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Résumé de l'article

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An exploratory study on the use of Photovoice as a method for approaching FASD prevention in the Northwest Territories

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Abstract

The Brightening Our Home Fires (BOHF) Project was a project that took place in four communities in the Northwest Territories (NT) from 2011-2012. The purpose of this project was to explore the issue of Fetal Alcohol Spectrum Disorder (FASD) prevention as a health concern in the NT, and to develop an approach that was meaningful for women participants. The intent of the project was to develop a culturally-responsive intervention study addressing links between trauma, and FASD prevention from a social determinant of women's health perspective through a Participatory Action Research framework. While the project was intended to explore and inform on the topic of FASD prevention work, the primary research question was: What does health and healing look like for you in your community? Thirty women from four communities participated in this project: Yellowknife, Lutsel 'ke, Behchokö, and Ulukhaktok. This research had differing impacts on participants but an overarching construct was that participation in Photovoice supported women to see their lives in new ways and to reflect upon different struggles and possibilities. Engaging in this research was intended to build relationships, develop community based research partnerships and intended to develop a framework for informing services and practice responses, or enhancements to current service delivery frameworks around FASD prevention and related health concerns.

Authors' Note: This paper is part of the Brightening Our Home Fires project. It is the second in a series of three articles in this journal: 1) An Examination of Three Key Factors Alcohol, Trauma and Child Welfare: Fetal Alcohol Spectrum Disorder and the Northwest Territories of Canada, Brightening Our Home Fires; 2) An Exploratory Study on the Use of Photovoice as a Method for Approaching FASD Prevention in the Northwest Territories; and 3) Healing through Photography – A Reflection on the Brightening Our Home Fires Project in the Remote Hamlet of Ulukhaktok, Northwest Territories. Together these three articles provide a comprehensive introduction and overview of this project that took place in the NT from 2011-2012. These are the first publications on this research. This project received funding from the First Nations and Inuit Health Branch, ethics approval from the Conjoint

Faculties Research Ethics Board at the University of Calgary and a research license from the Aurora Research Institute after a process of community consultation with different communities engaged in this project. These papers are of interest to researchers, practitioners and educators in the north.

Introduction

The goal of the Canada FASD Research Network is to reach out to as many communities as possible, particularly in the north to better understand the unique issues and challenges for this population. The original team for this project was drawn from the membership of the Canada FASD Research Network Action Team (NAT) on Women's Social Determinants of Health that has been meeting monthly since 2007 (See Appendix 1). This project emerged primarily from concerns raised by members of the NAT who resided in the NT and were engaged in women's health issues. While attending the International Circumpolar Conference on Health (ICCH) held in Yellowknife, NT in 2009 a small group strategized and worked on developing a proposal for this project that was subsequently funded by the First Nations and Inuit Health Branch of Health Canada. The construct of women's health served as a foundation for approaching the topic of FASD prevention. The chosen methodology was qualitative and framed as Participatory Action Research (PAR).

Photovoice was selected as a means for engaging women on the topic of FASD prevention and 30 women from different communities were involved in the project. Women were recruited for this project through an invitation to participate that was sent to key community contacts as well as through word of mouth. For example, participants in Yellowknife who experienced homelessness in one centre were invited to the Photovoice workshop. Women participants in Yellowknife had an age range from 28-62. While five of seven women were unemployed, at least one woman who was homeless had a job in the home renovation industry and was trying to get her life stabilized, and another in a part time cleaning job. Another participant attended a full time adult education program. While a few participants joined at the outset, other women who saw the activity over a few days also asked to join in as the excitement about using cameras, taking photographs and creating the Photovoice document increased and garnered interest. Women who were homeless in Yellowknife were both Dene (4) and Inuit (3) and had left their home communities. As this study was exploratory in nature, the research agenda did not identify exclusionary criteria, such as direct experience with FASD. As the foundation of this research was grounded in the constructs of health and healing, the invitation to participate was open to women who were willing to participate and act as key informants to this project. The participants were all adult women who expressed an interest in the project and had participated in community meetings held to consult communities prior to the research and community visits. This article primarily focuses on the experience of women who are homeless and living in Yellowknife, NT and sharing their experiences. These will be represented through images and text provided by the women participants.

This article provides a review of the research project, methodology and approaches, ethical consideration, a discussion on the sensitivity of FASD prevention in a northern context and a discussion on the need for community engagement in this health related prevention approach. This research was community based and intended to be inclusive of women with distinct ideas, culture and ways of expressing impressions and thoughts. Photovoice provided an inviting approach to engage with women in the BOHF project. Although this research was carried out specifically in the NT we believe that the approach has merit for other territories and may be of interest more broadly to Northern communities.

Primary goals of the research

As a research team, our vision for this research project included:

- Supporting the voices of women in the NT through Photovoice
- To become informed of what constitutes health and healing from a women's perspective in distinct Northern communities
- Engage in community networking, supporting local, health related community initiatives
- Developing knowledge about FASD prevention from a health perspective lens in a Northern context in a way that was engaging and meaningful for women.

As a means of introduction, the photograph below speaks volumes about the Brightening Our Home Fires (BOHF) Project. This image, taken by one of the researchers, can have multiple interpretations, and in relation to this project represents a meeting between technology, such as a digital camera, and a camera case made using local resources. After the workshop introducing the Photovoice project was adjourned in a remote community, a woman went home and created her own camera case. This creation offered a symbol of the community context, representing engagement in the project and the care and effort that went into the women participants' work, while at the same time conveying the skill, knowledge and talent of the participant.

Image 1: Digital Camera and Hand Made Camera Case



The prevention of FASD is an interdisciplinary concern that is dominantly rooted in discourse that crosses into the areas of addictions, women's health, and child protection issues. This Photovoice project originated from concerns identified in the Northwest Territories by members belonging to the Canada FASD Research Network Action Team (NAT) on Women's Social Determinants of Health. Members of the NAT who had interests in women's health concerns in the North and an appreciation of the realities of access to health services in rural and remote communities joined the research team. As a group, the NAT has had a number of discussions in monthly meetings about the topic of FASD prevention and approaching this issue sensitively and with some caution, due to potential concerns of stigma associated with this topic. A women's health lens provided a framework for project development and identification of the focus of this research.

Taking an appreciative inquiry perspective on a complex health issue such as FASD prevention, and involving Northern women's perspective through Photovoice, offered a way to highlight the importance of adding women's voices to the discourse. This study is health related and considers the needs of Northern women within their communities and context about FASD prevention and related health issues. It is important in any health prevention framework to hear the voices of people living in communities and to raise, from firsthand knowledge and experience, the concern of FASD prevention holistically and within a broader context of women's health. The application of Photovoice as a primary methodology in this research was purposeful and served as a means to explore the lives of women participants in a non-threatening manner. In terms of identifying participants, this research was approached through established local contacts, dialogues and sending out invitations to participate. Individual or small groups were used to collect women's descriptions of the photos taken. Photovoice was found to be a successful tool enabling women of the North to explore their lives.

Brief review of the literature

Fetal Alcohol Spectrum Disorder (FASD) prevention is best addressed in First Nations and Inuit communities from a cultural, historic, political and social context, and thus often takes different forms from mainstream approaches (Salmon & Clarren, 2011). Research in a Northern context needs to be both conceptualized and framed from a perspective that is relevant and realistic. When the research is focused on highly sensitive and stigmatizing issues such as maternal substance use and FASD, there needs to be a critical awareness that such work can contribute to further marginalization of First Nations and Inuit peoples and communities. The paradigm of Participatory Action Research (PAR) is considered an important framework for community based research (Bambra, Fox, & Scott-Samuel, 2005). In the Northwest Territories, the Aurora Research Institute has created protocols for ensuring respectful and ethical partnerships that better support active and collaborative community participation in research. This approach to developing new knowledge can be used by researchers who have an understanding of the community context in which health is studied (Bambra et. al., 2005). Community engagement is critical in designing prevention programs that effectively message the social indicators of health and, in particular, alcohol risks during pregnancy (Pauktuutit Inuit Women of Canada, 2010).

Current literature on Photovoice outlines a methodological approach that generally involves groups and collaborative discussions about photos and captions that represent a particular group or community (Woodley-Baker, 2009; Doyle & Timonen, 2010). For example, one project for homeless women in Calgary, AB, conducted in 2010, was presented at the first *All Our Sisters Conference* held in June 2011 in London, Ontario (Fotheringham, Walsh, & McDonald, 2011) and involved a group of women participant co-presenters. The women that took photos talked about their experiences of moving from being homeless to gaining housing. This group had Photovoice training, took pictures and met weekly for focused discussions, selection of images and development of presentations to be shared. In presenting this research, women participants discussed generally within a group how their pictures capture their voice and vision of their lives within their own context of community. Banks in Prosser (1998) identifies visual anthropology as a means to consider human experience and, in many ways, the Photovoice experience was considered to be a form auto-ethnography. The critical piece that supports this approach is that the interpretation of the images rests with the individual woman taking the pictures. While Prosser (1998) examines the issues related to the status of image-based research, he argues that the nature of this work has not been fully appreciated. Image based research cuts across a wide variety of disciplines within the sociocultural framework and holds deep possibility for exploration of sensitive and deeply personal health related phenomena reflective of lived experience.

The example of a previous Photovoice project entitled *Picture This Photovoice* emerged from Sioux Lookout, ON and was showcased at the Third Annual International Conference on FASD in Victoria, BC in 2008. This project, directed by *Mothers from Sioux Lookout*, presented powerful examples using voice and image to offer critical discourse about the lived experience of being birth mothers of children with FASD and about the needs of their children. In part, this work emerged as part of healing pathway or process for birth mothers, as well as identification of the need to advocate for their children and to encourage deeper understanding of lived experience. This project was part of the *Healthy Generations Family Support Program* and was perceived as critical visual literature that served to support a deeper understanding of FASD from a family perspective. The influence of this work was profound and compassionately portrayed the challenges and gifts of the journey of parents and mothers specifically. This pivotal work clearly identified itself as giving voice to people who are not often heard and was grounded in the lives of women in this community, with a focus on issues such as caregiving and parenting (“Picture this Photovoice,” 2009). This work provides a critical women’s perspective on the challenges, struggles and possibilities for families and children living with FASD.

The broader perspective informing and underpinning this research emerges from understanding FASD prevention from a women’s health determinants lens and perspective as outlined in the Consensus statement prepared by the Network Action Team (NAT) on Women’s Social Determinants of Health (Canada Northwest FASD Research Network, 2010). Work that is respectful, relational, considers self-determination, is women-centered, focused on a harm reduction model, appreciates a trauma informed perspective, is culturally safe and focused on health promotion is crucial. These concepts were formulated through a face-to-face meeting held with members of the NAT who provided the foundation for research values moving forward. Bastien, Carrière and Strega (2009) approach the topic of the distinction between healing versus treatment in an examination of substance misuse and child welfare practice with Indigenous families. While highlighting structural factors that influence these issues Bastien et al. (2009) identify an underlying issue of loss and vulnerability that is persistent and underscores many individual

and community problems; and suggest that healing work, including access to substance abuse services, must appreciate decolonization and understand trauma.

Methodology

This project adopted a qualitative research approach. Qualitative research generally focuses on a phenomenon of interest to particular individuals, such as researchers and communities. Participatory Action Research (PAR) is a narrative form of work that is grounded in the lived experience of participants and gives voice to such experiences from the grassroots. Using PAR as an approach is concerned with research in the social life and within communities that is potentially transformative (Kemmis and McTaggart as cited in Denzin and Lincoln, 2000). The use of Photovoice in the BOHF project enriched a deeper understanding of the context of women's lives and the challenges they face in relation to health matters in the northern parts of Canada, specifically Dene and Inuit women from the Northwest Territories. The pictures women took gave voice and meaning to their lived experiences. Qualitative research utilizing Photovoice as primary methodology positions women participants as co-investigators of the phenomenon of study – in this case an exploratory FASD prevention study in the Northwest Territories.

Critical social research emphasizes the importance of supporting marginalized people with opportunities to share their experiences, to see the connections among these experiences and to create the energy for addressing the root causes of their problems through social change (Freire, 1970). These ideas have been adopted by researchers challenging a positivist research philosophy to become participatory and community based research. Minkler and Wallerstein (2003) described the participatory community orientation as “methods and techniques for helping communities identify their strengths and the problems or concerns they wish to explore” (p. 26). Freire (1970) in his work on disempowering impact of bureaucracy on the poor saw visual images as a way of helping people think critically about their lives.

In the digital world, Wang and colleagues (1997; 2001) first used a visual methodology called photo-voice in connection with a women's health project in China. Women were given cameras to take pictures aspects of their lives and then to use the photographic record to identify 'needs' from their own point of view. Considerable effort was made to enable the photographers to maintain ownership of their images, and then to join in dialogues, discussion and storytelling using this imagery with researchers, policy makers and planners. Woodgate and Leach (2010) used photo voice as a methodology in their study of how Canadian youth frame health within the context of their lives. The study found that lifestyle factors such as healthy eating and exercise dominated the talk of health by youth, and health was seen as a physical lifestyle.

Salmon, Browne, and Pederson (2010) suggest that participatory research offers a relevant framework to involve women in research about their lives and a way to identify and develop “principles that explicate why meaningful, engaged and multi-directional collaboration is essential when conducting studies ‘on the margins’ ” (p. 342). This approach also supports community capacity building, new skill development and the potential to engage in further research work based on findings from the current study. Hunting and Browne (2010) offer their contributions to the discourse on FASD and its' relationship to colonization. They raise critical points about discourse that stigmatizes Aboriginal women and children and suggest that it is important to consider the way in which “health and social experiences often fail to be seen as located within intersection of inequity, racialization, and disadvantage” (p. 48). This notion suggests that

that it is important to consider the ways in which women view their lives, particularly on topics that exist somewhat on the margins, such as FASD prevention in the north. While it is important to examine and discuss this topic in the context of women's lives, it is also important to consider FASD prevention as a health issue in the lives of families and communities.

Engaging in qualitative research that illuminates the lived experience of women such as the BOHF project provided a place to listen, learn, and support women in a creative way. The process of directly working with women, primarily on a one to one basis was very engaging. Women were given cameras that they could use again after the project was finished. In relation to the qualitative analysis process, the images and words become data that are then translated into findings and no exact formula exists (Patton, 2002). As the primary research question focused on health and healing, with a secondary focus on FASD prevention, it was with caution that this question was approached as we appreciated the context and concern of potential stigma associated with asking directly about FASD as a phenomenon. Reviewing and sorting through photographs and text began to offer a critically emerging framework, reflective of the lived experience of women, while sensitively bringing forth experiences related to health and healing. As such, analysis of the data, which is an iterative process leads to awareness of patterns and themes that emerged through multiple reviews and key themes, will be highlighted in this article.

Adjusting the methodology of Photovoice for work in the NT unfolded naturally as it was driven by directly working with the women in their communities and their needs. Another factor was time – when we were in a community the primary focus was working directly and intensively with the women gathering photos, captions, thoughts and ideas as each woman returned with their work. In some cases women worked individually with team members and in some situations group discussions took place. This process was very instructive and Photovoice was distinctly utilized in much shorter and intensive periods of time given the remoteness of some communities. We made adjustments and worked uniquely in each community based on the needs presented in each place.

The important part of engagement with Photovoice was the opportunity to engage directly with personal, lived experience and the opportunity to look at these experiences in new ways, while for some learning a new skill. It was clear that women were very interested in the experience of taking photographs and talking about health and healing as this is an integral part of daily life, even while struggling. Community Based Photovoice as a methodology is grounded in the environment, in the land and the homes where people live and where their day-to-day life takes meaning.

The role of community women in finding culturally relevant interventions aimed at FASD prevention is central to building successful wellness strategies for Northern women. The Photovoice methodology in the BOHF project supported women to express their interpretation of well-being and what healing means to them through photos they take. This community participatory approach to determining wellness indicators requires a respect for a community and its members. O'Neil and Blanchard (2001) suggest that it is crucial to see the world of people, living in their communities, through their eyes and Photovoice presents as a methodology and approach that supports this first hand perspective about lived experience, the importance of the land, healing and health.

Ethical considerations and context

When undertaking work in the Northwest Territories, researchers are required to hold both an ethics certificate and a research license issued by the Aurora Research Institute (ARI). In this case, as the co-principal investigator (Badry) was at the University of Calgary, ethics approval was sought for the BOHF project from this institution. The key role of both the Conjoint Faculties Research Ethics Board (CFREB) of the University of Calgary and the ARI was to consider this research in light of cultural issues and to raise questions about research with a population that is considered potentially vulnerable. To this end a face-to-face meeting was held with the CFREB to review this application, respond to written feedback and answer questions by members of the board that represents faculties across the university after review of the initial submission required by the institutional ethics protocol. In similar fashion, written questions were received from the ARI in a process known as Community Consultation. This project received ethics approval from the Conjoint Faculties Research Ethics Board (CFREB), University of Calgary, and a research license from the Aurora Research Institute, the body governing and approving community based research for the NT, Yukon and Nunavut. The ARI also required and received a copy of the ethics approval certificate.

Context and stigma

With respect to engaging women in the NT in FASD Prevention work it was important to consider how this topic would be perceived and received by potential participants. The research team recognized that this is a sensitive topic and it was very clear that talking about health and healing was contextually appropriate as FASD work needs to be housed within the broader infrastructure of health related prevention and intervention activities. If we were to simply ask what women thought about FASD prevention we would not likely have achieved many results in the project. Thus a significant limitation of FASD prevention work in the NT (and other places) is the stigma associated with FASD and the perception of FASD as a moral problem (Rutman, et. al., 2000; Hunting & Browne, 2010). Activities related to FASD prevention should be more broadly focused on women's health, addiction treatment, and psychosocial supports that consider historical trauma while responding to the challenges faced by women in rural, remote and isolated communities. While Yellowknife is seen as a large urban center within the NT it still has many of the characteristics of a rural community and is a place that many women come to for health interventions and supports. It is important to note that the approach to FASD prevention was primarily exploratory in relation to methodology and approach. However, the use of Photovoice was also purposeful and seen as a way to engage in dialogue on women's health issues. In many ways, this work was a process of *learning on the go* as we moved forward.

Approach to the research

Although Photovoice primarily espouses a methodology of reviewing photographs within a group, we recognized that within this particular context, in a Northern community, the women participants may not be comfortable in sharing their personal viewpoints within a group context. It was clear that working with women individually through reviewing photographs, and creating captions, that a deeply personal process was unfolding. This process required time, attention and one to one engagement. One of the important

things we recognized in this work was the context. In one community we were working with homeless women living in a shelter in Yellowknife, NT. There were issues of trust, of the need for confidentiality, and recognizing that processing the information required private conversations. Some of the restrictions in the environment included space, busyness of the place, people coming and going as other needs are supported such as child-care and a clothing bank. It was a busy location, yet we were able to find a space to work and engage in the way that worked best for the women.

We became aware that a powerful process of engagement was occurring in the midst of this Photovoice project simply through our presence within the space of the shelter. Our process was to meet with women in the late afternoon/evening after our arrival in the community. We spoke to women about the project, providing the documentation about the project and then discussed and signed informed consents with women who wanted to participate. Women who lived in the shelter observed other women showing interest and participating in the project. On the first evening four women signed consents and were provided cameras – some practice and teaching occurred the first evening. It is quite possible that the women spoke amongst themselves the first evening after we left about their interest in the project and, I believe, some excitement about receiving a camera and being able to keep the camera. The next day began at 9:30AM, a time negotiated with the women and the shelter, and two more women came forward wanting to participate. By the end of the first day an additional two women asked to participate in the project, bringing our participant number to eight. Women seemed genuinely interested, willing and eager to participate. Some women had part time jobs, others had adult education classes, and times to meet were negotiated around these commitments.

In other communities, a model of community visits, spending two to three days in each place, return visits and working with individual women, was adopted as the approach to this project. Based on positive responses from women participants we believed that this approach supported interpersonal connections and communication that opened up with women providing opportunities for dialogue and sharing. Participant women were asked to take pictures relating to the primary research question and return to work with team members on their individual Photovoice product. Our approach also resulted in developing individual PowerPoint representations of pictures and captions by each woman participant. It was clear that this was meaningful to the participants and that creating the PowerPoint's served as a means to review the captions and perspectives represented by each image. This approach also led to dialogue between the women and the research team that was engaging and interesting. It helped deepen connections with the participants as it took time to do this work.

Women clearly expressed a desire to participate in the Photovoice work once they heard about the project. There was excitement about seeing the photos downloaded to the computer and working on captions. There was a warmth and genuineness clearly visible when working with different women in talking about their photos, the meaning of these images and the creation of captions. Photos were cut and pasted directly into a word document and team members met with each woman individually to create the product. The product becomes the photos and captions completed by each woman participant in collaboration with a research team member.

Photovoice examples

In order to fully appreciate the experience, for example, of women experiencing homelessness and past struggles with addiction, it is important to share a few slides that highlight this experience.

I'd like to find a better place: There is no room –too close together, have to fold mats, women shower and go early before fights start, clothes, more luggage, have to wipe clean mats –some women leave and don't help. Clothes-dirty and clean –all mixed up, no room. I used to have a place. I worked for two years in a hotel, changed rooms, they kicked me out cause I couldn't pay rent. I lived at my nieces and then moved here (center) in May or June.

Image 2: Storage Room for Personal Belongings at Centre for Northern Families in Yellowknife



My old school: This is a picture of the high school. If I could start over and turn back time I would go to school. We were five brothers and 1 sister. After my Dad died it was hard. I went to school but I (couldn't finish). I wish I could start over and get my education. I could have had a better job-better family life – more support (with my education).

Image 3: A high school in Yellowknife



This old house: This old house is boarded up and there is bush –space around it. It reminds me of my grandpa who built tables and benches. Sometimes we had nothing to eat, no welfare, no flour, no milk. Mom would put up snares for rabbits and ptarmigans.

Image 4: A boarded up house in downtown Yellowknife



A place to hang out: Someone asked me to go drinking this morning [working on Photovoice Project]. I told them I was busy. It's a struggle doing hard drinking. Sometimes I go to the library, go sit, sometimes and have a couple of shots just to get through the day. I try to keep away from drinking. Sometimes people ask me and it's an excuse to go out. Sometimes I can't help it.

Image 5: The Friendship Centre in Yellowknife



A place to go: It hurts, people don't want to learn about others –it hurts –I keep everything inside about my life. Maybe if I see something like that it would help me.

Image 6: The Centre for Northern Families in Yellowknife, NT



Discussion

These images clearly portray the thoughts of women that are deeply personal, reflective of personal struggle and rooted within one's history. When looking at the Photovoice work of each individual and then examining the overall picture of four communities it was clear that homeless women were particularly marginalized and oppressed and often had limited opportunities and resources to change their life circumstances. While supportive resources exist multiple challenges and barriers are also present. The most important aspect of supporting and engaging women in FASD prevention work is a supportive, empowering, non-judgmental approach that addresses fears and stigma on this topic. With FASD prevention embedded as a health topic through this qualitative research project, we were provided with an opportunity to engage more broadly on the topic of health and alcohol use with women in terms of what they were comfortable with sharing. Through meeting women in their home communities it becomes possible to listen deeply to what they have to say and to reflectively engage on health related issues through the images that women provided through Photovoice. As a result of conversations with women in the BOHF project other topics raised by women included fears about harms from past experiences (historical trauma and abuse), violence, lateral violence, poverty, remoteness, isolation, lack of support, and for some women, homelessness. While meeting with the participants in Yellowknife on different occasions over a year, at least three of the women were observed to have black eyes. The cause in each circumstance was explained as homeless women being beat up by other women on the street. While this information is anecdotal to the BOHF research, it stood out as a concern to pay attention to and highlighted concerns about safety for homeless women in the community. The images presented in this paper highlight different social and health problems.

Why is this research important?

This research project is important because it offered women a venue and an opportunity to give voice to their experiences in relation to health and to inform us, from a deeply personal position, about what speaks to them, what has meaning and what is important in their lives in support of health and healing. We see this research as an opportunity to provide women with a space and opportunity to contribute to the discourse on women's health and FASD prevention. This was achieved by informing women about the project, inviting women to participate, providing women with digital cameras to keep, teaching women about using the camera, and engaging with women in the process of talking about their pictures, forming words and captions to express the meaning of the pictures. Appreciating FASD prevention from a specifically Northern lens is a critical issue in raising awareness on this topic. The BOHF project identified the need for FASD prevention discussions and highlighted the need to consider increasing opportunities in the North to have dialogues in relation the use of alcohol as a means to cope with difficult and challenging interpersonal circumstances.

Primary themes emerging from the BOHF project

A complex process of qualitative analysis utilizing Atlas Ti, a qualitative software program, was undertaken in terms of reviewing the images and captions individually and by each community. Images that were presented to members of the research team were clearly reflective of different constructs related to their lived experience. These constructs are both physical and metaphorical/symbolic of a woman's life. This project generated a very large amount of data and information, therefore it is necessary to present what is realistically achievable in one article. Forthcoming articles will present different aspects of this research. The broader representations of recurring themes through data analysis will be provided. In the BOHF the following key themes emerged:

1. *Place* – in terms of where a woman lived and reflective of different stages of life; age in life; identity; challenges such as homelessness, remoteness and isolation.
2. *Family* - having children; connection with relatives – parents, siblings, grandparents, aunts, uncles and cousins; husbands, partners; the role of related and community elders and relations with people in the community.
3. *Environment* – connection with the land, in terms of life situation and life location (time and space in life's journey – troubled spaces); safety and security
4. *Tradition* – linkages to culture: past and present;
5. *Cultural Practices* – country food, hunting, food preparation, gathering, sewing and handicrafts, medicine
6. *Spirituality* – having a spiritual life is deeply connected to tradition, the land and belief in a higher power.
7. *Health* – supports to be healthy; nutrition; access to health care – addiction treatment; support for healing

Reflection on the unique aspects of each community participating in Brightening Our Home Fires Project

There was a lot of excitement generated by this project. The initial support letters from each community, after visits primarily led by Arlene Hache, former Executive Director at the Centre for Northern Families, were critical in moving this project forward. The four communities included Behchokö, Lutsel 'Ke, Ulukhaktok and Yellowknife. These communities represented a great deal of diversity and each had their own unique characteristics and participants. Experiences in each community were distinct, unique for each community, reflective of local context, highlighted the meaning and value placed on family and offered differing viewpoints on culture and health, substance use, community and isolation, the meaning of home, and homelessness.

Limitations of the study

This study is important as it represents a new body of work that utilized Photovoice as a means to talk largely about social health with an underlying goal of supporting FASD prevention. Establishing relationships and community connections was a crucial part of this work. This takes time. There were times when trips to two communities were cancelled due to deaths in the community. The time frames around the project and travel were challenging. There is stigma association with talking about FASD and it is hoped that this topic becomes more open as communities become more engaged in prevention work. We recognize that this is a challenging issue to discuss and this study was exploratory in nature. We do not know if women in the project were women who used alcohol during pregnancy and most of the participants had children. We included all women who came to this project because all members of a community are considered critical informants to this work as FASD is an issue that affects whole communities. While this project was focused on adult women, it would be very interesting to work with other community members on this topic.

Conclusions

Engaging in FASD prevention work through the lens of a camera was grounded in the guiding principles that Photovoice was a means to develop and share new knowledge, to develop community connections in the Northwest Territories with Dene and Inuit women, to recognize that women are the best teachers about their health and healing networks and to recognize that a digital camera is a tool to engage in dialogues about health. Photovoice offers a meaningful form of engagement, a new opportunity for learning and a way for women to express themselves in ways that are not solely based on answering questions in a traditional research approach. A final report (Badry, 2012) was written on this research and shared with the First Nations Inuit Health Branch who funded this work.

The benefits of approaching this research through this methodology were almost immediately appreciated when engaging with women participants. The enthusiastic response and interest to this project was positive. A couple of young women spoke about having healthy pregnancies, the positive influence of family in relation to their own health and the challenges related to health for marginalized women who were homeless. There are clearly two distinct groups emerging; women who are homeless, and women who are connected to their communities. While their experiences were different similarities exist about the importance and value of engaging in activities that are related to health and offer connections to tradition and the land.

The most important aspect of supporting and engaging women is a supportive, empowering, non-judgmental approach. Some of the things we learned and that require further reflection about FASD prevention work relate to:

- Addressing fear, stigma, misinformation, discrimination - racism
- Meeting women *where they are at*, with basic needs met first such as housing
- Helping women with related harms especially harms from violence, lateral violence, poverty and homelessness.
- The foundation of health and healing are critical constructs in FASD prevention.
- Engaging in FASD prevention work in the North requires a culturally sensitive approach and a deep focus on the lives, positive and challenging aspects of daily life for women in community.
- *Community connections are forged through presence*. Work needs to be done in communities and requires initial visits, working sessions and follow-up.
- *A woman first perspective* is clearly visible through Photovoice – pictures and captions.
- Women in the North are deeply connected to each other and their community.
- As one elder said, “*We have to be inclusive of the men*” in this work.
- Talking about FASD is a sensitive topic and needs to be carefully and respectfully approached in the North in a community engagement process that is located broadly within a health framework.

Throughout the BOHF research project it was clear that women who maintained strong community and family connections felt greater support and their images portrayed the strength of these connections. Women who were dislocated from place and community through homelessness portrayed deeper inter-personal struggles while recognizing and identifying more readily their struggles with addiction.

This project was ultimately about FASD prevention, yet taking an approach focused on health and healing was critical for engagement with women participants. It must be noted that discussion on FASD prevention took place at the outset of this work through two processes. The first discussion came about through visiting with communities and introducing the *Brightening Our Home Fires Project*. The *second discussion* came about through the process of signing informed consents, as these documents were very detailed in terms of the focus of the research on FASD prevention. While enthusiasm was evident about doing the Photovoice work there was some trepidation on the part of a few participants about the focus on FASD and one woman reflected that she was uncertain about what she was getting into. The research question was: *What does health and healing look like for you in your community?* The question itself offered a place for women to reflect on their lives in new ways. This research highlighted both the struggle with addressing FASD and the benefit of approaching the topic from a lens focused on women's health. We hope that this work will contribute to that growing body of literature and increasing knowledge base and awareness of FASD in Northern Canada.

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Appendix 1

List of Images

Image 1: Digital Camera and Hand Made Camera Case

Image 2: Storage Room for Personal Belongings at Centre for Northern Families in Yellowknife

Image 3: A high school in Yellowknife

Image 4: A boarded up house in downtown Yellowknife

Image 5: The Friendship Centre in Yellowknife

Image 6: The Centre for Northern Families in Yellowknife, NT