

ORIGINS OF LATERAL VIOLENCE IN ABORIGINAL COMMUNITIES

A PRELIMINARY STUDY OF STUDENT-TO-STUDENT
ABUSE IN RESIDENTIAL SCHOOLS



Exhibit: National Inquiry into Missing and
Murdered Indigenous Women and Girls

Location/Phase: Parts 2/3 Winnipeg

Witness: Dr. Amy Bombay

Submitted by: Stuart Wutke

Add'l info: PO2-03PO3PO101

Date: OCT 01 2018

Intials I/D Entered

b3 26

Aboriginal Healing Foundation



ORIGINS OF LATERAL VIOLENCE IN ABORIGINAL COMMUNITIES

**A PRELIMINARY STUDY OF STUDENT-TO-STUDENT
ABUSE IN RESIDENTIAL SCHOOLS**

Report for the
Aboriginal Healing Foundation

By **Amy Bombay**
With Kim Matheson and Hymie Anisman

2014

© 2014 Aboriginal Healing Foundation

Published by:

The Aboriginal Healing Foundation

275 Slater Street, Suite 900, Ottawa, ON K1P 5H9

Telephone: 1-613-237-4441 / Fax: 1-613-237-4442

Website: <http://www.ahf.ca>

Design & Production:

The Aboriginal Healing Foundation

Cover image from short film *Savage* (2009)

by Lisa Jackson (<http://lisajackson.ca>)

Printed by:

Hignell Book Printing, Winnipeg, MB

Print version:

ISBN 978-1-77215-001-8

Electronic version:

ISBN 978-1-77215-002-5

Unauthorized use of the name “Aboriginal Healing Foundation” and of the Foundation’s logo is prohibited. Non-commercial reproduction of this document is, however, encouraged. This project was funded by the Aboriginal Healing Foundation, but the views expressed in this report are the personal views of the author(s).

CONTENTS

ACKNOWLEDGEMENTS	vii
PREFACE	x
DEFINITIONS	2
EXECUTIVE SUMMARY	4
CHAPTER 1: INTRODUCTION	10
Historical Background: Colonization and the Indian Residential School System	10
Project Background: Current Existing Knowledge and Impetus for the Exploration of Student-to-Student Abuse	15
Research Objectives and Methodology	18
CHAPTER 2: LITERATURE REVIEW EXPLORING ISSUES RELEVANT TO STUDENT-TO-STUDENT ABUSE IN RESIDENTIAL SCHOOLS	26
Adverse Early Life Experiences and Negative Childhood Outcomes	26
Childhood Victimization Perpetrated by Adults versus Peers	37
Contextual Factors Promoting Student-to-Student Abuse	39
Early Life Adversity, Aggression, and Long-Term Outcomes	47
CHAPTER 3: PREVALENCE AND CHARACTERISTICS OF STUDENT-TO-STUDENT ABUSE	52
Disclosure of Abuse by Staff and Students and Perpetration Against Others	52
Disclosure of Abuse by Staff versus Students	53
Characteristics of Student-to-Student Abuse	55
Discussion	58

CHAPTER 4: FACTORS THAT CONTRIBUTED TO STUDENT-TO-STUDENT ABUSE	60
Traumatic Reactions, Modelling, and the Normalization of Abuse	60
Experiences of Abuse and Trauma Prior to Residential School (intergenerational trauma)	62
Perpetrators were Taught/Encouraged by Staff	63
Lack of Protective Factors in Residential School	64
Anger, Frustration, and the Need to Feel Power/Control	68
Discussion	69
 CHAPTER 5: EFFECTS OF BEING ABUSED BY STAFF VERSUS OTHER STUDENTS	 72
Emotional Responses	72
Memories of Abuse and Willingness to Disclose Abuse Experiences	78
Impact of Student-to-Student Abuse on Trust and Social Relationships	83
Effects on Identity	85
Effects on General Well-Being	86
Discussion	89
 CHAPTER 6: EFFECTS ON SURVIVORS WHO WERE PERPETRATORS OF STUDENT-TO-STUDENT ABUSE	 96
Normalization of Abuse	96
Guilt and Shame	97
Continued Perpetration of Abuse	99
Anger and Frustration	99
Issues with Power and Control	100
Disclosure of Abuse Experiences and Perpetration	100
General Well-Being	102
Discussion	103

CHAPTER 7: COLLECTIVE EFFECTS OF STUDENT-TO-STUDENT ABUSE ON ABORIGINAL COMMUNITIES	108
Community Violence and Child Abuse	108
Community Relationships	112
Silence Regarding Residential School Experiences, Contemporary Violence, and Abuse within Communities	116
Effects on Leadership in Communities	120
General Community Well-Being	122
Discussion	126
 CHAPTER 8: CURRENT GOVERNMENT AND COMMUNITY RESPONSES	 132
Discussion	139
 CHAPTER 9: GENERAL DISCUSSION	 144
Limitations and Future Directions	147
Conclusions	150
 REFERENCES	 152
 APPENDIX A	 190

LIST OF FIGURES

Figure 1:	Mean Number of Comorbid Outcomes	28
Figure 2:	Domains of Impairment Observed in Children Exposed to Complex Trauma	30
Figure 3:	Proportion of First Nations Adults Living On-Reserve Who Attended Residential School and Who Perceived Being Negatively Affected by a Number of Childhood Adversities	32
Figure 4:	Contributing Factors and Effects of Student-to-student Abuse within Residential Schools	145

LIST OF TABLES

Table 1:	Estimates of the Proportion (%) of Clients Who Disclosed Being Abused by Staff and Students and the Ratio between these Estimates	54
----------	---	----

ACKNOWLEDGEMENTS

The authors of this report are grateful to the Aboriginal Healing Foundation and its Board of Directors for inviting us to help advance current knowledge regarding the legacy of the residential school system in Canada. In particular, we would like to thank Garnet Angecone, one of AHF's Board members, for his guidance and direction at the beginning phase of this project and for having the courage to express his views regarding the importance of acknowledging the issue of student-to-student abuse and its long-term outcomes. We would also like to thank all of the individuals who participated at the meeting held by the AHF in January 2012 to discuss this issue, as the views and comments shared also provided us guidance in developing our research objectives and strategy. As well, the peer reviews provided by Dr. Michael Seto and Dr. Grant Charles were extremely helpful in making our final revisions.

We are also grateful to the service providers who participated in this study, and we acknowledge their important and difficult work to help residential school Survivors and their loved ones on their healing journey. Despite their busy and tiring schedules, these individuals took the time to share their experiences, observations, and views with us, which was obviously critical to the success of this report. We also acknowledge all Aboriginal peoples who have suffered as a result of the residential school system and sincerely hope that the results of this project will help advance healing among Aboriginal peoples in Canada and, in turn, promote understanding of this complex issue. We also hope that this report will help non-Aboriginal peoples in Canada understand the complex and deep-rooted negative effects caused by the residential school system and of other harmful government policies.

WARNING: DIFFICULT CONTENT

National Indian Residential School Crisis Line for former Residential School students:

1-866-925-4419

This publication contains subject matter that may be difficult for some readers, especially to Survivors of the Residential School System. Please call the crisis line if you or someone you know experiences emotional distress while reading the content of this report.

PREFACE

“Hope has a great power.... When we face failures, hope can be medicine that can heal the wounds... and make us to go live the life and attain success in life.” Author unknown

Along the path of my healing journey I have seen many hopeful signs. The sight of a majestic bird in flight is one: the eagle has become a powerful symbol of hope. In the Anishinaabe tradition, the Elders say that the eagle is a messenger from our spiritual being to the Creator. As it soars high above the lands and waters of Mother Earth it carries our prayers to a force far greater than we can imagine. The sight of an eagle is a beautiful and special spiritual experience.

On a beautiful spring morning in 1992, I watched an eagle as it soared high above me. I had been praying at the grounds of the former residential school that I attended for six years. It is a beautiful location, a peninsula surrounded by the sparkling waters of Pelican Lake. Although the old school structure had long been torn down, somehow the memories of what happened there still lingered on and ate away at my heart and soul.

Beneath the beauty of the spring sunshine on that day a different kind of storm was brewing. I was about to meet face-to-face with the man who had abused me when I was a young child at the residential school. I prayed to the Creator for strength and guidance and that the meeting would go well. For many years the pain caused by the “supervisor” (dormitory childcare worker) at the residential school had troubled me. I would often think about what he had done—the trauma and pain he caused in our lives at that time and the years that followed.

There were also moments when I would think negatively about the dreadful incidents that occurred among the students. Of the two evils, I found I was

more fearful to talk about what happened among the students as those difficult memories still live on for Survivors in many of our communities.

The darker secrets of student-to-student abuse are now starting to come to the surface. These darker secrets can be described as a monster, and student-to-student abuse that occurred within the walls of residential institutions are just that—a living monster that continues to attack the well-being of former students, their families, and communities.

For many the monster is a scary creature. We don't know what it looks like. We don't know how to deal with it. All we know is that the monster continues to spread harm, like violence or abuse, in many of our communities.

As an example, let's consider the problem of lateral violence and how it affects the wellness of our communities. It's not uncommon for people to injure one another with acts of gossip, blame, shame, anger, and jealousy. As oppressed people it is not surprising that we oppress our own people out of anger and frustration. And, sadly, we have also faced situations where the word "lateral" has been taken out of the term "lateral violence"—it is now simply violence.

I recall the words of a leader when he reflected, "We—our people—have become our own worst enemies." He was right.

Today, those former students who inflicted pain on their peers continue to live in the same communities without having dealt with the demons of their past. Sometimes, these former students and those who were abused would have to work together or even sit together at tables of leadership knowing that the monster of dark secrets lurks among their presence, often causing discontent, shame, or anger.

That monster is preventing us from talking to each other in a way that promotes healing and well-being.

To begin the work and to embark upon the much-needed discussion about student-to-student abuse, the Foundation brought together Survivors, advocates, service providers, and other interested people to share their thoughts and impressions on the impacts of student-to-student abuse on survivors, families, and communities and to discuss any needs or challenges to be addressed.

I have not confronted my abuser who was another student. I don't know how he would respond. I haven't gone there. I would really like to take advantage of some kind of meaningful process. I don't think the legal system belongs here; it won't work for healing. I would rather see some sort of a healing strategy, whether it is a healing or sharing circle. It has to be something that has a bit more meaning to it than just punishment. — Study participant

At the outset of this important undertaking of tackling the issues surrounding student-to-student abuse, an eagle was sighted so that the challenges of this work could be met without much duress. It was a sacred sanctioning to a difficult task. No matter how difficult it was going to be, the work of this study would be a necessary progression in order to move the healing movement of former students, their families, and communities forward. The eagle endorsed the effort and work that went into this Report in such a way that it becomes good medicine for all.

Although this Report covers an extremely sensitive topic for many, it can be seen as a way to eradicate the monster that continues to plague many of us. This Report is the basis of good medicine. It is good medicine to begin to look at and publish some of the “hidden,” “difficult,” or “silent” legacies of the residential school experience in a safe way in order to gain a better understanding of some of the challenges facing First Nations, Inuit, and Métis communities.

Remembering that beautiful spring day of 1992, as I was leaving the “old” residential school grounds to go to a difficult meeting, I was comforted

by the sight of an eagle circling up toward the heavens. Its presence was a symbol of hope. That symbol of hope has guided the important words contained in this Report.

Special acknowledgement is given to the courage of those who participated at the initial stages of this work. To those who validated the issues surrounding this topic and participated in the research, we honour you. To Dr. Amy Bombay and the health professionals and practitioners who spoke candidly about student-to-student abuse, for having the strength and courage to take on what seemed like a monumental task, your work will further help along the healing movement from one of the darkest chapters of the residential school experience. I am also indebted to the Board members of the Aboriginal Healing Foundation for their support in taking on this important work. To the management and staff under the leadership of Dr. Michael DeGagné, I salute you.

To those who were and continue to be haunted by the effects of student-to-student abuse in residential schools, may this Report and the lessons within be the basis of hope in overcoming your struggles. May that hope be transformed into good medicine as the healing continues.

With hope there is healing, through healing there is restoration, through restoration there is forgiveness, and through forgiveness there is peace.

Garnet Angecone
Sioux Lookout, Ontario
April 2014

DEFINITIONS

Allostatic load: the accumulating physiological wear and tear that results from repeated or chronic stress.

Bimodal distribution: a frequency distribution with two distinct peaks/modes.

Bullying: a bully's hostile actions are perpetrated against someone less powerful who cannot easily defend themselves and are carried out intentionally and often on a recurring basis.

Epigenetic changes: modifications of gene activity and expression that occur without alteration of the underlying DNA sequence.

Independent Assessment Process (IAP): federal government process in which residential school Survivors could apply for monetary compensation for abuse suffered at residential school.

Intergenerational: being or occurring between generations.

Lateral violence: residential schools have been suggested as the primary cause of a cluster of behaviours known as lateral violence thought to be prevalent within Aboriginal communities. Lateral violence can occur within oppressed societies and include bullying, gossiping, feuding, shaming, and blaming other members of one's own social group as well as having a lack of trust toward other group members.*

Nosology: a classification of diseases.

Proactive aggression: aggression carried out to achieve an objective.

* See Chansonneuve, 2005; Gibson, 2010; Middleton-Moz, 1999.

Reactive aggression: aggression that is elicited in response to provocation.

SD (standard deviation): a measure of how much variation exists within a sample.

Student-to-student abuse: emotional, physical, or sexual abuse that occurred between students attending residential school.

Survivor: someone who attended residential school.

EXECUTIVE SUMMARY

The acknowledgement of widespread neglect and abuse of Aboriginal children at Indian Residential Schools by staff has been noted in various reports throughout the residential school discourse. In 2008, the federal government finally apologized to residential school Survivors and their families for the trauma they suffered. This apology was preceded by the Indian Residential Schools Settlement Agreement signed in 2006 by national Aboriginal organizations and the federal government, which included compensation to Survivors for cultural loss and abuses suffered. The Settlement Agreement also led to the establishment of the Truth and Reconciliation Commission of Canada, which has provided former students with opportunities to discuss and document residential school experiences as a means of coming to terms with this horrific past.

As the truth of Residential Schools is shared and abuses are disclosed by Survivors in communities across Canada, it is apparent that in addition to suffering at the hands of adults—teachers, staff, and school administrators—students were also subjected to abuse by other students. Anecdotal reports suggest that student-to-student abuse was common and that the phenomenon of *lateral violence* has important implications for the personal and collective well-being of residential school Survivors, their families, and their communities.

The focus of this study is to better understand what student-to-student abuse is and why it occurred, which is the reason why the Aboriginal Healing Foundation commissioned this mixed-method research report. The findings reported here draw on interviews with service providers who work with residential school Survivors in order to gain more understanding of their perceptions regarding the prevalence, characteristics, contributing factors, and implications of student-to-student abuse.

The research begins with a literature review that looks at factors that foster peer abuse as it has occurred in different historical contexts and institutional settings. Relationships between cumulative exposure to adverse childhood experiences and a number of negative childhood and adult outcomes, including various forms of aggression, are discussed. Some of these include bullying, problematic sexual behaviours, offending, as well as other negative health and social outcomes. The literature review suggests that the different facets of how the schools operated and the behaviour of staff—or the contextual characteristics of residential schools—are associated with an increased risk for these negative outcomes.

This helped inform the research to then focus on the results of interviews with 43 service providers who work with residential school Survivors and explore their perceptions regarding student-to-student abuse. Recognizing the inherent limitations of research that relies upon second-hand observations and impressions, this study provides only a preliminary investigation of lateral violence that took place in residential schools within Canada in a relatively safe way that would put few Survivors at risk of re-traumatization. It is the first investigation to assess how peer abuse during residential schooling has affected Survivors and their families and communities.

Results suggest that student-to-student abuse in residential schools were common occurrences and took many forms, including bullying and various combinations of emotional, physical, or sexual violence perpetrated by student peers. Findings highlight a lack of research about the precise prevalence of abuse among students and argue that further research is needed to understand the short- and long-term implications for Survivors and their families and communities. What is clear, however, is that the presence of abusive behaviours between students should be expected when considering the extreme exposure residential school students had to a variety of childhood adversities and the contextual characteristics of residential schools that contributed to this trauma.

Furthermore, the effects of student-to-student abuse on victims, perpetrators, and communities suggest that this phenomenon was common enough to have contributed to a number of unique negative outcomes such as lack of trust toward other Aboriginal peoples among Survivors abused by their peers, feelings of shame and guilt among those who perpetrated against others while at school, as well as *lateral violence* and collective silence regarding this issue within communities. Some of these issues are associated with having victims and perpetrators living in the same or neighbouring First Nations communities; however, this finding is a major limitation as it is unknown if this applies equally to First Nations living off-reserve or to Métis and Inuit also affected by Indian residential schools.

Nevertheless, beyond these consequences that appear to be unique to student-to-student abuse, the negative effects of this phenomenon also stem from the fact that peer abuse resulted in a greater number of children being victimized during their attendance at residential schools.

Irrespective of who the perpetrators were, the abuses that occurred at residential schools would be expected to have resulted in profound and pervasive consequences on individuals in view of the young age they experienced trauma and the limited coping resources the children had in dealing with these stressors. This issue is only starting to surface now, so much healing still needs to take place in communities, including acknowledging student-to-student abuse and addressing the long-term consequences.

Specific findings are outlined below:

PREVALENCE AND CHARACTERISTICS OF STUDENT-TO-STUDENT ABUSE

- Incidence of emotional and physical violence among students in residential school appears to have been pervasive, often occurring on a *daily* basis within the context of bullying. The technical definition of bullying in this report differs from other forms of peer conflict in

three distinct ways, that the hostile actions of bullies are perpetrated against those who cannot easily defend themselves, the bullying is carried out intentionally, and the bullying often is on a recurring basis.

- According to service providers, sexual abuse among students was a relatively *common* occurrence, although it is not described as a *daily* occurrence for all students.
- Not every student engaged in the abuse of other students, nor did every abused student become abusive. This finding supports research that suggests not all children who grow up in adverse conditions or experience abuse go on to bully or sexually victimize other children.

FACTORS CONTRIBUTING TO STUDENT-TO-STUDENT ABUSE

- Traumatic reactions to abuse, modelling of abusive behaviours, and the normalization of abuse among students are important contributors to peer abuse. Even among those who were not the subject of direct violence, the pervasiveness of abuse by staff and other students resulted in constant exposure to abusive behaviours. This, in turn, contributed to the modelling and normalization of abuse that affected generations of children and adversely impacted their return to their communities. As a result, some children arrived at school having already been exposed to parental abuse from parents who learned this behaviour during their childhood at residential school.
- Instances were reported in which some school staff explicitly taught or forced children to abuse other students, further promoting modelling and normalization of these behaviours.
- The lack of protective factors within residential schools, in addition to widespread exposure to trauma, appears to have contributed to peer abuse. The regimented/routine of school life, random punishments, and lack of protection provided by staff contributed

to continuous feelings of unsafeness and fear in students. Children were deprived of adequate social support and did not receive appropriate socialization and education, especially with respect to sex-related issues. Staff routinely made it difficult for students to form trusting relationships with each other.

- The widespread physical neglect at residential schools put students in situations where they were forced to fend for themselves in order to acquire basic needs (such as adequate food) and this contributed to transgressive behaviours, including violence among students.
- Residential school students were purposefully made to feel powerless at school by staff that resulted in intense feelings of anger and frustration, and this drove some students to abuse others as a reaction or an attempt to gain some kind of feeling of control over their lives.

IMPLICATIONS OF STUDENT-TO-STUDENT ABUSE ON ABORIGINAL COMMUNITIES

- Student-to-student abuse compounded the effects of staff-perpetrated abuse and the general residential school experience, and when the abuse continued after returning to their home communities, the compounded effects contributed to high rates of violence (including family feuding, bullying, and gossiping) and child abuse that exist in those communities. In many cases, continued transgressions are often linked with victims and perpetrators living in close proximity.
- Leadership roles within communities are sometimes sought after by former Survivors who were bullies at school and/or who perpetrated sexually against others. For those Survivors who have not properly healed from their own traumatic residential school experiences, their unhealthy behaviours have the potential to negatively harm

or influence other community members because of the power or influence they may have in the community.

INADEQUATE GOVERNMENT AND COMMUNITY RESPONSES

- The Independent Assessment Process (IAP) facilitated disclosures of staff and peer abuse among many Survivors and helped some to move forward in their healing, although it was traumatizing for others, including those who were abused by other students and did not want to participate or name their perpetrator (as IAP requires) for fear of retaliation. The IAP also caused distress and harm for Survivors who were named as perpetrators, some of whom may not have remembered events as they were recounted by the individual claiming to have been victimized.
- The apparent pervasiveness of the student-to-student abuse and the complex issues involved points to an important need for resources to address the individual and collective effects of residential schools in Aboriginal communities. Since 2008, funding and support for residential school healing programs have been substantially reduced by the federal government.
- Residential schools have influenced community well-being in general. Their effects are associated with the significant proportion of community members still dealing with either the direct or intergenerational consequences of their own or their family members' residential school experiences. The continuation of collective trauma that exists appears to contribute to pervasive health and social concerns, the negative impacts of which are reinforced by inadequate responses and the long-term effects of student-to-student abuse

CHAPTER 1

INTRODUCTION

HISTORICAL BACKGROUND: COLONIZATION AND THE INDIAN RESIDENTIAL SCHOOL SYSTEM

A short historical summary is provided here in order to ensure the findings of the current research project are adequately interpreted alongside important contextual facts that are essential to understanding the phenomenon of student-to-student abuse at residential schools. For example, a key factor that needs to be recognized is that the residential school system was created within the broader context of the colonization of Canada. Although there was contact between Aboriginal peoples in North America and European explorers leading up to the seventeenth century (e.g., discussion of Viking exploration to North America in Kolodny, 2012), interactions became more frequent during this latter period as colonization accelerated with the increasing European arrivals from France and Britain (Royal Commission on Aboriginal Peoples [RCAP], 1996).

Religious beliefs and traditions, as well as established political and economic institutions, already existed among the many diverse Indigenous cultural groups that inhabited North America (Lee, 1992; Richter and Merrell, 2003). They also had traditional familial and educational practices in which children learned about their connection to the natural world as well as specific skills, knowledge, and values necessary for everyday life. These practices were taught through a process of observation and participation in the daily activities of adults. These teachings were considered to be the duty of parents, extended family, Elders, and members of the community as a whole to ensure children learned how to be contributing members of the community from an early age (Kirkness in Neegan, 2005; Lafrance, 2000;

Leavitt, 1993). Major conflicts between Aboriginal groups occurred when traditional methods of conflict resolution were not successful; however, diplomatic norms did exist across societies. For example, some customs resolved discord and maintained peace through the use of treaty agreements and inter-nation activities that incorporated elements of each culture (Jennings, 1985; Kinietz, 1940; Mills, 1994; Trigger, 1976; Webber, 1995).

Traditional values of hospitality and diplomacy guided early interactions with Europeans at the outset of their relationships. However, instead of eliciting mutual respect, this was interpreted as subservience, confirming the colonizers' beliefs in their own superiority. The survival of Europeans was often dependent on the guidance of Aboriginal peoples, although this did not interfere with their perceptions of Indigenous peoples as "savages" (Dickason and McNab, 2009). Indeed, much of these interactions in the late sixteenth and early seventeenth centuries not only involved the fur trade, but also missionary activities aimed at *saving* the souls of the Aboriginal peoples through attempts at religious conversion (Fisher, 1977). As a result of the increasingly held colonial ideologies of superiority, this period of contact was also marked by community massacres and warfare as well as epidemics stemming from the introduction of new diseases. These and other factors resulted in a significant reduction of the total Aboriginal population (RCAP, 1996).

Despite these losses, the British recognized that the military power of Aboriginal groups was still relatively strong after the Seven Years War over colonial aspirations (1754–1763) in which the British defeated the French. Thus, in order to keep their ambitions of North American development viable, the British needed to uphold the rights of Aboriginal peoples at this time (Jennings, 1993). Heavily influenced by Aboriginal perspectives on settling conflict (Borrows, 1994), this was accomplished by the signing of the Royal Proclamation in 1763, which established the division of the newly conquered territory. It also laid the basis for the treaty-making process in which the Crown was bound to uphold a number of Aboriginal rights (e.g., hunting and fishing) and to acquire Aboriginal consent before occupation

of their lands. However, the British gradually diminished these rights beginning in the early 1800s through policy that stemmed from increasing social pressures and a growing European population. In effect, one of the ultimate outcomes of the Proclamation was the use of legal doctrine to displace Aboriginal peoples from their sacred lands to small and infertile reserves with little compensation (Armitage, 1995; Dickason and McNab, 2009; RCAP, 1996).

Following the War of 1812 against colonizers from the United States, the British in Canada decided there was less of a need for assistance from their Aboriginal allied groups and were increasingly viewed by colonial policy-makers as an undesirable burden to their endeavours of private property ownership and “the rhetoric of Empire” (Milloy, 2008:3; Dickason and McNab, 2009). These persisting views are evident in the colonial legislation (e.g., Gradual Civilization Act of 1857 and the Gradual Enfranchisement Act of 1869) that laid the formative elements of the Indian Act of 1876, which was enacted by the newly formed Canadian federal government after Confederation (1867) (Milloy, 2008). As described by the inaugural Prime Minister of Canada, John A. Macdonald, the great aim of Canada’s legislation was to “do away with the tribal system and assimilate the Indian people in all respects with the inhabitants of the Dominion, as speedily as they are fit to change” (as cited in Milloy, 1999:6).

As a result, the ensuing period was marked by unrelenting governmental and church intervention in the lives of Aboriginal peoples, such as the forced replacement of traditional forms of Aboriginal government with a male-only elective system in which chiefs and councillors had limited governing power. This new form of government also effectively eliminated culturally established rights for Aboriginal women, which were further diminished through subsequent modifications to the Indian Act. Additional controlling provisions, initially stipulated and then continued through successive amendments, included the outlawing of cultural activities and ceremonies as well as laws determining who was to be considered an Indian (i.e., Status Indians) (Armitage, 1995; Milloy, 2008; Wotherspoon and Satzewich, 1993).

Aboriginal people were forced to comply with these government policies, despite the fact they did not have the right to vote unless they renounced their Indian Status (Milloy, 2008; Stevenson, 1999).

INDIAN RESIDENTIAL SCHOOLS

In addition to the previously mentioned racist laws ratified through the Indian Act, a primary means to rid the “Indian problem” was the establishment of the Indian residential school system (Milloy, 2008:9). These schools resembled those established in the early seventeenth century by Récollet and Jesuit missionaries, whose efforts to evangelize the Natives purposefully took place away from the home to prevent parental interference (Furniss, 1995; Miller, 1996). Indeed, the supremacist ideologies behind these earlier attempts to educate Aboriginal children endured and adapted over the years leading up to Confederation, at which time the education of Aboriginal children officially became the responsibility of the newly formed Canadian government (Miller, 1996; Milloy, 1999). At this point, it had already been concluded by political leaders that Aboriginal peoples were still “half-civilized,” and the goals of assimilating Indigenous people would be better achieved through the education of children, as they were deemed most suitable for “complete transformation” (Milloy, 2008:5; Miller, 1996).

As a result, the Government commissioned an evaluation of the industrial boarding schools for Aboriginal children already in operation in the United States, which was completed in 1879 (known as the “Davin Report”) (Satzewich and Wotherspoon, 2000). In order to move forward with a more aggressive national agenda of assimilation, this report deemed it necessary to completely remove Aboriginal children from the negative influences of their family, community, and culture. Some boarding schools for Aboriginal children were already in operation in Canada, but this report prompted the transformation of the current “day schools” into Indian residential schools (Milloy, 1999:7; RCAP, 1996). As suggested in the Davin Report, residential schools were run by church missionaries and funded by the government also responsible for regulation and inspection of the schools (Milloy, 1999;

Satzewich and Wotherspoon, 2000). Amendments were made to the Indian Act to permit the use of severe punishments to ensure that families did not try to keep their children at home, which was in response to the many Aboriginal parents and communities who expressed their resistance to the forced attendance to these schools.

Over the course of this policy period, at least 130 residential schools were operating in every province and territory of Canada, except New Brunswick and Prince Edward Island. 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 and Crey, 1997). Children at these schools not only had to endure the traumatic experience of being torn from their communities, but most were also subjected to widespread neglect and/or abuse. It was not until the 1980s that reports of abuse within residential schools began to surface in the media (Miller, 1996). In 1969, the Government ceased its partnership with the churches running the schools but continued its support. The majority of schools closed by the 1980s, although some continued to operate until the last school closure in 1996 (Troniak, 2011).

More stories of widespread neglect and abuse were shared by former students when the Royal Commission on Aboriginal Peoples (RCAP) was established in 1991. According to RCAP's final report in 1996, experiences of Aboriginal children varied across individuals, schools, and different time periods. Even those that escaped abuse were negatively affected by neglect and separation from their families and communities as well as by the loss and devaluation of their cultures. Despite RCAP's call for a public inquiry into residential schools, this was not answered until many years later. In the meantime, Aboriginal groups began negotiations with the government aimed at a settlement for residential school Survivors. As a result of a federal strategy to renew the relationship between Aboriginal people and Canada,¹ the Aboriginal Healing Foundation (AHF) was established in 1998 and provided with funding to support healing initiatives addressing the legacy

1 *Gathering Strength: Canada's Aboriginal Action Plan.*

of the residential school system (Troniak, 2011). In 2006, these parties signed the Indian Residential Schools Settlement Agreement, an out-of-court settlement that comprised funds for individual claims, commemoration, and health support. A portion of the health support component was provided to the AHF as the vehicle to financially support residential school healing programs. This Agreement also included lump-sum payments to Survivors and the establishment of the Truth and Reconciliation Commission (TRC) of Canada (Troniak, 2011).

These efforts toward religious conversion and the *civilization* of Aboriginal peoples undermined existing beliefs and practices that were fundamental to their previous effective economic, familial, and communal institutions. Empirical research has not only documented the negative effects of residential schools on the well-being of those who attended (Bombay et al., 2012; Corrado and Cohen, 2003), but the effects of these traumatic experiences were transmitted across generations (Bombay, Matheson, and Anisman, 2011; Elias et al., 2012). In the remaining sections of this report, the everyday experiences of residential school students will be described more thoroughly, and links between these experiences and various outcomes will be explored.

PROJECT BACKGROUND: CURRENT EXISTING KNOWLEDGE AND IMPETUS FOR THE EXPLORATION OF STUDENT-TO-STUDENT ABUSE

The Independent Assessment Process (IAP) is the component of the Settlement Agreement instituted to settle claims of physical and sexual abuses that occurred at these schools.² The IAP requires Survivors to give detailed accounts of their abuses suffered, including the names of the perpetrators (referred to as “persons of interest” or “POIs”). The POIs are then notified they have been named as an abuser of the claimant, told who has named them, and invited to give their account of what happened. POIs are most commonly church officials and staff who worked at the schools;

2 The deadline for IAP applications was in September 2012. As well, all former students were eligible for compensation under the Common Experience Payment (CEP) program regardless of their abuse experiences.

however, residential school Survivors are also being named as abusers by other former students (Ciccocioppo, 2010; Curry, 2010; German, 2011; Wright, 2012).

Despite not being a focus in previous discussions relating to the history and consequences of residential schools, instances of abuse that occurred between students at residential schools have been documented based on first-hand accounts of Survivors (Haig-Brown, 1988). Accordingly, there is a lack of empirical research that speaks to the prevalence of abuse that occurred between students. Official statistics have not been released; nevertheless, an early estimate from the IAP chief adjudicator (reported by the *Globe and Mail*) showed as many as 20 per cent of claims involved instances of student-to-student abuse (Curry, 2010). This estimate has not been substantiated, but it is generally consistent with a small study that reported on perpetrators of abuse among a small sample of residential school Survivors who had brought cases against the government or churches. It reported that approximately 27 per cent of sexual abuse and 10 per cent of physical abuse claims were perpetrated by other students (Corrado and Cohen, 2003:41). Peer physical abuse may also come in the form of bullying, which can also include emotional and psychological abuses between students, but these types of abuses are not covered under the IAP. From a large national sample of Survivors living in First Nations communities who felt negatively impacted by residential schools, 61.3 per cent indicated that bullying by other children contributed to the detrimental effects on their health and well-being, although there was no differentiation between different forms of bullying (Bombay et al., 2012).

Despite the limited information regarding the prevalence of peer abuse at residential schools, reports from the IAP and from testimony given to the TRC have brought attention to this issue. This prompted the AHF and its board members in January 2012 to invite Elders, Survivors, experts, and other stakeholders to begin discussions regarding the implications of this phenomenon. First-hand accounts from Survivors and those who work with Survivors that were shared at this meeting, as well as insights from experts on

abuse and maltreatment, contribute to a greater understanding of potential factors that likely promoted peer abuse at residential schools. Implications of this phenomenon were also raised at the meeting; an important one being that some Survivors must continue to live in the same communities as their perpetrators. In addition to the possible direct effects of living in close proximity to their abusers that Survivors may have on their well-being, it is also problematic when they are being asked to name their abusers in IAP testimonies. These issues become more complex when their perpetrators are members of the same family or are leaders within their community. Another issue concerns the impact that such a testimony might have on the accused perpetrators, some of whom might not remember the events in the same way as the claimant.

In addition to the immediate implications stemming from the IAP and TRC processes (i.e., implicating other Survivors in the abuse), student-to-student abuse is perceived by some to have contributed to the various health and social problems facing Aboriginal peoples and communities, particularly with regard to child abuse and youth distress. It is also recognized that non-Aboriginal Canadians may choose to use this information to lay blame on Aboriginal people for the adverse events encountered. (Some comments heard include “It’s their own fault” and “They did it to themselves.”)

Nevertheless, one of the major conclusions derived from the AHF meeting was that this phenomenon needs to be included as part of the history of the residential school system. Also needed is a greater understanding of the occurrence of peer abuse in order to adequately convey that the perpetrators of peer abuse are also victims. Moreover, a greater understanding of the prevalence, the factors that promoted student-to-student abuse, and the consequences of this phenomenon will hopefully be a catalyst for Survivors, families, and communities to acknowledge and heal from some of the effects that appear to be associated with this abuse. In general, it is anticipated that the reconciliation efforts will be between the communities and the churches, between the Aboriginal population and the churches, as well as between the Aboriginal people and the government. It was unexpected to find the

extent of student-to-student abuse, and comments in the media indicate that it “wasn’t anticipated” (Puxley, 2009) and was “unexpected” (Narine, 2011) and “bizarre” (Curry, 2010). Alternatively, student-to-student abuse may not be an abnormal and bizarre outcome but actually fairly typical response to an extremely abnormal and traumatic situation.

RESEARCH OBJECTIVES AND METHODOLOGY

Two major research activities, a literature review and a mix-methods study, were carried out for the current project in order to address the following six research objectives:

1. Explore the prevalence and characteristics of the student-to-student abuse that occurred at residential schools
2. Identify factors that contributed to student-to-student abuse at residential schools
3. Assess whether residential school Survivors who were victimized by other students appear to exhibit any different or additional effects relative to the effects of abuse perpetrated by residential school staff
4. Identify the impact on those who were perpetrators of abuse toward other students in residential school
5. Identify the long-term collective impact that student-to-student abuse had on Aboriginal communities
6. Explore the views of service providers on current government and community responses in dealing with student-to-student abuse and its associated impacts

Taking into account the issues raised by participants at the AHF meeting, the first research activity consisted of a literature review on existing research that can shed light on factors that fostered peer abuse within residential schools

and on the potential long-term ramifications of these experiences (presented in Chapter 2). Research on child maltreatment in boarding schools and other types of residential care is explored as well as additional topics that were identified in newspaper articles mentioning student-to-student abuse and at the AHF meeting.³ As this issue had previously not been a common topic of discussion, there was no prior research identified that explored this in the context of residential schools. However, research and theory from mainstream literature exploring the antecedents and consequences of childhood trauma, bullying, and sexually abusive behaviours by young perpetrators offer considerable insight regarding factors that likely contributed to the occurrence of student-to-student abuse at residential schools, as well as potential short- and long-term implications. In order to provide a more thorough backdrop for the research presented in this review, it is supplemented with relevant quantitative and qualitative research and case studies that describe the historical context of residential schools and the experiences of those who attended.

The findings from the literature review informed the direction of the second research activity, which was a study that entailed responses from 43 health and social service providers who work with residential school Survivors. They were asked about their perceptions relating to student-to-student abuse, and responses were analyzed under the six research objectives (presented in chapters 3 through 8). Although each chapter contains its own discussion of the results specific to the research objectives being addressed, the final chapter provides an overall perspective and discussion of the relevant issues (Chapter 9).

The first research objective was to identify the prevalence and characteristics of student-to-student abuse (Chapter 3) through a short series of quantitative analyses-based responses from service providers regarding how frequently their clients disclose experiences of abuse perpetrated by staff and by other students in residential school. However, these statistics should be interpreted with the important caveat that many participants felt that

3 Quotes from this meeting are presented throughout the literature review.

Survivors were less likely to talk about being abused by students relative to their willingness to discuss being abused by staff (an issue that is thoroughly discussed in addressing the latter research objectives). In addition to these quantitative analyses, characteristics perceived to be typical of the abuse that occurred between students at residential school were explored based on qualitative responses given by the participants.

The remaining research objectives (chapters 4 to 8) were assessed by identifying themes from qualitative responses provided by the participants. For the most part, the responses were based on their experiences working one-on-one with clients, which could have included counselling sessions and services for supporting Survivors with CEP or IAP applications/hearings as well as other personal support. However, participants also drew from their experiences as facilitators, observers, or participants in group counselling sessions or sharing circles, in attending or working at IAP hearings or TRC events, and in their personal lives and those of their loved ones as well as from their observations made while living and working within communities. It was decided that the best way to explore these issues was by consulting with health and social service providers who work with residential school Survivors, as it was anticipated that it would be difficult and distressing for some Survivors to be asked about these experiences. Furthermore, based on anecdotal reports that experiences of peer abuse are difficult for Survivors to talk about, it was considered that counsellors and other support providers would be more likely to have heard about this issue.

PROCEDURES

The findings from the literature review informed the design of the data collection instrument, which was a questionnaire consisting of open-ended questions in order to elicit a wide range of responses (Appendix A). Prior to data collection, the outline of the study was reviewed by AHF staff and determined to be in accordance with their ethical standards and protocols. The study protocols were also approved by the Carleton University Psychology Research Ethics Board (12-128) to further ensure high ethical standards. Health and social service providers were recruited by sending

out letters to pre-identified organizations and individuals that provide services to residential school Survivors requesting them to participate in an AHF research project exploring the issue of student-to-student. As well, a recruiting announcement was advertised on several Aboriginal listserv groups geared toward individuals who work in the field of Aboriginal health and who may have worked with residential school Survivors on a relatively consistent basis. In order to ensure that participation in the study did not interfere with the work of service providers, participants were given the options of completing the questionnaire on their own time or being interviewed over the phone or in person (interviews were audio-recorded and transcribed verbatim).

Health workers who agreed to participate were asked to sign an informed consent form prior to their completion of the questionnaire or interview. Following completion, participants were each given a written debriefing that included further information about the study as well as information regarding signs of counsellor burnout and compassion fatigue. In order to maintain anonymity, each participant was assigned a code that was attached to their informed consent form, questionnaire, and contact information. The questionnaires were stored apart from the informed consent and contact information forms, and only the primary investigator had access to the document linking the codes to the participant. In appreciation of their time, participants were offered a \$20 gift certificate of their choice from a number of retailers.

PARTICIPANTS

Between September 2012 and January 2013 a total of 43 service providers participated in the study by sending in their completed questionnaires ($n=32$) or taking part in a phone ($n=10$) or an in-person ($n=1$) interview with the lead investigator.⁴ Under two-thirds are female ($n=26$, 60.5%; male: $n=17$, 39.5%), and ages for all participants range from 27 to 75 ($M=54.8$, $SD=12.0$). The majority of participants are of Aboriginal ancestry

4 M (mean): average; N: total number of individuals in the sample under study; n : a subset of individuals within the total sample.

($n=25$, 58.1%) and many have personal connections to residential school. Specifically, 8 participants (18.6%) indicate that they attended residential school and have family members or loved ones who attended as well. An additional 16 participants have family members or loved ones who attended (37.2%), with the majority of them indicating that their parents or siblings attended. The majority of service providers currently live and work in British Columbia ($n=18$; 41.9%), followed by Ontario ($n=10$; 23.3%), and a smaller number from Alberta ($n=4$; 9.3%), Manitoba ($n=4$; 9.3%), the northern territories ($n=4$; 9.3%), Saskatchewan ($n=2$; 4.7%), and Quebec ($n=1$; 2.3%).

Just under half of the service providers estimate having worked with over 100 Survivors ($n=19$; 44.2%), which tended to be those who focus specifically on working with clients affected by residential schools and/or work for organizations that specifically focus on these issues. This resulted in a bimodal distribution, as the remaining participants work with a much smaller number of Survivors: between 10 and 50 Survivors ($n=17$; 39.5%) or less than 10 Survivors ($n=7$; 16.3%). Details regarding specific work experiences of all participants are not provided because most have worked with Survivors in different capacities and contexts throughout their careers, which include private practices, health organizations, mental health clinics on- and off-reserve, and the Indian Residential Schools Resolution Health Support Program (RHSW program).⁵ A smaller number of participants work with Survivors through programs within Corrections Canada ($n=2$) and the Native Courtworker and Counselling Association of British Columbia ($n=1$). In addition to their counselling work with Survivors, three participants also serve as assessors for the IAP.⁶ Nine participants are psychiatrists or have their doctorate in psychology (20.9%); 13 have a master's degree in psychology, social work, or a related field (30.2%); 3 are psychiatric or mental health nurses (7.0%); and the remainder have bachelor

5 The RHSW program is administered through Health Canada and provides mental health and emotional support services to former Indian residential school students and their families.

6 The IAP requires some claimants to undergo an expert assessment of their psychological and physical injuries.

degrees in various disciplines and/or completed various counselling and trauma diplomas, certification, or training ($n=18$; 41.9%).

QUALITATIVE ANALYSES

Coding and thematic analysis of participant responses was conducted following the guidelines of interpretative phenomenological analysis using ATLAS.ti⁷ in a retro-deductive manner, which involves a continuous cycle of deduction and induction (Blaikie, 2010; Smith and Osborn, 2003). This approach begins with deduced hypotheses based on previous literature that guides the data analysis and is followed by inductive analyses that allow for new themes to emerge within the original framework. For each research objective in the current study, a number of initial codes based on the literature review related to peer abuse was established (e.g., previous personal victimization experiences is one of the pre-identified codes in exploring factors that contributed to peer abuse; see Chapter 4). However, because peer abuse has not been previously explored in the context of residential schools, new codes were added and existing codes were refined throughout the analysis process in order to create operational definitions for each. Additional rounds of coding confirmed the assignment of codes for participant responses, and in some cases sub-themes were identified within larger ones. Responses could be coded in more than one category as views within and between analyses are not mutually exclusive; however, participants were only counted once in any category (results show as dichotomous variables coded 0 or 1).

For each theme or sub-theme discussed, the number of participants was calculated to convey the percentage of service providers who spoke about each issue. However, it should be highlighted that these statistics should not necessarily be interpreted to reflect the relative importance or prevalence of each topic or issue, as the study suffered from a number of limitations associated with the fact that the collected information was based on retrospective and subjective observations of third-party informants, which makes the validity of these estimates questionable. For example, a number of

7 ATLAS.ti: software used for qualitative data analysis.

other factors would have influenced their views and observations, including the nature of the services provided by each participant (e.g., trauma-focused counselling or work with incarcerated Survivors), their training and personal background experiences (e.g., Aboriginal versus non-Aboriginal), their own potential personal connections to residential schools (e.g., they or a loved one attended), regional variations where each participant worked (e.g., differences between communities or some parts of Canada are not adequately represented), as well as their clientele and the characteristics of the Survivors each worked with (e.g., factors affecting support being sought and disclosure of abuse among Survivors). Although the results from this study do not necessarily speak to the relative pervasiveness of each theme that was raised, the responses shared by the participants provide important insight into the nature and characteristics of student-to-student abuse, the factors that contribute to this phenomenon, as well as some of the associated long-term consequences. All participants were given the opportunity to read the report and provide feedback in order to verify the validity of the interpretations of the data. Two participants provided feedback regarding some minor editing issues, but no participants expressed concerns regarding misrepresentation of their responses or the conclusions that were made.

CHAPTER 2

LITERATURE REVIEW EXPLORING ISSUES RELEVANT TO STUDENT-TO-STUDENT ABUSE IN RESIDENTIAL SCHOOLS

ADVERSE EARLY LIFE EXPERIENCES AND NEGATIVE CHILDHOOD OUTCOMES

Negative and stressful experiences could have pervasive and lasting consequences if they occur early in life, particularly during critical or circumscribed periods of brain development. Converging evidence indicates that early life stresses and deprivation of developmentally appropriate experiences could result in profound brain dysfunction and abnormalities that are associated with various aspects of health and well-being throughout the lifespan (Twardosz and Lutzker, 2010). One of the concepts that are especially relevant in the context of stressor effects concerns an individual's ability to contend with chronic stressors. Individuals have numerous effective behavioural, psychological, and biological mechanisms to deal with stressors; however, it is thought that if the challenges experienced persist long enough and are sufficiently severe, the load on biological systems may become excessive, ultimately resulting in the development of pathological outcomes (McEwan, 1998). This process, termed "allostatic load," has indeed been implicated in psychological disturbances and is also thought to influence physical illnesses that involve endocrine and immune functioning (McEwan, 1998:34; Juster, McEwen, and Lupien, 2010). It has been suggested that the development of allostatic overload is not only influenced by ongoing or recent stressors, but also by events of the past. This not only includes early life stressors, but also those that may have been experienced prenatally (i.e., stressors experienced by a pregnant woman) (Latendresse, 2009). Both prenatal and early life adverse conditions could result in a vulnerability to

the consequences of future adversity through stress-related mechanisms (Tremblay et al., 2004) that lead to gene suppression (epigenetic changes), which could result in stable and lasting changes in gene function without altering the genes themselves (Tremblay, 2010). Essentially, early life stressors can result in changes of the developmental biological trajectory so that stress systems are more reactive. Likewise, stressful events early in life could result in some biological systems being sensitized so that later challenges can elicit more profound effects. Importantly, because of the epigenetic changes that are engendered, the negative effects of early life stressful experiences can be transmitted across generations.

The adverse childhood experiences have consistently been linked with a variety of dysfunctional developmental trajectories that could manifest in childhood and adolescence, including a greater risk for aggression, interpersonal violence, and delinquency (Gilbert et al., 2009; Maas, Herrenkohl, and Sousa, 2008). Of relevance to negative outcomes associated with early exposure to chronic stressors, various forms of adversity experienced by children tend to be interrelated and do not typically occur in isolation of one another (Dong et al., 2004). For example, in a large sample in the United States, 80.5 per cent of children exposed to emotional abuse were victims of physical abuse compared to 20.1 per cent of children not exposed to emotional abuse. Likewise, the prevalence of emotional neglect was 56.1 per cent among those who experienced physical neglect, compared to 10.2 per cent among those who were not (Dong et al., 2004:776–778).

Children who experience abuse and neglect are also more likely to experience various forms of household dysfunction that have harmful effects on one's well-being, including exposure to domestic violence and having a parent who abuses substances or has been negatively involved in the criminal justice system (Dong et al., 2004). The co-occurrence of these chronic experiences is particularly important in light of increasing evidence concerning their cumulative consequences. In this regard, graded relationships have been found between the number of childhood adversities and various childhood and youth outcomes. Among others, these

experiences were linked to alcohol and drug use (Dube et al., 2006; Schilling, Aseltine, and Gore, 2008), depression and attempted suicide (Dube et al., 2001; Turner, Finkelhor, and Ormrod, 2006), as well as anti-social behaviour, anger, and aggression (Schilling, Aseltine, and Gore, 2008; Turner, Finkelhor, and Ormrod, 2006). Likewise, the risk of violent perpetration among youth increased from 35 per cent to 144 per cent with each additional type of adverse event experienced (Duke et al., 2010:e778). Significantly, children with a history of trauma do not typically experience only one of these negative outcomes; but, instead, usually encounter multiple adverse events. Like the cumulative risk of childhood adversities for specific outcomes, increasing exposure to these stressors are associated with a greater range of symptoms and/or diagnoses as well as multiple comorbid illnesses (Anda et al., 2006; Copeland et al., 2007).

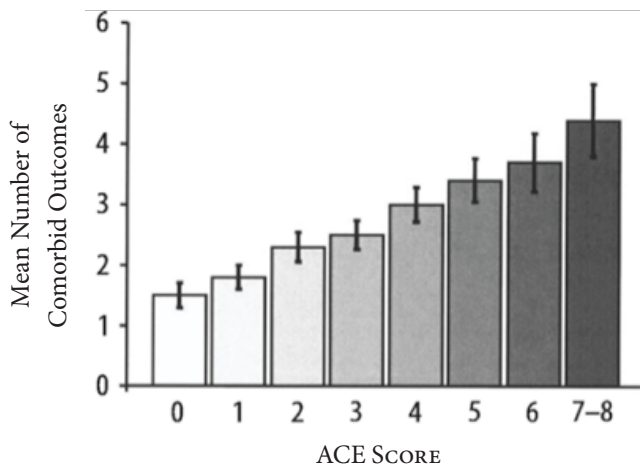


Figure 1. As reported by Anda and colleagues (2006:179), this figure presents the mean number of comorbid outcomes (adjusted for age, sex, race, and educational attainment) as a function of the number of adverse childhood experiences endured in a sample of adults in the United States.

Based on these realizations, researchers have begun to compare outcomes associated with exposure to an isolated traumatic incident relative to the reality of those who grow up surrounded by stressors. The term “complex trauma” is used to describe the experiences of people who endure chronic, multiple, and prolonged stressful events most often of an interpersonal nature (D’Andrea et al., 2012:191). Children who develop in the context of ongoing maltreatment and inadequate caregiving often display a range of impairments and distress not adequately captured by any single diagnosis within current psychiatric nosology (Copeland et al., 2007; D’Andrea et al., 2012). Although certain genetic (e.g., epigenetic changes due to maternal prenatal stress), personal (e.g., familial life before residential school), and contextual factors (e.g., physical vs. sexual violation in residential school) likely interact in determining which symptoms are manifested, children often experience developmental delays across a broad spectrum that overlap diagnostic categories (D’Andrea et al., 2012; Finkelhor, Ormrod, and Turner, 2009). These include deficiencies in emotion regulation and cognition, increased risk for aggression, as well as depressive, anxiety, and dissociative symptoms (Copeland et al., 2007; Putnam et al., 2008; van der Kolk, 2005). In response to concerns regarding the need for a more accurate diagnosis for those with complex trauma histories, a new diagnostic category has been proposed that considers multiple experiences of interpersonal trauma early in life can be manifested in a variety of ways (D’Andrea et al., 2012). The following description was provided by a proponent of such a diagnosis regarding typical outcomes of complex trauma:

These experiences engender intense affects, such as rage, betrayal, fear, resignation, defeat, and shame, and efforts to ward off the recurrence of those emotions, including the avoidance of experiences that precipitate them or engaging in behaviors that convey a subjective sense of control in the face of potential threats. These children tend to reenact their traumas behaviorally, either as perpetrators (eg, aggressive or sexual acting out against other children) or in frozen avoidance reactions. Their physiological dysregulation may lead to multiple somatic problems, such as headaches and stomachaches, in response to fearful and helpless emotions (van der Kolk, 2005:406).

Domains of Impairment in Children Exposed to Complex Trauma		
I Attachment	IV Disassociation	VI Cognition
Problems with boundaries Distrust and suspiciousness Social isolation Interpersonal difficulties Difficulty attuning to other people's emotional states Difficulty with perspective taking	Distinct alterations in states of consciousness Amnesia Depersonalization and derealization Two or more distinct states of consciousness Impaired memory for state-based	Difficulties In attention regulation and executive functioning Lack of sustained curiosity Problems with processing novel information Problems focusing on and completing tasks Problems with object constancy
II Biology	V Behavioral control	VII Self-concept
Sensorimotor developmental problems Analgesia Problems with coordination, balance, body tone Somatization Increased medical problems across a wide span (e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)	Poor modulation of impulses Self-destructive behavior Aggression toward others Pathological self soothing behaviors Sleep disturbances Eating disorders Substance abuse Excessive compliance Oppositional behavior Difficulty understanding and complying with rules Reenactment of trauma in behavior or play (e.g., sexual, aggressive)	
III Affect regulation		
Difficulty with emotional self-regulation Difficulty labeling and expressing feelings Problems knowing and describing internal states Difficulty communicating wishes and needs		Lack of a continuous, predictable sense of self Poor sense of separateness Disturbances of body image Low self-esteem Shame and guilt

Figure 2. Based on a comprehensive review of the literature on complex trauma, Cook and colleagues (2005:392) provide a list of the seven primary domains of impairment observed in children exposed to complex trauma, along with examples of associated symptoms.

Certain types of adversities may be particularly likely to engender specific negative outcomes, although the combination of numerous forms of childhood abuse, neglect, and indices of household dysfunction determine the risk for negative childhood outcomes. For example, being a victim of physical abuse and witnessing domestic and community violence has a particularly strong association with physically aggressive tendencies in children and youth (Dube et al., 2002; Welfare and Hollin, 2012). Similarly, while the cumulative score comprising several victimization experiences is predictive of trauma symptoms among children and adolescents (e.g., witnessing violence and peer victimization), sexual victimization has a particularly noticeable impact (Finkelhor, Ormrod, and Turner, 2009).

Among residential school Survivors today, more than half began their attendance between the ages of 5 and 10 (Bombay et al., 2012). As already

mentioned and will be discussed later in this chapter, various sources have revealed widespread maltreatment and inadequate living conditions in residential schools that unquestionably constitute complex trauma exposure (RCAP, 1996). For example, as shown in Figure 3, a national sample reveals various types of adversities experienced within residential schools are perceived by Survivors living on-reserve to have contributed negatively to their well-being. As will be further explained, the stress and trauma experienced by many Survivors before and during their residential school attendance likely contributed to the peer abuse that occurred between students. In trying to understand the abuses that were inflicted by students at these schools, it is important to consider that these behaviours are not restricted to residential schools or Aboriginal peoples, but are actually and surprisingly common. In fact, the prevalence and negative consequences of bullying and sexually aggressive behaviours perpetrated by children and youth toward their peers have both become a subject of increased attention internationally. Increasing efforts have been devoted to exploring risk and protective factors associated with these behaviours, which could help understand why student-to-student abuse occurred at residential schools.

CHILDHOOD ADVERSITY AND BULLYING

The term “bullying” has been shown to invoke among laypersons different conceptions of what this behaviour entails, such as the image of boys intimidating others through physical means or good-natured teasing that can simply be ignored, which can sometimes serve to minimize the serious consequences associated with it (Harris and Hathorn, 2006; Smith et al., 2002). However, when considering the range of behaviours considered to constitute bullying within the scientific definition of this phenomenon, the main characteristic that differentiates bullying from regular peer conflict is that a bully’s hostile actions are perpetrated against someone less powerful who cannot easily defend themselves and are carried out intentionally and often on a recurring basis (Espelage and Swearer, 2003).

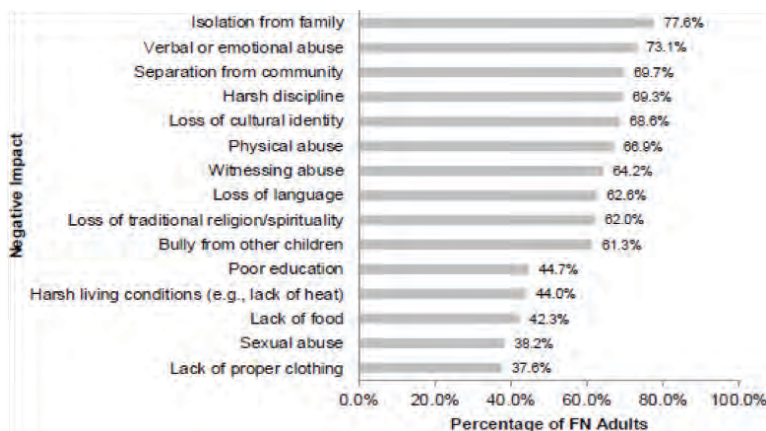


Figure 3. As reported in the 2008/2010 First Nations Regional Health Survey (Bombay et al., 2012:204), this figure presents the proportion of First Nations adults living on-reserve who attended residential school and who perceived being negatively affected by a number of childhood adversities during their attendance.

It is important not to minimize the consequences of bullying, and it is also important to note that it is a common phenomenon. Indeed, bullying has become a topic of concern over the last 20 years due to its high prevalence and associated negative outcomes (Monks et al., 2009). There are significant differences across studies (Forero et al., 1999; Nansel et al., 2001; Sourander et al., 2000; Wang, Iannotti, and Nansel, 2009), depending on various factors such as methodological differences and the age of the samples being considered, and it has been estimated that over 50 per cent of students have been involved in bullying as perpetrators and/or victims (Wang, Iannotti, and Nansel, 2009). Bullying has also been documented in a range of cultural, environmental, and geographical contexts (Monks et al., 2009; Volk et al., 2012). Bullying is thought to peak at the age of 14 (Volk et al., 2006), but it also occurs among under-school-aged children (ages 3 to 6 cited in Kirves and Sajaniemi, 2012) as well as among adults, especially in the workplace (Branch, Ramsay, and Barker, 2012; Sheridan-Leos, 2008). Considering the pervasiveness of bullying across contexts, it should come as no surprise that bullying may have been a common occurrence at residential schools.

Like other forms of aggression, bullying perpetration and victimization have been associated with various forms of childhood abuse and neglect (Dussich and Maekoya, 2007; Knutson, DeGarmo, and Reid, 2004; Ohene et al., 2006) and exposure to domestic violence (Baldry, 2003). Bullying perpetration has also been found to have a strong incremental relationship with exposure to multiple childhood adversities, with physical abuse having a particularly strong impact (Vaughn et al., 2011). Although various factors might contribute to this intergenerational cycle, it is especially significant within the present context that fathers who were aggressive and bullied other children while growing up are more likely to have sons who are bullies (Farrington in Flouri and Buchanan, 2003). Bullying has traditionally been viewed as maladaptive, and this tendency has been attributed to exposure of aggressive role models as well as deficient social skills and social information processing that stem from adverse childhood experiences (Hong et al., 2012).

At least two types of bullies appear to differ in various respects. A theoretical and empirical distinction has been made between those who are both bullies and victims (i.e., bully-victims) and those who are bullies but have not been victimized by others (i.e., bullies) (Berger, 2007). Bully-victims tend to be socially marginalized within their own peer groups (Farmer et al., 2010; Marini et al., 2006), and their bullying behaviours tend to occur in response to frustration or perceived provocation (i.e., reactive aggression) (Berger, 2007). They typically exhibit high levels of anger and hostility and are more likely to have deficient social skills, problems with emotional regulation, and internalizing disorders such as depression (Elliott, 1997; Fekkes et al., 2006; Juvonen, Graham, and Schuster, 2003; Schwartz, Proctor, and Chien, 2001; Toblin et al., 2005). These characteristics have consistent relationships with various types of childhood adversities and abuse (Bennett, Sullivan, and Lewis, 2005; Cassidy and Shaver 2008; Danielson et al., 2005; Elliott et al., 2005; Ohene et al., 2006), can increase the likelihood of bullying victimization, and are associated with reactive aggressive tendencies (Fite, Stoppelbein, and Greening, 2009; Hubbard et al., 2010b; Kempes et al., 2006; Schippell et al., 2003; Vitaro, Brendgen, and Tremblay, 2002). Furthermore, childhood maltreatment has been shown to have a stronger relationship

with reactive aggression compared to proactive aggression (Hubbard et al., 2010a; Silvern and Griesse, 2012). Thus, bullying behaviour among many residential school students was likely elicited by anger and frustration as a result of chronic exposure to interpersonal stress, victimization, and trauma.

“The dynamic of exploiting others to have our needs met is human nature. If we want to understand this, we have to understand how we exploit others. Not only do you learn bad behaviours, but you have to learn to survive... Bullying makes perfect sense. This is about accepting that anybody would have been capable of hurting others in those circumstances” (cited in AMR Planning and Consulting Inc., 2012:29).

In contrast to victim–bullies, it appears that bullies are often popular among their peers and have positive mental health and social skills (Juvonen, Graham, and Schuster, 2003; Unnever, 2005). These children tend to display more proactive aggression in which bullying behaviours are more adaptive and goal-oriented (Berger, 2007; Volk et al., 2012). Such proactive bullying is often used as an instrumental strategy to achieve peer domination and increase social standing, deter or avoid any assaults or victimizations, and gain material or interpersonal advantages (Ireland, 2002; Roland and Idsøe, 2001). Thus, even among students who did not experience physical or sexual abuse prior to or while attending residential school, being a bully for some was likely adaptive and reinforced by positive and protective functions. For example, bullying others may have protected bullies against being victimized themselves or may have resulted in certain privileges or benefits, such as having enough to eat. In effect, bullying may have helped some children survive and cope with their extremely difficult time spent at residential school.

“Fighting back is a way of saying I’m not a victim. Stealing was resilience. Lying was resilience.” (cited in AMR Planning and Consulting Inc., 2012:25)

*CHILDHOOD ADVERSITY AND SEXUALLY ABUSIVE BEHAVIOURS
OF YOUNG PERPETRATORS*

Childhood sexual abuse is an international problem (Finkelhor, 1994; Pereda et al., 2009). The negative impact of sexual abuse on those who are victimized are well recognized; but what is less known is that approximately one-third or more of child sexual abuse perpetrators are adolescents or even younger children (Finkelhor, Ormrod, and Chaffin, 2009). Furthermore, this estimate is likely an underestimate, as 55 per cent of a sample of adult sexual offenders acknowledged they had engaged in this behaviour in their youth, despite the fact that only 38 per cent had records documenting these histories (Knight and Prentky, 1993:75). In fact, other research suggests that the prevalence of abusive sexual experiences among child peers and adolescents may be higher compared to abuse by adults (Sperry and Gilbert, 2005).

Some explanations of child and adolescent sexual offending comprise the notion that these behaviours are one of many manifestations of general anti-social tendencies, such as impulsivity, pro-criminal attitudes, and associations with delinquent peers (Pullman and Seto, 2012). Indeed, sexually intrusive behaviours among children and youth typically overlap with other disruptive behaviour disorders (Association for the Treatment of Sexual Abusers Task Force, 2008). As well, adolescents who commit either sexual or non-sexual offences share many of the same risk factors, including early exposure to violence in and outside the family and being reared in adverse environments that involve multiple forms of neglect and violence (Netland and Miner, 2012; Seto and Lalumière, 2010).

There is also consistent evidence that supports the *sexually abused–sexual abuser* hypothesis, which postulates there is a unique association between the experience of childhood sexual abuse and the perpetration of sexual offences (Jespersen, Lalumière, and Seto, 2009; Seto, 2008). For example, young sexual offenders differ from other young offenders in several respects, most notably in their greater likelihood of having a history of sexual abuse and of exhibiting atypical sexual interests (Seto and Lalumière, 2010). It is suggested that experiences of sexual abuse may be the primary cause of an

atypical developmental trajectory among adolescent sexual offenders, as it most likely precedes and contributes to their atypical sexual interests (Seto and Lalumière, 2010). Although not the case for all who have been sexually abused, these experiences are linked with a greater likelihood of engaging in problematic sexual behaviours than those of non-abused children (Elkovitch et al., 2009), and an increase in sexualized behaviours is one of the most common patterns of response to child sexual abuse (Kendall-Tackett, Williams, and Finkelhor, 1993). In fact, estimates concerning the prevalence of sexual abuse histories among adult sexual offenders range from approximately 4 per cent up to 82 per cent, which is consistently higher compared to those for non-sexual offenders (Jespersen, Lalumière, and Seto, 2009:184).

Despite differences between some sexual and non-sexual adolescent offenders, those adolescents who display aggressive sexual behaviours are a highly heterogeneous group. Theoretical typologies have been proposed to explain differences among sexual offenders, one being a distinction between those who are “generalists” and those who are “specialists” (Chu and Thomas, 2010; Wijkman, Bijleveld, and Hendriks, 2011). Generalist sexual offenders are thought to be characterized as generally delinquent and having anti-social tendencies in which sexual offending is simply a part of their deviant behaviour (Pullman and Seto, 2012). These individuals commit both sexual and non-sexual crimes and are thought to be similar to other non-sexual offenders in terms of maltreatment histories (Pullman and Seto, 2012). Specialist offenders are those who primarily or exclusively commit sexual offences (Butler and Seto 2002; Rajlic and Gretton, 2010). It is this group of sexual offenders that likely accounts for the previously mentioned differences between sexual and non-sexual offenders in relation to sexually-related risk factors, as specialists are more likely than generalists to have a history of sexual abuse and exhibit sexual deviance (Seto and Lalumière, 2010). Like adult sexual offenders (Harris et al., 2009; Lussier, 2005), there is currently insufficient evidence to make a definite conclusion, although it has been suggested that adolescent specialists may be more likely to offend against younger children and generalists may be more likely to victimize

their peers (see discussion by Seto and Lalumière, 2010). This is consistent with the higher prevalence of childhood sexual abuse among sexual offenders who victimize children compared to those who victimize adults (Jespersen, Lalumière, and Seto, 2009). Again, speaking to the cumulative nature of maltreatment, sexually abused children who were also physically abused and neglected and who witnessed severe domestic violence are at a particularly high risk for sexual offending later on in their life (Merrill et al., 2001; Salter et al., 2003).

In essence, the sexual abusive behaviours inflicted by some residential school students on their peers may have been a manifestation of their adverse living and social conditions, and it is likely that many of these students were also victims and perpetrators of other forms of aggression and bullying. As well, those who were sexually abused either before or during their residential school attendance would have been at an increased risk of perpetrating against others, perhaps against younger students. Sexually reactive behaviours among children who have been sexually abused or have been chronically exposed to sexual behaviours are considered to be a normal response to these experiences (Szanto, Lyons, and Kisiel, 2012); but, in the absence of caregivers to address or put a stop to these behaviours, these responses could sometimes be acted out on other children who may in turn be negatively affected. In still other instances, like the adaptive gains that some students earned through bullying, Survivors have recounted how some children were driven to use their sexuality in order to gain special status with supervisors and other students for protection and other benefits (Haig-Brown, 1988) such as adequate food. Indeed, it has been suggested that young perpetrators of sexual abuse may be inclined to use sexuality as an inappropriate way of coping with stressful situations and negative emotional states (Cortoni and Marshall, 2001).

CHILDHOOD VICTIMIZATION PERPETRATED BY ADULTS VERSUS PEERS

Little is known about whether childhood victimization by peers versus adults results in similar outcomes, but one study conducted among young

adults with no history of exposure to domestic violence or sexual/physical abuse reveals that peer and parental verbal abuse had comparable effects on anxiety, depression, anger–hostility, dissociation, and drug use and was similarly associated with brain alterations commonly found in maltreated children (Teicher et al., 2010). Similarly, levels of psychological distress did not differ between children who experienced child abuse from their parents (but were not bullied) and children who were bullied by their peers (but did not have histories of parental child maltreatment), although the influence of specific *forms* of child abuse and bullying were not taken into account (Duncan, 1999). It was observed in this same study, however, that peer physical victimization accounted for distress scores over and above the variance accounted for a history of child abuse, suggesting additive effects between these forms of aggression.

In some investigations, experiences of child sexual abuse by other children, adolescents, and adults are viewed as each being equally negative and having equally pervasive adverse outcomes (Shaw et al., 2000; Sperry and Gilbert, 2005). Also, previous research has shown that sibling incest has equivalent if not more severe long-term outcomes than of incest involving a parent, although other dynamics may be involved (Cyr et al., 2002; Rudd and Herzberger, 1999; Shaw et al., 2000). However, some specific outcomes seem to appear to be uniquely related to peer abuse. For example, children who experienced abuse by peers are more likely to manifest excessive sexual problems, concerns, preoccupations, and fears and unwanted sexual feelings (Shaw et al., 2000) that may put these children at greater risk for becoming perpetrators of sexual offences (Maniglio, 2011; Worling, 2012). As well, peer abuse is associated with higher levels of self-blame that is relative to abuse by older perpetrators (Zinzow et al., 2010), and feelings of shame and self-blame have a stronger relationship with post-traumatic stress disorder (PTSD) symptoms stemming from childhood sexual abuse when the perpetrator was a minor (Cantón-Cortés et al., 2011). Likely related to feelings of self-blame, children abused by peers tend to anticipate less support from their parents and more anger from their mothers (Sperry and Gilbert, 2005).

CONTEXTUAL FACTORS PROMOTING STUDENT-TO-STUDENT ABUSE

“Institutional abuse” refers to the use of power and authority by extra-familial adults to exploit the vulnerability of children in their care for their own interests (Gallagher, 2000). Keeping in mind the significant difference between being sent to a boarding school and being forcibly removed from one’s parents and culture, research on child maltreatment in boarding schools and other types of residential care (e.g., foster homes) has revealed that increased opportunities facilitate high levels of abuse from those who are supposed to be caregivers in these contexts (Farmer and Pollack in Green and Masson, 2002). Likewise, the fact that children in residential schools were largely isolated from the outside world allowed sexual predators to have easy access to hundreds of Aboriginal children (Million, 2000).

It has been reported that physical and sexual peer abuses are also common occurrences at boarding schools and other residential contexts, and actually occurs more frequently than abuse from staff (Farmer and Pollack in Green and Masson, 2002). Children who have been sexually abused are more likely to display sexually intrusive behaviours toward others if they were removed from their parental home to a foster home or an institution (Hershkowitz, 2011). Compared to regular schools, children living at boarding schools display more behavioural problems, including higher levels of bullying and aggression (Akduman, Baran, and Akyol, 2010). When children live in the same setting, peer group hierarchies are likely to be formed in which a minority of children have influence over others (Parkin and Green, 1997). These gang-like behaviours can serve many functions, such as increasing status among peers, gaining a sense of power and control, and increasing material gains (Freundlich, Avery, and Padgett, 2007; Parkin and Green, 1997). These, in turn, reinforce the perpetrator’s aggressive behaviours and misuse of power.

The consequences of victimization in these contexts can be especially profound and long-lasting given the inability to escape aggressors. As well, residential settings that place different age groups together create easy targets for older bullies to manipulate younger children (Gibbs and Sinclair,

2000), which was the case for residential schools. In fact, it has been noted that older students, who socialized primarily within residential schools, commonly became perpetrators of sexual abuse against younger students (Haig-Brown, 1988; Piatote, 2000). As will be discussed later in this report, aggressive behaviours in these contexts were also engendered among those who witnessed these abusive behaviours.

Of course, not all children who grow up in adverse conditions or experience abuse go on to bully or sexually victimize other children. However, it should be clear from the preceding section that bullying and sexual abuse are not uncommon occurrences among children and youth, particularly among those who grow up in adverse conditions. In fact, longitudinal studies suggest that aggressive and disruptive behaviours in early childhood are universal. With age, children learn socially acceptable behaviours from their caregivers and from interactions within their environment (Tremblay, 2010). Although these behaviours are often viewed as a manifestation of personal pathology or as deviant characteristics of the individual, normal development should not be expected in the absence of adequate conditions. As well, their likelihood of occurrence cannot be understood without considering the social context and dynamics that foster and sustain them.

Certain social and physical elements of the environment can be especially effective in encouraging aggressive behaviours in children, with personal characteristics acting as dispositional factors that are activated by being placed in certain contexts (Ireland, 2002). Once they begin, reinforcing situational factors can encourage the continuation of these behaviours, particularly within bounded settings (Monks et al., 2009) such as residential schools or in small communities. In this regard, the following sections of the literature review outline predisposing and reinforcing factors that have been associated with aggression, which makes it evident that the specific qualities of maltreatment suffered by residential school students at the hands of staff were likely to engender aggression in students. As well, specific features of the residential school context are also known to promote aggressive behaviours among children, particularly among those who are maltreated.

QUALITIES OF STAFF MALTREATMENT AT RESIDENTIAL SCHOOLS

As the majority of residential schools were run by various church factions, it is relevant to note that abuse by religious authorities may have unique psychological impacts and characteristics that allow for the continuation of these behaviours. In this regard, religious leaders who abuse children often use religious doctrine as a control tactic (Bottoms et al., 1995; Fogler et al., 2008), which has been associated with particularly high levels of self-blame as well as the belief that children should obey without question (Bottoms et al., 1995; Nelsen and Kroliczak, 1984; van Wormer and Berns, 2004). Victims of religious abuse have described instances where priests gradually and subtly attempt to develop a close relationship by making children feel special through expressions of admiration and concern, gifts and other benefits (Garland, 2006; Terry et al., 2011), and sometimes using spiritual awards of “going to heaven” (Fogler et al., 2008:309). These attempts function to desensitize the victim to the increasingly inappropriate sexual behaviour while rewarding them for their compliance.

As noted earlier, former residential school students had recounted that their sexual activities often resulted in special benefits by staff (Haig-Brown, 1988). Perhaps not surprisingly, abuse by religious figures was associated with higher levels of mistrust, shame, guilt, anger, and powerlessness compared to what is evident in those abused by non-religious individuals (Bottoms et al., 2003; Rossetti, 1995). Accordingly, such abuse in childhood at the hands of religious and teaching staff may likely encourage subsequent reactive aggression against others; feelings of shame, anger, and the need to regain a sense of power and mastery are suggested as driving forces behind sexualized behaviours among children who had been physically and sexually abused (Fater and Mullaney, 2000).

In addition to the emotional repercussions stemming from abuse by religious figures, it is thought that this abuse can affect a victim’s core values and alter one’s view of the self and of the world (Fater and Mullaney, 2000). Priests and other religious officials are ordinarily regarded as inherently and unquestionably powerful and moral, making this type of abuse particularly

confusing and guilt-inducing for victims who are encouraged to trust their abusers. For example, it is difficult for children to reconcile how a religious figure can commit such acts, which could result in feeling that the world is a chaotic and unsafe place (Bottoms et al., 1995) or, alternatively, that these behaviours must be normal (Bottoms et al., 2003). The confusion created by the abusive behaviours of religious representatives was compounded by the strict and dogmatic Christian teachings regarding sex and sexuality given at residential school, stressing that sex is only to be used for procreation and that sex before marriage is a sin (Grant, 1996; Haig-Brown, 1988; Milloy, 1999). Even among children not raised in residential schools, it has been suggested that exposure to negative religious education that stresses sin and damnation in relation to sex is associated with an increased risk of becoming a perpetrator among sexually abused children (Prendergast, 1993).

Both at school and at home, aggression has also been linked with perceptions of unfair or irregular discipline and the use of physical and emotional punishments (Espelage, Bosworth, and Simon, 2000; Khoury-Kassabri, 2009; Moon, Hwang, and McCluskey, 2011; Wang et al., 2010). Survivors have described the brutal and arbitrary punishments administered by staff on a daily basis, including public beatings and humiliation, food deprivation, and solitary confinement often for minor transgressions like bed-wetting, talking to children of the opposite sex, or speaking their Aboriginal language (Knockwood, 1992; Milloy, 1999).

The severity of these reprimands violated the norms of that era, and it has been suggested that many of the punishments were either explicitly or implicitly sexual in nature (Grant, 1996). The staff and peer rejections and the humiliating punishments experienced by children might have caused Survivors to adopt a “shame-prone” emotional style (Bennett, Sullivan, and Lewis, 2005; Deblinger and Runyon, 2005). For those who were sexually abused, shameful feelings are thought to be elicited as a result of the secretive and hidden nature of this form of abuse (Deblinger and Runyon, 2005). Many Survivors have also discussed the intense feelings of shame they experienced as children (Hodgson, 1992; Lickers, 2003), which is an

incapacitating emotion accompanied by feelings that one is incompetent and an object of ridicule, contempt, and/or disgust (Harder and Lewis, 1987).

Children are thought to be particularly vulnerable to feelings of shame following abusive experiences, as their views of themselves are still forming (Deblinger and Runyon, 2005). Even though shame is often considered to be an emotion that elicits inaction (Matheson and Anisman, 2012), feelings of shame associated with maltreatment may have contributed to a propensity toward violence, as shame is also associated with various forms of hostility and aggression (Ferguson et al., 1999; Hundt and Holohan, 2012; Kim, Talbot, and Cicchetti, 2009). Some investigators have reported that this relationship may be explained by the link between shame and anger (Bennett, Sullivan, and Lewis, 2005; Harper et al., 2005), which is consistent with the proposition that a feeling of powerlessness may lead to a *shameful fury* episode in which the individual strikes out in anger in an attempt to regain some control over their life (Scheff, 1987).

In addition to the harmful impacts of abuse, emotional neglect is also a significant risk factor for psychopathology and violent behaviour in childhood (Chapple, Tyler, and Bersani, 2005), which refers to parental emotional unresponsiveness and unavailability characterized by a lack of interaction between the parent and child (Glaser, 2002). For many residential school students this neglect was not imposed by their parents, but the unavailability of their parents was forced upon them by school regulations, as many schools purposely minimized the amount of contact that students had with their parents and located them far from their communities (Armitage, 1995; Miller, 1996; Milloy, 1999). This lack of an emotional connection with their parents and their supposed *caregivers* at residential school could also have contributed to aggressive behaviours, as having positive parental relationships and supportive adults to serve as role models reduce the risk of bullying behaviours, whereas lacking parental involvement and support are more likely to increase the risk (Baldry and Farrington, 2005; Espelage, Bosworth, and Simon, 2000; Georgiou, 2009; Holt and Espelage, 2007; Salter et al., 2003).

As well, being reared in the absence of one or both parents also seems to encourage disruptive sexual behaviours in children and youth who have been sexually abused (Glasser et al., 2001; Hershkowitz, 2011; Hummel et al., 2000). Some residential school students enjoyed healthy and positive relationships with their parents prior to and following their attendance, which may have acted as a protective factor for some, although this may not have been the case for many whose parents had also attended residential school and were not adequately prepared for child rearing as a result of their school experiences and lack of proper parental role models. In this regard, when Survivors discuss their own problems with intimacy and fear of being physically close to others, they recall the same inability in their parents who had also attended residential school before them (Knockwood, 1992).

CHARACTERISTICS OF RESIDENTIAL SCHOOLS

Related to the significant influence that teachers might have in determining student aggression levels, it is also important to consider the general school environment. Low feelings of belonging and school connectedness and low perceptions of school safety could increase the frequency of aggressive behaviours (Brookmeyer, Fanti, and Henrich, 2006; Harel-Fisch et al., 2011; Kuperminc et al., 1997; Skues, Cunningham, and Pokharel, 2005). Perceptions of a moral atmosphere in schools promote pro-social behaviour and inhibit aggressive behaviour (Brugman et al., 2003), whereas aggressive school norms predicted increased aggressive behaviour (Mercer, McMillen, and DeRosier, 2009). Like the cumulative impact of adverse childhood experiences, the likelihood of bullying perpetration increased with children having greater negative school perceptions (Harel-Fisch et al., 2011).

The capricious nature of the discipline administered at residential schools and the ever-present threat of violence have been described as contributing to a general climate of fear and intimidation among students (Knockwood, 1992; Milloy, 1999). The social norms and expectations related to morality were likely very confusing to residential school students, many of whom consistently did not feel safe. Even among those who were not bullied or abused, simply witnessing such occurrences can induce fear and a

chronic state of hypervigilance, possibly owing to concerns that this could happen to them and thereby contributing to the atmosphere of fear and intimidation (Claes and Clifton, 1998; RCAP, 1996). Indeed, in a large sample of elementary and high school students, witnessing violence at school accounted for more variance in contributing to violent behaviour

“I talked to another [Survivor], she was only reminded very sadly of what she saw on a bus as a little girl: she witnessed a girl getting stabbed by two senior girls. She was threatened never to tell” (cited in AMR Planning and Consulting Inc., 2012:20).

than actually being victimized (Flannery, Wester, and Singer, 2004). This said, as indicated earlier, witnessing violence perpetrated by a parent or teacher could also instigate violence, as children might mimic these behaviours through social learning. In a like manner, witnessing student-to-student violence might similarly promote modelling of the same behaviour.

Bullying and aggressive behaviours at schools are more likely to exist when students perceive low academic expectations and receive little personal and academic support from teachers (Kuperminc et al., 1997; Totura et al., 2009; Wang et al., 2010). This is not at all unexpected, as social support, especially from teachers, would be a primary method of coping with distress. However, residential schools operated under the assumption that the intellectual abilities of Aboriginal children were drastically deficient, and educational standards were lower than those of nearby provincial schools (Milloy, 1999). In some schools, children spent more time working in the fields or doing manual labour than in the classroom, and, not surprisingly, many children did not have the opportunity to excel academically (Fournier and Crey, 1997; Miller, 1996; Milloy, 1999). Given that low academic expectations are linked to aggression and bullying, there is little wonder whether the residential school environment fostered these anti-social behaviours.

In addition to the greater severity of neglect and maltreatment that occurred at residential schools (Law Commission of Canada, 2000), the active suppression of Aboriginal languages and culture is yet another factor that potentially made these schools likely to elicit aggressive behaviours. Research from Aboriginal and other minority groups has shown that being connected to one's culture and holding a positive cultural identity are protective factors for various types of aggression (Smokowski, David-Ferdon, and Stroupe, 2009). As well, youth from a small Aboriginal community who identify highly with their culture and heritage are perceived by others to be less aggressive toward other students (Flanagan et al., 2011). Residential school students were taught that their parents and culture were savage and immoral, and speaking an Aboriginal language was one of the most punishable offences (Fournier and Crey, 1997; Haig-Brown, 1988; Milloy, 1999). In effect, many residential school students were deprived of the protective factors that support a positive cultural identity. Indeed, slightly fewer than 70 per cent of a sample of First Nations Survivors indicate that the loss of their cultural identity had negative impacts on their well-being (Bombay et al., 2012:220).

In addition to the suppression of Aboriginal cultures, racist beliefs and attitudes permeated throughout residential schools, which reflect on what motivated the implementation of them; staff actively denigrated and made humiliating comments about children in relation to their Aboriginal heritage and traditional cultural practices (Law Commission of Canada, 2000; Miller, 1996; RCAP, 1996). In addition to the shame associated with the abusive experiences and the humiliating punishments by staff, the constant deprecation of Aboriginal peoples and culture also elicited shame attached to their Aboriginal identity. Like the shame associated with humiliation and abuse, feelings of shame associated with racial identity among non-Aboriginal minority children account for increased aggressive behaviours and a propensity for violence when controlling for other known predictors (Bryant, 2011). A prospective study among Aboriginal adolescents found that levels of perceived discrimination, and the subsequent elevated feelings of anger elicited by discriminatory experiences, were associated

with increased aggressive behaviour (Hartshorn, Whitbeck, and Hoyt, 2012). In effect, even without the rampant physical and sexual abuses that occurred, the trauma of being stripped of their language and identity and of being taught that being Indian was shameful might itself have encouraged aggression among students at residential schools.

EARLY LIFE ADVERSITY, AGGRESSION, AND LONG-TERM OUTCOMES

Individuals who exhibit aggressive behaviours in childhood are more likely to display aggressive and anti-social behaviours in adulthood. This relationship might partially be due to the fact that these behaviours in both child and adult are manifestations of shared underlying causes. However, longitudinal studies have revealed prospective relationships between aggression in childhood and a number of negative adult outcomes, even while controlling for their shared risk factors such as childhood adversity and anti-social personality traits. In this regard, individuals who were aggressive or bullies as children are more likely to display violent, aggressive, and anti-social behaviours as adults (e.g., domestic violence and criminality) (Falb et al., 2011; Farrington and Ttofi, 2011; Kokko et al., 2009; Renda, Vassallo, and Edwards, 2011; Ttofi et al., 2011). It is thus possible that aggressive behaviours in childhood may be an earlier stage of a developmental or causal sequence leading to these negative adult outcomes. Victims of child maltreatment are more likely to perpetrate violence in adolescence, which is associated with a greater likelihood of intimate partner violence being perpetrated in adulthood (Fang and Corso, 2007). Essentially, the residential school system placed Aboriginal children in a situation that put them at risk for a developmental trajectory that favoured aggression in adulthood.

It has also been suggested that many former students internalized the *normalized* violence they were exposed to at residential school (Bull, 1991). Holding such norms of violence appears to be predictive of subsequent aggression and interpersonal violence perpetration. For example, greater normative misperceptions of sexual assault among non-Aboriginal men, and the degree to which they overestimated the prevalence of physical abuse and violence against women, are associated with the engagement

in domestic violence and sexually aggressive behaviours toward women (Neighbors et al., 2010). Although no data speaks to norms of violence among Aboriginal peoples in Canada, the definition of domestic violence reveals a higher threshold for violence among American Indian women compared to European American women (Tehee and Esqueda, 2008), which is similarly found among Indigenous women in the South Pacific (Hamelin, Salomon, and Lert, 2010). As well, American Indian women tend to consider only physical abuse as constituting domestic violence, whereas non-Aboriginal women also include verbal and emotional abuse (Tehee and Esqueda, 2008). Not unexpectedly, the important influence of the norms of violence has been reported among American Indian youth, as norms for both peer and parental levels were strong predictors of violence perpetration (Bearinger et al., 2005). Considering the norms of violence present within residential schools, it is possible that Indian residential schools contribute to high norms of violence in some communities.

Several factors are likely involved in the transmission of parenting behaviours, although it has been frequently suggested that the lack of traditional parental role models impede the transmission of positive child-rearing practices, and exposure to violent role models in residential school instill negative parenting practices (Evans-Campbell, 2008). In fact, it was reported that children of residential school Survivors were more likely to experience various forms of childhood abuse and household dysfunction (e.g., having a parent with a criminal background or a substance abuse problem) compared to Aboriginal adults whose families were not intimately affected by this policy (Bombay, Matheson, and Anisman, 2011). Research in other populations has also revealed the intergenerational transmission of child maltreatment and harsh parenting (Cort et al., 2011; Dixon, Browne, and Hamilton-Giachritsis, 2005; Simons, Paternite, and Shore, 2001) as well as intergenerational continuities of intimate partner violence and aggression (Cui et al., 2010; Smith et al., 2011) and anti-social and criminal behaviour (Besemer and Farrington, 2012; Thornberry, Freeman-Gallant, and Lovegrove, 2009).

Health and social problems reported in Canada should be expected, considering that the large proportion of the Aboriginal population faced with childhood risk factors relate to their own or their parents' residential school attendance and that the last school only closed in 1996. Indeed, rates of various forms of victimization are high among the Aboriginal population in Canada. Although these statistics do not necessarily provide evidence for their association with residential schools, the incidence of childhood sexual abuse and other forms of child maltreatment are thought to be high in some Aboriginal communities (Collin-Vézina, Dion, and Trocmé, 2009). In this regard, Aboriginal children are at an increased risk for childhood abuse and neglect compared to non-Aboriginal children, and they are more likely to be raised in single parent households and/or by parents who abuse alcohol, have a history of criminal activity, or suffer from mental health problems (Blackstock, Trocmé, and Bennett, 2004). Moreover, in addition to high rates of other types of stressors and trauma (Karmali et al., 2005), Aboriginal people in Canada are more likely to be victims of violent assaults and domestic abuse (Brownridge, 2008; Brzozowski, Taylor-Butts, and Johnson, 2006; Perreault, 2011; Statistics Canada, 2011).

“[T]he pebble in a pond... The ripples are growing more complex, and we forget about the pebble. We're seeing here, with young people and survivors, a very human response to a dehumanizing situation. We want most connection with others, that's what makes us kind. When we break this connection, we have problems, we see disconnection causing anger at self or others resulting in anger, drug use, exploitation. We need to be cautious not to make this too complex, then it becomes overwhelming... this is what happens to humans when humans get hurt. It's not all about blame. Blame will make the ripples continue. It's not about forgiveness, it's about understanding”(cited in AMR Planning and Consulting Inc., 2012:43).

A survey of First Nations youth from seven reserves in Western Canada report rates of various types of bullying higher than the national average (Lemstra et al., 2011). Not surprisingly, residential schools have been singled out as the origin of violence and child abuse that occur in Aboriginal communities (Fournier and Crey, 1997; Milloy, 1999). Residential schools have also been suggested to be the primary cause of a cluster of behaviours known as lateral violence that is thought to be prevalent within Aboriginal communities (Chansonneuve, 2005; Middleton-Moz, 1999). These behaviours are thought to occur within oppressed societies and include bullying, gossiping, feuding, shaming, and blaming other members of one's own social group as well as a lack of trust toward other group members (Chansonneuve, 2005; Gibson, 2010; Middleton-Moz, 1999).

“There were 9 [youth] suicides in... [our community in one year] and a hundred attempts... A healer was hired... to deal with these kids having suicide ideation. One hundred percent of the girls and 60% of the boys had been sexually abused at home... Eighty percent of people my age were in residential schools in this isolated region. The people who ran Residential Schools couldn't have abused everyone, but then students who were abused abused others too” (cited in AMR Planning and Consulting Inc., 2012:32).

There is insufficient research to conclude whether there are differences between outcomes associated with abuse by peers versus by adults; however, the factors that promoted student-to-student abuse in residential schools, at the very least, contributed indirectly to a greater number of Aboriginal children being victimized. In turn, this would have resulted in a greater proportion of youth returning to their communities and carrying the increased risk for various negative outcomes associated with their experiences, including an increased risk for continuing their aggressive behaviours.

CHAPTER 3

PREVALENCE AND CHARACTERISTICS OF STUDENT-TO-STUDENT ABUSE

DISCLOSURE OF ABUSE BY STAFF AND STUDENTS AND PERPETRATION AGAINST OTHERS

All participants indicate that they work with at least one client who disclosed of having been victimized by staff at residential school ($n=43/43$; 100%), and more than three-quarters report having a client who spoke of having been abused by another student ($n=35/43$; 81.4%). A smaller number of participants work with perpetrators of student-to-student abuse, as just under half report having clients who admitted to victimizing others at residential school ($n=21/43$; 48.8%).

Expectedly, participants who work with a larger number of Survivors were more likely to report having clients who discussed experiences of student-to-student abuse. Of those who work with over 100 Survivors, all but one participant report having clients who spoke of having been abused by other students ($n=18/19$; 94.7%), and all except three work with clients who indicated they had perpetrated against others at school ($n=16/19$; 84.2%). Among service providers who work with 10 to 50 Survivors, a slightly lower proportion report working with clients who talked of having been victimized by other students ($n=13/17$; 76.5%), and most do not work with perpetrators of student-to-student abuse ($n=12/17$; 70.6%). Just over half of those who work with less than 10 Survivors report working with clients who had been abused by their peers ($n=4/7$; 57.1%), and only one of them counselled a Survivor who had abused other students ($n=0/7$; 0.0%).

DISCLOSURE OF ABUSE BY STAFF VERSUS STUDENTS

Participants who work with over 100 Survivors ($n=19$) were asked to provide estimates of the proportion of their clients who spoke about experiences of psychological/ emotional abuse, physical abuse, and sexual abuse perpetrated by staff and by other students (it was felt that estimates from these service providers would be relatively more reliable than those who based their observations on a smaller number of clients). These figures are used solely to make comparisons between the frequencies of disclosures regarding different forms of staff versus student abuse (see Table 1). These calculations were conducted to estimate how many Survivors were abused by other students *relative to how many were abused by staff*. However, based on the observations of participants that Survivors may be less likely to talk about peer abuse, these calculated ratios might underestimate the prevalence of this phenomenon. In addition, these factors may not necessarily influence the *ratio* of staff versus student-to-student abuse. It is important to note that these are not estimates of the proportion of Survivors who were *actually* abused by staff or peers, as estimates might be inflated by those who suffer from other extensive abuse histories and may also be in counselling as well as by the specialization of some study participants in working with victims of trauma and abuse.

In exploring the prevalence of emotional abuse disclosures, one service provider indicates that slightly more of their clients discussed being emotionally abused by students compared to how many discussed this form of staff abuse. An additional four participants indicate that staff and student abuse experiences were equally reported by their clients. Therefore, just over one-quarter of service providers estimate that emotional abuse by students relative to emotional abuse by staff was discussed equally by clients ($n=5/19$; 26.3%). The remaining participants estimate that emotional abuse perpetrated by students was discussed less than this type of abuse by staff ($n=14/19$; 73.7%). For physical abuse, three service providers estimate that more clients discussed experiences of student abuse relative to staff abuse, with an additional three reporting that student-to-student physical abuse was equally or slightly less prevalent in client disclosures, together making

up just under one-third of participants ($n=6/19$; 31.6%) who have clients that discussed physical abuse by another student. The other two-thirds of service providers feel that clients were more likely to discuss experiences of staff physical abuse compared to abuse by their peers ($n=13/19$; 68.4%). As well, three participants report that clients were more likely to have discussed being sexually abused by other students, one participant indicates it was equally spoken about ($n=4/19$; 21.1%), and the remaining report having more clients who spoke about being abused by staff compared to student-to-student sexual abuse.

Table 1. Estimates of the proportion (%) of clients who disclosed being abused by staff and students and the ratio between these estimates

	Emotional/Psychological			Physical			Sexual		
	Staff	Student	Ratio	Staff	Student	Ratio	Staff	Student	Ratio
1	80	90	1.13	20	50	2.50	10	20	2.00
2	100	100	1.00	25	40	1.60	5	10	2.00
3	90	90	1.00	75	85	1.13	60	70	1.17
4	90	90	1.00	100	100	1.00	80	80	1.00
5	50	50	1.00	85	85	1.00	95	80	.84
6	100	80	.80	80	75	.94	40	30	.75
7	100	75	.75	95	65	.68	75	50	.67
8	70	40	.57	100	65	.65	90	60	.67
9	100	50	.50	80	50	.63	70	45	.64
10	100	50	.50	70	40	.57	70	40	.57
11	95	45	.47	100	50	.50	90	50	.56
12	100	40	.40	100	50	.50	75	40	.53
13	100	40	.40	80	30	.38	100	50	.50
14	100	30	.30	95	35	.37	70	30	.43
15	99	25	.25	100	30	.30	100	25	.25
16	50	10	.20	85	15	.18	65	8	.12
17	100	20	.20	50	8	.16	90	10	.11
18	100	10	.10	70	10	.14	50	0	.0
19	80	0	.0	60	0	.0	45	0	.0
M			.557			.696			.674
SD			.351			.593			.565

CHARACTERISTICS OF STUDENT-TO-STUDENT ABUSE

Service providers were asked to share their perceptions of how widespread was student-to-student abuse; in response, many describe some of the common characteristics of abuse that occurred between students. The majority feel that student-to-student abuse was a relatively frequent occurrence at residential school ($n=30/43$; 69.8%); however, some of them qualify this by adding that while student-to-student abuse was common it was not significantly greater than the high rates of abuse that currently take place in mainstream schools. Three participants indicate they are “unsure” ($n=3/43$; 7.0%) of how common this phenomenon was, and two express they do not think that abuse between students was very common ($n=2/43$; 4.7%). The remaining eight service providers are those that do not work with any clients who speak about this issue and do not comment in this regard ($n=8/43$; 18.6%).

Several participants share the view that “emotional and physical abuse... were quite regular... but peer-to-[younger]peer sexual abuse was far less common.” For example, one counsellor indicates that “by students it was more physical. I didn’t have any [clients] that reported being sexually abused by students; that was always by staff.” Although some heard more about bullying, others who have clients that were sexually abused by other students feel that these instances were also a common occurrence. One of these participants, an examiner for the IAP, comments on this issue:

The percentages are extreme. I don’t think a lot of people have heard of this to the extreme I have in working on the IAP... everyone I saw were abused by somebody, mostly by staff, secondarily by students... The minimum would have been one person attempting intercourse in the basement of the school, but they were still assaulted. The last person I saw who I talked to was a woman who said that 150 boys abused her over time at school. So it is everything in between. It was a very common phenomenon.

When speaking about the emotional and physical abuses that took place between students, many service providers use the term “bullying” to describe the behaviours. Most discuss how verbal bullying was an everyday practice

among students, which included “ridiculing,” “shaming,” “calling names,” and “belittling fellow students.” Physical bullying is also perceived to have been a daily occurrence. Although some recount stories of physical bullying that appear to have lasting impacts on their clients, a number of participants feel that the physical abuse by other students “just isn’t viewed the same way. I think it was more expected [like] the rough-and-tumble of childhood, even though it was instigated by staff treatment.”

Some service providers speak of how there were often a few older individuals who were the “main” bullies at the school, and these children were responsible for the victimization of a large number of students. A few participants imply that many of the children who were involved in bullying had displayed reactive responses to the continuous aggression and fighting that took place among students. For example, one participant indicates that *reactive bullying* or “reactive aggression” that their clients displayed was often elicited by “the anger, everyone fought. It didn’t matter who it was. They were angry, not because of that person [who was bullying them] but because of how they were treated. So pervasive anger was so destructive.”

In addition to the reactive bullying that took place, participants describe instances of proactive bullying in which these behaviours were used to achieve certain goals. In this regard, threats were often used such as “if you won’t do this, I’ll punch you out” or “if you do this, I’ll protect you.” The use of bullying to acquire food at school is also described, with many indicating that “some were abused because the older students would be hungry.” Another example provided is that “they would bully to get more food at meal time... where the younger kids would have to give their desserts or whatever to the bigger bullies.” Other service providers add that this also applied to their personal property:

They had so very little with them... [and their belongings weren’t] protected in any way by the staff. They would just put their jackets in a certain spot, and the older students would come and if it was a nice jacket [they would] just help themselves... and claim it as their own. There was no support for the younger one who actually owned the jacket to get the

jacket back. They would just lose their jacket... So it was not just with food, but with property and other things as well.

In line with the inherent power differential involved in bullying, the majority of participants either explicitly or implicitly make reference to such a power element. For example, many make references to how “the older ones would tend to dominate over the younger ones in different capacities.” This appears to be a cycle in which the younger students would often become bullies as they got older within the school. It is described as how some “talked about abusing others. But it wasn’t a big deal, it was just like, ‘We did the same when we got older, we picked on the little ones.’” In addition to the power differentials between the older and younger students, another participant mentions how ridicule was particularly geared toward the smaller or disabled students. In fact, some students appeared to be chronic victims, as one counsellor describes how a few of his clients “were targeted by the whole school.”

Also noted is how a group dynamic was often part of the bullying that took place at residential school, with a few participants using the term “gang” to describe how it was sometimes several students that “participated in an act of abuse.” Such instances of group-based bullying were often fuelled by “community rivalries,” and some were victimized “if you spoke a little differently or were a little different in terms of Anishinaabe culture.” As one participant who also attended residential school describes, “There were a lot of cultural differences, even in the residential school setting, which caused a lot of bullying... I’m not sure what to call it, but groupings, gangs sort of. They would congregate together and if anyone wasn’t one of them, they would pounce on that guy.”

Disturbingly, other participants discuss how, in some case, students would also be victimized sexually by a group or gang of students. For example, one participant “heard stories where multiple kids were abused by a priest together, then went on to do that on their own.” Although this comment also applies to physical and emotional abuse, another participant, who is an IAP examiner, notes that abuse conducted by groups of students together

was likely to get disorderly. In discussing other characteristics of student-to-student abuse, several participants state that sexual abuse is often committed in combination with bullying and threats in order to keep the victim under their control and silent. Also noted is how bullies would use physical threats to make girls or smaller boys perform sexual favours and that “because of the rigid gender organization of the schools, [it] was usually male-to-male or female-to-female child sexual abuse.”

DISCUSSION

Before discussing the estimates given by service providers regarding the prevalence of student-to-student abuse, it should be noted that this is only a crude measure based on their memory and ability to make valid and reliable estimates. It is also uncertain of what extent the variability is evident with respect to estimates of the type and frequency of abuse as a function of the perpetrator, aspects of the service providers, factors related to the part of the country their clients reside, or some other feature of the counsellor–client relationship. Nevertheless, the estimates provided suggest that student-to-student abuse was a relatively prevalent phenomenon in residential schools. The majority of service providers have worked with Survivors who spoke of peer abuse experiences, although some have not heard from their clients of having them. Varied responses are given regarding abuse being more or less commonly perpetrated by staff, but the majority agree that emotional and physical abuses were a daily occurrence perpetrated largely by those with bullying behaviours. Even among children who were able to avoid these conflicts, it appears to have been virtually impossible for them not to have witnessed such incidents. As will be described later, many Survivors did not seem to consider this ongoing aggression as “abuse,” which might explain why some service providers report having few clients discuss student-to-student physical and emotional abuse.

Consistent with the general literature on bullying reviewed in Chapter 2, participants describe how these behaviours were often elicited by provocation or as a result of their feelings of anger and frustration (i.e., reactive bullying). Others speak about how these behaviours were often

perpetrated in order to avoid assaults or victimizations from other students or staff and even to gain material or interpersonal advantages for survival within a context in which little protection was offered by adults (i.e., proactive bullying). Consistent with bullying in other contexts (as an example, see Boddy, Ladyshewsky, and Galvin, 2010), the few students who were considered to be the major bullies were responsible for much of the victimization within the schools. Sexual abuse between students is perceived to be relatively common and often perpetrated in conjunction with bullying behaviours and threats, although it is not necessarily described as a daily occurrence for all students. Additional characteristics of student-to-student abuse that are described include the presence of abuse perpetrated by groups or gangs of students, sometimes formed on the basis of shared cultural characteristics and community rivalries. This is also common within the context of bullying, and it has been suggested that the pervasiveness of bullying may be partly explained by group mechanisms such as social contagion and the diffusion of responsibility to others (Gini, 2007). As well, identification with a social group (e.g., cultural or gender group) have also been shown to influence children's reactions to and involvement in bullying (Jones, Manstead, and Livingstone, 2009).

CHAPTER 4

FACTORS THAT CONTRIBUTED TO STUDENT-TO-STUDENT ABUSE

Three major themes that relate to the perceived contributing factors of student-to-student abuse are identified, some of which are further broken down into sub-themes, although the issues discussed by participants are interrelated and overlapping. The themes identified as contributors to student-to-student abuse comprise the traumatic reactions, social learning, and normalization of abuse that occurred among residential school students as a result of being abused and witnessing the abuse of others; the lack of protective factors within residential schools that otherwise may have prevented some of the negative outcomes associated with their trauma; and the anger and frustration that students experienced at school as well as the need to feel a sense of power and/or control.

TRAUMATIC REACTIONS, MODELLING, AND THE NORMALIZATION OF ABUSE ($n=30/43$; 69.8%)

The majority of service providers indicate that perpetrators of student-to-student abuse were typically responding to their own abuse and trauma experienced before or at residential school and to the pervasive abuse they witnessed of other students. Both these factors contributed to an environment in which these behaviours were perceived to be normal and, in some cases, even encouraged by residential school staff.

PERSONAL EXPERIENCES OF ABUSE AND TRAUMA AT RESIDENTIAL SCHOOL ($n=23/43$; 53.5%)

Just over half of participants discuss how student-to-student abuse was promoted within residential schools through observing, retaining, and

replicating the abusive behaviours committed during their own experiences of abuse. As described by a participant, “it was not uncommon for the cycle to go around. In other words, for those who were abused, it was not uncommon for them to become abusers within the school.” In some cases, “the older students learned the abuse from the staff and were themselves victims.” In other cases, the behaviours were acquired from the abusive experiences perpetrated by other students. Exemplifying how social learning and positive reinforcement encourages student-to-student abuse, a participant who is also a Survivor recalls a story from their time at residential school:

He was a scrawny kid being bullied by a big boy, an older boy. He got really scared, frightened, and tired of being bullied by this one individual. He went to his friend and said, ‘Look, so-and-so is bullying me.’ And his friend said, ‘The next time you see him, punch him. Don’t just punch him lightly, give it all you got.’ And my friend thought, what kind of advice is that? But one day he saw his bully facing the other way, tapped him on his shoulder, and when the bully turned around, he gave it all he had. He knocked him to the floor. And guess what? The guy never touched him again.

Similarly, in discussing clients who were perpetrators of sexual abuse at school, one service provider mentioned that “most were also victimized by either staff and/or other students. They didn’t really make a connection between their abuse experiences and their own perpetration either.” Another counsellor recounts stories in which staff at the residential school “would rape young students who were just coming in [pause] once they were treated by the brothers [priests], the older students would then sequentially do the same thing.” Other service providers pointed out that the age of the children contributed to how they responded to their victimization:

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... probably about eighty per cent... 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.

ABUSE WAS A COMMON OCCURRENCE AND WITNESSED REGULARLY AT RESIDENTIAL SCHOOL (n=14/43; 32.6%)

According to approximately one-third of participants, experiencing abuse on a regular basis led some students to believe that it is a normal aspect of life, which in turn promoted the perpetration of these same behaviours among some students. 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 [Survivors] that simply thought, ‘Well, that is what you do with people.’” Furthermore, this effect is amplified when “the witness[ing] 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.”

Another participant describes the normalization of abuse in relation to both physical and psychological bullying, as well as with regard to sexual abuse. Some clients, who were perpetrators both during and after residential school, thought that “being sexually abused... some felt it was normal.” Again, pointing to the importance of early childhood experiences, “children learn what they have seen, heard, and experienced in their formative years and, many times, due to not knowing there is a better way, adopt/mimic the behaviour.” “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.”

EXPERIENCES OF ABUSE AND TRAUMA PRIOR TO RESIDENTIAL SCHOOL (INTERGENERATIONAL TRAUMA) (n=12/43; 27.9%)

Slightly more than one-quarter of participants suggest that this phenomenon was “a multi-generational effect. I’m old enough that I have seen three generations and how far back does it go... Some did start their early lives that way [in an abusive environment] with their families when their parents had been treated that way in residential school, and that is

how they knew to parent.” Thus, in some cases, children went to school having been already exposed to abuse as a result of their parent’s traumatic residential school experiences. Indeed, one of these counsellors indicates that, for many of their clients who admitted to perpetrating against other students in school, “their parents also attended residential school. These clients have a history and symptomatology that is very consistent with multi-generational trauma.” Another participant describes that “many of the people I worked with said their parents and grandparents had attended residential school... If their parents attended, they also experienced traumatic breaks in attachment, loss of trust, anger, anxieties, fearfulness, feelings of powerlessness and helplessness, and rage.” Likewise, because many Survivors had problems with alcohol after their school days, some of their children who subsequently attended residential school had fetal alcohol syndrome (FAS), “which makes you hypersexual and problems with impulse control, which makes you more likely to be an offender.” One participant sharing a personal experience of student-to-student abuse said that “the student who abused me, I’ve heard his dad’s name come up a lot [as an abuser in IAP hearings]. So the apple doesn’t fall far from the tree. To me, his father passed it down to him.”

PERPETRATORS WERE TAUGHT/ENCOURAGED BY STAFF

(*n*=10/43; 23.3%)

Just under one-quarter of service providers recount histories of some of their clients who described how the residential school staff would actually give permission to certain students to abuse others and, in some cases, was even encouraged. 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 counsellor 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.” Another participant shares a personal story of sexual victimization at residential 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.

A participant, who is also a residential school Survivor, describes the animosity felt toward certain men in the community who were bullies at residential school until he found out years later that these bullies “were called together by the brother [priest] and were told, ‘we’ll be good to you if you do these things to these people [other students]’” Other participants share similar stories, including those of clients who “indicated shame at not reaching out to the students who were *chosen* to receive the most abuse from other students,” as they did not have the power to help others “because the pecking order of the student body was significantly shaped by staff.”

Still, another provider, who has been involved with residential school issues for many years, states that these behaviours were not only encouraged by staff that worked directly with the students, but seemed to be systemic within the administration of these schools. Specifically, he came across old documents from one particular residential school that revealed “the older boys were having anal sex with the younger boys, and the younger boys were complaining.” This document subsequently indicated that “they solved that problem by admitting girls.”

LACK OF PROTECTIVE FACTORS IN RESIDENTIAL SCHOOL

(*n*=28/43; 65.1%)

A large proportion of participants feel that the lack of protective factors—including the lack of safety, the limited social support and proper education/socialization, and the lack of basic needs—also contributed to student-to-student abuse.

LACK OF SAFETY (n=19/44.2%)

Considering the pervasive abuse that occurred at residential schools, it is not surprising that many participants note how many of their clients described their continuous feelings of being unsafe and the negative effects this had on them. In addition to the overt acts of abuse perpetrated by staff, the generally strict atmosphere and random punishments contributed to continuous feelings of fear within residential schools. In this regard, some participants describe how these children “were terrified of the staff. He didn’t understand. They didn’t speak the language. They were being slapped around. You did not know what was required of them initially until they learn the language.” In addition, many service providers speak of the limited and insufficient supervision by staff, which provided many opportunities for abusive students to victimize others emotionally, physically, and sexually. As one participant put it, “safety was a huge issue in that students not only had to avoid adult perpetrators but other students as well.” 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.”

There was plenty of opportunity for student-to-student abuse to occur, but when children reported these experiences to staff, they were often ignored or even accused of lying. One counsellor describes how “there were supervisors who saw the bullies beating up a smaller student, and the supervisor didn’t do or say anything.” This also applies to instances where staff abuse was brought to the attention of school staff and administration:

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.

The lack of action from staff in response to the reported abuse and the threat of being punished for disclosing these experiences compelled and

taught these children to remain silent. According to some participants, student-to-student abuse was in part elicited because these children could “not be able to deal with issues in a safe place,” could “not be heard and [have] stories validated,” and had “nowhere to put their anger... [so] their anger was directed to the weaker.”

LIMITED SOCIAL SUPPORT AND PROPER SOCIALIZATION/EDUCATION

(n=13/43; 30.2%)

Roughly one-quarter to one-third of service providers refer to the detrimental effects of being separated from parents, families, and communities that deprived residential school students of valuable social support, which may have otherwise provided protection against the negative impacts of their trauma. Even among those who had siblings at school, most “weren’t allowed to comfort their siblings, or be with them... or talk to them. I know one girl who wasn’t allowed to talk to her brother the whole time she was there... I’m thinking of the impact that had on them too, they didn’t really have the support that they needed.”

Many participants speak about students that had supported each other at residential school, but it is especially significant that some also discuss how staff made it difficult for students to form trusting relationships with each other, particularly for those who were being abused and would have benefited from supportive relationships the most. For example, one participant describes how the staff would reward “ratting on your peers’ and punishing everybody if the guilty one failed to own up to their rule-breaking. These things made it difficult to trust other peers.” Of course, the abusive behaviours that occurred among students exacerbated this problem.

In addition, another participant points out that “being taken from the homes where family values of a certain calibre may have been taught, these students missed out and instead were raised very strict.” One participant, who also attended residential school, provides this explanation: “I think of the teachings of my parents and grandparents when they told us how they worked together on the trapline to survive and so on [pause] we did not do

that. We didn't talk to each other and work together [in residential school]. And now there is a breakdown of trust; the trust isn't there. I didn't feel safe. I couldn't trust. And it goes on to this day"

These children were not only deprived of learning positive traditional teachings of their ancestors, but they were also given mixed messages about what was acceptable and normal behaviour, often getting strict catholic teachings about sex by the same adults who were abusing them. In discussing this issue, one participant describes "that is what led to so many of the men that I saw not understanding that this really was bad. They were taught that in the school, but they didn't really believe what they said because they were being abused by the staff at the same time." Another participant who attended residential school also speaks of this issue in detail:

In a normal family setting, mothers and fathers have their role to discuss with their children things about puberty and so on. That was not normal for kids in residential school... My dormitory supervisor, the way he talked about that was that it was dirty. It was really very dirty. That is not the right approach when you're going through changes as a young adult... I think that some of the behaviours can be attributed to the lack of family practices, education, and awareness regarding the development of a young person. That played a role. That's a big picture that was missing... I remember some of the older boys going through puberty; they started getting hair on their bodies and that sort of thing... that was confusing at a young age... But if I was at home, my grandmother or my mother and father would handle those things in a natural way, in a loving, natural family. I think there's a certain element, a certain mis-education, that contributed to what we're talking about [student-to-student abuse].

LACK OF BASIC NEEDS (NEED TO SURVIVE) (n=9/43; 20.9%)

One-fifth of service providers highlight that, in addition to the widespread abuse at residential school, these children were often deprived of basic needs and had experienced severe neglect. As noted previously, bullying was used by some students to take food from others, which some participants feel was driven by the lack of food and nourishment provided. As well, the emotional neglect and lack of protection from abusive staff and other students put children in situations where they had to bully others to get

what they needed. According to one counsellor, “I believe that the overall atmosphere and general treatment by the staff perpetuated an environment that allowed and almost encouraged abuse, in that many students were expected to ‘fend for themselves.’” Another counsellor describes clients who bullied others at school often expressed feelings of guilt about their past actions, but also “feel like they didn’t have much of a choice but to be that way in school.” In referring to instances in which students were encouraged by staff to abuse other students, one participant comments that “these were the boys that complied to the demands of this supervisor and they did it only to survive.” Likewise, also noted is that “these kids were scared and trying to survive.” “When you are conditioned to survive, survival modes kicks in no matter what the situation, who the person is.”

ANGER, FRUSTRATION, AND THE NEED TO FEEL POWER/CONTROL (*n*=18/43; 41.9%)

A significant number of participants describe how residential school students were purposefully made to feel powerless around staff, which often resulted in intense feelings of anger and frustration. For example, children were given this sense of powerlessness from the moment they arrived at school as young children:

It happened right when they got there. They were told they were dirty... they were stripped of their clothes in front of staff and people you never met before... in an aggressive way, and cut your hair off, and make you put on different clothes, and give you a number. You aren't your name anymore, you are a number. They didn't care if the shoes they gave them fit... They were taught from the moment they got there that they were powerless. They had no alternative but to be subjected to whatever the staff were going to do to you.

Other service providers note how staff continued to demonstrate and maintain their power over children throughout their attendance. As mentioned earlier, some service providers describe how staff would allow certain students to abuse other students in order to establish a “relationship” with and maintain control over them. As well, even among those who were

not directly abused by staff, “witnessing staff abuse resulted in fear and a sense of powerlessness.”

The ramifications of these feelings of powerlessness are also discussed, which include subsequent feelings of anger, frustration, and the need to release those feelings. One counsellor explains that “because of the restrictive and abusive environments in the schools, the kids often were forced to identify with the aggressor, and displace [release] their hurt/anger on their [usually younger and weaker] peers.” Similarly, it is suggested that abusive behaviours might also have been elicited by the drive to feel a sense of control, as “powerlessness is a huge factor, the inability to do anything about their situation... Then when they were able to have power over someone else, like a younger kid, then they would hit them or steal their stuff so they could feel like they were in control of something.” It is likewise noted that “the children acted out their abuse on other children. This may be conceptualized as a wish to control and somehow [lessen]... the trauma they endured.” Several also mention the fact that these reactions would occur in any context in which children lived:

That is human nature. In any kind of situation like that, not just residential school... The students stealing the apple of the younger ones, at least for a couple of minutes it made them feel that they had a little bit of power over themselves and over their life. That's as far as they ever got in being able to claim any kind of power.

DISCUSSION

Based on the converging evidence emanating from the literature review and the prevalence of factors that might favour the development of abuse, it should not be surprising that various forms of aggression were present at these schools. These factors include the young age at which students were apprehended; beyond abuse, all were exposed to several experiences that constitute childhood trauma (e.g., emotional neglect, physical neglect, and parental dysfunction if parents also attended residential school). Cumulatively, these experiences have been linked with vulnerability to several negative childhood and adult outcomes such as aggressive

behaviour (Anda et al., 2006). Research on complex trauma suggests that general aggression and acting out sexually are both common childhood consequences, and these may persist into adulthood in combination with other negative outcomes (Cook et al., 2005). In addition, these behaviours would have been reinforced within the schools (e.g., food and avoidance of abuse by staff) and further encouraged by staff non-interference; seeing others commit the same behaviours without consequences and being viewed as normal behaviours among students. Furthermore, all of these factors would have been superimposed on family disruption and parental separation, which are thought to be important risk factors for sexual and non-sexual offending in youth (Seto and Lalumière, 2010).

Participants comment that many children might have been exposed to poor parenting and violence that was secondary to their parents' attendance at residential school. Importantly, the negative experiences of these children may have occurred prior to their own attendance, which might have contributed to aggressive behaviours they expressed while there (Haig-Brown, 1988). Indeed, in a representative sample of First Nations adults living on-reserve in 2008 to 2010, over half of Survivors had a parent and/or grandparent who had attended before them (Bombay et al., 2012). This raises the possibility that the phenomenon of student-to-student abuse may have increased over the years as successive generations attended; increasingly more students attending Indian residential schools provided an antecedent for experiences of abuse. Demonstrating the potential compounding effect of familial abuse and residential school experiences, Survivors of child institutional abuse in Ireland who were also exposed to abuse within their family environment had higher levels of dysfunction and trauma symptoms compared to those who were only abused outside of their family home (Carr et al., 2010).

The common occurrence of student-to-student abuse should be understandable when considering these behaviours commonly occur in contemporary mainstream schools. As discussed in Chapter 2, within mainstream boarding schools, bullying and sexual behaviours among

students are particularly high relative to the number of occurrences at day schools. Children in residential schools would have been at an even greater risk considering their exposure to numerous additional unique risk factors, such as the extremely harsh discipline and racism they were subjected to by staff, the lack of protection from staff, as well as the potential vulnerability due to their own parents' attendance. The lack of protective factors, such as the limited support they received, would have also contributed to poor outcomes (Matheson and Anisman, 2012). Research among non-Aboriginal children with high levels of trauma who lived in residential settings has similarly supported the observations provided by participants. Specifically, many children were acting out owing to their anger/frustration and need to gain a sense of control over their lives (Freundlich, Avery, and Padgett, 2007; Parkin and Green, 1997).

In effect, experiences of maltreatment prior to or in the early years of residential school attendance would have made children vulnerable to becoming perpetrators of peer abuse, particularly when considering the context surrounding residential schools and the conditions these children lived. After many years without intervention might have resulted in abuse becoming the norm, which is what participants have described. This self-perpetuating cycle continued until it was stopped, which did not begin until the 1980s.

CHAPTER 5

EFFECTS OF BEING ABUSED BY STAFF VERSUS OTHER STUDENTS

There are five interrelated themes identified in the responses of service providers that address perceived differences regarding the effects of being abused by staff. Survivors have that are relative to the impacts of being abused by their peers. The themes include differences in their emotional responses associated with abuse experiences, differences in memories of abuse and the willingness of Survivors to disclose their experiences of abuse, differences in the impact of the abuse on trust and social relationships, differences in the impact on identity, and differences in the impact of abuse on general personal well-being.

A very important issue that was raised by over a third ($n=15/43$; 34.9%) of the service providers was the fact that many Survivors who were victimized by other students at residential school continue to live in the same or nearby community as their abuser. This issue has many implications with regard to the effects of student-to-student abuse, and it was often raised in conjunction with the themes outlined above. For example, according to a service provider who has worked with hundreds of Survivors, “The main difference, in my opinion, between abuse by staff and abuse by other students is that many of their abusers are still living in the same community today, and the victims are faced with them, sometimes on a daily basis.”

EMOTIONAL RESPONSES ($n=25/43$; 58.1%)

Some service providers feel that there were no differences in the emotions elicited by being abused by staff versus student abusers. However, there are more participants who suggest that “abuse at the hands of a peer would

carry different meaning.” Participants who express this view either feel that student-to-student abuse had additional impacts relative to staff abuse or feel that Survivors abused by other students experienced similar emotions, but that these feelings are qualitatively different and evoked for different reasons. Specifically, they comment on the different and/or additional impacts that student-to-student abuse has in eliciting feelings of confusion among Survivors and their feelings toward their abusers. As well, differences are also perceived with regard to the effects on shame/self-blame, anger/frustration, and despair/hopelessness/helplessness.

CONFUSION AND FEELINGS TOWARD THEIR ABUSERS (n=13/43; 30.2%)

Between one-quarter and one-third of participants discuss the fact that Survivors who were abused by other students often reported somewhat different feelings toward their peer abusers compared to what was typically expressed toward the adult perpetrators who worked at the schools. In many cases, this was due to the fact that some clients recognized that “the other students were being abused themselves at school and this is where they learned to be perpetrators.” This appears to be the case for those who were not sexually abused by other students, as several participants indicate that “victims of verbal or physical abuse find it easier to find forgiveness with the other students because they feel they were a victim of circumstance as well, rather than an adult who is supposed to nourish and protect them.” This is also the view of another counsellor who observes that “it seemed as if the abuse of and by children made the experience easier to accept as part of growing up in a world of abuse. The anger and assigned culpability was directed primarily at staff abuse.” Most who recount similar stories of understanding and forgiveness are discussing clients who were abused emotionally or physically. One counsellor notes that even some that were abused sexually were “extremely forgiving of fellow students.”

Some Survivors understand that perpetrators of student-to-student abuse are also victims of the residential school system; in some cases, this recognition actually made it more difficult to deal with their abuse experiences. For example, several service providers describe clients who

were sexually abused by other students and had a particularly difficult time dealing with their feelings toward their abuser because they were experiencing “a lot of mixed emotions. It is very complex.” This complexity is exemplified in the personal story shared by a participant who describes experiencing “a lot of mixed feelings about guilt, shame, [and] anger” when he was confronting his staff abuser through the legal system:

All along as I was going through that, I kept thinking, what about the other abusers? What about the older boys that abused me physically and sexually? How am I dealing with that?... My staff abuser went to jail... [but] when I think of my student abuser, there is a difference with that. I don't know quite why or how, but it is a different in terms of... do I want him to go through the same thing [prison]? And I guess there is a hint of anger that comes out... and all of these mixed emotions and feelings come into this pot. And I question [pause] do I want to go there with him?

There are a number of participants who feel that those who continue to live in the same community as their abusers are particularly likely to experience problems with these issues of confusion and mixed emotions. For example, one counsellor states that, “I believe that Survivors who were abused by staff... often have less of a challenge dealing with their emotions, not to say it is easy however [for staff abuse], because they are no longer around.” Another participant notes that clients “being befriended in the community by people who had victimized them sexually, creating an even more complicated feeling. There is one person who I am working with who is very confused by this, and is confused as to why this person never mentions this.”

For some Survivors, living in the same community as one's student-to-student abuser not only creates feelings of confusion, but it also prolongs and intensifies their negative emotional reactions. This is described by a participant who shares personal experiences of being abused by both staff and other students. Despite still having negative feelings toward their staff abuser, “that level of anger, after many years of this, is more focused on him now because I see him [his student-to-student abuser], and it is just

something we have not resolved from our childhood... So there is that resentment and anger towards him. It's still there." Another participant points out that the additional difficulty in dealing with emotions stemming from student-to-student abuse is often greater if their abuser was a family member: "a Survivor who was sexually abused by cousin John Doe, who was an older student at residential school, may become so confused by this trauma." This issue is also raised by another counsellor who recounts how being abused by relatives also makes it extremely difficult to deal with the experiences of being severely bullied at school:

I was emotionally abused by one of my own relatives. There was a group of boys who all sat at one table [at school]. It was difficult. I hated my cousin and we lived in the same community. I said, 'Why is he like this?' And you put one and one together, and it turns out he was one of the boys who the brothers would tell to pick on others. So that was really difficult and I am still dealing with that today, even more than sexual abuse... The sad part is that after he left residential school, he would come back to the school... and he would come up to me and hug me and ask me how I was... I thought, 'What is going on here? This guy hated my guts'... Unfortunately he got shot that year... So I still have a hard time with 'How do I deal with this?' It still bothers me today.

SHAME/SELF-BLAME (n=17/43; 39.5%)

A significant number of participants discuss the common feelings of shame and self-blame experienced by Survivors who were victimized by other students, particularly those who were sexually abused. A number of them also indicate that relative to the sexual abuse by staff, their clients appeared to experience "a different quality of shame based on the sexual student-to-student abuse." Some feel that the shame experienced as a result of abuse by other students "was deeper and more intense" because "you see these abusers in the community every day." Others note that Survivors who were sexually abused by other students experience more shame because "self-blame plays a greater role" in these instances. One counsellor expresses that "Survivors who were abused by staff find it easier to place blame." Self-blame is also perceived to be likely elicited by student-to-student abuse because "the victims often felt they should have had more power to stop it than they

had with the bigger, older adults.” Additional reasons for why student-to-student abuse elicited particularly high levels of shame, such as the abuse being witnessed, are associated with certain characteristics that tend to be common among those who experienced student-to-student abuse:

But for the kids who were being abused [by other students] they were more ashamed because it was often witnessed by others. Someone else was watching it happen, and that was very shameful. Thinking of one case in particular, a young girl who was caught in the girls’ washroom by three boys. They raped her while the other boys watched, and she watched them watching. And that was very, very shameful for her.

Even for those who were not personally victimized, “the shame in student-to-student abuse was more around failing to support the victim.” Likewise, another participant recounts how a story shared by a client “elicited extreme guilt, shame, and self-hatred that the person witnessed the abuse of a friend, and was unable to stop it. When she tried to report [it], she was threatened with harm should she talk about it.” Even among Survivors who were not necessarily victims of student-to-student abuse, simply witnessing it resulted in extreme negative emotional experiences for many.

ANGER/FRUSTRATION (n=8/43; 18.6%)

Several participants mention that seeing former abusers in their community exacerbated feelings of shame in some Survivors was in relation to feelings of anger and frustration experienced by those who were abused by other students. In this regard, some counsellors remark how anger could be elicited by flashbacks that were triggered by seeing former perpetrators in one’s own community: “the abuse from staff is something that happened in the past, but a lot of the students who abused others are still in the communities where the victims also live, so it is something that recurs more often in their thoughts... it can be the case that someone who abused others in residential school is now in a position of power in the community... this brought a lot of frustration.” Another participant shares a personal experience of having to face their abuser and describes that “when I saw the kids in my own community as a young man and an adult, I couldn’t help but feel that anger.

‘You are the reason I’m like this.’” This participant also adds that experiences such as these are prevalent among Survivors. These opinions are echoed by a counsellor who, in responding to a question regarding the effects of this phenomenon, indicated simply that “everybody got angry.”

DESPAIR/HOPELESSNESS/HELPLESSNESS (n=9/43; 20.9%)

Regardless of the severity of abuse they experienced, a large majority of former students experienced feelings of despair, hopelessness, or helplessness. It is the view of a number of participants that their clients who were abused by other students often exhibited greater levels of these emotions. Some feel this is due to the fact that the abuse was committed by their own people. One participant notes that this is because “for the staff abuse, they could say, ‘Well, it is not us.’ But for the student abuse [pause] it was our brother, our sister, our uncle, our cousin. It was us. It was more despairing... and they had increasingly no hope, hope for anything changing.” Similarly, another participant feels that the effects of student-to-student abuse “were greater because the students often expressed that these experiences left them feeling hopeless and helpless to effect their own or others’ lives in positive ways.” Another participant shares this view by depicting the experiences shared by some clients:

They showed up at the school full of fear to begin with, thinking and maybe hoping that they would get some acceptance from the other Aboriginal students, acceptance at that level. However, when they didn’t receive that and were actually mistreated by their own people, it just intensified their fears and how they felt. Withdrawing within themselves even at a deeper level, and even faster. Feeling isolated and unprotected completely.

Discussed under the subsequent theme, many participants observe that Survivors who were abused by peers at residential school often found it difficult to disclose these experiences for various reasons, which is perceived to be an important factor in contributing to feelings of helplessness and hopelessness. The inability to disclose their student-to-student abuse

experiences is still a major problem, according to many participants, which has “brought a lot of feelings of powerlessness.”

MEMORIES OF ABUSE AND WILLINGNESS TO DISCLOSE

ABUSE EXPERIENCES ($n=23/43$; 53.5%)

Approximately half of service providers discuss differences in the rates of disclosure of abuse experiences in relation to the perpetrator. There are several participants who indicate that “Survivors are less reluctant to talk about physical and psychological abuse from the older kids.” According to one, “It was easier for my clients to speak of student abuse because they felt all students were in a common situation.” Other participants note that the way physical and psychological abuses from other students are viewed is different compared to these types of abuses from staff. As described by one counsellor, “No one spontaneously complain about being abused by other students until the question is asked. Then they said, ‘Yes, the older students would pick on the younger ones, and we did it too.’ They would steal their candy, they would knock them down. More like that.” Also, “they are very willing to talk to the student abuse, it was kind of an afterthought. It was [not] even something they consider talking about until I asked the question. I would ask if they were [ab]used by other students, and they really have to think about it.”

Some participants have clients who find it easier to talk about student-to-student abuse, although a greater number of them feel that Survivors are less likely to disclose these experiences, particularly with regard to sexual abuse. It is also noted that, if clients did eventually talk about student abuse experiences, “that comes out later in counselling.” For example, according to one counsellor, “they had more difficulty talking about students. They usually disclosed the staff abuse first, then invariably they disclosed student abuse if that was present.”

There are a number of perceived reasons why Survivors often find it more difficult to discuss student-to-student abuse. Several participants agree that student-to-student sexual abuse is more difficult for their clients to

talk about because it simply is not an issue that has been raised in relation to the history of residential schools. According to one participant, “it is a whole bunch of things. Part of it is that no one talks about it and no one has talked about it, except in an office setting to someone like me.” Also, when “their offenders are still in the community, that the victim still carries that and carries the secrecy about it. And it is not at the community level yet where they are addressing these things in within the community.”

Student-to-student abuse is not acknowledged at the community-level, and some service providers say “it may be more common than has been disclosed or reported during therapy and the IAP.” As explained by a counsellor who also attended residential school, “I have heard about student-to-student abuse for years because I witnessed it myself. But... I have not heard a whole lot about this issue [from clients] it’s usually a Survivor being abused by a supervisor. I would say a small percentage of clients disclose this.” The following participant draws on personal experiences in responding to this question:

I have talked [to] my wife, which is something I did not do in the early 90s. I talked to her about staff-to-student abuse. Because it was too difficult, I didn’t tell her until ten years later [about student-to-student abuse experiences]... So when I started talking about student-to-student abuse, then it all came forward. And for me to say that to her was a lot easier because we had already gone through it [by talking about abuse by staff]. So that may illustrate how that is going to move for me. Generally speaking, there is no right time or wrong time to disclose. I just feel that the time is right now to start talking about this issue.

The fact that victims of student-to-student abuse often live in the same communities as their abusers is perceived by many to be one of the major reasons why Survivors appear to have a hard time disclosing these experiences and why this issue has not previously been raised at a community-level in most places. Some feel that the mixed feelings some Survivors have toward their perpetrators is due to the acknowledgement that they were also victims, which contributes to this difficulty in telling others about what happened. This is described by a participant who feels

that, “It was generally more difficult for them to disclose about other students because of loyalty issues and the fact that they often still had contact with these people within our communities. In some cases abusers were living healthier lives and victims didn’t want to hurt them or their family now for ‘past’ wrongs.”

This may have been the case for some; however, there are more participants who observe that “victims of student-to-student [abuse] oftentimes feel less comfortable talking about it in case rumours surface and they have to re-live those moments when faced with their abuser.” Others note “that has come up in several communities where they were afraid to name the person because of fear of retaliation at the community level.” Similar fears appear to not only be perceived by Survivors but also by their loved ones, as “it has not been safe for people to make those kind of disclosures [of student-to-student abuse] in their own families and communities for fear of being ostracized and being told that they are lying and to stop making trouble.” Likewise, another participant describes dealing with personal experiences of student-to-student abuse, in which pressure was also present to not disclose the abuser:

In my earlier days of dealing with my own issues, one of the biggest barriers that I experienced was denial, denial from myself... You give yourself a reality check. Did this really happen to me? Well of course it did. But then there is your family [pause] my parents said, not directly to me, but indirectly, ‘Move on. Forget, forgive, and move on.’ You don’t do that, for me anyway, unless you deal with it. [Then there is] denial from former students, denial from your own community, denial from your abuser... So denial is a strong barrier that we need to get around... people are so afraid.

Some service providers recount stories suggesting that some victims of student-to-student abuse feel the need to deal with these experiences but simply do not know how. For example, a few counsellors describe cases in which “if they do speak up, it will happen under the influence of alcohol. Then they will have their big argument or violence will be present [pause] then they sober up and pretend nothing happened. So if it is addressed, it

is addressed when they are intoxicated and they don't address it when they are sober. And they get stuck, they are stuck there." This is echoed by another counsellor who feels that Survivors often do not disclose student-to-student abuse experiences because they "feel they don't have anywhere safe to go to talk about these issues. Or will anyone even believe them? Don't think they have a place to talk about this because they were told it was none of your business or be quiet."

Several service providers feel that the feelings of shame associated with student-to-student abuse is a major impediment for Survivors in terms of disclosing these experiences. This may have been the case for those who live in the same communities as their perpetrators, as these feelings can be activated over and over throughout their lifetime:

[If] someone more powerful than you comes and insists that you do something, you can talk about that a little more easily compared to if it was someone very close to your age or not that far off your age who was also someone from your community [pause] it makes it more difficult to talk about. They think that others will think that they could have done something to stop it.

This provider also feels that the shame elicited as a result of these experiences also "has a lot to do with confusion about sexual orientation," which causes many male Survivors to keep these experiences to themselves. Indeed, one participant shares personal feelings of shame because of being abused by a male student while at residential school:

I thought I was the only one [pause] I thought I was [gay]. All of my friends and cousins were getting married and had kids. Here I am, single... I thought, "Gee, what is wrong with me?" So I thought I was the only one until all of these processes started [i.e., CEP, IAP, TRC]. It helped people to realize that, "Heh, I'm not alone." Even then, a lot of our people aren't coming forward yet.

Other service providers comment on how it was not only individual-level shame that made it more difficult for Survivors to tell others about being

abused by other community members, which is likely reinforced by the messages received from their family and other loved ones mentioned earlier, but also a desire to avoid shaming their family and community by disclosing these experiences:

Survivors who are dealing with peer abuse issues are far less willing to disclose this abuse within therapy (reticent, stronger emotional reactivity), and are even less likely to disclose this to the AHF or within an IRS abuse claim. There is a desire to not further shame their own community or peoples and to not be re-victimized by any public acknowledgement of the peer abuse.

A number of participants note that “being abused by [a] student made it hard to come to a decision of filing a complaint because of the process of the IAP” perhaps this is because some Survivors may have been blaming themselves instead of blaming the residential school system. One counsellor recounts that “because I was doing the IAP applications... that’s where most of the information on student-to-student [abuses] came from. Quite a few talked about that because I need to ask it as part of the application... but nobody really reported anything until I asked.” Although some are still reluctant to talk about the abuse that occurred between students, there are a number of participants who positively note that “through the IAP, people are starting to disclose student-to-student abuse.” Another observes that “the IAP hearing process has created a forum for these people to, in many cases, find their ways out of the cells of silence they have been trapped in most of their lives. I am aware though that there are still many people who remain trapped.”

Some service providers feel that the rates of disclosure of student-to-student abuse are low because, in part, Survivors are sometimes less likely to remember these experiences in comparison to those from staff abuse. For example, one counsellor shares that, “During my father’s IAP hearing... he remembered another student sexually abusing him. For years, my father thought he was only sexually abused by one person [staff member], but as the panel were questioning him, he remembered there were in fact two

abusers [a student]... Maybe there are different effects from student-to-student abuse." Another participant suggests that because "this was a secret that they kept for years and had not felt safe to discuss. For this reason, they may be now only processing what happened at the hands of staff and have not yet remembered or acknowledged the abuse that they may have experienced at the hands of fellow students." These observations are consistent with those of this psychiatrist who describes how "a lot of people have repression of memories... and now they are talking about it and suddenly they remember a lot more than they wanted to." This participant also shares an incident that happened to a client:

I recently got a call from a family whose matriarch who was abused in school [pause] And we thought we had dealt with it... but then her sister [who was in school with her] said that she remembered her coming up out of the basement [at school] with her hands still tied behind her back. And she hadn't remembered that, so it was a repressed memory. And suddenly it is all fresh... that kind of interference with memory function happened more with the extreme levels of abuse, and that happened with abuse by students more than it did by staff.

IMPACT OF STUDENT-TO-STUDENT ABUSE ON TRUST AND SOCIAL RELATIONSHIPS (*n*=21/43; 48.8%)

A relatively large proportion of participants note differences in the effects of residential school abuse on trust if they were abused by staff or by fellow students. Some simply note the differences in levels of trust toward specific groups or types of people. For example, a number of service providers indicate mistrust that tended to be more present among clients, who were abused only by staff, were often directed toward religion, people in positions of authority, and toward non-Aboriginal people in general. In this regard, one therapist observes that "there are latent issues concerning non-native bias in these Survivors if their perpetrators were non-native," but if they were victims of student-to-student abuse, "some reported that they distrust[ed] First Nations people after the abuse." Indeed, this is depicted in a response given by a service provider who shared a personal experience of being abused by a fellow student:

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?" [pause] more of a let-down feeling.

Others recount similar stories from their clients, leading some to believe that "trust may be a bigger problem with students abused by other students." According to one therapist, trust would have been impacted more due to the sense of betrayal because "when you are all being abused by the adults in charge, the kids often expected their peers to be their only support." Likewise, another participant feels that the effects of student abuse are worse "because they were victims together. When a victim abused a fellow victim, trust was further eroded. Any feelings of safety should have been with other children. If children hurt their peers, this was very damaging." This was likely even worse in cases where their abusers were family members, as "family secrets go deep in your whole being. Creates not only mistrust with outsiders, but even more so with your own people, family... Effects [of student-to-student abuse] are same as staff abuse but goes [a] step further [as you can] not trust your own."

These observations are consistent with the views of a psychologist who spends considerable time working on issues related to childhood abuse: "The sense of betrayal is a really important dynamic... betrayal trauma seems to be more damaging than just sexual abuse... So looking at residential school... you are trusting your friend and talking to them about abuse, and then they abuse you also. That is a pretty big betrayal trauma." As well, the harmfulness of these experiences "depends on the amount of betrayal there. There is a complete correlation." Obviously, as noted by another service provider, issues with trusting others were greatest among those abused by both staff and students because "those who were abused by staff, they didn't trust old White men. But those who were abused by nuns, didn't trust them either. And those that were abused by older students, didn't trust them either. So by the time they were abused by everyone, they didn't trust anyone."

Not surprising, as a result of these issues with mistrust, victims of student-to-student abuse appear to be more likely to have had problems with various types of social relationships throughout their lives. For example, one counsellor reports that all of the clients who were abused by other students “reported to struggle to maintain intimate relationships and were also fearful of being along with another person.” Others indicate that student-to-student abuse was more likely to result in “attachment anxiety,” “social anxiety,” as well as a general tendency to be “withdrawn” and “isolated.” Some of the responses from participants suggest that Survivors could have difficulty in forming specific types of relationships (e.g., platonic or romantic) because of their abuser. For example, student-to-student sexual abuse often occurred between children of the same sex, and one therapist states that “victims of peer abuse, in particular sexual abuse, ended up experiencing problems in developing close same-sex friendships [pause] In fact, of all the student-to-student sexual abuse victims I have counselled, about 7 out of 40, none have any close same-sex friends because of the major trust issues involved.”

EFFECTS ON IDENTITY ($n=8/43$; 18.6%)

Several participants note that the lack of trust toward other Aboriginal people reported by some Survivors who were abused by other students “have direct implications for identity issues.” The explicit and direct negative messages students received from staff that their heritage is savage and dirty may have been reinforced by their experiences of student-to-student abuse. According to this psychologist, “I have people that are... experiencing internalized racism... Just like people who grow up Christian but are homosexual, they can grow up with internalized homophobia. They are prejudice against themselves.”

Other service providers discuss clients who struggled with their sexual identity as a result of their student-to-student abuse experience, as “it brought a lot of confusion about sexual orientation.” This was also the opinion of one therapist who had clients struggling with “additional fears of ‘becoming gay’ or sexual questioning, for example, ‘Did they come after me

cause maybe I am a lesbian or homosexual?” Likewise, another counsellor recalls working with a Survivor who suffered for years with similar concerns:

I remember one client who was also a good friend of mine. I asked him if he filed his IAP yet. He told me that he was never abused. I said, “Oh, you were one of the lucky ones.” Then about two years later he called me and I went to his place [pause] and he just broke down crying. He said, “I thought you were just being an a***ole, pushing me and pushing me. But I was hiding that I was abused too.” He was abused by another student and a supervisor. I let him cry and he said... “I thought I was a fag... And I was scared to say anything because I thought people would start calling me a fag.”

EFFECTS ON GENERAL WELL-BEING ($n=21/43$; 48.8%)

A range of responses are given with regard to perceptions of whether student-to-student abuse impacted the well-being of Survivors differently compared to the impacts of being abused by staff. The majority of participants who comment on this issue feel that the consequences are greater for student-to-student abuse, although some feel that the impacts of being abused by students were less severe or similar to those associated with staff abuse. In many cases, this is indirectly attributed to the implications associated with the fact that many victims live in the same communities as their perpetrators, as well as to the differences noted earlier in rates of disclosure and differences in the emotional reactions elicited by peer abuse.

[T]he experience of being bullied, being targeted by gangs of students... of being sexually abused at night by other students in the dorms... create all the same emotions as the staff abuse. However, the long-term consequences are paid out within the communities.

For the several participants who feel that the negative impacts were less severe when Survivors were abused by other students, “there was the belief that the commonality of the student experience minimized the impact of the abuse [by students],” according to one psychologist who works with Survivors that endured all types of abuse by both staff and peers. Another counsellor suggests that “the health consequences were higher due to staff

abuse of the students as the students were underage and completely at the mercy of the adult abusers.”

There are also a few participants who do not perceive any significant differences in impact as to who were the perpetrators and that the “consequences were similar.” However, some who share this view also make the point that “the emotions may have been slightly different compared to those abused by staff.” This is consistent with the view of one participant who is also drawing from personal experience of being victimized by a fellow student in residential school:

[F]or many Survivors, the easier part, and I say “easier” lightly, of dealing with the legacy it is the abuse that happened between the staff and students... The other being student-to-student abuse, now that’s really, really difficult because what happens is some of our student abusers are still alive, we work with them, we live with them in the same communities, we do business with them, they can be quite involved in the community.

In fact, this participant goes on to describe how one of the student abusers was married to an extended family member, which made dealing with past abuser experiences very difficult. This does not appear to be a unique experience, as there are a few other service providers who also mention that some of their clients have abusers as family members.

Other participants describe how their “clients suffered severe degrees of all of these emotions from the abuse they experienced. These feelings were more extreme [when] related to abuse by other students because they often had to face their abusers in our communities for many years after leaving Residential School.” Likewise, having to see their abuser in their community, according to one counsellor, “causes additional stress and increased incidence of flashbacks or triggers.” As noted earlier, some participants indicate “there were similar post-traumatic reactions to witnessing both staff and peer abuse with strong emotional reactions, although these appeared to have differed substantively, but not in severity, just different complexions and complexities.” However, because of the continued contact

with perpetrators in community settings, one participant notes that “in my professional opinion... the traumatic reactions to the peer abuse are more significant and difficult to treat.”

A number of service providers list additional reasons why they perceive student-to-student abuse elicits harmful or slightly different effects relative to the effects of abuse perpetrated by staff. The confusion and mixed emotions felt by those victimized by other students contribute to the difficulty in dealing with these experiences. For example, some participants report that being abused by a fellow student is more likely to elicit “a deep shame and self-blame reaction,” whereas those abused by staff find it easier to blame their abusers and/or the residential school system. As well, others note that the consequences also increase “because it is your own people with student-to-student abuse.” Feelings of hopelessness, helplessness, and despair that are experienced as a result of being abused by “their own people” are particularly detrimental to one’s well-being.

A number of the more specific problems common among victims of student-to-student abuse could have additional secondary effects that influence individual and community well-being, which could, in turn, reinforce the health and social issues that initially elicited them. For example, having limited social support as well as unsupportive relationships, particularly within one’s own community and family, could have significant direct effects on one’s well-being as well as indirectly promote poor outcomes. In this regard, one participant states: “one of the net results of this inability to form close friendships is that the females ended up in lots of abusive relationships with men and it was harder for them to get out of these, cause if you don’t have a close female friend, you get more isolated in the, for example, wife-battering relationship since there is no support for you.”

Having limited social support could contribute to domestic violence, and it was discussed how problems with PTSD and other stress-related psychological and physical health issues stemming from residential school experiences contribute to high rates of substance abuse in some

communities. For some who were abused by other students, one participant explains that “every time they see their abusers they would get flashbacks, which is difficult to live with. So they turn to substance abuse to avoid the severe flashbacks.” Another example is the high rates of Aboriginal peoples who are incarcerated, many of whom are direct or intergenerational victims of residential schools. This issue is exemplified by a participant’s description of a female client:

[She] was raped by 150 students. She also had time in jail because the next time someone attempted that [rape], she all but killed him and... went to jail for assault. How do we deal with that judicially? She probably should not have been in jail in the first place. She probably should have had other resources, but they were not there. And now that she has gotten treatment she has responded very well.

Also suggested by a couple of participants is that “it was those that were abused by other students of roughly the same age that tended to abuse their own kids thereafter.”

DISCUSSION

Certain characteristics associated with being a victim of student-to-student abuse in residential school are predictive of specific outcomes relative to experiences of abuse by staff. As mentioned earlier, a contextual factor that makes the issue of peer abuse within residential schools unique compared to other contexts, is that victims and perpetrators live in the same small communities throughout their lives. Having to see their abusers in the community is described as contributing to difficulties in addressing the emotional responses and traumatic stress reactions among victims. In turn, the prolonged consequences of student-to-student abuse are also perceived to have contributed to additional health and social problems for victims, such as avoidance coping and substance abuse, which are ineffective coping strategies.

Continued contact with the perpetrator is also implicated in almost every theme, such as the influence it has on the willingness of Survivors to disclose

abuse perpetrated by their peers relative to disclosing staff abuse. Factors impeding disclosure associated with victims living in the same community as perpetrators are similar to those raised in a study of non-Aboriginal victims of sexual assault living in small rural communities (Jamieson and Wendt, 2008; Logan et al., 2005) or living on the same college campus (Walsh et al., 2010). These factors include fear of retaliation from the perpetrator and/or their family/friends or their former abuser was a relative, a family friend, or in a position of power in the community. These and other factors that influence disclosure of abuse have significant indirect effects on one's well-being, as those who delay disclosure regarding both childhood and adult victimization experiences are more vulnerable to trauma and other psychological health symptoms (O'Leary, Coohey, and Easton, 2010; Somer and Szwarcborg, 2001; Ullman et al., 2007). As well, the unfulfilled desire to tell someone about their victimization experiences but feeling unable to do so has also been suggested to contribute to feelings of guilt, regret, and powerlessness (Gold in O'Leary, Coohey, and Easton, 2010). The feelings of being unable to tell others about student-to-student abuse experiences may have also been reinforced by their early experiences of disclosure to staff that resulted in unsupportive responses and inaction.

Although not necessarily related to living in the same community as their perpetrator, the increased or different qualities of shame elicited by student-to-student abuse is consistent with research suggesting that peer abuse is more likely to elicit self-blame (Zinzow et al., 2010), which may also inhibit disclosure of these experiences. Also, responses in the current study suggest that the hesitation to tell others about peer abuse has partially been attributed to the victim's perception that they should have been able to stop the abuse and to the anticipation that they had about others responding with the same blaming reactions (Sperry and Gilbert, 2005; Zinzow et al., 2010). Indeed, findings from a different study has shown that self-blame for childhood sexual abuse was positively associated with continued self-blame into adulthood (Filipas and Ullman, 2006). Further, reactions of shame and self-blame that appear to be elicited by abuse could also be related to various negative long-term outcomes, including depression, suicidal

behaviours, and trauma-related symptoms (Barker-Collo, 2001; DePrince, Chu, and Pineda, 2011; Feiring and Cleland, 2007). Importantly, there is evidence that self-directed shame associated with childhood sexual abuse has a stronger relationship with trauma symptoms when the abuse was perpetrated by minors (under 18 years) compared to adult-perpetrated abuse (Cantón-Cortés et al., 2011).

Several participants refer to research supporting the theory of betrayal trauma (Freyd, 1996) as relevant in considering the different outcomes associated with student-to-student abuse relative to outcomes of staff abuse. This theory posits that childhood abuse perpetrated by individuals whom a child depends on or trusts will be processed and remembered in ways that are different from that entailing abuse by others (Freyd, 1996). Most of the literature concerning betrayal trauma has considered the relationship wherein the abuse is an inherent aspect of betrayal given the perpetrator's relationship to the child (e.g., parental abuse). However, in the context of residential schools, a number of service providers describe feelings of betrayal experienced by Survivors who were abused by their peers. Social psychological research demonstrating that a shared sense of victimhood among members of the same racial group can automatically enhance trust toward in-group members, even when such trust is not warranted (Noor, Brown, and Prentice, 2008; Rotella et al., 2013). For residential school Survivors, the abuse by a fellow student might have been interpreted as a much greater betrayal. Although many did not trust the non-Aboriginal adults who worked for the school that forcibly removed them from their parents, some students did appear to have an early expectation or hope that they would be able to find support in the other Aboriginal students who were also struggling to adapt in their new environment. Whether this distinction was made consciously or unconsciously (or perhaps was not recognized by the client until years later), this distinction between the non-Aboriginal staff and their fellow Aboriginal students would be expected considering the lack of importance of culture and race within residential schools, coupled with the constant exposure to racist derogation.

For those students who expected to find support in their Aboriginal peers, having their trust betrayed may have exacerbated short- and long-term negative outcomes of the abuse perpetrated by other students. For example, perceived betrayal associated with childhood abuse by a relative has been linked to increased reactions of self-blame in both childhood and adulthood (Babcock and DePrince, 2012; Ullman, 2007) as well as to negative psychological outcomes (Cantón-Cortés et al., 2011) and disruptions of adult interpersonal functioning (Bensley, Van Eenwyk, and Simmons, 2003; DePrince, 2005; Gobin and Freyd, 2009). Of course, several participants also indicate that betrayal trauma would have also been present in instances of staff abuse, as these adults were supposed to be their caretakers and/or regarded as moral religious leaders. Indeed, this may have been the case for residential school students who had prior expectations of being adequately cared for or who were manipulated by staff into thinking they had a *special relationship*. The degree of betrayal experienced as a result of staff versus peer abuse may have been dependent on the prior expectations each student may have had with regard to whom they could trust.

Comments shared by study participants indicate that Survivors were more likely to forget instances of student-to-student abuse relative to instances of staff abuse, as this theory asserts that abuse victims may forget their abuse as a self-protective mechanism when a need for survival conflicts with their current reality (Freyd, 1996). Indeed, children in residential schools were not able to escape their student or staff perpetrators with whom they lived in close proximity for years. As a result, betrayal trauma may have contributed to memory impairment of the childhood physical or sexual abuse (Freyd, DePrince, and Zurbriggen, 2001; O'Rinn et al., 2012). In this regard, abuse-related memories may be affected through dissociative experiences that are elicited when betrayal is perceived (O'Rinn et al., 2012). Dissociation, which comprises "disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment" (American Psychiatric Association, 2000:532), is common during and following trauma and predictive subsequent traumatic reactions such as PTSD (Hulette, Freyd, and Fisher 2011; Ozer et al., 2003). For example, a significant relationship

was found between greater exposure to a variety of traumas and increased dissociative symptoms, which are higher among school-aged foster children compared to non-fostered children (Hulette, Freyd, and Fisher, 2011). There is also evidence supporting the view that dissociation serves to protect the child from fully knowing about the abuse and renders memories of the experience non-embedded (Bedard-Gilligan and Zoellner, 2012; Hardy, Young, and Holmes, 2009). If this were the case, as suggested by participants in the current study, impaired memory of student-to-student abuse at residential school may also contribute to the relatively low rates of disclosure compared to rates for staff abuse. Although dissociation has not been thoroughly examined in Aboriginal populations within Canada, a sample of youth living in a contemporary residential care facility had been exposed to high rates of trauma, and many of those were Aboriginal (21%), resulting in symptoms of dissociation that were just as high in number as the levels of depression and PTSD (Collin-Vézina et al., 2011:580).

Participants also suggest that being victimized by other Aboriginal students intensified feelings of despair and powerlessness, as many students abused by their peers were younger and weaker and did not have the power to stop the abuse, which was often perpetrated in the context of bullying, and they could not escape their abusers at school. From a developmental perspective, when a child's sense of security that is essential to his or her well-being is left feeling powerless or there is a lack of security, this may adversely impact social and psychological functioning and lead to long-term mental health symptoms (Allen et al., 2004; Hazzard et al., 1995; Filson et al., 2010; Ross, 2011). Adding to these negative consequences, many Survivors were still not able to escape their abusers when they both returned to the same community, and so these feelings of powerlessness continued.

The feelings of betrayal experienced by some Survivors abused by other Aboriginal students are consistent with another commonly discussed long-term outcome of student-to-student abuse, which is the reduced ability to trust other Aboriginal people. Major psychological theories such as Bowlby's (1969) attachment theory, Erikson's (1950/1963) theory of

psychosocial development, and empirical evidence (Sroufe, 2005; Poortinga, 2006; Nummela et al., 2009; Waters et al., 2000) have suggested that trusting and secure relationships early in life lays the foundation for healthier relationships in adulthood as well as good psychological functioning. Perhaps and not surprisingly, Survivors who were abused by other students are also reported to have difficulties forming healthy and trusting social relationships with others during childhood and into adulthood, which undermines the availability and use of social supports as a fundamental component of coping with stressors and an important determinant of health (Uchino et al., 2012).

As well, feeling that one is unable to trust members of their own group is also suggested to have potential implications for cultural identity. According to social identity theory (Tajfel and Turner, 1986), an individual's self-concept is, in part, derived from their membership in a relevant social group with racial/ethnic/cultural identity having a particularly strong influence in this regard (Haslam et al., 2009). Just as individuals can perceive the positive qualities of their group as positive reflections of themselves (Biernat, Vescio, and Green, 1996; Burkley and Blanton, 2005), in-group transgressions that evoke feelings of collective shame can result in in-group-directed derogation as well as hostile emotions and behaviours toward other members within a group (Piff, Martinez, and Keltner, 2012). This may be the case when the transgression confirms a stereotype about the in-group, such as messages from staff that Aboriginal people are savage and dirty. Having negative beliefs about one's group has also been related to other negative psychological and physical outcomes. For example, having low levels of pride in being Aboriginal is correlated with increased symptoms of depression among a sample of First Nations adults from across Canada (Bombay, Matheson, and Anisman, 2010). Furthermore, even sexual identity appears to be disturbed among individuals that had experienced sexual abuse by other students, which is similar to adult male survivors of sexual assault by men in other contexts who had frequently reported difficulties with sexual identity, sexual problems, and problems developing close and trusting relationships (Vearnals and Campbell, 2001).

Social identities can also be derived from socially constructed groups (Reicher and Haslam, 2006). Despite the conflict that commonly existed among students at residential school, participants also describe how many supported one another and formed “a solidarity between the people who were in residential schools” based on their shared experiences. Particularly in cases of emotional or physical abuse, some Survivors acknowledged that their perpetrators were also abused, which made it easier for them to talk about their experiences and to release the negative emotions associated with these incidents. This was likely beneficial, as letting go of negative emotions associated with past transgressions perpetrated by individuals or even by specific groups has been linked with improved psychological and physical health outcomes (Lawler-Row et al., 2008; Kaminer et al., 2001; Reed and Enright, 2006; Ysseldyke, Matheson, and Anisman, 2007).

However, it is likely that the potential benefits of acknowledging their shared experience of victimization depended on other factors. Disclosure was inhibited among Survivors who were angry and wanted to take action but felt guilty about the potential consequences for their perpetrator because they knew that this person had also been abused. These mixed emotions appear to be more prevalent among Survivors of student-to-student sexual abuse but are described in cases of physical and emotional abuse as well. The feelings of anger directed toward perpetrators experienced by some Survivors are reminiscent of those present among survivors of human rights violations in South Africa who were dissatisfied with their TRC process because most perpetrators did not come forward to make statements and continued to work and live as they did before (Centre for the Study of Violence and Reconciliation and Khulumani Support Group, 1998).

CHAPTER 6

EFFECTS ON SURVIVORS WHO WERE PERPETRATORS OF STUDENT-TO-STUDENT ABUSE

There are seven themes that cover issues raised by service providers regarding the effects that student-to-student abuse had on perpetrators. These comprise the normalization of abuse following residential school, guilt and shame, continued perpetration of abuse, anger and frustration, issues with power and control, disclosure of abuse experiences and perpetration, and general effects on well-being. Because these responses are primarily provided by the relatively limited number of participants who work with perpetrators, the proportion of participants who discuss these issues are lower compared to the themes raised from other research questions. However, this does not necessarily mean that these issues are not prevalent among Survivors.

NORMALIZATION OF ABUSE ($n=9/43$; 20.9%)

As noted earlier, the normalization of abuse is perceived by service providers to have been a major factor that promoted these behaviours at residential schools. Many participants who work with former students that abused their peers emotionally, physically, and/or sexually also note how Survivors often describe simply doing what they were taught and “didn’t really understand what the consequences were for the victim, even though they had been victimized themselves—so there was very little link between the two.”

Many feel that the fact many Survivors had been abused themselves is a major factor. For example, one participant observes that clients who “admit to being perpetrators were a part of constant fighting that took place with other students, therefore they too were abused,” and that these students were

often just reacting and trying to survive in a context of pervasive bullying, low trust, and lack of safety. Indeed, a few participants note that virtually all of their clients who victimized others at residential school had been abused themselves. In addition to those who were part of the physical and emotional bullying that took place, this also applies to perpetrators of sexual 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:

[T]hey 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.

Speaking more generally, another service provider feels that familiarity is a major factor in how “the abuse had been normalized so much” for Survivors who perpetrated against other students. 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.”

GUILT AND SHAME (*n*=14/43; 32.6%)

Many service providers discuss the harmful feelings of guilt and shame that were experienced by Survivors who admitted to perpetrating against others in residential school. Again, as a result of the normalization of abuse within residential schools at the time of their perpetration, “probably few feelings were felt by them as they did not know it was wrong and no [one] taught them it was wrong... As they reached adulthood they probably struggled with the abuse they did.” One participant indicates that many clients began

counselling with low levels of guilt and/or shame about their offending behaviours because it was normal for them, and it was “only through therapy did they start to feel these [emotions].” Likewise, other service providers indicate that “now that they are adults and essentially know right from wrong, they are aware that what they did as children was not morally right.”

Some participants report having clients who “have since apologized or wish they could apologize because they do feel shame and guilt over their actions as kids.” In some cases, however, these feelings are diminished for those Survivors who are able to acknowledge that these were learned behaviours and that “they were children themselves, and all they could do was move forward.” For other former perpetrators, many have also “suffered tremendous guilt and shame for their actions.” As noted by one participant working with Aboriginal inmates who are Survivors describes how their counselling would include sharing traditional teachings, which helped them to learn that their actions were wrong:

Then their remorse and shame really starts to come out. It is not until after they learn the teachings that they really understand that what they did was not right... Now some are going through a process where they want to apologize to who they abused and ask for forgiveness because they didn't know any better, to tell them that they thought it was normal.

Other service providers express how the guilt and shame experienced by these Survivors negatively impacted them: “mentally they beat themselves up and did whatever possible to either forget or do things throughout their life to make up for what happen[ed] in terms of making or working hard for [the] community.” Another counsellor describes how one Survivor admitted to perpetrating against another student and “didn’t want a support person in their POI hearing [for the IAP], I think because of these feelings of guilt.” Although the majority of providers describe how these Survivors suffered as a result of their actions as children, one participant raises the issue that “the exceptions may be those who are high on the psychopathy scale.”

CONTINUED PERPETRATION OF ABUSE (*n*=6/43; 14.0%)

Only a relatively small number of service providers raise the issue of a very troubling outcome that is observed among perpetrators of student-to-student abuse, which is that some continued to abuse after they returned to their communities. These perpetrators are primarily those who never received any guidance or resources to help them learn that abuse is not a normal part of life. Again, those who work with perpetrators who abused others after residential school attribute much of this behaviour to the normalization of abuse. One counsellor describes that some who were sexually abused “felt it was normal. So they eventually somehow became abusers. It became a continuous cycle.” Likewise, several participants note how former perpetrators would often continue to bully in their communities. For example, in this participant’s community, “our other chief councillor, he was in residential school and he wasn’t a good leader... To me, he bullied... I’ve seen that in the leadership.” The continuation of behaviours learned in residential school also applies to sexual abuse, which is described by this psychiatrist who recalls some male clients who continued as perpetrators after they left school:

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.

ANGER AND FRUSTRATION (*n*=6/43; 14.0%)

Feelings of anger and frustration are also perceived by some participants to be commonly experienced by Survivors who had perpetrated against other students. Some service providers mention general feelings of anger that are sometimes associated with their own experiences of abuse. One participant who works with offenders describes their experiences of abuse: “why they are angry [and] why they are doing life in prison. It stems from

things that happened to them in residential school by staff and students. Then when they mixed this anger with alcohol, now they are doing life in prison.” As well, Survivors who never receive help, are never punished for their offending, and continue to think abuse is normal are described as individuals who struggle with feelings of anger and frustration when they do eventually end up in trouble because they do not understand why they are in jail when their own abusers are never punished. One participant believes that if they had received the help they needed to recover from their traumatic experiences then their anger and continued offending behaviours could have been addressed properly: “If they get any help, and that is the difference, if they get help, they respond very well. But they don’t get the help very often. But when they do get the help, they can understand that, ‘Oh that is not how people behave.’ And they really had to learn that.”

ISSUES WITH POWER AND CONTROL (*n*=6/43; 14.0%)

Some service providers also mention the issue of power and control when discussing Survivors who were perpetrators of student-to-student abuse, with some simply noting that these clients tend to have control issues. Based on stories shared by clients and from their own knowledge of personal or familial residential school experiences, several participants indicate that former perpetrators take positions that give them power or control in the communities in which they live and/or work. “Because I’m a front-line worker so I’ve heard names and stories without questioning the client. Then you go to our leadership table, and oh that person’s name has come up [pause] almost every person around the table of our leadership are abusers.” It is likewise noted that it can be problematic when members of the band council abused and/or bullied other community members when they attended residential school.

DISCLOSURE OF ABUSE EXPERIENCES AND PERPETRATION

(*n*=7/43; 16.3%)

Service providers who gave responses that relate to the willingness of perpetrators of student-to-student abuse to disclose their actions were generally in agreement that “most [perpetrators] likely [do] not admit to

abusing other students.” However, this applies primarily to perpetrators of sexual abuse, as some indicate that bullying others in school, despite Survivors expressing remorse, often did not elicit extreme amounts of distress and that these behaviours were not typically viewed as abuse. Yet, among Survivors who were victimized and who subsequently became perpetrators of sexual abuse or very harsh forms of physical/emotional abuse, “they have been caught in a complex trap of shame and guilt associated with both acts [victimization and perpetration] and have found denial and silence to be their only viable response.”

For Survivors dealing with feelings of guilt as a result of their actions, it appears even more difficult for some to seek help from health support providers. This can be further impeded by fears of what could happen if other people found out. For example, one psychologist describes how “it took seven years before there was sufficient trust for people to start to talk about their offending behaviour. They have a lot of mixed feelings because *all* of these offenders were also victims.” The feelings of fear and anxiety experienced by these clients regarding what will happen if they admit to their offending are also likely to suffer from “chronic low levels of free-floating anxiety and fear.”

For these and other reasons, service providers describe how clients who perpetrated against other students would be able to admit that they were abused, but “the fact that they themselves abused others that comes out later. And they can’t really heal from being a victim unless they address their own offending behaviour.” It is the opinion of one therapist that many Survivors “actually offended against others when they were younger, and it is actually the majority.” However, several participants note that the small percentage of clients who admit to perpetrating against others in school is because “the majority are in denial about themselves and aren’t ready to take responsibility for their reality and truth about them being offenders.” This is attributed largely to the fact that this issue is still not being openly addressed in communities and, consequently, “there are not a lot of offenders that are standing up and healing and saying out in the public that, ‘I have offended

during that time in my school and have offended some of my brothers and sisters and I want to speak to that today and I want to apologize to those people' [pause] or approaching it in a traditional way either. We are not seeing that yet unfortunately."

GENERAL WELL-BEING (n=12/43; 27.9%)

One-quarter of participants feel that, although a variety of reasons were discussed, Survivors who victimized other students at school suffer from high levels of distress, including "depression, anxiety, and extreme mood shifts" and substance abuse. A number of them indicate that "many who were abused took their own lives." "The added burden of shame and guilt that they caused harm to their fellow students/victims" is perceived to be an important contributor to negative health and social outcomes for these Survivors. With the exception of some who may exhibit high levels of psychopathic traits, as discussed earlier, "many who are the perpetrators were abused themselves and carry even more of the double shame." In addition to the direct negative effects that guilt and shame may have on one's well-being, feelings of guilt appear to prevent some from seeking help because they feel they do not deserve to be helped or because they are not ready to discuss their own offending behaviour. As will be discussed further when exploring service provider perceptions of current government and community processes (Question 6), the IAP process also negatively affected perpetrators that were named in POI hearings.

Due to these individuals typically never receiving any type of positive help in dealing with their residential school experiences, "most became severely addicted to alcohol and drugs. Many are homeless and still practicing a violent lifestyle." The secondary social consequences associated with not receiving help obviously add to the negative consequences of these experiences. In other cases, service providers feel that the approaches communities often take when perpetrators do come forward or are identified are just as harmful. For example, in speaking to the negative effects of the normalization of abuse that occurred at a community level, one service provider relates, "The sense I got is that when an issue came up

[Survivor offending in the community], and they had to decide whether to run this person out of the community or punish this guy [pause] they would use the residential school experiences as an excuse.” This participant goes on to note that incidents such as these would often just be ignored and allowed to continue.

DISCUSSION

According to study participants, most Survivors who perpetrated against their peers at school appear to have internalized the norms of violence they grew up in. Indeed, exposure to community violence among non-Aboriginal children has been shown to increase violent behaviour stemming from the reinforcement of violent attitudes, problem-solving strategies involving violence, and alterations of cognitive processes that reflect a normalization of violence (Guerra, Huesmann, and Spindler, 2003; Osofsky, 1995; McMahon et al., 2009). Likewise, sexual offending among youth is also linked with moral deficits and victim-related cognitive distortions (Van Vugt et al., 2008).

The same factors that contributed to student-to-student abuse would also have conveyed to these children that their behaviour is normal and would have promoted the continuation of this belief. In this regard, participants who work with perpetrators suggest that most (if not all) suffered and witnessed multiple forms of chronic abuse by staff and/or students. As well, many were not punished for their offending behaviours, and some were actually rewarded by positive reinforcements (e.g., more food at mealtime or staff encouragement) and/or by negative reinforcements (e.g., reduced victimization by others). The continued perpetration of aggressive behaviours associated with altered violence norms are not unique to contexts involving collective trauma, but they are also likely to be more accepted within small rural communities in general (McDonnell, Ott, and Mitchell, 2010). Moreover, consistent with the relatively high number of participants who note that perpetrators were often affected by their parents’ attendance at residential school, research suggesting that intergenerational factors, such as parental child abuse and parental criminal history, are

associated with the perpetration of abusive behaviours in children (Duane et al., 2003), which raises the possibility that perpetrators may have had parents who attended before them.

The issue of religion was not a common theme raised by study participants, even though staff members were often religious figures. However, it may still be significant that chronic abuse might be particularly desensitizing to violence when committed by a religious figure. As described earlier and noted by a service provider in this study, when religious figures are responsible for abuse and the very same people who convey dogmatic Christian teachings regarding sex and sexuality, these teachings are not considered seriously (Grant, 1996; Haig-Brown, 1988; Milloy, 1999). In effect, the potential for religion to limit student-on-student abuse might have been undermined by the behaviour of the staff who committed similar acts.

Participants describe some Survivors that are able to acquire adequate support and begin addressing their problems, eventually learning that their abusive actions are hurtful to others. This is progress; but those who acknowledge it also commonly experience pervasive guilt and shame that negatively affects their well-being, an outcome that has been described in non-Aboriginal samples who perpetrated against others as children (Hardy, 2001). In combination with their difficulty in trusting others, guilt and shame can also exacerbate the difficulty that perpetrators of student-to-student abuse appear to have when seeking help related to their own abuse. Some Survivors appear to be ready to address their victimization but less ready to admit to their own perpetration, especially given the anxiety and fear regarding the potential repercussions of coming forward.

Unfortunately, those who did not receive the necessary support and direction after they left school continued to abuse others upon their return to their community. This appears to apply to both perpetrators of sexual abuse at residential school and those who bullied other children emotionally and physically. Feelings of anger, frustration, and silence associated with their own childhood abuse experiences are perceived to be linked to negative

social outcomes, including substance abuse and incarceration. For those who are in prison or in trouble for their offending behaviour, anger might also have evolved because they simply are unable to comprehend that their punishment is directly linked to their violent behaviour. As inconceivable as this might sound, their distorted perception of violence might be a reflection of misappraisals or a lack of understanding as to why they are in prison for doing precisely what they were taught by the White men at school.

Feelings of despair and suicidal behaviour are common in perpetrators as a result of their anger, shame, and guilt. One participant notes the exception to this are Survivors who might be high on the psychopathy scale, which describes individuals who are unable to experience empathy toward others, coupled with a resolute focus on their own self-interests. Only about 2 per cent to 3 per cent of the population is estimated to meet the threshold for being considered a “psychopath” (Goleman in Hare, 1993:70); however, “psychopathic traits exist on a continuum in the population” (Glenn, Kurzban, and Raine, 2011:372) and have been linked with childhood maltreatment as well as violence perpetration in adulthood (Gao et al., 2010; Gretton, Hare, and Catchpole, 2004; Swogger et al., 2012; Lang, Klinteberg, and Alm, 2002).

Several participants indicate that what might be relevant is that perpetrators of violence and abuse appear to be overrepresented in the leadership of some communities, an observation that has also been raised by others (Green in Collin-Vézina, Dion, and Trocmé, 2009). In this regard, individuals with psychopathic traits are often found to take on leadership positions within social organizations and corporations, possibly because of their ruthlessness and fixation on personal power (Babiak and Hare, 2006; Boddy, Ladyshevsky, and Galvin, 2010).

These outcomes that appear to be typical among perpetrators are particularly sad and unfortunate considering that when they do receive appropriate help, they improve significantly. However, obtaining help seems to be uncommon due to the lack of available help and the additional

barriers that prevent perpetrators from coming forward. The continued denial and/or silence among perpetrators may be further promoted by the hesitation of victims and other community members to come forward and speak out about the perpetrator's behaviours, which was perceived as allowing these types of behaviours to continue. Equally ineffective and detrimental has been the other common approach of driving offenders out of the community without addressing their health and social problems.

CHAPTER 7

COLLECTIVE EFFECTS OF STUDENT-TO-STUDENT ABUSE ON ABORIGINAL COMMUNITIES

In addition to the descriptions service providers provide regarding the negative effects that student-to-student abuse had on individual residential school Survivors, many also discuss the collective effects this phenomenon has on Aboriginal communities. Five major themes are identified to be relevant to the collective effects of student-to-student abuse on communities: violence and abuse, relationships, silence regarding residential school experiences and outcomes, effects on leadership, and general community well-being.

COMMUNITY VIOLENCE AND CHILD ABUSE (*n*=14/43; 32.6%)

Approximately one-third of service providers discuss the high prevalence of violence and abuse that exists in many Aboriginal communities and its links to the residential school system. One participant expresses this opinion: “Having worked in [a] community as well as a treatment centre, I’ve heard and seen many issues amongst our people and believe that this history of violence and abuse [in residential school] is a big core of our issues today in community.” Similarly, a psychologist indicates that the “people that were abused as children . . . some continue to abuse their whole lives. So the abuse rates in First Nation communities are astronomical. I’ve worked in a number of First Nation communities in Yukon, Northwest Territories, British Columbia, Saskatchewan, and Alberta. It is a residential school legacy.” While these comments are referring to the impacts of the general residential school experience, others note the specific links to student-to-student abuse. For example, when asked if they heard about the issue of student-to-student abuse, one participant responds by saying

they heard about it from “community members who were later abused by these former students.”

Some participants express particular concern regarding the role that residential schools have played in promoting sexual abuse within communities. In referring to the community they work, one therapist notes that “There is a lot of sexual abuse here... a lot has to do with residential school experiences.” Indeed, a number of participants describe how, in some cases, “This abuse continued within our communities from the same abusers.” Other service providers share stories of how this abuse is also being perpetrated against and spread to the next generations who did not attend residential school:

The reserve that I worked on for many years, two brothers who grew up in residential school grew up to be pedophiles. They sexually abused hundreds and hundreds of women on this reserve... They [clients] would go, “Oh yeah, I was sexually abused.” It would be by these two brothers. The next woman would come in and say, “My daughter was sexually abused,” and it would be by these two brothers. So these two brothers abused four generations of women... These brothers are quite elderly, they are old men, and they are still abusing children. The people are upset of course. It impacts them tremendously. They don’t want this to happen but they still say, “I know why they are like that. I went to the same residential school. I went through the same stuff. It is just that I was able to stop and they weren’t.”

This account not only highlights the continuing sexual abuse in communities but also how it is often allowed to continue due to the normalization of abuse and the silent recognition that these behaviours stem from residential school. A similar account is described by a participant who worked for a community school board for many years:

As an example, a little kid comes into my office saying the young bus driver is a pervert. So digging into it a little deeper, yes he is a drunk and shouldn’t be driving the school bus. He had been climbing into the windows of some kids’ houses and assaulting them and it is not being reported. When the bus driver’s parents came to talk to me about it, they tell me that I should have leniency on him because he had been abused

by the community members who went to residential school... there was knowledge in the community about what happened to this kid. I even had people say this to me, "We learned this at residential school. The priests and the teachers did this... and they told him to do it." So there are those type of underpinnings and comments... moving to the default position that it is "not our fault, this is what we were taught was normal"... That was the perspective that I got from this.

A disturbing yet candid observation made by a psychiatrist who has spent most of his career working in Aboriginal communities touches on the lack of response to abuse in communities as well as the sexual abuse that continues in communities by Survivors who abused others during residential school, which would often be perpetrated in the same manner as what happened at school:

In some communities, the downstream effects of the male Survivors of abuse in residential school is when they get home. They pick a young girl and they share her among three or four of them. And she is sort of captured... they use her repeatedly. And other people in the community know about it. So she is ashamed, and they are not. They are not even stigmatized by it. It is just all her problem. Their families of course become enemies. Then there are the fights between the families. In a recent case, we have an unsolved murder in one of our communities... the RCMP simply say he disappeared [pause] so it is a family feud and yes that does happen. He is the only example of a... murder, but there is certainly lots of fighting. Community and business dealings are made difficult. And yes, that certainly happens in a lot of other communities as well.

The previous account raises another issue discussed by other service providers, which is violence and verbal abuse among community members are eliciting the effects of the continued abuse by former Survivors in communities:

I've seen and I've heard about of a lot of the abuse elsewhere and in my own community [pause] where adult Survivors now prey on children. I've seen that happen. And the retaliation and the reactions from the community, it creates a really explosive situation, to the point where I've

seen deaths... I think a lot of the violent deaths that happen are somehow linked to their childhood in residential school.

Community violence as a result of Survivors abusing children and women was directly related to student-to-student abuse that occurred between community members during residential school. For example, one service provider describes how their own experiences and reactions in dealing with the long-term effects of being bullied at residential school are often similarly described by his clients. The service provider recounts physically attacking a cousin after both had left a local bar because the cousin had bullied this individual and others during residential school. When the cousin asked why, the individual responded: "you never thought about that when we were in residential school when you were bullying me." When the service provider told a client this story, the client had "said the same thing happened to him. This guy always threatened him and scared him." The client similarly approached their former bully in the same community and threatened him the same way that the bully would have threatened at school. Another service provider describes how violence could even be provoked because "they would have a flashback and they would go [to another community member], 'you remind me of the guy who sexually abused me, so I am going to get my boyfriend to beat you up.' It is just a lot of lateral violence."

Other service providers touch on issues relating to why and how the abuse that occurred at residential school continues within many communities. As presented earlier, participants attribute much of this to the normalization of abuse and violence. Acknowledging that the prevalence and consequences of student-to-student abuse is unknown, one counsellor says that "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." Specifically referring to the continued sexual abuse perpetrated by Survivors following their residential school attendance, one participant partially attributes this to having their traditional values replaced by what they learned at school:

The communities were positive and had all of their rights and rituals for sex and marriage. And it was when they went to residential school and were separated from those things, and they learned in school that sex was just a way to enjoy themselves, no commitment and no loyalty. Then this went on intergenerationally, so it continued on-reserve... So the chiefs were like the priests, the chiefs teaching the younger men, and then these men teaching their victims and it seemed to be unstoppable and common knowledge.

Speaking more generally to the long-term effects of residential school on the perpetuation of abusive and violent behaviours within communities, a psychiatrist quotes one of his clients describing the current unhealthy state of some of today's Aboriginal communities: "first they turned us into monsters, then they turned us loose." This service provider feels that this client's statement was extremely accurate, noting that "both were the case, that they mistreated the kids so badly, then sent them home at fifteen, that they were just little monster teenagers."

COMMUNITY RELATIONSHIPS ($n=23/43$; 53.5%)

Related to the violence that occurs between community members as a result of residential school, approximately half of participants speak about how the abuse by staff and other students negatively affected relationships within communities in general. For example, several note how "family feuding, fighting, and hating, yes, it was very common," and that "there is much violence practiced, unhealthy living, broken families, lies told, and no trust." In many cases, the "long-lasting break in relationships" is perceived to be specifically linked to student-to-student abuse mainly because of how it elicited "deeper shame and fear that is triggered constantly within the community." One counsellor shares how this phenomenon

leads me to think more about how people are treating each other in this present day and time. There is a lack of empathy for one another, people are taking advantage of each other and, as we know, the survivors who received monies [CEP and IAP] have been taken advantage of and further abused... I can see how students would turn on each other given their experiences. Aboriginal peoples today continue to turn on one another.

Similar observations and views are shared by a participant who is a Survivor:

We are dealing with family dysfunction, family fights in different parts of the community, and so on. Why is that? Why do we as Aboriginal people often tend to be mean to one other? Whether it's lateral violence, gossip, rumour, backstabbing, and even outright anger, sometimes leading to deaths, violent deaths. Why is that? I think you can make linkages to what we've been talking about [student-to-student abuse].

A relatively large number of participants discuss the impact that residential schools have on the ability of Survivors to trust others, both in their ability to trust non-Aboriginal peoples and their capacity to trust each other. In addition to the detrimental effects this has on individual well-being, many service providers also comment on how this relatively common inability to trust negatively affects the collective well-being of communities as well. A number of service providers feel that being abused by staff is particularly likely to inhibit trust toward authority figures, religion, and non-Aboriginal peoples in general. As well, abuse by other students is perceived to have contributed to difficulties in trusting other Aboriginal peoples. One counsellor, specifically referring to the impact of student-to-student abuse on trust, feels that it contributes to “more mistrust in communities among leadership, families, and friends within the community.”

One service provider feels that the number of Aboriginal peoples who were abused by other students at residential school and at such a young age

is something that has had a long-lasting impact within our communities. So that is something that is very present today, a lack of trust within ourselves too. We are not trusting the world, but also, not trusting each other either. We still see that today, and I'm sure that started at that level. So you are not able to have healthy relationships. You are limiting yourself to embracing that core belief, and as long as you are living with those negative core beliefs, the chance of you having a successful relationship is very much reduced.

This participant feels that the sense of betrayal brought about by student-to-student abuse affected the ability of some Survivors to trust others,

which eventually translated to widespread trust issues at the community level:

It is really different living here where you see it. You can actually see the lack of trust. The backbiting and storytelling... they are stuck in that... So there is so much sadness here it is unbelievable. Although I didn't have any who reported being sexually abused by other students, it would make sense to me... that trust would be just as affected by being sexually abused by other students. The last one they could rely on is abusing them.

In addition to the lack of trust, other participants describe how "they don't trust each other and they talk about each other like crazy... would talk about others and what they did at Residential School." Examples are provided by others, such as how "some Survivors have also talked about perpetrators in community, making statements like, 'He was abused in Residential School, that's why he's like that now.'" Another counsellor provides this explanation:

A few of our Survivors are still around and we'll start talking about the bullying and general things. We'll say, "Oh yeah, so-and-so was such a big bully. Here is what they made me do." So it really impacted a lot of our Survivors... and more so because there were about five bullies who were from the small community that I come from.

Furthermore, because victims and perpetrators are still living in the same small communities, participants describe how "student-to-student abuse has caused many family feuds" and has "affected them... in terms of not trusting, plotting revenge." Another issue that is raised several times is that "there is huge anger toward people that get things, that have the power on the reserve," and that the "differential of power and control" that existed within residential schools "continues within the community relationships."

The continued bullying that takes place among adults and the younger generations is discussed by several participants and is in line with their suggestions that the abuse that occurred at residential school often continued in the same form once Survivors returned to their communities:

[I]t is the bully system that pervades the reserve still... The chief came into our staff meeting with a shotgun and set it on the table; it was definitely a bully system among the children and the adults. I mean, a drunk guy comes with a shotgun to a meeting?... I found there was quite a lack of empathy for people who were less able, except if they were really, really disabled. I don't know if bullying is worse [in Aboriginal communities], but I think so.

Similarly, one counsellor talks about how residential school staff taught them how to negatively treat each other:

[I]t 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 beget more abuse. Bullying was only one form of it. And today we see this in First Nations schools.

Another participant recounts how "I know at school, kids who were darker got called... [names] and got beat up a lot... bullying in the community was really tough... I would be amazed if all of that wasn't intergenerational." Also noted is that, like in residential school, "bullying was common and kept the abuse silent [pause] and still does in the communities."

In contrast to these descriptions of bullying that appear to be common in some communities, a participant who attended residential school recalls how communities used to work together before the residential school system was put in place:

When I think about my own community, it wasn't too long ago when people still operated on the clan system. Certain clans responsible for certain things; everyone had their own different roles and function [in] the community. But the system broke down and families began to feud. Where did that come from? I think a lot of it came from residential school.

**SILENCE REGARDING RESIDENTIAL SCHOOL EXPERIENCES,
CONTEMPORARY VIOLENCE, AND ABUSE WITHIN COMMUNITIES
(*n*=15/43; 34.9%)**

As evident in responses addressing other research questions for this study, participants agree that the silence surrounding the abuse that occurred within residential schools is widespread throughout the communities. This phenomenon of silence is obviously attributed mostly to the difficulty that many individual Survivors still have in discussing their experiences:

It appeared to me that it was difficult for both, for them to talk about abuse from the teaching staff and their peers... There was just always a reluctancy and a hesitation and a lot of emotion present when it came time to talk about either of those scenarios... It is not a conversation that happened in their own families... It was very difficult for them to even put words to it. So it was an extremely sensitive and difficult experience for the Survivors.

This is also described by a counsellor whose family was intimately impacted by residential school and who felt that the lack of communication regarding this issue is contributing to the continued problems faced by many Aboriginal communities:

In order to heal we have to be able to look at the past and some people are stuck because the past is too painful to look at. The silence around residential school, I hope and wish will stop for the betterment of our people. I have witnessed most Survivors not able or willing to share with a White counsellor or family to what has happened. Being a child of a Survivor I know the value of what telling the truth of history in one's family means.

In addition to the silence surrounding residential schools, other participants also note how sexual abuse, in general, is typically not addressed or spoken about in communities:

Up until very, very recently, and we are not still fully there... it is not safe to have a conversation about sexual abuse. You can have a conversation about physical violence and emotional trauma, but it has been unsafe

within our communities, and with the community at large, to even be able to talk about sexual abuse. It is something that... would never even hit any big meeting agenda. Even in group forums, if people would speak up and start to disclose about their experience of sexual abuse, quite often the facilitators of the group would shut them down out of their own fear of being involved in any kind of legality surrounding it. So there has been so much fear, uncomfortableness, and denial around sexual abuse that it has taken all this time to even get to a place where people are willing to even discuss it or to make a disclosure of it with respect to the recent compensation process [IAP]... It was very difficult for our Survivors to begin to disclose their sexual abuse experiences. It would have been the first time they have even talked about it with their lawyer and those that participated in the individual hearings. So it is very at the beginning stages of being an acceptable conversation.

Although many communities still suffer in silence in relation to their residential school experiences and the continuation of sexual abuse in communities, there are a number of participants who feel that the CEP, IAP, and TRC processes have made it easier for many to talk about their experiences. As noted earlier, a participant who works as an IAP examiner feels that the IAP hearings provide some Survivors an outlet to disclose their past experiences of abuse. A service provider who attended residential school agrees with this view and feels that many who still have not disclosed their abuse experiences are those Survivors who were abused by other students, and this specific issue has not been addressed publicly or within communities:

I think student-on-student abuse is disguised, it's a monster. And nobody really knows how to deal with that monster. Some people have courageously brought the monster to the surface, and then the monster disappears. But you don't know what it looks like, you don't know how to deal with it, what the issue is, the depth of it, and so on. You don't know how that monster continues to spread its bug of harm, of hatred, of abuse into our communities and our families today. And nobody has dealt with that in a meaningful way because it is just that, a monster. People are afraid of a monster. I think that is why it has taken so long to even get to that stage of acknowledging it.

Another participant also expresses his view that it is more difficult for Survivors who were victimized by other students to come forward with their experiences of abuse because the discussions surrounding residential school have focused on the abuse from staff only: “We had a TRC event here... and one person spoke about another student abusing them... then I had a couple of people approach me saying... ‘Hey, I’m not the only one [pause] I thought I was and I was the only one and was scared to come forward.” According to a psychologist, Survivors are less likely to talk about their experiences of student-to-student abuse because “there has been clearer stories and understanding of the staff and organizations of the schools as being the perpetrators and First Nations peoples being the victims. This schema is challenged by the acknowledgement of student-to-student abuse occurrences.”

A factor perceived to contribute to the greater reluctance among Survivors to make disclosures about student-to-student abuse is “there is considerable shame and trauma associated with peer-to-peer abuse given that people continue to live in communities with their former abusers or victims.” Indeed, another participant describes how this made it difficult to deal with personal experiences of being abused by fellow students:

The staff-on-student abuse is the easier of two evils, so many people have done that [disclosed]. And that’s the bulk of the losses. But... in my own journey, I was abused by three older boys. Two have died and one is still alive. So how do you deal with somebody who is passed on? And many people are in that situation. I haven’t actually confronted my abuser, the one that is still alive. I don’t know how they would respond. And I haven’t gone there... [it] is preventing us from talking to anybody. It’s preventing me. I don’t know what’s going to happen. He did that to me [pause] and how to even begin to say that.

In addition to the fears associated with telling others about being victimized by fellow students, participants note that other community and family members also contribute to the silence regarding these issues. One therapist speaks of one of the healing gatherings held in their region had resulted in suicides for a number of communities, so “the families are in fear

and are walking on eggshells” and do not want to bring up these issues. Likewise, another counsellor notes that many who had perpetrated against other students are not being encouraged to come forward, which is also contributing to the continued silence:

Unfortunately we are not there yet, in this territory at least. So it is still that “under the carpet,” secretive kind of feeling in the communities about that... So, for the most part, the offenders are still in denial about being offenders. And the elders, unfortunately, because of their own fears and knowledge of how damaging that is, still protect the offenders. So the offenders hide behind that protection, and that enables them to live in denial and pretend it didn’t happen and that they didn’t do those things.

Sadly, another psychologist shares a similar view, but further notes that the secrecy surrounding sexual abuse is now allowing this negative behaviour to be passed on intergenerationally, as illustrated in this situation that occurred in a remote community:

Elementary school kids were sexually abusing each other on the playground, in empty classrooms, and washroom during recess. It’s endemic. I had this grandma come to see me who sent her three year-old grandson to daycare. Three months later she catches him sexually abusing his one and a half year-old brother. So she checks with the day care to see if there was any acting out, and they just said, “No, no everything is fine.” She brings the three year-old to see me. Well I happen to know the day care staff are not supervising them enough. I had eight other referrals from students that started sexually abusing others after they went to this day care because the kids were abusing each other at the day care. The day care staff and the school don’t see it or don’t face it because to see it is to admit what happened to them also, so they just put on blinders.

When asked what should be done to address the issue of student-to-student abuse, a psychiatrist who spent much time working in Aboriginal communities and with residential school Survivors responded:

That is tough. One of the things that needs to happen is the research that you are doing saying that this actually happened, we have talked about people who know about it, we are aware of it, and we know there has been

downstream effects that are still there today. How do you get that to the community? It is very difficult... I think it is that sort of public issue that needs to get out in some way. And then the next step is dealing with it at the community level. And that is even harder.

Others also do not know what the best way is to address the issue of student-to-student abuse, but at the same time they feel very strongly that something needs to be done in order to promote healing within communities:

Now that the residential school legacy is on the table for discussion in government and churches and what have you, even though it is very difficult to talk about, it has to be... When I first brought the subject out, there was that sense of denial. And it may not even be that sense of denial but a question of what exactly we're dealing with. And we have to approach it carefully... You could link it to more family violence, lateral violence, anger, suicide, there are all of these possible things that you can link it to. The large part that I talk to some of my colleagues about is that we have to do it [address the issue]. It has to be done. In many of our communities that is the root cause that there is so much upheaval and dysfunction in people's lives and their communities... and I think we have to find the courage to get past it for the next generation.

EFFECTS ON LEADERSHIP IN COMMUNITIES ($n=9/43$; 20.9%)

A relatively small percentage of participants note that many leadership roles within communities are held by former Survivors; and for those who have not properly healed from their traumatic experiences, their unhealthy and negative behaviours could largely affect community members because of the influence they have. In speaking to this issue, one participant quotes an elder who said that "in residential school, we were not taught to be leaders, we were taught to be followers. So that is what we still do." Several participants also note that "we have a lot of unhealthy Survivors still. Like a lot of our leadership. I've never seen them deal with themselves even though they will hold health positions." Likewise, one counsellor raises the issue that many "elders are not healthy themselves," although they traditionally play an important role in Aboriginal communities. This participant feels that because many of them had attended residential school, the issue of

student-to-student abuse is not being addressed and “there is nobody that, in an authoritative way, is standing up and empowering the victims.”

More specific examples are provided by some service providers, including one who recalls working in a community in which “Survivors then became teachers in their home community, of course their role models for how to be a teacher were from residential school. So that is how they behaved. And so those kids were subject to the same stuff that their teachers had been a generation earlier in residential school.” Several also describe problems in communities where the chief and/or band council members are Survivors who had not yet healed from their residential school experiences. For example, one counsellor indicates how some clients share that, “when they came to their IAP hearing, they wouldn’t name the person because they were afraid of retaliation because their abuser were now in leadership positions or a head of a program that the individual happens to utilize. Many would simply refuse to say the name of their abusers.” A couple of participants describe instances where “perpetrators became leaders and continued to overpower and rule with fear over community members they abused as children.” Others speak about the consequences associated with having unhealthy Survivors in positions of power, in which “a community will have a chief who is a pedophile, and no one can do anything about it because he is the chief. He has all of the power; he has all the jobs and drives a pickup truck, and makes the decisions about where the money goes. It is very incestuous in the money and politics way.”

Other participants describe cases in which community leaders were former bullies during residential school and that these Survivors would appear to seek out such positions of power. After describing the bullying that occurred at residential school between students from different cultural groups and communities, one service provider who also attended goes on to say that “in my area today, those differences that happened in residential school happen here. As a result, you can see sometimes at chiefs meetings and leadership meetings... and it may not be sexual abuse, it may be physical or other types of abuse that happened... but that bug is

still a hindrance in our relations.” Another participant describes how the bullying that took place at residential school “looks different now” but is still present in communities:

[It is] the unhealthy mindset of “take what you can get while you can get it.” You see the financial inappropriateness in our communities of using family influence to get voted in as chief... then “once I’m chief, I’m only going to hire my family for the job, and I’m only going to support my family for education, and I’m only the people I like are going to get help with medical travel”... So there is a lot of nepotism and financial abuse in the communities... People think, “I’m only here for two years so I’m going to do what I can in these two years to secure my family”... If they were healthy people and did their healing before taking an authoritative role like that, there would be a different outcome for the community overall. So as long as that kind of thinking remains, again, we can’t trust each other. It is such an emotional thing when it comes to elections. People are so desperate to get in that there is bribery now... Chiefs are paying off their band members fifty dollars a head to vote for them and that kind of garbage. For me, in my experience of witnessing so much throughout the years, it all boils down to the need for healing. Until people do their healing, we are not going to have that good quality of life within our families and within our communities.

GENERAL COMMUNITY WELL-BEING ($n=12/43$; 27.9%)

Almost one-quarter of participants convey their perceptions of how residential schools influence community well-being in general. As related earlier, in some cases the effects are perceived to be associated with the significant proportion of community members dealing with either the direct or intergenerational consequences of their own or their family members’ residential school experiences. Based on observations from living and working in several communities, one participant feels that it was those who suffered more extreme forms of abuse from either staff or other students were less likely to have dealt with their traumatic experiences, which contributes to a continuum of problems in communities:

The bullying, the sexual abuse, the favourites, and the trust, it is all just pervasive... I did notice that those who were doing well had taken advantage of their education, weren’t drinking, they would be on the

school board and work tirelessly to try to make the school better. I don't have any clue whether the "bad guys"... whether this was due to the fact that they were abused... But I do know that all of the people who seemed to be trying their best they seemed to have gotten through the residential school experience with less trouble. And those that I interviewed that talked about being abused, they reported being in and out of trouble.

Other service providers note consequences that are specifically related to the large number of Survivors who were abused and later returned to their communities and to their unhealthy behaviours that impacted subsequent generations. According to one counsellor,

Today, we have many Aboriginal individuals who experience little or no self-worth and are unable to cope with the expectations of society on any level. There is little difference in the abuse by staff and/or other students... The mental and physical health of many Aboriginal students is extremely vulnerable... [in part because] many Survivors are reluctant towards practising acceptable parenting skills.

This participant went on to note that because of their negative experiences at residential school, Survivors were sometimes not likely to enforce school attendance with their children and were not likely to encourage post-secondary education. A number of participants also mention how "many children of Survivors reported negative long-term effects of their parents' experiences or their parenting abilities."

Other participants suggest that one of the major communal impacts of residential school is the continuing high rate of abuse, which makes it extremely difficult to heal from residential school experiences and from negative experiences that some children of Survivors had to endure early in life. One psychologist notes that "the impact of chronic stress, PTSD, or complex PTSD doesn't talk sufficiently about the impact [of residential schools]. Because with PTSD, you get trauma and then it ends. But with First Nations trauma it is never-ending. So what do you do when it never ends?" Similarly, another participant describes a general scenario faced by some clients, which emphasizes the continued exposure for many

Aboriginal peoples to various types of stressors, both within communities and off-reserve:

So little Mary-Jane who is seventeen years old who was being sexually abused by her uncles and by these two brothers. So she was being sexually abused since she was eight. And her boyfriend who was also sexually abused would also date-rape her as well. So she says, "That's enough, I'm leaving this reserve." So they would go to the nearest city. They wouldn't have any place to stay. So many would stay with relatives who were typically living in the poor parts of town or the inner city. And the racism that they are subjected to is so severe. So now they have a choice: "OK, I can go back to the reserve to get away from this racism, but then I will see my offenders, and every time I see my offenders get flashbacks. And it is horrible to live with flashbacks so I can't really live with them, but I also can't stand the city because I'm not used to all of this racism." So a huge percentage end up turning to drinking or drugs, which, again, is what the research shows; any fireman, police, vet, or anyone suffering for PTSD for any reason, within a year, it is likely that they will have comorbidities with depression anxiety and/or substance abuse.

As reported earlier, some service providers did not think that student-to-student abuse contributed to greater or different collective effects relative to effects from staff abuse; however, others feel that this phenomenon uniquely contributes to certain community problems. For example, one participant's personal experience of being abused by another student is left with feeling that the commonality of experiences like this has a detrimental effect on community well-being:

"We still live in the same community dammit!" that's how I was feeling. I think that is so prevalent in many, if not all, Aboriginal communities that were directly affected by residential schools. And then you sort of translate that into questions like: Why do our kids behave the way they do? Why do people take their lives? And I think it is directly linked to this.

The effects that student-to-student abuse often have on community well-being are perceived to be indirectly due to its impact on community violence and abuse and its negative effects on the quality of relationships and leadership within communities, as "these issues exacerbate mental

illnesses such as depression and certain PTSD symptoms and/or anxiety disorders.” Some participants point out that the reactions of Survivors and those intergenerationally affected to their initial trauma could make these individuals more vulnerable of becoming re-victimized. As noted earlier, because many Survivors find it difficult to form trusting relationships with others as well as lack social support, these issues make it more likely for women to get involved in abusive relationships and more difficult for them to leave these situations. One psychiatrist describes the high prevalence of abuse has more direct impacts on one’s well-being in which the inability to trust anyone is a major factor that contributes to despair present in communities and states, “the suicidality gets worse with the spread of abusers.”

Other participants feel that many of the negative health consequences of student-to-student abuse are primarily due to the increased difficulty many Survivors have in disclosing their experiences relative to experiences from staff abuse, which contributes to and is exacerbated by the lack of acknowledgement of this phenomenon at the community level. One counsellor expresses how “holding onto this toxic event in their mind has caused different illness physically. Chronic back pain, headaches, et cetera. I am a believer that we attain in our bodies what has happened unless we find ways to release, which most Survivors... has not released all this trauma.” A similar point of view is shared by another counsellor:

I am a believer that, as long as our people are carrying around this trauma and secrecy, and feeling that they have to hold that themselves, that is where a lot of our people are becoming physically sick. There is a connection between our emotional and physical well-being. People are physical unhealthy. There is all this arthritis, high blood pressure, diabetes, ulcers, all of this internal stuff. Also there are illnesses attached to their addictions because they have been using their addictions to numb and cover up their emotional problems; now they are battling these physical problems. As these people start to heal and allow themselves to work through their trauma, it is amazing how much their physical problems go away.

When this participant was asked if facing the issue of student-to-student abuse will help communities heal, the reply was: “That is a part of it. We can’t just do parts of things, we need to embrace everything. We need to feel safe to be able to look at everything, and to be able to feel comfortable and safe to talk about everything. That [student-to-student abuse] is a part of it for sure.”

DISCUSSION

Participants have varying views regarding whether student-to-student abuse elicits different effects on each Survivor relative to those provoked by staff abuse; however, all who comment on the collective impacts of this abuse agree that it contributes to the collective health and social problems faced by many Aboriginal communities. In some cases, certain issues identified as being common among communities are linked specifically to a history of peer abuse at residential school. In other instances, the negative impacts attributed to student-to-student abuse are mainly associated with the fact that Survivors who were victimized by other students often continue to live in the same or nearby community as their abusers. For some of the community problems that are linked to the residential school system, student-to-student abuse is perceived to contribute to these negative consequences simply by increasing the number of Survivors who were abused and who returned to their communities burdened with the effects of these traumatic experiences.

Two of the most commonly discussed themes are the high rates of violence and child abuse within Aboriginal communities and the relational aggression that appears to be prevalent within community relationships. Certain aspects of each of these problems are considered to be consequences of the residential school system in general, but there are also specific outcomes uniquely linked with either staff or student-to-student abuse or both. For instance, the continuation of child abuse and its transmission to subsequent generations may stem from the victimization perpetrated by staff and other students. However, instances of community violence that occur between former students as a result of their student-to-student abuses

are obviously unique to this phenomenon. Similarly, student-to-student abuse is described as playing a role in fostering family feuding and gossiping.

The difficulty that many Survivors have in trusting fellow Aboriginal peoples also appears to have a particularly strong relation to student-to-student abuse, which many participants feel is evident at the community level and is being passed on to the next generation. As described in Chapter 2, feuding, gossiping, and other in-group-directed behaviours are characteristic of lateral violence, which is a form of relational violence thought to be promoted within oppressed communities. Indeed, the issue of lateral violence has been described among oppressed groups such as other Indigenous populations (Australian and Torres Strait Islander Social Justice Commission, 2011) and even in different contexts such as the nursing profession (Sheridan-Leos, 2008). These unsupportive relationships within Aboriginal communities have important implications, as community trust and social capital are connected to beneficial effects on overall communal well-being (Beaudoin, 2009; Kim and Kawachi, 2006; Kim et al., 2006). An additional related factor observed by some participants that might be expected to have a large negative influence on communities is the leadership often being highly involved in such unhealthy community behaviours and relationships. As noted by others in discussing Aboriginal communities, living on-reserve in which perpetrators take on positions of authority could result in feelings of powerlessness, fearfulness, and silence among those that have been victimized (Green in Collin-Vézina, Dion, and Trocmé, 2009).

Also noted in earlier chapters, individuals who endure childhood abuse and other victimization experiences typically have difficulties in discussing these incidents. However, as well as being reported in the current study, low rates of reported abuse are thought to be an even greater problem in Aboriginal communities due to factors such as mistrust of White agencies and service providers, fear of being ostracized by families, shame and guilt, and concerns with confidentiality (Collin-Vézina, Dion, and Trocmé, 2009; Greenfield and Smith, 1999). As well, issues relating to stigma regarding sexual abuse

and assault, as well as fear from retaliation from the abuser, also seem to be a greater inhibiting factor for disclosure in rural communities in general (Alston, 1997; Logan et al., 2005; Lewis, 2003; Wendt, 2009). Furthermore, research conducted in other contexts suggests that this difficulty can be intensified in cases of collective trauma exposure in which “a conspiracy of silence” can emerge and spread throughout the community, which further inhibits individual disclosure (Danieli, 1998:4; Nagata and Cheng, 2003; Pennebaker and Harber, 1993; Wiseman et al., 2002). Indeed, many residential school Survivors rarely discuss their experiences with others, including their children, which likely impede individual, familial, and communal healing.

Anecdotal evidence found elsewhere (Reimer et al., 2010) as well as responses provided in the current study suggest that communication may be improving, although it is suggested by some participants that this progress applies primarily to experiences of staff abuse, as student-to-student abuse remains to be an issue of silence. In addition to factors, such as self-blame, that appear to inhibit student-to-student abuse disclosure, participants feel that the lack of acknowledgement of this phenomenon also contributes to the individual and collective silence that continues to exist. Several participants further state that addressing student-to-student abuse and encouraging supportive discussions about this issue is a necessary step on the continued journey of residential school healing.

Consistent with problems affecting residential school Survivors (Corrado and Cohen, 2003), even without the added element of racism, the pervasive effects of early complex trauma within religious-affiliated institutions have also been documented among non-Aboriginal adult Survivors of child abuse who exhibit high rates of PTSD, substance abuse problems, and mood-related disorders as well as sexual problems and a history of criminal behaviour (Fitzpatrick et al., 2010; Wolfe, Francis, and Straatman, 2006). In the context of residential schools, however, generations of families within small communities were exposed to early complex trauma. This might result in increased aggression and silence within communities and might also be expected to result in a number of additional community health and

social problems due to the range of pervasive consequences associated with childhood complex trauma.

Prospective relationships have been observed between childhood complex trauma and various outcomes in adulthood, which include deficits in educational achievement, low socio-economic status, poor mental and physical health outcomes, suicide, substance abuse, prostitution, criminality, violence, and aggression (Gilbert et al., 2009). Indeed, residential school Survivors are at a greater risk for a variety of concurrent problems associated with complex trauma and are perceived to be widespread in many Aboriginal communities (Söchting et al., 2007). For example, Aboriginal peoples in Canada and elsewhere are likely to engage in patterns of binge drinking (Thommasen et al., 2006; May and Gossage, 2001; Huakau et al., 2005), which has also been associated with a history of child abuse and neglect in both Aboriginal and non-Aboriginal samples (Hamelin et al., 2009; Shin, Edwards, and Heeren, 2009).

While the additional social problems that often accompany community violence might stem from early childhood maltreatment, as evident in the responses depicting community conflict stemming from student-to-student abuse in which alcohol was often involved, they might also contribute to perpetuating the cycle of violence. In both Aboriginal and non-Aboriginal populations, substance use and dependence in adulthood was associated with experiences of childhood adversity, including maltreatment and witnessing violence (Whitesell et al., 2009), as well as experiences of victimization or perpetration of violence/maltreatment as an adult (Kunitz et al., 1998; Yuan et al., 2006). As well, youth who drink alcohol appear more likely to be involved in or to injure others in physical fights (Swahn et al., 2004). In adults, binge drinking is related to domestic violence perpetration (Connor et al., 2011) and alcoholic consumption is associated with violent injuries (Macdonald et al., 2005).

Paralleling the progressive link from childhood to adolescent to adult aggression, described in Chapter 2, late adolescent problem drinking is

associated with problem drinking in adulthood, particularly binge drinking (McCarty et al., 2004), and binge drinking in adolescence is linked with alcohol dependence in adulthood (Jennison, 2004). This progression of substance use can then be transmitted to the next generation (Schmidt and Tauchmann, 2011). Although it cannot be concluded that binge drinking and its consequences can be traced back to residential school attendance or to the abuse experienced there, it does seem likely that these experiences or their effects might have served as a contributing factor in this regard. In fact, intergenerational trauma is suggested to be the root cause for the contemporary high rates of binge drinking in other populations that have been historically oppressed (Coll et al., 2012).

Other common health problems, such as a vulnerability to depression and related feelings like hopelessness, have been proposed to be linked with historical trauma (Bombay, Matheson, and Anisman, 2011; Yellow Horse Brave Heart, 2003). In the current study, despair, helplessness, and hopelessness are identified as contributing factors to student-to-student abuse and as an outcome for Survivors. Demonstrating the interrelationships among these collective consequences, high levels of hopelessness and depressive symptoms in a sample of Aboriginal youth are positively associated with binge drinking (Stewart et al., 2011). In agreement with participant views in the current study, additional contemporary problems such as high rates of Aboriginal youth suicide are thought to be linked to residential schools as well (Kirmayer et al., 2007; Wexler, 2009).

This is not a focus of the current study, but additional characteristics of the residential school experience may have contributed to aggression and social problems indirectly by promoting secondary stressors such as social disadvantage. This is likely relevant for communities affected by residential schools, as the cultural and familial structures of communities were often compromised when children were taken (Lafrance and Collins, 2003). The disturbed cultural and familial functioning of these communities would have been further degraded when Survivors returned bearing the trauma of their experiences. As well, the inadequate education received by Survivors

in residential school no doubt contributed to their decreased likelihood of completing high school (Bombay et al., 2012), which is a factor related to childhood aggression (Tremblay et al., 2004). Levels of aggression in children are also linked with their own educational experiences (Welsh et al., 2001). Unfortunately, having a parent who attended residential school is associated with learning problems and other difficulties among Aboriginal children, which accounts for their increased likelihood to be raised in low-income and overcrowded households that struggle with food insecurity (Bougie, 2009; Bougie and Senécal, 2010).

As previously noted, greater levels of cumulative early life adversity among children of Survivors appear to result in greater exposure to various forms of trauma in adulthood, which could contribute to their increased risk for depression (Bombay, Matheson, and Anisman, 2011). This might have been due in part to the continuation of low socio-economic status across generations. In fact, it was recently reported that over 75 per cent of mothers living in First Nations communities had at least one parent or grandparent who attended residential school, and close to half of all mothers were trying to raise their children with household incomes under \$20,000 (Smylie et al., 2012:428). The cycles of aggression and violence, substance abuse, and socio-economic status comprise complex and dynamic processes, and it is as if multiple intersecting circles exist that relate to early life experiences and the transgenerational transmission of trauma. The evidence suggests that residential schools contribute to the establishment of these and other circles; and these circles reinforce each other's continuation across generations. In fact, higher rates of exposure to various forms of trauma reported by adult children of residential school Survivors and Aboriginal adults without a familial history of residential school attendance are partially accounted for by a greater exposure to various forms of parental abuse and neglect and household dysfunction (Bombay, Matheson, and Anisman, 2011). Some of these synergistic health and social problems might be partially attributed to the residential school experience in general, although the current findings suggest that student-to-student abuse also contributes to these problems in unique ways.

CHAPTER 8

CURRENT GOVERNMENT AND COMMUNITY RESPONSES

Participants were not directly asked about their views concerning government and community responses regarding student-on-student abuse and its consequences. However, due to the relatively large proportion who spontaneously raised important points and ideas in this regard ($n=13/43$; 30.2%), their responses are explored and analyzed here. It is possible that more participants would have shared their comments if asked this question directly, as just under one-third of service providers offered their views on the subject.

In particular, a number of participants who commented on the IAP observe that this process facilitated disclosure of student-to-student abuse. Despite having many service providers indicate that Survivors appear to be less willing to disclose their experiences of student-to-student abuse to family, friends, as well as their counsellors as indicated earlier, several of them, including those who support Survivors going through the IAP and those who work as IAP assessors, feel that “this is changing a little bit with the IAP hearings. They can be quite healing for some who were sexually abused by other students because it gave them the opportunity to come out and talk about it.” However, this process is not able to address all of the barriers that Survivors face in disclosing student-to-student abuse; a number of participants describe clients who did not feel they could take part in the IAP because of their continued contact with their abusers and of their fears of retaliation if they disclosed their abuser’s identity.

In addition to some Survivors feeling they could not take part in the IAP, additional IAP-related negative effects are discussed. One therapist describes

how “the process of completing the IAP, speaking to lawyers, and attending the hearings resulted in massive, significant triggering of traumatic memories. Many described the process as having to relive the nightmare of the experience.” This issue is also described in detail by another participant:

The process [IAP]... has re-traumatized people so badly. A lot of people wish they never applied for it because it has retriggered PTSD so badly. It has been handled in such a psychological re-traumatizing way that it has caused a rebound reaction. I think that the way it is done makes all of the difference. They are ready if it is done in a particular way, but... the timing all depends on how it is done... People need to work through it and they need information. It is just really complex.

Another participant highlights one of the most troubling aspects of the IAP:

Survivors were in a position of having to prove what they were saying. So it was bad enough that this was something they had buried for the last fifty years. But then having to dig that up and have to disclose to these people who you are meeting for the first time, it was a lot of fear and emotions attached to that. Some... just couldn't do it.

The IAP not only negatively impacted many who were victimized at residential school, but the process was also traumatizing and distress-provoking for those who were named as perpetrators, most of whom were also dealing with the repercussions of their own victimization experiences. One participant recounts how they had anticipated that this would be a significant problem before the process began:

I first heard about this issue when I started this position as a resolution health support worker [RHSW]. The reason I heard about student-to-student abuse was because, during our training, we were told that we would be attending “persons of interest” [POI] hearings. When I was being trained and informed about this type of hearing, I had asked how this process works and was told the POI receives a letter in the mail about being named as an abuser. That had concerned me because I know this type of information is serious, and to have it come in a letter without any support can harm a person emotionally and psychologically.

Another participant describes how a client shared a particular incident at residential school in which the client retaliated because of being a bully's target for several months: "I just blew up, punched him and kicked... and I never felt sorry." This service provider goes on to describe how this Survivor's bully testified at the IAP hearing that the client had attacked him and "and gave a totally different story." Being named as a POI at the bully's hearing elicited strong feelings of anger and significant additional distress for this client. The unique nature of long-term consequences of student-to-student abuse is emphasized here, as this client describes how "that guy still bothers me to this day. We are sixty years old and the guy still bothers me."

As noted earlier, there are a number of service providers who feel that one of the positive outcomes of the IAP is that it encouraged some Survivors to release the secrets they had been holding onto throughout their lives. However, now that student-to-student abuse and some of its implications are being acknowledged, service providers and communities are now left with the question of how to address this issue. This problem is described by a participant who has been working on residential school issues for many years:

[Staff abuse] is the bulk of the losses. But through the IAP, people are starting to disclose student-to-student abuse, but it is not going anywhere. It has just sort of stayed there. There is no program or policy, or anything like that... I would really like to take advantage of some kind of meaningful process. I don't think the legal, or justice, or the court system, it doesn't belong there. It won't work. I would rather see some sort of a healing strategy, whether it is healing circles or sharing circles, or something that has a bit more meaning to it than just punishment. So that is a difficult one.

Likewise, in discussing their own experiences of student-to-student abuse, one participant describes how, "I could have done it through the IAP and named them, but I didn't go through the IAP, I refused... Sure I'd have all this money... but that doesn't heal what happened between my abuser, who was about five years older than I am, and me, or our community. I'd rather see something more."

There are also a small number of service providers who raise important concerns about how communities are typically dealing with offenders, as some of them are both victims and perpetrators or were intergenerationally affected. As noted earlier, a number of participants point out that a major factor contributing to the spread of abuse within communities is that people are still “protecting the offender,” particularly in cases where there is knowledge that the offender had been previously victimized. Some of these same participants also feel that the other common response of kicking these offenders out of the community is not helping with communal healing. In this regard, one counsellor describes some of the common outcomes and scenarios that play out when offenders are dealt with in this simplistic way:

So they are sent to an urban location where they are very unfamiliar, uncomfortable, and misplaced and perhaps have mental illnesses... and they have not received the justice that can help them in a healing way. It just labels them so that [they] can't get a job, they aren't able to go home. So they can't go hunt and fish anymore. They are isolated away from their family. So perhaps now they are going to end up in a criminal life just to survive. Or if they have a mental illness and be subjected or vulnerable to being manipulated into that life and being stuck there. A lot of times... the courts and lawyers have requested gladue reports^[*] for these folks... [where] it can be disclosed that they were also victimized in residential school, and what happened to them in their childhood, how they were raised in poverty, and maybe they are FAS, and how these things have impacted their choices that they have made for themselves.

Several other service providers note these same concerns, and some offer suggestions or potential ways of dealing with offenders in communities and/or with Survivors who perpetrated against other students at residential school. A number of participants suggest that one way of addressing these situations is “to deal with it person-to-person. They’ve been carrying it for years, so now that might help them release it.” In fact, two participants describe how they have facilitated such interpersonal acts of reconciliation between Survivors who were perpetrators of student-to-student abuse and

* A Gladue report is a pre-sentencing or bail hearing report that includes information about an Aboriginal individual's social background (e.g., underlying health issues such as FASD or history of physical or sexual victimization), which is supposed to be considered when determining the appropriate sentence.

their victims. One of these participants is a counsellor who describes cases where the clients wanted to apologize to their victims:

It was a very long process because it takes time; you can't phone them up and say, "This guy wants to apologize because he abused you when you were young." I had to establish a relationship with the victim first, of conversation, of counselling and traditional teachings, and they usually were like, "Yes, I was abused by this person"... Some of them said no, but the ones that did, I went through that process in a gradual way with them, because of retaliation that could happen... It actually went quite well... The one-on-one sessions beforehand prepared them for it... [In one case,] they [perpetrator and victim from neighbouring communities] actually became friends afterwards by going to ceremonies and working with elders. I was really amazed. They both repeated traditional teachings and embraced ceremonies with elders, realizing that they needed to heal, and they actually did it together.

Although few participants made similar attempts, there are others who suggest similar potential approaches for dealing with student-to-student abuse. Some caution, however, that this should only be attempted under certain circumstances and done on a "case-by-case basis." For example, one therapist shares the view that "with student-to-student abuse that is not sexual, there is much more hope for reconciliation. I would never encourage reconciliation with sexual abuse, but with non-sexual abuse, there should be a process for people to apologize and discuss the abuse." Others simply note the need to acknowledge this issue and to support all Survivors and community members, including those who may have perpetrated against others, although specific solutions were not given. One counsellor feels that health and social problems within communities are "going to continue to be like that until they actually step up and own it and take responsibility, and figure out how they can heal within their own respective cultures and embrace both the victim and the offender to encourage healing."

Service providers also discuss the need to provide better access to effective trauma treatment in order to improve collective well-being within communities. Speaking to this, a participant who attended residential

school notes that “now we are down to two counselling sessions a month. To me, I think every one of us should be going to counselling at least once a week and dealing with our hurts. I have been going for seven years and still have a lot of hurts.” Others comment on how many service providers are “absolutely overwhelmed” with the number of those who seek counselling. A psychiatrist who shares these views and has worked with a number of the same communities for years describes some of the negative outcomes associated with having inadequate support services:

We need to make it more accessible that we do and we just don't do it. I've read somewhere that we can learn from history that we don't learn from history... The first community I was in, they had five suicides the previous year and no mental health support at all. So I was going once a month and we had no completed suicides for the next five years. They were so ready for any help at all; they were quite happy to do something. But then we get to the politics of how to do that [help] and we don't. So we are back to the increased suicide rates. We know that the suicide rate is three to five times greater than for non-First Nations, and what no one talks about is that the accident rates are thirteen times as high. So they don't care if they die. And they do. So what is that from? It is not about parenting. It is the long-term effects of the residential school system, and being told and demonstrated that they really don't count. They are not politically powerful, they are not economically powerful, they are not educationally important. And eventually they end up in despair and suicidal, which is very readily reversible, but it requires intervention.

In addition to the need for more individual support services, a number of participants also expressed the need for greater access to certain group healing programs that have proven to be successful in helping individuals and communities heal from the legacy of residential schools. For example, one participant expresses optimism about a program but at the same time is frustrated that many are not able to take part, as there are simply too many Survivors relative to the availability of the program:

The closest that we are coming to [in helping Survivors heal] that I've come across so far, is the program “Returning to Spirit.” That program... has progressed its way across Canada... so I've been pretty active with it... over the last two to three years. So as people cross my path, I've been

supporting and sponsoring them to participate in Returning to Spirit and lots of healing has happened as a result of that program. But... it is such a slow process... [because] the main facilitators are getting so busy that we are seeing them only twice a year... and they can only take so many at a time... We are a very populated and diverse First Nation population... and for this program, we bring people in from our surrounding reserves as well. So people are being trained to be facilitators in our area, but even that is time-consuming. So it is going to take some time before we are going to be able to offer that program ourselves. So it is quite a lengthy process and it feels like it is going to take forever for everyone to get through it.

Of course, the limited amount of financial resources available to communities is also a major impediment to providing Survivors with access to appropriate health programs and services. As well, it can be particularly difficult for certain individual Survivors who live off-reserve and who simply cannot afford to take part:

The communities don't have the money to pay for that [these programs]... The bands have been providing the transportation to get here, but if they live off-reserve they don't have the band to help them and most are on income assistance or disability. And government is not going to help these people to take a healing program like this, and they absolutely don't have this money on their own. So if they don't have someone like me to help them, they aren't able to experience this.

In addition to the lack of funding for effective individual and group treatments, several participants agree that some of the funding being provided is not being used efficiently because "the federal government would like to say it is all about alcohol and it's not. It is about the *vulnerability* to the effects of alcohol and other drugs. So that is basically a racist position because they'd rather not think about this." Another participant similarly comments on this issue:

We have been sending people to residential substance abuse programs, but they don't get the results... and these treatment programs are over \$10,000... The money should be directed to programs that actually help them heal. You need the resources, and the communities don't have that. So, again, how committed is the government to helping us heal? They have to put their money where their mouths are and then not make these

promises and then pull the funding. The deadline for compensation is done now so people have gotten their compensation, but that doesn't mean they've healed. They have opened up all of these wounds and now they are just going to pull away and leave everything open like that? From a healing perspective, it just doesn't make sense.

Alluded to in previous comments, participants are in agreement that Aboriginal communities “have a long ways to go in our healing,” as they need to recover “for over 150 years of taking over our land, taking our language, putting us in residential school, creating the Indian Act, putting us on reserves, and giving us status numbers.” As frequently noted, there needs to be continued funding for programs and services aimed at helping intergenerational Survivors of residential school and other historical traumas because such a large and complex problem will not be solved by helping only those who are directly affected:

It was six to seven generations of our people that went through that, so realistically I don't know if I'll see the complete healing in my time. It is going to take one or two generations for us to recover from that. It is going to take time. But I am excited that, at least, it is not a topic that makes people completely shut down anymore. People are beginning to allow that part of their trauma to be released and unfrozen... so they don't have to carry that around anymore.

DISCUSSION

As noted in other chapters, a positive outcome associated with the IAP is that it provides a forum for Survivors to disclose their experiences. This appears to have been cathartic for many individuals (Skinner, 2000). However, a number of problems were raised by service providers regarding the IAP, many of which echo problems already identified in relation to the CEP (see Reimer et al., 2010). One noted problem includes the unfortunate fact that many Survivors were re-traumatized. The IAP also raises additional problems that appear to be specifically related to student-to-student abuse. For instance, it is not uncommon that Survivors who deserve to be compensated are not able to fully participate in the IAP because they are

not willing to disclose the identity of their student abuser for a variety of reasons (described in chapters 5 and 7).

The POI hearings involved in the IAP also cause distress for former Survivors who were named as perpetrators, including those who disagree with the testimony provided by the victim, which was reported to have rekindled old hostile feelings and/or conflicts between former students. This should have been expected, as this has been observed in similar contexts where victims and perpetrators continue to live in close proximity, such as in post-apartheid South Africa (Skinner, 2000). Still, other Survivors dealing with their own personal experiences of victimization describe being falsely accused of student-to-student abuse and how this is an additional cause of distress. As expected, extreme distress has also been reported by individuals who had been falsely accused of abuse in other contexts, as they were likely to receive high levels of unsupportive responses from others and experience severe feelings of powerlessness and self-doubt (Luza and Ortiz, 1991; Schultz, 1989).

The silence surrounding student-to-student abuse, as well as in relation to the sexual abuse that continues in some communities, is perceived to have contributed to a lack of response taken by communities to address this issue. In some cases, this also attributed to unhealthy leaders who do not want to face this issue because it would mean having to acknowledge their own victimization and/or perpetration. As a result, communities do not have effective processes or protocols in dealing with situations involving victims and perpetrators within the same community. This has already been recognized as a problem in relation to the issue of sexual abuse in Aboriginal communities by others (Collin-Vézina, Dion, and Trocmé, 2009). Like the participants in the current study, others have suggested that this problem allows these behaviours to continue and transmit to subsequent generations.

Participants also complain about the common use of the dominant culture's retributive way of dealing with offenders through the legal justice system by isolating the perpetrator, as this does not address the root causes

of these behaviours or the factors that have allowed them to transmit intergenerationally (Collin-Vézina, Dion, and Trocmé, 2009). In fact, some participants describe alternative ways they use to deal with these situations in communities, taking more restorative approaches traditionally used in Aboriginal cultures in which healing of both the perpetrator and the victim is viewed as essential in restoring harmony in the community (Bopp and Bopp, 1997). Consistent with the growing literature documenting the benefits of restorative approaches (Calhoun and Pelech, 2010; Schwalbe et al., 2012), some participants report that these attempts at reconciliation had very positive outcomes.

Existing restorative justice approaches or policies that are being used within Aboriginal communities should be identified and evaluated, as should non-Aboriginal programs that could be successfully adapted (e.g., Calgary Community Conferencing cited in Calhoun and Pelech, 2010). However, particular attention should be paid to the limitations of these processes (Archibald and Llewellyn, 2006; DePrince et al., 2012) and the various potential implications associated with implementing them in small communities (Jamieson and Wendt, 2008). As recommended by service providers in the current study and in a study on perpetrator programs in small communities (Jamieson and Wendt, 2008), these programs need to occur in conjunction or subsequent to community-wide education efforts, as the existing violence norms and the hesitation to disclose victimization and perpetration may impede their effectiveness.

Education needs to continue regarding residential schools and their intergenerational consequences (e.g., child abuse and domestic violence), but this needs to include the issue of student-to-student abuse and the consequences thought to be linked to this phenomenon (e.g., lateral violence). Along with participants in the current study, others note that in discussing the problems of violence within Aboriginal and/or rural communities, a strategy involving the whole community is needed, and it should be incorporated as part of an overall community wellness plan (Bopp and Bopp, 1997; Collin-Vézina, Dion, and Trocmé, 2009; Jamieson

and Wendt, 2008). Considering the growing evidence concerning the intergenerational transmission of the negative outcomes associated with residential schools, these strategies should incorporate specific activities geared toward youth. Community members should also be educated about the proper ways in responding to abuse disclosures, considering that abuse victims are often blamed for their victimization (Davies and Rogers, 2009). Such negative reactions are particularly likely to occur in cases of peer-to-peer abuse (Sherrill et al., 2011) and when children are being abused by relatives or other familiar adults (Hershkowitz, Lanes, and Lamb, 2007; Ullman, 2007). Furthermore, receiving unsupportive or blaming reactions from others in response to abuse disclosures can be traumatic in and of itself, which is linked with self-blaming, feelings of isolation, poor adult function, and mental health problems (Jonzon and Lindblad, 2005; O'Leary, Coohey, and Easton, 2010; Ullman, 2007).

Of course, funding will be required in order to continue the healing already begun. Despite reports of the success of community-based holistic residential school healing programs and recommendations pointing to the need for continued funding of these programs (DPRA Canada and T.K. Gussman Associates, 2009), participants note that financial resources have actually diminished since the time of the residential school apology in 2008. There are also a few service providers who note that some of the government funding received for expensive treatments targeting substance-abuse could be put to better use if directed toward holistic and community-wide interventions that address the root cause of substance abuse and other health and social problems. Other social problems, such as violence within Aboriginal communities, are also suggested to be a consequence of historical traumas (Brownridge, 2008), such as the residential school era, which need to be considered to ensure culturally appropriate and effective interventions.

In any case, participants identify the important need for continued and improved interventions so that the momentum already built in relation to community healing is not wasted. As similarly expressed by victims who took part in the South African Truth and Reconciliation Commission

(Skinner, 2000), the Indian Residential School Settlement Agreement and its associated processes (CEP, IAP, and TRC) provide a starting point for dialogue and healing; however, it is more important, now than ever, to support those who have found the courage to disclose their experiences. As evident from the current study, issues still exist that have not been adequately addressed and are just beginning to be acknowledged, including student-to-student abuse among Survivors and the resulting abuse and violence that have continued to affect subsequent generations. Considering that these problems began to emerge from residential schools over 150 years ago and the direct and indirect consequences were allowed to self-perpetuate since that time, participants unanimously share the view that it is going to take several generations to heal.

CHAPTER 9

GENERAL DISCUSSION

The expectations regarding characteristics, contributing factors, and long-term effects of student-to-student abuse were generally confirmed by the literature review and by the responses provided by the service providers who took part in this study. The estimates provided by participants regarding how many Survivors spoke about student-to-student abuse support the suggestion that emotional, physical, and sexual abuses among students were common, but its precise prevalence is still unknown. Predictably, this will be difficult to determine considering the silence that currently exists and the hesitation that many Survivors have in disclosing these experiences. Nevertheless, responses that were provided regarding the effects of student-to-student abuse on victims, perpetrators, and communities suggest that it was common enough to have contributed to a number of unique negative outcomes, which are presented in Figure 4. The negative effects on perpetrators are presented separately from those who were abused, although these Survivors were also victims and hence suffer from the effects of their own victimization as well. It is of particular significance that the impact of abuse was not only prevalent in those who were at residential school and abused (or not) in that context, but it also affected ensuing generations. Efforts have begun to identify mechanisms by which the consequences of residential school trauma is transmitted across generations (e.g., Bombay, Matheson, and Anisman, 2011), but additional exploration is needed to assess the behavioural or biological (e.g., epigenetic) pathways by which the consequences of student-to-student abuse (e.g., lateral violence) are passed on intergenerationally.

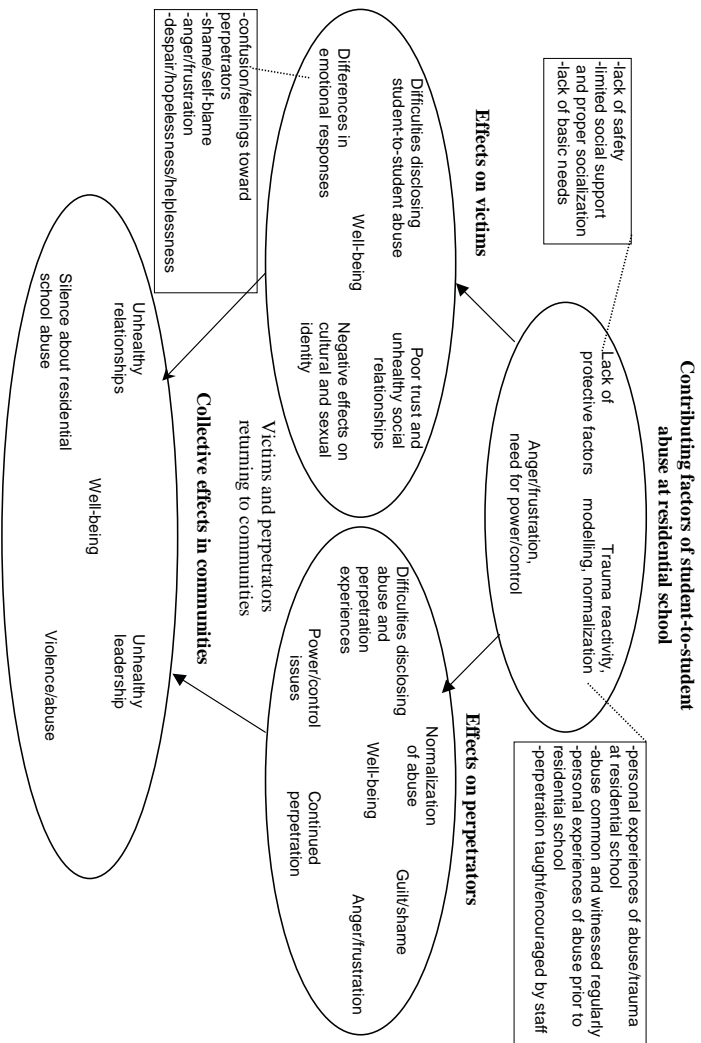


Figure 4. Contributing factors and effects of student-to-student abuse within residential schools on victims, perpetrators, and communities identified by service providers.

Multiple factors appear to feed into whether individuals will engage in abusive behaviours as well as affect the nature of the abuse perpetrated. Likewise, there are numerous negative outcomes that could evolve as a result of abuse. Beyond the consequences depicted in Figure 4 that appear to be unique to student-to-student abuse, the negative effects of this phenomenon also stem from the fact that peer abuse resulted in a greater number of children being victimized in residential school. Irrespective of who was the perpetrator, the abuse that occurred at residential schools would be expected to result in profound and pervasive consequences in view of the young age at which the trauma was experienced and the limited coping resources children had in dealing with these stressors. The effects of the abuse were also likely compounded by the power differential that existed between abusers and victims, the duration and inescapability of the abuse, the limited protective factors available to children, the shame and guilt it engendered in students, the aspect of betrayal (depending on student's expectation of trustworthiness), the untreated trauma responses of children, and the continued exposure to trauma that many faced after school. The fact that Aboriginal peoples and communities are already showing signs of healing and renewal speaks to their resilience and the resilience of Aboriginal cultures. However, questions still exist regarding student-to-student abuse, and perhaps addressing this phenomenon may be an additional step forward in achieving balanced and healthy communities.

It is important to highlight another major conclusion of this investigation: although some may be surprised to learn about peer abuse that took place within residential schools, it seems that student-to-student abuse and its consequences are common in such environments (e.g., orphanages and boarding schools). Moreover, common consequences documented in other populations that have endured chronic collective trauma parallel those described by participants in the current study, which include the erosion of trust, deterioration in social norms, poor leadership, patterns of increased family and community violence, sexual abuse, and conflict both within and between families (Ajdukovic, 2004; Catani, Schauer, and Neuner, 2008; Guatemalan Commission for Historical Clarification, 1999;

Somasundaram, 2007; van der Kolk, McFarlane, and Weisaeth, 1996). Furthermore, if the culture within communities becomes one in which abusive behaviours are common, then the inhibitions that might otherwise exist would still be less effective in limiting abusive behaviours. There is a need for empirical research to further assess the degree to which these issues are prevalent within and across communities, and these are problems that have been identified by others anecdotally. For example, lateral violence has long been acknowledged as a problem within Aboriginal communities, and this was supported by the fact that violent incidents and victimization committed against Aboriginal people are more likely to be perpetrated by someone who is known to the victim compared to those committed against non-Aboriginal victims (Brzozowski, Taylor-Butts, and Johnson, 2006). In any case, further understanding of this and the other consequences identified in the current investigation is needed.

LIMITATIONS AND FUTURE DIRECTIONS

Directly asking Survivors about their experiences may have resulted in a more accurate estimate of the prevalence of this phenomenon; however, this approach was not taken in order to avoid potential re-traumatization and distress for these Survivors. Accordingly, it is important to consider that the individual and community effects identified were based on the subjective observations of service providers. In addition to obvious issues, such as the reliance on memory, these observations may be problematic considering that the responses provided by many participants are based on working with clients who voluntarily sought help. Survivors who reached out for help may comprise a unique subset that is different in certain respects from one that is comprised of those who have not sought out counselling or other support services. However, this issue may have been tempered by the inclusion of service providers who worked with clients obliged (non-voluntary) to be there (e.g., those working in corrections or as assessors for the IAP) and those who worked with Survivors in other capacities that did not necessarily involve ongoing counselling sessions (e.g., RHWs who helped Survivors complete their CEP applications and/or who accompanied them to IAP hearings).

Unfortunately, because service providers who work with Aboriginal communities are already overburdened, it was difficult to find individuals who were able to find the time to participate, which resulted in a relatively small sample size and questionable generalization of the findings. An effort was made to recruit participants from across Canada; however, there was inadequate representation of service providers from certain areas of the country, as the majority worked in either British Columbia or Ontario. As well, many of the issues discussed by participants applied primarily to Survivors who live on-reserve and may reside in close proximity to their perpetrators. Some of the unique effects of student-to-student abuse on victims may not be dependent on having continued contact with their former perpetrators (e.g., effects on trust toward other Aboriginal peoples), as it is unknown to what degree the current findings are applicable to Survivors who live off-reserve. As well, considering some of the responses shared in the current investigation, it is possible that student-to-student abuse may actually have been a factor that encouraged these Survivors to move away from their home communities. Furthermore, the potentially unique experiences related to student-to-student abuse among Métis and Inuit Survivors are also not represented in the current findings. For example, cultural differences were sometimes involved in the bullying that occurred between students, as Métis children have been considered as “outsiders” by First Nations students and more likely to have been victimized (Logan, 2001).

Another limitation associated with the small sample size was the inability to assess other issues associated with student-to-student abuse, such as gender differences. For example, one participant notes that female Survivors abused by other students were less likely to have normalized the perpetration of abuse, as “they seemed to understand more from the beginning that this hurts, this is not supposed to be the way little kids are treated.” Indeed, there were no participants who discussed working with female perpetrators of student-to-student sexual abuse. As well, the problems experienced regarding anxiety over sexual identity appear to apply more for men. It is likely that other long-term outcomes of student-to-student abuse might

have differed for men than for women, especially with regard to the high rates of domestic violence, as women might subsequently have encountered double discrimination (i.e., being a woman and being Aboriginal).

Despite these limitations, this investigation reveals considerable information regarding prevalence, contributing factors, and implications of student-to-student abuse at residential schools, which will hopefully provide a good starting point for further research. Consistent with the findings of this study, the head Commissioner for the TRC in Canada, Justice Murray Sinclair, upon hearing thousands of stories from Survivors, indicated that student-to-student abuse “is one of the most challenging areas” (Ciccocioppo, 2010). Clearly, more work is needed to assess whether the current exploratory findings apply equally to First Nations peoples living on- and off-reserve, Métis, Inuit, and communities located in various regions across Canada. More research is necessary to further understand the long-term effects of student-to-student abuse and to address them in ways that will facilitate the healing already begun for Survivors and Aboriginal communities. The possibility raised in the current study that memories of being abused by other students are likely repressed needs to be assessed empirically, and a greater understanding is needed regarding the reactions of Survivors of being asked about the issue of student-to-student abuse and how this might affect their well-being. Related to the collective effects of this phenomenon, interventions addressing the widespread abuse and violence that exists in some communities need to be developed that take into consideration issues of lateral violence and community-level bullying to ensure individual safety of community members. Alternatively, existing interventions such as those described by study participants could be adapted to address these issues as well. Importantly, the effectiveness of such interventions need to be evaluated and perhaps compared to current common practices perceived by some service providers as generally ineffective, such as sending individual community members to expensive substance abuse treatment programs rather than addressing the root cause of these contemporary problems.

CONCLUSIONS

The view has been expressed that there are multiple illnesses that appear in adulthood—such as varying psychiatric disorders, diabetes, heart disease, and several immune-related disorders—that likely have their roots in childhood stressor experiences (Shonkoff, Boyce, and McEwen, 2009). Different suggestions have been offered as to how this might come about. One suggestion is that the cumulative effects of life stresses engender allostatic overload that might eventually lead to pathology. Another is that stressful experiences in childhood might become biologically “embedded” (either through epigenetic processes or through sensitized biological responses), resulting in the manifestation of poor responses to later stressors and culminating in illness years later. Importantly, Shonkoff and colleagues (2009) distinguish between what they refer to as “positive” or “tolerable” stressors and those that are of a “toxic” nature. The “tolerable” stressor effects could be overcome with adequate support resources so that individuals could learn how to cope with such events. “Toxic” stressors such as extreme poverty, psychological or physical abuse, neglect, maternal depression, parental substance abuse, and family violence are more likely to lead to pathology. In essence, the “positive” or “tolerable” stressors have value as they allow children the opportunity to appraise events properly and learn to use resources in dealing with a variety of life challenges. In contrast, “toxic” challenges are those that no one should have to endure, as they undermine appropriate coping that ultimately manifest into physical and psychological pathologies. From their description of “toxic” stressors, these were exactly what had been endured by many children kept in residential schools; and the situation was made that much worse for those that faced student-to-student abuse.

The effects of residential schools and those related to student-to-student abuse are not only affecting individual well-being but whole communities as well. As part of a history of cultural abuses, student-to-student abuse has affected many Aboriginal people. Likewise, having to sit across the table from a former abuser may have undermined efforts to enhance community well-being. In their insightful commentary, Shonkoff and colleagues (2009)

offer a series of recommendations to help reduce socio-political problems that have negative impacts on the well-being of many individuals living in urban centres in the United States. These same recommendations are equally applicable to the situation in which Aboriginal people find themselves. Shonkoff and colleagues (2009) suggest that increased focus ought to be devoted to (a) diminishing toxic childhood environments that are often present; (b) providing appropriate early care and education programs that would serve as appropriate learning environments to engender safe, stable, and responsive environments; (c) developing evidence-informed interventions and treatments to deal adequately with family mental health problems; and (d) greatly expanding and altering the child welfare services, including the development of comprehensive developmental assessments so that professionals will be in a position to apply appropriate interventions. One can add several suggestions to this that are unique to those who have been affected by residential schools (e.g., enhancing cultural pride). If nothing else, resolution must be attained regarding the experiences and consequences of student-to-student abuse (e.g., lateral violence). This will likely be, not surprisingly, an exceptionally difficult task, and it can start with the perspective that the abuse was not a reflection of the shortcomings of either the perpetrators or the victims or an occurrence unique to residential schools. The consequences of these schools are a result of government policies that diminished self-esteem, instilled poor education, undermined adequate coping, continued the poverty inherent in communities, undermined Aboriginal identity, and fostered intergenerational problems that involve each of these problems, respectively. The suggestion offered by Shonkoff and colleagues (2009) is entirely reasonable, but will such a suggestion be offered and endorsed by Canadian policy-makers remains to be seen.

REFERENCES

- Ajdukovic, D. (2004). Social contexts of trauma and healing. *Medicine, Conflict and Survival* 20(2):120–135. DOI:10.1080/1362369042000234717
- Akduman, G., G. Baran, and A. Akyol (2010). A study on peer abuse among children at boarding and day schools. *World Applied Sciences Journal* 10(2)219–224.
- Allen, J., K. Boykin McElhaney, G. Kuperminc, and K. Jodl (2004). Stability and change in attachment security across adolescence. *Child Development* 75(6):1792–1805.
- Alston, M. (1997). Violence against women in a rural context. *Australian Social Work* 50(1):15–22.
- AMR Planning and Consulting Inc. (2012). *Aboriginal Healing Foundation Report on Proceedings and Outcomes*, Student-on-Student Abuse Gathering, January 17 to 19, 2012, Winnipeg, Manitoba. Ottawa, ON: Aboriginal Healing Foundation.
- American Psychiatric Association (APA) (2000). *Diagnostic and Statistical Manual of Mental Disorders*, (4th ed., text revision). Washington, DC: APA.
- Anda, R., V. Felitti, J. Bremner, J. Walker, C., Whitfield, B. Perry, S. Dube, and W. Giles (2006). The enduring effects of abuse and related adverse experiences in childhood: a convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neurosciences* 256(3):174–186. DOI 10.1007/s00406-005-0624-4
- Archibald, B. and J. Llewellyn (2006). The challenges of institutionalizing comprehensive restorative justice: theory and practice in Nova Scotia. *Dalhousie Law Journal* 29:297–343.
- Armitage, A. (1995). *Comparing the Policy of Aboriginal Assimilation: Australia, Canada, and New Zealand*. Vancouver, BC: University of British Columbia Press.

- Association for the Treatment of Sexual Abusers Task Force (2008). Report of the ATSA Task Force on children with sexual behavior problems. *Child Maltreatment* 13(2):199–218. DOI:10.1177/1077559507306718
- Australian and Torres Strait Islander Social Justice Commission (2011). *Social Justice Report 2011*. Sydney, AU: Australian Human Rights Commission. Retrieved from http://humanrights.gov.au/social_justice/sj_report/sjreport11/index.html
- Babcock, R. and A. DePrince (2012). Childhood betrayal trauma and self-blame appraisals among survivors of intimate partner abuse. *Journal of Trauma & Dissociation* 13(5):526–538. DOI:10.1080/15299732.2012.694842
- Babiak, P. and R. Hare (2006). *Snakes in Suits: When Psychopaths Go to Work*. New York, NY: HarperCollins.
- Baldry A. (2003). Bullying in schools and exposure to domestic violence. *Child Abuse and Neglect* 27(7):713–732. DOI:10.1016/S0145-2134(03)00114-5
- Baldry, A. and D. Farrington (2005). Protective factors as moderators of risk factors in adolescence bullying. *Social Psychology of Education* 8(3):263–284. DOI:10.1007/s11218-005-5866-5
- Barker-Collo, S. (2001). Adult reports of child and adult attributions of blame for childhood sexual abuse: predicting adult adjustment and suicidal behaviors in females. *Child Abuse and Neglect* 25(10):1329–1341.
- Bearinger, L., S. Pettingell, M. Resnick, C. Skay, S. Potthoff, and J. Eichhorn (2005). Violence perpetration among urban American Indian youth: can protection offset risk? *Archives of Pediatric and Adolescent Medicine* 159(3):270–277.
- Beaudoin, C. (2009). Bonding and bridging neighborliness: an individual-level study in the context of health. *Social Science and Medicine* 68(12):2129–2136. DOI:10.1016/j.socscimed.2009.04.015
- Bedard-Gilligan, M. and Zoellner, L. (2012). Dissociation and memory fragmentation in post-traumatic stress disorder: an evaluation of the dissociative encoding hypothesis. *Memory* 20(3):277–299. DOI:10.1080/09658211.2012.655747

- Bennett, D., M. Wolan Sullivan, and M. Lewis (2005). Young children's adjustment as a function of maltreatment, shame, and anger. *Child Maltreatment* 10(4):311–323. DOI:10.1177/1077559505278619
- Bensley, L., J. Van Eenwyk, and K. Wynkoop Simmons (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine* 25(1):38–44. DOI:10.1016/S0749-3797(03)00094-1
- Berger, K. Stassen (2007). Update on bullying at school: science forgotten? *Developmental Review* 27(1):90–126. DOI:10.1016/j.dr.2006.08.002
- Besemer, S. and D. Farrington (2012). Intergenerational transmission of criminal behaviour: conviction trajectories of fathers and their children. *European Journal of Criminology* 9(2):120–141. DOI:10.1177/1477370811422801
- Biernat, M., T. Vescio, and M. Green (1996). Selective self-stereotyping. *Journal of Personality and Social Psychology* 71(6):1194–1209.
- Blackstock, C., N. Trocmé, and M. Bennett (2004). Child maltreatment investigations among Aboriginal and non-Aboriginal families in Canada. *Violence Against Women* 10(8):901–916. DOI:10.1177/1077801204266312
- Blaikie, N. (2010). *Designing Social Research*. 2nd Edition. Malden, MA: Polity Press.
- Boddy, C., R. Ladyshewsky, and P. Galvin (2010). The influence of corporate psychopaths on corporate social responsibility and organizational commitment to employees. *Journal of Business Ethics* 97:1–19. DOI 10.1007/s10551-010-0492-3
- Bombay, A., K. Matheson, and H. Anisman (2011). The impact of stressors on second generation Indian residential school survivors. *Transcultural Psychiatry* 48(4):367–391. DOI:10.1177/1363461511410240
- (2010). Decomposing identity: differential relationships between several aspects of ethnic identity and the negative effects of perceived discrimination among First Nations adults in Canada. *Cultural Diversity and Ethnic Minority Psychology* 16(4):507–516.
- Bombay, A., Matheson, K., Thake, J. Yurkiewich, A., & Anisman, H., (2012). Personal wellness and safety. In *First Nations Information Governance*

- Centre (Ed.), *First Nations Regional Health Survey (RHS) Phase 2 (2008/10): National Report on Adults, Youth and Children Living in First Nations Communities* (pp. 212–228). Ottawa, ON: First Nations Information Governance Centre. Online.
- Bopp, M. and J. Bopp (1997). *Responding to Sexual Abuse: Developing a Community-based Sexual Abuse Response Team in Aboriginal Communities*. Ottawa, ON: Solicitor General Canada, Aboriginal Policy Branch (Aboriginal Peoples Collection - Technical Series, Cat. No.: JS5-2/1-1997E).
- Borrows, J. (1994). Constitutional law from a First Nations perspective: self government and the Royal Proclamation. *UBC Law Review* 28:1–48.
- Bottoms, B., P. Shaver, G. Goodman, and J. Qin (1995). In the name of God: a profile of religion-related child abuse. *Journal of Social Issues* 51(2):85–111.
- Bottoms, B., M. Nielsen, R. Murray, and H. Filipas (2003). Religion-related child physical abuse: characteristics and psychological outcomes. *Journal of Aggression, Maltreatment and Trauma* 8(1–2):87–114. DOI:10.1300/J146v08n01_04
- Bougie, E. (2009). *Aboriginal Peoples Survey, 2006: School Experiences of Off-reserve First Nations Children Aged 6 to 14*. Statistics Canada Catalogue no. 89-637-X—no. 001. Ottawa, ON: Minister of Industry. Retrieved 10 April 2013 from <http://www.statcan.gc.ca/pub/89-637-x/89-637-x2009001-eng.pdf>
- Bougie, E. and S. Senécal (2010). Registered Indian children's school success and intergenerational effects of residential schooling in Canada. *The International Indigenous Policy Journal* 1(1):Article 5. Retrieved from <http://ir.lib.uwo.ca/iipj/vol1/iss1/5>
- Bowlby, J. (1982). *Attachment and Loss. Vol. 1: Attachment* (2nd Ed.). New York, NY: Basic Books.
- Bowlby, J. (1969). *Attachment and Loss, Vol. 1: Attachment*. New York, NY: Basic Books.
- Branch, S., S. Ramsay, and M. Barker (2012). Workplace bullying, mobbing and general harassment: a review. *International Journal of Management Reviews*, e-pub ahead of print. DOI:10.1111/j.1468-2370.2012.00339.x

- Brookmeyer, K., K. Fanti, and C. Henrich (2006). Schools, parents, and youth violence: a multilevel, ecological analysis. *Journal of Clinical Child and Adolescent Psychology* 35(4):504–514.
- Brownridge, D. (2008). Understanding the elevated risk of partner violence against Aboriginal women: a comparison of two nationally representative surveys of Canada. *Journal of Family Violence* 23(5):353–367. DOI 10.1007/s10896-008-9160-0
- Brugman, D., A. Podolskij, P. Heymans, J. Boom, O. Karabanova, and O. Idobaeva (2003). Perception of moral atmosphere in school and norm transgressive behaviour in adolescents: an intervention study. *International Journal of Behavioral Development* 27(4):289–300. DOI:10.1080/01650250244000272
- Bryant, W. (2011). Internalized racism's association with African American male youth's propensity for violence. *Journal of Black Studies* 42(4):690–707. DOI:10.1177/0021934710393243
- Brzozowski, J., A. Taylor-Butts, and S. Johnson (2006). Victimization and offending among the Aboriginal population in Canada. *Juristat* 26(3) (Catalogue No. 85-002-XIE). Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/85-002-x2006003-eng.pdf>
- Bull, L.R. (1991). Indian residential schooling: the Native perspective. *Canadian Journal of Native Education* 18(Supplement):1–63.
- Burkley, M. and H. Blanton (2005). When am I my group? Self-enhancement versus self-justification accounts of perceived prototypicality. *Social Justice Research* 18(4):445–463. DOI:10.1007/s11211-005-8570-x
- Butler, S. and M. Seto (2002). Distinguishing two types of adolescent sex offenders. *Journal of the American Academy of Child and Adolescent Psychiatry* 41(1):83–90.
- Calhoun, A. and W. Pelech (2010). Responding to young people responsible for harm: a comparative study of restorative and conventional approaches. *Contemporary Justice Review* 13(3):287–306. DOI:10.1080/10282580.2010.498238
- Cantón-Cortés, D., M. Cortés, J. Cantón, and F. Justicia (2011). The effects of perpetrator age and abuse disclosure on the relationship between

- feelings provoked by child sexual abuse and posttraumatic stress. *Anxiety, Stress and Coping* 24(4):451–461.
- Carr, A., B. Dooley, M. Fitzpatrick, E. Flanagan, R. Flanagan-Howard, K. Tierney, M. White, M. Daly, and J. Egan (2010). Adult adjustment of survivors of institutional child abuse in Ireland. *Child Abuse and Neglect* 34(7):477–489. DOI:10.1016/j.chiabu.2009.11.003
- Cassidy, J. and P. Shaver (Eds.) (2008). *Handbook of Attachment: Theory, Research, and Clinical Applications* (2nd edition). New York, NY: Guilford Press.
- Catani, C., E. Schauer, and F. Neuner (2008). Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka. *Journal of Marital and Family Therapy* 34(2):165–176.
- Centre for the Study of Violence and Reconciliation and Khulumani Support Group (1998). *Survivors' Perceptions of the Truth and Reconciliation Commission and Suggestions for the Final Report, Submission to the Truth and Reconciliation Commission*. Johannesburg, SA: Centre for the Study of Violence and Reconciliation.
- Chansonneuve, D. (2005). *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People, A Resource Manual*. Ottawa, ON: Aboriginal Healing Foundation.
- Chapple, C., K. Tyler, and B. Bersani (2005). Child neglect and adolescent violence: examining the effects of self-control and peer rejection. *Violence and Victims* 20(1):39–53.
- Chu, C. and S. Thomas (2010). Adolescent sexual offenders: the relationship between typology and recidivism. *Sexual Abuse: A Journal of Research and Treatment* 22(2):218–233. DOI:10.1177/1079063210369011
- Ciccocioppo, L. (2010, April 19). Truth and Reconciliation Commission faces challenges in its quest. *University of Toronto Faculty of Law News*. Retrieved 11 April 2013 from <http://www.law.utoronto.ca/news/truth-and-reconciliation-commission-faces-challenges-in-its-quest>
- Claes, R. and R. Clifton (1998). *Needs and Expectations for Redress of Victims of Abuse at Native Residential Schools: Final Report Submitted to the Law Commission of Canada*. [Electronic resource.] Ottawa, ON: Law Commission of Canada.

- Coll, K., B. Freeman, P. Robertson, E. Iron Cloud, E. Iron Cloud Two Dogs, and R. Two Dogs (2012). Exploring Irish multigenerational trauma and its healing: lessons from the Oglala Lakota (Sioux). *Advances in Applied Sociology* 2(2):95–101. DOI:10.4236/aasoci.2012.22013
- Collin-Vézina, D., K. Coleman, L. Milne, J. Sell, and I. Daigneault (2011). Trauma experiences, maltreatment-related impairments, and resilience among child welfare youth in residential care. *International Journal of Mental Health and Addiction* 9(5):577–589. DOI: 10.1007/s11469-011-9323-8
- Collin-Vézina, D., J. Dion, and N. Trocmé (2009). Sexual abuse in Canadian Aboriginal communities: a broad review of conflicting evidence. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 7(1):27–47.
- Connor, J., K. Kypri, M. Bell, and K. Cousins (2011). Alcohol involvement in aggression between intimate partners in New Zealand: a national cross-sectional study. *BMJ Open* 1(1): e000065. DOI:10.1136/bmjopen-2011-000065
- Cook, A., J. Spinazzola, J. Ford, C. Lanktree, M. Blaustein, M. Cloitre, R. DeRosa, R. Hubbard, R. Kagan, J. Liautaud, K. Mallah, E. Olafson, and B. van der Kolk (2005). Complex trauma in children and adolescents. *Psychiatric Annals* 35(5):390–398.
- Copeland, W., G. Keeler, A. Angold, and E. Costello (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry* 64:577–584.
- Corrado, R. and I. Cohen (2003). *Mental Health Profiles for a Sample of British Columbia's Survivors of the Canadian Residential School System*. Ottawa, ON: Aboriginal Healing Foundation.
- Cort, N., S. Toth, C. Cerulli, and F. Rogosch (2011). Maternal intergenerational transmission of childhood multitype maltreatment. *Journal of Aggression, Maltreatment and Trauma* 20(1):20–39. DOI:10.1080/10926771.2011.537740
- Cortoni, F. And W. Marshall (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment* 13(1):27–43.

- Cui, M., J. Durtshi, M. Donnellan, F. Lorenz, and R. Conger (2010). Intergenerational transmission of relationship aggression: a prospective longitudinal study. *Journal of Family Psychology* 24(6):688–697. DOI:10.1037/a0021675
- Curry, B. (2010, May 25). Child-on-child assault cases come to light in residential school hearings. *Globe and Mail*, Tuesday, 25 May 2010. Online.
- Cyr, M., J. Wright, P. McDuff, and A. Perron (2002). Intrafamilial sexual abuse: brother–sister incest does not differ from father–daughter and stepfather–stepdaughter incest. *Child Abuse and Neglect*, 26(9):957–973.
- D’Andrea, W., J. Ford, B. Stolbach, J. Spinazzola, B. van der Kolk (2012). Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis. *American Journal of Orthopsychiatry* 82(2):187–200. DOI:10.1111/j.1939-0025.2012.01154.x
- Danieli, Y. (1998). Introduction: history and conceptual foundations. In Y. Danieli (Ed.), *International Handbook of Multigenerational Legacies of Trauma* (pp. 1–17). The Plenum Series on Stress and Coping. New York, NY: Plenum Press.
- Danielson, C., M. de Arellano, D. Kilpatrick, B. Saunders, and H. Resnick (2005). Child maltreatment in depressed adolescents: differences in symptomatology based on history of abuse. *Child Maltreatment* 10(1):37–48. DOI:10.1177/1077559504271630
- Davies, M. and P. Rogers (2009). Perceptions of blame and credibility toward victims of childhood sexual abuse: differences across victim age, victim–perpetrator relationship, and respondent gender in a depicted case. *Journal of Child Sexual Abuse* 18(1):78–92. DOI:10.1080/10538710802584668
- Deblinger, E. and M. Runyon (2005). Understanding and treating feelings of shame in children who have experienced maltreatment. *Child Maltreatment* 10(4):364–376. DOI:10.1177/1077559505279306
- DePrince, A. (2005). Social cognition and revictimization risk. *Journal of Trauma and Dissociation* 6(1):125–141. DOI:10.1300/J229v06n01_08

- DePrince, A., A. Chu, and A. Pineda (2011). Links between specific posttrauma appraisals and three forms of trauma-related distress. *Psychological Trauma: Theory, Research, Practice, and Policy* 3(4):430–441. DOI:10.1037/a0021576
- DePrince, A., J. Labus, J. Belknap, S. Buckingham, and A. Gover (2012). The impact of community-based outreach on psychological distress and victim safety in women exposed to intimate partner abuse. *Journal of Consulting and Clinical Psychology* 80(2):211–221. DOI:10.1037/a0027224
- Dickason, O. and D. McNab (2009). *Canada's First Nations: A History of Founding Peoples from Earliest Times*, 4th edition. New York, NY: Oxford University Press.
- Dixon, L., K. Browne, and C. Hamilton-Giachritsis (2005). Risk factors of parents abused as children: a mediational analysis of the intergenerational continuity of child maltreatment (Part I). *Journal of Child Psychology and Psychiatry* 46(1):47–57. DOI:10.1111/j.1469-7610.2004.00339.x
- Dong, M., R. Anda, V. Felitti, S. Dube, D. Williamson, T. Thompson, C. Loo, and W. Giles (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect* 28(7):771–784. DOI:10.1016/j.chiabu.2004.01.008
- DPRA Canada and T.K. Gussman Associates (2009). *Evaluation of Community-Based Healing Initiatives Supported Through the Aboriginal Healing Foundation*. Ottawa, ON: Indian and Northern Affairs Canada.
- Duane, Y., A. Carr, J. Cherry, K. McGrath, and D. O'Shea (2003). Profiles of the parents of adolescent CSA perpetrators attending a voluntary outpatient treatment programme in Ireland. *Child Abuse Review* 12(1):5–24. DOI:10.1002/car.776
- Dube, S., R. Anda, V. Felitti, D. Chapman, D. Williamson, and W. Giles (2001). Childhood abuse, household dysfunction, and the risk of attempted suicide throughout the life span: findings from the adverse childhood experiences study. *JAMA: Journal of the American Medical Association* 286(24):3089–3096.

- Dube, S., R. Anda, V. Felitti, V. Edwards, and D. Williamson (2002). Exposure to abuse, neglect, and household dysfunction among adults who witnessed intimate partner violence as children: implications for health and social services. *Violence and Victims* 17(1):3–17.
- Dube, S., J. Miller, D. Brown, W. Giles, V. Felitti, M. Dong, and R. Anda (2006). Adverse childhood experiences and the association with ever using alcohol and initiating alcohol use during adolescence. *Journal of Adolescent Health* 38(4):444.e1–e10.
- Duke, N., S. Pettingell, B. McMorris, and I. Borowsky (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics* 125(4):e778–e786. DOI:10.1542/peds.2009-0597
- Duncan, R. (1999). Maltreatment by parents and peers: the relationship between child abuse, bully victimization, and psychological distress. *Child Maltreatment* 4(1):45–55.
- Dussich, J. and C. Maekoya (2007). Physical child harm and bullying-related behaviors: a comparative study in Japan, South Africa, and the United States. *International Journal of Offender Therapy and Comparative Criminology* 51(5):495–509. DOI:10.1177/0306624X06298463
- Elias, B., J. Mignone, M. Hall, S. Hong, L. Hart, and J. Sareen (2012). Trauma and suicide behaviour histories among a Canadian indigenous population: an empirical exploration of the potential role of Canada's residential school system. *Social Science and Medicine* 74(10):1560–1569.
- Elkovitch, N., R. Latzman, D. Hansen, and M. Flood (2009). Understanding child sexual behavior problems: a developmental psychopathology framework. *Clinical Psychology Review* 29(7):586–598. DOI:10.1016/j.cpr.2009.06.006
- Elliott, M. (Ed.) (1997). *Bullying: A Practical Guide to Coping for Schools*. Second Edition. London, UK: Pitman Publishing.
- Elliott, G., S. Cunningham, M. Linder, M. Colangelo, and M. Gross (2005). Child physical abuse and self-perceived social isolation among adolescents. *Journal of Interpersonal Violence* 20(12):1663–1684. DOI:10.1177/0886260505281439

- Erikson, E. (1950/1963). *Childhood and Society*. New York, NY: W.W. Norton and Company.
- Espelage, D., K. Bosworth, and T. Simon (2000). Examining the social context of bullying behaviors in early adolescence. *Journal of Counseling and Development* 78(3):326–333.
- Espelage, D. and S. Swearer (2003). Research on school bullying and victimization: what have we learned and where do we go from here? *School Psychology Review* 32(3):365–383.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: a multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence* 23(3):316–338. DOI:10.1177/0886260507312290
- Falb, K., H. McCauley, M. Decker, J. Gupta, A. Raj, and J. Silverman (2011). School bullying perpetration and other childhood risk factors as predictors of adult intimate partner violence perpetration. *JAMA Pediatrics* 165(10):890–894.
- Fang, X. and P. Corso (2007). Child maltreatment, youth violence, and intimate partner violence: developmental relationships. *American Journal of Preventative Medicine* 33(4):281–290. DOI:10.1016/j.amepre.2007.06.003
- Farmer, T., R. Petrin, D. Robertson, M. Fraser, C. Hall, S. Day, and K. Dadisman (2010). Peer relations of bullies, bully-victims, and victims: the two social worlds of bullying in second-grade classrooms. *The Elementary School Journal* 110(3):364–392. DOI:10.1086/648983
- Farrington, D. and M. Ttofi (2011). Bullying as a predictor of offending, violence and later life outcomes. *Criminal Behaviour and Mental Health* 21(2):90–98. DOI:10.1002/cbm.801
- Fater, K. And J. Mullaney (2000). The lived experience of adult male survivors who allege childhood sexual abuse by clergy. *Issues in Mental Health Nursing* 21:281–295.
- Feiring, C. and C. Cleland (2007). Childhood sexual abuse and abuse-specific attributions of blame over 6 years following discovery. *Child Abuse and Neglect*, 31(11–12):1169–1186.

- Fekkes, M., F. Pijpers, A. Fredriks, T. Vogels, and S. Verloove-Vanhorick (2006). Do bullied children get ill, or do ill children get bullied? A prospective cohort study on the relationship between bullying and health-related symptoms. *Pediatrics* 117(5):1568–1574. DOI:10.1542/peds.2005-0187
- Ferguson, T., H. Stegge, E. Miller, and M. Olsen (1999). Guilt, shame, and symptoms in children. *Developmental Psychology* 35(2):347–357.
- Filipas, H. and S. Ullman (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence* 2006 21(5):652–672. DOI: 10.1177/0886260506286879
- Filson, J., U. Emilio, C. Runfola, and A. Hokoda (2010). Does powerlessness explain the relationship between intimate partner violence and depression? *Journal of Interpersonal Violence* 25(3):400–415. DOI:10.1177/0886260509334401
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse and Neglect* 18(5):409–417.
- Finkelhor, D., R. Ormrod, and H. Turner (2009). Lifetime assessment of poly-victimization in a national sample of children and youth. *Child Abuse and Neglect*, 33(7):403–411. doi:10.1016/j.chiabu.2008.09.012
- Finkelhor, D., R. Ormrod, and M. Chaffin (2009). Juveniles who commit sex offenses against minors. *Bulletin: Crimes Against Children Series* December 2009. Retrieved 31 March 2013 from <https://www.ncjrs.gov/pdffiles1/ojdp/227763.pdf>
- Fisher, R. (1977). *Contact and Conflict: Indian–European Relations in British Columbia, 1774–1890*. Vancouver, BC: University of British Columbia Press.
- Fite, P., L. Stoppelbein, and L. Greening (2009). Proactive and reactive aggression in a child psychiatric inpatient population. *Journal of Clinical Child and Adolescent Psychology* 38(2):199–205. DOI:10.1080/15374410802698461
- Fitzpatrick, M., A. Carr, B. Dooley, R. Flanagan-Howard, K. Tierney, M. White, M. Daly, M. Shevlin, and J. Egan (2010). Profiles of adult

- survivors of severe sexual, physical and emotional institutional abuse in Ireland. *Child Abuse Review* 19(6):387–404. DOI:10.1002/car.1083
- Flanagan, T., G. Iarocci, A. D'Arriso, T. Mandour, C. Tootoosis, S. Robinson, and J. Burack (2011). Reduced ratings of physical and relational aggression for youths with a strong cultural identity: evidence from the Naskapi people. *Journal of Adolescent Health* 49(2):155–159. DOI:10.1016/j.jadohealth.2010.11.245
- Flannery, D., K. Wester, and M. Singer (2004). Impact of exposure to violence in school on child and adolescent mental health and behavior. *Journal of Community Psychology* 32(5):559–573. DOI:10.1002/jcop.20019
- Flouri, E. and A. Buchanan (2003). The role of mother involvement and father involvement in adolescent bullying behavior. *Journal of Interpersonal Violence* 18(6):634–644. DOI:10.1177/0886260503251129
- Fogler, J., E. Shipherd, E. Rowe, J. Jensen, and S. Clarke (2008). A theoretical foundation for understanding clergy-perpetrated sexual abuse. *Journal of Child Sexual Abuse* 17(3–4):301–328. DOI:10.1080/10538710802329874
- Forero, R., L. McLellan, C. Rissel, and A. Bauman (1999). Bullying behaviour and psychosocial health among school students in New South Wales, Australia: cross sectional survey. *British Medical Journal* 319:344–348.
- Fournier, S. and E. Crey (1997). *Stolen From Our Embrace: The Abduction of First Nations Children and the Restoration of Aboriginal Communities*. Vancouver, BC: Douglas & McIntyre.
- Freundlich, M., R. Avery, and D. Padgett (2007). Care or scare: the safety of youth in congregate care in New York city. *Child Abuse and Neglect* 31(2):173–186.
- Freyd, J. (1996). *Betrayal Trauma: The Logic of Forgetting Childhood Abuse*. Cambridge, MA: Harvard University Press.
- Freyd, J., A. DePrince, and E. Zurbriggen (2001). Self-reported memory for abuse depends upon victim-perpetrator relationship. *Journal of Trauma and Dissociation* 2(3):5–15.
- Furniss, E. (1995). *Victims of Benevolence: The Dark Legacy of the Williams Lake Residential School*. Vancouver, BC: Arsenal Pulp Press.

- Gallagher, B. (2000). The extent and nature of known cases of institutional child sexual abuse. *British Journal of Social Work* 30(6):795–817. DOI:10.1093/bjsw/30.6.795
- Gao, Y., A. Raine, F. Chan, P. Venables, and S. Mednick (2010). Early maternal and paternal bonding, childhood physical abuse and adult psychopathic personality. *Psychological Medicine* 40(6):1007–1016. DOI:10.1017/S0033291709991279
- Garland, D. (2006). When wolves wear shepherds' clothing: helping women survive clergy sexual abuse. *Social Work and Christianity* 33(1):1–35.
- Georgiou, S. (2009). Personal and maternal parameters of peer violence at school. *Journal of School Violence* 8(2):100–119. DOI:10.1080/15388220802073928
- German, A. (2011, January 28). Searching for the truth: The Truth and Reconciliation Commission moves north. *Nation* 18-06. Retrieved from http://www.nationnews.ca/index.php?option=com_zine&view=article&id=893:searching-for-the-truth-&Itemid=150
- Gibbs, I. and I. Sinclair (2000). Bullying, sexual harassment and happiness in residential children's homes. *Child Abuse Review* 9(4):247–256.
- Gibson, N. (2010). Speaking of domestic violence. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health* 8(2):1–2.
- Gilbert, R., C. Spatz Widom, K. Browne, D. Fergusson, E. Webb, and S. Janson (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet* 373(9657):68–81.
- Gini, G. (2007). Who is blameworthy? Social identity and inter-group bullying. *School Psychology International* 28(1):77–89. DOI:10.1177/0143034307075682
- Glaser, D. (2002). Emotional abuse and neglect (psychological maltreatment): a conceptual framework. *Child Abuse and Neglect* 26(6–7):697–714.
- Glasser, M., I. Kolvin, D. Campbell, A. Glasser, I. Leitch, and S. Farrelly (2001). Cycle of child sexual abuse: links between being a victim and becoming a perpetrator. *British Journal of Psychiatry* 179:482–494. DOI:10.1192/bjp.179.6.482

- Glenn, A., R. Kurzban, and A. Raine (2011). Evolutionary theory and psychopathy. *Aggression and Violent Behavior* 16(5):371–380. DOI:10.1016/j.avb.2011.03.009
- Gobin, R. and J. Freyd (2009). Betrayal and revictimization: preliminary findings. *Psychological Trauma: Research, Theory, Practice and Policy* 1(3):242–257. DOI:10.1037/a0017469
- Grant, A. (1996). *No End of Grief: Indian Residential Schools in Canada*. Winnipeg, MB: Pemmican Publications Inc.
- Green, L. and H. Masson (2002). Adolescents who sexually abuse and residential accommodation: issues of risk and vulnerability. *British Journal of Social Work* 32(2):149–168.
- Greenfeld, L. and S. Smith (1999). *American Indians and Crime*. (NCJ 173386) Washington, DC: U.S. Department of Justice, Office of Justice Programs. Retrieved 10 April 2013 from <http://bjs.gov/content/pub/pdf/aic.pdf>
- Gretton, H., R. Hare, and R. Catchpole (2004). Psychopathy and offending from adolescence to adulthood: a 10-year follow-up. *Journal of Consulting and Clinical Psychology* 72(4):636–645.
- Guatemalan Commission for Historical Clarification [Comisión de Esclarecimiento Histórico]. (1999). *Guatemala: Memory of silence* [*Guatemala: Memoria del silencio*]. Report of the Commission for Historical Clarification. Guatemala: CEH.
- Guerra, N., L. Huesmann, and A. Spindler (2003). Community violence exposure, social cognition, and aggression among urban elementary school children. *Child Development* 74(5):1561–1576.
- Haig-Brown, C. (1988). *Resistance and Renewal: Surviving the Indian Residential School*. Vancouver, BC: Arsenal Pulp Press.
- Hamelin, C., C. Salomon, R. Sitta A. Gueguen, D. Cyr, and F. Lert (2009). Childhood sexual abuse and adult binge drinking among Kanak women in New Caledonia. *Social Science and Medicine* 68(7):1247–1253. DOI:10.1016/j.socscimed.2009.01.005
- Hamelin, C., C. Salomon, and F. Lert (2010). Les violences sexuelles dans l'enfance chez les femmes kanakes de Nouvelle-Calédonie: vers un abaissement du seuil des violences tolérées [Childhood Sexual Abuse

- among Kanak Women in New Caledonia: Lowering the Tolerated-Violence Threshold]. *Sciences Sociales et Sante* 28(4):5–31.
- Harder, D. and S. Lewis (1987). The assessment of shame and guilt. In J. Butcher and C. Spielberger (Eds.), *Advances in Personality Assessment* Volume 6 (pp. 89–114). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Hardy, M. (2001). Physical aggression and sexual behavior among siblings: a retrospective study. *Journal of Family Violence* 16(3):255–268.
- Hardy, A., K. Young, and E. Holmes (2009). Does trauma memory play a role in the experience of reporting sexual assault during police interviews? An exploratory study. *Memory* 17(8):783–788. DOI:10.1080/09658210903081835
- Hare, R. (1993). *Without Conscience: The Disturbing World of the Psychopaths Among Us*. New York, NY: Guildford Press.
- Harel-Fisch, Y., S. Walsh, H. Fogel-Grinvald, G. Amitai, W. Pickett, M. Molcho, P. Due, M. Gaspar de Matos, W. Craig, and Members of the HBSC Violence and Injury Prevention Focus Group (2011). Negative school perceptions and involvement in school bullying: a universal relationship across 40 countries. *Journal of Adolescence* 34(4):639–652.
- Harper, F., A. Austin, J. Cercone, and I. Arias (2005). The role of shame, anger, and affect regulation in men's perpetration of psychological abuse in dating relationships. *Journal of Interpersonal Violence* 20(12):1648–1662. DOI:10.1177/0886260505278717
- Harris, D., S. Smallbone, S. Dennison, and R. Knight (2009). Specialization and versatility in sexual offenders referred for civil commitment. *Journal of Criminal Justice* 37(1):37–44. DOI:10.1016/j.jcrimjus.2008.12.002
- Harris, S. and C. Hathorn (2006). Texas middle school principals' perceptions of bullying on campus. *NASSP Bulletin* 90(1):49–69.
- Hartshorn, K. Sittner, L. Whitbeck, and D. Hoyt (2012). Exploring the relationships of perceived discrimination, anger, and aggression among North American Indigenous adolescents. *Society and Mental Health* 2(1):53–67. DOI:10.1177/2156869312441185
- Haslam, S., J. Jetten, T. Postmes, and C. Haslam (2009). Social identity health and well-being: an emerging agenda for applied

- psychology. *Applied Psychology: An International Review* 58(1):1-23. DOI:10.1111/j.1464-0597.2008.00379.x
- Hazzard, A., M. Celano, J. Gould, S. Lawry, and C. Webb (1995). Predicting symptomatology and self-blame among child sex abuse victims. *Child Abuse and Neglect* 19(6):707-714.
- Hershkowitz, I. (2011). The effects of abuse history on sexually intrusive behavior by children: an analysis of child justice records. *Child Abuse and Neglect* 35(1):40-49. DOI:10.1016/j.chiabu.2010.09.002
- Hershkowitz, I., O. Lanes, and M. Lamb (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse and Neglect* 31(2):111-123. DOI:10.1016/j.chiabu.2006.09.004
- Hodgson, M. (1992). Rebuilding community after the residential school experience. In D. Engelstad and J. Bird (Eds.), *Nation to Nation: Aboriginal Sovereignty and the Future of Canada* (pp. 101-112). Toronto, ON: House of Anansi Press.
- Holt, M. and D. Espelage (2007). Perceived social support among bullies, victims, and bully-victims. *Journal of Youth and Adolescence* 36(8):984-994. DOI:10.1007/s10964-006-9153-3
- Hong, J., D. Espelage, A. Grogan-Kaylor, and P. Allen-Meares (2012). Identifying potential mediators and moderators of the association between child maltreatment and bullying perpetration and victimization in school. *Educational Psychology Review* 24(2):167-186. DOI:10.1007/s10648-011-9185-4
- Huakau, J., L. Asiasiga, M. Ford, M. Pledger, S. Casswell, T. Suaalii-Sauni, and I. Lima (2005). New Zealand Pacific people's drinking style: too much or nothing at all? *The New Zealand Medical Journal* 118(1216):1-10.
- Hubbard, J., M. McAuliffe, M. Morrow, and L. Romano (2010a). Reactive and proactive aggression in childhood and adolescence: precursors, outcomes, processes, experiences, and measurement. *Journal of Personality* 78(1):95-118. DOI:10.1111/j.1467-6494.2009.00610.x
- Hubbard, J., M. Morrow, L. Romano, and M. McAuliffe (2010b). The role of anger in children's reactive versus proactive aggression: review of findings, issues of measurement, and implications for intervention. In W. Arsenio and E. Lemerise (Eds.), *Emotions, Aggression, and Morality*

- in *Children: Bridging Development and Psychopathology* (pp. 201–217). Washington, DC: American Psychological Association.
- Hulette, A., J. Freyd, and P. Fisher (2011). Dissociation in middle childhood among foster children with early maltreatment experiences. *Child Abuse and Neglect* 35(2):123–126. DOI:10.1016/j.chiabu.2010.10.002
- Hummel, P., V. Thömke, H. Oldenbürger, and F. Specht (2000). Male adolescent sex offenders against children: similarities and differences between those offenders with and those without a history of sexual abuse. *Journal of Adolescence* 23(3):305–317. DOI:10.1006/jado.2000.0316
- Hundt, N. and D. Holohan (2012). The role of shame in distinguishing perpetrators of intimate partner violence in U.S. veterans. *Journal of Traumatic Stress* 25(2):191–197. DOI:10.1002/jts.21688
- Ireland, J. (2002). *Bullying Among Prisoners: Evidence, Research and Intervention Strategies*. Hove, UK: Brunner-Routledge.
- Jamieson, S. and S. Wendt (2008). Exploring men's perpetrator programs in small rural communities. *Rural Society* 18(1):39–50.
- Jennings, F. (1993). *The Founders of America: From the Earliest Migrations to the Present*. New York, NY: Norton.
- Jennings, F. (Ed.) (1985). *The History and Culture of Iroquois Diplomacy: An Interdisciplinary Guide to the Treaties of the Six Nations and Their League*. Syracuse, NY: Syracuse University Press.
- Jennison, K.M. (2004). The Short-term effects and unintended long-term consequences of binge drinking in college: a 10-year follow-up study. *The American Journal of Drug and Alcohol Abuse* 30(3):659–684. DOI:10.1081/ADA-200032331
- Jespersen, A., M. Lalumière, and M. Seto (2009). Sexual abuse history among adult sex offenders and non-sex offenders: a meta-analysis. *Child Abuse and Neglect* 33(3):179–192. DOI:10.1016/j.chiabu.2008.07.004
- Jones, S., A. Manstead, and A. Livingstone (2009). Birds of a feather bully together: group processes and children's responses to bullying. *British Journal of Developmental Psychology* 27(Pt 4):853–873. DOI:10.1348/026151008X390267

- Jonzon, E. and F. Lindblad (2005). Adult female victims of child sexual abuse: multitype maltreatment and disclosure characteristics related to subjective health. *Journal of Interpersonal Violence* 20(6):651–666. DOI:10.1177/0886260504272427
- Juster, R., B. McEwen, and S. Lupien (2010). Allostatic load biomarkers of chronic stress and impact on health and cognition. *Neuroscience and Biobehavioral Reviews* 35(1):2–16.
- Juvonen J., S. Graham, and M. Schuster (2003). Bullying among young adolescents: the strong, the weak, and the troubled. *Pediatrics* 112(6):1231–1237.
- Kaminer, D., D. Stein, I. Mbanga, and N. Zungu-Dirwayi (2001). The Truth and Reconciliation Commission in South Africa: relation to psychiatric status and forgiveness among survivors of human rights abuses. *British Journal of Psychiatry* 178(4):373–377. DOI:10.1192/bjp.178.4.373
- Karmali, S., K. Laupland, A. Harrop, C. Findlay, A. Kirkpatrick, B. Winston, J. Kortbeek, L. Crowshoe, and M. Hameed (2005). Epidemiology of severe trauma among status Aboriginal Canadians: a population-based study. *Canadian Medical Association Journal* 172(8):1007–1011.
- Kempes, M., W. Matthys, G. Maassen, S. van Goozen, and H. van Engeland (2006). A parent questionnaire for distinguishing between reactive and proactive aggression in children. *European Child and Adolescent Psychiatry* 15(1):38–45. DOI 10.1007/s00787-006-0502-2
- Kendall-Tackett, K., L. Meyer Williams, and D. Finkelhor (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical findings. *Psychological Bulletin* 113(1):164–180.
- Khoury-Kassabri, M. (2009). The relationship between staff maltreatment of students and bully-victim group membership. *Child Abuse and Neglect* 33(12):914–923. DOI:10.1016/j.chiabu.2009.05.005
- Kim, D. and I. Kawachi (2006). A multilevel analysis of key forms of community- and individual-level social capital as predictors of self-rated health in the United States. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 83(5):813–826. DOI:10.1007/s11524-006-9082-1

- Kim, D., S. Subramanian, S. Gortmaker, and I. Kawachi (2006). US state- and county-level social capital in relation to obesity and physical inactivity: a multilevel, multivariable analysis. *Social Science and Medicine* 63(4):1045–1059.
- Kim, J., N. Talbot, and D. Cicchetti (2009). Childhood abuse and current interpersonal conflict: the role of shame. *Child Abuse and Neglect* 33(6):362–371. DOI:10.1016/j.chiabu.2008.10.003
- Kinietz, W. (1940). *The Indians of the Western Great Lakes, 1615–1760*. Ann Arbor, MI: University of Michigan Press.
- Kirmayer, L., G. Brass, T. Holton, K. Paul, C. Simpson, and C. Tait (2007). *Suicide Among Aboriginal People in Canada*. Ottawa, ON: Aboriginal Healing Foundation.
- Kirves, L. and N. Sajaniemi (2012). Bullying in early educational settings. *Early Child Development and Care* 182(3–4):383–400.
- Knight, R. and R. Prentky (1993). Exploring characteristics for classifying juvenile sex offenders. In H. Barbaree, W. Marshall, and S. Hudson (Eds.), *The Juvenile Sex Offender* (pp. 45–83). New York, NY: Guilford Press,.
- Knockwood, I. (1992). *Out of the Depths: The Experiences of Mi'kmaw Children at the Indian Residential School at Shubenacadie, Nova Scotia*. Lockeport, NS: Roseway.
- Knutson, J., D. DeGarmo, and J. Reid (2004). Social disadvantage and neglectful parenting as precursors to the development of antisocial and aggressive child behavior: testing a theoretical model. *Aggressive Behavior* 30(3):187–205. DOI:10.1002/ab.20016
- Kokko, K., L. Pulkkinen, L. Huesmann, E. Dubow, and P. Boxer (2009). Intensity of aggression in childhood as a predictor of different forms of adult aggression: a two-country (Finland and the United States) analysis. *Journal of Research on Adolescence* 19(1):9–34.
- Kolodny, A. (2012). *In Search of First Contact: The Vikings of Vinland, the Peoples of the Dawnland, and the Anglo-American Anxiety of Discovery*. Durham, NC: Duke University Press.

- Kunitz, S., J. Levy, J. McCloskey, and K. Gabriel (1998). Alcohol dependence and domestic violence as sequelae of abuse and conduct disorder in childhood. *Child Abuse and Neglect* 22(11):1079–1091.
- Kuperminc, G., B. Leadbeater, C. Emmons, and S. Blatt (1997). Perceived school climate and difficulties in the social adjustment of middle school students. *Applied Developmental Science* 1(2):76–88.
- Lafrance, B. (2000) Culturally negotiated education in first nations communities: empowering ourselves for future generations. In M. Brant Castellano, L. Davis, and L. Lahache (Eds.), *Aboriginal Education: Fulfilling the Promise* (pp. 101–113). Vancouver, BC: UBC Press.
- Lafrance, J. and D. Collins (2003). Residential schools and Aboriginal parenting: voices of parents. *Native Social Work Journal* 4(1):104–125.
- Lang, S., B. Klinteberg, and P. Alm (2002). Adult psychopathy and violent behavior in males with early neglect and abuse. *Acta Psychiatrica Scandinavica* 106(Suppl 412):93–100.
- Latendresse, G. (2009). The interaction between chronic stress and pregnancy: preterm birth from a biobehavioral perspective. *Journal of Midwifery and Women's Health* 54(1):18–17. DOI:10.1016/j.jmwh.2008.08.001
- Law Commission of Canada (2000). *Restoring Dignity: Responding to Child Abuse in Canadian Institutions*. Ottawa, ON: Minister of Public Works and Government Services.
- Lawler-Row, K., J. Karremans, C. Scott, M. Edlis-Matityahou, and L. Edwards (2008). Forgiveness, physiological reactivity and health: the role of anger. *International Journal of Psychophysiology* 68(1):51–58. DOI:10.1016/j.ijpsycho.2008.01.001
- Leavitt, R. (1993) Language and cultural context in Native education. In S. Morris, K. McLeod, and M. Danesi (Eds.), *Aboriginal Languages and Education: the Canadian Experience* (pp. 115). Oakville, ON: Mosaic Press.
- Lee, B. (1992). Colonization and community: implications for First Nations development. *Community Development Journal* 27(3):211–219.

- Lemstra, M., M. Rogers, L. Redgate, M. Garner, and J. Moraros (2011). Prevalence, risk indicators and outcomes of bullying among on-reserve First Nations youth. *Canadian Journal of Public Health* 102(6):462–466.
- Lewis, S. (2003). Sexual assault in rural communities. *Applied Research Forum: National Online Resource Center on Violence Against Women* (September):1–8.
- Lickers, E. (2003). Healing the spirit. *Canadian Journal of Native Education* 27(1):55–60.
- Logan, T. (2001). *Lost Generations: The Silent Métis of the Residential School System: Interim Report 2001*. Brandon, MB: Southwest Region of Manitoba Métis Federation.
- Logan, T., L. Evans, E. Stevenson, and C. Jordan (2005). Barriers to services for rural and urban survivors of rape. *Journal of Interpersonal Violence* 20(5):591–616. DOI:10.1177/0886260504272899
- Lussier, P. (2005). The criminal activity of sexual offenders in adulthood: revisiting the specialization debate. *Sexual Abuse: A Journal of Research and Treatment* 17(3):269–292.
- Luza, S. and E. Ortiz (1991). The dynamic of shame in interactions between child protective services and families falsely accused of child abuse. *Issues in Child Abuse Accusations* 3(2). Retrieved 10 April 2013 from http://www.ipt-forensics.com/journal/volume3/j3_2_5.htm
- Maas, C., T. Herrenkohl, and C. Sousa (2008). Review of research on child maltreatment and violence in youth. *Trauma, Violence, and Abuse* 9(1):56–67. DOI:10.1177/1524838007311105
- Macdonald, S., C. Cherpitel, G. Borges, A. DeSouza, N. Giesbrecht, and T. Stockwell (2005). The criteria for causation of alcohol in violent injuries based on emergency room data from six countries. *Addictive Behaviors* 30(1):103–113. doi:10.1016/j.addbeh.2004.04.016
- Maniglio, R. (2011). The role of childhood trauma, psychological problems, and coping in the development of deviant sexual fantasies in sexual offenders. *Clinical Psychology Review* 31(5):748–756. DOI:10.1016/j.cpr.2011.03.003

- Marini, Z., A. Dane, S. Bosacki, and YLC-CURA (2006). Direct and indirect bully-victims: differential psychosocial risk factors associated with adolescents involved in bullying and victimization. *Aggressive Behavior* 32(6):551–569. DOI:10.1002/ab.20155
- Matheson, K. and H. Anisman (2012). Biological and psychosocial responses to discrimination. In J. Jetten, C. Haslam, and S. Haslam (Eds.), *The Social Cure: Identity, Health and Well-being* (pp. 133–153). New York, NY: Psychology Press.
- May, P. and J. Gossage (2001). New data on the epidemiology of adult drinking and substance abuse among American Indians of the northern states: male and female data on prevalence, patterns, and consequences. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center* 10(2):1–26.
- McCarty, C., B. Ebel, M. Garrison, D. DiGiuseppe, D. Christakis, and F. Rivara (2004). Continuity of binge and harmful drinking from late adolescence to early adulthood. *Pediatrics* 114(3):714–719. DOI:10.1542/peds.2003-0864-L
- McDonell, J., J. Ott, and M. Mitchell (2010). Predicting dating violence victimization and perpetration among middle and high school students in a rural southern community. *Children and Youth Services Review* 32(10):1458–1463. DOI:10.1016/j.childyouth.2010.07.001
- McEwan, B. (1998). Stress, adaptation, and disease: allostatis and allostatic load. *Annals of the New York Academy of Sciences* 840:33–44.
- McMahon, S., E. Felix, J. Halpert, and L. Petropoulos (2009). Community violence exposure and aggression among urban adolescents: testing a cognitive mediator model. *Journal of Community Psychology* 37(7):895–910. DOI:10.1002/jcop.20339
- Menkel-Meadow, C. (2007). Restorative justice: what is it and does it work? *Annual Review of Law and Social Science* 3:10.1–10.27. DOI:10.1146/annurev.lawsocsci.2.081805.110005
- Mercer, S., J. McMillen, and M. DeRosier (2009). Predicting change in children's aggression and victimization using classroom-level descriptive norms of aggression and pro-social behavior. *Journal of School Psychology* 47(4):267–289. DOI:10.1016/j.jsp.2009.04.001

- Merrill, L., C. Thomsen, S. Gold, and J. Milner (2001). Childhood abuse and premilitary sexual assault in male navy recruits. *Journal of Consulting and Clinical Psychology* 69(2):252–261.
- Middleton-Moz, J. (1999). *Boiling Point: The High Cost of Unhealthy Anger to Individuals and Society*. Deerfield Beach, FL: Health Communications Inc.
- Miller, J. (1996). *Shingwauk's Vision: A History of Native Residential Schools*. Toronto, ON: University of Toronto Press.
- Million, D. (2000). Telling secrets: sex, power and narratives in Indian residential school histories. *Canadian Woman Studies* 20(2):92–104. Retrieved 2 April 2013 from <http://pi.library.yorku.ca/ojs/index.php/cws/article/viewFile/7615/6746>
- Milloy, J. (2008). *Indian Act Colonialism: A Century of Dishonour, 1869–1969*. Ottawa, ON: National Centre for First Nations Governance. Retrieved from http://fngovernance.org/ncfng_research/milloy.pdf
- (1999). *A National Crime: The Canadian Government and the Residential School System, 1879 to 1986*. Winnipeg, MB: University of Manitoba Press.
- Mills, A. (1994). *Eagle Down is Our Law: Witsuwit'en Laws, Feasts, and Land Claims*. Vancouver, BC: UBC Press.
- Monks, C., P. Smith, P. Naylor, C. Barter, J. Ireland, and I. Coyne (2009). Bullying in different contexts: commonalities, differences and the role of theory. *Aggression and Violent Behavior* 14(2):146–156.
- Moon, B., H. Hwang, and J. McCluskey (2011). Causes of school bullying: empirical test of a general theory of crime, differential association theory, and general strain theory. *Crime and Delinquency* 57(6):849–877. DOI:10.1177/0011128708315740
- Nagata, D. and W. Cheng (2003). Intergenerational communication of race-related trauma by Japanese American former internees. *American Journal of Orthopsychiatry* 73(3):266–278. DOI:10.1037/0002-9432.73.3.266
- Nansel, T., M. Overpeck, R. Pilla, W. Ruan, B. Simons-Morton, and P. Scheidt (2001). Bullying behaviors among US youth: prevalence and association with psychosocial adjustment. *JAMA: Journal of the American Medical Association* 285(16):2094–2100.

- Narine, S. (2011). Sensitivity needed when dealing with student persons of interest. *Windspeaker* 28(11).
- Neegan, E. (2005). Excuse me: who are the first peoples of Canada? A historical analysis of Aboriginal education in Canada then and now. *International Journal of Inclusive Education* 9(1):3–15. DOI:10.1080/1360311042000299757
- Neighbors, C., D. Walker, L. Mbilinyi, A. O'Rourke, J. Edleson, J. Zegree, and R. Roffman (2010). Normative misperceptions of abuse among perpetrators of intimate partner violence. *Violence Against Women* 16(4):370–386. DOI:10.1177/1077801210363608
- Nelsen, H. and A. Kroliczak (1984). Parental use of the threat "God will punish": replication and extension. *Journal for the Scientific Study of Religion* 23(3):267–277.
- Netland, J. and M. Miner (2012). Psychopathy traits and parental dysfunction in sexual offending and general delinquent adolescent males. *Journal of Sexual Aggression* 18(1):4–22. DOI:10.1080/13552600.2011.632696
- Noor, M., R. Brown, and G. Prentice (2008). Precursors and mediators of intergroup reconciliation in Northern Ireland: a new model. *British Journal of Social Psychology* 47(3):481–495. DOI:10.1348/014466607X238751
- Nummela, O., T. Sulander, O. Rahkonen, and A. Uutela (2009). The effect of trust and change in trust on self-rated health: a longitudinal study among aging people. *Archives of Gerontology and Geriatrics* 49(3):339–342.
- Ohene, S., M. Ireland, C. McNeely, and I. Wagman Borowsky (2006). Parental expectations, physical punishment, and violence among adolescents who score positive on a psychosocial screening test in primary care. *Pediatrics* 117(2):441–447. DOI:10.1542/peds.2005-0421
- O'Leary, P., C. Coohy, and S. Easton (2010). The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse* 19(3):275–289. DOI:10.1080/10538711003781251
- O'Rinn, S., V. Lishak, R. Muller, and C. Classen (2012, July 16). A preliminary examination of perceptions of betrayal and its association with memory disturbances among survivors of childhood sexual abuse.

- Psychological Trauma: Theory, Research, Practice, and Policy*. First posting, no pagination specified. DOI:10.1037/a0028045
- Osofsky, J. (1995). The effects of exposure to violence on young children. *American Psychologist* 50(9):782–788.
- Ozer, E., S. Best, T. Lipsey, and D. Weiss (2003). Predictors of posttraumatic stress disorder and symptoms in adults: a meta-analysis. *Psychological Bulletin* 129(1):52–73.
- Parkin, W. and L. Green (1997). Cultures of abuse within residential child care. *Early Child Development and Care* 133(1):73–86. DOI:10.1080/0300443971330106
- Peers, L. and J. Brown (2000). ‘There is no end to relationship among the Indians’: Ojibwa families and kinship in historical perspective. *The History of the Family –An International Quarterly* 4(4):529–555. DOI:10.1016/S1081-602X(99)00023-8
- Pennebaker, J. and K. Harber (1993). A social stage model of collective coping: the Loma Prieta earthquake and the Persian Gulf War. *Journal of Social Issues* 49(4):125–145. DOI:10.1111/j.1540-4560.1993.tb01184.x
- Pereda, N., G. Guilera, M. Forns, and J. Gómez-Benito (2009). The international epidemiology of child sexual abuse: a continuation of Finkelhor (1994). *Child Abuse and Neglect* 33(6):331–342.
- Perreault, S. (2011). Violent victimization of Aboriginal people in the Canadian provinces, 2009 (Catalogue No. 85-002-X). *Juristat* article. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11415-eng.pdf>
- Piatote, B. (2000). Boarding schools and the future: the trend toward meeting specialized needs. *Native Americas Journal* 17(4):32–37.
- Piff, P., A. Martinez, and D. Keltner (2012). Me against we: in-group transgression, collective shame, and in-group-directed hostility. *Cognition and Emotion* 26(4):634–649.
- Poortinga, W. (2006). Social capital: an individual or collective resource for health? *Social Science and Medicine* 62(2):292–302. DOI:10.1016/j.socscimed.2005.06.008

- Prendergast, W. (1993). *The Merry-Go-Round of Sexual Abuse: Identifying and Treating Survivors*. New York, NY: Haworth Press.
- Pullman, L. and M. Seto (2012). Assessment and treatment of adolescent sexual offenders: implications of recent research on generalist versus specialist explanations. *Child Abuse and Neglect* 36(3):203–209. DOI:10.1016/j.chiabu.2011.11.003
- Putnam, F., M. Perry, K. Putnam, and W. Harris (2008). Childhood antecedents of clinical complexity. Paper presented at the 24th Annual Meeting of the International Society for Traumatic Stress Studies, Chicago, IL, 15 November 2008.
- Puxley, C. (2009, September 21). Truth commission to deal with student-on-student abuse in residential schools. *The Canadian Press*. Retrieved from <http://www.whistlerquestion.com/article/20090921/WHISTLER08/309219863/-1/WHISTLER/truth-commission-to-deal-with-student-on-student-abuse-in-residential>
- Rajlic, G. and H. Gretton (2010). An examination of two sexual recidivism risk measures in adolescent offenders: the moderating effect of offender type. *Criminal Justice and Behavior* 37(10):1066–1085. DOI:10.1177/0093854810376354
- Ross, C. (2011). Collective threat, trust, and the sense of personal control. *Journal of Health and Social Behavior* 52(3):287–296. DOI:10.1177/0022146511404558
- Royal Commission on Aboriginal Peoples (RCAP) (1996). *Looking Forward, Looking Back: Report of the Royal Commission on Aboriginal Peoples, Volume 1*. Ottawa, ON: Communication Group Publishing.
- Reed, G. and R. Enright (2006). The effects of forgiveness therapy on depression, anxiety, and posttraumatic stress for women after spousal emotional abuse. *Journal of Consulting and Clinical Psychology* 74(5):920–929. DOI:10.1037/0022-006X.74.5.920
- Reicher, S. and S. Haslam (2006). Rethinking the psychology of tyranny: the BBC prison study. *British Journal of Social Psychology* 45(1):1–40. DOI:10.1348/014466605X48998
- Reimer, G., A. Bombay, L. Ellsworth, S. Fryer, and T. Logan (2010). *The Indian Residential Schools Settlement Agreement's Common Experience*

- Payment and Healing: A Qualitative Study Exploring Impacts on Recipients*. Ottawa, ON: Aboriginal Healing Foundation.
- Renda, J., S. Vassallo, and B. Edwards (2011). Bullying in early adolescence and its association with anti-social behaviour, criminality and violence 6 and 10 years later. *Criminal Behaviour and Mental Health* 21(2):117–127. DOI:10.1002/cbm.805
- Richter, D. and J. Merrell (2003). *Beyond the Covenant Chain: The Iroquois and Their Neighbors in Indian North America, 1600–1800*. University Park, PA: Penn State University Press. [First published 1987, Syracuse, NY: Syracuse University Press.]
- Roland, E. and T. Idsøe (2001). Aggression and bullying. *Aggressive Behavior* 27(6):446–462. DOI:10.1002/ab.1029
- Rossetti, S. (1995). The impact of child sexual abuse on attitudes toward God and the Catholic Church. *Child Abuse and Neglect* 19(12):1469–1481.
- Rotella, K., J. Richeson, J. Chiao, and M. Bean (2013). Blinding trust: the effect of perceived group victimhood on intergroup trust. *Personality and Social Psychology Bulletin* 39(1):115–127. DOI:10.1177/0146167212466114
- Rudd, J. and S. Herzberger (1999). Brother–sister incest—father–daughter incest: a comparison of characteristics and consequences. *Child Abuse and Neglect* 23(9):915–928.
- Salter, D., D. McMillan, M. Richards, T. Talbot, J. Hodges, A. Bentovim, R. Hastings, J. Stevenson, and D. Skuse (2003). Development of sexually abusive behaviour in sexually victimised males: a longitudinal study. *The Lancet* 361(9356):471–476.
- Satzewich, V. and T. Wotherspoon (2000). *First Nations: Race, Class, and Gender Relations*. Canadian Plains reprint series. Regina, SK: Canadian Plains Research Centre.
- Scheff, T. (1987). The shame-rage spiral: a case study of an interminable quarrel. In H. Lewis (Ed.), *The Role of Shame in Symptom Formation* (pp. 109–149). Hillsdale, NJ: Lawrence Erlbaum.

- Schilling, E., R. Aseltine, and S. Gore (2008). The impact of cumulative childhood adversity on young adult mental health: measures, models, and interpretations. *Social Science and Medicine* 66(5):1140–1151.
- Schippell, P., M. Vasey, L. Cravens-Brown, and R. Bretveld (2003). Suppressed attention to rejection, ridicule, and failure cues: a unique correlate of reactive but not proactive aggression in youth. *Journal of Clinical Child and Adolescent Psychology* 32(1):40–55.
- Schmidt, C. and H. Tauchmann (2011). Heterogeneity in the intergenerational transmission of alcohol consumption: a quantile regression approach. *Journal of Health Economics* 30(1):33–42. DOI:10.1016/j.jhealeco.2010.09.005
- Schultz, L. (1989). One hundred cases of unfounded child sexual abuse: a survey and recommendations. *Issues in Child Abuse Accusations* 1(1). Retrieved 10 April 2013 from http://www.ipt-forensics.com/journal/volume1/j1_1_4.htm
- Schwalbe, C., R. Gearing, M. MacKenzie, K. Brewer, and R. Ibrahim (2012). A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review* 32(1):26–33. DOI:10.1016/j.cpr.2011.10.002
- Schwartz, D., L. Proctor, and D. Chien (2001). The aggressive victim of bullying: emotional and behavioral dysregulation as a pathway to victimization by peers. In J. Juvonen and S. Graham (Eds.), *Peer Harassment in School: The Plight of the Vulnerable and Victimized* (pp. 147–174). New York, NY: The Guilford Press.
- Seto, M. (2008). *Pedophilia and Sexual Offending Against Children: Theory, Assessment, and Intervention*. Washington, DC: American Psychological Association.
- Seto, M. and C. Lalumière (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin* 136(4):526–575. DOI:10.1037/a0019700
- Shaw, J., J. Lewis, A. Loeb, J. Rosado, and R. Rodriguez (2000). Child on child sexual abuse: psychological perspectives. *Child Abuse and Neglect* 24(12):1591–1600.

- Sherrill, A., K. Renk, V. Sims, and A. Culp (2011). Undergraduate students' attributions of depicted adult–adolescent and adolescent–adolescent sexual interactions. *Journal of Child Sexual Abuse* 20(2):157–181.
- Sheridan-Leos N. (2008). Understanding lateral violence in nursing. *Clinical Journal of Oncology Nursing* 12(3):399–403.
- Shin, S., E. Edwards, and T. Heeren (2009). Child abuse and neglect: relations to adolescent binge drinking in the national longitudinal study of Adolescent Health (AddHealth) Study. *Addictive Behaviors* 34(3):277–280.
- Shonkoff, J., W. Boyce, and B. McEwen (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: building a new framework for health promotion and disease prevention. *JAMA: Journal of the American Medical Association* 301(21):2252–2259.
- Silvern, L. and B. Griesse (2012). Multiple types of child maltreatment, posttraumatic stress, dissociative symptoms, and reactive aggression among adolescent criminal offenders. *Journal of Child and Adolescent Trauma* 5(2):88–101. DOI:10.1080/19361521.2012.671799
- Simons, K., C. Paternite, and C. Shore (2011). Quality of parent/adolescent attachment and aggression in young adolescents. *Journal of Early Adolescence* 21(2):182–203.
- Skinner, D. (2000). An evaluation of a set of TRC public hearings in Worcester: a small rural community in South Africa. *Psychology, Health and Medicine* 5(1):97–106.
- Skues, J., E. Cunningham, and T. Pokharel (2005). The influence of bullying behaviours on sense of school connectedness, motivation and self-esteem. *Australian Journal of Guidance and Counselling* 15(1):17–26.
- Smith, C., T. Ireland, A. Park, L. Elwyn, and T. Thornberry (2011). Intergenerational continuities and discontinuities in intimate partner violence: a two-generational prospective study. *Journal of Interpersonal Violence* 26(18):3720–3752. DOI:10.1177/0886260511403751
- Smith, J. and M. Osborn (2003). Interpretative phenomenological analysis. In J. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods* (pp. 51–80). London, UK: Sage.

- Smith P., H. Cowie, R. Olafsson, and A. Liefoghe (2002). Definitions of bullying: a comparison of terms used, and age and gender differences, in a fourteen-country international comparison. *Child Development* 73(4):1119–1133.
- Smokowski, P., C. David-Ferdon, and N. Stroupe (2009). Acculturation and violence in minority adolescents: a review of the empirical literature. *Journal of Primary Prevention* 30(3–4):215–263. DOI:10.1007/s10935-009-0173-0
- Smylie, J., P. O’Campo, K. McShane, N. Daoud, and C. Davey (2012). Prenatal health. In First Nations Information Governance Centre (Eds.), *First Nations Regional Health Survey (RHS) Phase 2 (2008/10) – National Report on Adults, Youth, and Children Living in First Nations Communities* (pp. 424–439). Ottawa, ON: First Nations Information Governance Centre.
- Söchting, I., R. Corrado, I. Cohen, R. Ley, and C. Brasfield (2007). Traumatic pasts in Canadian Aboriginal people: further support for a complex trauma conceptualization? *BC Medical Journal* 49(6):320–326.
- Somasundaram, D. (2007). Collective trauma in northern Sri Lanka: a qualitative psychosocial-ecological study. *International Journal of Mental Health Systems* 1:5. DOI:10.1186/1752-4458-1-5
- Somer, E. and S. Szwarcberg (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry* 73(3):332–341.
- Sourander, A., L. Helstelä, H. Helenius, and J. Piha (2000). Persistence of bullying from childhood to adolescence: a longitudinal 8-year follow-up study. *Child Abuse and Neglect* 24(7):873–881.
- Sperry, D., and B. Gilbert (2005). Child peer sexual abuse: preliminary data on outcomes and disclosure experiences. *Child Abuse and Neglect* 29(8):889–904. DOI:10.1016/j.chiabu.2004.12.011
- Sroufe, L. (2005). Attachment and development: a prospective, longitudinal study from birth to adulthood. *Attachment and Human Development* 7(4):349–367. DOI:10.1080/14616730500365928
- Statistics Canada (2011). *Family Violence in Canada: A Statistical Profile*. Catalogue no. 85-224-X. Ottawa, ON: Minister of Industry.

- Stevenson, W. (1999). Colonialism and First Nations women in Canada. In D. Enakshi and A. Robertson (Eds.), *Scratching the Surface: Canadian Anti-Racist Feminist Thought* (pp. 49–80). Toronto, ON: Canadian Scholar's Press and Women's Press.
- Stewart, S., S. Sherry, M. Comeau, C. Mushquash, P. Collins, and H. VanWilgenburg (2011). Hopelessness and excessive drinking among Aboriginal adolescents: the mediating roles of depressive symptoms and drinking to cope. *Depression Research and Treatment* Article ID 970169, 11 pages. DOI:10.1155/2011/970169
- Swahn, M., T. Simon, B. Hammig, and J. Guerrero (2004). Alcohol consumption behaviors and risk for physical fighting and injuries among adolescent drinkers. *Addictive Behaviors* 29(5):959–963. DOI:10.1016/j.addbeh.2004.02.043
- Swogger, M., Z. Walsh, D. Kosson, S. Cashman-Brown, and E. Caine (2012). Self-reported childhood physical abuse and perpetration of intimate partner violence: the moderating role of psychopathic traits. *Criminal Justice and Behavior* 39(7):910–922.
- Szanto, L., J. Lyons, and C. Kisiel (2012). Childhood trauma experience and the expression of problematic sexual behavior in children and adolescents in state custody. *Residential Treatment for Children and Youth* 29(3):231–249. DOI:10.1080/0886571X.2012.702519
- Tajfel, H. and J. Turner (1986). The social identity theory of intergroup behavior. In W. Austin and S. Worchel (Eds.), *Psychology of Intergroup Relations*. Nelson-Hall series in psychology (pp. 7–24). Chicago, IL: Nelson-Hall Publishers.
- Tehee, M. C. Esqueda (2008). American Indian and European American women's perceptions of domestic violence. *Journal of Family Violence* 23(1):25–35. DOI 10.1007/s10896-007-9126-7
- Teicher, M., J. Samson, Y. Sheu, A. Polcari, and C. McGreenery (2010). Hurtful words: association of exposure to peer verbal abuse with elevated psychiatric symptom scores and corpus callosum abnormalities. *American Journal of Psychiatry* 167(12):1464–1471.
- Terry, K., M. Leland Smith, K. Schuth, J. Kelly, B. Vollman, and C. Massey (2011). *The Causes and Context of Sexual Abuse of Minors by Catholic*

- Priests in the United States*. A Report Presented to the United States Conference of Catholic Bishops by the John Jay College Research Team. Washington, DC: United States Conference of Catholic Bishops. Retrieved 4 April 2013 from http://www.bishop-accountability.org/reports/2011_05_18_John_Jay_Causes_and_Context_Report.pdf
- Thommasen, H., N. Hanlon, C. Thommasen, and W. Zhang (2006). Alcohol drinking habits and community perspectives on alcohol abuse in the Bella Coola Valley. *Canadian Journal of Rural Medicine* 11(1):15–21.
- Thornberry, T., A. Freeman-Gallant, and P. Lovegrove (2009). Intergenerational linkages in antisocial behaviour. *Criminal Behaviour and Mental Health* 19(2):80–93. DOI:10.1002/cbm.709
- Toblin, R., D. Schwartz, A. Hopmeyer Gorman, and T. Abou-ezzeddine (2005). Social-cognitive and behavioral attributes of aggressive victims of bullying. *Journal of Applied Developmental Psychology* 26(3):329–346. DOI:10.1016/j.appdev.2005.02.004
- Totura, C. Wienke, C. MacKinnon-Lewis, E. Gesten, R. Gadd, K. Divine, S. Dunham, and D. Kamboukos (2009). Bullying and victimization among boys and girls in middle school: the influence of perceived family and school contexts. *The Journal of Early Adolescence* 29(4):571–609. DOI:10.1177/0272431608324190
- Tremblay, R. (2010). Developmental origins of disruptive behaviour problems: the ‘original sin’ hypothesis, epigenetics and their consequences for prevention. *Journal of Child Psychology and Psychiatry, and Allied Disciplines* 51(4):341–367. DOI:10.1111/j.1469-7610.2010.02211.x
- Tremblay, R., D. Nagin, J. Séguin, M. Zoccolillo, P. Zelazo, M. Boivin, D. Pérouse, and C. Japel (2004). Physical aggression during early childhood: trajectories and predictors. *Pediatrics* 114(1):e43–e50.
- Trigger, B. (1976). *The Children of Aataentsic: A History of the Huron People to 1660, Volume 1*. Montreal, QC; Kingston, ON: McGill-Queen’s University Press.
- Troniak, S. (2011). *Addressing the Legacy of Residential Schools*. (Parliamentary Background Paper, Publication No. 2011-76-E.) Ottawa, ON: Library of Parliament.

- Ttofi, M., D. Farrington, F. Lösel, and R. Loeber (2011). The predictive efficiency of school bullying versus later offending: a systematic/meta-analytic review of longitudinal studies. *Criminal Behaviour and Mental Health* 21(2):80–89. DOI:10.1002/cbm.808
- Turner, H., D. Finkelhor, and R. Ormrod (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine* 62(1):13–27.
- Twardosz, S. and J. Lutzker (2010). Child maltreatment and the developing brain: a review of neuroscience perspectives. *Aggression and Violent Behavior* 15(1):59–68. DOI:10.1016/j.avb.2009.08.003
- Uchino, B., K. Bowen, M. Carlisle, and W. Birmingham (2012). Psychological pathways linking social support to health outcomes: a visit with the “ghosts” of research past, present, and future. *Social Science and Medicine* 74(7):949–957. DOI:10.1016/j.socscimed.2011.11.023
- Ullman, S. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse* 16(1):19–36. DOI:10.1300/J070v16n01_02
- Ullman, S., H. Filipas, S. Townsend, and L. Starzynski (2007). Psychosocial correlates of PTSD symptom severity in sexual assault survivors. *Journal of Traumatic Stress* 20(5):821–831. DOI:10.1002/jts.20290
- Unnever, J. (2005). Bullies, aggressive victims and victims: are they distinct groups? *Aggressive Behavior* 31(2):153–171. DOI:10.1002/ab.20083
- van der Kolk, B. (2005). Developmental trauma disorder: toward a rational diagnosis for children with complex trauma histories. *Psychiatric Annals* 35(5):401–408. Retrieved 28 March 2013 from: http://www.dhs.wisconsin.gov/mh_bcmh/docs/confandtraining/2009/050105DevelopmentalTraumaDisorder.pdf
- van der Kolk, B., A. McFarlane, and L. Weisaeth (Eds.) (1996). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society*. New York, NY: The Guilford Press.
- Van Vugt, E., G. Stams, M. Dekovic, D. Brugman, E. Rutten, and J. Hendriks (2008). Moral development of solo juvenile sex offenders. *Journal of Sexual Aggression* 14(2):99–109. DOI:10.1080/13552600802248106

- van Wormer, K. and L. Berns (2004). The impact of priest sexual abuse: female survivors' narratives. *AFFILIA* 19(1): 53–67. DOI:10.1177/0886109903260667
- Vaughn, M., F. Qiang, K. Beaver, M. Delisi, B. Perron, and M. Howard (2011). Effects of childhood adversity on bullying and cruelty to animals in the United States: findings from a national sample. *Journal of Interpersonal Violence* 26(17):3509–3525. DOI:10.1177/0886260511403763
- Vearnal, S. and T. Campbell (2001). Male victims of male sexual assault: a review of psychological consequences and treatment. *Sexual and Relationship Therapy* 16(3):279–286. DOI:10.1080/14681990120064522
- Vitaro, F., M. Brendgen, and R. Tremblay (2002). Reactively and proactively aggressive children: antecedent and subsequent characteristics. *Journal of Child Psychology and Psychiatry* 43(4):495–505.
- Volk, A., J. Camilleri, A. Dane, and Z. Marini (2012). Is adolescent bullying an evolutionary adaptation? *Aggressive Behavior* 38(3):222–238. DOI:10.1002/ab.21418
- Volk, A., W. Craig, W. Boyce, and M. King (2006). Adolescent risk correlates of bullying and different types of victimization. *International Journal of Adolescent Medicine Health* 18(4):575–586.
- Walsh, W., V. Banyard, M. Moynihan, S. Ward, and S. Cohn (2010). Disclosure and service use on a college campus after an unwanted sexual experience. *Journal of Trauma and Dissociation* 11(2):134–151. DOI:10.1080/15299730903502912
- Wang, J., R. Iannotti, and T. Nansel (2009). School bullying among adolescents in the United States: physical, verbal, relational, and cyber. *Journal of Adolescent Health* 45(4):368–375. DOI:10.1016/j.jadohealth.2009.03.021
- Wang, M., R. Selman, T. Dishion, and E. Stormshak (2010). A tobit regression analysis of the covariation between middle school students' perceived school climate and behavioral problems. *Journal of Research on Adolescence* 20(2):274–286. DOI:10.1111/j.1532-7795.2010.00648.x
- Waters, E. S. Merrick, D. Treboux, J. Crowell, and L. Albersheim (2000). Attachment security in infancy and early adulthood: a twenty-year longitudinal study. *Child Development* 71(3):684–689.

- Webber, J. (1995) Relations of force and relations of justice: the emergence of normative community between colonists and Aboriginal peoples. *Osgoode Hall Law Journal* 33(4):623–660.
- Welfare, H. and C. Hollin (2012). Involvement in extreme violence and violence-related trauma: a review with relevance to young people in custody. *Legal and Criminological Psychology* 17(1):89–104. DOI:10.1111/j.2044-8333.2010.02002.x
- Welsh, M., R. Parke, K. Widaman, and R. O’Neil (2001). Linkages between children’s social and academic competence: a longitudinal analysis. *Journal of School Psychology* 39(6):463–481.
- Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies* 25(2):175–184. DOI:10.1016/j.jrurstud.2008.11.001
- Wexler, L. (2009). Identifying colonial discourses in Inupiat young people’s narratives as a way to understand the no future of Inupiat youth suicide. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center* 16(1):1–24.
- Whitesell, N., J. Beals, C. Mitchell, S. Manson, R. Turner, and the AI-SUPERPPF Team (2009). Childhood exposure to adversity and risk of substance-use disorder in two American Indian populations: the meditational role of early substance-use initiation. *Journal of Studies on Alcohol and Drugs* 70(6):971–981.
- Wijkman, M., C. Bijleveld, and J. Hendriks (2011). Female sex offenders: specialists, generalists and once-only offenders. *Journal of Sexual Aggression* 17(1):34–45. DOI:10.1080/13552600.2010.540679
- Wiseman, H., J. Barber, A. Raz, I. Yam, C. Foltz, and S. Livne-Snir (2002). Parental communication of Holocaust experiences and interpersonal patterns in offspring of Holocaust survivors. *International Journal of Behavioral Development* 26(4):371–381. DOI:10.1080/01650250143000346
- Wolfe, D., K. Francis, and A. Straatman (2006). Child abuse in religiously-affiliated institutions: long-term impact on men’s mental health. *Child Abuse and Neglect* 30(2):205–212. DOI:10.1016/j.chiabu.2005.08.015

- Worling, J. (2012). The assessment and treatment of deviant sexual arousal with adolescents who have offended sexually. *Journal of Sexual Aggression* 18(1):36–63.
- Wotherspoon, T. and V. Satzewich (1993). *First Nations: Race, Class, and Gender Relations*. Scarborough, ON: Nelson Canada.
- Wright, R. (2012, April). Reconciling to a hard truth. *The United Church Observer*. Online.
- Yellow Horse Brave Heart, M. (2003). The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration. *Journal of Psychoactive Drugs* 35(1):7–13.
- Ysseldyke, R., K. Matheson, and H. Anisman (2007). Rumination: bridging a gap between forgivingness, vengefulness, and psychological health. *Personality and Individual Differences* 42(8):1573–1584. DOI:10.1016/j.paid.2006.10.032
- Yuan, N., M. Koss, M. Polacca, and D. Goldman (2006). Risk factors for physical assault and rape among six Native American tribes. *Journal of Interpersonal Violence* 21(12):1566–1590. DOI:10.1177/0886260506294239
- Zinzow, H., P. Seth, J. Jackson, A. Niehaus, and M. Fitzgerald (2010). Abuse and parental characteristics, attributions of blame, and psychological adjustment in adult survivors of child sexual abuse. *Journal of Child Sexual Abuse* 19(1):79–98. DOI:10.1080/10538710903485989

APPENDIX A

STUDENT-TO-STUDENT ABUSE IN INDIAN RESIDENTIAL SCHOOLS

1. Gender: ☐ Female ☐ Male

2. Age: _____

3. Are you of Aboriginal ancestry? ☐ Yes ☐ No

4. Did you or any of your family members/loved ones attend Residential School?☐ Yes ☐ No
If yes, who attended: _____

5. How long have you been working with Residential School Survivors? In what capacity? What are your training/credentials? About how many Survivors have you worked with? (if you can provide an estimate): _____

6. Did you work with any Survivors who talked to you about themselves or others being abused by **staff** in Residential Schools? ☐ Yes ☐ No

If yes, please provide your best estimate of the percentage of your clients who were victims of abuse by **staff** in Residential School:

	Victim
Psychological/Emotional Abuse	
Physical Abuse	
Sexual Abuse	

7. Did you work with any Survivors who talked to you about **students abusing other students** in Residential School? Yes ☐ No ☐

If yes, were your clients: (check all that apply) ☐ Victim(s) ☐ Witness(es) ☐ Perpetrator(s)

If yes, please continue to question 8.

If no, we thank you for your time. If you have any comments about the issue of student-to-student abuse that occurred in Residential Schools please indicate below: (e.g., Have you heard about this issue before? In what context did you hear about student-to-student abuse?)

If you have worked with VICTIMS of student-to-student abuse (if no, skip to question 9):

8a. What is your estimate of the percentage of your clients who attended Residential School who were abused by other students?

	Victim
Psychological/Emotional Abuse	
Physical Abuse	
Sexual Abuse	

8b. Do you think this was a common phenomenon in Residential School? (i.e., were there many students who were victimized by other students?) _____

8c. To what extent do you think that their experiences of abuse in Residential School resulted in feelings of shame, guilt, anger, anxiety, or any other emotions? Do you feel that the emotions experienced by Survivors who were abused by other students differed compared to those abused by staff? _____

8d. To what extent do you think that their experiences influenced their mental and physical health? Do you feel the mental and physical health consequences were similar or different among Survivors who were abused by other students compared to those abused by staff? _____

8e. Do you feel that Survivors who were abused by other students exhibited any other differences compared to those abused by staff? (e.g., differences in their willingness to disclose these experiences, differences in short- and long-term consequences) _____

8f. Do you have any other observations or perceptions regarding the experiences of Survivors who were abused by other students? _____

If you have worked with PERPETRATORS of student-to-student abuse (if no, skip to question 10):

9a. What is your estimate of the percentage of your clients who were perpetrators of abuse towards other students in Residential School?

	Perpetrator
Psychological/Emotional Abuse	
Physical Abuse	
Sexual Abuse	

9b. Do you think this was a common phenomenon in Residential School? (i.e., were there many students who victimized other students?) _____

9c. Of your clients who admitted to perpetrating against other students, were they also victimized by staff at Residential School? Or by someone else? _____

9d. Of your clients who admitted to perpetrating against other students, did their parent(s) also attend Residential school? Do you think their parent's attendance affected them?_____

9e. In your opinion or based on your client’s stories, what were the factors that contributed to student-to-student abuse that occurred in Residential Schools? _____

9f. To what extent do you think that Survivors who perpetrated against other students experienced feelings of shame, guilt, anger, anxiety, or any other emotions as a result of their actions? _____

9g. To what extent do you think that the mental and physical health of Survivors who perpetrated against other students were affected by their actions? _____

9h. Do you have any other observations or perceptions regarding the experiences of Survivors who were perpetrators of student-to-student abuse? Were they affected in any other way by their actions? _____

If you have worked with WITNESSES of student-to-student abuse (if no, skip to question 11):

10a. What is your estimate of the percentage of your clients who witnessed students being abused by other students in Residential School?

	Witness
Psychological/Emotional Abuse	
Physical Abuse	
Sexual Abuse	

10b. Do you think this was a common phenomenon in Residential School? (i.e., were there many students who witnessed student-to-student abuse?) _____

10c. To what extent do you think that witnessing others being abused resulted in feelings of shame, guilt, anger, anxiety, or any other emotions? Did witnessing student-to-student abuse elicit different emotions compared to witnessing abuse by staff? _____

10d. To what extent do you think that witnessing others being abused influenced their mental and physical health? Do you feel that the mental and physical health consequences were similar or different among those who witnessed student-to-student abuse compared to witnessing abuse by staff? _____

10e. Do you have any other observations or perceptions regarding the experiences of Survivors who witnessed students being abused by other students? Do you feel that Survivors who witnessed student-to-student abuse exhibited any other differences compared to witnessing abuse by staff? _____

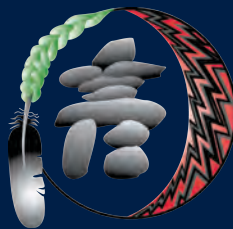
General Questions

11. In your experience, have you worked with anyone else who discussed with you or were affected by the issue of student-to-student abuse in Residential Schools? _____

12. Are there any important issues relevant to student-to-student abuse in Residential Schools that were not asked about? _____

ISBN 978-1-77215-001-8

How do we come to grips with lateral violence among First Nations, Métis, and Inuit? One answer is to study the brutal legacies of Canada's colonial policies and the continued impact of the residential school system. This system, which was forced on many generations of Aboriginal peoples, produced harmful physical, emotional, and sexual violence. As this preliminary research suggests, coming to terms with the effects of this violence involves understanding not only of the abuse perpetrated by teachers and supervisors on students but also of the abuse students suffered from other students. Student-to-student abuse, an aspect of lateral violence, is a difficult topic to discuss openly; however, it remains at the core of many of the negative impacts of the residential school system that are being felt today in Aboriginal communities. Understanding the issue of lateral violence among First Nations, Métis, and Inuit brings us one step closer to healing from the legacy of residential schools.



Aboriginal Healing Foundation

Cover image from short film *Savage* (2009),
by Lisa Jackson (<http://lisajackson.ca>).