

# **“It Takes a Community”**

## **Constructing Aboriginal Mothers and Children with FAS/FAE as Objects of Moral Panic in/through a FAS/FAE Prevention Policy**

In this paper, I provide a feminist, anti-colonial, and anti-ableist analysis of the primary texts of the *First Nations and Inuit Fetal Alcohol Syndrome/ Fetal Alcohol Effects Initiative* (hereafter referred to as “the Initiative”). This analysis is structured by a close reading of the two documents outlining the goals and scope of the Initiative, *Framework for the First Nations and Inuit Fetal Alcohol Syndrome and Fetal Alcohol Effects Initiative* and *A Resource Manual for Community-based Prevention of Fetal Alcohol Syndrome and Fetal Alcohol Effects*. These documents were published together by Health Canada in 1997, under the title *It Takes a Community* (FAS/FAE Technical Working Group, 1997). I show how specific discursive strategies are employed in these texts to position young Aboriginal mothers and Aboriginal people diagnosed with Fetal Alcohol Syndrome/Fetal Alcohol Effects (herein FAS/FAE) “outside” the membership of the nation-state and projects of nation building in contemporary Canadian society (Bannerji, 1987). I argue that these discursive strategies are best understood as activations of *moral panic*, in which an identifiable, usually marginalized, group or behaviour comes to stand as a signifier of generalized social crisis and is represented by hegemonic institutions as threatening or antagonistic to the morals, values, or interests of “society as a whole.” (Cohen, 1972; Hall et al., 1978; Roman, 2001; Thompson, 2001). I begin by introducing the goals and scope of the Initiative and providing a brief review of the literature exploring the social constructing of “bad mothers.” Herein I pay specific attention to the ways in which ideologies of gender, “race,” class, and dis/ability inform hegemonic depictions of substance-using, Aboriginal mothers. I then attend to the ways moral panic is invoked in the symbolic and material regulation of FAS/FAE as a “social problem.” I argue that positioning the “problem” of FAS/FAE in Aboriginal

communities through totalizing and pathologizing medical discourses draws critical attention away from the institutional and structural considerations that inform the construction of FAS/FAE. Moreover, invoking the discourses of moral panic not only effects the depoliticization of FAS/FAE as a “social problem,” but also functions to (re)produce the social, political, and economic relations that naturalize the subordination of young Aboriginal mothers and people with disabilities. I conclude by considering the material implications suggested by the ideological practices that inform the development and implementation of FAS/FAE prevention policy for Aboriginal women and people with disabilities.

### **Introducing the initiative: the goals and scope of the First Nations and Inuit Fetal Alcohol Syndrome/ Fetal Alcohol Effects Initiative**

In 1999, the Government of Canada unveiled a commitment of \$11 million dollars to develop and implement “a national strategy on community-based FAS/FAE prevention, awareness, and surveillance programming” (FAS/FAE Technical Working Group, 1997). Dubbed *The First Nations and Inuit Fetal Alcohol Syndrome/ Fetal Alcohol Effect Initiative*, this strategy provides targeted funding to enable First Nations and Inuit communities to develop and implement programming in six areas: public awareness and education, training and capacity development for health and social service providers regularly coming into contact with “at risk” or “high risk” pregnant Aboriginal women, early identification and diagnosis, coordination of services, surveillance, and a strategic project fund administered by Health Canada’s Population Health Fund. In 2001, an additional \$25 million over two years was allocated to continue the work of the Initiative. While the stated intention of the Initiative is to “increase awareness” of FAS/E in the “general” First Nations and Inuit “community,” the policy documents outlining the programming objectives of Initiative funding specifically identify young Aboriginal women living on reserves as being particularly “at risk” and the primary “targets” in need of “interventions.”

The Initiative has two main goals. First, the Initiative seeks to “prevent FAS/E births,” and second, to “increase the knowledge, skills, and quality of life of FAS/E affected children, mothers, fathers, and families.” These objectives are to be accomplished mainly through the initiation of a public education campaign grounded in the distribution of “culturally-sensitive information” for Aboriginal communities underscoring the causes and consequences of FAS/E, and for professional development programs aimed at increasing the identification of FAS/E and knowledge of how to “prevent the birth” of “FAS babies” (FAS/FAE Technical Working Group).

### **Constructing the “bad mother”: gender, race, dis/ability, and the substance using mother**

Feminist and anti-racist scholarship on the social construction of mothering has highlighted the numerous ways in which women, and most particularly those further marginalized by race, class, dis/ability, and sexuality, are punished through State-sponsored disciplinary regimes for failing to conform to Western European ideologies of “good mothering.” According to these highly gendered, racialized, class-specific, and hetero-normative ideologies, a “good” mother is one who displays an unflinching dedication to homemaking and ensuring the welfare of her children and husband. A “good” mother is self-sacrificing, self-disciplined, morally irreproachable, and capable of meeting the physical and emotional needs of her children, husband, and relatives without assistance (c.f., Anderson, 1991; Arnup, 1994; Collins, 1991; Kline, 1993; Oakley, 1980; Rich, 1977; Smith, 1999). As such, mothers who use alcohol or drugs, and most particularly those who use them during pregnancy, are considered “unfit” mothers, posing simultaneous threats to their children, their communities, and the institutions of the Nation-State (Boyd, 1999; Humphries, 1999; Gomez, 1997; Swift, 1994). Boyd correctly observes that similar concerns regarding the possible dangers posed by substance using fathers have remained marginal to non-existent in the literature, thereby further underscoring the gendered nature of these ideologically-mediated constructs. The power, influence, and authority to define and position maternal substance use as a social problem must therefore be acknowledged as emerging from a broader social context, in which epistemic power and privilege are differentially conferred on the basis of race, culture, nation, gender, class, sexuality, and dis/ability.

For Aboriginal women, who have for generations struggled against the forced removal of their children by various agencies of the State under the auspices of assimilationist “child protection” policies, the image of mothers as transmitters of physical, moral, and cultural contagion remain particularly salient. As Kline has observed, these ideologies of motherhood have a significant impact on First Nations women, in that evidence of “bad mothering” (i.e., maternal substance use) is frequently isolated by agents of the State as individual behavioural “choices,” rather than locating them within the broader contexts and lived experiences of on-going colonial and racialized oppressions of First Nations peoples (see also Swift, 1994). This is particularly apparent in the case of alcohol use, in that the introduction of alcohol to First Nations has been acknowledged as a tool of colonialism (Anderson, 1991; York, 1990). As Marjit Stange (1994) argues, the presentation of alcoholism as a “disease” to which First Nations peoples are particularly inclined continues to pathologize individual Aboriginal mothers as “sick,” and Aboriginal families and communities as unconscious and uncritical perpetrators of “disease.”

### **Invoking moral panic: the symbolic and material regulation of “social problems”**

In contemporary Canadian public discourse, young Aboriginal mothers

and people with disabilities are frequently constructed as social problems. As conduits for popular "common-sense" making about FAS/FAE, these discourses often provide a rationale for simultaneously privileging hegemonic understandings of the causes and consequences of maternal substance use while excluding young Aboriginal women, their children, and people with disabilities from advancing and articulating their own experiences, interpretations, and understandings toward improving their material conditions on their own terms. Accordingly, constructions of FAS/FAE evidenced in the texts of the Initiative position young Aboriginal mothers and people diagnosed with FAS/FAE in pathologizing terms as being "at risk" and potential "dependants" on "Canadian society" and the institutions on the nation-state. However, in so doing, these discursive and material practices eclipse or subsume the structural considerations that perpetuate the marginalization and subordination of young Aboriginal women and people with FAS/FAE by gender, "race," class, age, and perceived "dis/ability." But what is it about the ways in which these social problems are constructed and articulated through public discourse that fuels these "common-sense" exclusions?

In his work on the construction of social problems, Murray Edelman has noted that

"Problems come into discourse and therefore into existence as reinforcements of ideologies, not simply because they are there or they are important for well-being. They signify who are virtuous and useful and who are dangerous or inadequate, which actions will be rewarded and which penalized. They constitute people as subjects with particular kinds of aspirations, self-concepts, and fears, and they create beliefs about the relative importance of events and objects. They are critical in determining who will exercise authority and who will accept it." (1988: 12)

Therefore, as Joseph Gusfield (1996) notes, employing the language of "problems talk" in a claim to represent a societal consensus requires the positing of a "society" which is homogenous, with shared interests and values, against which the "problem" situation can be contrasted. This feature of "problems talk" is well evidenced in the texts of the Initiative, in which the needs and interests of "FAS affected individuals," "FAS children," and "FAS babies" are positioned as oppositional and threatening to the needs and interests of "society as a whole," "the Canadian people," and "their communities." Leslie Miller (1993) argues, "just as there are discursive practices or strategies that politicize [problems] talk, thereby putting problems *on* the agenda, so there are strategies that depoliticize talk and keep them *off*" (355). In this way, the texts draw attention away from the institutional and structural aspects informing the construction of FAS/FAE as an "important health and social issue," thus effecting the depoliticization of FAS/FAE as a "social problem." These

practices place limits on what Leslie Roman (2001) has called the “epistemic space” available to marginalized groups, including Aboriginal mothers, youth, and those diagnosed with FAS/FAE, to name, speak, and be heard in articulating their lived conditions and experiences as knowledge claims. This issue becomes particularly salient when considering the discursive and material effects of moral panics for marginalized groups.

Moral panics are composed of five key elements (Cohen, 1972; Thompson, 2001). First, a group or practice is singled out for public scrutiny, and is defined as a “threat” to the hegemonic values or interests of a given society or community. As such, these groups come to be seen as “dangerous” to the interests of the dominant society and its citizenry. Second, this threat is portrayed in an easily recognizable form by the media, in public policy, and in other forms of public discourse. This often results in the hypervisibility of the subjects of the panic, in which the “threat” presented by the subject is seen to be everywhere, all the time. As has been noted by Hall et al, this in turn prompts a consolidation of hostility directed at the subject of the panic from those occupying positions of privilege. Third, an identifiable surge in public concern occurs in response to the “threat.” Fourth, authorities respond to the panic, generally in a manner that is disproportionate to the “actual” danger posed by the subject of the panic. Finally, the panic recedes or generates societal changes. Most often, these changes result in increased surveillance, social regulation, or control fueled by a demand for a return to “traditional” (or hegemonic) values and forms of social organization.

According to Roman (1996), moral panics may be best conceptualized as a subset of official discourses in that they emerge in the context of state policy making. In this context, the discourses of moral panics operationalize ideologically-charged codes to advance interested knowledge claims through establishing cause and effect relations toward a conclusion that comes to be seen as “inevitable” and “commonsense” (c.f. Gramsci, 1992). As Roman (1996) demonstrates, there are three semiotic features of moral panics that allow for their (re)production in common-sense terms. First, moral panics reify differences between the subjects of the panic and those constructing them. This process is also referred to in feminist and anti-racist scholarship as “othering.” Second, the subjects of panics are rendered objects of pathology, deviance, or blame. Third, discourses of moral panic normalize those in power by “regularizing their so-called positive attributes of character, demeanor, cultural and socioeconomic background, and so on” (11).

### **It takes a community: constructing FAS/FAE as a moral panic**

These features of moral panics are well evidenced in the texts of the Initiative. The symbolic politics of moral panics involving FAS/FAE operate in medicalizing terms, which provide a mechanism for both obscuring and entrenching “common sense” able-isms, racisms, and sexism. For instance, on the opening page of the document, *It Takes A Community*, which outlines the

policy and programming objectives of the Initiative, the authors state:

"As a result of their organic brain differences, individuals with FAS/FAE, their families, and their communities experience a number of challenges and difficulties...The extra lifetime costs to society associated with an FAS/FAE individual have been estimated at US\$1.4 million... It is beyond question that FAS/FAE affected individuals require extraordinary health care, social services, corrections, and educational services that represent significant monetary costs to society. The economic and social costs associated with FAS/FAE are significant, impacting Canadian society as a whole" (FAS/FAE Technical Working Group, 1997: 1)

This passage exemplifies a number of the semiotic features of moral panics that function discursively to position Aboriginal youth with FAS/FAE, and Aboriginal mothers who "transmit" FAS/E to their offspring, as threatening to the institutions of the Canadian nation-state. This in turn establishes the need for the federal government intervention via the Initiative. First, the authors reify "FAS/FAE affected individuals" as legitimate subjects of moral panic by establishing fundamental differences between those with FAS/FAE and the rest of "Canadian society." In this case, this is done by appealing to the irrefutability of medical-scientific discourse diagnosing their "organic brain difference."

Next, the authors pathologize that difference in biologically deterministic terms as requiring substantial treatment and regulatory interventions, including "extraordinary health care, social services, corrections, and educational services." This renders "FAS/FAE affected individuals" abnormal in comparison to "ordinary" Canadians, who apparently advance fewer or no such claims on these institutions. Similarly, in the document, *It Takes A Community*, the authors state that "Individuals affected by FAS/FAE often experience secondary disabilities such as mental health problems, disrupted school experience, involvement with crime, substance abuse, dependant living, and employment difficulties" (FAS/FAE Technical Working Group, 1997: 3).

It is important to note that, as current diagnostic criteria for FAS/FAE are highly subjective and open to misapplication (see Canadian Centre on Substance Abuse, 1996), other options are available to the authors of these texts for assessing the behaviours noted above. For instance, it has been repeatedly demonstrated that Aboriginal children and youth frequently find mainstream public school curricula irrelevant, biased, and exclusive of Aboriginal peoples. Thus, it is curious that issues such as "disrupted school experience" are never considered in the texts of the Initiative to be possible manifestations of resistance to the curriculum and institutional practices of non-Aboriginal, middle-class education, rather than evidence of a significant psychosocial disturbance (c.f. Kelly and Gaskell, 1996; National Indian Brotherhood, 1973; Willis, 1977). Likewise, the authors fail to consider the ways in which the

social, political, and economic marginalization of Aboriginal peoples, the impact of on-going colonial relations enforced by the Canadian State through the *Indian Act*, and the structural disadvantages experienced by Aboriginal youth related to employment, might mediate experiences of “dependant living,” “involvement with crime,” “substance use,” “mental health issues” and “employment difficulties” experienced by Aboriginal people diagnosed with FAS/FAE (Anderson, 1991; Royal Commission on Aboriginal Peoples, 1996; Turpel, 1993; York, 1990). Indeed, rather than viewing them as effects of colonial subordination which call into question the legitimacy and beneficence of the contemporary Canadian nation-state in its relations with Aboriginal peoples, these behaviours are pathologized as the “disabilities” of individual people diagnosed with FAS/FAE. This leaves the structural factors mediating their experiences intact and unquestioned.

Moreover, “FAS/FAE affected individuals,” and by proxy the mothers who gave birth to them, are singled out as objects of blame, for the “extra lifetime costs” they incur to “society.” In this instance, these costs are enumerated at US\$1.4 million, which are presumably more urgently required or may be more usefully spent elsewhere. This is further underscored by the fact that at no point in the text do the authors point to the benefits society incurs by including “FAS/FAE affected individuals” or the women who give birth to them in its membership, or the ways in which people with FAS/E contribute to the strengthening or improvement of health care, social services, corrections, education, or other institutions of the Nation state.

Finally, we see the normalizing of those in power, those without FAS/FAE, as having legitimate concerns (“It is beyond question...”) regarding the “significant” “economic and social costs of FAS/FAE,” as they are “impacting society as a whole,” and thus require the same “society” to take action. In this way, the allocation of resources to “society as a whole” is rendered normative in compared to the non-normative “extraordinary” allocation of “significant” resources to those with FAS/FAE, which it seems threatens to overwhelm the institutions and resources of “society” so as to render them unavailable for other unnamed collective purposes. Furthermore, it regularizes some claims to societal resources, those expected to be available to “society as whole,” and valorizes “society as whole” as being comprised of individuals who do not advance “extraordinary” claims on the institutions of the Nation-state (c.f. Fraser and Gordon, 1997). At the same time, the language of moral panic is invoked to legitimate the allocation of resources, via the Initiative, toward the “prevention” of FAS/FAE. This passage unproblematically attributes the characteristics and behaviours associated with FAS/FAE to a totalizing pathology, absent of historical and contemporary structural considerations. Cloaked in the “objective” and normalizing mantle of medical science, the construction of FAS/FAE evidenced in the Initiative may be seen to reproduce and naturalize the subordination of Aboriginal peoples, young women, and people with disabilities.

Utilizing medicalizing discourses, individuals with FAS/FAE are positioned discursively and materially as objectified Others, requiring interventions and supports that are substantively different from the "norm" and that place extraordinary demands on "public" institutions. This not only supports the allocation of "public" funds to policies such as the Initiative, but also provides justification for measures designed to "prevent the birth" of FAS/FAE affected individuals and to render "at risk" pregnant women as objects of on-going surveillance. Decisions to take up these discourses in the implementation of public policy has decidedly gendered implications that may undermine women's struggles to achieve human rights and reproductive autonomy. Indeed, given that privileged definitions of the causes and consequences of FAS/FAE regard the disability as being caused solely by maternal alcohol assumption, it is clear that efforts to provide "support" to FAS/FAE affected individuals aimed at "reduc[ing] the chance of those individuals having FAS/FAE children themselves" may involve direct interference with women's agency and decision-making regarding reproduction.

However, the texts of the Initiative obscure these important human rights considerations in favour of economic assessments of the impact the birth of individuals with FAS/FAE have on the resources of their communities and the institutions of the nation-state. For instance, in appealing to the "extra lifetime costs" associated with FAS/FAE and the impact individuals with FAS/FAE have on their community, the authors of *It Takes a Community* argue for the need to continue funding to FAS/FAE identification and "risk reduction" programs:

[T]he extra lifetime health care, education, corrections, and social services costs to society associated with an FAS/FAE individual have been estimated at US\$1.4 million.... This estimate illustrates the potential costs that FAS/FAE represents. Take the extra lifetime costs per FAS affected individual (US\$1.4 million) and multiply it by the incidence of FAS (potentially 740 FAS births a year in Canada). The total is over US\$1 billion; this represents the total cost (in monetary terms alone) of FAS to Canadian society for one birth cohort alone (group of children born in one year). This cost needs to be balanced against the continuing annual funding allocated to the Initiative (CND\$1.7 million) when making FAS/FAE funding decisions in the future. (FAS/FAE Technical Working Group, 1997: 23).

Defining the "problem" of FAS/FAE in this way holds significant implications for the substantive citizenship interests of Aboriginal women and those diagnosed with FAS/FAE for several reasons. To begin, the statement above considers the interests of "FAS/FAE affected individuals" purely in terms of the economic drain they present to the institutions of the nation-state. This



functions discursively to suggest that people diagnosed with FAS/FAE and substance-using Aboriginal mothers who give birth to children diagnosed with FAS/FAE have interests that are antagonistic and threatening to the interests of the institutions of the nation-state. As a result, they are positioned as legitimate “targets” of “interventions” to modify their behaviour and infringe upon their reproductive autonomy, as supported by the implementation of the Initiative. Moreover, it proposes that individuals with FAS/FAE have “extra” needs that cannot be met, nor should they be expected to be met, through the resources available to institutions of the nation-state. Given the orientation of the contemporary Canadian welfare state toward a collectivist ethos, that presumes that the resources of the state should be made available to the whole of “Canadian society,” the needs and interests, and indeed the existence, of persons with FAS/FAE are therefore seen as being at odds with the needs, interests, and expectations of “Canadian society.” As a result, young Aboriginal mothers, substance using women, and people diagnosed with FAS/FAE are rendered invisible, irrelevant, and absent, and as having needs, expectations, and interests that exclude them from “Canadian society.”

### **Conclusions and directions for further research: implications for young Aboriginal mothers and people with disabilities**

Using medicalizing discourses to define FAS/FAE as being caused solely by a pregnant woman’s decision to consume alcohol has significant implications for the citizenship interests and human rights of women. Indeed, hegemonic conceptions of motherhood invest a pregnant woman with the sole responsibility and obligation to protect her fetus from harm, and define that harm in very narrow terms. These ideologies fail to consider the context in which women become pregnant, give birth, and parent their children, and have allowed for the on-going surveillance of women in their child-bearing years (Mitchell, 2001). These ideologies have also reproduced discourses that position women’s interests as antagonistic to those of her fetus, that have in turn enabled legal interventions providing for the confinement of substance-using pregnant women and the apprehension of infants diagnosed with impairments related to maternal substance use (Boyd, 1999; Gomez, 1997; Humphries, 1999). They have resulted in an over-representation of women of colour and an under-representation of white women being administered perinatal drug and sobriety tests in hospitals (Humphries, 1999: 48-9), an over-representation of Aboriginal children and under-representation of middle and upper class white children being diagnosed with FAS/E and NAS (Boyd, 1999) and a disproportionate number of Aboriginal children being apprehended to foster care for issues assumed related to maternal substance use (White and Jacobs, 1992: 50-1). Given this, what might be the consequences for young Aboriginal mothers of one of the objectives of the Initiative, to increase the ability of doctors, social workers, teachers, and other professionals to engage in diagnosis and “surveillance” of young Aboriginal women “at risk” for transmitting FAS/E to their

fetuses? This concern is also particularly salient at this time, as during the present legislative session Canadian Alliance MP Keith Martin introduced a private members bill (Bill C-233) which would amend the Criminal Code to allow for the summary conviction and involuntary confinement of pregnant women using substances "known to be harmful to the unborn child" for the duration of her pregnancy.

Second, what implications do these discursive and ideological practices have for continuing efforts by the State to effect the moral and institutional regulation of young Aboriginal women and their families? It is widely documented that the reserve system has been used to justify continuing colonial incursions of the Canadian state into First Nations families and communities and to effect the moral regulation of Aboriginal mothers and youth, and that the introduction of alcohol to First Nations communities has been used as a mechanism to colonize Aboriginal Peoples in Canada (Royal Commission on Aboriginal Peoples, 1996; Dempsey, 2002). It is therefore important for feminist and anti-colonial scholars to examine the effects of policies such as the Initiative, that single out young Aboriginal women living on reserve as the intended "targets" for "intervention," and that have an explicitly moralizing subtext regarding alcohol use. Likewise, as the popularization of FAS/E as a "social problem" emerged at the same time as First Nations and Inuit organizations renewed their efforts toward achieving self-government and restitution for the devastating abuses incurred as the result of colonial policies including loss of traditional territories and residential schooling, further research is warranted to uncover how initiatives for FAS/E prevention might be related to projects of Canadian nation-building as well as First Nation-building.

Fetal Alcohol Syndrome and Fetal Alcohol Effects are not simply value-neutral, psycho-medical diagnoses. Rather, FAS/FAE can and ought to be located firmly in larger social, cultural, political, economic, and historical contexts. For Aboriginal women, children, and communities, this includes a context of persistent colonial practices of the Canadian Nation-State, unequal and oppressive gender and race relations, inadequate access to resources and services on and off reserves, political under-representation at the local, provincial, and national levels of government, poverty, and on-going State intrusion into their families and communities. For those deemed to be "disabled," this context also includes the institutionalization of ableist ideologies, discourses, and practices that have been oppressive to people with disabilities. Most importantly, efforts to support the health and well-being of Aboriginal women and children require their full enfranchisement and participation at all stages of policy development and implementation, and a transformation of the oppressive social, political, and economic practices that perpetuate the erasure of their voices and experiences from the national policy agenda.

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