Transgenerational trauma and resilience:
Understanding the root causes of contemporary health and social disparities facing Indigenous peoples in Canada

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Outline

- Racism in Canada: The Importance of understanding the root causes of health and social inequities facing Indigenous peoples and its links with racism in Canada
- Long-term effects of Indian residential schools on Survivors
- Overview of research on long-term effects of adverse childhood experiences
- Long-term effects of Indian residential schools the children and grandchildren of Survivors
- Pathways involved in the transmission of residential school experiences across generations
- Other historical trauma events/periods experienced by Indigenous peoples in Canada
- Healing and Strength in culture and cultural identity
Misunderstanding the root causes of Indigenous Health & Social Disparities

- Laissez-faire racism in Canada
  - Tendency to blame Aboriginal peoples for social inequities and resist policies addressing these issues (Denis, 2012)
  - Accompanied by inaccurate stereotypes such as “Aboriginal people get so many benefits” - lazy, live off welfare, etc.

Online comment in response to CBC article about the Truth and Reconciliation Commission:

“Just get the whole thing over with and be done with it. Good Lord what a farce. What exactly are they trying to prove? That there were some bad situations? We all know that; and the survivors have been paid millions for it. Say your piece, cash your cheque, and get on with life.”
Discourses of egalitarianism and individual responsibility:

‘We treat everyone the same.’

“It's interesting you are just targeting the Native population because my first thought, to be honest with you, was that here we go, we are going to do more for the Aboriginals again. What about just doing it across the board for everyone? Why do we have to target these people so much?” - Health care provider

“It comes down to personal choices... if unfortunately some of them are going to be prone to alcohol abuse and drug addiction because it is in their genetic makeup from birth, at some point there comes a time that they are responsible for where they are at. So as I said, you can provide all the stuff in the world yet still they are not able to access it because they just can't, or they do not want to for whatever reason.” - Health care provider

(Tang & Browne, 2008)
“Dozens of federal, provincial and community studies compiled by the Conservative government appear to contradict the prime minister's contention that the problem of missing and murdered aboriginal women isn't a ‘sociological phenomenon’.”
Racism in Justice System & Police forces

“Canada has had a long-standing problem with both societal and institutional racism against Indigenous peoples, especially within the justice system. Numerous national inquiries, commissions, and investigations have all concluded that every level of the justice system has failed Indigenous peoples. More recent inquiries indicate that racism against Indigenous peoples is particularly problematic in police forces in Canada. Yet, despite the evidence, little has been done in Canada to act on the recommendations. This has resulted in the over-incarceration of Indigenous peoples, numerous deaths of Indigenous peoples in police custody, and the national crisis of thousands of murdered and missing Indigenous women and girls. This article seeks to highlight the lesser-known problem of police-involved racialized and sexualized abuse and violence against Indigenous women and girls as a root cause of the large numbers of murdered and missing Indigenous women and girls in Canada.”
Centers for Disease control and Preventions (CDC) in the United States uses a four-level social-ecological model to better understand violence and the effect of potential prevention strategies.¹
Colonization: Racism & Historical events/policies

Colonization: Racism & Contemporary events/policies
Continuing health and social inequities accompanied by stereotypes & misinformation

“The Natives are Getting Restless!”

“What is the Indian ‘Problem’? Turfage and Resistance in Canadian Indian Administration”

“How Did We Become the Enemy”

“Education is what got us here, and education is what will get us out.”

“Canadians must acknowledge that for generations their public schools have fed them misinformation about Aboriginal people.”

-Justice Murray Sinclair
Chair of the Truth and Reconciliation Commission


Misunderstanding the root causes of health and social problems facing Indigenous peoples

• Need for continued learning and healing among Indigenous peoples

“I found out when I was 27 that my father attended residential school, my sister told me. My father has never spoken to me about it. I read his court statements without his knowledge... this is where I learnt about the sexual, physical, emotional, and cultural abuse he endured. I was deeply saddened, but it gave me an understanding of why my father behaves the way he does. It helped me understand the cycle of abuse, because in turn he abused my mother and I. He learnt these behaviours in Residential School and could not cope so he turned to alcohol and so did I... but at the moment I am in treatment and dealing with these issues. I CAN break the cycle.”

Colonialism and Historical trauma as a determinant of Indigenous well-being

“Historical trauma is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.”

-Maria Yellow Horse Braveheart, 1998

“Historical Trauma can be conceptualized as an event or set of events perpetrated on a group of people (including their environment) who share a specific group identity with genocidal or ethnocidal intent”.

• Large proportion of the population
• Cumulative effects transferred across generations
• Interacts with contemporary stressors
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Historical determinants of Indigenous Well-being

- Colonialism
  - Indian Act
  - Relocations
  - Indian Residential School system
  - Sixties Scoop... etc.

**Residential school Survivors** more likely to suffer physical & mental problems

(Corrado & Cohen, 2003; First Nations Centre, 2005; Bombay et al., 2012)

  - Higher psychological distress
  - Poorer self-rated health
  - Certain Chronic health conditions
<table>
<thead>
<tr>
<th>Issue</th>
<th>Proportion</th>
</tr>
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<tbody>
<tr>
<td>Isolation from family</td>
<td>77.8%</td>
</tr>
<tr>
<td>Verbal or emotional abuse</td>
<td>70.7%</td>
</tr>
<tr>
<td>Loss of cultural identity</td>
<td>69.6%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>69.3%</td>
</tr>
<tr>
<td>Harsh discipline</td>
<td>69.1%</td>
</tr>
<tr>
<td>Loss of language</td>
<td>68.2%</td>
</tr>
<tr>
<td>Separation from community</td>
<td>67.4%</td>
</tr>
<tr>
<td>Loss of traditional religion/spirituality</td>
<td>66.0%</td>
</tr>
<tr>
<td>Witnessing abuse</td>
<td>62.6%</td>
</tr>
<tr>
<td>Bullying from other children</td>
<td>60.9%</td>
</tr>
<tr>
<td>Not able to talk about it</td>
<td>55.2%</td>
</tr>
<tr>
<td>Lack of food</td>
<td>48.8%</td>
</tr>
<tr>
<td>Harsh living conditions (e.g., lack of heat)</td>
<td>48.2%</td>
</tr>
<tr>
<td>Poor education</td>
<td>46.0%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>42.6%</td>
</tr>
<tr>
<td>Lack of proper clothing</td>
<td>39.4%</td>
</tr>
<tr>
<td>Other</td>
<td>4.7%</td>
</tr>
</tbody>
</table>

Adverse Childhood Experiences at Indian Residential School

- Effects were perceived as having greater negative impact for those who attended longer.

<table>
<thead>
<tr>
<th>Experience</th>
<th>3+ years</th>
<th>0 to 2 years</th>
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<tbody>
<tr>
<td>Loss of Language</td>
<td>66.5%</td>
<td>56.0%</td>
</tr>
<tr>
<td>Loss of traditional spirituality</td>
<td>69.0%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Loss of cultural identity</td>
<td>74.2%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>41.2%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Bullying from other children</td>
<td>66.4%</td>
<td>59.3%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>72.7%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Witnessing Abuse</td>
<td>72.9%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Harsh Discipline</td>
<td>75.6%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Emotional/Verbal Abuse</td>
<td>80.5%</td>
<td>58.8%</td>
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<tr>
<td>Lack of proper clothing</td>
<td>40.9%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Lack of food</td>
<td>46.7%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Harsh living conditions</td>
<td>49.5%</td>
<td>35.4%</td>
</tr>
<tr>
<td>Poor education</td>
<td>50.2%</td>
<td>37.1%</td>
</tr>
</tbody>
</table>
Effects of Early Life Adversity

Adverse Childhood Experiences (ACE) study in the United States
17000 middle class, middle-aged Americans

- Asked if they had experienced any of 10 ACEs before age 18
  - Emotional Abuse
  - Physical Abuse
  - Sexual Abuse
  - Emotional Neglect
  - Physical Neglect
  - Domestic Violence
  - Household Substance Abuse
  - Household Mental Illness
  - Parental Separation/Divorce
  - Incarcerated Household Member

- Graded relationships between # of childhood adversities and negative outcomes in adulthood (Turner et al., 2006)

http://www.cdc.gov/ace/index.htm
Relationships between adverse childhood experiences & negative adult outcomes

**Physical & Mental health outcomes**
- Ischemic heart disease
- Liver disease
- Chronic obstructive pulmonary disease
- Fetal death
- Sexually transmitted disease
- Depression
- Suicide attempts

**Social/Behavioural outcomes**
- Risk for intimate partner violence perpetration & victimization
- Indicators for impaired worker performance
- Adolescent pregnancy
- Unintended pregnancy
- Smoking & early initiation of smoking
- Multiple sexual partners & early initiation of sexual activity

http://www.cdc.gov/ace/prevalence.htm
Effects of Adverse Childhood Experiences

- Adverse childhood experiences cumulatively linked with outcomes that begin to manifest in childhood/adolescence:
  - depressed mood, anxiety, posttraumatic stress disorder symptoms, risk-taking behavior, early pregnancy, eating disorders, weight problems, substance use, physical health outcomes, sexually transmitted disease treatment, suicide attempts, mental health treatment (Flaherty et al., 2013)
  - aggression, anger, interpersonal violence, delinquency, and anti-social behaviour (Gilbert et al., 2009; Maas et al., 2008; Schilling et al., Gore, 2008; Tumer et al., 2006).

- Increasing exposure also associated with greater range of symptoms and/or diagnoses - comorbid illnesses (Anda et al., 2006; Copeland et al., 2007).

- Complex trauma → aggression - emotional regulation, cognition, depressive, anxiety, dissociative symptoms (D’Andrea et al., 2012; Finkelhor et al., 2009).
Lateral violence in Residential Schools: Student-to-student abuse

- Qualitative study exploring student-to-student abuse in IRSs conducted among 43 health service providers who have worked with IRS Survivors

- Addressed several questions:
  - Nature and prevalence of student-to-student abuse
  - Factors that contributed to student-to-student abuse
  - Effects of on those abused
  - Effects on those who perpetrated abuse
  - Collective effects in communities

Bombay, Matheson, & Anisman, 2014
80% of service providers indicated they heard reports of student-to-student abuse from clients, and many revealed that it was equally likely to be raised than was staff-to-student abuse.

Of 19 (44.2%) service providers who had seen over 100 clients:
- 100% heard reports of staff abuse
- Student-to-student abuse equally likely to be raised

Physical/emotional abuse in context of daily bullying:
- Sometimes perpetrated by groups/gangs formed on the basis of cultural differences and community rivalries

Sexual abuse less often - but not uncommon
in context of colonization, racism and forced removals
Contributing Factors: The residential school context

Step 1: isolate children from normal socialization processes
- Children removed from parents, community, and cultural traditions/teachings

Step 2: create punitive and deprived living conditions
- Administer arbitrary and unpredictable sexual, emotional, physical abuse
- Humiliate & denigrate cultural features & practices
- Deprive food, clothing, basics, health care
Lack of safety & powerlessness

- “When they saw staff physically abusing another student, at first they would tell other staff. But then nothing would happen, so they had no one to tell. So they would just stop trying to tell other people. They would go to the head of the school and they were told that they were lying, and that it was not true, and that the staff wouldn’t do that. A lot of them were told that when they tried to tell someone about it.”

- Even among those who were not victimized themselves, “witnessing other students abused by other students would affect the witnesses and withhold their reactions out of fear as they were almost totally helpless.”
Step 3: foster aggression and abuse between students

- dissolution of a valued and protective identity
  - Explicit cultural shaming and racism
- division between perpetrators (become tied to staff) and victims

“because of the restrictive and abusive environments in the schools, the kids often were forced to identify with their aggressors, and displace and release their hurt and anger on their younger and weaker peers…. they would hit them or steal their stuff so they could feel like they were in control of something.”
Step 3: foster aggression and abuse between students

- Traumatic reactions to early life complex trauma

“Young children who are processing a traumatic event, they process information by playing it out and re-enacting it. So with young kids that are abused, the percentage of re-enacting on other students is very high... It [abuse] was common [in Residential School] and I think it was a typically traumatic re-enactment... This is how children react to trauma; that is how they try to make sense of it. So of course it [the prevalence] is going to be high. Sexual abuse is not different than any other traumatic event, which is also re-enacted..”
Step 3: foster aggression and abuse between students

Modelling and the normalization of abuse

As described by one participant, being chronically abused at a young age “tends to make people think that it is normal [pause] I can think of some men that simply thought, ‘Well, that is what you do with people...’ This effect is amplified when “the witnessing of student abuse was part of a “normal” childhood experience.”

Illustrating how the chronic bullying that took place between students affected the perception of Survivors, one counsellor comments on how they were “personally, a little surprised that they were so nonchalant about the student abuse, even though, you know, they got knocked around a lot by the older students.”

Some clients, who were perpetrators both during and after residential school, thought that “being sexually abused ... some felt it was normal.”

“Abuse was normal in the school and the clients felt that other students [student perpetrators] were doing what they did because it was sanctioned ... [by] staff, encouraged by staff, or learned from staff.”
Step 3: foster aggression and abuse between students

- Perpetrators were taught/encouraged by staff

Several share stories about how “staff gave the student abuser permission to handle or deal with the children in any way to maintain control over the student;” and another describes how some were given “encouragement by staff to act as enforcers.” This is described both in relation to bullying as well as to sexual abuse. For example, a counselor describes how some “kids were taught in residential school that, in the absence of having loving and caring parents, you can substitute it for sexual things with each other [pause] and that this was condoned or even taught to them at the school.”

“Supervisors groomed the children to be the abusers ... and in return these bullies only did what they were taught. I know from my own experience, one of my abusers was a male supervisor. What he did to these boys was sexually abuse them [pause] and of course, these boys would comply to his demands. He ordered them to sexually abuse defenseless little girls. The boys complied because they were scared of him. As one fellow male student said to me, ‘You suffered because of what we did to you, but we suffered also.’ It is horrific as I think about it.”
Step 4: maintain segregation & marginalized status

- After years of ‘schooling’ return children back to their original community with neither traditional skills nor access to dominant group resources
- Victims and perpetrators sent back to same communities
- Effects of trauma and altered social norms (for instance, abuse seen as part of life)

“Fighting back was a way of saying, ‘I’m not a victim’. Stealing was resilience. Lying was resilience”
IRS Context: Creating identities and norms in which abuse is “valued”

“... the most dangerous people there were the other kids because their actions are a reflection of their pain.”
Impact of Student-to-Student Abuse on Trust and Social Relationships

“At the time it wasn’t obvious of course, but when I think back, there was an inability to trust anyone after that [first student abuse experience]; even my own people ... I remember as a child thinking, ‘I should feel safer with my own kind’ ... I remember ... I felt more angry at the adults, the White man, but then also feeling, ‘How can this happen from own kind?’ ... more of a let-down feeling.”
Normalization of Abuse

One participant describes how many of these children were being sexually victimized by the same teachers who were giving strict religious teachings about sex being bad and dirty. These inconsistent messages contributed to the lack of understanding that these behaviours are wrong and hurtful:

“They were taught that in the school [that it was bad] but they didn’t really believe what they said because they were being abused by the staff at the same time. Now they are out of the school and are being apprehended for the very same behaviours as the staff did. It was very difficult for them and they didn’t understand why that happened to them.”

In pointing out long-term consequences, some Survivors returned to their communities with maladaptive beliefs that abuse is normal because many of them did not speak about their experiences in school and were not taught that their behaviours were bad. As described by one participant, “they just figured it was... normal to abuse and to be abused. They thought it was normal until they started learning things in counselling [years after residential school] [pause] then they realize that it is not a good thing.”
Effects on Survivors who were perpetrators in IRS

- Continued Perpetration of Abuse

“Some men that simply thought, well, that is what you do with people ... we have a pool of older men who were mistreated as children, grew up as teens doing the same thing to other kids in residential school, so now they have become abusers. Then they are out of the residential school setting [and] keep doing the same thing, get arrested and sent to jail, and they get very despairing because they think that they are innocent and are just not supposed to be there. And they almost always wind up in solitary confinement because they are on suicide watch.”
At its peak in the 1930s, it was estimated that approximately 75 per cent of First Nations children attended these schools, as did a significant number of Métis and Inuit children (Fournier & Crey, 1997).
2002/03 RHS, 2008/10 RHS, & 2013/15 FNREEES: Proportion of First Nations adults living on-reserve who attended residential school by age

- **18 to 29**: 2002/03 - 5.6%, 2008/10 - 3.3%
- **30 to 39**: 2002/03 - 11.2%, 2008/10 - 12.4%
- **40 to 49**: 2002/03 - 24.7%, 2008/10 - 22.3%
- **50 to 59**: 2002/03 - 44.2%, 2008/10 - 35.0%
- **60 and older**: 2002/03 - 42.4%, 2008/10 - 43.5%
RHS, FNREEES, & APS: Proportion within each Indigenous population who reported attending Indian Residential school over time

Figure 4. The proportion of First Nations adults living on-reserve[1], Status First Nations living off-reserve, non-Status First Nations living off-reserve, Métis, and Inuit[2] adults who reported attending residential school at various time points.

[1] Statistics for the First Nations population living on-reserve from the 2002/03 RHS, the 2008/10 RHS, and the 2013/15 FNREEES.
[2] Statistics for the Status and non-status First Nations population living off-reserve, Métis, and Inuit adults from the 2001 APS, the 2006 APS, the 2012 APS.
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The stress response: Allostatis vs. Allostatic Load

**Stress Response:**

- **Stressors**
  - STOP
    - Take a breath
    - (notice contraction)
    - Observe / Open
    - Proceed

- **Adaptation**

**Allostasis**

Some stress can be energizing and toning to the system. Body systems adjust well to stressors without over taxing resources.

**Stress Reaction:**

- **Stressors**
- **Adaptation**

**Allostatic Load**

Body systems achieve a kind of balance, but everything is working too hard and we begin to slowly break down.
Early Life Adversity → Adult Health & Well-being

- Chronicity or repeated stress particularly damaging (Lupien, McEwan, Gunnar, & Heim, 2009)
- “Cumulative or chronic exposure to ACEs may lead to allostatic overload, causing neurobiological responses to become pathogenic rather than protective.
- “Excessive, prolonged, or frequent activation of the body’s stress-response system may result in toxic stress for the child, leading to long-term health consequences.” (Flaherty et al., 2013)
Effects of Early Life Adversity

• Changes in brain development among children raised in Romanian institutions/orphanages 1980s/90
• Linked with long lasting consequences – particularly during critical periods of brain development

Twardosz & Lutzker, 2010
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Intergenerational effects of Residential Schools: Distress

First Nations adults living on-reserve 2008-10: Moderate or High Psychological Distress

- Non-Indigenous population: 33.50%
- Non-IRS: 40.60%
- Survivor: 55.80%
- At least one parent: 54.20%
- At least one grandparent: 54.50%

Data from 2008-10 First Nations Regional Health Survey (FNIGC, 2012)
Intergenerational transmission of IRS experiences: Suicidal thoughts

Proportion of adults and youth who seriously considered suicide at some point in their lifetime, according to mutually exclusive categories of residential school attendance.

Intergenerational transmission of IRS experiences: Suicidal ideation among First Nations youth

Intergenerational transmission of IRS experiences: Substance use among First Nations youth

Proportion of youth reporting binge drinking at least once per month in past year, cannabis use at least once, and/or other non-prescription drug use.

Cumulative intergenerational effects of residential schools: Distress among FN adults living on-reserve

(Family IRS attendance (no. of previous generations who attended IRS))

(Bombay, Matheson, & Anisman, 2014)
Cumulative intergenerational effects of residential schools: Suicidal ideation and attempts among FN adults living on-reserve
Proportion of First Nations peoples living on-reserve directly and/or intergenerationally affected by residential schools

First Nations children, youth, and adults directly or intergenerationally affected by Residential Schools

- 2002/03: 75.0%
- 2008/10: 77.7%
- 2015/16: 74.4%

(Bombay et al, in press)
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Pathways involved in the transmission of risk & resilience across generations

M: Adverse childhood experiences

IV: Parental or familial IRS attendance

DV: Depressive symptoms
Adverse childhood experiences in children of IRS Survivors

Cumulative adverse childhood experiences
- 10 categories / score out of 10
  - emotional abuse
  - physical abuse
  - sexual abuse
  - emotional neglect
  - physical neglect
  - household violence
  - household substance abuse
  - household mental illness
  - household criminal behaviour
  - single parent household

(Bombay, Matheson, & Anisman, 2011)
Adverse childhood experiences among IRS offspring

- Low socioeconomic status (Bougie & Senecal, 2010)
  - Off-reserve Aboriginal children/youth more likely raised in low SES households if parent attended IRS

- Sexual abuse (For the Cedar Project Partnership et al., 2008)
  - History of sexual abuse among drug-using youth more common if parent attended IRS; sexual abuse also associated with involvement with child welfare system

- Prenatal exposure to maternal smoking (2008/10 RHS; Smylie et al., 2012)
  - Mothers who had parent or grandparent who attended IRS more likely to smoke during pregnancy
Number of traumatic experiences - adulthood (Bombay, et al., 2011)

- 2002/03 Manitoba RHS (Elias et al., 2012)
  - Intergenerational IRS exposure → twice as likely to have lifetime history of abuse
Effects of Childhood Experiences of Family Violence on Adult Partner Violence: A Meta-Analytic Review

The association between childhood maltreatment, psychopathology, and adult sexual victimization in men and women: results from three independent samples

K. B. Werner, 1, V. V. McCutcheon, 2 M. Challa, 3 A. Agrawal, 2 M. T. Lynskey, 4 E. Conroy, 5 D. J. Statham, 6 P. A. F. Madden, 2 A. K. Henders, 7 A. A. Todorov, 2 A. C. Heath, 2 L. Degenhardt, 7 N. G. Martin, 6 K. K. Bucholz, 2 and E. C. Nelson 2

Cycle of violence among young Kenyan women: The link between childhood violence and adult physical intimate partner violence in a population-based survey

Laura Chiang 8, 9, 10, Ashleigh Howard 11, 12, Jessie Glickel 12, 13, Caren Oguti 12, 13, Jonna Karlsson 14, 15, Michelle Hynes 12, 13, Mary Mwangi 12, 13

Intimate partner violence and the overlap of perpetration and victimization: Considering the influence of physical, sexual, and emotional abuse in childhood

Tara N. Richards 1, 2, 3, Marie Skubak Tilyer 1, 3, Emily M. Wright 1, 3
Perceived discrimination

- Perceived discrimination associated with depressive symptoms among Aboriginal peoples in Canada & US (Bombay et al., 2010; Whitbeck et al., 2004)

- Perceived discrimination in past 12 months (Bombay, et al., 2011)

(Bombay, Matheson, & Anisman, 2011)
Exploring the pathways

**Stress proliferation**: process in which an initial challenge or adverse experience gives rise to additional stressors (Pearlin et al., 1997)

(Bombay, A., Matheson, K. & Anisman, H., 2011)
Vulnerability to effects of stressors and trauma

Figure 1. Mean depression level by health status and Holocaust background. (Baider et al., 2000)
Stage of life during which First Nations adults learned that their parents went to IRS

- Childhood
- Adolescence
- Young adulthood
- Adulthood
- Late adulthood

(Bombay, A., & Matheson, K., Anisman, H., 2015)
Nonverbal communication related to IRS / trauma

“I don't think my parents ever really talked about it while I was growing up… my older siblings would talk about residential school and how our grandfather and father attended, though I never really heard any details until early adulthood. I think that at some point as a child, I understood that my father acted in such a way with us (unemotional, harsh punishments) due to his upbringing and I had some vague idea that it related to residential school. I don't think I truly understood how large of an impact it's had on my life until the last 6-7 years…”

(Bombay, A., Matheson, K. & Anisman, H., 2015)
“My mother was taught to be ashamed of her Aboriginal identity. This caused her to struggle for some sense of belonging... She even talked down about Aboriginal people, because of their misfortunes. As a kid, I remember being ashamed when my mother came to school, because I was often called names such as wagon-bumer and savage...Today, I am so ashamed of the shame I experienced as a child, and I'm so angry that my parents never taught me to be proud of who I was.”
“I think my mom showed me more than she told me, she is very traditional and has practiced our culture in front of me when she could. My mother remained a very traditional woman and has maintained her language. My mother has always been a very proud native woman.”
Collective effects of IRSs

- Qualitative study exploring student-to-student abuse in IRSs conducted among 43 health service providers who have worked with IRS Survivors

- Addressed several questions:
  - Factors that contributed to student-to-student abuse
  - Effects of on those abused
  - Effects on those who perpetrated abuse
  - Collective effects in communities

(Bombay, Matheson & Anisman, 2014)
Collective effects in communities

- Silence regarding IRS experiences and contemporary violence / abuse

“it has not been safe for people to make those kind of disclosures in their own families and communities for fear of being ostracized and being told that they are lying and to stop making trouble.”

“wouldn’t name the person because they were afraid of retaliation because their abusers were now in leadership positions or a head of a program that the individual happened to utilize”
Collective effects in communities

- Community violence and child abuse

“I think what is important to ask is how many abusers being students went home into community thinking because they were allowed to at residential school, that they could continue abusing their loved ones at home, and how this cycle of hurting one another has been passed on for generations.”
Collective effects in communities

- Community relationships / lateral violence

“It is part of systematic way that people in power used to “teach” us [staff at residential school]. They were abusers. They had to make sure we also knew how to be abusers, not only of other people but to have hatred against ourselves. Abuse begat more abuse. Bullying was only one form of it. And today we see this in First Nations schools.”
Collective effects of collective trauma

- Internalized Oppression / Lateral violence

- North American Indigenous Peoples
- Alaska Native Peoples
- Pacific Island Peoples
- Latina/Latino
- African Americans
- Asian Americans
- Women
- Lesbian, Gay, Bisexual, Transgender
- Disabled
Outline

- Racism in Canada: The Importance of understanding the root causes of health and social inequities facing Indigenous peoples and its links with racism in Canada
- Long-term effects of Indian residential schools on Survivors
- Overview of research on long-term effects of adverse childhood experiences
- Long-term effects of Indian residential schools the children and grandchildren of Survivors
- Pathways involved in the transmission of residential school experiences across generations
- Other historical trauma events/periods experienced by Indigenous peoples in Canada
- Healing and Strength in culture and cultural identity
Does risk accumulate across different collective traumas?

- Intergenerational effects of forced relocation (Walls & Whitbeck, 2012)
- Child welfare and Sixties Scoop: collective trauma
  - “Many have argued that the child welfare system through its large-scale removal of Aboriginal children from their families, culture, and communities be considered a continuation of the policies of forced assimilation of the residential school system” - Kirmayer et al., 2007 (also by Chrisjohn & Young, 1997; Fournier & Crey, 1997; Sinclair, 2007)

- Half of children under the age of 15 in the Foster Care system are Indigenous

- Is there a statistical link between intergenerational effects of IRSs and likelihood of spending time in Foster Care?
Stress proliferation across generations: Familial IRS exposure & Foster care

- Parental IRS attendance
- Cumulative exposure to household risk factors while growing up
- Foster Care

Correlation coefficients:
- .63***
- .42***
- .27† (.51**)

*in preparation*
Historical Determinants of Indigenous Well-being

- The Intergenerational Effects of Relocation Policies on Indigenous Families

Outline

- Racism in Canada: The Importance of understanding the root causes of health and social inequities facing Indigenous peoples and its links with racism in Canada

- Long-term effects of Indian residential schools on Survivors

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- Healing and Strength in culture and cultural identity

Healing beliefs and practices are central to Indigenous-led strategies for confronting health disparities that have emerged from Canada’s history of colonization & government policies (Kirmayer, Brass, & Valaskakis, 2008).

Approaches to wellness that draw upon Indigenous healing practices are often more effective in responding to the health needs of communities (Poonwassie & Charter, 2005; Bombay et al., 2018).

Residential school survivors and their descendants often preferred seeing traditional healing supports (e.g., elders, ceremonies) and found these services to be critical to their well-being (Aboriginal Healing Foundation, 2003; Bombay et al., 2018).
Empowerment for Aboriginal peoples
(and other groups who have undergone historical trauma)

“I found out when I was 27 that my father attended residential school, my sister told me. My father has never spoken to me about it. I read his court statements without his knowledge... this is where I learnt about the sexual, physical, emotional, and cultural abuse he endured. I was deeply saddened, but it gave me an understanding of why my father behaves the way he does. It helped me understand the cycle of abuse, because in turn he abused my mother and I. He learnt these behaviours in Residential School and could not cope so he turned to alcohol and so did I... but at the moment I am in treatment and dealing with these issues. I CAN break the cycle.”

“I was ashamed growing up but I have since reclaimed my identity... Now that I am on my own, I have more pride and I am learning to love my identity. I gave my son a traditional Ojibwe name and I vow to raise him to be proud of who he is.”
Displaying resilience following intergeneration Residential School experiences: Participation in community cultural events

Proportion of adults, youth, and children who reported taking part in community cultural events “sometimes” or “almost always”.

Displaying resilience following intergeneration Residential School experiences: Belonging to home community

Proportion of adults and youth who reported feeling strong or very strong feelings of belonging to their home community.

<table>
<thead>
<tr>
<th></th>
<th>Adult</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not affected</td>
<td>77.9%</td>
<td>71.9%</td>
</tr>
<tr>
<td>At least one grandparent</td>
<td>78.6%</td>
<td>79.3%</td>
</tr>
<tr>
<td>At least one parent</td>
<td>81.2%</td>
<td>82.9%</td>
</tr>
<tr>
<td>Survivor</td>
<td>83.9%</td>
<td>83.9%</td>
</tr>
</tbody>
</table>
Dr. Amy Bombay
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Department of Psychiatry & School of Nursing

Collaborators
• Dr. Hymie Anisman
• Dr. Kim Matheson
• Dr. Robyn McQuaid
• Dr. Opal McInnis
• First Nations Information Governance Centre
• Thunderbird Partnership Foundation
• And many more
TRC Calls to Action

- Address TRC Calls to Action
  - sustainable funding for culturally relevant & community-led healing and wellness programs and resources for those affected by various aspects of colonization
  - continued education about the various aspects of colonization and its effects for Indigenous and non-Indigenous peoples in Canada
  - We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional, and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.
TRC Calls to Action

- We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

- We call upon all levels of government to:
  
  i. Increase the number of Aboriginal professionals working in the health-care field.
  
  ii. Ensure the retention of Aboriginal health-care providers in Aboriginal communities.
  
  iii. Provide cultural competency training for all healthcare professionals.
We call upon law schools in Canada to require all law students to take a course in Aboriginal people and the law, which includes the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and antiracism.

We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal-Crown relations. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.
TRC Calls to Action

We call upon the federal, provincial, and territorial governments, in consultation and collaboration with Survivors, Aboriginal peoples, and educators, to:

i. Make age-appropriate curriculum on residential schools, Treaties, and Aboriginal peoples’ historical and contemporary contributions to Canada a mandatory education requirement for Kindergarten to Grade Twelve students.

We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including:

i. Developing and implementing Kindergarten to Grade Twelve curriculum and learning resources on Aboriginal peoples in Canadian history, and the history and legacy of residential schools.
We call upon the governments of Canada, the provinces, and territories to undertake reforms to the criminal justice system to better address the needs of offenders with Fetal Alcohol Spectrum Disorder (FASD), including:

i. Providing increased community resources and powers for courts to ensure that FASD is properly diagnosed, and that appropriate community supports are in place for those with FASD.

ii. Enacting statutory exemptions from mandatory minimum sentences of imprisonment for offenders affected by FASD.

iii. Providing community, correctional, and parole resources to maximize the ability of people with FASD to live in the community

iv. Adopting appropriate evaluation mechanisms to measure the effectiveness of such programs and ensure community safety.

35. We call upon the federal government to eliminate barriers to the creation of additional Aboriginal healing lodges within the federal correctional system.

36. We call upon the federal, provincial, and territorial governments to work with Aboriginal communities to provide culturally relevant services to inmates on issues such as substance abuse, family and domestic violence, and overcoming the experience of having been sexually abused.

37. We call upon the federal government to provide more supports for Aboriginal programming in halfway houses and parole services.