

USING A RESILIENCE FRAMEWORK TO UNDERSTAND ABORIGINAL
PARENTING PRACTICES IN AN URBAN ABORIGINAL COMMUNITY

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Abstract

Aboriginal communities in Canada have been portrayed as showing maladaptive parenting practices. Urban Aboriginal women now make up the majority of Aboriginal women in Canada, and research shows that they may face additional challenges, yet there is little understanding of the risk and protective factors at play. This exploratory study examined the parenting styles of urban Aboriginal women with the aim of gaining a better understanding of culturally determined protective factors. Eighteen Aboriginal mothers provided qualitative and quantitative data. Results suggest that being strongly affiliated with the Aboriginal culture can act as a protective factor. A greater connection to the Aboriginal culture was associated with lower levels of stress, higher levels of perceived social support and increased positive parenting practices. Cultural affiliation was also associated with more optimal childhood outcomes. Further research needs to replicate these findings and investigate cultural traditions, and how they positively influence Aboriginal parenting.

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Using a Resilience Framework to Understand Aboriginal Parenting Practices
in an Urban Aboriginal Community

Moving From a Deficit Model to a Resilience Model in Aboriginal Parenting

The importance of competent parenting for child development outcomes has long been demonstrated (Biringen et al., 2000; Easterbrooks et al., 2008; Sumner & Spietz, 1995). What competent parenting looks like, however, is debatable and must be questioned given that parenting research has, until recently, been conducted primarily within western, euro-centric cultures (Neskoway et al., 2007). As a result, parents from diverse cultures may be at a disadvantage when they are assessed using a “mainstream lens”, with expectations and standards that may be ill suited to capturing the quality of parenting in alternative contexts. Aboriginal parenting may be one such context.

The literature on parenting has a history of viewing Aboriginal parenting practices through a deficit lens (Pooyak & Gomez, 2009). Aboriginal communities have frequently been portrayed as showing maladaptive and neglectful parenting practices that provide insufficient sustenance for positive child development (Cochrane, 1992; Pauktuutit, 2012). Support for this deficit model has come from data showing a disproportionate number of Aboriginal children in the Canadian welfare system (Harris et al., 2007; Trocmé et al., 2004). In Canada, an estimated 40% of children in the child welfare system are of Aboriginal descent, with several provinces and territories registering rates as high as 80%, while only 4.3% of the Canadian population is Aboriginal (StatsCan, 2011; Trocmé et al., 2004). Past research, in attempts to elucidate this significant over-representation, has paid little attention to culturally sanctioned parental values and motivations and their associated strengths. It is unusual in a culture where children are

valued highly and rearing involves the entire community that children would be deemed neglected by parents and communities (Pauktuutit, 2012). Given the many apparent discrepancies between mainstream versus cultural practices, current policies, and welfare statistics, it is critical that additional considerations of Aboriginal parenting practices be assessed, preferably from a perspective that also honours culture-based resilience. Indeed, Aboriginal parenting practices, child outcomes and culturally determined protective factors must be better understood before they can be evaluated in accordance with mainstream North American parenting styles. Thus, the proposed research aims to take a strength-focused perspective to the study of parenting in urban Canadian Aboriginal women and their young children. Specifically, this study will explore how coping behaviours, in the context of multiple stressors that are based in historic and environmental challenges, may be conceptualized as resilient and health seeking, when supported in culturally appropriate ways. A strength-focused examination of Aboriginal parenting may allow for better recognition of how the family system strives for health and positive development in spite of adversity. Identifying functional adaptations leading to resilience and positive child outcomes should be helpful to both researchers and clinicians who are interested in optimally supporting Aboriginal families and children in their development.

To explore Aboriginal parenting from a resilience-focused perspective, this study will apply a theoretical framework based on the Allostatic Stress Calibration Model (Ellis et al., 2012). This model offers a new lens into how families cope with and respond to stress. The model proposes that individuals are continuously calibrating their stress response system in order to achieve adaptation to what may be a challenging

environment. Family systems inherently seek to acclimatize to novel stressors, thus accomplishing stability or allostasis (Ellis et al., 2012). This type of stress calibration may help to explain why coping and resilience develop in some children growing up in adverse conditions, and why parents who are challenged by many stressors may still manage to provide adequate parenting. Calibration and the potential for positive outcomes may continue until the stress load becomes too overwhelming.

The subsequent sections will outline both historic and current challenges facing Aboriginal peoples and family systems, and will discuss the resilience and adaptation demonstrated in these communities. Resilience, specific to the mother-child relationship, will be examined with an exploration of why the construct is an important avenue for research in an urban Aboriginal community.

Historical Trauma and Parent-Child Separation

Aboriginal populations deal with more significant hardships compared to non-Aboriginal Canadian populations (NCCAH, 2010). It is often suggested that many of these adversities stem from misguided governmental policies, a history of oppression exemplified through residential schools, and the introductions of addictive substances into Aboriginal communities (Mandell et al., 2003). Aboriginal communities were subjected to historic traumas that led to persistent social and psychological consequences, which are still having an influence today. One such trauma is the residential school experience. Residential schools were implemented by the Canadian government as a system of forced assimilation (Smith et al., 2005). Over 100,000 Aboriginal children and adolescents resided in residential schools between the mid 1800's and the late 1990's, with the last residential school closing in 1996 (Health Canada, 2012; AANDC, 2010).

Residential schools were typically located in remote locations (Pauktuutit, 2012), with mandated attendance driving separation of the children from their families during a prime childhood and adolescent developmental period. The schools aimed to acculturate Aboriginal children to mainstream Canadian ideologies and behaviour. Children were required to speak English and were prohibited from speaking their native languages, often through the use of abusive discipline (King, 2006). Aboriginal children were not allowed to practice any form of cultural or spiritual traditions and beliefs (Smith et al., 2005; King, 2006; AANDC, 2010). At the time, the goal of the Canadian government was essentially to eradicate Aboriginal culture and thought (King, 2006).

The intergenerational transmission of trauma, originating with the family separations and the children's subsequent experiences in residential schools has repeatedly been noted and studied (AANDC, 2010). Negative self-perceptions and dissociation from cultural identity, both stemming from the teachings of the residential schools, have been demonstrated in subsequent and current generations (Smith et al., 2005). One Aboriginal woman said, "When I was younger I used to talk about how my family had lost that culture, but the reality is that my identity was stolen, it didn't just come spontaneously from my family. That stuff was instilled, and it's been instilled in many Aboriginal people in Canada. It was a systematic attempt to whitewash Aboriginal families. It's really sad" (Best Start Resource Centre, 2012, pg. 18). Repercussions from these traumas are likely still evident today in Aboriginal parenting styles and in the socio-emotional bond between Aboriginal child and parent (Smith et al., 2005).

Current Hardships Facing Aboriginal Families

In addition to historical trauma, currently, Aboriginal populations experience continued challenges. The rates of poverty, substance abuse or dependency, and overcrowded housing are statistically higher in Aboriginal communities than in the rest of the country (NCCAH, 2010; Trocmé et al., 2004). Aboriginal families are twice as likely to be relying on social assistance in comparison to other Canadian families (MacLaurin et al., 2005). Childbearing age in some communities, Nunavut for example, is significantly younger than in the rest of Canada (HRSDC, 2006). Additionally, significantly more Aboriginal children are being raised in single parent homes (HRSDC, 2006).

A major issue currently facing Aboriginal children is their overrepresentation in the child welfare system (Trocmé et al., 2004). Aboriginal children are more likely to encounter child abuse, largely in the form of child neglect, and to be placed into child welfare systems (Pauktuutit, 2012; Roy et al., 2005). It is estimated that there are currently three times more Aboriginal children in child protective services across Canada than there were Aboriginal children in “outsiders” care in the height of the Residential school systems in the 1940’s (Blackstock & Trocmé, 2005). Though it is unclear what is leading to this overrepresentation, some postulate that discrepancies between Aboriginal mothers’ parenting practices and more traditional North American parenting practices may be at fault (Harris et al., 2007). Economic, contextual and historical hardships that parents are facing are often not sufficiently accounted for when Aboriginal women are faulted for providing insufficient childcare (Harris et al., 2007). Recently, scholars have been proposing that governmental and organizational decisions imposed by outsiders to the Aboriginal community are partially responsible for the increased risk with which Aboriginal children are presumably faced (Blackstock & Trocmé, 2005).

Resilience and Community Approaches to Parenting

Notwithstanding numerous adversities, there is tremendous resilience and strength to be found in Aboriginal communities and Aboriginal approaches to parenting (Crago, 1989; Stairs, 1992). Resilience, a well-studied construct, represents positive adjustment that leads to constructive outcomes despite a context of adversity (Luthar & Cicchetti, 2000). Resilience is understood to incorporate individual factors, as well as factors at the family, environment, community, cultural and religious levels (Fleming & Ledogar, 2008). Past research on resilience has typically focused on families presenting with histories of maltreatment, traumatic life events, community violence, socioeconomic disadvantage, substance abuse, parents with minimal education, single parenting, adolescent parenting, and parental mental illness (Luthar et al., 2000; Rak & Patterson, 1996). Given the significant threat of many of these adversities facing Aboriginal peoples, it is surprising that there is a relative lack of research pertaining to resilience specific to these communities.

Resilient functioning in mother infant-dyads refers to positive relationship outcomes in a context of risk and adversity (Easterbrooks et al., 2008; Edwards et al., 2006; Luthar & Cicchetti, 2006). In infancy and toddlerhood, the construct is commonly evaluated through maternal sensitivity and the quality of parent-child relationship (Edwards et al., 2006). Defining sensitivity and assessing its role in mother-infant relationships has not been extensively studied in Aboriginal dyads (Neskoway et al., 2007). This is particularly concerning given that past historical traumas may play a role in the development of attachment and maternal sensitivity in the Aboriginal community. Based on existing literature, it is expected that parenting behaviours and sensitive

maternal-infant interactions would be distinctive in Aboriginal communities when compared with European, American and Canadian definitions and standards (Neskoway et al., 2007; Pauktuutit, 2012).

Despite numerous exposures to adversities, Aboriginal communities maintain a traditional lifestyle that potentially offers many protective factors. Protective factors are positive forces that may lead to resilient functioning and are salient in the proximal environment of vulnerable individuals (Luthar et al., 2000). Close relationships with supportive adults (attachment to an adult in the community or an extended kin member), frequent church attendance, effective schooling, family cohesion, supportive friend network, cultural pride and participation in traditional and spiritual events are some of the protective factors that have been extensively reviewed (Andersson & Ledogar, 2008; Luthar et al., 2000; Strand & Peacock, 2003). Child rearing in Aboriginal societies is community oriented with parents frequently referring to extended family and friends as a source of help, knowledge, trust and friendship (Pauktuutit, 2012). Mothers rarely play the role of sole caretaker, and infant and child rearing relationships are often described as relying on a network of help (Neskoway et al., 2007). This is in contrast to the way parenting is generally seen by Euro-Canadians, who view relationship and childhood rearing more commonly as dyadic and situated within nuclear families (Feldman et al., 2007; Sameroff & MacKenzie, 2003). Due to community style rearing, Aboriginal children are often given more autonomy at a younger age than is typically seen in other groups (Neskoway et al., 2007; McShane et al., 2009). A good illustration of this concept is the Inuktitut word 'inunnguiniq', which refers to the idea that every person involved in the child's life is responsible to nurture, teach, protect and observe that child (NCCAH,

2012). The best English translation for this term may be that ‘it takes a village to raise a child’, a saying that simplistically gauges the ideology in which Aboriginal child rearing is grounded.

“Aboriginal concepts of the family range from the extended family concept, where lineage and bloodlines are important, to the wider view where clans, kin, and totems can include elders, leaders, and communities ... The effect of these diverse, overlapping bonds is to create a dense network of relationships within which sharing and obligations of mutual aid ensure that an effective safety net is in place” (Neckoway et al., 2007, pg. 70).

The involvement of Elders in child rearing is highly emphasized within Aboriginal communities. Elders are seen as the masters of knowledge, and best able to foster social, emotional, spiritual, physical and mental well-being (NAWS, 2007). Traditional skills and customs that are a major source of Aboriginal culture, for example ceremonies, storytelling, Igloo building, singing, dancing and craft, are heavily integrated in fostering child development (NAWS, 2007; NCCAH, 2010; Neckoway et al., 2007). With more Aboriginal peoples migrating to cities, there have been concerns, addressed by Aboriginal communities, that these protective traditions are not being maintained (BSRC, 2012). One urban Aboriginal midwife expressed

“I would like for traditions and cultural beliefs ... to be incorporated so women who are disconnected from their community can start making those first connections. If you live off reserve or live with a family who had been stolen, it’s incredibly hard to find those songs, prayers, beliefs, like burying your placenta, stories ... all the things that would be there if our culture had been un-interrupted... the risk is that our Elders are really getting elderly. Is this knowledge being passed on? And what is going to happen to the youth if there isn’t a way to preserve this?” (BSRC, 2012, pg. 3).

Resilient Functioning in Mother-Infant Dyads

Resilient functioning, in contrast to *resiliency* (a personal trait) describes the construct of resilience, as a process, across time periods and through different contexts

(Easterbrooks et al., 2008; Luthar et al., 2006). Though developmental researchers have focused much attention on the construct of resilience, few studies have dealt with resilient functioning during infancy. In infancy, there is a malleability in multiple systems, and thus numerous possibilities exist for early support and prevention, making it a critical time period for exploring resilient functioning (Easterbrooks et al., 2008). The current study focuses on resilient functioning.

Researching resilient functioning during infancy is fraught with difficulties, namely the issue of measurability (Easterbrooks et al., 2008; Edwards et al., 2006). Currently, research on childhood resilient functioning quantifies positive outcomes across multiple domains (Easterbrooks et al., 2008). Children can be observed to meet developmentally stage-salient tasks and societal expectations in the face of adversity. If they meet these standards, children are described as showing “resilient functioning” (Easterbrooks et al., 2008). Difficulties in measuring infant resilient functioning arise due to complications in gauging appropriate developmental milestones in infancy. Every infant is known to develop with a somewhat different trajectory (Easterbrooks et al., 2008). The interpretation that resilient functioning relates to positive adjustment, and the challenges of measuring this construct in infancy, have resulted in suggestions that infant positive adjustment should be examined through the context of mother-infant relationships; specifically, maternal sensitivity, infant responsiveness, infant clarity of cues and mother-infant interactions generally (Edwards et al., 2006; Easterbrooks et al., 2008; Letourneau et al., 2005). In theory, the infant-caregiver relationship is the locus of resilience for an infant (Easterbrooks et al., 2008).

To assess mother-infant resilient functioning it is recommended that infant cognitive and socio-emotional development be observed, as well maternal responsiveness and sensitivity (Easterbrooks et al., 2008; Edwards et al., 2006; Letourneau, 1997; Letourneau et al., 2005; Sumner & Spietz, 1995). Mother-infant interactions provide indications of the responsiveness of an infant to their primary caregiver, as well as the caregiver's responsiveness and sensitivity to the infant (Biringen et al., 2000; Sumner & Spietz, 1995). Measures of infant cognitive and socio-emotional development help to provide early predictors of the infant's developmental trajectory (Feldman & Eidelman, 2008). Clarity of cues and responsiveness in infancy are seen as a hallmark of healthy socio-emotional development and are related to the formation of secure attachments and optimal emotion regulation (Easterbrooks et al., 2008; Edwards et al., 2006). There is evidence that responsive and sensitive maternal behaviour contribute to an infant's early cognitive development, as well as later development including social and academic functioning (Easterbrooks et al., 2008; Letourneau et al., 2005). Maternal-infant responsiveness and sensitivity are best understood in infancy through observing infant and caregiver interactions and contingent dyadic communications (Biringen et al., 2000; Easterbrooks et al., 2008; Edwards et al., 2006; Sumner & Spietz, 1995). Many factors, including contextual stressors, maternal mental health concerns, poverty, exposure to traumas and environmental risks may hinder a caregiver's ability to respond in a sensitive and available manner. Despite contextual risk factors, protective factors such as supportive family members and a strong cultural affiliation have been shown to help with the formation of a secure attachment (Easterbrooks et al., 2008; Kirmayer et al., 2009).

Assessment of Mother-Infant Interactions in Aboriginal Dyads

Resilient functioning in Aboriginal dyads has not been extensively reviewed, however, there has been a handful of studies examining the mother-child relationship in this population. In 1994, Seideman and colleagues assessed American Aboriginal mothers and their infants using the Parent-Child Interaction teaching Scales, a tool commonly used to evaluate mother-infant interactions (PCIA-NCAST; Sumner & Spietz, 1995). Aboriginal mothers were found to be less communicative than the American normed sample, however, using NCAST coding, Aboriginal mothers presented with more optimal interactions with their infants than did the American mothers (Seideman et al., 1994). Additionally, Aboriginal infants were more aptly cueing their mothers and were more suitably responding to their mother's cues than the normed sample (Seideman et al., 1994).

Letourneau and colleagues (2005) found similar results when they used the NCAST coding system to compare dyadic interactions between Canadian Aboriginals living in a low-income bracket, and Western Canadians living in a low-income bracket. Results suggested that both groups had fewer optimal interactions than the average (Letourneau et al., 2005). Canadian Aboriginal dyads did not differ in their interaction styles from other Canadian mothers (Letourneau et al., 2005), suggesting that income level may have been more important than culture when determining the quality of mother-infant interaction.

In a study done by Chea and Chirkov (2008), goals for child socialization were compared between Aboriginal Canadian mothers and Western Canadian mothers. Findings suggested that, though Aboriginal mothers placed more emphasis on future goals (namely education) for their children, they appeared to use less conventional

sensitivity in their parenting style than did western mothers (Chea & Chirkov, 2008). Aboriginal mothers also appeared to place more importance on the maintenance of cultural traditions than did western mothers. While western mothers pushed their children to develop close friendships and promoted social skillfulness, Aboriginal mothers placed higher importance on respecting the family, elders, culture and tradition than they did on peer related social skills (Chea & Chirkov, 2008). These findings further support the notion that Aboriginal child rearing may be more community oriented and culturally-focused than western parenting.

Current Study

This study first examined the nature of culturally sanctioned positive parenting, from the standpoint of Aboriginal mothers living in a Canadian urban community. Second, resilient maternal-infant functioning and contingent interactions were explored. In order to recognize the cultural norms inherent in parenting, this study used a mixed method approach. Both qualitative and quantitative methodology, featuring observational, as well as interview and questionnaire-based data were incorporated. The two-part study focused on Aboriginal women in Toronto. This population was chosen because there are currently more Canadian Aboriginal women living in cities than there are on reserves, and these women may face additional pressures adapting to the urban context (AANDC, 2006; Sochting et al., 2007).

In recent years there has been a drastic urbanization of Aboriginal peoples in Canada. Three Canadian cities have seen the largest increases in Aboriginal populations; Toronto, Montreal, and Vancouver (Williams, 1997). The motivation to migrate stems from various causes with the most compelling being over-population on reserves leading

to a scarcity of resources (Williams, 1997). Aboriginal women and, more specifically, single mothers make up the largest percentage of those who are urbanizing (Sochting et al., 2007; Williams, 1997). While demographic information is becoming more readily available, there continues to be little understanding of the experiences of urban Aboriginal women, especially single mothers, in the mental health literature. It appears that these women are at an increased risk for poverty, mental health concerns, family violence, abuse in the work force, social problems and parenting difficulties (Sochting et al., 2007; Williams, 1997).

Most existing knowledge of Aboriginal parenting practices has been derived from studies conducted on reserves, in the Canadian territories, or with Australian and New Zealand Aboriginals. What is known about Aboriginal rearing styles – community based nurture, early autonomy, reliance on traditions – may, in fact, not transfer to Aboriginal women in an urban setting. With an increased risk of being exposed to challenging living conditions, a loss of traditional support networks, and many culturally adverse experiences, it is possible that urban women will parent differently from women in more traditional Aboriginal community settings.

Goals and Hypotheses

The overarching goal of this study was to gain a better understanding of urban Aboriginal parenting styles, and the role that protective factors may play in the mother-child relationship, using a strength-based framework based on the stress calibration model. The first goal of this study (Part 1) was to assess what constitutes culturally sanctioned “good parenting” in Aboriginal communities from the perspectives of urban Aboriginal women. An important aspect of this goal was to consider the cultural strengths

involved in Aboriginal parenting. As outlined above, it is essential to better understand if and when cultural strengths are being activated within this community, and if mainstream Canadian standardized assessments are adequate for capturing these strengths.

Two hypotheses were generated with a focus on how 'good' parenting would be conceptualized by Aboriginal mothers. First, it was hypothesized that typical Aboriginal parenting values and norms would differ from parenting styles commonly seen in Canadian parents of European backgrounds. The expected differences were based on past empirical research showing significantly more involvement from the community, elders and extended kin in the rearing of Aboriginal infants (Pauktuutit, 2012). Second, it was hypothesized that child rearing would be supported by cultural teachings and traditionally important activities such as drumming, dancing and sharing. To explore these hypotheses, semi-structured interviews were conducted with Aboriginal mothers.

The second goal of this study (Part 2) was to assess maternal-infant resilient functioning through observing contingent interactions. Based on the 2008 findings by Easterbrooks and colleagues, it was expected that infant resilient functioning would be dependent on maternal resilient functioning, sensitivity and emotional availability. Maternal sensitivity appears to be highly correlated to infant optimal emotional availability and contingent interactions with the mother (Easterbrooks et al., 2008; Sumner & Spietz, 2005). The first hypothesis was that maternal resilient functioning, or sensitivity in the face of adversity, would be related to protective factors in the maternal environment. Protective factors may include strong sense of social support, strong cultural affiliation, and life stability. The second hypothesis was that infant development (cognitive functioning, language development and socio-emotional functioning) would be

related to maternal sensitivity and responsiveness. To explore these hypotheses, a short videotaped dyadic interaction was coded using the Parent-Child Interaction feeding and Teaching NCAST Scales (Sumner & Spietz, 1995). Coding of the videos provided information on maternal sensitivity, social and cognitive growth fostering behaviours, child responsiveness, and interaction styles generally (Peterson, Moran & Bento, 1994; Sumner & Spietz, 1995). Maternal sensitivity in the dyadic interaction was examined in the context of maternal stress, perceived competence and social support, as well as against infant developmental markers, in order to help understand how risk and protective factors affect the dyadic interactions.

Methods

Participants

Parts 1 and 2. Eighteen Aboriginal mothers were recruited in and around Toronto as part of a larger study involving cohorts of mothers of other marginalized backgrounds. The recruited women all had a child under the age of four. Maternal age, sex of the child and socioeconomic status of the women were not considered when determining eligibility. The mean age of mothers was 28.5 years. The mean age of their children was 23 months. The average household income was \$26,500 annually for four people, with 78 percent of participants having completed high school. Each participant was remunerated with 50 dollars in grocery store gift certificates after completing parts one and two of the study. Further demographic information can be found in Appendix A.

Procedure

Part 1. Aboriginal mothers were recruited through online postings on Kijiji and Craigslist, through posters plastered in the downtown Toronto area, and through

Aboriginal community centres, including: Native Women's Resource Centre, Seventh Generation Midwives, Native Child and Family Services and Anishwabe Health Toronto. Once women expressed interest in participating, they were informed of the rationale of the study and told what would be asked of them during the two hours of testing. A date was then set for the lead researcher and a research assistant to meet with each mother and her child. The assessment took place at the mother's home, at a community centre or in a laboratory at York University. Upon first meeting, the mother was walked through the consent form, in which voluntary participation and withdrawal, the benefits of participation, and any risks associated with participating were explained. Once the mother signed the consent form, the two-hour paradigm commenced; this will be discussed in further detail in the upcoming measures section.

Part 2. To address the second goal of measuring resilient functioning, maternal sensitivity and childhood development, Aboriginal women and their children participated in a paradigm including a series of videotaped interactions, a child cognitive assessment, and a battery of questionnaires. This paradigm is part of a larger parenting study conducted at York University, which examines protective and risk factors in multiple cohorts of marginalized women across the Greater Toronto Area. While the mother was working with a Research Assistant to complete questionnaires, the infant was partaking in the administration of the Bayley's Cognitive and Expressive Language scales, which are tests of infant cognitive ability (Bayley, 1993). Once mother and infant completed their individual tasks, they were observed and filmed in four different dyadic interactions according to the NCAST program (Sumner & Spietz, 1995). Interactions included free play without a toy, free play with a toy, free play with a novel ("scary") toy and a

teaching task. These activities, including the initial interview questions of Part 1, took approximately two hours to complete.

Measures

Part 1. To best capture what qualifies as positive parenting from the perspective of urban Aboriginal women, semi-structured interviews were conducted. The interview questions can be found in Appendix B. The interview questions were counter-balanced. One half of the cohort of women was first asked general questions about parenting followed by questions specific to their experiences. The other half was first asked questions about their experiences followed by more specific questions referring to parenting. Counterbalancing ensured that the women's own experiences were being accounted for and were not simply being derived from the general parenting questions. Open-ended questions were followed with more structured questions in order to probe for richer answers or clarifications whenever necessary. Questions were generated in order to best access how the women felt about positive parenting and to gauge what good parenting meant for them personally, , and not what it should mean ideally. Interviews were recorded and transcribed.

Part 2. Questionnaires were used to best assess protective and risk factors in the proximal environment of the participants.

Protective Factors. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1998) was used to assess perceived social support in the mother's life. The scale measures perception of social support as originating from family support, from significant other support, and from friend support. There are 12 questions, which can each be answered on a scale of 1-7 ranging from 'very strongly disagree' to 'very

strongly agree'. Sample questions include: 'I get the emotional help and support I need from my family', 'I can count on my friends when things go wrong' and 'There is a special person in my life who cares about my feelings'. This scale was initially tested with a sample of 300 college-aged students and has good psychometric properties. Internal reliability is .88, while test-retest reliability is .85.

The Vancouver Index of Acculturation (VIA; Ryder et al., 2000) was used to assess cultural affiliation. This scale assesses a person's affiliation with their host culture and with their heritage culture. There are 20 questions, which are answered on a scale of 1-9 ranging from 'disagree' to 'agree'. Sample questions include: 'I often participate in my heritage cultural traditions', 'I often behave in ways that are typical of my heritage culture' and 'I believe in the values of my heritage culture'. This scale was initially tested with a sample of 150 college-aged students and has good psychometric properties. Internal reliability is .79.

Risk Factors. The Parenting Stress Index (PSI; Abidin, 1990) was used to assess daily stressors specific to being a parent, or caused by the children themselves. There are 36 items, which are answered on a scale of 1-5, ranging from 'strongly disagree' to 'strongly agree'. Sample questions include: 'My child is so active that it exhausts me', 'Being a parent is harder than I thought it would be' and 'When I do things for my child, I get the feeling that my efforts are not appreciated very much'. This scale was initially tested with a sample of 200 parents and has good psychometric properties. Internal reliability is .83, and test-retest reliability is .61.

The Perceived Stress Scale (PSS; Cohen 1994) was used to assess how the mother understands situations in her life, and whether she perceives them to be stressful. There

are ten questions, which are rated on a scale of 0-4, ranging from 'never' to 'very often'. Questions ask about the frequency of life events experienced during the past month. Sample questions include: 'In the past month, how often have you felt that you were unable to control the important things in your life' and 'In the past month, how often have you felt that difficulties were piling up so high that you could not overcome them'. This scale was initially tested with a sample of 330 college-aged students and has good psychometric properties. Inter reliability is .86.

The Childhood Trust Events Survey (CTES; Boat et al., 1996) was used to assess significant trauma or life stressors experienced by both the mother and the child. These traumas were indicators of risk factors in the mother's life. There are 26 questions that are answered with either a yes or a no, and each question is asked about both the mother and the child. Sample questions include: 'Have you ever had a time in your life when you were living in a car, living in a homeless shelter, living in a battered women's shelter, or living on the street?', 'Have you ever seen or heard a family member being hit, punched, kicked very hard, or killed?' and 'Has someone ever touched your private sexual body parts when you did not want them to?' Psychometric properties were never established for this scale, as it was developed purely as a survey of whether trauma has occurred.

Outcome Measures. The Bayley's Scales of Infant and Toddler Development – 3rd Edition (Bayley, 1993) was used to assess child development. Four aspects of child development were examined; cognitive development, expressive language development, receptive language development and socio-emotional development. This assessment involves children in age appropriate tasks, such as ringing a bell, naming colours and putting together a puzzle. The assessment was standardized with a population of 1700

children from different developmental backgrounds, and has good psychometric properties. Both the cognitive and language scales have internal reliability of .93. The socio-emotional scale has internal reliability of .9.

The Nursing Child Assessment Satellite Training (NCAST) coding system (Sumner & Spietz, 1995) was used to assess the mother-child interaction during a task in which the mother was teaching her child. Interactions were coded to look specifically at maternal sensitivity to child's cues, maternal response to child's distress, maternal fostering of child's socio-emotional development, maternal fostering of child's cognitive development, as well as child's clarity of cues and child's responsiveness to mother. The researcher was trained using the NCAST coding system and upon evaluation received clinical and research reliability, allowing her to code the videos. Please refer to Appendix D for a list of all NCAST terms and definitions used in this study.

Analysis

The Concurrent Transformative Design, a mixed methods design (QUAL + QUAN = Results, as seen through an advocacy lens) was adopted for this study (Hanson et al., 2005). The Concurrent Transformative Design implies that qualitative and quantitative data will be collected along the same time line but that their respective analysis will be done separately (Hanson et al., 2005). Integration of the qualitative and quantitative data ensued during the final stages of analysis (Hanson et al., 2005). This type of design is commonly used in research with understudied or diverse populations with the goal of empowering the participants through new knowledge (Hanson et al., 2005; Driscoll et al., 2007). Concurrent Transformative designs are the types of mixed method most suitable when a goal of the study is to better understand behaviours in an

exploratory fashion (Hanson et al., 2005; Driscoll et al., 2007).

Part 1: Qualitative analyses. Thematic analysis was used to analyze the qualitative data from the semi-structured interviews. Thematic analysis allows for thematic coding of novel umbrella ideas that will lead to a fuller understanding of emerging topics (Braun & Clarke, 2006). The aim of this project was not to understand specific daily experiences of Aboriginal women, but instead to get a thorough recognition of what it means, to these women, to be a parent within their community. It was important to allow the population's practices, histories and experiences, as well as the women's dialogues to inform emerging themes. As described below, thematic analysis supports the integration of modes of life with the development of overarching themes (Braun & Clarke, 2006).

“[Thematic analysis] can be a constructionist method, which examines the ways in which events, realities, meanings, experiences and so on are the effects of a range of discourses operating within society ... thematic analysis can be a method which works both to reflect ‘reality’, and to unpick or unravel the surface of ‘reality’” (Braun & Clarke, 2006, pg. 9).

Thematic analysis took an inductive approach; themes were generated from the interview, as apposed to being generated in order to fit preconceived notions (Braun & Clarke, 2006). To help with the development of emerging themes, thematic networks were applied (Attride-Stirling, 2001). Themes were systematized into basic, organizing and global themes; this helped to create a natural flexibility and interconnectivity amongst themes (Attride-Stirling, 2001). Unique codes were first developed based on each interview. Next, codes were clustered together to create more global themes. This allowed for the themes to emerge as common threads as the transcripts were coded. *Dedoose*, a qualitative and mixed method online computerized software helped with the

organization and clustering of codes, and enabled the development of global themes (Lieber, 1990).

Part 2: Quantitative analyses. Bivariate correlation analysis was used to identify relationships between variables taken from questionnaire data and variables taken from observed interactions. More specifically, it was assessed whether the mother's level of stress was related to cultural affiliation and the quality of the mother's social support networks. It was also assessed whether the mother's cultural affiliation and quality of the mother's social support network were related to the infant's developmental trajectory, and thus to maternal-infant resilient functioning. Correlations examined whether maternal sensitivity, measured by the coded dyadic interactions, was related to different forms of stress, measured by the Perceived Stress Scale (Cohen, 1994), the Parenting Stress Scale (Abidin, 1990) and the Childhood Trust Events Survey (Boat et al., 1996), to coping mechanisms, measured by the Multidimensional Scale of Perceived Social Support (Zimet et al., 1998), and to infant cognitive abilities, measured by the Bayley's Socio-Emotional and Cognitive Scale (Bayley, 1993). *SPSS*, an analytic computerized software, was used to run all statistical tests (IBM, 2014).

Other Considerations

Unique Difficulties and Ethical Considerations

Historically, research involving Aboriginal peoples has quantified stories, experiences, and realities without aiming to better situations (Dickson & Green, 2001). Due to the repercussions of colonialism and their often-traumatic history, there may be little motive for Aboriginal people to involve themselves in research that is directly benefiting an outsider. Many of the issues currently faced by Canadian Aboriginal people

are experiences originally presented to them by White people. Research methodologies have, until quite recently, not always been entirely respectful of Aboriginal communities and culture, and researchers have often been perceived to take more than they contributed to the studied communities (Mandell et al., 2003). Aboriginal people often present with the belief that research conducted by White people enhances their oppression, silence, invisibility, and isolation. This belief creates hesitancy within the population to involve themselves in an outsider's research initiative (Dickson & Green, 2001).

Recently, there has been a push towards conducting 'Aboriginal Research', however, it is emphasized that it is done in collaboration with Aboriginal peoples with a high value and respect placed on Aboriginal traditions and cultures (Dickson & Greene, 2001). As I am an outsider to the Aboriginal culture, these preferences and conditions posed a unique challenge in conducting this research project. A thorough understanding of the communities, traditions, and maintenance of cultural respect was necessary for piloting this research program. In order to develop a better understanding of the community, I participated in two workshops at the Native Women's Community Centre, each helping me to develop a better recognition of the community and how to best work in conjunction with the women. I also collaborated on a qualitative study (Muir, Bohr & Litwin, Under Review), which investigated Aboriginal parenting practices from three Elder's perspectives. CIHR Guidelines for Health Research Involving Aboriginal People were strictly followed and respected (CIHR, 2013). This study obtained ethical clearance from York University, as well from the York University Aboriginal research advisory committee.

Results

Part 1: Qualitative Results

Eight main themes emerged from the interviews with participating mothers. The first theme that will be discussed is *Changing the Cycle*. This theme repeatedly emerged throughout the interviews, and was endorsed by the majority of mothers. After reviewing *Changing the Cycle*, I will discuss the experiences of *Trauma*, a theme that lends to a deeper understanding of the stressors affecting Aboriginal mothers, and helps to contextualize the stress addressed in the quantitative results. Next, I will discuss and compare six global themes that emerged when mothers were asked what they considered to be qualities of *Good Parenting* and *Sensitive Parenting*. Participants were asked about both *Good Parenting* and *Sensitive Parenting* in order to ensure a thorough understanding of responsive parenting generally. Several features differentiated *Good* versus *Sensitive Parenting*, as related by the mothers, and these will be discussed where appropriate. The global themes, sub-themes and the qualitative codes that resulted built in the identification of these themes can be found in Appendix C.

Changing the Cycle. Throughout the vast majority of interviews, it became clear that this cohort of mothers wanted to provide their children with an environment they felt they themselves had never had. During the interviews, women were never asked if they wanted their children's experiences to be different from their own, yet all but two of the mothers endorsed a desire to specifically "*Change the Cycle*". Often, this theme emerged multiple times throughout an interview. It most commonly arose when asked about the meaning of *Sensitive Parenting*, and when asked about the impact of *Trauma* on parenting. The women expressed knowing what they had needed, but never received, in their own childhood, and wanting to give that to their children. They also detailed ways

in which they were ensuring change for their child; moving away from reserves, reflecting on their parent's parenting patterns that they felt were abusive or neglectful, distancing themselves from negative role-models, accessing parenting resources and treating their children as the gifts.

“My mom actually affected me in a positive way because it showed me exactly what I don't want to do. I try not to tap into it too much, because I have buried it, but I'm very sensitive, I accept it and I learn from it and I go for it. It's how it made me to be a great mom because everything that I experienced is exactly what I will move away from and what I'll avoid and will never allow to happen. I was part of that environment and I refuse my children to experience that feeling. I was a victim, this is me not being quiet. A lot of the way that I parent today does not reflect the way I experienced it, I have really made a promise to myself to educate myself, to do it in my own way, I've worked with daycare and children, and I've been in that atmosphere long enough to just develop my own methods, my own ways, and you know, ask a lot for me advice.” (ID 104)

“She was going through the effects of colonialization, residential schooling, so she was very neglectful to us, but she didn't know any better. I swore that I was not going to be like that with my kids, I wanted them to know all the good things in life and not grow up to say ‘I wish that didn't happen to me.’” (ID 116)

“I parent completely different from the way that I was raised. We had a very abusive relationship, she beat the hell out of me, it was a very bad relationship. It was not very stable and anything like that. So when I had my son I was like I'm gonna raise you the way my mom didn't raise me, I'm going to do everything she didn't do, she didn't give me culture, she didn't give me love, she didn't do this, she didn't do that, she didn't give understanding and I uhm I'm gonna do that, so uhhm my mom was my best role-model absolutely.” (ID 117)

These mothers each expressed a deep desire to raise their children differently from the way they had been raised. A common theme that emerged when the women were talking about *Changing the Cycle* was that of *Feeling Guilt*. Many of the mothers reported cutting ties with their families and moving away from their reserves in order to provide a safer environment for their children. However, these actions also appeared to

cause the women *Guilt* because they were depriving their children of a life with their cousins, their aunties and uncles.

Guilt was also expressed when the women talked about *Using Discipline* with their children. Several mothers reported wanting to only ever love, hug and kiss their children, and never wanting to raise their voice or discipline. They expressed such regret about their own childhoods that they were unable to do anything but provide unconditional physical love and support for their children. One mother said: “It’s hard for me to discipline her, right. But I’m trying and I’m learning and I’m still trying to work it into our everyday routines, right. But as in punishment, I don’t feel it’s right to punish children, because they shouldn’t ever have that fear towards you, or towards anybody, right, so I disagree with punishing children” (ID 111). The women expressed this *Guilt* as if regret and sadness for what they had experienced were the driving forces; *Guilt* did not seem to play a role in how they planned to raise their children.

Trauma. The majority of women expressed having experienced several traumas at some point in their lives. Some women said that the *Trauma* no longer affected them, that they had “buried it”. However, most of these mothers claimed that their past traumas were at the root of their desires to protect their children and provide them with a safe and positive environment. The women, for the most part, viewed their traumas as a catalyst for positive change. They displayed many signs of resilience when describing what had happened to them. In this way, speaking of the traumas often fit into the theme of *Changing the Cycle*.

Many grueling details emerged when the women talked about traumas in their life, with the majority relating to being victims of physical or sexual abuse. Some women

had witnessed murder or found family members after the latter had committed suicide. Some women described attempting suicide themselves. Though almost all the women talked about some sort of trauma that deeply affected them, few talked about accidental trauma, such as car accidents. Generally, the traumas were acts inflicted on the women, in which they became the victim of an intentional act. Regardless of their victimization, participants talked about what had happened to them by tying it into prevention for their own children.

“I think that you know, growing up in a place that there was violence was really, it’s on my mind a lot. Since I know a lot of children are brought up in a violent home will bring violence to their home. And I think that’s one that I make sure not to do you know? Um, but again being aware of is one of the first steps” (ID 64).

“I was very abused, like physically, mentally, emotionally, I was very abused and I suffered a lot through that, but now I think what doesn’t kill you makes you stronger. My mom when I was pregnant with my oldest son my mom beat me, and threw me down the stairs and you know beat me as I was running out of the house. And I think that it’s easy to do that, it really is like with my oldest son we struggle and there are times where I’m just like let’s go, like I just wanna smack him and it’s like what am I gonna teach him? What I am I gonna teach him honestly like if I grab the belt and whip him, what am I gonna teach him? Because it didn’t teach me anything, like I get chills just thinking taking a belt to my kids. So I’m like we’re gonna walk through this, and we’re gonna cry, and we’re gonna talk, and we’re gonna go through this and we’re gonna stay open. Because I had physical abuse and it was just not cool” (ID 117).

Good and Sensitive Parenting. Four common themes emerged when the mothers were asked what it meant to them to be a *Good Parent* and/or to be a *Sensitive Parent*: *General Emotional Needs, Individual Needs, Teaching, Providing Entertainment*. Codes that emerged from the interviews and clustered together to make these themes can be found in Appendix C. It is important to note that for many of the women, expressing how to be a *Good* and *Sensitive Parent* was met with hesitancy; women commonly reported

that there had been a large learning curve with their children, that they had not grown up with a loving mother and were unsure how to parent differently. Many of the women reported wanting much different parent child outcomes from those they had experienced with their own parents. One mother said “Um, yeah because well the way I grew up I never had a mom so it’s kind of hard to explain. Just being like not her would be a good mom” (ID 110).

Two major themes distinguished the answers to these two questions. The first differentiating theme related to the *Importance of Culture* and the role that it plays in child rearing. This theme was twice as likely to be reported when asked about *Sensitive Parenting* in comparison to when asked about *Good Parenting*. The second differentiating theme was *Providing Essentials*. Women talked about the importance of clothing, shelter, food and education only when asked about being a *Good Parent*, and not when asked about being a *Sensitive Parent*. Both these differentiating themes will be discussed in further detail below. All themes relating to *Good* and *Sensitive* parenting will now be discussed in order of importance, or frequency with which they were brought up.

Image 1

Themes Relating to Good and Sensitive Parenting

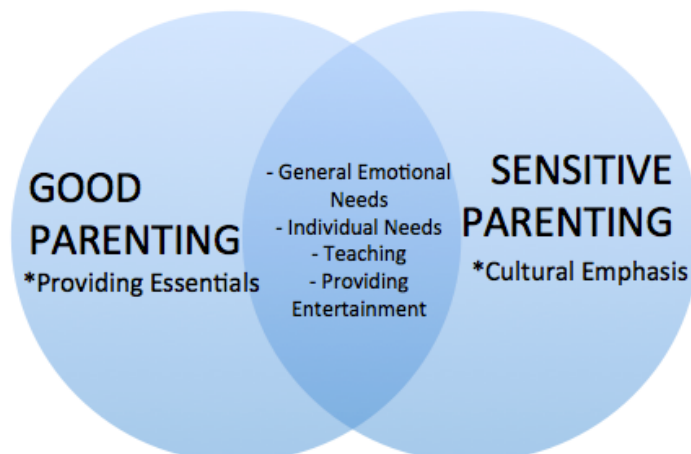
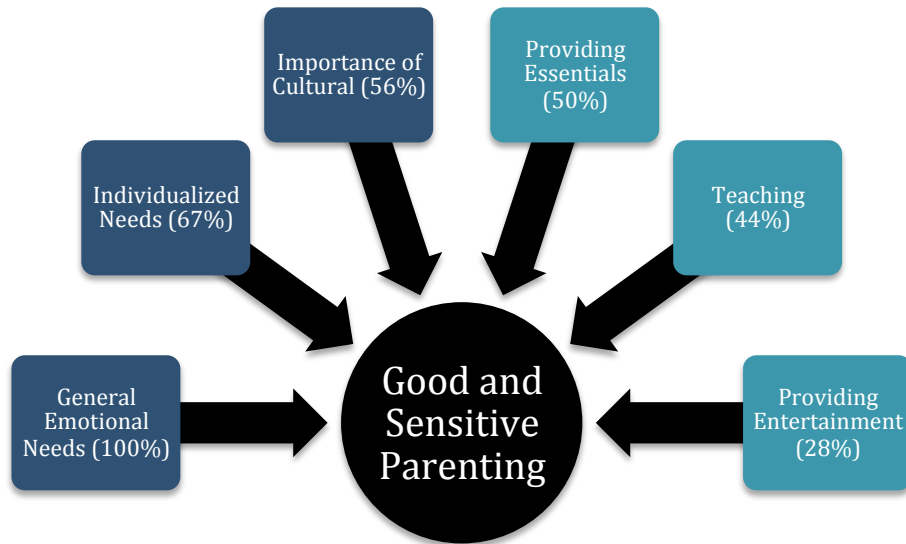


Image 2

Emergent Themes in Good and Sensitive Parenting, and the Frequency in which they were Endorsed



Meeting the General Emotional Needs of the Child. The most commonly reported theme across both questions of *Good Parenting* and *Sensitive Parenting*, other than *Changing the Cycle*, was *Meeting the General Emotional Needs* of the child. Several codes clustered together to create this theme. Codes included *providing comfort*, *providing love*, *providing encouragement*, *just being there*, *being a good listener* and *providing support*. The more common codes within this theme showed the importance that mothers placed on comforting their child, and providing unconditional love. Across the interviews, participants repeatedly used the term ‘just being there’. One mother said being a good and sensitive parent meant: “Just being there for my child for whatever she needs, being there to talk to her about anything she wants to talk about” (ID 108). Within this theme, mothers tended to focus on times of distress. Actions, such as providing comfort, love or support, were emphasized when their child was upset. Many phrases were followed up with descriptors of distress such as: when they’re crying, when they’re

sad, when they've hurt themselves. Overwhelmingly, the mothers talked about their actions as a way of soothing and comforting their child.

Meeting the Individualized Needs of Child. The theme of *Meeting the Individualized Needs of the Child* spanned both questions of what it means to be a *Good Parent* and what it means to be a *Sensitive Parent*. Though this theme was quite similar to the previous theme, this one was more focused on understanding what their child, as an individual, needed. Here, women expressed an understanding that each of their children needed something different, that they were learning how their children expressed themselves, and that they were learning how they reacted in situations when they were supporting their children's needs. Codes that created this theme were congruent with how *Sensitivity* is explained in existing literature, and included: *being patient to child's needs, reading cues, being empathetic, reacting to child's individual needs, understanding that the child is experiencing everything for the first time*. One mother said: "To be patient with them, nurturing and being able to listen is a big one. I don't want her to have any emotional or mental ramifications, so I wanna make sure that I'm always down at her level and listening to what she's saying, and even if I don't understand, I try to figure out what it is so um being a problem solver is always helpful too" (ID 116).

One code that was commonly endorsed within this theme was *understanding that the child is experiencing everything for the first time*. Mothers felt that it was important to know that a child might not understand their emotions, or know how to express themselves. One mother said: "Like with the tantrums and stuff, just realizing, knowing, you know, she doesn't know it, she's dealing with stuff for the first time, she doesn't know how to do it. So being sensitive to that, that it's new for her, that she doesn't know"

(ID 64). While another mother said: “Just knowing what his needs are. Even like the smallest things. Like even his little body gestures or whatever, he doesn’t even have to use his words or his facial features or his facial... when he looks at you, you just know”

(ID 91). These women were expressing a need to understand the uniqueness of their child and how to best cater to their child’s needs.

Importance of Culture. As briefly mentioned above, *Importance of Cultural* was one of the themes that most differentiated the answers between the questions of *Good Parenting* and *Sensitive Parenting*. Though, over half the mothers reported that their cultural upbringing and their knowledge of the Aboriginal culture has played a role in what it means for them to be a *Sensitive* caregiver, much fewer reported this sentiment when asked about *Good* parenting. Here, women talked about the *Seven Grandfather Teachings*, *the honor of being a mother*, how it is a *gift from the creator* and that they must honor this gift. They talked about *using ceremonies and traditions* to learn how to be a sensitive mother. They talked about the *importance of passing on their cultural traditions* to their children. They talked about how, in the Aboriginal culture, they are taught to *love and respect all beings and all forms of life*, and how this knowledge has helped them to be a sensitive caregiver. One mother said: “Our culture teaches us to have respect, to show them the same type of respect. It’s a learning circle, I’m going to respect you, you’re going to respect the family, and make sure everybody has their own voice in the family too. Let’s collectively come together and talk, the honesty, the caring, the sharing, the respect for all and the grandfather teachings. You have to be physically, emotionally, mentally, spiritually balanced and then be able to show them, engage our children, that’s the beauty of our culture” (ID 117). Another mother said “The creator

gave you a gift, so it's very important you show your child love and patience, and guide them positively. In the Aboriginal culture, the teachings of positive parenting, raising our children is showing love in the home, doing stuff with your child, taking care of other people's kids, just being positive with your child" (ID 91). Another mother said: "I actually go through Native Child and Family Services, so I'm kind of leaning towards my community to find more traditional parenting ways, better ways to discipline my child, learning not to say time out, we say time in, we discuss what happened to her as opposed to say go to your room and stay there. I rely on my community to help raise my child" (ID 113). Though all these responses could easily have been answers for either *Good Parenting* or *Sensitive Parenting*, overwhelmingly, the importance of the Aboriginal culture only emerged when asked about *Sensitivity*. The way the women talked about culture, and their affiliation with their traditions was that the Aboriginal culture taught them to love, respect and be sensitive to all, as a way of honoring the creator. For these women, the word sensitivity was highly tied into their cultural teachings, and their respect for human experiences.

Providing Essentials. The second differentiating theme between the questions of *Good Parenting* versus *Sensitive Parenting* was *Providing the Essentials* for children. Essentials included *food, safety, clothing, positive environment, and positive role models*. This theme was reported in isolation from any mention of love and comfort. Mothers emphasized their need to keep their children dressed, and fed, to spend their money on diapers, food, bills and rent before treating themselves. It was stressed that the child's material needs came before the mother's. Mothers who endorsed this theme significantly overlapped with those who reported a desire to *Change the Cycle*. *Providing Essentials*

did not overlap much with the theme of *Meeting the General Emotional Needs of the Child*. A quote from one mother says “Uh, making sure they’re healthy, providing healthy meals for them, providing a good home, safe home, and keeping them away from, uh, like, not good stuff, from bad areas, when they get older, the wrong crowds, keep them from that. I cook good for them, I make sure my son goes to school every day. He has a healthy lunch every day. Um, and the baby, I try to keep him as healthy as I can” (ID 115). The women who endorsed *Providing the Essentials* possibly are those who did not have these essentials when they were growing up, suggesting that mothers either felt that being a *Good and Sensitive Parent* meant that they needed to love and care for their child emotionally, or that they needed to provide for their child in a more material way. It is possible that there are two distinct groups of mothers in this sample, whom have much overlap when it comes to how they parent their children.

Teaching. This theme relates to *passing on knowledge to the next generation* and to *supporting education*. Only one third of the women emphasized this as being an integral component of *Good and Sensitive Parenting*. Here, mothers stressed a need to *teach right from wrong, provide explanation, respect, love, family cohesiveness, personal strength, independence, strong values, cultural traditions and the tools necessary to get through a possibly tough life*. One mother said: “To be a good parent is just to teach your children right from wrong, morals in life, and to respect one another, and to respect people and their things and, um most of all, probably to teach her to love” (ID 64). Another mother states: “To teach them, to give them the tools and necessities and lessons they need, it’s very important to show that affection because things can get hard, and coming from a very hard life, it’s so important” (ID 111). In this theme, there was one

code that distinguished the answers between *Good Parenting* and *Sensitive Parenting*. The distinguishing code was *providing explanation*. Mothers felt it was very important to teach their children by *explaining emotions, explaining rules, explaining behaviour* only when asked about *Sensitive Parenting*. They felt that if their child had done something wrong, they needed to explain why it was wrong, they could not just punish them. One mother said: “It’s a lot of like explaining, and not necessarily reasoning with the child but like always explaining to them because they like have no concept, they have no idea. I look at my kids and I think like they depend on me 100% you know to guide them in this way, in this world as messed up as ever, so I mean I really gotta make sure that traditionally, and culturally I think it’s really important” (ID 117).

Providing Entertainment. *Providing Entertainment* was the least commonly endorsed theme, with less than one third of the mothers alluding to it. Three codes made up this theme; *playfulness, providing a stimulating environment, and keeping the child happy*. All three were common features in the interviews of any woman who endorsed this theme. As this mother relates, keeping her child happy is a key aspect of parenting: “I’m like a big kid! A lot of the times if I go to the park, I interact with him, so for me, like if you’re a good parent it’s not just about paying the bills and making sure the kid has clothes, but it’s also taking that time to play with them” (ID 91).

Part 2: Quantitative Results

Results below are based on the responses of participants in a sample of 18 Urban Canadian Aboriginal women.

Hypothesis One. To explore the first hypothesis that maternal resilient functioning is related to protective factors in the maternal environment, correlational

analysis were completed between perceived social support (protective factor measured with MSPSS), parenting stress, perceived stress, life stress (risk factors measured with PSI, PSS and CTES respectively) and sensitivity as coded in video interactions (resilient functioning measured with NCAST), as well as between cultural affiliation (protective factor measured with VIA), parenting stress, perceived stress, life stress (risk factors measured with PSI, PSS and CTES respectively) and sensitivity as coded in video interactions (resilient functioning measured with NCAST).

Perceived Social Support: A possible protective factor. A strong negative correlation was identified between perceived social support (total) and parenting stress ($r = -.540, n = 18, p < .05$), as well as a strong negative correlation between perceived social support (friend support) and parenting stress ($r = -.655, n = 18, p < .01$). Perceived social support from a significant other and perceived social support from family were not significantly correlated with any form of stress. There was a strong positive correlation between parenting stress and perceived stress ($r = .519, n = 18, p < .05$). Life stress was not significantly correlated with any form of perceived social support, perceived stress or parenting stress. Correlations between perceived social support and maternal stress can be found in Table 1.

Table 1

Correlations Between Perceived Social Support and Maternal Stress

Variable	1	2	3	4	5	6	7
1. Perceived Social Support (total)	--	.708**	.701**	.777**	-.540*	.008	.159
2. Perceived Social Support (friend)		--	.441	.176	-.655**	-.210	.148
3. Perceived Social Support (sig. other)			--	.346	-.389	-.025	.016
4. Perceived Social Support (family)				--	-.188	.196	.137
5. Parenting Stress					--	.519*	-.060
6. Perceived Stress						--	.285
7. Life Stress							--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

Cultural Affiliation: A possible protective factor. A strong negative correlation was found between cultural affiliation and parenting stress ($r = -.673, n = 17, p < .01$). Perceived stress and life stress were not significantly correlated with cultural affiliation. There was a strong correlation between cultural affiliation and perceived social support (total) ($r = .515, n = 17, p < .05$), as well as a strong correlation between cultural affiliation and perceived social support (friends) ($r = .527, n = 17, p < .05$). Perceived social support from a significant other and from family were not correlated with cultural affiliation. N is smaller here due to one missing VIA questionnaire. Correlations between cultural affiliation, perceived social support and maternal stress can be found in Table 2.

Table 2

Correlations Between Cultural Affiliation, Perceived Social Support and Maternal Stress

Variable	1	2	3	4	5	6	7	8
1. Cultural Affiliation	--	.515*	.527*	.252	.230	-.673**	.050	.061
2. Perceived Social Support (total)		--	.708**	.701**	.777**	-.540*	.008	.159
3. Perceived Social Support (friend)			--	.441	.176	-.655**	-.210	.148
4. Perceived Social Support (sig. other)				--	.346	-.389	-.025	.016
5. Perceived Social Support (family)					--	-.188	.196	.137
6. Parenting Stress						--	.519*	-.060
7. Perceived Stress							--	.285
8. Life Stress								--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

Maternal sensitivity: An indication of resilient functioning as related to maternal risk factors. There was a strong negative correlation between a mother's fostering of child's socio-emotional development (one aspect of sensitivity) and parenting stress ($r = -.534, n = 16, p < .05$). There are a few results that, while not significant at the conventional alpha level of 0.05, were significant at the $p < 0.1$ level, and may be worth examining as trends. A negative correlation was identified between a mother's fostering of child's socio-emotional development and perceived stress ($r = -.443, n = 16, p < 0.1$). There was also a negative correlation between maternal sensitivity to child's cues and

parenting stress ($r = -.435, n = 16, p < 0.1$). Maternal sensitivity did not appear to be correlated with social support or cultural affiliation. N is smaller here due to two videos being corrupted. Table 3 shows correlations between maternal sensitivity and maternal stress.

Table 3

Correlations Between Maternal Sensitivity and Maternal Stress

Variable	1	2	3	4	5	6	7
1. Maternal Sensitivity to Child's Cues	--	.385	.219	.422	-.268	-.435+	.165
2. Maternal Response Patterns to Child		--	-.012	.422	-.186	-.182	.019
3. Maternal Socio-Emotional Growth Fostering			--	.471+	-.534*	-.443+	-.300
4. Maternal Cognitive Growth Fostering				--	-.315	-.163	-.087
5. Parenting Stress					--	.519*	-.060
6. Perceived Stress						--	.285
7. Life Stress							--

*Correlation is significant at the $p < 0.05$ level

+Correlation at the $p < 0.1$ level

Hypothesis Two. In the second hypothesis, it was postulated that infant development would be related to maternal resilient functioning. Correlational analysis were completed to explore relationships between child development (measured with

Bayley's), maternal social support (protective factor measured with MSPSS), maternal cultural affiliation (protective factor measured with VIA), parenting stress, perceived stress, life stress (risk factors measured with PSI, PSS and CTES respectively) and maternal sensitivity as coded in video interactions (resilient functioning measured with NCAST), as well as between child's cueing and responsiveness (infant interaction styles measured with NCAST), maternal social support (protective factor measured with MSPSS), maternal cultural affiliation (protective factor measured with VIA), parenting stress, perceived stress, life stress (risk factors measured with PSI, PSS and CTES respectively) and maternal sensitivity as coded in video interactions (resilient functioning measured with NCAST).

Child cognitive, language and emotional development: An indicator of child resilient functioning as related to maternal resilient functioning. No aspects of child development were significantly correlated with any factors of maternal stress. There was a strong positive correlation between child socio-emotional development and maternal perceived social support (total) ($r = .527, n = 18, p < .05$). No other aspects of child development were significantly correlated with any factors of maternal perceived social support, nor with maternal cultural affiliation. Child cognitive development showed a strong positive correlation with maternal socio-emotional growth fostering ($r = .515, n = 16, p < .05$). Child socio-emotional development showed a strong negative correlation with maternal sensitivity to child's cues ($r = -.615, n = 16, p < .05$). N is smaller here due to two video files having corrupted data.

There are a few results that, while not significant at the conventional alpha level of 0.05, were significant at the $p < 0.1$ level, and may be worth examining as trends. A

positive correlation emerged between child socio-emotional development and maternal social support (family) ($r = .435, n = 18, p < 0.1$). There was a negative correlation between child's receptive language and maternal life stress ($r = .404, n = 18, p < 0.1$). There was also a negative correlation between a child's expressive language and parenting stress ($r = .405, n = 18, p < 0.1$). Child socio-emotional development showed a negative correlation with maternal fostering of child cognitive development ($r = -.507, n = 16, p < 0.1$). Child expressive language was positively correlated with maternal responsiveness to child ($r = .474, n = 16, p < 0.1$). Table 4 shows correlations between child's development and maternal perceived social support. Table 5 shows correlations between child's development and maternal stress. Table 6 shows correlations between child's development and maternal sensitivity.

Table 4

Correlations Between Child Development and Perceived Social Support

Variable	1	2	3	4	5	6	7	8
1. Child Cognitive Development	--	.586*	.510*	.288	.172	.010	.321	.120
2. Child Expressive Language		--	.648**	.158	-.039	-.200	.173	.007
3. Child Receptive Language			--	-.198	-.226	-.319	.099	-.244
4. Child Socio-Emotional Development				--	.527*	.387	.328	.435+
5. Perceived Social Support (total)					--	.708**	.701**	.777**
6. Perceived Social Support (friend)						--	.440+	.176
7. Perceived Social Support (sig. other)							--	.346
8. Perceived Social Support (family)								--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

+Correlation at the $p < 0.1$ level

Table 5

Correlations Between Child Development and Maternal Stress

Variable	1	2	3	4	5	6	7
1. Child Cognitive Development	--	.586*	.510*	.288	-.146	-.271	.030
2. Child Expressive Language		--	.648**	.158	-.373	-.405+	-.333
3. Child Receptive Language			--	-.198	-.018	-.071	-.404+
4. Child Socio-Emotional Development				--	.234	-.242	.154
5. Perceived Stress					--	.519*	.285
6. Parenting Stress						--	-.060
7. Life Stress							--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

+Correlation at the $p < 0.1$ level

Table 6

Correlations Between Child Development and Maternal Sensitivity

Variable	1	2	3	4	5	6	7	8
1. Child Cognitive Development	--	.586*	.510*	.288	.012	.132	.515*	-.305
2. Child Expressive Language		--	.648**	.158	.202	.474+	.374	.142
3. Child Receptive Language			--	-.198	.049	.086	.382	.147
4. Child Socio-Emotional Development				--	-.615*	-.172	.068	-.507+
5. Maternal Sensitivity to Child's Cues					--	.385	.219	.422
6. Maternal Response Pattern to Child						--	-.012	-.387
7. Maternal Socio-Emotional Fostering							--	.471+
8. Maternal Cognitive Fostering								--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

+ Correlation at the $p < 0.1$ level

Child responsiveness and cueing as an indicator of child resilient functioning.

Child responsiveness to mother showed a strong positive correlation with cultural affiliation ($r = .653, n = 16, p < .05$). Child responsiveness to mother showed a positive correlation with maternal social support (friend) ($r = .573, n = 16, p < 0.05$). Child responsiveness to mother showed a negative correlation with parenting stress ($r = -.620, n$

= 16, $p < 0.05$). Child responsiveness to mother showed a strong positive correlation with maternal fostering of child's cognitive development ($r = .615, n = 16, p < .05$). N is smaller here due to two videos showing corrupted data.

There are a few results that, while not significant at the conventional alpha level of 0.05, are significant at the $p < 0.1$ level, and may be worth examining as trends. Child cueing of mother showed a positive correlation with cultural affiliation ($r = .453, n = 16, p < 0.1$). Child cueing of mother showed a negative correlation with parenting stress ($r = -.489, n = 16, p < 0.1$). Child responsiveness to mother had a positive correlation with maternal sensitivity to cues ($r = .508, n = 16, p < 0.1$). Child cueing of mother showed a positive correlation with maternal socio-emotional growth fostering behaviour ($r = .489, n = 16, p < 0.1$). Table 7 shows correlations between child behaviour, maternal perceived social support and cultural affiliation. Table 8 shows correlations between child behaviour and maternal stress. Table 9 shows correlations between child behaviour and maternal sensitivity.

Table 7

Correlations Between Child Behaviour, Perceived Social Support and Cultural Affiliation

Variable	1	2	3	4	5	6	7
1. Child Cueing to Mother	--	.491+	.400	.077	.304	.416	.453+
2. Child Response Patterns to Mother		--	.407	.088	.573*	.190	.653*
3. Perceived Social Support (total)			--	.701**	.708**	.777**	.515*
4. Perceived Social Support (sig. other)				--	.440+	.346	.252
5. Perceived Social Support (friends)					--	.176	.527*
6. Perceived Social Support (family)						--	.230
7. Cultural Affiliation							--

** Correlation is significant at the 0.01 level

*Correlation is significant at the 0.05 level

+ Correlation at the p<0.1 level

Table 8

Correlations Between Child Behaviour and Maternal Stress

Variable	1	2	3	4	5
1. Child Cueing to Mother	--	.491+	-.489+	.001	-.002
2. Child Response Patterns to Mother		--	-.620*	-.162	.282
3. Parenting Stress			--	.519*	-.060
4. Perceived Stress				--	.285
5. Life Stress					--

*Correlation is significant at the 0.05 level

+ Correlation at the $p < 0.1$ level

Table 9

Correlations Between Child Behaviour and Maternal Sensitivity

Variable	1	2	3	4	5	6
1. Child Cueing to Mother	--	.491+	.068	-.066	.489+	.272
2. Child Response Patterns to Mother		--	.508+	-.021	.343	.615*
3. Maternal Sensitivity to Child's Cues			--	.385	.219	.422
4. Maternal Response Pattern to Child				--	-.012	-.037
5. Maternal Socio-Emotional Fostering					--	.471+
6. Maternal Cognitive Fostering						--

*Correlation is significant at the 0.05 level

+ Correlation at the $p < 0.1$ level

Discussion

Resilient functioning is best understood as positive adjustment leading to positive outcomes despite an adverse context. In mother-infant relationships, this process is investigated through understanding the role of maternal sensitivity and contingent interactions within the dyad. Resilient functioning is an important area of investigation for an urban Aboriginal community, as urban Aboriginal families are often exposed to numerous stressors and adversity. By using a framework based on the Allostatic Stress Calibration Model, we were able to examine whether protective factors in the mothers'

life led to resilient functioning, and thus developed a new understanding of how Aboriginal families may cope and respond to stress, and adapt to a possibly adverse context.

Part 1 of this project utilized semi-structured interviews with urban Aboriginal mothers in order to gain a better understanding of how participants viewed positive parenting. It was hypothesized that typical Aboriginal parenting values and norms would differ from parenting styles commonly found in Canadian parents of European background. Second, it was hypothesized that parenting practices would be related to cultural teachings and traditionally important activities. Part 2 of this study was aimed at better understanding dyadic resilient functioning, using conventional measures of maternal sensitive, maternal contextual factors and child developmental outcomes. In order to do this, relationships were examined between facets of child development and maternal contextual factors. A third hypothesis postulated that maternal sensitivity and positive parenting, in the face of adversity, would be related to protective factors in the maternal environment. Fourth, it was hypothesized that infant development would be related to maternal sensitivity and resilient functioning.

Part 1

Data obtained from the semi-structured interviews resulted in eight rich themes, which provided support for the first two hypotheses. The two most prominent themes to emerge, which differ from themes commonly endorsed by western parents were, first, the desire to *Change the Cycle* of trauma and abuse that the mothers themselves had suffered during their own development, and second the importance placed on *Culture*, which inherently fits in with the second hypothesis. Other emergent themes included *providing*

necessities, meeting emotional needs, teaching, providing entertainment, and sensitivity.

Changing the Cycle. This theme was reported throughout the interviews, both as a way to express a motivation for positive parenting and also as a way to distance oneself from the stresses and traumas previously experienced. This distancing is an interesting way to understand how these women were adapting to their possibly stressful life experiences. Women who endorsed this theme expressed a desire to parent in a way that significantly differed from the rearing they had received, in order to provide their children with a more positive childhood experience than the one that they themselves had had. In the general population, it is not uncommon to find patterns of abuse and neglect repeated throughout generations, with those who have been victimized continuing to victimize their offspring (Desai et al., 2002; Horwitz et al., 2001). In contrast with existing literature, the women in the current study not only appear highly motivated to change their previous patterns of abuse and neglect, but also willing to take action to ensure they will be successful.

For a population of women that, overall, has limited resources, minimal education beyond high school, and extremely high rates of life stress and trauma, the self-reflection, will power, motivation and eagerness to change reported by each was inspiring, and has important implications for the ways in which Aboriginal parenting is understood. This finding may support the existence of a fundamental difference between Aboriginal parenting and western parenting; though Aboriginal women in this study and western mothers in research literature (Easterbrooks et al., 2007) both express a need to nurture, support, teach and provide for their children, Aboriginal mothers express an additional overarching need to provide a richer childhood experience for their offspring than they

themselves have had. The determination and resolve reported here shows an important avenue of stress calibration and could positively impact the way in which Aboriginal parenting is understood, especially by clinicians and child welfare workers.

Culture. In support of the second hypothesis, the finding, which, while related to the theme of *Changing the Cycle* is however distinct, was the emphasis placed on incorporating the Aboriginal *culture* into parenting practices. The participants talked about how traditional teachings, community parenting classes, sharing circles and respect for the creator can benefit their children's developmental outcomes. A recurrent idea was that of returning to traditional Aboriginal roots, forgetting the trauma, drugs, alcohol and homelessness that has recently stereotyped the community, and instead returning to a time when everyone helped each other, depended on each other and shared the duties of raising a child. This theme demonstrated that the participants, though wanting experiences for their child that differed from their own, did not want to dissociate from their culture. On the contrary, they seem to wish to return to a more optimal or traditional version of that culture, and in the process find ways of bettering their child's developmental outcomes. This finding aligns with trends currently observed in the Canadian Aboriginal culture generally, as communities are fighting to reclaim their history, language and culture after a period of colonialization when many traditions and cultural ties decimated (BRSC, 2012). In a community that has been incessantly marginalized, and continues to face an increased risk of adversity, the ambition to return to more traditional cultural roots, and the protective foundation that this may provide, may promote more positive child, familial, political and societal outcomes.

Indeed, in support of the second hypothesis, *Culture* played a significant role in

how these mothers expressed the ways in which they wanted to parent. Interestingly, the emphasis on Aboriginal culture played a larger role when women were asked about *Sensitive Parenting*, in comparison to when asked about *Good Parenting*. This suggests that participants associated the Aboriginal culture with sensitivity, and possibly attunement to the child, versus the more pragmatic aspects of “good parenting”. Cultural importance was further evident in the way children were described as “gifts from the creator”, and in the way that participants explained the Aboriginal ideology of love and respect for all. The above is consistent with past research on the prominence of culture in Aboriginal parenting (Neckoway, 2007), however, what the current study has highlighted is the association that mothers made specifically between *Sensitive Parenting* and *Culture*.

Understanding the relationship between Aboriginal *Culture* and *Sensitive Parenting* is an important area for further exploration. Theoretically, the teachings of the Aboriginal culture, namely, respecting all, loving all, humility, bravery and honesty, tie in closely with the concept of *Sensitivity*. Gaining a better understanding of how *Sensitivity* fits in with Aboriginal beliefs on parenting may support researchers and health care professionals to work with Aboriginal peoples in way that the community can better relate to. This may, one day, benefit the development of more highly suitable parenting programs and services provided to Aboriginal peoples through mainstream community programs, in addition to currently available ethno-centric programs. Enhancing this understanding may also result in better prevention and early intervention programs for parent-child relationships at risk of rupture.

Other main themes emerging from the interviews were consistent with themes

commonly endorsed by western parents (Easterbrooks et al., 2007). Aside from the desire to *Change the Cycle* and the emphasis placed on *Culture*, parenting values in Aboriginal mothers did not differ from those described in existing literature. Indeed, themes of *love, support, nurture, education, food, clothing* were salient in the same way that they have been in other researcher's reports on North American parenting generally (Attree, 2005; Polansky et al., 2006).

In sum, the semi-structured interviews provided rich data in support of both hypotheses. Though several themes endorsed by Aboriginal mothers as important for *Good and Sensitive Parenting* overlap with themes typical of European-Canadian parenting, there were two significant themes that differentiated the parenting practices between the two cohorts of mothers; *Changing the Cycle* and *Culture*. The emphasis placed on incorporating *Culture* into parenting practices also supports the second hypothesis that Aboriginal parenting relies more heavily on cultural traditions. These findings have important implications for a positive development in how Aboriginal parenting practices are currently conceptualized, and how families might be better supported in adapting to the stressors in their given situation.

Part 2

Maternal Resilient Functioning and Protective Factors. Two main findings provided support for the third hypothesis that maternal sensitivity, in the face of adversity, is related to protective factors in the maternal environment. First, the more social support a mother perceived she had, the less parenting stress she experienced. Second, the greater a mother's affiliation with the Aboriginal culture, the less parenting stress she experienced. Maternal perceived social support was also positively related to

affiliation with the Aboriginal culture, suggesting that the more connected the women were to their heritage culture, the more supported they felt. These results, though rich with possible implications, are correlational in nature and provide no data on direction or effect. Though it is likely that women with increased cultural affiliation feel more supported, there are numerous alternate explanations: women who feel more supported may be more open to culture; the less stress a woman feels, the more supported she may feel, or the more appreciative she may be of that support. Despite alternate explanations, these results are congruent with those found in current literature; membership to a community has been shown to increase perceived social support, and increased social support has been shown to act as a protective factor (Kirmayer et al., 2009). The results, based on standardized measures, support the data obtained through the interviews (discussed above): the mothers, both in their own words and through the responses provided on questionnaires, emphasized the importance of the Aboriginal culture and how it relates both to their parenting style and their well-being. In a community laden with historic and current stressors, fostering the protective factors of social support and cultural affiliation could positively promote adaptation to adversity. Aboriginal mothers, if properly supported and provided with culturally appropriate resources, have the potential to optimize the childhood developmental outcomes of so many young Aboriginal children in Canada today. Further research should investigate whether the incorporation of cultural content into services or resources accessed by this community would be of benefit. By nurturing and promoting the Aboriginal culture, a culture that has traditionally valued children exceptionally, resources might be able to better serve the community in a way that will best benefit the families and children at risk for family

ruptures and suboptimal developmental outcomes.

Consistent with existing research, parenting stress and perceived stress were positively correlated; however, it is interesting to note that neither social support nor cultural affiliation were positively correlated with perceived stress, though related to parenting stress. One explanation for this unexpected finding may lie in the inconsistent way in which questions are posed on several of the stress-focused questionnaires, for example, querying how the mother reacts to a child's behaviours over any previous time period (PSI), versus how the mother has felt over the past month (PSS). It is possible, for example, that the past month had not been as challenging for participants as adapting to parenting on a whole had been. In addition, neither social support, nor cultural affiliation were related to life stress. This finding may be explained by understanding the life stressors experienced by the participants. Though the majority of women endorsed numerous life stressors, they referred mostly to sexual abuse, physical abuse, witnessing murder, witnessing suicide etc., many of which had, more often than not, happened during the mothers' childhood. As made clear during the interviews, these traumas, though highly stressful, likely acted as a catalyst for positive change in the women's lives. In a future study, it would be of interest to examine how cultural stress might be related to all the above. Questionnaires like The Historical Loss Associated Symptoms Scale (Whitbeck et al., 2004), for example, measures how marginalization and colonialization in the Aboriginal culture have led to different life stressors.

A third interesting finding relating to maternal resilient functioning, was that the less stress a mother reported, the more positive parenting practices she showed during the dyadic interactions. Two findings supported this assertion: First, the less perceived stress

a mother experienced, the more behaviours she showed in fostering her child's socio-emotional development. Second, the less parenting stress a mother experienced, the more behaviours she showed in fostering her child's socio-emotional development. Here, again, it is important to note that these findings are correlational, and though they show relationships, it is impossible to conclude that they are directional; one must always consider alternate explanations. These results suggest that lower levels of stress are related to parenting in a way that fosters development. This might be because fostering-like behaviours allow for more positive mother-infant relationship, more enjoyable mother-infant interactions and more positive childhood behaviours. In addition, less stress may allow for more maternal sensitivity and availability. These results support a stress calibration approach that provides a positive lens for Aboriginal parenting; when these mothers were able to cope and adapt to their perceived stress and parenting stress, they acted in a way that better fostered optimal childhood development.

Maternal Resilient Functioning and Child Development. Four findings supported the fourth hypothesis that maternal resilient functioning and sensitivity would be related to infant development. First, the less parenting stress a mother reported, the better developed her child's expressive language skills were. Second, the more social support the mother reported, the better developed her child's socio-emotional skills were. Third, the less parenting stress a mother reported, the better her child was at responding to maternal cues. Fourth, the more strongly a mother was affiliated with the Aboriginal culture, the better her child was responding to maternal cues, showing increased contingent interactions. These results suggest that protective factors are not only of potential benefit to the Aboriginal mother, but also likely positively related to childhood

outcomes, supporting findings in the existing literature (Brennan et al., 2003; Luthar et al., 2006; Martinez-Torteya et al., 2009). By accessing these protective factors, these women may be using social support and culture as a way to promote resilient functioning in their children. Importantly, the child seems to be benefiting from maternal protective factors from many perspectives: increased expressive language skills, better socio-emotional skills and more positive contingent interaction styles.

Several trends emerged when the dyadic interactions were examined, some consistent with the literature and supporting the fourth hypothesis, others unexpected. Three findings were congruent with the existing literature (Easterbrooks et al., 2007): First, stronger maternal cognitive growth fostering was related to better child responsiveness to mother. Second, increased maternal sensitivity to the child's cues was related to better child responsiveness to mother. Third, increased maternal socio-emotional growth fostering was related to better child cueing patterns. There was, however, one very surprising trend, though not significant at the conventional alpha level, it was approaching significance. Increased maternal cognitive growth fostering was related to poorer child socio-emotional development. It is possible that mothers who are cognizant of their child's development, and have a child that is less cognitively or socially developed, will actually work harder to foster development. It is also possible that this is a new finding specific to the Aboriginal culture, in which mothers, who have a desire to *Change the Cycle*, may actually over-respond to their child's cues and create an intrusive environment, which may be leading to child inhibition. This will be an important area for further investigation with a larger sample size.

Limitations

This study was one of first of its kind to be conducted with a population of urban Canadian Aboriginal mothers. The study derives its strength from its multi-modal approach, and use of a mixed methodology, incorporating interview, questionnaire and observational data. However, there were several limitations. The most significant limitation to the study was the sample size. With a sample size of 18, qualitative analysis can be more than adequate; however, quantitative analyses may fall short with regard to generalizability. The reason for the small sample was largely due to difficulties encountered during the recruitment phase. Importantly, the project has not yet terminated and recruitment is ongoing. Though a small sample size presents substantial drawbacks, the fact that significant quantitative results were identified is quite meaningful, as correlational research often lends to more significant results with larger sample sizes.

A second important limitation of this study is that the quantitative analysis made use of correlational research. Although this study allows for trends in Aboriginal parenting to be found, no causal or directional findings can be assumed. This statistical method was chosen because of the smaller sample size and the nature of it being an exploratory study; once more participants have been recruited, data will be re-analyzed using regression analysis.

A third limitation of this project is that the questionnaires were all based on self-report. The participants were responsible for answering each measure, and few of the measures had social desirability scales. Possibly, participants could have responded in an idealistic fashion. Additionally, the questionnaires and coding system used in this study were designed and systematized with Western, Euro-centric ideals. It is possible that these tools were not adequately accessing information related to parenting, risk and

protective factors of these women. For this reason, semi-structured interviews asked about similar information that was retrieved from the questionnaires.

A fourth limitation of this study is that the bulk of the recruitment was done through online ads. This means that the cohort of mothers who participated were actively searching online, and had Internet access. It is possible that these mothers are not representative of the population of urban Canadian Aboriginal mothers on the whole. However, it is believed that due to the range in income levels, education levels and family dynamics found across the participants, these mothers do demonstrate the ‘archetypal’ urban Canadian Aboriginal woman. Alternatively, if all mothers had been recruited through Aboriginal community centres, it is possible that their cultural knowledge and affiliation would have been stronger than what is generally found in this population of urban women.

Implications and Future Directions

Despite the limitations of this study, important results were obtained that can provide useful and pivotal information for future studies. Future studies should build on the current results to hopefully help inform the adaptation of programs that will better serve vulnerable and marginalized communities. The importance for Aboriginal mothers, of integrating Aboriginal culture into their parenting, a finding that was prominently supported across both the qualitative and quantitative data, needs to be investigated further as it has the potential to change how even mainstream services could be provided to this community. In a community that continues to be marginalized, and is now fighting to regain its cultural identity, nurturing cultural connection is vital. In order to do this, we must first better understand which cultural traditions specifically are of importance, and

why these may be providing positive outcomes. If family services, child welfare services, health care professionals and other community resources are able to more successfully incorporate Aboriginal teachings and traditions into their service provisions, it is possible that families who currently do not access these programs might begin to seek help, and that families who do use these programs will better identify with the support provided. If Aboriginal communities could be better supported in returning to their traditional roots and the protective aspects of culture, it may be that fewer families would struggle and suffer relationship ruptures, which often lead to intervention by the child welfare system. Using the above results showing that the Aboriginal mothers in the current study benefitted from social support and cultural affiliation, it may be possible to design future studies that will one day vastly improve the prospective childhood outcomes for many children across Canada, and the well being of their parents.

Building on the findings of this exploratory study, future studies must first replicate results before conclusions can be drawn. Based on the current findings, it will be important to investigate the types of cultural traditions to which urban Aboriginal mothers feel particularly connected to, how or why these relate to sensitive parenting, and how these traditions can be promoted so as to be more easily accessible to all Aboriginal parents. Another exciting avenue to explore is where the motivation to *Change the Cycle* comes from and how this desire to change can best be supported in a culturally appropriate way. Importantly, as this study was done with correlational analysis, a next step will be to investigate any causal trends in Aboriginal parenting.

Conclusion

The overall goal of this study was to gain knowledge of culturally favoured

parenting styles and resilient functioning in Aboriginal mother-infant dyads through a strength-focused framework, namely an approach that focuses on Allostatic Stress Calibration. The hope is that this awareness will ultimately contribute to the creation of early prevention and intervention programs so important in high-risk communities, and will thus benefit these communities, as opposed to simply deriving knowledge from them. Findings suggest, that despite having high levels of trauma, life stress and current challenges, urban Aboriginal mothers benefit from the protection of social support and strong cultural affiliations; whether this leads to increased positive outcomes for their children needs to be addressed in future studies. These results support the need for further research that will help inform the development of new policy, parenting resources, Aboriginal services and other family-based programs that can be better aimed at providing the cultural support that appeared so beneficial in the mother-child dyad in this study. Further research should investigate whether these findings are applicable to Canadian Aboriginal peoples living on reserves and in the territories, the cultural traditions of most importance, as well as any causal trends found between protective factors in the maternal environment and positive childhood outcomes.

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Appendix A

Demographic Information

ID	Age	Child Age (Months)	Marital Status	Total Family Members	Education Level	Annual Income	Total Traumas Endorsed on CTES /26
Average	28.5	23		4	HS (high school)	26,500	
21	19	5	Common Law	3	HS Incomplete	10,000	7
64	36	18	Single	2	HS	21,000	12
78	17	3	Common Law	5	HS Incomplete	13,200	19
91	34	42	Single	2	University	50,000	3
92	31	2	Single	5	HS	12,840	1
97	33	32	Single	4	HS	45,000	10
103	18	6	Single	4	HS Incomplete	6000	4
104	22	33	Single	4	HS	36,000	10
108	19	9	Single	5	HS Incomplete	4800	7
109	20	11	Married	3	University Incomplete	30,000	13
110	27	52	Common Law	3	University	-	11
111	32	28	Single	2	University	30,000	6
112	31	36	Single	4	University	-	11
113	33	43	Single	2	HS Incomplete	-	9
114	39	25	Single	3	University Incomplete	20,000	20
115	29	12	Single	4	HS	-	6

116	42	30	Common Law	3	University Incomplete	10,000	22
117	31	29	Common Law	6	University Incomplete	80,000	11

Appendix B

Semi-Structured Interview Questions

ATTRIBUTIONS

I'd like to ask you to choose 5 adjectives or words to describe your child

Why did you choose those words?

SENSITIVITY

What does it mean to you to be a good parent?

What characteristics do you think you possess that make you a good parent?

What does it mean to be a sensitive caregiver?

Is it important to you to be sensitive, reflective, understanding, and warm towards your child? Is this emphasized in your family? Is this emphasized in your culture?

(If North America, in mainstream culture?)

ROLE OF OTHER CAREGIVERS

Are there other caregivers who assist/have assisted in the caregiving of your child?

What role and responsibilities does this person have in caregiving?

TRAUMATIC LIFE EXPERIENCES

Earlier, you completed a questionnaire that asked you some questions regarding difficult life experiences that can have a lasting effect (e.g. death of a loved one, exposure to violence). Have any of these experienced affected the way you parent your child?

INTERGENERATIONAL PARENTING

How would you describe your relationships with your parents as a young child?

Did your experiences as a child influence how you parent today?

What forms of discipline did you receive as a child?

What impact did that have on your use of discipline with your own child?

Appendix C

Commonalities Between Codes that Created Themes of Good Parenting

THEME	Participant ID's who endorsed each code
General Emotional Needs	116, 112, 117, 110, 103, 92, 91, 113, 111,
Unconditional Love	109, 104, 97, 78, 64, 114, 108, 21
Support	
Encouragement	
Provide Comfort	
Love	
Just Being There	
Individual Needs	97, 91, 21, 117, 115, 113, 110, 109, 112, 64
Reading Cues	
Giving Attention	
Individual Characteristics	
Patience	
Listening	
Sensitivity	
Empathy	
Providing Essentials	115, 112, 110, 109, 108, 78, 64, 117, 111
Shelter	
Safety	
Food	
Clothing	
Teaching	116, 115, 114, 111, 108, 64, 110, 117
Strong Values	
Strength and Independence	
Positive Outlook	
Tools to Navigate World	
Respect and Love	
Provide Entertainment	111, 109, 92, 91, 104
Playful	
Stimulating	
Keeping Child Happy	
Cultural Emphasis	113, 111, 117, 104
Spirituality	
Seven Grandfather	
Teachings	
Honor and Blessing	

Commonalities Between Codes that Created Themes of Sensitive Parenting

THEME	Participant ID's who endorsed each code
General Emotional Needs	64, 78, 108, 109, 11, 11, 103, 112, 113,
Patience	115, 114, 116
Love	
Provide Comfort	
Unconditional Support	
Encouragement	
Just Being There	
Listening	
Individual Needs	116, 110, 117, 114, 97, 91, 64, 117, 109,
Providing Attention	92, 78, 104
Individual Needs	
Reading Cues	
Understanding Emotions	
Intuition	
Everything in New	
Cultural Emphasis	115, 114, 112, 111, 110, 97, 91, 78, 21, 117
Cultural Sensitivity	
Use of Community	
Teaching	116, 115, 113, 104, 91, 21
Leading by Example	
Providing Explanation	
Teaching	

Appendix D

Description of NCAST Terms

Maternal Sensitivity to Cues	How well a mother recognizes and responds to her child's cues during the teaching interaction
Maternal Response Patterns	How a mother reacts and responds to her child in during the teaching interaction
Maternal Socio-Emotional Growth Fostering Behaviour	How frequently a mother displays behaviours that promote her child's socio-emotional growth during the teaching interaction; her affect and communicating in a positive tone
Maternal Cognitive Growth Fostering Behaviour	How frequently a mother displays behaviours that promote her child's cognitive growth during the teaching interaction; the experiences she makes available to her child

Child Cueing	How clear the infant's cues are to his or her mother during the teaching interaction
Child Response Patterns	How well the infant is engaging with his or her mother during the teaching interaction

Appendix E*NCAST Norms in Comparison to Aboriginal Means*

NCAST Terms	NCAST Norms	Aboriginal Means
Sensitivity to Cues	9.72	8.375
Maternal Responsiveness	10.3	10.06
Socio-Emotional Growth Fostering	9.56	8.06
Cognitive Growth Fostering	13.82	10.5
Clarity of Cues	8.2	8.43
Responsiveness to Mother	7.95	7.13

Appendix F

Cognitive Scaled Scores and Percentile Ranks on Bayley (Age Normed)

Infant ID	Scaled Score	Percentile Rank and Descriptive Term
21	1	0.1; Extremely Low
64	1	0.1; Extremely Low
78	10	50; Average
91	1	0.1; Extremely Low
92	6	9; Low Average
97	1	0.1; Extremely Low
103	1	0.1; Extremely Low
104	1	0.1; Extremely Low
108	1	0.1; Extremely Low
109	1	0.1; Extremely Low
110	1	0.1; Extremely Low
111	1	0.1; Extremely Low
112	1	0.1; Extremely Low
113	1	0.1; Extremely Low
114	1	0.1; Extremely Low
115	1	0.1; Extremely Low
116	1	0.1; Extremely Low
117	1	0.1; Extremely Low

Appendix F

Socio-Emotional Scaled Scores and Percentile Ranks on Bayley (Age Normed)

Infant ID	Scaled Score	Percentile Rank and Descriptive Term
21	1	0.1; Extremely Low
78	3	1; Extremely Low
91	1	0.1; Extremely Low
92	3	1; Extremely Low
97	1	0.1; Extremely Low
103	1	0.1; Extremely Low
104	1	0.1; Extremely Low
108	1	0.1; Extremely Low
109	1	0.1; Extremely Low
110	1	0.1; Extremely Low
112	1	0.1; Extremely Low
113	1	0.1; Extremely Low
114	1	0.1; Extremely Low
115	1	0.1; Extremely Low
116	1	0.1; Extremely Low
117	1	0.1; Extremely Low