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“You're Native but You're not Native Looking”: A Critical Narrative Study Exploring the Health Needs of Aboriginal Veterans Adopted and/or Fostered During the Sixties Scoop

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Résumé de l'article

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“You're Native but You're not Native Looking”: A Critical Narrative Study Exploring the Health Needs of Aboriginal Veterans Adopted and/or Fostered During the Sixties Scoop

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Abstract

This study employed a critical narrative approach to examine the experience of Aboriginal Veterans in Canada adopted and/or fostered during the Sixties Scoop. The objectives of this study was to: 1) understand lived experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop, 2) investigate health needs articulated by this population, and 3) provide suggestions for the creation of health services to aid Aboriginal veterans adopted and/or fostered during the Sixties Scoop with their health needs. Individual interviews were audio-recorded and conducted with eight participants from across Canada. All interviews were transcribed verbatim and analyzed using the holistic-content model (Lieblich, Tuval-Mashiach & Zilber, 1998). Data analysis of the interviews uncovered three overarching themes: a) sense of belonging, b) racism: experienced and perceived, and c) resilience: not giving up in the face of adversity. Two main health needs conveyed by the participants included mental health care and support to fight substance abuse. More awareness regarding the historical realities experienced by this population and the impact this may have on their overall health is needed. Increased coordination between Veterans Affairs Canada (VAC), Royal Canadian Legion (RCL), National Aboriginal Veterans Association (NAVA), Aboriginal Veteran Autochthones (AVA), and Aboriginal agencies is needed to address the mental health needs experienced by this group of veterans.

Keywords: *Aboriginal, Adoption, Canadian Forces, Critical Narrative Inquiry, Health, Foster Care, Sixties Scoop, Veteran*

Introduction

The term “Sixties Scoop” was first introduced by Johnston (1983) to refer to a period from the

1960s to the late 1980s where an excessive number of Aboriginal children in Canada were removed from their biological families and placed in non-Aboriginal homes. Many Aboriginal children adopted and/or fostered during this period lost all contact with their biological families (Sinha et al., 2011). Some Aboriginal children were also adopted outside of Canada, such as to the United States and other international countries (Bagley, Young, & Scully, 1993; Johnston, 1983; Sinha et al., 2011). The Sixties Scoop has been viewed as a failure of social workers to fully understand the significance of Aboriginal culture on Indigenous families and communities (Fast & Collin-Vezina, 2010), and as an extension of colonialism. Others have described it as cultural genocide culminating in the deterioration of the Aboriginal family, kinship, and community networks (Johnston, 1983; Sinclair, 2007).

A recent secondary analysis conducted by Ray and Abdulwasi (in press) on data obtained from a national study examining homelessness amongst Canadian Forces (CF) and Allied Forces (AF) veterans (Ray, Ta'an, Bamford, Forchuk, & Acosta, 2011) found that all the Aboriginal veterans had been either adopted and/or fostered out to non-Aboriginal families during the Sixties Scoop. Many reported being physically and emotionally abused as children and having feelings of loss and lack of connection and belonging to the Aboriginal culture and their families due to their childhood upbringing and considered these as contributing factors to their homelessness (Ray & Abdulwasi, in press).

Canadian Aboriginal peoples' contribution to the Canadian military spans over many generations (Moses, Graves, & Sinclair, 2004; Summerby, 2005). For example, approximately 4000 and 3000 Status Aboriginal individuals enlisted in the First World War and Second World War respectively (Gaffen, 1985; MacFarlane & Moses, 2005; Sheffield, 1996; Summerby, 2005). Many Aboriginal people continue to enlist in the Canadian military serving in various military assignments and divisions. In 2013, 2.11 percent of Canadian Armed Forces members (CAF) were Aboriginal (Government of Canada, 2013). Despite Aboriginal peoples' past and continued military involvement, very little is known specifically about Aboriginal veterans' wellbeing other than historical and anecdotal records of Aboriginal military service (Gaffen, 1985; Sheffield & Lackenbauer, 2007; Summerby, 2005). Further, there is limited information available regarding Aboriginal transracial adoption during the Sixties Scoop (Nuttgens, 2013; Sinclair, 2007). Nuttgens (2013) indicates that further research is needed to understand the experience of Aboriginal transracial adoptees since they are a "distinct racial and cultural group" with "unique sociocultural experiences" (p. 2). Aboriginal veterans adopted and/or fostered during the Sixties Scoop constitute a group with unique experiences and health needs as both military veterans and as Aboriginal individuals transracially adopted and/or fostered out as children. Increased knowledge of the unique sociocultural experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop can inform and enhance veteran services, programs, and policies regarding Aboriginal veterans' health needs.

Purpose

This study was set out in order to: 1) understand the lived experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop, 2) identify health needs of this population, and 3) provide recommendations regarding health services and policies to effectively meet the health needs of this unique group of Aboriginal veterans. The term "Aboriginal" is used in this study to refer to the First Peoples of Canada and their related descendants. According to the Canadian constitution, Aboriginal peoples are comprised of three key groups: First Nation, Métis, and Inuit (Communication Branch Indian

and Northern Affairs Canada, 2002).

Methodology

This study was guided by the cultural wisdom and knowledge of a traditional Aboriginal elder and narrative inquiry informed by critical social theory. A central aspect of critical theory is a “focus on realities that are mediated by power relations that are socially and historically constituted” (Ponterotto, 2005, p. 130). Through a critical methodological framework, we acknowledged the past and continued adverse impact of colonialism and discriminatory government policies on the health and wellbeing, traditional ways of life, and self determination of Aboriginal peoples (Browne, Smye, & Varcoe, 2005; Reading & Wien, 2009). Narrative inquiry is focused on the meanings expressed and associated with an individual’s experiences (Clandinin, 2006) and aligns well with Aboriginal epistemology (Barton, 2004). Oral traditions such as teachings, storytelling, ceremonies, and song, are used by Aboriginal peoples as forms of knowledge and have been passed down from generation to generation (Absolon & Willet, 2004). These oral forms of knowledge allow individuals “to remember authentic realities” (Absolon & Willet, 2004, p. 8) and to connect with their “inner selves” (Carriere, 2005, p. 545).

Following ethical approval from the local ethics approval board, verbal permission to recruit potential participants was obtained from organizations, such as the Royal Canadian Legion (RCL), Aboriginal services and organizations, and community outreach services. Those eligible to participate were Aboriginal, Canadian, veterans of the Canadian Forces (CF), Special Duty Areas (SDA’s) or the American Forces, adopted or fostered out as children during the “Sixties Scoop” to non-Aboriginal families with no or limited connection to their Aboriginal communities, and fluent in English. Snowball sampling was used by Aboriginal CF veteran leaders of the Aboriginal Veteran Autochtones (AVA) in coordination with the elder guiding this study by distributing information about the study to potential participants (Marshall, 1996). The recruitment process occurred from February to July 2014 and ended when it was determined that no new themes were identified and data saturation was achieved (Marshall, 1996).

A purposive sample of seven males and one individual who self identified as a transgender male participated from across Canada. Their ages ranged from 30 to 54 years. Four participants were single/never married, three participants were separated/divorced, and one participant was married. Five participants had children. All participants had completed high school and five participants had postsecondary education. Seven participants had served in the Regular Forces and one participant served in the American Forces. Three participants were deployed overseas. The participants had served an average of 5.72 years in the military.

Data Collection

Individual, in depth, semi-structured interviews were conducted by the first author with the participants. The interview script was advised by the elder to ensure that it was inclusive of Aboriginal knowledge and beliefs surrounding health and wellbeing. All the interviews were audio-recorded and transcribed verbatim by the first author and lasted approximately 20 to 80 minutes. Six interviews were conducted face-to-face with participants in Ontario, at locations such as coffee shops, community shelters, and Aboriginal Friendship Centres. Two interviews were conducted using Skype with participants in

Vancouver and Winnipeg. A demographic questionnaire was used to collect demographic data, such as age, gender, education, ethnicity, marital status, number of children, military service and deployment. All participants received an honorarium of \$20 for their participation.

Data Analysis

All of the transcripts were analyzed using the five stages of the holistic-content model (Lieblich, Tuval-Mashiach, & Zilber, 1998). After the first round of analysis, steps three to five of Braun and Clarke's (2006) phases of thematic analysis was utilized to see if these themes were representative of the whole data set (Braun & Clarke, 2006, p. 91). In the final step of analysis, definitions for each theme were created as we distinguished the "essence of what the theme represented and what aspect of the participants stories the theme portrayed" (Braun and Clarke, 2006, p. 92).

Ethical Considerations

The elder guiding this study helped ensure that the study abided by the ethical principles of Ownership, Control, Access, and Possession (OCAP). This study may have posed potential risks to participants involved in this study as they disclosed traumatic experiences relating to their upbringing and military service. All of the participants were informed that they could terminate at anytime if they experienced any pain, stress, or discomfort. Following their individual interview, all of the participants were debriefed and encouraged to contact myself or the principal investigator if they experienced any discomfort and undue stress. Participants were given a list of available local community mental health services, Aboriginal cultural and health services, and referrals to qualified mental health professionals.

Stories

Overarching Themes from the Participants' Stories

Three main themes were uncovered in the narratives: a) sense of belonging, b) racism: experienced and perceived, and c) resilience: not giving up in the face of adversity. The first theme "sense of belonging" represents the veterans' positive feelings of belonging, their search to belong, and their struggle/s to fit in at different points in their lives. The second theme "racism: experienced and perceived" conveys the participants' personal experiences with racism and/or their perceptions of racism towards Aboriginal peoples. The third theme "resilience: not giving up in the face of adversity" describes how the participants were able to overcome adversities in their lives. Pseudonyms were used to protect the confidentiality of the participants.

Sense of belonging

In telling their story some participants relayed positive feelings of belonging as they expressed how they "fit in" and were "a part of" different contexts in their lives. These participants were positively impacted by their feelings of belonging, which was reflected in their positive recollection of these experiences on their self-esteem and identity.

Akrittok began his story by recalling his memories in foster care as a child, "from one home to another. From this one...At this time, I didn't know what was home." Adopted into his last foster home in

1963, his narrative detailed his feelings of belonging to his adoptive parents who were also of Aboriginal descent. Adoption brought Akrittok not only a loving family but stability, belonging, and an understanding of the meaning of home:

...You could say it was a gift, a blessing. I went to a very good home, family.... clothed me, fed me a while. You know, I wasn't a rich kid or anything. It was just... they tried to teach me what when I lived back in the reserve the way they grew up...

Amanqjuaq described his childhood experiences in foster care as “hit or miss” and in some cases even traumatic. He believed the marines offered him a way to be successful as a minority and was motivated to join the military as a way of “being something, part of something...better bigger.” In the military, Amanqjuaq learned the significance of belonging to a group in times of combat, and connected this lesson to his own belonging in society:

It was strange how it dawned on me but I was, you know, after so long but I was so happy to be part of the group [inaudible] in that environment and stuff that... And we, we overcame that it was...you know, the whole thing about the Sixties Scoop is... They just made some of these, these things up, you don't belong here type of thing. Like well no, I belong everywhere. Look how great of a people we are; we can go anywhere.

Several participants disclosed their struggles fitting in as a result of their bicultural identities and experiences with transracial adoption and/or foster care. Although they were raised and had adopted non-Aboriginal cultural values and norms, they felt like they did not belong to their non-Aboriginal (predominately Caucasian) adoptive/foster families and in society in general due to their racial differences as Aboriginal individuals. They described their struggle to fit in amongst other Aboriginal people who were not adopted and/or fostered due to their limited cultural knowledge having been adopted and/or fostered transracially as children. Two participants used the analogy of different worlds to describe their sense of belonging amongst non-Aboriginal people (Caucasian) and Aboriginal people.

Animkii spoke about his experiences in foster care, which included a series of abusive homes. He ran away from his last foster home at about twelve or thirteen years of age to return back to his reserve. Animkii lived there for a year but was kicked out by his family because they felt like he did not belong since he was raised off reserve. He has tried to return to his reserve again as an adult but described the process as a “fiasco” because he did not belong. He disclosed a past suicide attempt and turning to drugs at the age of thirty to help him cope with the loss in his life. Currently homeless, Animkii described how his foster care experiences have alienated him as an adult:

You're not an Indian, you're not, you're not in the world, you know the acceptance there. You are not accepted by your own people. You're basically, you're all alone. It's like what foster care did to me - it put me in my own little world where you're not native. You're native but you're not native looking by your native people cuz you grew up in their world.

Adopted to a Caucasian couple in northern Canada, Tunerk discussed how he strived to belong growing up due to what he described as the “gender barrier” as a transgender individual. Like Animkii, Tunerk articulated his struggles to belong amongst Caucasian and Aboriginal people:

We straddled the Aboriginal world. We straddled the White world. So there is...you know, that area where we sit and stand and umm... and in that world like until we find another person like

us we struggle with where do we belong. And we question that like daily, you know...

Racism: Experienced and perceived

Racism was evident in their stories and had become a reality for the participants at an early age. Some participants recalled incidences in which they had personally experienced racism, such as: stereotypes, derogatory racial slurs, social exclusion, physical abuse, bullying, and differential treatment in their adoptive and/or foster homes. Others discussed their awareness and perceptions of the history of racism towards Aboriginal peoples in Canada, such as residential schools and the Sixties Scoop.

Miigwaans spoke about his experiences in his first adoptive home. He used the words “rough” and “traumatic” to describe his experiences in this home, noting racism and differential treatment in the form of physical and emotional abuse compared to his adopted brother and sister because they were “blood” and he was not. Adopted to a Caucasian couple at birth, Migiziins described his upbringing as mainly positive, but painfully remembered situations in his life where he experienced racism and stereotypes as an Aboriginal person.

I remember getting kicked out of a party once because they thought I was going to steal...Steal stuff, which was a White guys party so I was like...And the guy later apologized to me years down the road so...Yeah, leaves an impact on you.

In the military, Migiziins revealed that, “some people were not very kind” about his Aboriginal heritage, as he was referred to as a “dirty Indian.” He also disclosed his difficulty in breaking away from racial stereotypes in the military: “Yeah, that’s, that my whole thing with the military too though. It’s I’ll be like, but then they’ll always say just make sure Migiziins doesn’t get into that alcohol.”

In addition to sexual assault (rape) and homophobia, Tunerk experienced racism in the military when he was deployed to assist with the Oka crisis in 1990. The Oka crisis involved a land dispute between the Mohawk community and the city of Oka, Quebec. Tunerk remembered racial tensions during his deployment between the Mohawk community and police after a police officer was shot in the back and killed during this dispute. He recalled the situation, “Being in the military, being queer. Being queer and umm then being native with all this you know Oka thing happening... I ended getting out of the military.” He revealed that he has been diagnosed with post-traumatic stress disorder (PTSD), which his psychiatrist has been able to pinpoint to some of his experiences in the military.

Resilience: Not giving up in the face of adversity

Participants expressed pride that they were independent and had learned how to survive various adversities in their lives, such as: childhood and military trauma, abuse (physical, mental, verbal, and sexual), substance abuse, and homelessness in which they did their best to overcome in light of these challenges in their lives.

As a result of his foster care experiences, Amanqjuaq noted that he had learned to adapt to different situations in his life. Having seen so many different types of environments, he explained how he was able to leave his career in construction and adapt to a new career:

... I realized, I...this is not the life I want so I ended up going back to school.

[inaudible] Learning that programming getting all of MTS [inaudible]. They call adaptability, working in construction to two years later working in a MTS office doing programming for a phone company. It's the ability to change like that, it's...you know, it takes not just the smarts of it but the social adaptability to do that.

Adopted in 1967 to an affluent Caucasian couple living in Ontario, Giniw's narrative detailed a turbulent childhood where he was always in trouble and disciplined. Diagnosed with PTSD and major depressive disorder (MDD), he spoke about his early memories running away from home and surviving on his own in the bush at the age of six as a way to avoid getting in trouble. Giniw conveyed how he was able to survive on his own again at the age of sixteen when he was homeless:

...I mean I've eaten out of dumpsters. I've robbed people for money. Did second story work. Breaking into people's houses. Driven stolen cars across the border for cash. You know, just things that you got to do to live on the streets. So, by the time I was eighteen, I've been around the block a time or two. Okay, but I was still surviving.

Like Giniw, Animkii was able to survive on his own with no support system at a very young age. "I was kicked out and I joined the railway after that. Finished high school on my own. And I joined the railway. And I have been on my own, I've been on my own..." He worked for the Canadian Railway (CN) for fifteen years.

Five participants relayed their struggles with substance abuse (primarily alcohol abuse), of which four have been able to recover from their addictions. The majority of these participants indicated that their addiction to alcohol began during their military service. Miigwaans explained how the military contributed to his substance abuse:

I learned how to drink really heavily there...umm. It seems that their way of thinking if you're older to serve your country you're old enough to drink. And umm it just went hand and hand. And I dealt with drinking for a lot of years...Well actually it dealt with me. But it did...it did turn me into an alcoholic at that time too because there was nothing else to do but drink, sleep, and drink and that was it...

All participants discussed having some unmet mental health needs and the majority expressed the need for counselling and community based mental health resources. Three participants noted using traditional Aboriginal healing methods to address their health needs. Miigwaans noted why he turned to Aboriginal healing methods to help him overcome his addiction following his service in the military:

...It was drug and alcohol free and I knew at that when I left the military that I needed to make myself healthy again. Umm and a group of guys within the [location not disclosed] community here asked me to come out and sing with their drum and it went from there...It was singing, sweats, dancing, everything all in one.

The participants' discussed their desire to not give up in light of struggles in their lives. Their stories revealed not only their adversities but also their personal strength.

Discussion

A major theme in the participants' narratives was their decision to focus on the basic need to belong. Cognizant of their unique transracial adoption and/or foster care experiences during the Sixties

Scoop, the participants spoke about their search to belong, their struggle(s) to belong, and their positive feelings of belonging in their adopted/foster homes, the military, school, amongst other Aboriginal people, and in society.

Compared to same-race adoptees, the transracial adoption literature indicates that individuals adopted transracially are more likely to possess a "weaker ethnic identity" compared to those adopted by individuals of the same race (Boivin & Hassan, 2015, p. 1085). According to Bagley, Young, and Scully (1993), the poor adjustment of Aboriginal transracial adoptees may be the result of "identity conflicts" resulting from the confusion of Aboriginal adoptees who perceive themselves as Caucasian but who experience prejudice and racism as Aboriginal people (p. 226). This did not appear to be the case for the participants in this study, because most of the participants (except for Giniw) were aware of their Aboriginal ethnicity growing up.

Social identity theory suggests, "a social identity is a person's knowledge that he or she belongs to a social category or group" (Stets & Burke, 2000, p. 225). Individuals develop a social identity through processes of "self categorizations" and "self comparisons" as they perceive similarities with other individuals of the same in-group and differences with individuals of another group (Stets & Burke, 2000, p. 225). The participants' development of their social identity was influenced by various factors associated with their bicultural identities, transracial adoption/foster care experiences, and their overall sense of belonging in social groups/categories. Although they had attained their ethnic identity automatically at birth, their upbringing impacted their feelings of inclusion and exclusion and their sense of belonging in their ethnic group (Manzi, Ferrari, Rosnati, & Bennet-Martinez, 2014). The results of this study confirm the findings of previous research on Aboriginal transracial adoptees which show a lack of belonging of Aboriginal transracial adoptees amongst Aboriginal and White racial groups (Arsenault, 2006; Nuttgens, 2004; Sinclair, 2007; Sindelar, 2004; Peterson, 2002; Westermeyer, 1977).

The participants' narratives revealed a common experience of racism, regardless of their adoption and/or foster care outcomes. Several of the participants' stories included their encounters with "relational racism" (Reading, 2013, p. 4). Reading (2013) indicates that, relational racism, "occurs when a person experiences discriminatory behavior from people he/she encounters in his/her daily life" (p. 4). This form of racism was described by the participants in this study as extremely damaging to their sense of belonging. The participants' experiences with racism were congruent with the available literature on the topic of racism amongst Aboriginal transracial adoptees (Arsenault, 2006; Carriere, 2005; Sinclair, 2007; Sindelar, 2004; Nuttgens, 2004; Peterson, 2002).

Resilience is defined by Kirmayer, Dandeneau, Marshall, Phillips, and Williamson (2011) as, "the ability to do well despite adversity" (p. 84). When faced with personal struggles, the participants' narratives conveyed their ability to overcome, adapt, and survive difficult circumstances in their lives, such as trauma, military sexual abuse (rape), addiction, homelessness, childhood abuse, and racism. Very little information is available regarding the topic of resilience of Aboriginals adopted and/or fostered during the Sixties Scoop. According to Sinclair (2007), resilience among Aboriginal adoptees "is an area that beckons inquiry" (p. 75). More research is needed examining the resilience of Aboriginal veterans in general, given their possible exposure to traumatic events in the military.

According to the Aboriginal health literature, chronic health conditions, such as heart disease,

type 2 diabetes, arthritis and obesity are the primary causes of death amongst Aboriginal people in Canada (Barton, 2008; Joseph et al., 2012; Short, Mushquash, & Bedard, 2014; Waldram, Herring, & Young, 2007; Wilson & Cardwell, 2012; Thurston et al., 2014; Young, 2012). The health needs expressed by the participants in this study differed in that they focused on mental health issues. Mental health is a significant health need for many Aboriginal peoples across Canada. Kirmayer, Tait, and Simpson (2009) relate a history of colonization and discrimination of Aboriginal peoples to the elevated rates of violence, depression, alcoholism, and suicide in many Aboriginal communities.

The health needs expressed by the participants in this study also coincide with previous research on veteran health, which associate military service with an increased risk of PTSD, substance abuse, and depression (Ray & Heaslip, 2011). According to VAC, mental health disorders are experienced by about one-fifth of Canadian veterans at some point in their lives (Government of Canada, 2015).

Implications

Our findings highlight the importance of veteran health services to be constructed with an understanding of the unique historical realities of Aboriginal veterans adopted and/or fostered during the Sixties Scoop. Similar to the residential school era, the Sixties Scoop is a “historically situated phenomenon” and a period in Canadian history that was directly impacted by amendments to the Indian Act (Menzies, 2006; Smith, Varcoe, & Edwards, 2005, p. 40). Health program service providers need to be aware and knowledgeable of the unique sociocultural experiences of Aboriginal veterans adopted and/or fostered during the Sixties Scoop and the impact this has on their health and wellbeing.

Despite the majority of the participants indicating a preference for Western biomedical approaches to health, it should be noted that some participants articulated a need for traditional Aboriginal medicine. Therefore, health care approaches for this population of veterans should be flexible and include both Western and Aboriginal ways of healing (Vukik, et al., 2011). As part of their transition to civilian life, Aboriginal veterans should also be provided with options to access services to: elders, traditional Aboriginal healers, Aboriginal counselors, Aboriginal social workers, Aboriginal health centres, and other Aboriginal community based health resources. Lesbian, gay, bisexual, transgender, two-spirit, and queer (LGBTQ) veterans should be provided with accessible services and referrals to health care professionals competent in LGBTQ veteran issues and health needs.

Mental health professionals working with Aboriginal veterans adopted and/or fostered during the Sixties Scoop need to address their health needs using holistic and community based approaches. Addiction disorders in Aboriginal communities have shown to be successfully treated with community based approaches (Jiwa, Kelly, & Pierre-Hansen, 2008). More research is needed exploring the efficacy of culturally appropriate community based approaches to substance abuse disorders experienced by this population.

Many participants in this study disclosed their memories of childhood abuse and the continued negative impacts it has had on their lives. A “life course perspective” needs to be incorporated in the mental health assessments of this population of veterans (Elder & Rockwell, 1979, p. 1). Through this perspective, mental health professionals are able to address topics such as childhood abuse, and examine the development and/or contextual impacts on their client’s health and wellbeing.

Limitations

Absolon (2010) states that Indigenous knowledge "...is lived knowledge, experiential knowledge and enacted knowledge" (p. 81). Although measures were taken to ensure quality and rigour, we are limited in our understanding of Aboriginal knowledge due to our lack of lived and cultural understanding as non-Aboriginal researchers. We are cognisant of our limitations in this regard and grateful for the contribution and cultural wisdom of the elder guiding this study.

This study is also limited to the experiences of Aboriginal veterans identifying as male residing in predominately urban areas in Ontario. As a result, it is not inclusive of the lived experiences of female Aboriginal veterans and/or Aboriginal veterans living in other provinces, reserve, rural, or remote areas.

Conclusion

The participants' stories revealed three major themes: sense of belonging, racism: experienced and perceived, and resilience: not giving up in the face of adversity. The first theme "sense of belonging" describes the participants' search for belonging, their positive feelings of belonging, and their struggles fitting in throughout their lives. The second theme "racism: experienced and perceived" represents the participants' direct experiences with racism and/or their perceptions of the history racism and colonialism of Aboriginal peoples in Canada. The third theme "resilience: not giving up in the face of adversity" displays how the participants' were able to overcome struggles and difficulties in their lives. The health needs discussed by the participants included mental health care and support to fight substance abuse. More research is needed examining holistic, Aboriginal, and life-course based treatments for the participants' mental health needs. Veteran health services should include traditional Aboriginal medicine and worldviews. The participants' narratives revealed their personal strength and the significance of belonging in their lives as Aboriginal veterans adopted and/or fostered transracially during the Sixties Scoop.

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