Many of the women interviewed discussed concerns of privacy and personal safety related to the lack of anonymity in their communities. Fear of their abusers finding them emerged as a major factor in their feelings of vulnerability. This also affected their decision whether or not to confide in professionals.

“One survivor who lives in fear that her abuser will find her is afraid to fulfill her dream of opening a business in her community because it would require her to lead a much less anonymous lifestyle.” (Stormont, Dundas, & Glengarry Community Report)

“Survivors stated that when a woman is admitted to hospital for treatment, it can again be a threat to her anonymity.” (Grey-Bruce Community Report)<sup>102</sup>

**Tag: Women, Ontario**

Access to transportation is often problematic for abused women. It can mean the difference between life and death. The ability of rural women to seek help from services is related to a lack of available transportation. Lack of transportation also affects women’s ability to access jobs or retraining. Many women survivors cannot afford a car, and there is usually no public transportation in rural areas.

“What happens if you don’t have a vehicle and you have to wait for a taxi? That’s at least an hour. By that time it might be too late. And then the police. They’re just as bad because there’s no police station around here any more ... and the length of time until the response – about an hour, I’d say.” (Vermilion Bay survivor)

“If you’re stuck on a farm, or even in small areas, you don’t have a car and you don’t have

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<sup>102</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 17.



any way to get to these places to get the help that you need ... you're stuck.” (Grey-Bruce survivor)<sup>103</sup>

**Tag: Women, Ontario**

Aboriginal women identified accessing services as a particular concern. Women from northern Ontario have an especially difficult time getting to a shelter, since it means travelling a long way from their community and the culture that is familiar to them. Only a few aboriginal women participated in the ORWAS [Ontario Rural Woman Abuse Study] study, but they spoke of the cultural obstacles they faced.

“Like on the reserve, they [the police] don’t even respond because it’s up to the chief and council to call them [the police]. I don’t think it should be left up to the chief and council. When a woman is being abused they should be able to get access to that no matter where you live. I don’t care if it’s the reserve or elsewhere.” (Vermilion Bay survivor)

“With native people, there’s a certain sense of the family, the circle ... Native people are very spiritual and in the other areas that I tried to get help, there was nothing to do with spirituality at all.” (Espanola survivor)<sup>104</sup>

**Tag: Women, Ontario**

Several services were identified as lacking in the rural areas. Some outreach workers from the shelters, who were formerly available, had been cut due to lack of funding. This was seen as an extremely important service given the impact that distance and lack of transportation have on women living in rural areas. Effective emergency services were another concern of the research participants. Distance, transportation, weather and response time were all identified as barriers to services.

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<sup>103</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 18.

<sup>104</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 21.



“For those kinds of programs, there’s no money. But there has to be money. Yes. There should be money. It’s a question of priorities, isn’t it?” (Stormont, Dundas & Glengarry community leaders)

“We’re maybe dealing with the problem, but we’re not looking at the whole picture because there’s no services. There’s nothing for men.” (Cochrane community resident)<sup>105</sup>

**Tag: Women, Ontario**

Women’s level of confidence in the police varied. Most women reported negative experiences with the police. Some service providers and community residents also expressed a lack of confidence in the ability of the police to respond to abused women. A great deal of concern was expressed over lengthy response times. Positive experiences were usually tied to a specific officer or a specific force. When police responded, listened to the women and did not judge them, the women found their services to be helpful and supportive.

“OPP has a little bit more knowledge. The town police, they call, they talk to the spouse. I just didn’t feel satisfied with the town police at all.” (Vermilion Bay survivor)<sup>106</sup>

**Tag: Women, Ontario**

NWAC’s research has found that the intergenerational impact and resulting vulnerabilities of colonization and state policies—such as residential schools, the 60s Scoop, and the child welfare system—are underlying factors in the outcomes of violence experienced by Aboriginal women and girls [...]

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<sup>105</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 27-28.

<sup>106</sup> Canada. Department of Justice Canada. *The Ontario Rural Woman’s Abuse Study (ORWAS): Final Report*. Ottawa: Department of Justice Canada, 2000. Web. 3 Dec 2010. 30.





There are a disproportionately high number of missing and murdered Aboriginal women and girls in Canada. Between 2000 and 2008, 153 cases of murder have been identified in NWAC's Sisters In Spirit database. These women represent approximately ten per cent of the total number of female homicides in Canada despite the fact that Aboriginal women make up only three per cent of the total female population in Canada. The majority of women and girls in NWAC's database were murdered, while 115 women and girls are still missing.

The majority of disappearances and deaths of Aboriginal women and girls occurred in the western provinces of Canada. Over two thirds of the cases were in British Columbia, Alberta, Manitoba, and Saskatchewan.

A great majority of the women were young. More than half of the women and girls were under the age of 31. Measures designed to increase safety must take into account the needs of young Aboriginal women and girls. [...]

Aboriginal women and girls are as likely to be killed by an acquaintance or stranger as they are by an intimate partner. Almost 17 per cent of those charged were strangers. Aboriginal women and girls are more likely to be killed by a stranger than non-Aboriginal women.

Nearly half of murder cases remain unsolved. Nationally, 53 per cent of murder cases have been cleared by charges of homicide, while no charges have been laid in forty per cent of cases. However, there are differences in clearance rates by province. The clearance rate for murdered women and girls ranges from a low 42 per cent in Alberta to 93 per cent in Nunavut.

The majority of cases occurred in urban areas. 70 per cent of women and girls disappeared from an urban area, and 60 per cent were murdered in an urban area. But



resources are also needed to respond to the needs of families in rural and on-reserve communities.<sup>107</sup>

**Tag: Girls, Women**

These rural girls reported relatively few violence experiences. Approximately 25% of girls said that they never experienced verbal aggression (e.g., being threatened, put down, called names, or degraded) (see Figure 1). More than 10% said that they verbally aggress (that is, threaten, put down, call names, etc.) on a daily basis, and almost 25% reported that they are the victims of verbal aggression every day. Approximately 50% had never experienced physical aggression (e.g., being hit, pinched, punched, kicked, slapped, or grabbed) as either perpetrators or victims. Further, almost 10% reported that they were physically aggressive daily (by hitting, pinching, punching, etc.). Approximately 7% reported being the victim of physical violence every day. The report of verbal victimization is slightly independent of the other forms of violence experience, but victimization and perpetration were significantly related. The relationship between verbal and physical aggression was also significant. While the majority reported little to no personal violence experience, a small but significant segment of these female participants reported regularly experiencing violence in their lives.<sup>108</sup>

**Tag: Girls**

In 2004-2005, 25% of imprisoned girls and young women were Aboriginal.<sup>9</sup> [The Marxist Leninist Daily, "Incarceration Rates in Canada and U.S."]

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<sup>107</sup> Native Women's Association of Canada. "What Their Stories Tell Us: Research Findings from the Sisters In Spirit Initiative." Native Women's Association of Canada, 2010. PDF File. 16 Nov. 2011. i-ii.

<sup>108</sup> Normandeau, Sylvie, Françoise Guay, Elizabeth Harper, Dominique Damant and Maryse Rinfret-Raynor. "Preventing Violence Against Girls. Should Programs be gender-Specific?" 25 Oct. 2002, Montreal, QC. Quebec, QC: Centre de recherche interdisciplinaire sur la violence familiale et la violence faite aux femmes, 2002. PDF File. Web. 14 Nov. 2011. 40.



Thirty-two percent of girls and young women remanded in custody awaiting trial and/or sentencing were Aboriginal.<sup>10</sup> [The Marxist Leninist Daily, “Incarceration Rates in Canada and U.S.”]

In the Prairie region, 58% of imprisoned youth who were under the age of 20 were Aboriginal.<sup>11</sup> [Sapers and Howard, 2005-2006]<sup>109</sup>

**Tag: Girls, Young Women**

As reviewed by Brownridge (2003, 66), community based studies have found rates of violence against Aboriginal women to be much higher than indicated by government surveys: from 48% of women in a reserve-based sample in rural southern Ontario, to 80% of 104 women in northwestern Ontario, to 70 to 100% of Mi’kmaq women living on-reserve in Nova Scotia.<sup>110</sup>

**Tag: Girls, Women**

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<sup>109</sup> Canadian Association of Elizabeth Fry Societies. “Young Women.” PDF File. Web. 17 Nov 2011.

<sup>110</sup> Native Women’s Association of Canada. “What Their Stories Tell Us: Research Findings from the Sisters In Spirit Initiative.” Native Women’s Association of Canada, 2010. PDF File. 16 Nov. 2011. 5.



## PROMISING PRACTICES, RECOMMENDATIONS AND WAYS FORWARD

Applying the rural/remote lens to policy development and evaluation questions help decision makers to understand the unique context of rural living and, hence, responsiveness. The following questions can form part of a checklist for reflection during various phases:

- Does your policy address values, attitudes, relations and practices (individual, familial, social, institutional) work to support women and girls? That make it difficult for women and girls to seek support?
- Does your policy address the ways in which access to financial resources affect women's and girls ability to access programs and services?
- Is your policy sensitive to women's and girls' working lives?
- Is your policy responsive to the economic realities of the area?
- How does your policy address social stigma, visibility, conflict of interest, privacy?
- How does the policy support women's connection to others while protecting privacy?
- How does the program/initiative address issues related to the social isolation of:
  - women and girls living in poverty?
  - Aboriginal women and girls?
  - New Immigrant and refugee women and girls?
  - women and girls from religious minorities?



- women and girls living with disabilities?
- women and girls who do not read or speak English or French? <sup>111</sup>

**Tag: Girls, Women**

Elements of better practices in a rural community [from The Kikahan Committee: part of the New Brunswick Provincial Caring Partnership Committee, Tobique First Nation]

- Social programs provide financial support for education. There are no fees for individual services to community members. E.g. counselling and referrals.
- Changing attitudes that violence is a normal part of relationships.
- Programs address women and girls physical barriers.
- Programs arrange evening and weekend sessions.
- Programs are within walking distance for all community members.
- Arranges meetings with different family members to support the whole family.
- Program accommodates seasonal work, and is sensitive to members who have limited incomes.
- Incorporates program information into community events. In the warmer season, the committee organizes craft fairs where community members are invited to come in for different types of information on mental health and relationship violence.
- Representatives are on-hand from different fields such as dental, medical, Medicare to answer any questions.

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<sup>111</sup> Blaney, Elizabeth. "PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing 'better' Practices and Reflexive Approaches." Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 53.



- Program staff are conscious of literacy issues: if the client cannot read or write, a video tape is used to present information
- Confidentiality is protected.
- Staff make arrangements to meet women in a location outside of the program office area.
- Files are locked and sessions are not taped.
- Unless the participant signs a consent form, files cannot be used for or against anyone for court issues or statements.
- Privacy is discussed at the beginning of the session.<sup>112</sup>

**Tag: Girls, Young Women**

Equality is essential for the health and well-being of Aboriginal communities. At the same time, it is hard to focus on culture and healing when families and communities lack clean water, access to childcare or the economic security to have safe, affordable housing. In this way, physical, spiritual, mental and emotional needs must be seen as interconnected and mutually re-enforcing. To truly address violence against Aboriginal women, it is necessary to support the revitalization of our ways of 'being'. It is necessary to reclaim the balance inherent in traditional gender roles and to take responsibility for the transmission of pride, cultural awareness and traditional knowledge to future generations. Since so many missing and murdered Aboriginal women and girls are young, there is also a need for integrated educational strategies that engage youth in frank discussions about healthy relationships, self-esteem and personal safety, while raising awareness about the supports and services available in communities (something that obviously becomes more difficult in the context of rural and some First Nations communities, where supports may be

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<sup>112</sup> Elizabeth Blaney. "PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing 'better' Practices and Reflexive Approaches." Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 71.



limited by resource and capacity issues). The roles and guidance of Elders and culturally-relevant teachings around traditional roles and responsibilities must be understood as integral to this process.<sup>113</sup>

**Tag: Girls, Women**

Improving conditions for migrant two-spirit youth will involve addressing the broad social determinants of health that heighten their risk for HIV including housing, poverty, and social exclusion (in this case, homophobia in their home communities which precipitates migration, further marginalization in urban Aboriginal agencies, and the racism they encounter in gay communities in Toronto). 2-Spirited People of the 1st Nations has embarked upon an initiative to eliminate homophobia in Aboriginal communities. They have developed a 'Two-spirits 101' curriculum to offer organizations. One version includes anti-racism training for lesbian, gay, bisexual and transgender services, while another is designed for mainstream Aboriginal agencies or other services offering programming to Aboriginal clients.

[...]Two-spirit youth also require programs and resources designed to restore their cultural identities. These resources can be web-based or in print form but should attend to rebuilding a positive sense of two-spirit culture and identity. These programs would also have to take into consideration the high percentage of Aboriginal youth that have been adopted and fostered into non-Aboriginal families who are searching for their roots and have a tenuous connection to Aboriginal people.<sup>114</sup>

**Tag: Youth**

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<sup>113</sup> Native Women's Association of Canada. "What Their Stories Tell Us: Research Findings from the Sisters In Spirit Initiative." Native Women's Association of Canada, 2010. PDF File. 16 Nov. 2011. 32.

<sup>114</sup> Doris O'Brien Teengs and Robb Travers. "River of Life, Rapids of Change: Understanding HIV Vulnerability Among Two-Spirited Youth who Migrate to Toronto." Wilfred Laurier University, n.d. PDF File. Web. 14 Nov. 2011. 24.



Elements of better practices in a rural community [from The African United Baptist Association of Nova Scotia Women’s Institute]

- Subsidies provided for transportation and childcare
- Events held in rural areas close to where women live
- Recognition that women work shift work and weekends and held sessions at convenient times (during the day, evening, weekends) for women who work and/or attend school
- Sessions held in safe place such as libraries, schools, community.
- No notices related to topic of the sessions were posted
- Sessions held in “Black centered” facility where women and girls feel safe
- Privacy and confidentiality issues respected and addressed.<sup>115</sup>

**Tag: Girls, Women**

With regard to solutions to violence, female respondents were more likely than males to accept intrusive interventions that could interfere with their daily lives, such as increased security, supervision and tighter school rules. The proactive stance of females was also indicated in their belief that working with other youth, adults, families, teachers and community helpers could be useful in developing and implementing anti-violence strategies. The females seemed to believe that knowledge through education about violence begins in the home. Such an educative approach could begin early in a child’s life and in the younger school grades as a way to prevent violence. This finding is similar

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<sup>115</sup> Elizabeth Blaney. “PRISM: Probing Rural Issues – Selecting Methods to Address Abuse of Women and Girls: [E]valu[at]ing ‘better’ Practices and Reflexive Approaches.” Fredericton, NB: Muriel McQueen Fergusson Center for Family Violence Research, 2004. PDF File. Web. 17 Nov. 2011. 83-84.





to that of a recent study which recommended the need to involve parents as part of anti-violence programs for rural youth.<sup>31</sup> [Carlson K and Slovak, 2007]<sup>116</sup>

**Tag: Girls, Youth**

The results of this study indicate that violence exists among rural youth and causes them a great deal of concern. The study underscores the potential for distinct gender differences in relation to the meaning of violence, causes, consequences of violence for others and solutions. There is a need to incorporate the opinions of youth, especially females, in policy development and program planning.<sup>117</sup>

**Tag: Girls**

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<sup>116</sup> BL Hall, J Kulig and R Grant Kalischuk. "Rural Youth and Violence. A Gender Perspective." *Rural and Remote Health* 11.1716 (2011): 7. Web. 14 Nov. 2011.

<sup>117</sup> BL Hall, J Kulig and R Grant Kalischuk. "Rural Youth and Violence. A Gender Perspective." *Rural and Remote Health* 11.1716 (2011): 7. Web. 14 Nov. 2011.



## SECTION 4: COMMUNITY & COMMUNITY ENGAGEMENT

Isolation is in fact a key issue for rural girls. Often isolation is only seen as geographical. Donna Lunn, Coordinator of the Community Abuse Program of Rural Ontario, states that, “Isolation is not just distance from people, it can be distance from ‘like’ people.” Many times, it is social isolation that forces Canadian rural young women to adapt to the norms of whatever their community context is, acting as a “mute button” to their ideas, beliefs, and identities. Each rural community has a distinct set of norms and if one falls outside the margins, support networks can be hard to access (Lunn). The Internet takes a step toward eliminating this barrier by bridging geographical boundaries, allowing individuals to connect in a way that actualizes Marshall McLuhan’s concept of a “Global Village,” bringing like-minded souls together (cited in Quinton).<sup>118</sup>

### **Tag: Girls**

In addition, rural policies and programs tend to be influenced or dictated from “outside,” often resulting in a mismatch with local needs. This divergence, combined with the limited social service, health care and community resources available in the area, was detrimental to many of the women interviewed. One community leader/service provider commented on how policies that are defined by regional, provincial, or federal agencies—which more often than not focus on fiscal restraint—present challenges to service delivery in rural areas.<sup>119</sup>

### **Tag: Women**

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<sup>118</sup> Lisa Campbell. “Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet.” *Canadian Women’s Studies* 24.4 (2004): 168. Web. 14 Dec. 2011.

<sup>119</sup> Colleen Varcoe and Sheila Dick. “The Intersecting Risks of Violence and HIV for Rural Aboriginal Women in a Neo-Colonial Canadian Context.” *Journal of Aboriginal Health* (Jan. 2008):” 45. Web. 13 Dec. 2011.



When asked what resources the youth wanted to have in their community, a “place to go” was the most common answer.

“[We need] a place to go where you can just hang out with your friends... Just a place where you can go, and just be yourself.”<sup>120</sup>

**Tag: Girls**

First, gender is a prominent theme in the description of children’s differential experiences. For instance, adherence to traditional gender roles is often encouraged when children participate in club associations. A recent Canadian farm research study by Varpalotai (1998) examined the popular 4-H Club and how it intersects with the lives of rural youth.

4-H helps rural youth to learn skills related to farming and to develop a rural identity. In this particular study, both adults and children were interviewed to determine gendered experiences and values associated with 4-H. Varpalotai (1998) notes that traditionally, 4-H clubs operated on strict gender dimensions. Girls went to Homemaking Clubs and boys went to Agricultural Clubs. Today, gender still accounts for the boys joining the Tractor Club and has seen the renaming of the Homemaking Club to the Life Skills Club for both boys and girls.<sup>121</sup>

**Tag: Girls**

Many of the rural young women I interviewed expressed their dissatisfaction about access to technical support. One family I talked to said that when their phone lines were

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<sup>120</sup> Wynne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 13.

<sup>121</sup> Helen Cummins. “Rural Children’s Perception of Life on the Land in Southwestern Ontario.” *Canadian Geographer/Le Géographe Canadien* 53.1 (Spring 2009): 63-83. Web. 18 Nov. 2011.



down, they sometimes had to wait up to a week before the repair people came out to fix them. Technical training is also hard to come by away from city centres, and the majority of the girls that were surveyed stated that they have to ask either the male members of their family for help, or bring their computer into the shop—often in an urban center—when it breaks.<sup>122</sup>

**Tag: Girls**

Excluding one's self is not about being excluded from the mainstream at the hands of another (through stereotyping or stigmatising); rather, this experience is about youth undertaking small acts of resistance (and even rebellion) to avoid being subjected to the frameworks that govern the mainstream project. However, engaging in resistance is risky for many youth who, as a result of their resistance, become identified as being non-compliant or looking for trouble. Youth who chose to exclude themselves from the mainstream were also usually stigmatised, which further set them apart from others[...]<sup>123</sup>

**Tag: Youth, British Columbia**

More than 160 youth and non-youth gathered in March, 2007 for Rural Youth: Leading Today, Tomorrow and Beyond, a one-day event that culminated in the identification of the following issue areas:

- Gainful youth employment
  
- Stereotypes that limit youth / eliminating the negative images of youth

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<sup>122</sup> Lisa Campbell. "Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet." *Canadian Women's Studies* 24.4 (2004): 168. Web. 14 Dec. 2011.

<sup>123</sup> Jean Shoveller, Joy Johnson, Ken Prkachin and David Patrick. "Around Here They Roll Up the Sidewalks at Night: A Qualitative Study of Youth Living in a Rural Canadian Community." *Health and Place* 13 (2007): 832. Web. 15 Nov. 2011.



- Transportation
- Teen pregnancy and substance abuse
- Homeless youth
- Little or no consultation of youth in political decision-making processes / lack of youth representation/voice on town councils, boards of directors
- Teen depression, peer counseling
- Youth Entrepreneurship
- Healthy downtowns (no matter how small) and a limit to sprawl
- Lack of sports and recreational activities <sup>124</sup>

**Tag: Youth, Ontario**

In Canada, the demand for women to engage in voluntary activities in the community is increasing due to the withdrawal of services and the decentralization of rural development to the local level. At the same time, the increased demands of farm and non-farm work reduce the time farm women have available for voluntary and community work. Despite longer hours of work, Canadian farm women spend more time at civic and volunteer work than the average Canadian woman. This additional volunteer work replaces the services lost in small rural communities.<sup>125</sup>

**Tag: Women**

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<sup>124</sup> Ontario. The Ontario Rural Council. *Rural Youth: Leading Today, Tomorrow and Beyond*. Guelph: The Ontario Rural Council, 2007. Web. 21 Nov. 2011. 6.

<sup>125</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 26-27.



Despite 25 years of research showing that farming relies on the work of both women and men, and the significant role of women in farm financial management and raising the next generation of farmers, Canadian farm women continue to be marginalized in policy development and political debates around agriculture (Gerrard and Russell 1999; Kubick and Moore 2001).<sup>126</sup>

**Tag: Women**

The lack of meaningful inclusion of farm women in political decision making breeds powerlessness. As one women stressed: “If we’re not involved, and we remain peripheral and voiceless, it’s very detrimental to our psychological health, to our physical health” (Gerrard and Russell 1999: 8). Commenting on her involvement in rural health policy development, a participant in Gerrard and Russell’s work (1999: 5) remarked that a “lot of that [policy] work has been male work, and it’s set up to suit the schedule and demands of your male counterparts.” Yet another summarized her experience as follows.

“What matters is that there doesn’t seem to be a space or even if there is a space for you there’s none of you there. I mean, it’s sort of a self- defeating argument. There are none of you there because it doesn’t seem like your space, and then it doesn’t seem like your space because there are none of you there (Gerrard and Russell 1999: 5).”<sup>127</sup>

**Tag: Women**

This situation is even more cogent for the participation of young farm women in policy development, given the statistics on large numbers of youth who are leaving farming. This

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<sup>126</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. “Farm Women and Canadian Agricultural Policy.” Ottawa: *Status of Women Canada*, 2006. Web. 3 Dec. 2011. 27.

<sup>127</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. “Farm Women and Canadian Agricultural Policy.” Ottawa: *Status of Women Canada*, 2006. Web. 3 Dec. 2011. 28.



leaves an even greater gap in information and policy needs of female farm youth. They are, quite literally, right out of the picture.<sup>128</sup>

**Tag: Young Women, Women**

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<sup>128</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. “Farm Women and Canadian Agricultural Policy.” Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 26-28.



## PROMISING PRACTICES, RECOMMENDATIONS, AND WAYS FORWARD

The most dominant meta theme, appearing over and over again in the lives of these young women, was feeling attached and supported by the community. In this rural community, the participants feel closely connected to and supported by their friends and family. Many of the participants also state that church membership, close relationships with teachers, and involvement in sports and other community activities have been instrumental in instilling both a sense of attachment and support.

[“]I find it so close — like community-wise. It’s not like you know everyone in the town or anything like that, but . . . it’s just that there’s so many people you can just go to . . . you feel close to, you can ask them, whatever, and you know them, and they know you. Like with basketball, it just seems like . . . it’s so much supportive . . . like the whole town is rooting for us.[”]<sup>129</sup>

### Tag: Young Women

The participants deeply identified with nature and valued the number of recreational opportunities that their physical world offered. Some of the participants treasured the space and quiet found in their small community. “Well, the scenery is beautiful. . . In the fall you notice it most. You can go outside and it’s quiet and you don’t hear anything... maybe a bird, but there’s nothing else there and it’s so peaceful.”<sup>130</sup>

### Tag: Young Women

[“]. . . my dad was in Australia and mom got subbing calls day after day after day so it was me at home with my, all three siblings and when some of my neighbours found out

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<sup>129</sup> Blythe o Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” ERIC: Canadian Journal of Counselling/Revue canadienne de counseling 34.3 (2000): 164. Web. 15 Nov 2011.

<sup>130</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” ERIC: Canadian Journal of Counselling/Revue canadienne de counseling 34.3 (2000): 160. Web. 15 Nov 2011.





about this I got about five phone calls saying, “If you ever need anything, don’t hesitate to call me. I’ll be right over there.” So it was really nice to know that there was that friendship there to help you when it’s needed.[”]<sup>131</sup>

**Tag: Girls**

So, how do we ensure that [rural youth] come back or seek other rural communities to commit to? It may be helpful to re-phrase this question as: How can rural communities become vibrant places where young people choose to live and raise families? Some of the factors that may help them make such a choice include:

- The vitality of the local economy (employment, entrepreneurial opportunities, etc.)
- The degree to which the community involves young people in community life. The more engaged youth are in their communities, the stronger their bond and sense of belonging. They may still leave for university/college, jobs or adventure but they are far more likely to return.
- The attractiveness of the community to young people, i.e. what the community has to offer in the way of activities, youth-friendly spaces, peer social networks, positive public attitudes towards youth and so on. A 2009 violence prevention project for girls and young women in Antigonish and Guysborough Counties<sup>5</sup> identified that what teens want most from their communities is “something to do, a place to hang out, and someone to talk to”. These are simple amenities, but ask yourself: How many communities intentionally – and substantially – provide these to their young citizens?

**Tag: Young Women, Youth, Nova Scotia**

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<sup>131</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 160. Web. 15 Nov 2011.



Several of the young women described how they have a sense of “Self-respect and respect for others,” often gained through school and other community- related activities.

[“]. . . the 4-H thing goes along with this sort of community. You learn a lot about responsibility and teamwork. You also learn to be a leader-type thing and that’s why I’ve carried on to wanting to become a teacher. . . . I feel pretty good about the skills I’ve learned . . . I guess I’ve come to respect my self. . . . and teaching others . . . well you learn to appreciate and respect them for what they do and how they contribute.[”]<sup>132</sup>

### **Tag: Young Women**

For rural Canadian girls the Internet can be a gateway for them to independently voice their experiences and to build networks of social change. As a decentralized communication network, the Internet is a prime place to do this important work, allowing rural girls to create and distribute their own content. In communicating over the Internet, rural young women are able to express themselves, share their realities, explore alternative perspectives, and build support networks. [...] By encouraging access and creating opportunities for digitally progressive infrastructures, we can forge a future where rural girls can use the media they consume and create to truly represent the changes they want to see in the world.<sup>133</sup>

### **Tag: Girls**

For rural young women, the Internet can provide portals into other realities. This rings true for Jamila, a 13-year-old living in rural Alberta who recently immigrated from the Middle East. Jamila uses the Internet to keep in touch with her friends, and look up current affairs in her home country. Jamila doesn’t like her town, because she says that “there is nothing

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<sup>132</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 163. Web. 15 Nov 2011.

<sup>133</sup> Campbell, Lisa. “Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet.” *Canadian Women’s Studies* 24.4 (2004): 169. Web. 14 Dec. 2011.



to do, and it's boring." In her small town over 65 per cent of the population is over 65, so it is hard for Jamila and other local youth to find recreation activities to suit their diverse interests and identities. Jamila uses the Internet to bridge her boredom, as well as to find information to support her identity and development:

"I look up things that are different, things that you wouldn't see in Alberta. If pink is the latest style then I'd go and wear black. Sometimes I think that my parents trust me too much. I look at Goth websites and also check out information on sex. I look up vegetarian recipes on the Internet, especially tofu recipes."

For Jamila, the Internet is a place where she can connect with like-minded individuals and find solace in its diversity. While she may live in a town that's primary product is beef, she can still talk about tofu recipes online. To battle the lack of sex education in her school, she can search websites to answer her questions. While she may face controversy in a conservative town over her interest in Goth culture, online she can find friends and support. In her small town she is a minority on many fronts, but on the web, she is connected to thousands of people from diverse backgrounds who share her interests.<sup>134</sup>

**Tag: Girls**

Through the Internet, rural young women can search out webpages and virtual communities that support their identities and aspirations. Living in a small and conservative town can often prevent rural girls from expressing their identities. Many times being silent is their best protection, which can however lead to feelings of isolation.<sup>135</sup>

**Tag: Girls**

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<sup>134</sup> Campbell, Lisa. "Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet." *Canadian Women's Studies* 24.4 (2004): 168. Web. 14 Dec. 2011.

<sup>135</sup> Campbell, Lisa. "Grrls Plugged In: How Canadian Rural Young Women Are Using the Internet." *Canadian Women's Studies* 24.4 (2004): 168. Web. 14 Dec. 2011.



## Recommendations [from the Aboriginal Women and Girls Health Roundtable] Related to Funding

1. Ensure the equitable participation of First Nations, Inuit, and Métis women in developing funding criteria and decision-making;
2. Ensure funding for inclusion of culture;
3. Ensure funding is equitable to First Nations, Inuit and Métis Peoples;
4. Ensure funding formulas for First Nations, Inuit and Métis communities, programs, and services include actual costs related to language, culture, geographic location/isolation and lack of infrastructure;
5. Create community capacity by providing training in proposal development;
6. Address research gaps, for example the lack of empirical research to support current emphasis on FASD;
7. Provide equitable funding for First Nations, Inuit, and Métis partnerships with service providers;
8. Multi-year/sustained funding; and,
9. Realistic and achievable reporting requirements.<sup>136</sup>

### **Tag: Girls, Women**

Because of adolescent sensitivity to “being disregarded,” it is vitally important to involve them in the process. They can participate on committees, and bring their concerns to the attention of community leaders. Community youth councils could provide rural youth with a means to access funding for developing other social and recreational opportunities for

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<sup>136</sup> Deborah Chansonneuve. *Aboriginal Women and Girls' Health Roundtable: Final Report*. Ottawa: Health Canada and The National Aboriginal Health Organization, 2005. Web. 9 Nov. 2011. 16.



young people in their community. In addition, such councils could be established using a mentorship model, with adults and youth sharing positions and responsibilities.<sup>137</sup>

**Tag: Young Women**

The following ideas arose frequently in the discussion and presentations, and emerged as themes from the dialogue:

- Youth are the best sources to tap when looking to understand and address youth issues. Youth need to play an integral part in the planning, decision-making and leadership for actions and initiatives that affect them. Do not speak for them; encourage them to speak for themselves. Do not act for them; work with them.
- Interest and enthusiasm to “bridge the gap” and work with older generations factors high on the youth agenda. Multi-generational initiatives help to address issues around stereotypes, and build awareness and support for positive actions.
- Mentorship is part of the solution for addressing youth issues; adults are important. Whether it is social, employment, or leadership and decision-making obstacles, connecting with experienced allies is repeatedly seen to be positive, beneficial and necessary to overcome these challenges.
- Technology is where it is at when working with youth!
- Technology, while providing a multitude of benefits, can also create a series of gaps that need to be addressed. For example, there is a technology gap between generations, including abilities (young people are very capable), perspectives (older generations are more aware/cautious of the risks), and willingness to adapt and apply new technologies. There is also a technology gap between classes, which often presents itself in access differentials. Technology can also contribute to ‘distancing’ within a community – you know what is going on around the world, but are not

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<sup>137</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 167. Web. 15 Nov 2011.



connected to what is happening right in your own community. Addressing these gaps will help to harness and maximize the potential of this tool.

- Participants repeatedly raised the issue of municipal support as a necessary component of addressing challenges. This is an integral part of successful initiatives. It is notable that of all the presentations made, only those who lacked support of local government were struggling to move their initiatives forward.
- Be intentional about youth involvement. Make this part of the policies of your organization.
- Flexibility is key.
- Youth are leaders today – here and now!
- Obtaining funding for youth initiatives is a challenge. Be prepared when speaking to local council, community leaders, and potential funders with favorable statistics about youth and evidence of fundraising efforts. Youth can create partnerships with non-youth who have access to other resources.
- Attracting youth with a wide range of interests and backgrounds to youth councils and committees can be another challenge. Have succession plans in place and consider creative strategies.
- Ensure regular and positive coverage of youth achievements in the community.<sup>138</sup>

**Tag: Youth, Ontario**

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<sup>138</sup> Ontario. The Ontario Rural Council. *Rural Youth: Leading Today, Tomorrow and Beyond*. Guelph: The Ontario Rural Council, 2007. Web. 21 Nov. 2011. 11.



How can the whole community work together to create opportunities for youth to volunteer, to take action and make a difference, to work and/or to be an entrepreneur?

Here are a few suggestions:

- Spend time doing things with youth and find out what excites them, what they are passionate about and what they envision for their communities.
- Find out what's already going on in your community, the province, and the country. There are many successful projects and initiatives in Nova Scotia that use the principles and processes named above. You can learn from what others have done and you may be inspired to try something similar – or something a bit different.
- Work to change public perceptions of youth. Bring youth to public meetings you are attending so that they are visible and are supported in expressing their voice. Do service projects with youth so that they are visible to the public and are noticed as positive contributors to community. Share these positive stories via letters to the editor or other media.
- Build relationships between youth and adults and between groups that may not ordinarily mingle. In this way we enrich the social fabric of the community and make it a better place for all to live.
- Encourage partnerships by forming dynamic collaborations in your communities to support youth development. Community groups, youth serving organizations, the municipality, parents, business people and young people themselves can partner to use existing resources in new ways, to take small actions that mobilize others and to begin leveraging new resources.
- Organize developmental learning experiences that lead young people from simply participating in youth-friendly programs or events, to progressively getting more involved and eventually taking leadership roles.



- Seek out or create your own peer support networks that will help you with your youth development or youth engagement initiatives. Look for resources and training that build the capacity for youth engagement and community partnerships to evolve.<sup>139</sup>

**Tag: Youth**

Culture stress factors are defined as “the loss of confidence by individuals or groups in the ways of understanding life and living (norms, values and beliefs) that were taught to them within their original culture(s), and the personal or collective distress that may result.”<sup>8</sup> [Royal Commission on Aboriginal Peoples, 1995] This includes loss of control over land and living conditions, breakdown of cultural values and belief systems, loss of identity and self-esteem, and discrimination, as a result of colonization and the trauma of assimilative policies and practices. The decision of a community to invest in cultural camps and Aboriginal language programs for their children has the potential of increasing the cultural identity of its youth, thus strengthening the community.<sup>140</sup>

**Tag: Youth**

The research literature we have reviewed provides strong support for the existence of a link between youth engagement and positive health outcomes. Youth who were engaged in structured activities (ranging from extra-curricular school involvements to community service to organizational work in their church or community) were less likely to use cigarettes, marijuana, hard drugs and alcohol, less likely to engage in risky sexual behaviour or become pregnant, less likely to engage in violent behaviour or be arrested, less likely to drop out of school, and more likely to complete a college degree, than youth who were not engaged in these kinds of activities. Moreover, there was also evidence that engaged youth were less depressed, had higher self-esteem, were more physically active,

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<sup>139</sup> HeartWood Centre for Community Youth Development. “Putting Teens at the Top of Rural Communities through Volunteerism, Civic Engagement, Employability and Entrepreneurship.” HeartWood Centre, n.d. PDF File. Web. 17 Nov. 2011. 6-7.

<sup>140</sup> Javier Mignone and John O’Neil. “Social Capital and Youth Suicide Risk Factors in First Nations Communities.” *Canadian Journal of Public Health* 96.1 (2005): 52. Web. 20 Nov. 2011.





obtained higher grades in school, and showed a greater commitment to their friends, families and communities. (The Centre of Excellence for Youth Engagement, [www.tgmag.ca/centres/litrev2.htm#a3](http://www.tgmag.ca/centres/litrev2.htm#a3))<sup>141</sup>

**Tag: Youth, Ontario**

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<sup>141</sup> Ontario. The Ontario Rural Council. *Rural Youth: Leading Today, Tomorrow and Beyond*. Guelph: The Ontario Rural Council, 2007. Web. 21 Nov. 2011. 8.



## SECTION 5: EDUCATION AND EMPLOYMENT

While variations exist among provinces, when compared to their urban counterparts, rural residents are known to have lower incomes and fewer employment opportunities. These important causes of poverty encourage and sustain persistent rural-to-urban migration. Although relatively few studies exist to statistically measure the specific causes of rural poverty, generally speaking many of the same factors are likely contributing to both urban and rural poverty. Where there are differences between urban and rural causes, the depth of the problems may be different within each factor. For example, while being poorly educated and without employment are known to contribute to a poverty outcome, regardless of where one lives, the depth of these problems vary by geography. Compared to their urban residents, rural residents tend to have lower education levels, lower levels of literacy, lower incomes, fewer job opportunities, fewer higher paying job opportunities, more seasonal employment, more housing that is in need of repairs, relatively poorer health, and relatively poorer access to health care services.<sup>142</sup>

### **Tag: General**

A legacy of colonization and government oppression – for example, through a policy of residential schooling – continues to influence the lives of First Nation, Métis and Inuit peoples in Canada today. Data from the Aboriginal Peoples Survey found that for First Nations children living off-reserve, having parents who attended residential schools was associated with lower success at school.<sup>49</sup> [Bougie E, 2006] An interview participant, resident in Fort Chipewyan, refers to the impact of residential schooling in his community as follows:

[“]From 1920 to 1969 the church operated [a residential school] here under federal policy. ... Fast forward to 1973 when the mission was closed and people were forced to raise their own children then for the first time in fifty years... there were no family models to build on. Kids had grown up in dormitories, bullied by the older kids and mistreated and

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<sup>142</sup> Canada. Ausra Burns, David Bruce and Amanda Marlin. *Research and Analysis – Rural Poverty Discussion Paper*. Ottawa: Canada’s Rural Partnership, 2007. Web. 5 Dec. 2011.



underfed and everything. ... Then in the late 60s, they started sending kids to Edmonton and places like that... people now in their late 50s were so disillusioned by that experience—to spend 10 years here in the school and then be shipped off to the city to find that you're five grades behind.["] (June, 2008)<sup>143</sup>

**Tag: General, Alberta**

A Métis participant in the study recounts the impact of increasing industrial development over her lifetime:

["]The road came in [to Conklin], I think it was in the late 80s. When we first lived here, we didn't have electricity or heating, ...we had to use wood for heating....a lot of our traditional ways are not there anymore. Harder to go, even to pick berries, to go find a spot for berry picking. Where we used to pick, there's either a big pile of gravel or a cut line, you know? ... I remember when I was growing up, my grandfather was a real trapper; he'd go out and for a month he'd stay out on his trap line and he'd come back with lots of fur. Then he'd go sell his fur and bring back loads of groceries. Now, I don't think a person can survive on trapping. The land is too disturbed. The animals are not around as much as they used to be. ...We're surrounded by industry ... [One company's] development is on my husband's trap line.["] (Conklin Métis, May 2008)

This excerpt points to the tensions felt by many Aboriginal people about the impact of economic development on the environment, between dependence on a boom and bust resource economy and the desire for a more sustainable way of life. As a result of industrial development in their traditional homelands, many First Nation and Métis families (including this participant's own children) have left the community to pursue opportunities for education and work.<sup>144</sup>

**Tag: General, Alberta**

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<sup>143</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. "First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions." Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 10.

<sup>144</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. "First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions." Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 10.



Generally, interview participants expressed concern about the quality of education available in rural areas. For example, a parent from Chipewyan Prairie First Nation felt compelled to send her 15 year old daughter to live in Fort McMurray for high school because of the poor reputation of the band-operated school. However, she explains that the move has been very difficult:

[“][My daughter] has struggled because of the culture shock, going to town, big city, and staying with someone else, and not the support. And like even with me, she phones me for help at night. I help her but it’s not the same as mum being there.[”] (June 2008)

Although this mother ensured that her daughter was enrolled in academic stream courses, she notes that “the math was difficult for her” and little help was provided.<sup>145</sup>

**Tag: Girls, Alberta**

The transition from small rural schools (very often with enrolments of less than 120 students) to large high schools in Fort McMurray (where enrolments can exceed 1,000 students) proves very difficult for many First Nation and Métis students. Coupled with the change in size of school is the change in student make-up. Students go from being among an Aboriginal majority in the home community to being a minority in a largely non-Aboriginal student population. In many cases, the move creates a loss (or absence) of family and other community and/or support networks.

More than one interview participant observed students from First Nation and Métis communities to be usually two or three years behind in academic learning at the time of transfer from their home community to a high school in Fort McMurray, and therefore are subsequently streamed into courses for non-college bound students. As a result of these

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<sup>146</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 11.



various challenges, a large proportion of First Nation and/or Métis students drop out without completing high school.<sup>146</sup>

**Tag: Youth, Alberta**

A high school diploma or equivalent has currency in northern Alberta because it is the minimum employment entry requirement established by the large oil companies, and is a requirement for many technical and trades programs. Providing upgrading for students to complete their high school diploma or equivalent, or to gain prerequisites for further education has therefore become an important activity for Keyano, the local college. After age eighteen, Albertans must pay for upgrading their education. In addition to programs at its main campus in the City of Fort McMurray, Keyano College offers upgrading programs at five “learning centres” located in First Nation and Métis communities. Interestingly, of the 1,324 Aboriginal students enrolled at Keyano College between 2005 and 2008, 40% were enrolled in upgrading programs. Almost two-thirds of them were female, perhaps because of the more limited work opportunities for young women without a high school diploma (Personal communication, Keyano College staff, April 2008). Just over one quarter of students were sponsored by a First Nation band and 42% paid for their own education.<sup>147</sup>

**Tag: Young Women, Alberta**

Student funding access and levels are seen by interview participants as a challenge, particularly for those First Nation and Métis youth who are single parents and find it difficult to find affordable childcare. First Nation youth are eligible to apply to the federal government’s Post Secondary Student Support Program (PSSSP), although funding for

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<sup>146</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 10.

<sup>147</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 12.



upgrading is very limited from this source. Métis youth have even less access to student funding since they are not eligible for funding under the mandate of the PSSSP.<sup>148</sup>

**Tag: Youth, Alberta**

Despite the reality of many young parents, formalized childcare supports in First Nation and Métis communities, as in the city of Fort McMurray, are lacking. For example, it is often very difficult for young mothers to access educational funding or affordable daycare required to return to school. Even if a mother was able to complete her high school diploma, equivalent, or higher level of post-secondary education, available employment with industry generally involves labour, shift work, long hours and travel to plant sites. Without family support or daycare arrangements that match work schedules, it is impossible to take this on. A focus on such institutional deficits (e.g., the lack of formalized daycare and failure of employers to accommodate family life) and on factors that may lead to early parenthood (e.g., being “pushed out” of school, lacking other meaningful options) helps us to better understand First Nation and Métis youth “choices” and outcomes.<sup>149</sup>

**Tag: Young Women, Alberta**

[...] enrolments by course stream in Fort McMurray schools indicate that First Nations, Métis and Inuit (FNMI) high school students are significantly overrepresented in tracks that do not lead to post-secondary education. A First Nation educator comments:

[“]With every Aboriginal student that goes into Fort McMurray [schools], I think the individual teachers and administration see them as a potential candidate for the K and E [Knowledge and Employability]<sup>59</sup> program ... they get put into that program because they don’t do well in Grade 9 so rather than repeat Grade 9 they put them into this K and E

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<sup>148</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 12.

<sup>149</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 13.



program. ... Grade 9 is a streaming year ... They're in this program that has a huge stigma attached to it. It diminishes their self-esteem.["]

Enrolment in Knowledge and Employability courses precludes future enrolment in post-secondary education programs without significant upgrading. Further, few Aboriginal youth participate in high school programs leading to trades apprenticeships, according to a high school educator in Fort McMurray, because they do not meet the criteria based on attendance and grades. We might assume that as a result of low expectations and perceived barriers, many drop out. [...]

Another participant comments, "My niece is a grade 12 graduate. She got hired on [by a corporation] to do some computer analysis or something and then later I heard that she was doing janitorial work." Several participants in First Nation and Métis communities felt that Aboriginal youth are disproportionately channelled into "unskilled" and semi-skilled work.<sup>150</sup>

**Tag: Young Women, Youth, Alberta**

In addition to the lack of academic support for First Nation and Métis youth transitioning from outlying communities to high schools in the City Fort McMurray, several interview participants noted the racism that youth face:

"I find our children when they do go to town, they're looked down on. ... They're put to this side, okay, you're Aboriginal, you go over there. ... [My daughter] even got into a fight. She's never gotten into a fight in her life and she almost got kicked out of school. Because this girl was saying all this stuff about Aboriginal people from out there, ... and my daughter said, "How do you know us? You don't know us." " (Mother, Janvier)

A principal at a provincial school in a community that buses students to a Fort McMurray high school concurs:

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<sup>150</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. "First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions." Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 15-16.



“[T]own school’s hard on them. There’s racism, it’s hard for them to fit in. I really feel that they don’t get the kind of education, I really think it gets watered down for them because people assume they can’t do it. And it really bothers me. Very negative.” (June 2008)<sup>151</sup>

**Tag: Young Women, Youth, Alberta**

The examples above suggest that geographic location, gender, racism, family support, and socio-economic status matter for youth. In other words, their agency is bounded.<sup>60</sup> [Evans K, 2002] The examples also highlight the challenges many young Aboriginal people face. As noted above, problems often begin in small community schools where students begin to fall behind and continue or are exacerbated in town schools where the academic and racialized marginalization experienced by many Aboriginal students takes a further toll. In this context, the “choices” are difficult—one either leaves one’s home community to pursue what are perceived as better opportunities for further education and work, or one stays and tries to make a living, a choice that is increasingly difficult with industrialization and credentialization.<sup>152</sup>

**Tag: Young Women, Youth, Alberta**

However, a high school diploma is seen as the “ticket” to permanent well-paying work with the large energy corporations and this reality means that many youth later enrol in high school upgrading and training programs. The challenges at this stage include: lack of access to funding or insufficient funding levels given the high costs of living in Wood Buffalo; very limited access to college programs in communities aside from short-term upgrading; and uncertainty about the labour market value of some Aboriginal-focused programs in the region. In a situation where large corporations place great value on credentials and testing to select employees, First Nation and Métis entrants are often

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<sup>151</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 16.

<sup>152</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 17.





screened out and end up working for contractors as labourers or in other unskilled or semi-skilled work. Our interviews suggest that those who are seen by mainstream society as “successful” in employment may feel tensions around the environmental impact of their work in the oil sands industry and experience other “costs” of employment such as the need to leave their home communities, the effects of long hours/shift work on families, and, for women, gender discrimination.<sup>153</sup>

**Tag: Young Women, Youth, Alberta**

Our review of the literature on rural poverty suggests the following groups of sub-populations are most vulnerable to rural poverty: children, women (including lone parent families), immigrants, seniors, and Aboriginal people. [...] Although these populations are similar to those impacted by poverty in urban regions, due to the special nature of rural regions, the number of people in each group who are impacted likely varies between urban and rural, and the nature and magnitude of the impacts on these rural populations may also differ from their urban counterparts.<sup>154</sup>

**Tag: Youth, Women**

Many of the children, especially the girls, had no future aspirations to farm. They enjoyed the work, in some cases, but would not designate themselves as future farmers. This finding leads to the understanding that many of the girls may be raised in traditional farm families with fewer nontraditional farm employment options for their future life work. It also suggests something about the deskilling of girls. If young girls grow up on the farm with a circumvented vision concerning all the possibilities that are available for future life work then they will have many fewer life chances as adults. However, few girls were even interested in marrying a farmer. Yet, most notable in this study was the keen

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<sup>153</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 18.

<sup>154</sup> Canada. Ausra Burns, David Bruce and Amanda Marlin. *Research and Analysis – Rural Poverty Discussion Paper*. Ottawa: Canada’s Rural Partnership, 2007. Web. 5 Dec. 2011.



desire by both girls and boys to live in rural settings in their future, which suggests that a certain quality of life surrounding rural living is felt and lived by this sample of farm children.<sup>155</sup>

**Tag: Girls**

Since the farm girls are raised in a process of socialization whereby the focus of rural women's domestic role is 'first and foremost (as) wives and mothers' (Little 2002, 114), it is somewhat surprising to find that more of the females were not desirous of these roles in identifying their future role choices. Little (2002, 114) suggests that paid work is something peripheral to farm women's understanding of self and the roles that they occupy, so it is rarely identified as a primary role. Careers, too, are rarely maintained by rural farm women as they try to juggle the numerous roles that they occupy (Little 2002, 117). Perhaps, because these girls are so young and unaware of the challenges of meshing farm work with the multitude of other roles that farm women play, they fail to envision themselves in a wider range of career options. Hughes' (1997) research confirms that more young rural women have off-farm work than was to be found in the past. Agrarianism does propose very traditional images of women: 'belief in a traditional gender division of labor and the two-parent male and female as the natural household form are fundamental components of agrarianism. Within this ideology of agrarianism, women's role is defined traditionally as homemaker, wife and mother' (Naples 1994, 115).<sup>156</sup>

**Tag: Girls**

[...] young women living in rural areas may experience unique personal and external influences on their life-career plans. Several themes highlighted in the literature indicate the need for greater attention to the process of rural adolescent girls' life-career

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<sup>155</sup> Helen Cummins. "Rural Children's Perception of Life on the Land in Southwestern Ontario." *Canadian Geographer/Le Géographe Canadien* 53.1 (Spring 2009): 63-83. Web. 18 Nov. 2011.

<sup>156</sup> Helen Cummins. "Rural Children's Perception of Life on the Land in Southwestern Ontario." *Canadian Geographer/Le Géographe Canadien* 53.1 (Spring 2009): 63-83. Web. 18 Nov. 2011.



development. Firstly, young women from rural areas face the challenge of living in communities which depend more on natural resource industries. Rural areas [...] are particularly vulnerable to the economic restructuring occurring in industrialized nations. Economic dependence on resource-based industry restricts both the number and range of occupational opportunities in the goods-producing sector, and small populations in these communities limit opportunity in the service industries (Ehrensaft & Beeman, 1992).<sup>157</sup>

### **Tag: Girls, Young Women**

Up until the young person obtains a driver's license and has access to a car, they are dependent on parents' involvement.

[“]I'm stuck in the house now . . . having to wait until my parents want to go somewhere before I can go. I think that's what I don't like the most — is living out here and not being able to go places and .... I wasn't able to get a job .... [”]

[...]Participants were also aware of the lack of job and educational opportunities in town. Although half of the participants wanted to stay in the community after graduation, they saw moving away as inevitable: “... there aren't that many jobs and not that much variety ...College isn't really that great here so you pretty well have to leave your home and move away.”<sup>158</sup>

### **Tag: Young women**

Secondly, young rural women have limited access to a wide variety of role models combining work and family. Rural family members have been found to be significantly

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<sup>157</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 155. Web. 15 Nov 2011.

<sup>158</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 161. Web. 15 Nov 2011.



more traditional than urban family members, especially in gender role socialization (Astin, 1984; Conrad, 1997; Scanzoni & Arnett, 1987). Socialization that emphasizes home and family pursuits not only narrows young women's life-career options, but also puts them at a disadvantage in the world of work. The "brain drain" that occurs when talented and high wage earners leave small communities for profitable positions elsewhere deprives rural youth of the opportunity to have a variety of role models, to hear new thoughts and ideas, and to see the benefits of earning power that can be used to update the community (Tolbert & Lyson, 1992).<sup>159</sup>

**Tag: Girls, Young Women**

Thirdly, young women living in rural communities may find the negotiation of multiple life roles and demands of adulthood particularly difficult (Betz & Fitzgerald, 1987; Weitzman, 1994). In a study of adolescents' future narratives, female participants foresaw a life course consisting of a series of relational and career transitions with equal and persisting responsibility in each domain (Greene & Wheatley, 1992). It appears that young women make many of their career-related decisions, such as decisions about further education and relocation, based on how those decisions would affect their relationship with important others. [...] Given these findings, counsellors need to keep in mind that the life-career plans and decisions of young rural women may be different from their urban counterparts as a result of the geographic, social, and economic context within which they develop.<sup>160</sup>

**Tag: Girls, Young Women**

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<sup>159</sup> Blythe Shepard and Anne Marshall. "Career Development and Planning Issues for Rural Adolescent Girls." *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 164. Web. 15 Nov 2011.

<sup>160</sup> Blythe Shepard and Anne Marshall. "Career Development and Planning Issues for Rural Adolescent Girls." *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 164. Web. 15 Nov 2011.



Several young women also expressed the belief that if the community wanted their young people to stay, they would make more of an effort to provide a wider assortment of occupational, educational, and training opportunities within the community. “It might be hard and it might be expensive . . . but members of the community could offer more work experience opportunities and help get young people started in things ...” These young women view the limited educational, social, and cultural opportunities in the area as preventing them from developing all aspects of themselves. “I don’t think I’ve been able to show myself... I haven’t been able to develop my talents. ... I certainly don’t feel recognized or anything ... in my community.”<sup>161</sup>

### **Tag: Young Women**

Only 3 out of 10 First Nations children living on reserves graduate from high school. This is directly linked to the lack of funding from the federal government, as 53 First Nations communities do not have schools, and too many of the off-reserve schools that the children are eligible to attend are in need of expansion and repair.<sup>17</sup> [Blackstock C, 2009]<sup>162</sup>

### **Tag: Youth**

“No doubt, exploration work by oil and gas companies will further alter the reserve landscape in the future,” says Clifford. “But with a Forest Management Plan in place, the Chief and Council will be ideally positioned to consider all factors when making decisions in the area about proper land management.” These decisions, he adds, will factor in the need for rehabilitative projects, such as reforestation of old cutovers that originated from harvesting operations carried out in the early 1980s. Members of the Bigstone Cree Nation

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<sup>161</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 165. Web. 15 Nov 2011.

<sup>162</sup> Canadian Association of Elizabeth Fry Societies. “Young Women.” n.d. PDF File. Web. 17 Nov 2011.



have made it clear they want their forest lands to be restored to their original condition, a goal fully supported by the Chief and Council.

A primary reason for the rural out-migration of youth is the fact that many must migrate out of the RST [rural and small town] areas to pursue educational opportunities. This is evident in the high rate of net losses of RST youth 20-24. Education is important to migration not only because rural youth migrate to seek educational opportunities but also because there is a positive relationship between educational attainment [...] and migration rates. The rate of out-migration from RST areas was higher for each level of educational attainment [...]. Within each class of educational attainment, the rate of out-migration remained very similar after 1971. The exception was the most recent period (1991 to 1996) where higher RST retention (i.e. lower out-migration rates) was evident at all levels of educational attainment.<sup>163</sup>

### **Tag: Youth**

Women claim that mass media contribute directly to the lack of respect accorded to farming and to farmers. The oversimplification required by sound-bite journalism further contributes to public misperceptions about the reality of farming. Media depict farmers as being subsidized by government, when women believe that, in reality, it is farmers who are subsidizing consumers and Canada's cheap food policy. [...] Corporate advertising contributes to misperceptions about food and farming in other ways. Advertising shows farmers in expensive combines. It contributes to the often unrealistic expectation that, what we see on TV, we should have. People want the perfection that advertisers work so hard to achieve. Even in food, appearance is everything, and the cosmetic wins over quality and safety.<sup>164</sup>

### **Tag: Women**

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<sup>163</sup> Statistics Canada. Neil Rothwell, Ray D. Bollman, Juno Tremblay and Jeff Marshall. "Migration To and From Rural and Small Town Canada." Statistics Canada. *Rural and Small Town Analysis Bulletin* 3.6 (2002). Web. 15 Nov. 2011.

<sup>164</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 41.



Women see wider and deeper alienation between government policy makers and farming communities. Many government officials are male, urban and unaware of the reality of life on family farms and in rural communities. The policies that are developed, therefore, address only the issues they can comprehend. At times, these policy decisions are informed by representatives of farm organizations, commodity groups and industry that are largely dominated by males. Except for the NFU, none of the general farm organizations or commodity groups has structures or mechanisms to solicit farm women's input on farm and agricultural policy. Thus, women's interests are not adequately represented at policy consultations.<sup>165</sup>

### **Tag: Women**

Farm women are increasingly concerned with financial problems. They are overworked and stressed (Kubik and Moore 2001: 36). Regardless of the particular circumstance, women are doing more work on and off the farm, while facing increasing demand for caregiving and community voluntarism — all in the context of rural depopulation. Martz and Brueckner (2003) showed that the number of farm women working off the farm to supplement farm incomes increased by over 50 percent from 31 percent in 1982 to 49 percent in 2001. Canadian farm women with both on-farm and non-farm work commitments, work an average of 2.5 hours each day more than the average Canadian woman age 35 to 44. This additional work comes at the expense of leisure time as these women spend 2.2 hours less each day at leisure activities.<sup>166</sup>

### **Tag: Women**

Within the context of Atlantic Canada, the gendered income disparities are as telling as they are in the rest of Canada. Even given comparable educational qualifications, Atlantic

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<sup>165</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 63.

<sup>166</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. 26.



Canadian women earn “just 81%” of what men earn (p. 14)<sup>20</sup> [Colman R., 2000]. Further, “more than two thirds of Atlantic region women earn less than \$20,000 a year compared to 48% of Atlantic men” (p. 15), and “only 2% of Atlantic region women earn \$50,000 or more a year, compared to 12% of Atlantic men (and 7% Canadian women)” (p. 15)<sup>20</sup> [ibid]. The reasons for such income differences are complex, and include women’s higher rates of part-time, temporary, and on-call work which is typically paid at considerably lower rates than full-time workers (p.15) 20[ibid]. Childcare responsibilities weaken women’s position in the labour market, and some women ‘choose’ part-time work to accommodate the demands of their children and other family members, thus creating a cycle of relatively poor income, and reduced benefits, pension plans and job security<sup>30</sup> [Colman R., 2000].<sup>167</sup>

### **Tag: Women, Atlantic Canada**

According to our analysis, in virtually all provinces young people 15 to 19 years of age are leaving rural areas in greater proportions than urban areas – in part to pursue post-secondary education. While there are more complex migration patterns affecting the 20-29 age group, the net result of all migration is that the Atlantic provinces – as well as Manitoba and Saskatchewan – are net losers of their rural population aged 15-29. The problem is particularly acute in Newfoundland. In the Atlantic provinces, rural areas which fare worse than the national average – in terms of net gains of youth population – do so not because they have a higher than average percentage of leavers but rather because they are unable to attract a sufficiently high proportion of individuals into their communities.<sup>168</sup>

### **Tag: Youth**

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<sup>167</sup> Lois Jackson, Patrick McGrath, Lauranne Sanderson, Deborah Stiles and Anita Unruh. “Young Rural Nova Scotian Women: What do we know about their health—and still need to know?” Strongest Families, Bringing Health Home, n.d. PDF File. Web. 15 Nov. 2011. 5.

<sup>168</sup> Richard Dupuy, Francine Mayer and René Morissette. *Rural Youth: Stayers, Leavers and Return Migrants*. Ottawa: Statistics Canada, 2000. Web. 9 Dec. 2011.





A fourth labour market indicator which can be used to compare labour market conditions in rural and urban areas is the annual wages of full year full-time workers. Appendix Table 10 shows that women aged 20-24 who worked full year full-time and who were living in rural areas earned on average \$1,383 less than their urban counterparts in 1995, i.e. the year before 1996 Census data was collected. Since individuals living in rural areas are less educated than those in urban areas and since highly educated people generally earn more than their low-educated counterparts, part of the earnings gap may be due to differences in schooling. This is indeed the case, after controlling for individual differences in educational attainment (and in the province of residence), the earnings gap is reduced to \$558. A similar pattern is observed among women aged 25-29 and those aged 30-44. Thus, the evidence brought in Appendix Table 10 suggests that women living in rural areas do earn less than those living in urban areas.<sup>169</sup>

**Tag: Young Women**

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<sup>169</sup> Richard Dupuy, Francine Mayer and René Morissette. *Rural Youth: Stayers, Leavers and Return Migrants*. Ottawa: Statistics Canada, 2000. Web. 9 Dec. 2011. 5.



## PROMISING PRACTICES, RECOMMENDATIONS, AND WAYS FORWARD

“People construct community symbolically, making it a resource and repository of meaning, a referent of their identity” (Cohen, 1985, p. 118). Cahill and Martland (1994) noted the importance that sense of place, community attachment, environmental preferences, and social preferences played in the career choices of residents of fishing villages in Newfoundland. These authors call for career counsellors to cognize the diversity of individuals and the unique ways they interact with their particular environments.<sup>170</sup>

### **Tag: Girls, Young Women**

Because connection and attachment to others is important in rural communities, counsellors need to pay particular attention to developing relationships that help clients feel secure and willing to engage in an exploration of life-career plans. Counsellors working in rural communities must understand the community’s economy, political power structures, value systems, and changes occurring within the community. Recognition of specific contextual factors such as the client’s attachment to place would also be helpful in establishing a therapeutic relationship. In career centres, counsellors need to find ways to offer personal contact to the rural adolescents. Community members, parents, and co-op students could be involved in the centre to assist with resource access and Internet searches, in conjunction with counselling sessions.<sup>171</sup>

### **Tag: Young Women**

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<sup>170</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 164. Web. 15 Nov 2011.

<sup>171</sup> Blythe Shepard and Anne Marshall. “Career Development and Planning Issues for Rural Adolescent Girls.” *ERIC: Canadian Journal of Counselling/Revue canadienne de counseling* 34.3 (2000): 168. Web. 15 Nov 2011.



[...] [P]olicy attention is needed regarding the scarcity of affordable and available housing in the region, the lack of access to quality and affordable childcare services, transportation challenges, and the dearth of career-related services. In our view, policy responses must include actions that more holistically address the challenging transitions of First Nation and Métis youth as well as any tensions involved in their “successful” transitions. In terms of education policy, this includes addressing the academic gap between isolated northern and urban schools so that students moving to schools “in town” are better prepared. It also means ensuring that students enrol in high school courses that keep their post-secondary education options and potential as individuals open as much as possible. Further, it is evident that there is a need for school districts to provide additional supports to First Nation and Métis youth and their families when students have no choice but to leave their home communities for high school. Instead of seeking ways to move youth through the system more efficiently, policies could provide more opportunities for them to “move through the systems more slowly, to move out and then back into systems, and to reconsider their PSE decisions once they have been made.”<sup>64</sup>[Krahn & Hudson]<sup>172</sup>

**Tag: Youth, Alberta**

The Canadian Council on Learning<sup>65</sup> [Canadian Council on Learning, 2007]) promotes a vision of Aboriginal learning as lifelong, experiential, rooted in language and culture, spiritually-oriented, communal, and involving the integration of Aboriginal and Western knowledge(s). CCL [Canadian Council on Learning] recommends that schools and post-secondary institutions develop more holistic models of learning as a way to facilitate transitions for Aboriginal youth. This is an important contribution to policy discussion given the increasingly instrumental content and form of education and training in regions such as Wood Buffalo. The CCL vision is consistent with our observation that more could be done to recognize and accredit informal learning, and to develop bridging programs as a way to recognize the barriers for some Aboriginal people presented by employment requirements for specific credentials. In addition, while there have been attempts by

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<sup>172</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. “First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions.” Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 18.



corporations to encourage and accommodate Aboriginal workers, more must be done to acknowledge that inter-cultural exchange is a two-way street.

In addition to the preceding suggestions, a report based on our research<sup>66</sup> [Taylor, Friedel & Edge, 2009] emphasizes the need to frame work and learning issues within First Nation, Métis and Inuit histories and perspectives. We also need to re-think the impact of racism in the persistent gap in education and work experienced by First Nations and Métis people residing in north-eastern Alberta and elsewhere in Canada. In this, the contributions of Indigenous scholars should be seen as invaluable as is mutual engagement with First Nation, Métis and Inuit communities and community members at all stages of policy and research processes.<sup>173</sup>

**Tag: Youth, Alberta**

A small group of eight Above Average [First Nations] communities, seven of which are James Bay Cree communities, are communities where over 89 percent of the population speaks an aboriginal language at home. Another six Above Average communities have 35 percent to 75 percent of the population speaking an aboriginal language at home. A small portion of Above Average First Nations communities have between 45 percent and 55 percent of their population aged under 18. It appears that there may be more than one model for socio-economic success. It is important also to note that loss of language does not necessarily equate an absence of a distinctively aboriginal culture.<sup>174</sup>

**Tag: General**

Farm women see a strong, central role for government in ensuring future development of agricultural policies that include farm women and respond to their concerns and needs.

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<sup>173</sup> Allison Taylor, Tracy L. Friedel and Lois Edge. "First Nation and Métis Youth in Northern Alberta: Toward a More Expansive View of Transitions." Institute on Governance, 2010. PDF File. Web. 9 Dec. 2011. 9.

<sup>174</sup> Robin P. Armstrong. *Agricultural and Rural Working Papers Series Working Paper No. 46. The Geographical Patterns of Socio-Economic Well-Being of First Nations Communities in Canada*. Ottawa: Statistics Canada, 2001. Web. 17 Nov. 2011. 10.



They favour a two-pronged approach, that first reorients governmental policy development toward gender inclusion, and second, requires and supports farm organizations to become more gender inclusive.<sup>175</sup>

**Tag: Women**

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<sup>175</sup> Carla Roppel, Annette Aurélie Desmarais and Diane Martz. "Farm Women and Canadian Agricultural Policy." Ottawa: Status of Women Canada, 2006. Web. 3 Dec. 2011. x.



## SECTION 6: GIRLS’ PROGRAMS

Another need identified by the girls is girl-specific programs and places. They emphasized the importance of a confidential space where girls can discuss issues that come up without having to worry about that information becoming public knowledge.

[We need] a place for only girls after school or weekends to discuss the problems in their life, instead of being depressed.

[We need] a place to go to and have someone to talk to about problems that young women face – confidentially.<sup>176</sup>

### **Tag: Girls**

A second cohort of females and males in two rural communities tested the efficacy of gender-segregated versus gender-integrated forum formats. While both genders agreed that integrated sessions were more interesting, girls believed that some time was needed for single-sex discussions. The third round of interventions was conducted in six Atlantic communities. The first three, provided information on the value of repetition of delivery for community development, and the second three, important replication data that confirmed the findings of the first two rounds, and again, indicating the need for gender-differentiated approaches to violence prevention.<sup>177</sup>

### **Tag: Girls**

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<sup>176</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011. 13.

<sup>177</sup> Helene Berman and Yasmin Jiwani, eds. *In the Best Interests of the Girl Child Phase II Report*. Ottawa: Status of Women Canada, 2002. Web. 15 Nov. 2011. 158.



Community-based adolescent violence prevention initiatives are most successful when they are gender appropriate and sensitive to the needs of teens in gaining their own authentic voices in achieving change. Collaborative action requires training support that enables community and teen leaders to initiate, plan, and implement interventions in partnership, being aware of local needs and circumstances. Ongoing initiatives that keep the issues alive are critical to the community development component that capitalizes on the potential for changed and enhanced levels of awareness and reduced tolerance for violence in the lives of girls and young women, boys and young men. Safe spaces for girls to address the social, economic, cultural, political and personal issues in their lives that place them in positions of vulnerability to violence are required. For boys, consciousness raising and exploration through active engagement in causes and consequences of aggression and violence in their lives are needed. Then together, males and females need to join to create violence-free communities.<sup>178</sup>

**Tag: Girls**

Girls and young women in rural communities need:

- Inclusive gender-specific and co-ed programs that include young people in both design and delivery.
- Accessible youth-friendly spaces in the community. Ideally, this would be a youth centre or other designated room or building where youth are free to take part in organized and unorganized activities.
- To feel safe (no drugs, discrimination, or violence) without being under surveillance.

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<sup>178</sup> Helene Berman and Yasmin Jiwani, eds. *In the Best Interests of the Girl Child Phase II Report*. Ottawa: Status of Women Canada, 2002. Web. 15 Nov. 2011. 179-180.



- Appropriate services and supports available *in community* which can be accessed confidentially and with a high level of consistency in service delivery.<sup>179</sup>

**Tag: Girls**

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<sup>179</sup> Wyanne Sandler. “Violence Against Women and Girls: A Preliminary Report on Participatory Action Research with Girls and Young Women in Guysborough and Antigonish Counties.” The Antigonish Women’s Resource Centre, 2009. PDF File. Web. 11 Nov 2011.14.





## SECTION 7: GENERAL STATISTICS

Most rural communities have large populations of older people and children, with relatively small populations of people of working age (those between 20 and 50 years old). This age distribution is a result of the aging of the rural population, the tendency of retirees to move to rural areas, large family sizes and the migration of rural youth to urban centres. The cultural and linguistic make-up of rural Canada includes official language minority communities, a small immigrant population and more than half of Canada's 1.4 million Aboriginal people – First Nations, Inuit and Métis people.<sup>180</sup>

In terms of net migration, RST [rural and small town] areas were net losers of youth (under 25 years of age) but net gainers of individuals in all age classes from 25 to 69 years of age (Figure 5). Thus, RST areas appeared competitive in attracting migrants in all age classes from 25 to 69 years of age. Note that there was a small but noticeably higher rate of RST in-migration for individuals who may be classified as “early retirees” (in the 55 to 64 year age classes) as compared to those aged 35 to 54. For individuals 70 years of age and older, more individuals moved out of RST areas than moved into RST areas, although the net rates of migration were relatively small on average.<sup>181</sup>

Children and youth, however, account for a relatively large of the population in rural areas. In 1996, people under the age of 20 made up 34% of the population living on farms, compared with 28% of those living in non-CMA [Census Metropolitan Areas] urban areas and just 26% of those in CMAs.<sup>182</sup>

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<sup>180</sup> Canada. Ministerial Advisory Council on Rural Health. *Rural Health in Rural Hands: Strategic Directions for Rural, Remote, Northern and Aboriginal Communities*. Ottawa: Health Canada, 2002. Ministerial Advisory Council on Rural Health. Web. 6 Dec. 2011. 1.

<sup>181</sup> Neil Rothwell, Ray D. Bollman, Juno Tremblay and Jeff Marshall. “Migration To and From Rural and Small Town Canada.” Statistics Canada. *Rural and Small Town Analysis Bulletin* 3.6 (2002). Web. 15 Nov. 2011. 8.

<sup>182</sup> Canada. Statistics Canada. *Children and Youth in Canada*. Ottawa: Statistics Canada, 2001. Web. 29 Nov. 2011. 3.



In 2001, 20.6% of the Canadian population was considered rural, down from 22.8% in 1991. The proportion of the population that was rural varied greatly across the provinces and territories of Canada. Fully 100% of the Nunavut population was rural and between 30% and 55% of the populations in the Northwest Territories, the Atlantic provinces, Saskatchewan, and Manitoba were rural. British Columbia and Ontario had the smallest rural proportional populations in the country (13.8% and 13.0%, respectively). The proportional rural populations in Quebec, Alberta, and the Yukon most closely resembled the national average (at 21.5%, 24.6%, and 25.4%, respectively). Quebec, Ontario, Alberta, and British Columbia contributed the largest share to the total Canadian rural population, with nearly seven in ten rural Canadians residing in one of these four provinces in 2001.<sup>183</sup>

The share of the population that is Aboriginal increases as the level of urban integration decreases (i.e., as we move from Strong MIZ through to No MIZ zones)\*. Aboriginal representation increased in virtually all geographic zones between 1996 and 2001, but most dramatically within No MIZ zones. By 2001 36.6% of the total population of Canada's No MIZ zones self-identified as being Aboriginal (compared to the rural total of 7.9%). No MIZ zones\* contain the largest share of Aboriginal identity individuals and Strong MIZ zones the smallest share in every province and territory, except Prince Edward Island. Of the provinces, No MIZ zones within Ontario, Manitoba, and Alberta had the largest proportional Aboriginal populations in 2001 (67.5%, 55.6%, and 49.8%, respectively).<sup>184</sup>

\*[The four rural categories are referred to as MIZ zones, which is short for Census Metropolitan Area and Census Agglomeration Influenced Zones. The MIZ zones are Strong, Moderate, Weak, and No MIZ, with each progressively approximating a greater degree of 'rurality.']

Statistics show that many rural communities in Nova Scotia have decreasing populations. For example: the highest out-migration age bracket is youth aged 18-24.<sup>2</sup> [Nova Scotia

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<sup>183</sup> Canada. Canada's Rural Partnership. *National Rural Profile: A Ten-Year Census Analysis (1991-2001)*. Ottawa: Canada's Rural Partnership, 2005. Web. 4 Dec. 2001.

<sup>184</sup> Canada. Canada's Rural Partnership. *National Rural Profile: A Ten-Year Census Analysis (1991-2001)*. Ottawa: Canada's Rural Partnership, 2005. Web. 4 Dec. 2001.



Community Counts] Nova Scotia currently is the province with the highest percentage of seniors and the lowest percentage of youth.<sup>3</sup> [Statistics Canada] Between 1996 and 2003, Nova Scotia saw a decline of 23% in both the child and parent age groups.<sup>4</sup> [Nova Scotia Community Counts.]<sup>185</sup>

In Canada's rural and small town areas in 2006, immigrants accounted for 5.3% of the population, numbering 312,555 individuals [...] Most immigrants in the rural zones are well established pre-1986 immigrants (3.7% of the total population) while those who arrived later make up a much smaller share (1.6% of the total population). [...] In every province, recent immigrants were more prone to migrate into and out of rural areas during the 2001 to 2006 period, compared to the overall Canadian population. [...] New immigrants (who arrived between 2001 and 2006) constituted a significant share of the 2006 population in some rural regions, such as the regions around Winkler and Steinbach in Manitoba and Fort McMurray in Alberta.<sup>186</sup>

At the provincial level, rural and small town regions of British Columbia, Alberta and Ontario have net in-migration. Quebec, Manitoba, Saskatchewan and Newfoundland and Labrador have net out-migration. Migration has little overall effect on the rural and small town populations of Nova Scotia, Prince Edward Island and New Brunswick.<sup>187</sup>

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<sup>185</sup> HeartWood Centre for Community Youth Development. "Putting Teens at the Top of Rural Communities through Volunteerism, Civic Engagement, Employability and Entrepreneurship." HeartWood Centre, n.d. PDF File. Web. 13 Dec. 2011. 6-7.

<sup>186</sup> Roland Beshri and Jiaosheng He. *Immigrants in Rural Canada: 2006*. Ottawa: Statistics Canada, 2006. n.p. Web 19 Dec. 2011.

<sup>187</sup> Neil Rothwell, Ray D. Bollman, Juno Tremblay and Jeff Marshall. "Migration To and From Rural and Small Town Canada." Statistics Canada. *Rural and Small Town Analysis Bulletin* 3.6 (2002). Web. 15 Nov. 2011. 12.



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## APPENDIX A

The following is a list of key words that were used in searching for relevant research. Words were often combined in various ways to yield the greatest amount of results.

Girls

Young women

Women

Youth

Rural

Canada

LGTBIQ, LGTB, LGBTTTIQQ

Lesbian

Trans/gender/sexual

Two-Spirit

Health

Sexual Health

Mental Health

Violence/prevention

Racialized

Of Colour

Indigenous

Aboriginal

Immigrant



Disab/abled/ility

Social Capital

Community/engagement

Leadership