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Remerciements

Je tiens d'abord à remercier ma directrice d'essai doctoral, Jacinthe Dion, Ph. D., professeure en psychologie à l'Université du Québec à Chicoutimi, pour son inestimable soutien et sa grande disponibilité tout au long de mon projet. Elle a su me transmettre sa passion pour la recherche en psychologie et je lui en suis très reconnaissante. Il s'agit d'une femme engagée, très investie auprès de ses étudiants, qui m'inspire beaucoup. Je tiens également à remercier les élèves des deux écoles secondaires impliquées dans l'étude pour avoir accepté de faire progresser la recherche en psychologie en partageant plusieurs aspects de leur vie personnelle. Un grand merci également aux directeurs et enseignants des deux écoles pour leur précieuse collaboration. Je tiens également à souligner l'excellent travail des assistants et assistantes de recherche impliqués dans ce projet, en particulier Erika Bacon, Marie-Frédérique Bouchard, François Muckle et Delphine Lagacé. Un immense merci à Pierre McDuff et Isabelle Daigneault pour leur travail rigoureux et leurs précieux conseils tout au long de ce projet. J'aimerais aussi remercier les Fonds de recherche du Québec - Société et culture (FRQSC) ainsi que les Instituts de recherche en santé du Canada (IRSC) pour leur soutien financier.

En terminant, une pensée spéciale pour mon conjoint qui m'a épaulée dès le début de cette grande aventure qu'est le doctorat en psychologie. S'il n'avait pas cru autant en mes capacités et ne m'avait pas poussée à persévérer ainsi, je suis convaincue que mon parcours n'aurait pas été le même. Une immense merci également à ma famille et mes amis pour leur soutien indéfectible et leurs encouragements tout au long de ce projet.

Introduction

L'exposition à des événements de vie stressants durant l'adolescence peut entraîner des conséquences psychologiques graves qui persistent bien souvent jusqu'à l'âge adulte (MacMillan et al., 2001). Le terme *événement de vie stressant* réfère ici à tout événement qui perturbe le quotidien et met à l'épreuve les capacités d'adaptation. Ces événements incluent notamment les difficultés vécues dans la sphère familiale durant l'enfance et l'adolescence, comme la violence familiale, l'agression sexuelle, la séparation des parents, les difficultés financières, l'alcoolisme familial, l'incarcération d'un membre de la famille, l'abandon d'un enfant ou l'agression sexuelle subie par un membre de la famille. La littérature abonde sur les impacts psychologiques de ces événements dans la vie des adolescents et des jeunes adultes. Par exemple, le fait d'avoir été témoin ou victime de violence (physique, sexuelle ou psychologique) dans l'enfance est notamment associé à un risque plus élevé de souffrir de dépression, d'anxiété et de dépendances à l'alcool et aux drogues (Fergusson, Boden, & Horwood, 2008; Gilbert et al., 2009; Kitzmann, Gaylord, Holt, & Kenny, 2003).

Pour plusieurs personnes, l'exposition répétée à de multiples événements de vie stressants durant l'enfance aura un effet cumulatif. Selon le modèle proposé par Rutter (1979), passé un certain nombre de facteurs de risques, chaque facteur potentialise les effets de l'autre et donne lieu à une augmentation substantielle des problèmes émotionnels et comportementaux. Les résultats de plusieurs études confirment que plus les facteurs de risque sont nombreux durant l'enfance, plus la personne est susceptible de développer des problèmes psychologiques à l'adolescence et à l'âge adulte (Appleyard, Egeland, Van Dulmen, & Alan Sroufe, 2005; Cabrera, Hoge, Bliese, Castro, & Messer, 2007; Collin-Vézina, Coleman, Milne, Sell, & Daigneault, 2011; Turner, Finkelhor, &

Ormrod, 2006). Les évènements de vie stressants sont également susceptibles d'avoir un impact plus grand sur la trajectoire d'adaptation s'ils surviennent tôt dans le développement étant donné que ces évènements vont teinter les interactions subséquentes de l'enfant avec son environnement (Sroufe, Carlson, Levy, & Egeland, 1999). Toutefois, il semble que les évènements de vie vécus dans l'enfance et l'adolescence n'aient pas le même impact chez tous les individus. En effet, certaines études ont observé que malgré les évènements stressants vécus durant l'enfance, plusieurs personnes (près de la moitié dans certaines études; p. ex., Edmond, Auslander, Elze, & Bowland, 2006) s'en sortent assez bien et ne développent pas de problèmes psychologiques à l'adolescence et à l'âge adulte (Alim et al., 2008; Hopkins, Taylor, D'Antoine, & Zubrick, 2012; Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007; Kendall-Tackett, Williams, & Finkelhor, 1993; McGloin & Widom, 2001). Cette capacité d'affronter le stress puis d'utiliser cette expérience comme un tremplin permettant de rebondir dans la vie correspond à la résilience (Lemay, 2001).

Bien que la résilience soit définie de différentes façons dans la littérature, elle renvoie généralement à l'adaptation réussie d'un individu en dépit d'un niveau important de stress et d'adversité (Luthar, Cicchetti, & Becker, 2000). La résilience est un processus évolutif et dynamique qui peut varier d'un individu à l'autre, mais également chez un même individu au cours de son développement (Anaut, 2002). La façon d'entrevoir la résilience est également influencée par le contexte et la culture dans lesquels on se trouve (Liebenberg & Ungar, 2009). En effet, comme le mentionne Ungar (2001), un comportement peut être associé à une adaptation réussie et au succès dans un contexte, mais pas nécessairement dans un autre. Contrairement aux premières définitions

qui associaient la résilience à un ensemble de caractéristiques personnelles, les définitions plus récentes proposent un point de vue davantage écologique et associent la résilience à un processus de navigation entre les attributs personnels et les potentiels de l'environnement familial et de la communauté (Masten & Garmezy, 1985; Ungar, 2004). La responsabilité « de s'en sortir » est ainsi partagée entre l'individu, sa famille et sa communauté (Kolar, 2011). L'intérêt grandissant des chercheurs pour la résilience vient en partie du fait qu'elle implique un mode de pensée axé sur les forces qui conçoit les jeunes et leurs familles en termes de capacités et de ressources plutôt qu'en termes de déficits et de psychopathologies (Canavan, 2008; Goldstein & Brooks, 2005). En résumé, la résilience est un concept axé sur le développement des compétences qui implique autant l'individu que son environnement.

Au cours des 20 dernières années, la recherche sur la résilience a connu un essor considérable et a amené plusieurs chercheurs à s'intéresser davantage à certaines populations de jeunes considérés particulièrement résilients compte tenu de leur contexte de vie difficile. C'est notamment le cas des jeunes autochtones, qui feront d'ailleurs l'objet de la présente étude doctorale. Les Autochtones représentent environ 1% de la population du Québec (Caron & Noël, 2013). Ils vivent donc dans un contexte de minorité culturelle, comparativement aux non-Autochtones qui représentent la majorité culturelle. Le risque de développer des difficultés psychologiques est élevé en communauté autochtone étant donné la présence de nombreux stressors, tels que la pauvreté, la violence et l'exclusion sociale. Ces problématiques sont ancrées dans un contexte d'accumulation de traumatismes historiques (p. ex., régime des pensionnats où plusieurs ont vécu des traumatismes interpersonnels comme la négligence ou la

séparation des parents, perte des traditions culturelles et linguistiques, perte de territoire, confinement dans les réserves) qui ont profondément affecté la santé psychologique des Autochtones, leur identité et la transmission de leur culture d'une génération à l'autre (Dion Stout & Kipling, 2003; Fast & Collin-Vézina, 2010). La violence qui sévit dans les familles autochtones est également amplifiée par des facteurs d'ordre social tels que la normalisation de la violence, l'absence de représailles pour les abuseurs dans certaines communautés ou encore, l'attitude des hommes par rapport au traitement des femmes et des enfants (Bopp, Bopp, & Lane, 2003). Plusieurs jeunes autochtones baignent donc dans des conditions de vie qui les rendent particulièrement à risque de vivre des évènements stressants. D'ailleurs, des études menées en milieu autochtone indiquent que le vécu d'évènements de vie stressants durant l'enfance et l'adolescence (p. ex., exposition à la violence physique ou sexuelle, problème de consommation chez un parent) est fortement associé au développement de problèmes émotionnels et comportementaux à l'âge adulte, tels que la dépression et les troubles anxieux (Libby et al., 2004), des problèmes de dépendance à l'alcool et aux drogues (O'Connell et al., 2007), des problèmes de comportements internalisés et externalisés, des plaintes somatiques et des difficultés interpersonnelles (Dickerson & Johnson, 2012). La prévalence élevée de suicide chez les adolescents autochtones, qui est de cinq à six fois plus élevée que chez les jeunes non-autochtones (Kirmayer et al., 2007; Miller Chenier, 1995), laisse aussi croire que les facteurs de risque présents en communauté autochtone ne sont pas sans conséquence sur la santé psychologique des jeunes.

Toutefois, il semble que malgré les difficultés vécues par les adolescents autochtones, plusieurs d'entre eux se montrent résilients et développent peu de problèmes

psychologiques malgré leur vécu d'évènements de vie stressants. Certaines études ont identifié des facteurs associés à la résilience chez les adolescents autochtones, notamment le soutien des parents (Andersson & Ledogar, 2008; Filbert & Flynn, 2010; LaFromboise, Hoyt, Oliver, & Whitbeck, 2006), la présence d'un ami ou d'un adulte ayant une influence positive sur l'adolescent (Andersson & Ledogar, 2008; Filbert & Flynn, 2010; Hopkins et al., 2012), la présence de valeurs positives et de bonnes compétences sociales (Filbert & Flynn, 2010), la spiritualité (Graham, 2001), la connaissance de la culture et de l'héritage autochtones (Filbert & Flynn, 2010; Hopkins et al., 2012; Lafromboise et al., 2006; Walls, 2007; Zahradnik et al., 2010) et le soutien de la communauté (Lafromboise et al., 2006). Ces études, même si elles sont peu nombreuses, constituent un apport considérable puisqu'elles permettent d'identifier des facteurs de résilience individuels, relationnels et contextuels qui aident certains adolescents autochtones à s'en sortir mieux que d'autres (p. ex., spiritualité, attachement aux traditions culturelles, soutien des pairs). Ces études présentent toutefois plusieurs lacunes importantes qui devront être corrigées dans les recherches futures, comme la présence de biais méthodologiques ou de lacunes dans la conceptualisation de la résilience (ces limites seront discutées plus en détails dans le Chapitre premier). Une autre limite fréquemment observée dans ces études est la faible sensibilité des instruments de mesure de la résilience aux particularités culturelles. Windle, Bennett et Noyes (2011), qui ont analysé les qualités psychométriques de plusieurs instruments de mesure de la résilience, soulignent que la signification du concept de résilience et les critères de « succès » varient d'une culture à l'autre. Les chercheurs doivent donc être sensibles à cet aspect dans le choix des instruments de mesure. Les auteurs saluent l'initiative d'Ungar et Liebenberg (2005), qui ont sollicité la

participation d'individus provenant de 11 pays différents pour élaborer leur questionnaire, le Child and Youth Resilience Measure. La démarche des auteurs impliquait notamment de questionner les participants sur leur définition de la résilience et d'identifier à l'aide des données recueillies des facteurs de résilience communs à toutes les cultures. La diversité des facteurs de résilience évalués dans le questionnaires (facteurs individuels, relationnels/familiaux et contextuels) rejoint d'ailleurs les principes culturels autochtones qui tendent à considérer la santé de façon holistique, résultant d'un équilibre entre les dimensions de la roue de la médecine, c'est-à-dire le physique, l'émotion, la culture et la spiritualité (McCormick & Wong, 2006). Il serait donc souhaitable que de tels instruments soient utilisés dans les études à venir sur la résilience chez les jeunes autochtones.

La recherche sur la résilience est essentielle en psychologie puisqu'elle sert de fondement aux interventions qui interrompent les chaînes de risque et offrent aux jeunes des possibilités de croissance malgré les événements vécus (Goldstein & Brooks, 2005; Greenberg, 2006; Kolar, 2011; Luthar, Sawyer, & Brown, 2006). Les études sur la résilience sont particulièrement importantes dans les populations à risque de vivre des événements de vie difficiles (p. ex., les populations en contexte culturel minoritaire) puisqu'elles contribuent à corriger une image trop souvent orientée vers les déficits, en plus d'encourager la mise en œuvre d'initiatives qui favorisent la capacité des jeunes à rebondir malgré les facteurs de risque présents dans leur communauté (Muckle & Dion, 2008). Par conséquent, il est primordial de poursuivre l'étude de la résilience chez les adolescents, particulièrement dans les populations autochtones. Il serait donc important d'enrichir la littérature sur les adolescents autochtones avec des études quantitatives et

rigoureuses sur le plan de la méthodologie. De plus, aucune étude n'a encore permis de comparer les rôles respectifs des différents facteurs de résilience permettant de protéger les jeunes autochtones et non-autochtones de la détresse psychologique. Finalement, bien que plusieurs auteurs se soient concentrés sur les conséquences psychologiques des événements de vie stressants à l'adolescence, peu d'études ont porté sur le poids respectif de chacun de ces événements dans la détresse psychologique vécue par des adolescents de différents milieux culturels. Les résultats obtenus pourraient être particulièrement utiles dans le développement d'interventions visant à promouvoir la résilience chez des adolescents exposés à différents types d'événements de vie stressants et provenant de différents milieux culturels.

Dans ce contexte, le premier objectif de cet essai doctoral est d'explorer la valeur prédictive de différents événements de vie stressants dans la détresse psychologique chez des adolescents provenant autant de contextes de majorité culturelle que de minorité culturelle. Comme l'essai porte principalement sur la résilience, le deuxième objectif de l'essai doctoral est d'évaluer l'impact des facteurs de résilience actuels sur la santé psychologique actuelle des adolescents et ce, après avoir évalué l'impact des événements de vie passés. Le troisième objectif vise à évaluer le rôle modérateur de la résilience dans la relation entre les événements de vie stressants et la détresse psychologique (cet objectif n'est pas présenté dans le Chapitre premier, mais sera discuté dans la conclusion générale de cet essai).

Le présent essai doctoral s'inscrit dans le cadre d'un projet plus vaste portant sur l'agression sexuelle, la résilience et les facteurs associés chez les adolescents autochtones. Ce projet a reçu l'aval du Comité d'éthique de la recherche avec des êtres

humains de l'Université du Québec à Chicoutimi (voir Appendice A). Le présent essai a été réalisé sous forme d'un article scientifique. Celui-ci a été rédigé en anglais et soumis pour publication en septembre 2013 à la revue *International Journal of Child and Adolescent Resilience*. L'article, qui s'intitule « Relationships between stressful life events, psychological distress and resilience among Aboriginal and non-Aboriginal adolescents », a été évalué par trois experts externes. Il a été accepté avec modifications et publié dans le numéro du printemps 2014. L'article comprend un contexte théorique, une description détaillée de la méthodologie et des résultats de l'étude, ainsi qu'une discussion sur les résultats, les forces et limites de l'étude et des pistes de recherche pour les études futures. Cet article est présenté dans le Chapitre premier.

Chapitre premier

Relationships between stressful life events, psychological distress and resilience among
Aboriginal and non-Aboriginal adolescents

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Acknowledgments

This research was supported by a grant from the Université du Québec à Chicoutimi. We thank the school directors, teachers and students for their generous collaboration in this project as well as the research assistants, in particular Erika Bacon, Marie-Frédéric Bouchard, François Muckle and Delphine Lagacé, for their assistance in collecting data

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Abstract

Objective(s). In order to shed light on the impacts of various stressful life events and resilience factors during adolescence and across different cultural backgrounds, this study explored a variety of protective and vulnerability factors associated with psychological distress among Aboriginal and non-Aboriginal youth.

Methods. The participants were 207 adolescents (mean age = 15.8 years, 55% female, 45% Aboriginal) recruited from two secondary schools located in Innu communities of Saguenay-Lac-St-Jean and Côte Nord (Canada). Data were collected on psychological distress, exposure to stressful life events, and resilience.

Results. Six multiple linear regressions were conducted to predict six dimensions of psychological distress. Sexual abuse, family violence and other stressful life events were all associated with higher levels of psychological symptoms. Individual resilience factors were associated with lower levels of depression, anxiety, dissociation and post-traumatic stress (PTS), whereas relational/familial resilience factors were associated with lower levels of anger and sexual concerns. The relationship with contextual resilience was not significant.

Conclusions and implications. Overall, these results indicate that stressful life events such as sexual abuse and family violence may have deleterious effects on the mental health of Aboriginal and non-Aboriginal adolescents. However, some individual and relational factors may have positive effects on their mental health. These findings may provide hope for communities under greater stress and support the importance of establishing culturally sensitive intervention strategies that strengthen the key protective factors identified in this study.

Keywords. Resilience, stressful life events, psychological distress, Aboriginal, adolescent, protective factors, risk factors, child sexual abuse, family violence

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Relationships between stressful life events, psychological distress and resilience among Aboriginal and non-Aboriginal adolescents

Exposure to stressful life events during childhood and adolescence often leads to serious mental health consequences that persist into adulthood (e.g., MacMillan et al., 2001). It is well documented that exposure to family violence during childhood is associated with greater risks of alcohol and drug misuse, internalizing and externalizing behavior problems, and depression and anxiety in adolescence and adulthood (Gilbert et al., 2009). Other stressful life events such as sexual abuse (Gilbert et al.), parental incarceration (Kjellstrand & Eddy, 2011) and parental separation (Cartwright, 2006) also have negative effects on mental health that often carry through into adulthood.

Violence in Aboriginal communities

Some youth are more likely than others to be exposed to these stressful life events. One example is Aboriginal adolescents, of whom a large proportion live in a cultural minority setting generally characterized by poverty, violence and social exclusion. Family violence is a major public health issue among Aboriginal communities. According to the data from the General Social Survey on Victimization conducted in 2009 in Canada (Brennan, 2011), rates of spousal violence (physical and sexual) against Aboriginal women are three times higher than the rates reported for non-Aboriginal women. Compared with the general population, a higher proportion of Aboriginal children and adolescents are placed in foster homes following persistent neglect and abuse in the family (Blackstock, Trocmé, & Bennett, 2004). Aboriginal youth are also more likely to have a family member who is incarcerated, with Aboriginal people representing 18 to 25% of the prison population despite their representing only 3% of the

Canadian population (Statistics Canada, 2010). High rates of family violence and crime in Aboriginal communities are amplified by several social factors, including an accumulation of historical traumas (e.g., residential schools, loss of cultural traditions), and the law of silence and corruption within the justice system, which results in a lack of social control and a climate of insecurity (Bopp, Bopp, & Lane, 2003).

Aboriginal youth's resilience

These data suggest that Aboriginal adolescents have to adapt to an adverse environment that could seriously threaten their mental health. Nonetheless, some studies that focused on protective factors in Aboriginal communities, though few, suggest that a large proportion of adolescents (56 to 60% in some studies; Hopkins, Taylor, D'Antoine, & Zubrick, 2012; Lafromboise, Hoyt, Oliver, & Whitbeck, 2006) continue to thrive in the face of exposure to stressful life events and do not necessarily develop psychological problems in adulthood. This maintenance of positive adaptation despite a context of significant adversity refers to resilience (Luthar, Cicchetti, & Becker, 2000). Resilience research is fundamental in Aboriginal communities because it proposes a strengths-based approach that considers youth and their families in terms of capacities and resources rather than in terms of deficits and psychopathologies (Canavan, 2008). This approach promotes the well-being of marginalized populations not only by correcting an image of deficit but also by promoting the development of interventions that foster young people's ability to bounce back despite the presence of major risk factors in their community (Muckle & Dion, 2008).

Notwithstanding the growing interest in resilience research and Aboriginal communities, published literature examining resilience factors in Aboriginal youth is

limited. However, a few studies have identified factors associated with resilient functioning among Aboriginal youth. These protective factors included having a prosocial friend (i.e., who did not induce the participants, by either example or persuasion, to engage in risky behaviour; Andersson & Ledogar, 2008; Hopkins et al., 2012), parental care and support (Andersson & Ledogar, 2008; Filbert & Flynn, 2010; Lafromboise et al., 2006), relationships with prosocial adults (Filbert & Flynn, 2010), knowledge of Aboriginal culture and heritage (Filbert & Flynn, 2010; Hopkins et al., 2012; Lafromboise et al., 2006; Walls, 2007; Zahradnik et al., 2010), spirituality (Graham, 2001), perception of community support (Lafromboise et al., 2006), positive values and social competencies (Filbert & Flynn, 2010).

These studies contribute considerably to our understanding of the individual, relational and cultural factors involved in Aboriginal people's resilience. However, these studies present important limitations that should be addressed in future research. For example, few attempts have been made to include culturally sensitive measures. In studies involving Aboriginal youth, most resilience measures were based on a dominant North American definition of resilience that does not consider the fact that the criteria for good adaptation may differ between Aboriginal people and their non-Aboriginal peers (for exceptions, see Walls, 2007; Zahradnik et al., 2010). Furthermore, many authors conceptualized resilience in terms of behavioral observations and academic success without assessing it in terms of psychological health (e.g., Lafromboise et al., 2006; Filbert & Flynn, 2010; Graham, 2001). Consequently, adolescents who are depressed and anxious because of regular exposure to family violence would be considered resilient and would not necessarily receive appropriate help, simply because they do well in school

and do not exhibit externalizing behavior problems. Since being competent in one domain does not necessarily imply resilience, researchers must consider the multidimensional nature of resilience in their measures. Finally, methodological biases were also observed in some of the studies described above, including sampling bias (e.g., classification of participants among resilient and maladaptive groups based on a list of students whom the school principal considered resilient; Graham, 2001) and missing information on the psychometric properties of the measures (e.g., Andersson & Ledogar, 2008).

Research to date has highlighted a range of relational, contextual and, to a lesser extent, individual resilience factors among Aboriginal adolescents. Moreover, few attempts have been made to determine the role of these three types of resilience factors in psychological distress among Aboriginal and non-Aboriginal adolescents. Finally, while many studies have focused on the psychological consequences of stressful life events in adolescence, less research has been conducted to compare the value of various stressful life events in predicting psychological distress among adolescents from different cultural backgrounds. This information could be particularly helpful in the development of culturally based interventions among adolescents exposed to various kinds of stressful events.

Given this context, the first aim of the present study was to explore the predictive value of various vulnerability factors, which include traumas related to family violence and other stressful life events, in psychological distress among adolescents from different cultural backgrounds. Since this study focuses on resilience, the second objective was to

assess the impact of currently reported resilience on current psychological functioning, after having assessed the effects of these vulnerability factors.

First, we hypothesized that gender, age and ethnicity would be significant predictors of psychological distress. Since previous research findings suggest that girls generally report more stressful events and more internalizing symptoms than boys do (e.g., Jose & Ratcliffe, 2004), girls were expected to report more psychological symptoms. Older adolescents, who generally report higher frequency and intensity of stressful events than younger adolescents (e.g., Jose & Ratcliffe), were also expected to report more psychological symptoms. Because previous research has shown that they are exposed to more negative life events than non-Aboriginal youth (Blackstock et al., 2004; Brennan, 2011; Statistics Canada, 2010), Aboriginal youth were also expected to report more stressful life events and more psychological distress. Based on previous resilience research among adolescents from various cultural backgrounds (e.g., Afifi & MacMillan, 2011; Lafromboise et al., 2006), we hypothesized that individual, relational/familial and community resilience factors would be predictors of significantly fewer psychological symptoms. Finally, because no comparative study has explored the relative contribution of various stressful life events to psychological distress among Aboriginal youth, no hypothesis was formulated concerning the predictive values of the various types of events.

Methods

Participants and procedure

The sample was drawn from two secondary schools in Saguenay-Lac-St-Jean and Côte-Nord (Quebec province, Canada). The first school was located off reserve in a

middle- to high-socioeconomic setting and served both non-Aboriginal and Aboriginal students. Some Aboriginal youth lived off reserve and others, on reserve. The latter lived in an Innu community 6 km from the nearest city (semi-rural area), where this school is located. The main spoken language was French for both Aboriginal and non-Aboriginal students. From grade 1 to secondary 3 (grade 9), the majority of youth attend schools on reserve. Afterwards, they have to move to another secondary school off reserve. The majority of youth attend the school where participants were recruited for this study. The second school was located on reserve and served only Aboriginal students, who lived on reserve, in an Innu community approximately 50 km from the nearest city (semi-rural area). Among these students, the main spoken language was Innu, and the second, French. Reserves were similar in terms of size, Aboriginal affiliation (Innu) and being in rural areas. All participants spoke and wrote French (schooling is generally provided in French). For a fuller discussion on other social and cultural factors characterizing these communities (e.g., health disparities within First Nations communities, impacts on youth of grandparents or parents having been in residential schools), see Sinha et al. (2011) or materials available from the First Nations Child and Family Caring Society's website (<http://www.fncaringsociety.com/main>).

Data were collected in April 2010 and May 2012. Across the two schools, 207 adolescents (94 Aboriginal, 113 non-Aboriginal) participated in the study. All participants were aged between 14 and 17 years ($M = 15.8$ years; $SD = 0.90$), and 55% ($N = 113$) were female. The majority of parents had a secondary school education or less (57.0% of mothers, 64.2% of fathers). A few parents had a college (19.8% of mothers, 13.3% of fathers) or university degree (16.4% of mothers, 15.0% of fathers). The

majority of adolescents lived with their two biological parents (53.0%), whereas 27.6% lived in a single-parent household (the majority with a single mother) or in a joint custody setting, 13.5% lived in a two-parent stepfamily, and 5.9% in an adopted family or with another family member (e.g., grandparent).

Participants were recruited through their teachers after ethical approval was obtained from the school's administration and the Université du Québec à Chicoutimi. Data were collected either in the school library or in the classrooms. A written consent form explained the objectives of the study and assured participants that all personal information was confidential and anonymous. Since Quebec law allows adolescents aged 14 and older to give their own free and informed consent, parents' consent was not required. A research coordinator and research assistants were available to answer individual questions during the data collection. This study was designed in accordance with Canadian principles of OCAP (Ownership, Control, Access and Possession)¹ and the ethical guidelines of the Canadian Tri-Council Policy Statement for research involving Aboriginal peoples². Consequently, Aboriginal culture and traditions were respected throughout the research project. Community members were consulted at every step of the research for decisions regarding which themes would be addressed in the questionnaires, the purpose for which the data would be used and who would have access to the information. The results of this study will address the need expressed by the communities

¹ For a fuller description of Canadian OCaP principles, see <http://cahr.uvic.ca/nearbc/documents/2009/FNC-OCAP.pdfv>

² For a fuller description of ethical guidelines of the Canadian Tri-Council Policy Statement for research involving Aboriginal peoples, see <http://www.pre.ethics.gc.ca/eng/policypolique/initaitives/tcps2-eptc2/chapter9-chaptire9>

to better understand psychological distress and resilience factors among Aboriginal youth.

Measures

Stressful life events. Exposure to stressful life events during childhood and adolescence was measured using the Family Problems Inventory (Thériault, Cyr, & Wright, 2003), where participants must indicate whether or not they have experienced the events listed. To test whether family violence and other stressful life events have the same effects on adolescents' psychological distress, the events measured were divided into two groups: 1) number of events related to family violence, which include suffering or witnessing child physical or verbal/emotional abuse, experiencing violence between children and exposure to domestic violence (witnessing spousal physical or verbal/emotional abuse); and 2) number of other stressful life events, which include financial problems within the family, parental separation or divorce, a family member experiencing sexual abuse, parental incarceration, familial alcoholism and, finally, child abandonment by a parent. Exposure to sexual abuse was a third predictor. One question was changed to specifically evaluate the participants' exposure to sexual abuse during childhood and adolescence.

Psychological distress. Psychological distress symptoms were measured using the French version (Wright & Sabourin, 1996) of the Trauma Symptom Checklist for Children (TSC-C; Brière, 1989). The TSC-C is a 54-item self-report measure designed to assess children and adolescent's responses to trauma across a number of symptom areas. The TSC-C includes six clinical scales: 1) anxiety, 2) depression, 3) anger, 4) post-traumatic stress (PTS), 5) dissociation, and 6) sexual concerns. The TSC-C also includes

two validity scales that evaluate both the minimization and the exaggeration of psychological symptoms. Answers are recorded on a 4-point Likert-type scale ranging from 0 (never) to 3 (almost all the time). In the study by Thériault and her colleagues (2003), the French version of the TSC-C demonstrated good internal consistency ($r = .69$ to $.89$) and good test-retest reliability ($r = .75$ to $.81$ after two weeks). Internal consistency was similar ($r = .74$ to $.83$) in our sample.

Resilience. Resilience was measured using the validated 27 item French version (Daigneault, Dion, Hébert, McDuff, & Collin-Vézina, 2013) of the Child and Youth Resilience Measure (CYRM; Ungar & Liebenberg, 2005), which examines resilience among children and youth from various cultural backgrounds. The CYRM has been piloted with 1451 youth from 14 different communities (including a Canadian Aboriginal community) that participated actively in the development of the questionnaire. Answers are recorded on a 5-point Likert-type scale, ranging from 1 (not at all) to 5 (a lot), with a high score indicating a high level of resources. To test whether all types of resilience factors have the same effect on adolescents' psychological distress, we examined the predictive value of three different resilience factors: 1) individual, 2) relational/familial and 3) community (which corresponds to the factors identified in Daigneault et al.). When validated in a sample of 589 Quebec adolescents (Daigneault et al.), the CYRM was found to be psychometrically sound, with good internal consistency (Cronbach's alphas = $.84$, $.78$ and $.64$ for individual, relational/familial and contextual scales, respectively) and excellent test-retest reliability after two weeks ($r = .73$ to $.84$) and three months ($r = .70$ to $.76$). Internal consistency of the three CYRM components was similar in our sample (Cronbach's alphas between $.64$ and $.82$).

Data analyses

We first conducted a chi-square analysis to compare the frequencies of various stressful life events among Aboriginal and non-Aboriginal adolescents. Multiple linear regressions were then employed to evaluate the predictive value of nine independent variables (age, gender, ethnicity, family violence, sexual abuse, other stressful life events, individual resilience, relational/familial resilience, and contextual resilience) with regard to anxiety, depression, anger, PTS, dissociation and sexual concerns. Variables were entered in the regressions in temporal order. Because of the retrospective nature of the study, we entered predictors that were stable over time (sociodemographic predictors) and those that had occurred before the study (childhood maltreatment, abuse, and stressful life events) in the first step of the regression model. In the second step, we entered current resilience factors to assess whether this current resilience would help explain current psychological distress in addition to sociodemographic factors and past experiences of maltreatment, abuse and stress.

Table 1

Multiple regression analyses predicting psychological distress from sociodemographic factors, stressful life events and resilience factors

Variable	Depression		Anxiety		Post-traumatic stress	
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2
	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>
Gender	0.20***	0.25***	0.37***	0.38***	0.23***	0.26***
Age	-0.04	-0.05	-0.01	-0.02	0.02	0.01
Aboriginal culture	0.01	-0.10	-0.06	-0.07	-0.03	-0.04
Sexual abuse	0.13*	0.14*	0.15**	0.14*	0.18**	0.18**
Family violence	0.22***	0.16**	0.10	0.09	0.28***	0.25***
Stressful life events	0.19**	0.16**	0.17**	0.17**	0.11	0.09
Individual resilience		-0.32***		-0.14*		-0.19**
Relational resilience		-0.04		0.08		0.01
Contextual resilience		0.00		-0.03		-0.01
Adjusted R ²	0.21	0.31	0.23	0.24	0.24	0.26

* $p < .05$. ** $p < .01$. *** $p < .001$.

Table 1 (continued)

Variable	Sexual concerns		Anger		Dissociation	
	Step 1	Step 2	Step 1	Step 2	Step 1	Step 2
	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>
Gender	-0.30***	-0.27***	-0.09	-0.05	0.09	0.14*
Age	0.14	0.13*	-0.11	-0.11	0.01	0.01
Aboriginal culture	-0.23*	-0.22***	-0.14*	-0.15*	-0.02	-0.04
Sexual abuse	0.22***	0.23***	0.16**	0.18**	0.13*	0.13*
Family violence	0.10	0.06	0.18**	0.12	0.27***	0.22**
Stressful life events	0.10	0.07	0.14*	0.11	0.12	0.09
Individual resilience		0.02		-0.09		-0.24***
Relational resilience		-0.19**		-0.17*		-0.03
Contextual resilience		-0.01		0.02		0.01
Adjusted R ²	0.20	0.22	0.11	0.14	0.14	0.19

* $p < .05$. ** $p < .01$. *** $p < .001$.

Results

Sociodemographic factors

A full description of all multiple regression results can be found in Table 1. Gender was significantly associated with all psychological distress symptoms, except anger. Girls showed a significantly greater risk of anxiety (standardized $\beta = .38$, $t = 7.03$, $p < .001$), PTS (standardized $\beta = .26$, $t = 4.89$, $p < .001$), dissociation (standardized $\beta = .14$, $t = 2.46$, $p < .05$) and depression (standardized $\beta = .25$, $t = 4.90$, $p < .001$), whereas boys had a significantly greater risk of sexual concerns (standardized $\beta = -.27$, $t = -5.00$, $p < .001$). Conversely, age was related to sexual concerns only (standardized $\beta = .13$, $t = 2.53$, $p < .05$), which means that older adolescents had more sexual concerns than younger ones.

The results also show some differences between Aboriginal and non-Aboriginal adolescents in anger and sexual concerns. Being non-Aboriginal was associated with a significantly greater risk of sexual concerns (standardized $\beta = -.22$, $t = -3.86$, $p < .001$) and higher levels of anger (standardized $\beta = -.15$, $t = -2.47$, $p < 0.05$). Data concerning the prevalence of stressful life events among Aboriginal and non-Aboriginal adolescents are presented in Table 2. Overall, Aboriginal youth were more exposed to all kinds of stressful life events, except for parental separation and sexual abuse. Aboriginal youth in our sample experienced significantly more events related to physical abuse ($\chi^2 = 4.38$, $p < 0.05$), family alcoholism ($\chi^2 = 14.67$, $p < 0.001$), child abandonment by a parent ($\chi^2 = 8.93$, $p < 0.01$) and witnessing spousal physical ($\chi^2 = 14.94$, $p < 0.001$) and verbal/emotional ($\chi^2 = 6.04$, $p < 0.05$) violence than non-Aboriginal youth.

Table 2

Prevalence of stressful life events among Aboriginal and non-Aboriginal adolescents in the sample

Stressful events	Aboriginal (n = 94)	Non-Aboriginal (n = 113)	Total (n = 207)	χ^2
Financial problems within the family	54.3	41.6	47.3	3.30 ^a
Parental separation or divorce	52.7	58.0	55.6	0.59
Physical abuse	13.8	5.4	9.2	4.38*
Verbal/emotional abuse	31.9	24.3	27.8	1.46
Violence between children	37.6	37.2	37.4	0.01
Witnessing spousal physical violence	28.7	8.1	17.6	14.94***
Witnessing spousal verbal/emotional violence	45.7	29.2	36.7	6.04*
One family member experiencing sexual abuse	14.9	7.1	10.6	3.30 ^a
Parental incarceration	19.1	9.7	14.0	3.78 ^a
Familial alcoholism	57.4	31.0	43.0	14.67***
Child abandonment	17.0	4.4	10.1	8.93**
Sexual abuse	13.8	16.8	15.5	0.58

^a $p < .10$. * $p < .05$. ** $p < .01$. *** $p < .001$.

Stressful life events

The relationship between various stressful life events and psychological distress were explored. The results show that having been sexually abused directly predicted all psychological symptoms (standardized $\beta = .13$ to $.23$, and $t = 2.37$ to 4.13 , $p < .05$). A high number of stressful events related to family violence was associated with a significantly greater risk of PTS (standardized $\beta = .25$, $t = 4.13$, $p < .001$), dissociation (standardized $\beta = .22$, $t = 3.51$, $p < .001$) and depression (standardized $\beta = .16$, $t = 2.67$, $p < .01$). A high number of other stressful life events was associated with depressive (standardized $\beta = .16$, $t = 2.70$, $p < .01$) and anxiety (standardized $\beta = .17$, $t = 2.72$, $p < .01$) symptoms.

Resilience

The results show that individual, relational/familial and contextual resilience factors have different predictive values in psychological distress. A high level of individual resilience was significantly associated with fewer depressive symptoms (standardized $\beta = -.32$, $t = -5.05$, $p < .001$), dissociation symptoms (standardized $\beta = -.24$, $t = -3.56$, $p < .001$), PTS symptoms (standardized $\beta = -.19$, $t = -2.95$, $p < .01$) and anxiety symptoms (standardized $\beta = -.14$, $t = -2.20$, $p < .05$). A high level of relational/familial resilience was predictive of less anger (standardized $\beta = -.17$, $t = -2.40$, $p < .05$), and fewer sexual concerns (standardized $\beta = -.19$, $t = -2.69$, $p < .01$). Finally, contextual resilience was not related to psychological distress.

Discussion

Sociodemographic factors

The purpose of this study was to explore the association between various risk and resilience factors and psychological distress among Aboriginal and non-Aboriginal adolescents. First, the hypothesis concerning gender differences in psychological distress was partly supported. The results show that gender is significantly associated with all psychological symptoms except anger. Our finding that girls reported significantly higher levels of depression, anxiety, PTS and dissociation than boys is consistent with a large body of research concluding that girls report more internalizing symptoms than boys do (e.g., Jose & Ratcliffe). Gender-specific cultural beliefs and expectations concerning emotional regulation, and higher perceived stressor intensity and frequency (Jose & Ratcliffe, 2004) among girls are all factors that could explain this finding. It is also possible that boys are more reluctant to express their psychological distress than girls are, which would explain why the girls in our sample seem to experience more distress. The analyses also pointed to higher levels of sexual concerns among boys. Because no study to date has explored gender differences in sexual concerns among adolescents, we cannot conclude whether these results are consistent or not with previous literature. However, this finding may be explained by the fact that the boys in our sample, who were aged between 14 and 17, are in a developmental period characterized by a sexual awakening and major body changes that increase sexual concerns, while girls may have been exposed to these concerns sooner in their development due to earlier sexual and biological maturation (Cloutier, 1996). Another possible explanation lies in the way sexual concerns were conceptualized in the TSC-C. Items in the questionnaire refer

mainly to intrusive thoughts, desires considered inappropriate or abnormally high sexual needs (e.g. “Can’t stop thinking about sex,” “Touching my private parts too much”). It is possible that these items relate more to boys’ sexual concerns, while girls may be more concerned about their body image or the relational dimension of sexual intercourse.

The hypothesis concerning age differences was only partly supported. Older adolescents reported significantly higher levels of sexual concerns than younger adolescents. Given that a majority of adolescents are not sexually active before age 16 (Cloutier, 1996), sexual concerns are expected to arise later in adolescence. However, age was not a significant predictor for other psychological symptoms. Some studies suggest that the emergence of internalizing symptoms and disorders in adolescence may be more a function of pubertal status than of chronological age. For example, in their review, Hayward and Sanborn (2002) concluded that pubertal stage was a more powerful predictor of adolescent girls’ psychological symptoms (panic attacks, depression and eating disorder symptoms) than chronological age was. This may explain why chronological age was not a significant predictor of psychological distress in our sample (except for sexual concerns). Another possible reason is that chronological age may act more as a moderator of gender differences in psychological distress.

The results of the analyses support the hypothesis that Aboriginal youth report more stressful life events than their non-Aboriginal counterparts. This pattern is consistent with previous research that underscored higher rates of various traumatic events among Aboriginal populations compared with the general population (e.g., Bopp et al., 2003; Brennan, 2011; Statistics Canada, 2010). It was also expected that Aboriginal youth would report more psychological distress than their non-Aboriginal counterparts.

This hypothesis was not supported: ethnicity was not a significant predictor in psychological distress except for anger and sexual concerns, which were significantly lower among Aboriginal youth than their non-Aboriginal counterparts. This finding suggests that despite their exposure to more stressful life events than their non-Aboriginal peers, Aboriginal youth do not necessarily develop more psychological symptoms and may be particularly resilient when exposed to adversity. These findings agree with results from earlier resilience research (e.g., Lafromboise et al., 2006; Zahradnik et al., 2010) showing that Aboriginal adolescents can be resilient despite considerable environmental stress. However, it is important to consider the possibility that Aboriginal adolescents may not necessarily express psychological distress the same way as their non-Aboriginal counterparts. Since this nuance is not necessarily considered in the questionnaire used to evaluate psychological distress (TSC-C), Aboriginal youth's distress may have been underestimated.

Stressful life events

Although family violence and the number of other stressful life events were predictive of many psychological symptoms among adolescents, sexual abuse was still the strongest predictor of psychological distress compared with other types of stressful life events. These results are consistent with one longitudinal study which concluded that exposure to sexual abuse during childhood had more long-term deleterious effects on psychological health than physical violence did (Fergusson, Boden, & Horwood, 2008).

Resilience

Consistent with our hypothesis, individual and relational/familial resilience were significant protective factors in certain psychological symptoms, above and beyond the

effect of past risk factors that were retrospectively reported. The most important factor related to depression and dissociation was individual resilience, which includes such characteristics as high self-esteem, empowerment, effective problem-solving strategies and good social skills. Relational/familial resilience, in turn, was associated with lower levels of anger and sexual concerns. The cross-sectional nature of this study does not allow us to determine cause-effect relationships between resilience factors and psychological symptoms reported by adolescents. For example, rather than assuming that the presence of relational/familial resilience factors decreases the likelihood of feeling anger, we must consider the possibility that a calm temperament and low propensity to react aggressively to stressful events may lead adolescents to maintain good relationships with their peers and family. Longitudinal data would be needed to investigate the temporal ordering.

It is interesting to note that when family violence is associated with psychological distress, relational/familial resilience is not, and vice versa. Conversely, individual resilience is significantly related to lower distress when family violence is a significant predictor of distress. This finding suggests that when adolescents experience distress related to family violence, they rely more on individual resilience factors than familial ones to overcome adversity.

Contrary to our hypothesis, contextual resilience (e.g., a sense of belonging to the community or school, importance of religious beliefs and the community's traditions, or national pride) was not a significant protective factor for any psychological symptom. This finding agrees with the results of Daigneault and her colleagues (2013), who found that the Community/Spiritual resilience component of the CYRM had a lower internal

consistency than other components when validated among French youth from the province of Quebec, Canada. According to the authors, this may be because a large majority of Quebec youth do not consider religion an important part of their lives. Nonetheless, this finding contrasts with previous resilience research that identified several resilience factors related to spirituality (Graham, 2001), community support (Lafromboise et al., 2006) and cultural traditions (Filbert & Flynn, 2010; Hopkins et al., 2012; Walls, 2007) among Aboriginal youth. Historical traumas (e.g., residential schools, acculturation) and other drastic sociocultural changes experienced by Aboriginal communities over the past years have undermined cultural tradition and its intergenerational transmission. As a result, many Aboriginal youth know very little about cultural traditions and seek their own identity, midway between tradition and modernity. Therefore, it may not be surprising that contextual resilience was not a significant resilience factor in our sample of Quebec Aboriginal and non-Aboriginal adolescents. However, the results may have been different if broader or other contextual resilience factors had been measured. Wekerle (2013), for example, highlights contextual resilience factors that support adolescent resilience in the context of maltreatment, such as access to transition services for the switch from child to adult services, and maltreatment prevention programs targeting pregnant teens in CPS (Child Protective Services). Further studies should be conducted to better understand if and how the community may be a protective factor for psychological distress among Aboriginal and non-Aboriginal adolescents.

Finally, it should be noted that, notwithstanding the link between individual and relational/familial resilience factors and psychological symptoms, the results of this study

showed that sexual abuse and family violence had a direct/main effect on psychological symptoms. Results of various other studies indicate that child maltreatment is related to dysregulation and permanent changes in the major biological stress response systems in youth, which may underlie the increased risk of psychopathology (see Heim & Nemeroff, 2002; Watts-English, Fortson, Gibler, Hooper, & De Bellis, 2006). Although not directly investigated in the current study, this may suggest that trauma symptoms are the core impairment underlying other impairments despite the presence of protective factors.

Implications

As different risk and protective factors may have variable effects on psychological health, this study represents an important advancement in our understanding of adolescents' psychological distress and the role of resilience in the context of stressful life events. Having the ability to predict various consequences of sexual abuse, family violence and other stressful life events on adolescents' psychological health may have important implications for health promotion, risk reduction and treatment. Adolescence is a critical developmental period that constitutes a unique opportunity for clinicians to prevent exposure to negative life events and promote effective coping resources. This study provides further cross-cultural validation for the CYRM as a measure, as well as information about the most relevant resilience factors for Quebec adolescents and the relative importance of each of them in psychological distress. The individual and relational/familial resilience factors identified in the analyses can be influenced and promoted by practitioners and the community. These findings may guide the development of culturally sensitive interventions and strengthen hope in vulnerable populations. This would be beneficial especially in Aboriginal communities, where the

constant focus on difficulties and deficits by the media and the general population offers little hope for future generations.

A few limitations must be considered when examining the results of this study. First, even though the TSC-C has been validated in many contextual backgrounds (e.g., Bal & Uvin, 2009; differences in the expression of distress may have influenced the results. To our knowledge, no culturally sensitive measure (e.g. developed in several countries at the same time) of child and youth psychological distress exists at the moment. In this context, the use of a translated, adapted measure of an existing questionnaire remains the most efficient solution. Second, even though we tested the predictive value of ethnicity in psychological distress and compared the frequency of life events among Aboriginal and non-Aboriginal youth, our analysis did not find significant interactions between Aboriginal status, stressful life events and resilience factors. Since Aboriginal youth live in a particularly adverse context (as shown by the high proportion of stressful life events in our sample), it would be interesting to investigate whether the resilience factors having the greatest impact are the same for Aboriginal and non-Aboriginal youth, and whether they would have the same buffering effect on psychological health in both populations. Further studies should thus examine whether the three types of resilience factors explored in the present study have the same effects on the mental health of Aboriginal and non-Aboriginal adolescents. Third, Aboriginal youth' reality can differ considerably from one community to another (Andersson & Ledogar, 2008). Therefore, although the two communities in our study had different characteristics (especially in terms of proximity to major centers), further research in other Aboriginal

communities is needed to clarify the extent to which our findings can be generalized to all Aboriginal adolescents.

Despite these limitations, this study had a number of methodological strengths that overcome limitations found in previous research. These strengths include the use of validated screening tools, the recruitment of Aboriginal youth from two different communities, and the assessment of multiple dimensions of resilience with a culturally sensitive measure. Given the lack of existing literature on resilience in Aboriginal youth (especially quantitative studies), the present study constitutes an important contribution to resilience research.

Conclusion

Overall, these results indicate that stressful life events such as sexual abuse and family violence may have deleterious effects on the mental health of Aboriginal and non-Aboriginal adolescents. However, some individual and relational resilience factors that have been associated with significantly lower levels of psychological distress are believed to attenuate the negative effects of these stressors on mental health. These findings may provide hope for communities under greater stress and support the importance of establishing culturally sensitive intervention strategies that strengthen the key protective factors identified in this study. Longitudinal studies are needed to move beyond description and explore the underlying mechanisms by which protective factors buffer the deleterious effects of stressful life events on psychological health during adolescence.

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Conclusion générale

Trois grandes questions ont été soulevées dans cet essai doctoral. La première : les événements de vie ont-ils tous le même effet sur la santé psychologique des adolescents autochtones et non-autochtones ? Les résultats indiquent que tous les événements de vie à l'étude étaient associés à une augmentation de la détresse psychologique, que ce soit l'exposition à la violence familiale (directe/indirecte, physique/psychologique, envers les enfants/entre les enfants/entre les parents), la séparation des parents, des difficultés financières dans la famille, l'emprisonnement ou le problème de consommation d'un parent, l'abandon par un parent ou encore, une agression sexuelle vécue par l'adolescent ou un membre de sa famille. Bien que ces événements représentent tous des épreuves importantes dans la vie des adolescents, le vécu d'agression sexuelle reste l'évènement de vie le plus délétère au plan psychologique. Ces résultats soulignent l'importance de soutenir les jeunes confrontés aux événements de vie mentionnés précédemment, mais aussi de porter une attention toute particulière aux adolescents victimes d'agression sexuelle étant donné leur risque encore plus grand de vivre de la détresse psychologique.

La deuxième question soulevée dans cet essai était la suivante : quels sont les facteurs de résilience qui peuvent influencer positivement la santé mentale des adolescents ayant vécu des événements de vie difficiles ? Les résultats révèlent que les facteurs de résilience individuels (p. ex., bonne estime de soi, stratégies de résolution de problèmes efficaces, bonnes habiletés sociales) et relationnels/familiaux (p. ex., impression d'être soutenu par les pairs et la famille, sentiment de sécurité dans la famille, sentiment de confiance envers les proches) étaient les facteurs qui avaient l'effet le plus bénéfique sur la santé mentale des adolescents autochtones et non-autochtones. Les facteurs de résilience contextuels (p. ex., sentiment d'équité et de justice dans la

communauté, fierté par rapport à l'origine ethnique, participation aux activités culturelles et religieuses offertes dans la communauté) n'avaient pas d'effet significatif sur la santé psychologique des jeunes. Ce dernier résultat amène des réflexions importantes sur les façons les plus efficaces de soutenir les jeunes autochtones et non-autochtones vivant au Québec. Il est possible de croire que dans le contexte québécois actuel, les jeunes qui vivent des événements difficiles ont plus tendance à se tourner vers leurs forces personnelles et leur réseau proche pour aller chercher du soutien, plutôt que trouver refuge dans la spiritualité ou se tourner vers des ressources dans la communauté comme cela peut être le cas dans des cultures plus collectivistes ou comme cela a pu être le cas à d'autres époques. Il est intéressant de constater que cette conclusion s'applique autant aux adolescents autochtones que non-autochtones, même si certains chercheurs soutiennent que la spiritualité et l'attachement aux pratiques culturelles sont des éléments qui pourraient aider les jeunes autochtones à vivre moins de détresse psychologique (Filbert & Flynn, 2010; Graham, 2001; Hopkins et al., 2012; Lafromboise et al., 2006; Walls, 2007; Zahradnik et al., 2010). Il faut toutefois faire preuve de prudence dans l'interprétation de ce résultat. D'autres études sont nécessaires pour documenter davantage les types de ressources communautaires et spirituelles qui sont aidantes ou non pour les adolescents autochtones. Il serait également intéressant de voir si les résultats sont les mêmes quand un spectre différent ou plus large de facteurs de résilience contextuels sont mesurés.

La troisième question soulevée dans cet essai doctoral, qui a été annoncée dans l'introduction générale de l'essai mais non-abordée dans l'article, était la suivante : la résilience joue-t-elle un rôle modérateur dans la relation entre les événements de vie

stressants et la détresse psychologique vécue par les adolescents autochtones et non-autochtones ? En effet, certains auteurs ont suggéré que la résilience pourrait agir comme variable modératrice (variable qui réduit ou amplifie la relation entre la variable indépendante et dépendante; Kazdin, 2002) en atténuant les effets délétères des traumatismes sur la santé psychologique des individus (Fincham, Altes, Stein, & Seedat, 2009; Lai & Mak, 2009; Lee & Cranford, 2008; Pinquart, 2009; Wingo, et al., 2010; Zahradnik et al., 2010). L'étude du rôle modérateur de la résilience est une avenue très intéressante à explorer pour raffiner les théories sur la détresse psychologique des adolescents (Kazdin, 2002). Toutefois, peu d'études ont porté sur le sujet jusqu'à maintenant. Celles qui l'ont fait se sont généralement limitées à des événements de vie précis (p. ex., Lee & Cranford, 2008; Zahradnik et al., 2010), ce qui ne permet pas de déterminer si l'effet modérateur de la résilience opère aussi dans les cas de multiples événements de vie stressants. Aussi, comme la plupart des études portant sur l'effet modérateur de la résilience se sont concentrées sur des symptômes psychologiques précis tels que les symptômes de stress post-traumatique (Fincham et al., 2009) ou de dépression (Wingo et al., 2010), il n'est pas possible de savoir à l'heure actuelle si l'effet modérateur de la résilience opère également sur la santé psychologique dans son ensemble. Dans le cadre du présent essai doctoral, des analyses de régressions multiples ont été effectuées pour tester l'effet modérateur de la résilience dans la relation entre les événements de vie stressants et la détresse psychologique. L'effet modérateur s'est toutefois avéré non-significatif. Il est possible que ce résultat s'explique par le choix des facteurs de résilience mesurés. Une autre explication possible à cet effet non-significatif est que seuls les participants ayant vécu au moins un événement de vie stressant ont été

inclus dans l'analyse, ce qui a réduit le nombre de participants (et rendu plus difficile l'identification d'un effet significatif) et possiblement exclus des participants qui ont vécu des événements de vie difficiles autres que ceux qui se retrouvaient dans le questionnaire. Même si l'effet modérateur s'est avéré non-significatif, les résultats de la présente étude suggèrent néanmoins que les facteurs de résilience ont un effet direct et significatif sur la santé mentale des adolescents, qu'ils aient été exposés ou non à des expériences de vie stressantes, peu importe le type d'évènement stressant vécu. Par conséquent, il serait important que d'autres études, idéalement longitudinales, vérifient si les facteurs de résilience évalués dans la présente étude jouent un rôle modérateur ou non dans la relation entre les événements de vie stressants et la détresse psychologique.

Cette étude amène les intervenants œuvrant auprès des populations autochtones à se questionner sur les recommandations maintes fois émises dans la littérature (p. ex., Filbert & Flynn, 2010; Walls, 2007) et par les organismes de défense des droits des Autochtones (p. ex., Commission royale sur les peuples autochtones, 1996) d'intégrer les traditions et valeurs culturelles dans les interventions en santé mentale visant à promouvoir la résilience. Les résultats de la présente étude doctorale suggèrent que l'importance accordée à la spiritualité et la culture n'est pas forcément la même d'une communauté à l'autre. Ce point rejoint le discours des psychologues pratiquant en communauté autochtone (Morency & Kistabish, 2001), qui soutiennent qu'il n'y a pas de consensus concernant l'utilité et le sens des pratiques traditionnelles dans les communautés : certains Autochtones ne s'identifient pas aux traditions culturelles et aux principes de guérison autochtones et se sentent plus confortables dans une structure de services psychologiques contemporaine, alors que d'autres sont plus méfiants envers les

services de santé mentale de la culture majoritaire et se sentent plus en confiance si les interventions intègrent des éléments traditionnels. Ainsi, pour s'assurer que les interventions répondent aux besoins des adolescents autochtones, il importe de d'abord évaluer l'importance que revêt pour eux les valeurs culturelles et à quel point les facteurs contextuels les aident à traverser les épreuves auxquelles ils doivent faire face.

À une heure où la santé psychologique des jeunes autochtones soulève des inquiétudes importantes au Québec, cette étude constitue un apport considérable dans la mesure où elle documente les difficultés et les forces d'une population qui, malgré les inquiétudes qu'elle suscite, reste très peu présente dans la littérature scientifique et les médias. Les jeunes autochtones impliqués dans la présente étude vivaient plus d'évènements de vie stressants que leurs comparses non-autochtones, résultat qui concorde avec la littérature existante et les données à l'effet que les taux de violence familiale (Brennan, 2011), de négligence envers les enfants (Blackstock, Trocmé, & Bennett, 2004) et d'emprisonnement (Statistique Canada, 2010) sont plus élevés chez les Autochtones que chez les non-Autochtones. Par contre, cette étude suscite de l'espoir en soulignant que même s'ils vivent plus d'évènements difficiles de façon générale, les jeunes autochtones ne vivent pas nécessairement plus de détresse psychologique que leurs homologues non-autochtones. Ces résultats laissent croire que les jeunes autochtones font preuve d'une grande résilience dans un tel contexte d'adversité. Il faut néanmoins garder en tête que la résilience est un processus évolutif et dynamique qui peut varier chez un même individu au fil du temps et selon les contextes (Anaut, 2002). Ainsi, les adolescents autochtones peuvent faire preuve d'une grande résilience à certains moments de leur vie, face à un évènement de vie donné, mais rien ne garantit que leur

réaction sera la même lors d'un évènement subséquent, surtout si les stressseurs s'accumulent et que les ressources individuelles et relationnelles deviennent moins accessibles pour une raison ou pour une autre. C'est pourquoi il est crucial de poursuivre les efforts déployés pour renforcer la résilience des jeunes autochtones, que ce soit via des interventions favorisant la diminution des facteurs de risques (p. ex., réduire la pauvreté et la banalisation de la violence dans les communautés) ou le renforcement des facteurs de protection individuels et relationnels présents chez les jeunes.

Références de l'introduction et de la conclusion

Références de l'introduction et de la conclusion

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Resilience moderates the relationship between exposure to violence and posttraumatic reexperiencing in Mi'kmaq youth. *International Journal of Mental Health and Addiction*, 8, 408-420. doi: 10.1007/s11469-009-9228-y.

Appendice A

Approbation du comité d'éthique

Comité d'éthique de la recherche

29 avril 2009

Madame Jacinthe Dion
Professeur au département des sciences
de l'éducation et de psychologie
Université du Québec à Chicoutimi

OBJET : Décision – Approbation éthique
Facteurs de risques et de protection reliés à la résilience chez les
adolescents autochtones
N/Dossier : 602.170.01

Madame,

Lors de sa réunion tenue le **12 septembre 2008**, le Comité d'éthique de la recherche a étudié votre demande d'approbation éthique concernant le projet de recherche cité en rubrique.

Il a alors été décidé à l'unanimité de vous demander de remplir certaines conditions préalablement à la délivrance de votre approbation éthique.

Ayant satisfait les conditions demandées, vous trouverez ci-joint votre approbation éthique valide jusqu'au 1er janvier **30 avril 2011**.

Nous vous rappelons qu'il est de la responsabilité du chercheur de toujours détenir une approbation éthique **valide**, et ce, tout au long de la recherche. De plus, toute modification au protocole d'expérience et/ou aux formulaires joints à ce protocole d'expérience doit être approuvée par le Comité d'éthique de la recherche.

En vous souhaitant la meilleure des chances dans la poursuite de vos travaux, veuillez accepter, Madame, nos salutations distinguées.



Marie-Josée Dupéré
Attachée d'assemblée

/mjd



Université du Québec à Chicoutimi

APPROBATION ÉTHIQUE


Dans le cadre de l'Énoncé de politique des trois conseils : éthique de la recherche avec des êtres humains et conformément au mandat qui lui a été confié par la résolution CAD-7163 du Conseil d'administration de l'Université du Québec à Chicoutimi, approuvant la *Politique d'éthique de la recherche avec des êtres humains* de l'UQAC, le Comité d'éthique de la recherche avec des êtres humains de l'Université du Québec à Chicoutimi, à l'unanimité, délivre la présente approbation éthique puisque le projet de recherche mentionné ci-dessous rencontre les exigences en matière éthique et remplit les conditions d'approbation dudit Comité.

La présente est délivrée pour la période du 29 avril 2009 au 30 avril 2011

Pour le projet de recherche intitulé : *Facteurs de risques et de protection reliés à la résilience chez les adolescents autochtones.*

Chercheur responsable du projet de recherche : *Jacinthe Dion*

Fait à Ville de Saguenay, le 29 avril 2009


Jean-Pierre Béland
Président du Comité d'éthique
de la recherche avec des êtres humains

Comité d'éthique de la recherche

Le 3 mai 2012

Madame Jacinthe Dion
Professeure
Département des sciences de la santé

N/Réf. : 602.170.02

OBJET : Modification et prolongation d'un projet de recherche

Madame,

Le Comité d'éthique de la recherche de l'Université du Québec à Chicoutimi a étudié vos demandes de modification et de prolongation pour le projet de recherche intitulé « *Facteurs de risques et de protection reliés à la résilience chez les adolescents autochtones* ».

Le tout ayant été jugé satisfaisant, nous avons le plaisir de vous informer que la modification et la prolongation proposées pour votre projet de recherche ont été approuvées.

La certification éthique est donc prolongée jusqu'au **31 décembre 2012**.

Nous vous rappelons qu'il est de la responsabilité du chercheur de toujours détenir une approbation éthique valide, et ce, tout au long de la recherche. De plus, toute modification au protocole d'expérience et/ou aux formulaires joints à ce protocole d'expérience doit être approuvée par le Comité d'éthique de la recherche.

Deux mois avant la date d'échéance de votre approbation, vous devez faire parvenir au comité une demande de prolongation, en utilisant le document du Comité prévu à cet effet, téléchargeable à partir du site WEB de l'institution à l'adresse suivante :

<http://www.uqac.ca/recherche/cei/index.php>

En vous souhaitant le meilleur succès dans la poursuite de vos travaux, veuillez accepter, Madame, nos salutations distinguées.



Marie-Julie Potvin
Coordonnatrice
Comité d'éthique de la recherche avec des êtres humains

Appendice B

Attestation d'authorship et de responsabilité pour l'ensemble de l'essai

Chicoutimi, le 3 septembre 2014

Madame Karine Côté
Directeur du programme de doctorat en psychologie
Université du Québec à Chicoutimi
555 boul. de l'Université
Chicoutimi, Québec, Canada
G7H 2B1

Objet : Attestation d'auteur principal dans le cadre d'un essai doctoral par article pour la candidate Jennifer Hains

Madame Côté,

La présente est pour vous confirmer que Jennifer Hains est l'auteure principale de l'article figurant dans le présent essai doctoral. Ainsi, le fondement théorique, la formulation des hypothèses de recherche, l'analyse et l'interprétation des données, de même que la rédaction de l'article ont été principalement réalisés par Jennifer Hains.

En espérant le tout conforme, veuillez agréer, Madame Côté, mes meilleures salutations,



Jacinthe Dion, Ph. D.
Professeure, psychologue
Département des sciences de la santé
Université du Québec à Chicoutimi
555 boul. de l'Université
Chicoutimi, Québec, Canada
G7H 2B1

cc. : Monsieur Étienne Hébert, doyen au Décanat des études

Appendice C

Normes de publication détaillées de la revue *International Journal of Child and Adolescent Resilience*

AUTHOR GUIDELINES

The *International Journal of Child and Adolescent Resilience (IJCAR)* publishes peer-reviewed original articles, reviews and correspondence on all aspects of Child and Adolescent Resilience. IJCAR is a platform for high-quality, relevant research for researchers, policy-makers, and practitioners to support knowledge mobilization and exchange, understanding of complex childhood and adolescent issues, and inform decisions to promote health and resilience.

Manuscripts will be considered for publication with the understanding that the work has not already been reported in a published paper or accepted for publication elsewhere in print or in electronic media.

All original contributions are reviewed by the co-editors and sent to two or more external reviewers as part of a double-blind peer review process. The co-editors reserve the right to make editorial changes in all matter published in the Journal.

Our style requirements follow those of the American Psychological Association. These can be found at www.apastyle.org.

PRICING POLICY

IJCAR uses a business model in which our expenses — including those of peer review, journal production, and online hosting and archiving — are recovered in part by charging a publication fee to the authors or research sponsors for each article they publish.

Authors who are affiliated with one of our Institutional Members are eligible for a reduced fee. Many institutions and research funders have set up Open Access Journal Publication Funds to help researchers pay for publication fees.

Many of the world's most prestigious research institutions have introduced policies that mandate or strongly encourage open access to the work of their scholars. Your institution may have a fund to pay for publication fees. See below example links:

Open Access Directory: Open Access Journal Funds

Compact for OA Access Publishing Equity

SPARC Publication Fund Listing

Wellcome Trust Open Access Finding

If your institution doesn't have an OA Journal Publication Fund, you can ask your institution's library to set one up. This document will assist you: [SPARC's Guide to setting up an OA Publication Fund](#).

SUBMISSIONS TYPE

Quantitative Research

Maximum word length: 5,000 words, not including abstract, tables/figures, references

Structured abstract: 250 words, with the headings Objectives, Method(s), Results, Conclusion and Implication

Maximum number of references: 30

Qualitative Research

Maximum word length: 5,000 words, not including abstract, tables/figures, references

Structured abstract: 250 words, with the headings Objectives, Method(s), Results, Conclusion and Implication

Maximum number of references: 30

Commentary

Maximum word length: 1,500 words, not including abstract, tables/figures, references

Text abstract: 200 words

Maximum number of references: 15

Maximum combined number of tables and figures: 3

Review

Maximum word length: 7,000 words, not including abstract, tables/figures, references

Structured abstract: 250 words, with the headings Objectives, Method(s), Results, Conclusion and Implication

Maximum number of references: 50, with links if required to lists of retrieved and excluded articles

Letter to the Editor

Maximum word length: 500 words

No abstract

Maximum number of references: 10

Brief Reports

Maximum word length: 1,500 words, not including abstract, tables/figures, references

Text abstract: 200 words

Maximum number of references: 15

Maximum combined number of tables and figures: 5

ETHICAL GUIDELINES

Conflicts of Interest

Any relationship (including financial, professional and personal) with an organization or person that may inappropriately influence the research on which a manuscript is based, must be disclosed at the time of submission.

Funding Sources

Any funding sources and the roles that they play must be disclosed at the time of submission.

MANUSCRIPT PREPARATION

Please refer to the reviewer criteria for original research articles, reviews, commentaries, brief report or letter to the editor. These can be found at:

<http://www.is-car.ca/ijcar/index.html>

For submission, go <http://is-car.ca/ijcar/ojs/index.php/ijcar/user/register> and either register as a IJCAR author or login with your user name and password.

Click on "New Submission" to begin the step-by-step process of submitting your manuscript for consideration by the IJCAR.

To ensure the integrity of the blind peer review for submissions to the IJCAR, please ensure that all identifying information is removed (i.e., authors/affiliations, header/footer, properties, and acknowledgements section). Please check to see if the following steps have been taken with regard to the text and the file properties:

1. The authors of the document have deleted their names from the text.

To remove author identification when using Microsoft Office documents, go to "File" in Word and click on the following: File > Save As > Tools (or "Options" if using a Mac) > Security > Remove personal information from the file properties on save > Save.

To remove author identification when using PDFs, the authors' names should also be removed from Document Properties found under "File" on Adobe Acrobat's main menu.

The manuscript must be double-spaced and pages must be numbered consecutively

starting at “1” (i.e., not “0” for title page), including abstract, text, references, tables and figures. Please submit your manuscript with line numbers.

TITLE PAGE

The title page of the blinded version of the submission should include:

1. type of submission;
2. title;
3. short running title of no more than 50 characters including letters and spaces
4. word count of abstract;
5. word count of body of the text (i.e., not including references, tables, figures).

Once an article has been accepted for publication, the corresponding author will be asked to provide a fully-identified version of the manuscript.

The title page of the fully-identified manuscript should include in addition to the above:

1. First name, middle initial, and last name of each author, with highest academic degree(s), and the name(s) of department(s) and institutions to which the work should be attributed;
2. Name, address, telephone number, fax number and e-mail address of the author responsible for correspondence;
3. Any necessary acknowledgements of sources of support (funding and otherwise);
4. A conflict of interest statement

TEXT

Divide the text into sections headed Introduction, Methods, Results, Discussion and Implications.

Approval should be obtained from a recognized ethics approval board for studies involving human subjects. This approval should be indicated in the Methods section.

REFERENCES

The style for references is based on APA style. See examples that follow at:
<http://owl.english.purdue.edu/owl/resource/560/01/>

TABLES

Tables should be double-spaced and numbered consecutively using Arabic numerals, and included in the original blinded Word document. Supply a brief title for each table.

Example of style:

Table 1. Demographic Characteristics of Survey Participants

Give each column and row a brief or abbreviated heading. Do not use vertical or horizontal rules in the body of tables. Cite each table in the text in consecutive numerical order.

Place explanatory matter in footnotes, using the following symbols, in this sequence:

*, †, ‡, §, ||, ¶, **, ††, ‡‡, etc.

FIGURES

In the original submission for blinded peer review, figures should be included within the submitted manuscript.

In the final submission, after the manuscript has been accepted for publication, the corresponding author will be asked to upload the figures as high resolution (at least 300 dpi) files in .eps, .tif, or .pdf format.

Number figures consecutively in Arabic numerals and supply a brief title for each.

Example of style:

Figure 1. Distribution of the total number of depression cases in New Mexico, U.S. between April 2000 and July 2011

Place explanatory matter in footnotes, using the following symbols, in this sequence:

*, †, ‡, §, ||, ¶, **, ††, ‡‡, etc.

EDITING SERVICES FOR NON-ENGLISH SPEAKERS

For the non-English-speaking authors, a professional editing service may help improve the presentation of the paper. Papers with serious deficiencies in English may be returned without review. For our editing services please contact info@is-car.ca