

A PRELIMINARY LOOK AT AGGRESSIVE AND VIOLENT BEHAVIOUR IN ABORIGINAL ADOLESCENT GIRLS

KIM A. VAN DER WOERD
'NAMGIS FIRST NATION
SIMON FRASER UNIVERSITY

DR. DAVID N. COX
SIMON FRASER UNIVERSITY

TRICA McDIARMID
TR'ONDEK HWECH'IN FIRST NATION
UNIVERSITY COLLEGE OF THE FRASER VALLEY

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ABSTRACT

Rates of aggression in adolescent girls are increasing, and Aboriginal adolescent girls are particularly at risk. No single variable has been found to predict involvement in aggressive or violent behaviour as either a victim or perpetrator. When conducting research with Aboriginal communities, it is particularly important to first consider historical context, and then review unique individual, school, family, and community factors related to aggressive and violent behaviour. The intention of this paper is to develop a proposal for future research on violent behaviour for Aboriginal adolescent girls. Therefore, this paper reviews data from the *Raven's Children* report, which is based on data from the McCreary Centre Society's Adolescent Health Survey (AHS) II. In 1998, the AHS II was administered to over 26,000 youth attending school in the province of British Columbia, of whom 1707 participants (45 percent male, 55 percent female) identified themselves as Aboriginal. An encouraging finding was that the majority of Aboriginal girls rated their health as good or excellent. Aboriginal girls who experienced harassment or abuse demonstrated significantly higher levels of emotional distress. A limitation of this study was that the AHS II did not specifically address issues from the perspective of the perpetrator. However, we did gain insight into factors related to being a victim of aggressive or violent behaviour. Future directions for research are discussed.

INTRODUCTION

Despite small reductions in criminal behaviour in Canada, the crime rate is 400 percent higher than it was in the 1960s. This figure may be somewhat of an understatement, as many crimes such as abuse and violence towards women are not reported (Health Canada 2004a). Although little attention has been paid to aggressive behaviour among girls, there is growing evidence that adolescent girls are increasingly involved in violent and aggressive acts both as victims and perpetrators (Moretti, Odgers, and Jackson 2004). The rate of violent crime among girls in Canada increased three-fold during the late 1980s and early 1990s. However, it is important to note that while the percentage of adolescent girls participating in violent acts has increased, adolescent boys are still more likely to be involved in violent behaviour (Health Canada 2004c). The issue of violence is particularly important in Canadian Aboriginal communities where the single most important health issue related to morbidity and mortality is involvement in violent acts (Health Canada

2004b). In addition, when historical and social contexts are considered, it is apparent that Aboriginal adolescent girls are particularly at risk for engaging in aggressive behaviour. That said, there is a paucity of academic research that focuses on health and delinquency issues in Aboriginal populations (van der Woerd and Archibald, in preparation). This paper will begin with the definition of relevant terms, briefly review historical and social events that have influenced Aboriginal communities, and consider a literature that has focused on aggressive behaviour in adolescent girls. This is followed by a presentation of data from the *Raven's Children* report which was based on the Adolescent Health Survey (AHS) II administered to British Columbia (BC) adolescents by The McCreary Centre Society. The purpose of this analysis was to gain some insight into issues for Aboriginal adolescent girls by looking at the prevalence of aggressive behaviour including related factors such as mental health issues and other delinquent or health promoting behaviours. It should be noted that this paper represents initial understandings and it is intended to serve as a proposal for more in-depth analysis. The purpose of this paper is to explore factors that correlate with aggression in Aboriginal girls, so these correlates can be further analyzed in future studies.

DEFINING KEY TERMS

To gain a deeper understanding of aggressive or violent acts by an adolescent girl, it is important to agree on terminology. *Aggressive* behaviour is any demanding or intrusive behaviour that has an adverse effect on others (e.g., name calling, taunting, or verbal threats). Aggressive behaviour can be direct (yelling, destroying personal property, insulting), or indirect (gossiping, ignoring, spreading false rumours). It has been found that girls engage in indirect aggression at a higher rate than boys (Health Canada 2004c). *Violence* differs from aggressive behaviour by involving physical force. Generally speaking, boys have been found to be more likely to engage in violent acts, but involvement in violent acts by girls is increasing both directly and indirectly (e.g., influencing a boy to engage in the violent act on her behalf) (Health Canada 2004c). Finally, the term *bullying* is used to define behaviours that seek to control or exert power over others through aggressive actions such as name calling, gossiping, or threats directed at a victim. Girls who bully are more likely to engage in non-physical harassment than boys, and have been reported to be increasingly involved in harassment via the internet (Health Canada 2004c).

HISTORICAL AND SOCIAL CONTEXT

Aboriginal people in Canada have experienced a history of colonization and oppression that continues to have an effect today (Kelm 1998). In order to understand current multifaceted problems, Aboriginal researchers must include historical and contextual analysis, as current behaviours have been influenced by previous government policies (Guno 2001, Smith 1999). This section will briefly highlight key historical events.

Colonization has had a long-lasting negative impact of identity loss, oppression, and subjugation. In 1815, a policy intending to civilize Aboriginal people was adopted. This policy came to represent an important aspect of the Euro-Canadian-Aboriginal relationship. A reserve system for land use was conceived, and by 1850, an alliance between the Canadian government and churches facilitated the expansion of boarding schools and industrial schools. The government thought that removing Aboriginal children from their culture, uncivilized parents, and diseased homes would expedite the assimilation process (Tobias 1976). This residential school system was conducted under the guise of a humanitarian effort to save, protect, and assimilate Aboriginal people. However, residential schools did not preserve the health of the child, as morbidity and mortality rates actually increased (Kelm 1998). In addition, the emotional health of the child, family, and community was also negatively affected (Nuu-Chah-Nulth Tribal Council 1996). Children were forcibly removed from their homes, siblings, parents, extended families, communities, and traditional territories. As a result, they experienced physical and cultural dislocation and separation from family traditions. The loss of identity also caused a loss of self-respect, created decreased expectations, and alienated them from their culture. Children learned inappropriate behaviour patterns, and became disrespectful of “ignorant parents” and traditions. In addition, the residential school concept wreaked havoc on the emotional well being of families and communities as they dealt with the grief and loss of not only their children, but the continuation of their cultural traditions.

Aboriginal children raised in the residential school system, rather than being raised by their own parents, acquired few parenting skills for use when they became parents. Additionally, these children learned abusive behaviours from residential school teachers (Nuu-Chah-Nulth Tribal Council 1996). Colonization also dramatically changed the role of women. Prior to European contact, Aboriginal communities were predominantly matriarchal. With the advent of colonization, the status of women and their role in the

community diminished significantly (Health Canada 2004b). These historical events and policies have contributed to higher levels of emotional distress, substance use, and incarceration, and lower levels of educational achievement and socioeconomic status in Aboriginal peoples (van der Woerd and Cox 2003). Furthermore, factors such as the loss of culture, lack of parenting skills, and the influence of alcohol have contributed to identity confusion, boredom, frustration, and increased involvement in aggressive behaviours by Aboriginal girls (Health Canada 2004c).

LITERATURE REVIEW

There is no single variable that explains why a girl would engage in aggressive or violent behaviour. Rather, many maladaptive behaviours have overlapping risk and protective factors on both the individual and systemic level (Barton, Watkins, and Jarjoura 1997, Health Canada 2004c). This section will include a brief review of some of the factors associated with aggressive or violent behaviour in adolescent girls, including the available literature on Aboriginal girls.

At the individual level, proposed risk factors for aggressive behaviour have included the influence of gender, popularity issues, personality factors, experiences of abuse, bonding with antisocial peers, poor academic achievement, and substance abuse (Battin-Pearson et al. 2000, Health Canada 2004c, White 1999). Also, a girl with aggressive tendencies who witnesses male domination over females may consequently view women as deserving of abuse. Additionally, a young girl may view other girls as competition for the attention of a male or authority figure (Artz 2000).

The social network of adolescents is very influential in determining their behaviour. Socializing with peers who engage in delinquent behaviours will increase the likelihood that an adolescent girl will engage in aggressive behaviours simply because opportunities to do so will present themselves more often (Health Canada 2004c). Interestingly, girls are more likely to be rejected by their social network when they engage in aggressive behaviour (Leschied et al. 2000). Conversely, a girl may engage in aggressive or violent behaviour in an attempt to obtain validation from a group who previously rejected her, or others (Ashford 2000). Finally, girls have been found to be more attracted to participating in violent or gang behaviour when they come from economically disadvantaged homes or communities, have low self-esteem, or they are seeking revenge (Joe and Chesney-Lind 1995).

Adolescents who were at risk for problems with school authorities are more likely to have displayed early conduct difficulties such as oppositional or antisocial behaviour. Consequently, these youth were more likely to have affiliations with antisocial peers, and thus, reduced commitment to educational achievement. Interestingly, there were no differences found between male and female participants, because the developmental processes were the same when early conduct difficulties were present (Fergusson and Horwood 1998). In addition to conduct disorder, aggressive or violent young girls were more likely to have been diagnosed with anxiety disorders, depression, and attachment disorders (Leschied et al. 2000, Zoccolillo and Rogers 1991).

According to Artz (1998), young girls who have been abused or victims at some point are more likely to engage in aggressive behaviour. Additionally, it has been found that young girls who are violent often have chronic drug problems (Auditor General of British Columbia 2000). Finally, aggressive behaviour has been linked to the experience of racism. Racism has resulted in the dehumanization of Aboriginal people (e.g., portraying Aboriginal women as "squaws"). Thus, many Aboriginal people have internalized or have come to believe these humiliating images culminating in feelings of shame, rejection, and anger (Health Canada 2004b).

There are many factors that affect aggressive behaviours in schools. Poor academic achievement has been found to be related to low self-esteem, depression, hopelessness and suicidal ideation, and low expectations for success (Jessor, Turbin, and Costa 1998, Thompson and Eggert 1999, Ystgaard 1997). In addition, academic failure, truancy and school misbehaviour were found to be associated with poor school attitudes, and increased cigarette and alcohol use during adolescence (Bryant et al. 2000, Swaim and Beauvais 1997). Girls who experienced social rejection at school, or who had learning disabilities were found to be more likely to engage in aggressive behaviour (Whitcomb 1997).

Baer (1999) describes adolescence as a crucial period for the emergence of a number of problems such as delinquency, lowered social competence, and decreases in academic performance, all of which correlate highly with negative experiences in the family environment. In general, the literature indicates that cohesive or highly connected families appear to provide adolescents with emotional support and security (Berdondini and Smith 1996, Wentzel and Feldman 1996). Conversely, when there is low family cohesion, a parent with a mental disorder, family violence, inconsistent and poor parent-

ing skills, substance abuse, or violence between siblings, an adolescent girl is more likely to engage in aggressive behaviour (Leschied et al. 2000).

There are many factors that affect aggressive behaviours at the community level. Aboriginal youth continue to experience additional challenges including geographical isolation, high rates of unemployment, restrictive policies regarding the use of natural resources such as fish and lumber use, poor economic conditions, and administrators or teachers who have negative attitudes toward youth at risk (Kortering and Braziel 1999, van der Woerd 2002). Chandler and Lalonde, (1998) found that Aboriginal communities in BC that have taken initiatives to restore their culture in the areas of self-governance, land claims, education, health, cultural facilities, and police and fire services experienced lower rates of suicide in their youth. Many solutions have been suggested at the community level, such as mentorship programs, or "comprehensive community initiatives" which would include a collaborative partnership between citizens, primary institutions, service providers and public officials in promoting the health and well-being of adolescents and their families (Barton et al. 1997, Blechman 1992). In order to understand aggressive or violent behaviour for Aboriginal adolescent girls, it is again important to understand the historical context, along with factors at the individual, family, school, and community levels. The AHS II is a comprehensive survey capable of exploring such factors. At this point, it is only possible to review what is currently published. As there is a lack of research that focuses on issues specific to Aboriginal adolescent female aggression, the next section will consider data relevant to this population.

METHOD

PARTICIPANTS

In 1998, the McCreary Centre Society administered the Adolescent Health Survey II to over 26,000 adolescents from 44 of 59 school districts attending high school throughout the province of British Columbia (Tonkin et al. 2000). The McCreary Centre Society is a not-for-profit organization committed to improving the health of BC youth through research, information, and community-based participation projects. This paper considered data from the 1,701 adolescents who identified themselves as Aboriginal.

INSTRUMENT

The AHS II is a 127-item self-report survey. The AHS questions look at the following topics: demographic information, connection to school and fam-

ily; self-rated physical health status, illness and disabilities; emotional health, suicide risk, help-seeking behaviours, sexual activity; experience of abuse, harassment, or violence; drugs, alcohol, and tobacco use; involvement in physical fights; and weapons carrying.

For the purpose of this paper, aggressive behaviour will be defined as the experience of harassment or threats. Violence will be defined as involvement in physical fights, or experience of assault (physical or sexual). It is important to note at the outset that this data provides information from the perspective of the victim, and not on the experience of the perpetrator.

RESULTS

Of the 1,707 Aboriginal youth in grades 7-12 who participated in the AHS II, 55 percent were female. Data analysis will focus on Aboriginal girls specifically unless otherwise specified. It should also be noted that as this paper is a proposal for further research with AHS data, the authors limited themselves to data contained in the *Raven's Children* report. As such, it was not possible to present parametric analysis. Most Aboriginal youth (84 percent) reported that their physical health was good or excellent (both boys and girls). In total, 46 percent of the Aboriginal girls reported that they were overweight, but 57 percent of the girls reported that they were trying to lose weight. In addition, Aboriginal girls reported poorer emotional health than Aboriginal boys (Tonkin et al. 2000).

Again, aggressive behaviour was defined as the experience of threats or harassment. The AHS II provided data on victim experience, but did not include data when the participant was the perpetrator of aggressive behaviour. In total, 60 percent of the girls reported that they had experienced verbal sexual harassment at least once in the past year, and 65 percent reported that they experienced verbal harassment at least once in the past year at school. It is unclear whether a male or female perpetrator was involved. Given the relationship identified between aggressive behaviour and the experience of discrimination, it is important to note that 17 percent of the boys and girls reported discrimination due to race/skin colour in the past year.

The AHS II provides data on whether the participant was a victim of violent behaviour, and also documents involvement in physical fights. However, we are unable to determine whether the participant was the perpetrator, victim or equal partner in the fight. In total, 31 percent of the girls reported they had been victims of physical abuse, and 28 percent reported they were

victims of sexual abuse. When considering physical fights, 29 percent of the girls reported they had been in a fight at least once in the past year.

DISCUSSION

It is important to remember that the intention of this paper is to explore issues related to violence and aggression in Aboriginal girls as there has been very little research focusing on this matter. While this data has provided a glimpse into the experience of being a victim for Aboriginal girls, it does not provide information on the part played by the perpetrator.

A significant number of Aboriginal girls reported being the recipient of verbal or physical aggressive or violent behaviour, including sexual harassment or abuse. We are unable to determine whether these girls or the perpetrators believed that women were deserving of this behaviour. While the definition of aggression or violence does not include the concept of discrimination or racism, there is evidence that Aboriginal women who have experienced racism are more likely to be aggressive (Health Canada 2004b). In this situation, many Aboriginal girls reported that they had experienced discrimination due to race/skin colour or for their appearance. Leschied et al. (2000) found that aggressive girls were often diagnosed with anxiety or depression. The AHS included a scale to measure emotional health and it was found that Aboriginal girls did experience lower levels of emotional health than Aboriginal boys. It was also evident that girls who experienced physical or sexual abuse, or verbal or physical sexual harassment experienced lower levels of emotional health. Again, it is impossible to conclude whether these girls are the perpetrators of aggressive behaviour; however, this is possible, particularly if these girls have also experienced physical abuse, negative experiences with peers or at school, and have substance abuse issues.

How should we interpret these results? Health Canada (2004b) has reported that the experience of violence is an important health factor related to morbidity and mortality for Aboriginal communities. Additionally, involvement in aggressive or violent behaviours has been increasing for Aboriginal adolescent girls. Furthermore, experience of abuse, substance abuse, and negative mental health issues have been related to increased involvement with aggressive or violent behaviour. Based on the factors identified by Health Canada (2004b) it has been assumed that some of the girls in this sample have had some involvement as perpetrators. We know that 29 percent of the girls were involved in a physical fight in the past year; we do not know wheth-

er they were the instigator or victim. Nonetheless, it is clear that there are many variables that predict involvement in aggressive and violent behaviours on many different levels and there is evidence from this sample that some of the girls display the behaviours associated with participation in aggression.

How then does the role of history affect these girls? The *Raven's Children* report did not specifically address questions pertaining to historical context, and it will be important to consider history in future work with Aboriginal girls. It is necessary to include historical context, to understand how history is operationalized, and to examine the role of history for Aboriginal people. With this information we can effectively use history as a solution (Smith 1999; van der Woerd and Cox 2003).

Today's Aboriginal adolescents often have parents who have not had the opportunity to confront their own mental health issues. Thus, many Aboriginal adolescent girls may lack positive role models. In addition, experiencing racism often leads to identity confusion, anxiety, an early sense of failure, and learned helplessness. However, there are a number of factors that can contribute to resilience in this special population. Protective factors include high levels of family cohesion, good communication skills, a healthy self esteem, and effective anger management skills. This can be achieved through having a close relationship with a caring adult, having a strong cultural identity, knowing successful Aboriginal adults, and having access to relevant support services.

LIMITATIONS

The results discussed in this paper were limited by several factors. The first limitation was related to the overall purpose of this paper. This paper was prepared as a proposal for presentation at the Canadian Institute for Health Research, Institute for Aboriginal Health Annual Graduate student meeting where papers were presented on any stage of the research development process. The McCreary Centre Society has been generous in allowing access to their Adolescent Health Survey data bases for graduate students, but there is a specific process in gaining access to the data. A formal proposal must be prepared, and this paper is part of such a proposal for further analysis.

Second, the data were based on a self-report measure which could be inaccurate for several reasons. The participants may have been subject to the social desirability bias. The participants may have perceived demand characteristics and responded according to what they thought the organization

or school wanted to hear despite having been told that the results were anonymous. Finally, participants may have had errors of memory.

This paper only focused on responses of Aboriginal girls and did not consider comparisons with other ethnic groups or mainstream youth. Furthermore, this paper did not consider input from parents, teachers, Elders, or other important community members. To that end, we could not validate these girls' responses with input from other records or individuals.

A non-response bias may have been present, in that some youth simply refused to participate, indicating that they had been "surveyed enough," or that they purposely skipped class on the day of administration. In addition, the *Raven's Children* report did not include information from youth who dropped out of school, a segment of the population who may have a different health profile due to the protective nature of attending school (Tonkin et al. 2000, van der Woerd and Cox 2003). Another limitation was related to sampling bias by way of the measurement instrument. The AHS II included questions that may not have been understood by the participants, thereby affecting the interpretation of responses. These sources of bias impose limitations and may make it difficult to generalize the findings.

Finally, there are many individual factors in the literature that we were not able to replicate based on the questions posed in the AHS II, such as gender or personality issues. The AHS II was successful in determining a profile for adolescent girls who were victims of aggressive or violent behaviour, but not for girls who were perpetrators. Based on previous findings, we can speculate that some of the girls in this sample participated as perpetrators, but we cannot say this definitively. Nonetheless, data from the *Raven's Children* report has provided a unique look at some of the important associations for aggressive behaviour in Aboriginal girls.

FUTURE DIRECTIONS

The intention of this paper was to evaluate factors related to aggressive behaviours in Aboriginal girls and propose future research considering the individual, school, family, and community level with more sophisticated data analysis. For example, did the girls who experienced harassment or abuse engage in more physical fights? Was emotional distress associated with involvement in physical fights? How did alcohol and drug use affect victim or perpetrator behaviour? Was discrimination or the experience of racism associated with abuse, substance abuse, or physical fights? Did peers influence violent or aggressive behaviour? What role did family connection play in the experience

of aggression or violence? The issue of aggression is multifaceted and the list of questions to be answered is lengthy. The goal of this paper was to begin to better understand the perspective of Aboriginal girls using the unique *Raven's Children* report data. That said, future research should focus on factors related to participating in aggressive or violent behaviour on the part of the perpetrator so that we can appreciate their distinct perspective and help move them toward decreasing involvement in aggressive behaviour.

CONCLUSIONS

Efforts to address or prevent aggressive or violent behaviour among Aboriginal adolescent girls should include the individual, school, family, and community levels. On the individual level, building self-esteem and levels of capacity and responsibility is important, along with fostering a strong sense of self-identity and cultural identity (Health Canada 2004b). On the school level, encouraging teachers and staff to project positive expectations for their students and to foster individual achievement and growth would be beneficial (Health Canada 2004b, van der Woerd and Cox 2003). At the family level, ensuring the presence of at least one supportive and caring adult or role model, and assisting in the development and perseverance of positive parenting skills would be useful (Health Canada 2004b). The whole community stands to benefit when children are well-adjusted and healthy. Chandler and Lalonde (1998) have outlined community factors promoting the underlying principle of self-determination as the key to improved mental health.

By beginning to better understand issues specific to Aboriginal adolescent girls, it is our hope that we will have the opportunity to develop and implement appropriate interventions on many levels that will serve to improve the wellbeing of, and reduce aggression and violence in, Aboriginal communities.

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