

The Contribution of Socio-economic Position to the Excesses of Violence and Intimate Partner Violence Among Aboriginal Versus Non-Aboriginal Women in Canada

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ABSTRACT

OBJECTIVE: To examine the contribution of socio-economic position (SEP) in explaining the excess of any abuse and intimate partner violence (IPV) among Aboriginal versus non-Aboriginal women in Canada. This comparison has not been studied before.

METHODS: We conducted logistic regression analysis, using nationwide data from a weighted sample of 57,318 Canadian-born mothers of singletons who participated in the Canadian Maternity Experiences Survey 2006-7.

RESULTS: The unadjusted odds of any abuse and IPV were almost four times higher among Aboriginal compared to non-Aboriginal mothers; OR 3.91 (95% CI 3.12-4.89) and OR 3.78 (2.87-4.97), respectively. Adjustment for SEP reduced the unadjusted OR of any abuse and IPV by almost 40%. However, even with this adjustment, the odds of any abuse and IPV for Aboriginal mothers remained twice that of non-Aboriginal mothers; OR 2.34 (1.82-2.99) and OR 2.19 (1.60-3.00), respectively.

CONCLUSIONS: SEP is a predominant contributor to the excess of abuse against Aboriginal vs. non-Aboriginal women in Canada. Reducing violence against Aboriginal women can be achieved mostly by improving their SEP, and simultaneously be informed by social processes and services that can mitigate abuse. The fact that SEP did not fully explain the excess of abuse among the Aboriginal women might lend support to "colonization or postcolonial theories," and related contextual factors such as differences in community social resources (e.g., social capital) and services. The effect of these factors on the excess of abuse warrants future research.

KEY WORDS: Violence against women; Intimate Partner Violence (IPV); Aboriginal peoples in Canada; socioeconomic position; colonialization

La traduction du résumé se trouve à la fin de l'article.

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Violence against Aboriginal women in Canada is a major public health concern.^{1,2} Studies indicate high levels of violence against Aboriginal women,^{3,4} with prevalence ranging from 22%⁴ to 80%.³ Some have estimated the rate of violence against women (VAW) to be three to four times higher for Aboriginal compared to non-Aboriginal women.² Based on data from the General Social Survey in Canada (GSS), the prevalence of intimate partner violence (IPV) in the 5 years before the study was 12.6% among Aboriginal women versus 3.5% among non-Aboriginal;² 25% of the Aboriginal compared to 8% of non-Aboriginal women were assaulted by a current or former partner; and homicide of Aboriginal women was 8 times higher compared to non-Aboriginal women.⁵ Physical abuse during pregnancy was up to 18%.⁶

These numbers are particularly disturbing given the respected and valued roles traditionally held by Aboriginal women within their families and communities.⁷ Although gender roles varied across communities, Aboriginal cultural traditions "make it unthinkable" that VAW is somehow inherent to Aboriginal cultures.⁸ When violence did occur, intervention by old women and extended family members helped to protect women from abuse.⁸

Researchers argue that colonization brought new forms of violence to Aboriginal communities.⁸ A study in Canada found that after adjustment for a range of factors, IPV was still twice as high among Aboriginal versus non-Aboriginal women.² It concluded that the unexplained element lends credence to factors related to the "colonization theory" that were not examined in the study.⁹

Building on the colonization theory, several pathways have been pinpointed by researchers to explain how colonialism of Aboriginal peoples in Canada could have increased family violence and VAW. The first pathway is through collective violence, including structural discrimination and violations of human rights, which lead directly to increased VAW.⁹ A second pathway relates to changing gender roles subsequent to the imposition of European and Christian patriarchal values that destroyed balanced power relations and communal relations between men and women in Aboriginal communities⁷ and introduced new forms of violence to these groups.^{8,10} A third pathway identified as contributing to high family violence is the impact of colonial policies in Canada, including the forced removal of Aboriginal young children¹⁰ from their families to residential schools where they were no longer permitted

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to speak their language and where they were commonly subjected to physical, mental, cultural and sexual abuse. This impacted several generations of children¹⁰ and has been linked to the higher rates of violence in Aboriginal communities.¹

Yet another major pathway that can contribute to VAW is socio-economic position (SEP); poor SEP has been linked with higher violence in many studies.^{11,12} Poorer SEP can contribute to excesses of violence in different ways: financial stress, lack of social support,¹³ alcohol and drug abuse, living in low income neighbourhoods,¹⁴ and reduced collective efficacy and social capital.¹⁵ Few studies have examined the contribution of SEP as a pathway to explain the excesses of abuse among Aboriginal as compared to non-Aboriginal women.

Aboriginal peoples in Canada today experience substantial socio-economic disadvantage.¹⁶ According to the 2006 Canadian Census,¹⁷ 21.7% of Aboriginal people had incomes below the low income cut-off (LICO) after tax, compared to 11.1% of non-Aboriginal. Aboriginal people were almost twice as likely to have completed less than secondary school compared to their non-Aboriginal counterparts.¹⁷ Additionally they have lower employment rates and are four times more likely to live in crowded dwelling compared to non-Aboriginal Canadians.¹⁷

We assume that poorer SEP among Aboriginal women might contribute to greater social vulnerability and increased exposure to abuse. SEP has been associated with higher levels of abuse against Native women in the US¹² and among Aboriginal women in Canada.²

Using the Canadian Maternity Experiences Survey (MES), we aimed to assess the contribution of SEP as a pathway to the excess of any abuse and intimate partner violence among Aboriginal versus non-Aboriginal women. Studies on the contribution of SEP to explain this disparity have been scarce.

METHODS

Data for the current analysis were obtained from the MES, conducted in 2006/7.¹⁸ The survey includes nationwide data on pregnancy, delivery and postnatal experiences of mothers.¹⁹ The MES contains 6,421 eligible mothers (age 15 and up, with a live, singleton birth), representing 76,508 mothers, after applying survey weights. The current analysis includes a weighted sample of 54,129 participants, since we did not include immigrant women who were not born in Canada, to avoid heterogeneity in our comparison group.

The MES includes a representative national sample of 404 First Nations, Inuit, and Métis women from different provinces living off reserve, representing a weighted sample of 3,143 mothers. First Nations on-reserve communities were not included in the study.¹⁹ Aboriginal mothers were sampled according to their geographic distribution in the general Canadian population. Since the Aboriginal mothers were not oversampled, findings related to this sample have a lower-than-desired level of precision.¹⁹ The MES project was presented to Health Canada’s Science Advisory Board, Health Canada’s Research Ethics Board and the Federal Privacy Commissioner, and was approved by Statistics Canada’s Policy Committee.²⁰ St. Michael’s Hospital’s Research Ethics Board approved this secondary analysis of the MES. In keeping with current standards in the secondary analysis of Aboriginal datasets, we collaborated with the Native Women’s Association of Canada in our analysis and documentation.²⁰

Table 1. Distribution (%) of Study Variables Among Canadian-born Aboriginal and Non-Aboriginal Mothers Participating in the Maternity Experiences Survey (MES)

	Aboriginal N=3189 (weighted) %	Non-Aboriginal N=54,129 (weighted) %	Total N=57,318 (weighted) %
Abuse			
Any	30.5	11.6	12.6
None	69.5	88.4	87.4
Intimate Partner Violence			
Yes	15.9	5.8	6.3
No	84.1	94.2	93.7
Demographic variables			
Age (Years)			
15-19	12.1	2.9	3.5
20-24	27.0	13.3	14.0
25-29	33.3	35.0	34.9
30-34	19.9	32.9	32.1
35-50	7.7	15.9	15.5
Marital status			
Lone	25.4	8.4	9.3
Cohabiting, married or common-law	74.6	91.6	90.7
Socio-economic position			
Education			
Less than high school	24.0	6.7	7.7
High school diploma	36.6	19.5	20.5
Post-secondary diploma	29.9	39.8	39.3
University diploma	9.3	34.0	32.6
LICO			
At or below LICO	37.6	13.8	15.2
Above LICO	48.6	79.6	77.9
Missing	13.8	6.5	6.9

Measures

Abuse against women was measured by two variables: any abuse and IPV. *Any abuse* was marked by a positive answer to one of ten items of abuse adapted from the Violence Against Women Survey.²¹ Women were asked if, during the two years prior to the interview, a spouse or partner or anyone else had committed one of ten acts of physical or sexual violence against them. *IPV* was established if the woman who answered yes to any of the previous categories of abuse reported that the perpetrator was her partner/husband or boyfriend.²²

Women identity (Canadian-born Aboriginal and non-Aboriginal) was established using two questions: were you born in Canada (yes/no)? And, are you an Aboriginal person? If the respondent answered yes to the second question, she was asked if she was a First Nations/North American Indian, Métis or Inuit.²²

Socio-economic position included two measures: education (high school diploma or less, post-secondary or university diploma) and low income cut-off after tax (LICO-AT). LICO reflects whether the respondent lived in a household spending 20 percentage points more of their after-tax income than the average family on food, shelter and clothing, thus leaving less income available for other expenses, such as health, education, transportation and recreation.

Finally, we included two *confounders* that were found to be associated with male VAW:² age and marital status (lone: not married, single, divorced, separated, widowed versus cohabitating, married or common-law).

Data analysis

We followed the reporting guidelines in the MES Users’ Guide, which do not allow estimates to be presented based on cell counts <5.²³ Population weights, normalized weights and bootstrap weights were all created by Statistics Canada and provided with the

Table 2. Unadjusted and Adjusted Multivariate Associations of Any Abuse Among Aboriginal Versus Non-Aboriginal Mothers Participating in the Maternity Experiences Survey (MES) (N=5142)

	Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)	Model 4 OR (95% CI)	Model 5 OR (95% CI)	Model 6 OR (95% CI)
Women identity						
Aboriginal	3.91 (3.12-4.89)	2.37 (1.86-3.01)	2.83 (2.25-3.64)	3.21 (2.15-4.10)	2.34 (1.83-2.98)	2.34 (1.82-2.99)
Non-Aboriginal	1.00	1.00	1.00	1.00	1.00	1.00
Education						
Less than high school		3.27 (2.42-4.42)			1.83 (1.31-2.55)	1.73 (1.23-2.42)
High school diploma		2.26 (1.75-2.92)			1.57 (1.19-2.06)	1.48 (1.20-1.95)
Post-secondary diploma		1.52 (1.19-1.94)			1.33 (1.04-1.70)	1.28 (0.99-1.64)
University diploma		1.00			1.00	1.00
LICO						
Above		0.41 (0.33-0.49)			0.46 (0.38-0.57)	0.59 (0.48-0.74)
Missing		0.58 (0.43-0.78)			0.53 (0.39-0.72)	0.53 (0.39-0.73)
At or below		1.00			1.00	1.00
Age (Years)						
15-19			6.51(4.79-8.84)		3.73 (2.61-5.32)	2.99 (2.07-4.34)
20-24			3.24(2.54-4.13)		2.19 (1.68-2.86)	2.04 (1.56-2.67)
25-29			1.37(1.08-1.71)		1.22 (0.97-1.55)	1.22 (0.97-1.55)
35-50			0.88(0.64-1.19)		0.89 (0.64-1.22)	0.88 (0.64-1.21)
30-34			1.00		1.00	1.00
Marital status						
Cohabiting, married or common-law				0.22 (0.18-0.67)		0.41 (0.32-0.52)
Lone				1.00		1.00
% reduction in OR from Model 1	-	39.4	27.6	17.9	40.2	40.2

Model 1: unadjusted, Model 2: adjusted for SEP (education and LICO), Model 3: adjusted for age, Model 4: adjusted for marital status, Model 5: adjusted for SEP (education and LICO) and age, Model 6: adjusted for SEP, age and marital status.

MES data files.²³ Proportions were weighted and 95% confidence intervals calculated with the Taylor Series method of variance estimation.²⁴ All analyses were conducted using Statistical Analysis Software SAS 9.2. The prevalence (% and 95% confidence intervals) of any abuse (reporting one or more of ten types of abuse) and IPV were estimated for the weighted samples of Aboriginal and non-Aboriginal mothers. Our analyses included estimation of proportions and odds ratios (with 95% confidence intervals) of multiple logistic regressions. The association between women identity (Aboriginal and non-Aboriginal) and any abuse was examined in six logistic regression models. The first model was unadjusted and the second model was adjusted for SEP (mother’s education and LICO). The third and fourth models were adjusted for the confounders (age and marital status) respectively to learn about the independent contributions of these confounders. Model 5 included adjustment for SEP (mother’s education and LICO) and age. Model 6 was adjusted for all variables (SEP, age and marital status). We repeated this analysis for IPV. To estimate the contribution of SEP, we calculated the percent of reduction in OR for each of the models compared to the unadjusted model (Model 1).

RESULTS

Levels of any abuse and IPV were higher among Aboriginal compared to non-Aboriginal mothers. Close to one third of Aboriginal mothers experienced any abuse and 15.9% reported IPV, compared to 11.6% and 5.8%, respectively, in non-Aboriginal mothers (Table 1).

Table 1 shows that Aboriginal mothers were younger and about one quarter were lone mothers, compared to 8.4% of non-Aboriginal mothers. SEP of Aboriginal mothers was lower than that of the non-Aboriginal mothers; less than high school education was 24% and 6.7%, respectively, and household income at or below LICO was 37.6% and 13.8%, respectively.

The contribution of SEP in explaining any abuse is shown in Table 2. Model 1 shows that the unadjusted Odds Ratio (OR) of any abuse among Aboriginal was almost four times higher compared to the

non-Aboriginal mothers (OR 3.91, 95% CI 3.12-4.89). This OR was attenuated by about 40% in Model 2 when the SEP variables were introduced to the Model. Similar attenuation (about 40%) in the OR was observed also in Model 5 (after adjustment for SEP and age), and in Model 6 (the full model), but the associations remained significant. Adjustment for age and marital status in Models 3 and 4 led to smaller attenuation in the ORs. Compared to Model 1, the OR of any abuse in Model 3 was attenuated by about 28% when age was considered. Adjustment for marital status (Model 4) reduced the odds of any abuse by almost 18% compared to Model 1.

Similar patterns of the reduction of ORs were observed for IPV as those for any abuse (Table 3). The unadjusted OR of IPV was 3.78 (2.87-4.97) in Model 1, and it was reduced by about 40% when SEP was introduced in Model 2. The OR in Model 1 was attenuated by 29% when adjusting for age in Model 3, and by 42% in Model 4 when marital status was considered. Adjustment for age in addition to SEP (Model 5), and accounting for all variables in the final model (Model 6), did not change the odds of IPV from Model 4. The odds of IPV in the full model (Model 6) were still twice as high among Aboriginal compared to non-Aboriginal mothers.

DISCUSSION

To our knowledge, this is the first study to examine the contribution of SEP as a possible pathway to excesses of any abuse and IPV against Aboriginal versus non-Aboriginal women in Canada, using a nationally based sample. Our main finding was that SEP is a predominant contributor to explaining the association between women identity and abuse and IPV. It explained approximately 40% of the differences, however, in the final model, and after adjustment for SEP, age and marital status, the odds of any abuse and IPV were still significantly twice as high among the Aboriginal versus non-Aboriginal women.

Our unadjusted result that the prevalence of any abuse and IPV among off-reserve Aboriginal women is about four times higher than among non-Aboriginal women echoes unadjusted results from

Table 3. Multivariate Associations of Intimate Partner Violence (IPV) Among Aboriginal Versus Non-Aboriginal Mothers Participating in the Maternity Experiences Survey and Adjustment for Socio-economic Position (N=5142)

	Model 1 OR (95% CI)	Model 2 OR (95% CI)	Model 3 OR (95% CI)	Model 4 OR (95% CI)	Model 5 OR (95% CI)	Model 6 OR (95% CI)
Women's identity						
Aboriginal	3.78 (2.87-4.97)	2.27 (1.68-3.06)	2.69 (2.00-3.12)	2.18 (2.04-3.87)	2.19 (1.63-2.97)	2.19 (1.60-3.00)
Non-Aboriginal	1.00	1.00	1.00	1.00	1.00	1.00
Education						
Less than high school		3.68 (2.36-5.74)			2.29 (1.44-3.64)	2.05 (1.27-3.31)
High school diploma		3.04 (2.08-4.45)			2.10 (1.40-3.15)	1.88 (1.25-2.83)
Post-secondary diploma		2.29 (1.59-3.29)			1.97 (1.36-2.84)	1.83 (1.27-2.65)
University diploma		1.00			1.00	1.00
LICO						
Above		0.39 (0.30-0.52)			0.45 (0.34-0.59)	0.67 (0.50-0.90)
Missing		0.55 (0.37-0.81)			0.52 (0.35-0.78)	0.53 (0.35-0.80)
At or below		1.00			1.00	1.00
Age (Years)						
15-19			5.14 (3.39-7.78)		2.87 (1.78-4.59)	2.04 (1.24-3.37)
20-24			4.17 (2.99-5.80)		2.63 (1.84-3.78)	2.37 (1.64-3.43)
25-29			1.62 (1.17-2.44)		1.39 (0.99-1.94)	1.39 (0.99-1.95)
35-50			1.12 (0.72-1.74)		1.15 (0.74-1.79)	1.15 (0.74-1.79)
30-34			1.00		1.00	1.00
Marital status						
Cohabiting, married or common-law				0.17 (0.13-0.22)		0.27 (0.20-0.37)
Lone				1.00		1.00
% reduction in OR from Model 1	-	39.9	28.8	42.3	41.9	42.1

Model 1: unadjusted, Model 2: adjusted for SEP (education and LICO), Model 3: adjusted for age, Model 4: adjusted for marital status, Model 5: adjusted for SEP (education and LICO) and age, Model 6: adjusted for SEP, age and marital status.

the GSS.² Of note, the GSS included all women more than 15 years old, while the MES data were restricted to reproductive-aged women (15-50 years) who had recently given birth.¹⁹

The positive relationship we found between low SEP and disproportionate rates of IPV among Aboriginal mothers is inconsistent with those of the GSS.² In the GSS, each unit of higher education among Aboriginal women increased IPV by 22%.² These conflicting findings may be the result of differences in sampling and design. The GSS sample included 143 Aboriginal women over the age of 15 years who were married or common law at the time of the study. The unweighted MES sample included 404 Aboriginal mothers who had given birth over the previous five months and did not discriminate by marital status. Also, the GSS asked about IPV in the preceding five years and the MES asked about the preceding two years. Both surveys were conducted by telephone, which would bias the samples towards socio-economically more advantaged Aboriginal women who had access to a residence with phone service. The five-year inclusion timeline of the GSS might make the temporal relationship between IPV and SEP more difficult to discern, as there is empirical evidence indicating that there are a significant number of Aboriginal women who move from rural and remote locations to shelters primarily located in urban areas in order to escape IPV, and this urban shift may be associated with increased educational and vocational opportunities.

However, low SEP has been a strong predictor of VAW in previous studies among Aboriginal women.^{6,12} One study on Native women in the US found that previous-year prevalence of abuse was 42.8% among women with low SEP compared to 10.1% in the reference group.¹² This underlines the need for further research on the contribution of SEP to abuse against Aboriginal women. Historic and ongoing colonial policies, including the disruption of traditional economies and appropriation of Indigenous lands, have been identified as an underlying driver of poverty among Indigenous peoples.²⁵

Notably, the strength of the associations between women identity and abuse and IPV did not change after accounting for potential confounders of maternal age and marital status, suggesting a

complex relationship with these variables. While younger age and single marital status were associated with abuse among women,^{26,27} our results suggest that they could also be confounded by SEP. When we adjusted only for maternal age or marital status in a separate model, we observed a similar reduction in OR to that induced by SEP variables. However, adjustment for age and marital status after adjustment for SEP, led to a small reduction of OR, indicating that most of their effect might be explained by SEP. However, SEP may also be confounded by age and marital status. It is not possible with our data to disentangle exactly to what extent age and marital status are confounding the effects of SEP and vice versa. SEP, age and marital status are strongly associated. However, the pathways behind their associations need to be explored in future research. Younger and unmarried mothers may be at lower SEP than older married or cohabitating mothers.²⁶ Low SEP remained strongly associated with IPV even after adjusting for age, relationship status and household size in previous research.¹²

Our finding that the odds of any abuse and IPV remained almost twice as high among Aboriginal compared to non-Aboriginal mothers in the fully adjusted models, finds support in the GSS,² which found that after adjustment for a range of social factors, IPV was still twice as high among Aboriginal versus non-Aboriginal women. This unexplained excess of abuse in our study and in the GSS² might lend credence to the colonization theory,⁹ which suggests that increased violence against Aboriginal women could be attributed to contextual factors related to colonialism, which were not studied in the MES or the GSS.

Historically, Aboriginal women garnered great respect linked to important economic, social, and spiritual contributions in their families and communities. Many First Nations operated within matriarchal and matrilineal structures,⁷ which were undermined by colonial policies. For example, treaty-makers refused to negotiate with First Nations women, and Band Council structures effectively erased First Nations women's leadership roles.⁷ These interventions, together with dehumanizing images of the "squaw" situated Aboriginal women as immoral and hypersexual. Physical

and sexual violence leveled against them had been normalized on this basis. Removal of children to residential schools, foster care and via cross-cultural adoption exposed them to abuse and cultural deprivation, which continues to have a rippling effect on Aboriginal health and well-being.¹⁰ Future research into abuse against Aboriginal women needs to account for historical and ongoing impacts of colonization. Inadequate attention to these contextual factors in research may unintentionally reinforce negative stereotypes about Aboriginal peoples.

Studies showed that collective violence is associated with gender-related violence, domestic violence and IPV. Colonialism has devastating effects.⁹ It limits economic development and embeds domination of colonized peoples to restrict self-determinism and control over lands and economic resources.¹⁶ These restrictions can have long-term effects that can lead to poverty and low SEP, substantial negative effects on their physical environments, cultures, families and health. Colonialism has been deemed by some researchers as an important determinant of increased family violence and VAW,^{2,9} and reduced social capital.²⁸ Lack of access to primary health care services in Aboriginal communities^{29,30} interferes with the mitigation of abuse.

Despite the robustness of the MES design and methods, lack of contextual data on Aboriginal peoples, the relatively small sample size of Aboriginal mothers (in that Aboriginals were not over-sampled), and exclusion of on-reserve First Nation women, could have important implications for our results and for identification of “at-risk” groups among Aboriginal women. However, the MES is the first study that included a national representative sample of First Nations, Inuit, and Métis mothers from different provinces living off reserve, that were sampled according to their geographic distribution in the Canadian general population.¹⁹ We hope that future studies will include a larger sample of Aboriginal women, including those living on reserve. Examining individual, social collective, and historical as well as contemporary experiences of Aboriginal women and their use of health care and social services is important not only to understanding their experiences of abuse, but to the development of culturally relevant and effective services. That the MES excluded mothers who do not live with their baby at the time of the study, would have affected the representativeness of the study. However, this information was not provided by the MES reports.

CONCLUSIONS

Our results show that the disproportionately high rates of violence against Aboriginal compared to non-Aboriginal women are largely explained by SEP. Policies to reduce abuse need to work primarily towards improving SEP among the Aboriginal peoples. Future research on the excess of abuse among the Aboriginals needs to focus on the historical colonial narrative of Aboriginal peoples, social capital and access to social services. Elements of the Aboriginal spiritual values of anti-violence need to be revitalized.

REFERENCES

1. Andersson N, Nahwegahbow A. Family violence and the need for prevention research in First Nations, Inuit, and Métis Communities. *Pimatisiwin* 2010;8(2):9-33.
2. Brownridge D. Male partner violence against Aboriginal women in Canada: An empirical analysis. *J Interpers Violence* 2003;18:65-83.
3. Ontario Native Women's Association ONWA. *Breaking Free: A Proposal for Change to Aboriginal Family Violence*. Thunder Bay, ON: Ontario Native Women's Association, 1989.

4. Bopp M, Bopp J, Lane P. Aboriginal Domestic Violence in Canada. Available at: <http://www.ahf.ca/publications/research-series> (Accessed May 25, 2011).
5. Trainor C, Mihorean K. *Family violence in Canada: A statistical profile 2001*. Ottawa, ON: Minister of Industry, 2001.
6. Heaman M. Relationships between physical abuse during pregnancy and risk factors for preterm birth among women in Manitoba. *J Obstet Gynecol Neonatal Nurs* 2005;34(6):721-31.
7. Stevenson W. Colonialism and First Nation women in Canada. In: Cannon MJ, Sunseri L (Eds.), *Racism, Colonialism and Indigeneity in Canada: A Reader*. Oxford, UK: Oxford University Press, 2011;44-52.
8. Anderson K. Marriage, divorce and the family life. In: Cannon MJ, Sunseri L (Eds.), *Racism, Colonialism and Indigeneity in Canada: A Reader*. Oxford, UK: Oxford University Press, 2011;113-19.
9. Razack S. What is to be gained by looking White people in the eye? Culture, race, and gender in cases of sexual violence. *Signs* 1994;19(4):894-923.
10. Ing R. Canadian's Indian residential schools and their impacts on mothering. In: Cannon MJ, Sunseri L (Eds.), *Racism, Colonialism and Indigeneity in Canada: A Reader*. Oxford, UK: Oxford University Press, 2011;113-19.
11. O'Campo P, Gielen AC, Faden RR, Kass N. Verbal abuse and physical violence among a cohort of low-income pregnant women. *Women's Health Issues* 1994;4(1):29-37.
12. Malcoe LH, Duran BM, Montgomery JM. Socioeconomic disparities in intimate partner violence against Native American women: A cross-sectional study. *BMC Med* 2004;2:20.
13. Evans-Campbell T, Lindhorst T, Huang B, Walters KL. Interpersonal violence in the lives of urban American Indian and Alaska Native women: Implications for health, mental health, and help seeking. *Am J Public Health* 2006;96(8):1416-22.
14. Daoud N, O'Campo P, Urquia M, Heaman M. Neighborhood context and abuse among immigrant and non-immigrant women in Canada: Findings from the Maternity Experiences Survey. *Int J Public Health* 2012;57:679-89.
15. Browning C. The span of collective efficacy: Extending social disorganization theory to partner violence. *J Marriage Fam* 2002;64(4):833-50.
16. Noël A, Larocque F. Aboriginal Peoples and Poverty in Canada: Can Provincial Governments Make a Difference? *Paper prepared for the Annual Meeting of the International Sociological Association's Research Committee 19 (RC19), Montréal, QC, August 20, 2009; 2009*.
17. Statistics Canada. 2006 Census of Population *Statistics Canada*. Available at: www12.statcan.gc.ca/english/census06/data/topics (Accessed January 8, 2012).
18. Chalmers B, Dzakpasu S, Heaman M, Kaczorowski J, for the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada. The Canadian Maternity Experiences Survey: An overview of findings. *J Obstet Gynaecol Can* 2008;30(3):217-28.
19. Dzakpasu S, Kaczorowski J, Chalmers B, Heaman M, Duggan J, Neusy E, for the Maternity Experiences Study Group of the Canadian Perinatal Surveillance System, Public Health Agency of Canada. The Canadian Maternity Experiences Survey: Design and methods. *J Obstet Gynaecol Can* 2008;30(3):207-16.
20. CIHR Guidelines for Health Research Involving Aboriginal Peoples. Available at: http://www.cihr-irsc.gc.ca/e/documents/ethics_aboriginal_guidelines_e.pdf (Accessed June 8, 2007). Ottawa: CIHR, 2007.
21. Statistics Canada. Public Health Agency of Canada. *Violence Against Women Survey*. Ottawa: Statistics Canada, 1993.
22. Statistics Canada. Public Health Agency of Canada. *Maternity Experiences Survey, 2006 Questionnaire*. Ottawa: Statistics Canada, 2006.
23. Statistics Canada. Public Health Agency of Canada. *Maternity Experiences Survey, share file*. Ottawa: Statistics Canada, 2006.
24. SAS Institute Inc. *SAS/STAT® 9.2 User's Guide*. Cary, NC: SAS Institute Inc., 2008.
25. Loppie-Reading C, Wien F. Health Inequalities and Social Determinants of Aboriginal Peoples' Health. Available at: http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-Loppie-Wien_Report.pdf (Accessed June 4, 2013).
26. Saltzman LE, Johnson CH, Gilbert BC, Goodwin MM. Physical abuse around the time of pregnancy: An examination of prevalence and risk factors in 16 states. *Maternal and Child Health Journal* 2003;7(1):31-43.
27. Daoud N, Urquia M, O'Campo P, Heaman M, Janssen PA, Smylie J, Thiessen K. Prevalence of abuse and violence before, during, and after pregnancy in a national sample of Canadian women. *Am J Public Health* 2012;102:1893-901.
28. Mignone J, O'Neil J. Conceptual understanding of social capital in First Nations communities: An illustrative description. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 2005;3(2):7-44.
29. Lavoie JG, Forget EL, Prakash T, Dahl M, Martens P, O'Neil JD. Have investments in on-reserve health services and initiatives promoting community control improved First Nations' health in Manitoba? *Soc Sci Med* 2010;71(4):717-24.
30. Mignone J. Social capital and Aboriginal communities: A critical assessment. Synthesis and assessment of the body of knowledge on social capital with emphasis on Aboriginal communities. *Journal de la santé autochtone* 2009;100-47.

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RÉSUMÉ

OBJECTIF : Examiner le rôle de la situation socioéconomique (SSE) pour expliquer le surcroît d'abus et de violence entre partenaires intimes (VPI) chez les femmes autochtones au Canada par rapport aux femmes non autochtones. Notre étude est la toute première à effectuer une telle comparaison.

MÉTHODE : Nous avons analysé par régression logistique des données pancanadiennes tirées d'un échantillon pondéré de 57 318 femmes nées au Canada ayant accouché d'un enfant unique et ayant participé à l'Enquête canadienne sur l'expérience de la maternité de 2006-2007.

RÉSULTATS : Les probabilités non ajustées d'abus et de VPI étaient près de quatre fois plus élevées chez les mères autochtones que chez les mères non autochtones : RC 3,91 (IC de 95 % 3,12-4,89) et RC 3,78 (2,87-4,97), respectivement. L'ajustement pour tenir compte de la SSE a réduit de près de 40 % le rapport de cotes non ajusté pour les cas d'abus et de VPI. Cependant, même avec cet ajustement, les probabilités d'abus et de VPI chez les mères autochtones demeurent deux fois plus élevées que chez les mères non autochtones : RC 2,34 (1,82-2,99) et RC 2,19 (1,60-3,00), respectivement.

CONCLUSIONS : La SSE est l'un des principaux facteurs contribuant au surcroît d'abus chez les femmes autochtones au Canada par rapport aux femmes non autochtones. Réduire la violence envers les femmes autochtones pourrait se faire principalement en améliorant leur SSE, tout en informant ces femmes des processus et des services sociaux qui peuvent atténuer les abus. Le fait que la SSE n'explique pas entièrement le surcroît d'abus que vivent les femmes autochtones pourrait accréditer les « théories » coloniales ou postcoloniales et les facteurs contextuels connexes, comme les différences dans les services et les ressources sociales communautaires (p. ex., le capital social). L'effet de ces facteurs sur le surcroît d'abus mérite d'être étudié plus avant.

MOTS CLÉS : violence envers les femmes; violence entre partenaires intimes (VPI); Autochtones au Canada; situation socioéconomique; colonialisme