

Mental Well-being of Aboriginal Adults in Canada:
Intergenerational Impact of Attending Residential Schools

Master's Thesis in
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Spring, 2020

Abstract

Aim: The aim of the study was to investigate the relationship between childhood trauma and its effect on the mental well-being of Aboriginal adults who attended residential school and its intergenerational impact.

Method: The study included two groups, residential school survivors ($N = 8$) and intergenerational speakers ($N = 5$). The narratives of each speaker were recorded within the sharing circles held at National Events across Canada and were made accessible within The Truth and Reconciliation Commission of Canada database. Eight significant themes were common within the narratives of both groups. The themes included physical abuse, sexual abuse, emotional neglect and parental substance abuse and violence during childhood and drug and alcohol abuse, domestic abuse, a lack of emotional capability and suicidal ideation and suicide attempts during adulthood. The relationship among these themes was analyzed, and conclusions were drawn.

Results: Both groups revealed a strong relationship between the themes of physical abuse, sexual abuse and emotional neglect during childhood and substance abuse, domestic abuse and a lack of emotional capability during adulthood.

Conclusions: Childhood trauma was seen to have a strong association with problems during adulthood creating a negative well-being in Aboriginals adults in Canada.

Keywords: mental well-being, Aboriginal people, intergenerational, physical abuse, sexual abuse, emotional neglect, mental health, drug and alcohol abuse, domestic abuse

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1. Introduction

1.1 Aim of the Study

The aim of the study was to investigate the relationship between childhood trauma and its effect on the mental well-being of Aboriginal adults in Canada. In order to understand the current trauma within Aboriginal communities, one of the root traumatic experiences, residential schools was studied. The traumatic experiences of those who attended residential schools were examined, as well as Aboriginals who have been affected intergenerationally from the trauma of the schools.

1.2 Definitions of Mental Well-being

Mental well-being is defined as an individual's mental state, including how they feel and how they cope with day-to-day life (Mind, 2016; World Health Organization, 2014). An individual's mental well-being can become vulnerable or interrupted by factors that they were exposed to, both within their childhood and adulthood. These factors include childhood trauma such as abuse or neglect, social isolation or discrimination, unemployment and domestic violence (Mind, 2016).

Mental well-being among Aboriginal people in Canada consists of a balance between mental, physical, spiritual and emotional components (Health Canada, 2016). Numerous past traumas have negatively impacted the mental well-being of Aboriginal people across Canada, interrupting their ability to cope with everyday life. Boksa, Jooper and Kirmayer (2015) reported that Aboriginal people affected by past trauma experience a higher rate of suicidal thoughts or attempts, domestic abuse and higher rates of alcohol and drug use.

In this study, poor mental well-being within Aboriginal adults will be associated with one or more struggles of drug or alcohol dependencies, problems with mental health, including emotional vulnerabilities and domestic violence.

1.3 Aboriginal People of Canada

The term Aboriginal people refers to the original inhabitants of North America (Chansonneuve, 2005). Historically, Aboriginal people were referred to as Indians, which is now seen as outdated and offensive, while the terms Indigenous or Aboriginal are viewed as much more politically correct (Boksa, Jooper, & Kirmayer, 2015). The Canadian Constitution Act (1982) recognizes three distinct groups that make up the term Aboriginal people, which includes First Nations, Métis and Inuit people. The three groups each have their own unique culture, language and heritage and live in various locations across Canada, with the Inuit people mainly inhabiting the Canadian Arctic. The

First Nations people are the original inhabitants of what is now known as Canada and are composed of more than 600 major bands, speaking around 55 different languages (Boksa, Jooper, & Kirmayer, 2015; Chansonneuve, 2005). The Métis identity did not emerge until the eighteenth century when the fur trade in Canada began to expand, and French, British and Scottish settlers began to intermarry with First Nations women (Chansonneuve, 2005).

After the Europeans made contact in the sixteenth century, the colonization efforts caused catastrophic effects on the indigenous people, causing about 90% of the population in North America to die by the mid-1850s. In Canada, the Aboriginal people were subjected to systematic oppression, as the Canadian Government felt that the indigenous population should be “civilized” and assimilated. The government created Indian reserves, which were designed to confine Aboriginal people to small settlements, which gave the government the ability to appropriate their former land. Additionally, numerous laws were created, allowing the government to control band administration, education and health care within Aboriginal communities (Boksa, Jooper, & Kirmayer, 2015; Chansonneuve, 2005).

1.4 History of Residential Schools

During the 19th century, the Canadian Government felt that it was responsible for the education of Aboriginal people and believed that it was in their best interest to learn English and to adopt Christianity and Canadian customs. In 1845, the idea of boarding schools for Aboriginal children developed, which would help support the “aggressive assimilation” policy proposed by the government during this time. It was believed that by providing education for indigenous people, the government would lessen its financial liabilities associated with indigenous communities (Miller, 2003). The assistant superintendent of Indian Affairs, Dr. Egerton Ryerson, proposed that the government should partner with the church, creating institutions which were funded by the government and run by the Anglican, Catholic, Presbyterian or United Churches (Aboriginal Healing Society, 2001; Caldwell, 1967; CBC News, 2008; Hylton, 2002; Miller, 2003; Robertson, 2006). In order to create a school system that would be effective, the Prime Minister at the time, Sir John A. Macdonald, commissioned a journalist, Nicholas Flood Davin, to study Indian industrial training schools in the United States (Hansen, 2009). He found that it would be effective for the government to develop off-reserve boarding schools rather than day schools, which would completely remove Aboriginal children from their homes. Davin stated in his report to Sir John A. Macdonald, *Report on Industrial Schools for Indian and Half Breeds* (1879),

“...If anything is to be done with the Indian, we must catch him very young. The children must be kept constantly within the circle of civilized conditions” (Davin, 1879).

Davin believed that this would allow the government and church to fully indoctrinate Aboriginal children into Canadian society (Fournier & Crey, 1997). The first residential school to open was The Mohawk Indian Residential School, in Brantford, Ontario, in 1831, which was recognized by the Indian Residential Schools Settlement Agreement (IRSSA). In 1869 and 1876, assimilation was made official by several policies, as *The Act for the Gradual Civilization of the Indian* (1869) was established, stating that all Indians had to be civilized, while the *Indian Act* (1876) legally established that the Canadian government could create legislation regarding Indians and Indian land. As a result, it was much more possible to force Aboriginal people to move onto reserve land, as well as create and enforce the attendance of educational institutions (Legacy of Hope Foundation, n.d.). Through the 1880s, schools began to open across Canada, and by 1892, the Canadian Government passed an order-in-council regulating the operation of Indian residential schools (Aboriginal Healing Society, 2001; Miller, 2003; Truth and Reconciliation Commission of Canada [TRC], 2015). In order to encourage all Aboriginal children to stay at school, the authorities would often place the children in schools far from their communities, a tactic to further alienate them from their families and communities (Hansen, 2009). The government felt that education was a way to take control of the Aboriginal people and disconnect children from their values, customs and language, a tool which was believed to assimilate Aboriginal children into the desired Canada that the government envisioned (Chansonneuve, 2005; Erasmus, 2004). In 1884, an amendment to the *Indian Act* (1876) was passed, which required all Aboriginal children age 7 to 15 to attend the schools. By 1920, the *Indian Act* (1876) was once again modified, making it illegal for indigenous children to attend any other educational institution than a residential school (Chansonneuve, 2009; Hansen, 2009; TRC, 2015). The residential school system operated in all the provinces and territories of Canada, except New Brunswick, Prince Edward Island and Newfoundland, and during its peak in 1931, 80 residential schools were in operation (Erasmus, 2004; Chansonneuve, 2005; Schwartz, 2015). Despite negative reports, including a report from *The Montreal Star* (1907) which stated that 42% of children attending residential schools died (Fournier & Crey, 1997), and the *Saturday Night Magazine* (1907) stating that fatalities in war showed a similar percentage of deaths as those in the residential schools (Schwartz, 2015), the schools remained open. It was not until 1947 when the United Church called for residential schools to be shut down as they were causing

harm to children and Aboriginal communities. Despite the increasing knowledge of the devastating effects that residential schools were causing, it would take nearly two decades for the residential school era to come to an end. During the 1950s, Aboriginal students began to integrate into mainstream schools, and from 1960-1969, the Canadian Government took over full responsibility of the schools from the church. Additionally, this time was referred to as the “Sixties Scoop” when a mass amount of Aboriginal children began to be removed from their families and put into the child welfare system. Often Aboriginal children were placed into middle-class, Euro-Canadian households, a legacy that has continued into the present day (Hansen, 2009). This surge of Aboriginal children in the welfare system during the 1960s was due to the devastating effects and trauma Aboriginal families and communities endured as a result of residential schools (Chansonneuve, 2005; Hansen, 2009). Residential schools began to shut down slowly, and in 1973, federal policy was passed, giving control of Aboriginal education over to the band and tribal councils, where the last band-run residential school was closed in 1998 (Chansonneuve, 2005; Erasmus, 2004).

During the 1990s, survivors of residential schools began to come forward with stories of the vast amount of abuse that had taken place within the school walls (Erasmus, 2004). In total, about 150,000 Aboriginal children had been removed from their communities and put into the residential school system (CBC News, 2008). Both the government and the churches involved began to take responsibility for their role in the school system. On June 11, 2008, Prime Minister Stephen Harper came forth and formally apologized to the former students of Indian residential schools, calling it a “sad chapter in our history” (TRC, 2015). Furthermore, the Truth and Reconciliation Commission of Canada (TRC) was developed, which would document the lasting impact that the residential schools had on former students, while also encouraging healing among survivors, family members and communities. Former students throughout Canada were given a safe setting to share their past experiences, as well as their present-day struggles. The TRC has also gained access to over 3.5 million documents related to residential schools, strengthening the evidence of the traumas that took place within the residential school system (Chansonneuve, 2005; CBC News, 2008; Hansen, 2009). In addition, an individual compensation program, the Common Experience Payment (CEP) within the Indian Residential Schools Settlement Agreement (IRSSA), was established, where those eligible would receive a set amount of money for each year that they were in attendance at a residential school (Assembly of First Nations, n.d.).

1.4.1 Living Standards of Residential Schools

Upon entering residential schools, children were expected to follow a strict regime forcing them to forget the freedom of life they had experienced in their home communities. Within moments of entering the schools, both boys and girls underwent a rigorous cleaning routine, where their hair was cut, disregarding the spiritual significance of braided hair (TRC, 2015), and they were given a new euro-caucasian name, as well as a number (Miller, 2003; TRC, 2015). Students were expected to forget their Aboriginal traditions, and if they were caught speaking their language, they would be punished. Most of the schools were poorly built, with minimal regard for sanitation and ventilation. As a result, contagious diseases often spread throughout the schools, resulting in many casualties, often with parents not being informed of their child's death (Hansen, 2009; TRC, 2015). It was found by the government medical inspector, P.H. Bryce, that 24% of Aboriginal children died in residential schools; however, this did not take into account the children that died outside of the schools, as they were often sent home when critically ill (Hansen, 2009). Children were expected to follow a "half-day" schedule where they spent half of the day learning in the classroom, while the other half was spent carrying out various chores and jobs, for example, boys would cut wood for the school's furnaces and stoves, while girls were expected to clean the inside of the school (Hansen, 2009; Miller, 2003; TRC, 2015). However, in many cases, the half-day system was not carried out, and students spent their entire days carrying out work around the school. Hansen (2009) found that by age 18, most students had only reached grade five, and upon leaving residential school, they were discouraged from pursuing further education. Additionally, students were subjected, often in excess, to Christian evangelization, which would often belittle Aboriginal spirituality and identity (Miller, 2003).

1.4.2 Abuse in Residential Schools

For most of the residential schools history, the government never established a clear policy on discipline, and as a result, physical abuse became a normal part of the daily routine (TRC, 2015). Students would often be strapped and humiliated within the classroom, while in some schools, punishment took the form of being beaten, locked in cellars, displayed in stocks and handcuffed to their beds. Some students also recall having needles stuck in their tongues, as a result of speaking their native language (CBC News: The National, 2015; Hansen, 2009). Even if a student was not subjected to physical abuse, they grew up in an environment where physical discipline was familiar and routine (TRC, 2015). In addition to physical abuse, students were also severely emotionally abused (Miller, 2003). Often the schools were overcrowded with a high student to staff ratio (TRC, 2015). As a result, staff had no time to provide comfort and nurture to the children and instead

subjected them to rules and routines, which was enforced by corporal punishment (Miller, 2003). During the years that residential schools were in operations, sexual abuse was not commonly reported, however in the years following the closure of the schools, many survivors came forth and began to recount the sexual abuse they experienced from both staff members and other students (CBC News: The National, 2015; Miller, 2003). The former student's allegations made it evident that sexual abuse was a severe problem in some of the schools (TRC, 2015).

Chansonneuve (2005) stated that the abuse experienced in residential schools is considered "ritualized" abuse, as it was repeated and systematic and of a cruel and humiliating manner. Often the perpetrators would use specific techniques as a way to condition and control the children, resorting to methods of torture in some instances. Albert Biderman's *Chart of Coercion* (1956), which has often been associated with prisoners of war, is also beneficial in describing the ritualized abuse that took place in residential schools. The theory proposes that abusers use eight different techniques to control and gain power over the victim, the first being *Isolation* (Chansonneuve, 2005; Biderman, 1956). In order to attend residential school, Aboriginal children were taken away from their families, communities and anything that was deemed familiar such as their language and traditions. They were then put into a foreign environment and often separated from their siblings and left alone by themselves (Chansonneuve, 2005; Miller, 2003; Robertson, 2006). Additionally, students were made to lose their identity, as everyone had their hair cut short and were required to wear uniforms (Hansen, 2009; TRC, 2015). Students were forbidden to practice Aboriginal traditions and language, as they were seen as wrong and were continuously shamed and ridiculed for being Aboriginal, an example of *Monopolization of Perception*. In order to foster *Debilitation and Exhaustion*, children were constantly in a state of fear of being abused or losing certain privileges. Students endured poor living conditions, including cold buildings, poor sanitation and overcrowding. The food served was often rancid, and very small portions were given, forcing students in some cases to steal food from the kitchens, which could result in severe punishment. Furthermore, children were made to carry out "adult-level" chores, for long periods, with very little rest (Chansonneuve, 2005; Biderman, 1956; Robertson, 2006; Miller, 2003; TRC, 2015). Both *Threats* and *Degradation* were also common tools used, including threats of torture if children were disobedient, as well as having to wear their dirty and soiled clothing for days at a time as a punishment. *Omnipotence* was a common theme, where the authority figures in the school, the nuns and priests had complete power over the children, making them believe that they could see everything they did. Additionally, priests and nuns were the only role models that the students had at the time, and so many had goals and dreams to become clerics. Students were given what were

considered “*Occasional Indulgences*,” where they received small gifts or sweets “from god,” or were granted permission to spend the summertime in their home community. Lastly, students were made to carry out *Trivial Demands*, which for example included cleaning toilets or floors over and over again, as well as strict rules on how the children would gesture and greet nuns, priests, and other students (Chansonneuve, 2005; Biderman, 1956; TRC, 2015). The extreme abuse that took place at residential schools is now considered an example of ethnocide or genocide and has caused historic trauma, which has been carried across generations (Chansonneuve, 2005; Robertson, 2006; Miller, 2003; Wesley-Esquimaux & Smolewski, 2004; TRC, 2015).

1.5 Historic Trauma

Historic trauma can be defined as a reaction to collective and multigenerational psychological and emotional injury across generations resulting in massive group traumas (Mitchell & Maracle, 2005; Wesley-Esquimaux & Smolewski, 2004). Historic trauma within Aboriginal communities can best be accredited to the policies and institutions of assimilation and loss of culture, which have been present in Indigenous people’s lives for more than 500 years (Mitchell & Maracle, 2005; Wesley-Esquimaux & Smolewski, 2004). Wesley-Esquimaux and Smolewski (2004) found that Aboriginal people are beginning to understand that many of the social problems they experience in the present day can be attributed to the trauma that the earlier generations faced. The many adversities, including epidemics, invaders taking away land and the residential school era, have created a setting for chronic, complex and endemic Post Traumatic Stress Disorder, which has been identified as a key component of historic trauma (Mitchell & Maracle, 2005). According to the American Psychological Association (APA) (2020), Post Traumatic Stress Disorder (PTSD) is a trauma and stressor-related disorder that manifests in an individual who has experienced or witnessed a traumatic event. Additionally, individuals who have heard that their close friend or family member underwent a traumatic event can also develop PTSD. Symptoms of PTSD affect the mind, body and emotions and those diagnosed experience a vicious cycle of avoidance, anxiety and recurring memories and related feelings. It is common to experience flashbacks, nightmares, anxiety, and intrusive thoughts (APA, 2020; Chansonneuve, 2005; Quinn, 2019; Mitchell & Maracle, 2005; O’Neill et al., 2018). Due to both psychological and complex biological changes, PTSD is often comorbid with other mental illnesses, such as depression and substance abuse (Chansonneuve, 2005). Mitchell and Maracle (2005) stated that when a person is diagnosed with PTSD, their behaviours occur due to a human response shaped by a traumatic event rather than a personal

weakness. In a study, which analyzed the mental health needs of 127 residential school survivors in British Columbia, 64.2% of the participants met diagnostic criteria for PTSD (Corrado & Cohen, 2003). As a result, the study proposed that the historic trauma could account for many of the behaviours and stress responses, such as substance abuse and depression, which are common in Aboriginal communities (Mitchell & Maracle, 2005).

Charles Brasfield (2001) suggested that the psychological, behavioural and social problems that residential school survivors suffer from should be defined as *Residential School Syndrome*. This term references some or all of the symptoms that residential school survivors experience. Residential school syndrome, much like PTSD (APA, 2020), involves recurrent intrusive memories, nightmares and avoidance of anything that may be reminiscent of their experience in residential schools. Additionally, it takes into account the relationship difficulties and detachment, as well as the inadequate parenting skills and tendency to abuse drugs and alcohol starting at a young age (Brasfield, 2001; Corrado & Cohen, 2003; Mitchell & Maracle, 2005).

1.6 Intergenerational Transmission

Traumatic events often have devastating effects on those who were exposed to them, but also has the ability to negatively affect family members, creating an intergenerational trauma (Bombay, Matheson & Anisman, 2009; Danieli, Norris, Engdahl, 2016; Hirsch, 2001; Lev-Wiesel, 2007; Menzies, 2010; Miller, 2003; Quinn, 2019). Often transmission of trauma through generations is unintentional, and those passing it on are usually unaware of the significant effect it can have on the following generations (O'Neill et al., 2018). Bombay, Matheson and Anisman (2009) suggested that PTSD, psychological distress, inadequate coping mechanisms, and poor attachment styles can be passed on through generations.

Danieli (1998) stated that the multigenerational transmission of trauma begins when a person is exposed to trauma, forcing them to re-adjust their life routine, which includes how they cope and adapt to adversities. The behavioural patterns, symptoms and values that a traumatized person develops become contagious, as they unknowingly pass these responses on to their offspring, regardless of whether or not the parent chose to talk or remain silent about their traumatic experience.

In addition, Hirsch (2001) found that many children of survivors of a traumatic event may carry on their parent's or grandparent's traumas as a "postmemory" from the narratives, behaviours, or mediated images that they were exposed to. Often these post-memories are so monumental that

they develop into memories in their own right, causing trauma in the child, which can be passed on to additional generations. In relation, Danieli, Norris and Engdahl (2016) also found that parental trauma may play a significant role in the well-being of their children. The authors studied Holocaust survivors and found that the offspring were affected by their parent's post-trauma adaptational styles, which may have caused their children to develop PTSD due to the "transmission of burden" from each parent (Danieli, Norris, & Engdahl, 2016).

Furthermore, residential school survivors grew up in an environment where they did not have an opportunity to learn and develop skills from positive role models (Bombay, Matheson, & Anisman, 2009). Miller (2003) reported that residential school survivors, who were raised in an institution with routine, discipline, and obedience, rather than a family setting with love, nurture, support and compassion, have suffered immensely in their adult lives. They experience difficulties forming relationships with other family members and struggle to relate lovingly to their children as a result of the harsh punishment they endured during their childhood. Residential schools prepared students inadequately in the long term, ultimately contributing to a lack of parental skills, due to the development of a distorted view of how children should be raised (Miller, 2003). Residential school survivors returning home carried the idea that abusive and neglectful parenting behaviours were acceptable, as those are the parenting styles that they were exposed to within residential schools. As a result, households with parents who were survivors often included childhood abuse and neglect, ultimately creating stress-related disturbances in the next generation (Bombay, Matheson and Anisman, 2011; Menzies, 2010; O'Neill, Fraser, Kitchenham, & McDonald, 2018). Menzies (2010) also proposed that intergenerational trauma can be a strong explanation for the vast amount of mental health issues that indigenous people experience.

1.6.1 Mental Health

Bombay, Matheson and Anisman (2009) found that children with at least one parent who attended residential school were more likely to develop depressive symptoms as adults, as a result of exposure to abuse, neglect, and household dysfunction during their childhoods. Additionally, exposure to maltreatment was linked to indigenous children showing high levels of neuroticism, mistrust and hostility, which resulted in discrimination from the public. Aboriginal people who experienced discrimination were also likely to develop depressive symptoms in their adulthood (Bombay, Matheson & Anisman, 2009). In addition, children were also likely to develop emotional disruptions, such as low self-worth, depression and alienation, as well as feelings of abandonment (Tafoya & Del Vecchio, 1996).

Kielland and Simeone (2014) reported that First Nation and Inuit communities experience much higher rates of depression, anxiety and suicide than the general population, with young people being most affected. It was expressed that this high prevalence can be linked, in part, to the historic trauma. Inuit communities experience a higher rate of suicide than First Nation communities and are 11 times higher than the rest of the Canadian population. It was also found that 15.8% of First Nation adults had attempted suicide at some point in their lives (Kirmayer et al., 2007). Risk factors associated with suicide include unemployment, sexual abuse, exposure to violence, substance abuse and major depressive disorders (Kielland & Simeone, 2014; Kirmayer et al., 2007; Menzies, 2010). Furthermore, First Nations people reported experiencing moderate to high levels of psychological distress, which was published in the First Nations Health Survey (RHS) (2008-2010). The factors causing the psychological stress stemmed from attendance to residential schools and exposure to violence and racism and corresponded to an elevated rate of psychological disorders in the communities (First Nations Information Governance Centre, 2012).

1.6.2 Substance Abuse

Substance abuse, in particular, alcoholism, is a problem that has manifested in most indigenous communities (Gagne, 1998). Alcohol abuse did not occur until after World War II when the Federal Government began to establish military bases in remote locations, often close to reserves. As a result, social programs were introduced, including welfare and housing projects, resulting in an increased flow of money into reserves. The influx of money allowed indigenous people to buy goods outside of their reserves for the first time. At the same time, residential schools were beginning to present their intergenerational effects within the communities. The loss and confusion of their cultural identity pushed many Aboriginal people towards alcoholism, a habit that has been transmitted from one generation to the next (Gagne, 1998).

Jacobs and Gill (2012), who studied the association of substance abuse with a history of physical or sexual abuse reported that alcohol abuse was a significant problem associated with being abused, and acted as a way to cope with childhood trauma and victimization during adulthood.

Alcoholism in Aboriginal communities has also increased the likelihood of children developing Fetal Alcohol Spectrum Disorder (FASD) and related congenital disabilities, as a result of alcohol dependency during pregnancy (Gagne, 1998; O'Neill et al., 2018). An alcoholic parent may lack the necessary parenting abilities, which are essential during the early and critical years of an FASD child, and they are more likely to experience abuse and neglect. Furthermore, a child born with FASD is likely to be taken out of the home and placed in the foster care system. Repeated placement

in the system may disrupt attachment and cause disorganization, resulting in the effects of complex trauma (O'Neill et al., 2018).

The RHS (2008/10) reported that First Nations youth (74.7%) identified drug and alcohol abuse as a significant challenge within communities, with 36.7% stating that substance abuse was progressively worsening (First Nations Information Governance Centre, 2012). Furthermore, drug and alcohol abuse can be a strong contributing factor towards suicidal ideation and suicide attempts, as both acts as central nervous system depressants. As a result, an individual's inhibition decreases, while their impulsivity increases, and negative emotions such as depression and anxiety develop. Substance abuse may also decrease a person's fear of death and their ability to imagine possible consequences to their actions (Kirmayer et al., 2007).

1.6.3 Domestic Violence

Domestic violence or family violence has been reported as a significant problem present in Aboriginal communities across Canada (Kwan, 2015; Public Health Agency of Canada, 2012). Kwan (2015) found that approximately 65% of the Aboriginal population in Canada experiences domestic violence. Domestic violence is abuse or neglect that both a child or adult experiences from another family member or someone they have formed an intimate relationship with. It embodies the idea of abuse of power as a way for one person to take control of another that trusts and depends on them (Public Health Agency, 2014). Violence can occur in various forms including, physical, emotional, psychological and sexual abuse. Many Aboriginal communities hold a holistic and communal worldview, and as a result, when an Aboriginal woman experiences family violence, not only does she feel the effects, but her children, partner, family and community are affected as well (Kwan, 2015).

It was found by both Scrim (2017) and the Public Health Agency of Canada (2012) that Aboriginal women are much more likely to experience victimization in comparison to non-Aboriginal women. The Public Health Agency of Canada (2012) reported that physical and emotional abuse were the most common forms of violence, with alcohol and drug usage playing a contributing factor for not only the breakdown of the family but also for an increase in poverty. The consequences for Aboriginal women included decreased self-esteem and a sense of security, self-blame and a negative impact on financial security.

Violence towards Aboriginal women is not only detrimental on an individualistic level, causing lasting emotional, psychological and physical trauma but also negatively affects their children (Kwan, 2015). Due to the lack of nurture and proper role modelling in residential schools, many

former students possessed inadequate parenting skills, which has set the stage for much of the family violence that occurs within Aboriginal communities currently (Kwan, 2015; Miller, 2003). Children who have been exposed to violence in their household may be more prone to developing PTSD, similar to their mothers, as well as develop substance abuse, difficulties in school, depression, and an unhealthy belief that family violence is normal and acceptable (Kwan, 2015; Millar & Stermac, 2000). Additionally, children who endure family violence, have a high likelihood of developing alcohol or drug dependencies, as well as are likely to suffer from low self-esteem and self-worth (Millar, & Stermac, 2000; Miller, Downs, & Testa, 1993; Tafoya & Del Vecchio, 1996).

1.6.4 Sexual Abuse

According to Hylton (2002), sexual abuse can be defined as the use or attempted use of another person's body without their consent to achieve sexual gratification and is defined by two forms: rape and child sexual abuse. Sexual abuse has proven to be a global phenomenon and can occur in all backgrounds, cultures and economic circumstances, with women generally being the victim.

McEvoy and Daniluk (1995) stated that child sexual abuse is proving to be a serious problem in many indigenous communities, with both female and male Aboriginal children experiencing a substantially high rate of sexual abuse in comparison to non-indigenous groups. Collin-Vezina, Dion and Trocme (2009) reported that Aboriginal adults had a 25-50% prevalence rate of experiencing sexual abuse in their childhood. However, the authors stated that incidences of child sexual abuse in indigenous communities is much less likely to be reported to authorities, due to several factors such as a strong sense of loyalty to the community and distrust for the justice system. Sexual abuse in Aboriginal communities has not always been prevalent; in the past, there were many boundaries, taboos and beliefs regarding sexual behaviour and gender relations. Promiscuity, incest and rape were all considered severe and unacceptable offences. If they occurred, it was up to the community, including the abuser and the abused, to help restore balance and harmony (Bopp & Bopp, 1997). However, the years following European contact, brought many negative changes, such as the introduction of alcohol, new diseases and the devastating process of assimilation, which broke down traditional norms and standards, fostering a historic trauma (Bopp & Bopp, 1997; Hylton, 2002; McEvoy & Daniluk, 1995). As a result, incidences of violence and sexual abuse within communities began to increase, often being ignored, as many communities lacked the proper resources to teach community members about healthy living (Hylton, 2002). In addition, residential schools, which were secluded, provided opportunistic sites for sexual abuse, which has caused long-lasting effects and contributed significantly to the incidence of sexual abuse within current-day communities

(Hylton, 2002; Bopp & Bopp, 1997; McEvoy & Daniluk, 1995). The trauma of sexual abuse has many negative consequences, such as mental health disorders, particularly depression and PTSD, as well as a lack of self-confidence and trust in others (Collin-Vezina, Dion, & Trocme, 2009; Putnam, 2003; McEvoy & Daniluk, 1995).

Additionally, Ullman, Relyea, Peter-Hagene and Vasquez (2013), who studied the relationship between a history of sexual assault and the development of PTSD and substance abuse, reported that sexual abuse during childhood was associated with a higher risk of alcohol and drug abuse. The author stated that drugs and alcohol dependency was used as a tool to cope and help alleviate PTSD symptoms related to the trauma. Filipas and Ullman (2006) also supported the link between childhood sexual abuse and the development of PTSD, while also adding that it contributed to revictimization in the form of adult sexual assaults. The authors proposed that childhood sexual abuse characteristics, maladaptive coping mechanisms, self-blame and PTSD symptoms were all strong predictors of revictimization (Filipas & Ullman, 2006).

Furthermore, Cloitre and Rosenberg (2006) stated that women who suffered from childhood sexual abuse were around three times more likely to experience sexual assault in their adulthood in comparison to those without a history of abuse. The authors stated that childhood sexual abuse, as well as other forms of violence, interrupt the affect regulation, which is the ability to regulate internal states and behavioural responses to different stressors. Children who experience abuse may grow up in an environment where they are not given an opportunity to develop emotional regulation skills. This disruption ultimately causes adults who struggle to react appropriately to high-risk situations of threat. Additionally, adult survivors may associate sexuality with adverse outcomes, such as pain and punishment leading them to believe that it is normal to experience sexual violence, ultimately increasing their threshold of tolerance for dangerous sexual encounters (Cloitre & Rosenberg, 2006; Filipas & Ullman, 2006; National Sexual Violence Resource Center, 2012). In addition, the authors mentioned that women are not the only ones at risk of consequences during adulthood. Males who experienced childhood sexual abuse, as well as other forms of abuse, were at risk of becoming both victims of interpersonal violence, as well as a perpetrator during their adulthood. Furthermore, it was mentioned that they were likely to develop violent behaviours during their adulthood and, in some cases, an increased risk of committing rape (Cloitre & Rosenberg, 2006).

1.7 Hypotheses

Based on previous research regarding the impact of residential schools on the well-being of residential school survivors and its intergenerational impact (Boksa, Joober & Kirmayer, 2015; Bombay, Matheson & Anisman, 2009; Bombay, Matheson & Anisman, 2011; Bopp & Bopp, 1997; Collin et al., 2009; Corrado & Cohen, 2003; Chansonneuve, 2005; Gagne, 1998; Hylton, 2002; Kielland & Simeone, 2014; Kirmayer et al., 2007; Kwan, 2015; McEvoy & Daniluk, 1995; Menzies, 2010; Miller & Stermac, 2000 Mitchell & Maracle, 2005; O'Neill et al., 2018; Tafoya & Del Vecchio, 1996) the following hypotheses were made:

Hypotheses 1:

Aboriginal adults who attended residential school during their childhood and were exposed to different forms of abuse, ultimately causing childhood trauma were expected to experience poor mental well-being during their adulthood (Boksa, Joober & Kirmayer, 2015; Bopp & Bopp, 1997; Brasfield, 2001; Chansonneuve, 2005; Corrado & Cohen, 2003; Gagne, Hylton, 2002; 1998; McEvoy & Daniluk, 1995; Miller, 2003)

Hypotheses 2:

Intergenerational Aboriginal adults, those who did not attend residential school but were exposed to family members who were former students, were expected to experience poor mental well-being during their adulthood due to the intergenerational effects (Boksa, Joober & Kirmayer, 2015; Bombay, Matheson & Anisman, 2009; Bombay, Matheson & Anisman, 2011; Bopp & Bopp, 1997; Collin et al., 2009; Chansonneuve, 2005; Gagne, 1998; Hylton, 2002; Kielland & Simeone, 2014; Kirmayer et al., 2007; Kwan, 2015; McEvoy & Daniluk, 1995; Menzies, 2010; Miller & Stermac, 2000 Mitchell & Maracle, 2005; O'Neill, Fraser, Kitchenham, & McDonald, 2018; Tafoya & Del Vecchio, 1996).

2. Method

2.1 Sample

The sample consisted of two groups; the first group consisted of residential school survivors ($N = 8$), those who attended residential school at some point in their childhood or adolescence. The sample

consisted of four females and four males, all over the age of 18. They had attended one year or more at a residential school within one of the Canadian provinces.

The second group included intergenerational speakers ($N = 5$), those who did not directly attend residential school but rather were raised or were exposed to a family member that attended residential school. The sample consisted of four females and one male, who were over the age of 18 and who grew up in one of the Canadian provinces.

2.2 Instrument

In 2007, The Truth and Reconciliation Commission of Canada (TRC), which was an element of the Indian Residential Schools Settlement Agreement (IRSSA), was set up to facilitate the reconciliation of former students, their families and their communities (Government of Canada, 2019; TRC, n.d.). The TRC spent six years travelling across Canada, where they met with more than 6,500 witnesses who shared their experiences (Government of Canada, 2019). National events were also held, which provided an environment where survivors and family members had the opportunity to share their stories and experiences, helping to inform all Canadians about the truth behind residential schools (Government of Canada, 2019; TRC, n.d.). One of the aspects within the TRC national, regional and special events included sharing circles. The sharing circles gave residential school survivors, family members and former residential school staff the chance to share their experience, both within schools as well as after they had left school. They were recorded and made publically accessible within the National Centre for Truth and Reconciliation database (National Centre for Truth and Reconciliation, n.d.). The database possesses 105 sharing circle videos, with numerous speakers within each video. The speakers that were included in this study were participants of sharing circles from National events in Quebec, Saskatchewan, British Columbia, and Alberta from 2012-2014. Although the sharing circle videos were publically accessible, the National Centre for Truth and Reconciliation was contacted and made aware of this study and asked if some of the stories from the sharing circle videos could be analyzed.

2.3 Procedure

In order to select participants for this study, all 105 sharing circle videos were analyzed, and speakers were narrowed down based on the details of their narrative. Residential school survivors who made up sample group one were included in the study if their narratives provided in-depth

details of their experience within a residential school, as well as shared information on their mental well-being after leaving residential school and during their adulthood.

Intergenerational speakers, those who made up sample group two, were selected based on an in-depth narrative of their experience during their childhood while living with a family member who attended residential school, as well as their mental well-being within their adulthood. All of the participants' names were changed to keep the speaker's identities anonymous.

Following the selection of participants, the narratives of each speaker within the residential school survivors sample group ($N = 8$) and the intergenerational speaker's sample group ($N = 5$) were transcribed. In order to analyze the stories of all of the speakers, narrative analysis techniques were used, and each narrative was analyzed based on major themes that arose both in childhood and adulthood. Eight major themes were found to be common in both sample group narratives and were split into two categories, childhood trauma and well-being during adulthood. Four themes arose within the childhood trauma section, which included physical abuse, sexual abuse, emotional neglect and exposure to parental substance abuse and violence. The mental well-being during adulthood section also included four themes, substance abuse, domestic abuse, lack of emotional capability and suicidal ideation or suicide attempts. The relationship among these themes was analyzed for each speaker in both sample groups, with a strong focus on the relationship between the childhood trauma themes and the themes that occurred during adulthood. Following the analysis of the themes within this study, conclusions were drawn.

2.4 Ethical Considerations

The study is consistent with the principles concerning human research ethics of the Declaration of Helsinki (World Medical Association, 2013), as well as follows the guidelines for the responsible conduct of research of The Finnish Advisory Board on Research Integrity (2012).

3. Results

3.1 Residential School Survivors

Residential school survivors are those who attended residential school firsthand. They were generally sent to residential school at a young age and often stayed for many years, growing up in

the institutions. They experienced many forms of abuse daily, which has had lasting impacts on their lives in a negative way. As adults, they have struggled with substance abuse, poor mental health and domestic abuse, which has disrupted not only their lives but the lives of their family members.

3.1.1 Speaker 1: Sharon

Sharon attended residential school for seven years, first attending when she was four years old. Before Sharon attended school, she was raised by her grandmother, as both of her parents were alcoholics. While in school, Sharon was physically abused on a daily basis by both nuns and priests. In one instance, Sharon went to a priests' office, as the beads her grandmother had given her were confiscated, and she was asking to have them back. At the office, she witnessed the priest sexually abusing another student. When the priest saw Sharon, he struck her on the side of the head and took her to a room where she was repeatedly strapped. She was then made to go to the church and to pray for forgiveness, although she was not aware of what she had done wrong. Sharon also remembers being forced to eat rotten meat or meals of only broth and potatoes. When Sharon left residential school in 1971, she went to live with her father, but because he was an alcoholic, she was put into foster care. In foster care, she was physically and sexually abused. She was also raped, in which she went to court over but unfortunately lost the case and was returned to the same foster home. At the age of 15, she left foster care and lived by herself while attending high school. She became involved with drugs and alcohol and had little respect for herself. She did not want to have children, as she felt her childhood was terrible and feared that her children would be tormented the same way she was. However, she had two children, a son and a daughter. Both her children have struggled because of the way she parented, as she was very physically abusive towards them, as well as abusive towards her husband. She often targeted her son, as he was homosexual, and she felt that she needed to "toughen" him up. Her son is an alcoholic and is in the prison system. Sharon takes responsibility for how her children have turned out, as she never bonded with her parents, but rather bonded with nuns and priests that were abusive towards her, leading her to treat her children the same way.

3.1.2 Speaker 2: Frank

Frank felt that his life was very positive before he attended residential school. He would often accompany his father on hunting trips and would help work on his family's farm. Frank's father, however, was hired by a residential school as a caretaker and was given a house to live in, located next to the school. After moving to the house, Frank was forced to go to residential school, although his parents initially tried to prevent their children from attending. After Frank started to attend

residential school, his life became a matter of survival. He received no nurture from the nuns and priests and stated that he would often go to sleep listening to the other children cry. Frank was raped by a group of boys attending the school one evening, which was witnessed by a nun, who did nothing to help him afterwards. The boy who sexually assaulted Frank would often come over to his house on Saturdays and spend time helping his mother. Frank's mother did not believe that the boy raped him and thought he was making it up, causing Frank and his mother's relationship to weaken. Frank was moved to a different residential school for high school, and there he played on several different sports teams. During a hockey game, Frank became injured. While he was receiving first aid in the infirmary, he was sexually abused by an adult female, which occurred on several different occasions. Frank became an alcoholic at 20 years old. He also found it very difficult to form relationships with other people. He was physically abusive towards his wife and struggled to feel love towards her, as he was not given the opportunity to bond and form loving relationships while growing up.

3.1.3 Speaker 3: Mary

Although Mary did not attend residential school, she was sent to boarding school, which was also run by the church and was similar in many ways. Mary was furious at her mother for sending her to boarding school and would often wonder why her mother let her go through all of the abuse that she suffered. While in school, Mary was physically abused by nuns, in some instances forcing her into the infirmary. Mary was both sexually abused by nuns as well as priests, who would often take her, as well as other children to houses where she remembers having her pictures taken and being molested. Mary has tried to commit suicide on many different instances and became a drug and alcohol addict starting at 16 years old. Although she is currently sober, due to the long-term impact of alcohol, she has developed Dry Drunk Syndrome. Mary also struggles to form trusting relationships with other people and cannot have anyone living in the same house as her, including her children.

3.1.4 Speaker 4: Kathy

Kathy was the second generation in her family to go to residential school, attending the same school her father did. Initially, Kathy did not have many memories about her experience while attending school, however, memories began to emerge due to specific triggers, often giving Kathy panic attacks as she was forced to recount her past experiences, including sexual abuse. When Kathy left residential school and returned to her family home, her parents struggled as they did not possess

adequate parenting skills due to their upbringings in residential school. Kathy grew up in an abusive and violent home. Her father was both physically and sexually abusive towards her and her sisters. Additionally, her mother continuously formed relationships with abusive partners, a trend that Kathy and her sisters followed during their adulthoods. Kathy also struggles with abandonment and rejection and does not feel a sense of belonging. She has also struggled with alcoholism and drug abuse.

3.1.5 Speaker 5: William

William entered residential school, feeling betrayed and abandoned by his mother, as he thought that he did not need to go to residential school and was happy with his life at home. William did not have a strong relationship with his parents, as both had attended residential school and struggled with alcohol addiction. While in residential school, William became very angry and rageful and felt that the schools taught him to become hateful. He was raped by a 14-year-old boy attending the school and believes that the boy must have learned it from somebody else. He was also repeatedly physically abused daily. William left school at ten years old, travelling to Vancouver, British Columbia and became a drug addict, which lasted for 45 years, where he experienced several drug overdoses. For a long time, William was suicidal and felt that he was a failure, as during his childhood, he was continuously told that he was a “savage” and would never amount to anything. William believes that his family are all products of residential school, as his grandfather was sexually abusive, who taught William to become a sexual predator as well.

3.1.6 Speaker 6: Karen

Karen first attended residential school when she was nine years old. She remembers often being humiliated by the nuns, who would then strap her if she cried. The food was often rotten, and in one instance, she was sick on her plate and was made to eat her vomit, as all students were required to eat everything on their plates. Karen was sexually abused by the handyman, who was allowed into the girl’s dormitory, as he was the watchman at night. She was also sexually abused by the older girls attending the school, as well as the priests, causing her never to feel safe at any moment. As an adult, Karen had three children but did not know how to love or nurture them and treated them the same way that she was treated during her childhood. She was an alcoholic and felt that alcohol was more important than her children and, as a result, was very mean and abusive to her children if they interfered with her drinking. Karen's two daughters were both sexually assaulted within their community, which she believes is an intergenerational effect of the residential schools.

3.1.7 *Speaker 7: Michael*

Michael has hurt every day since he attended residential school. One of Michael's first traumas occurred when his close friend committed suicide after a priest has sexually abused him. Michael confronted the priest about it, stating that it was his fault, and the priest reacted by hitting him on the side of the head, severely injuring him. Michael was then put into a small repair room to recover for several weeks. While he was still recovering, he was repeatedly sexually abused by the same priest. Although Michael only attended residential school for one year, his experience has followed him into his adulthood. Michael cannot be intimate with his wife and cannot show any emotions, even when his son died.

3.1.8 *Speaker 8: Johnathan*

Johnathan attended residential school for ten years, starting at the age of four, only completing up to grade five. He only knew his mother for about four years and did not have a relationship with his father and instead was raised by his grandfather. While in school, Johnathan was physically abused, often because he had wet his pants. He also was sexually abused, which caused him to carry a lot of shame with him into his adulthood. Receiving an education within the school was a very negative experience, and Johnathan was repeatedly told that he was never going to amount to anything, which he eventually started to believe. When he left residential school, he had a lot of anger and brought a lot of trouble to his reserve, causing him to spend many years of his life in jail. He would often physically assault others, and at 16, he and four others raped a woman. Most of Johnathan's nine children have different mothers, which he believes is part of the legacy and effect of his experience in school. He was also physically abusive towards his partners. He did not know what was wrong with him and did not like who he was, and as a result, tried to kill himself on numerous occasions. Johnathan struggles with learning how to live with other people, particularly at night, as he feels that he still needs to protect himself and sleeps in a fetal position. He has trouble expressing his emotions and getting close to anyone, even his family members. His children and grandchildren have experienced the intergenerational effects of residential school and have struggled with drug addiction and prostitution. Johnathan understands why his children are like this, as he abandoned them, just like he was abandoned during his childhood.

Table 1

Descriptions of Residential School Survivors (N = 8)

Residential School Survivors			
Name	Sex	Childhood trauma	Mental well-being during adulthood
Sharon	F	<p>Her parents were alcoholics, mother died of an alcohol-related disease</p> <p>Witnessed sexual abuse in school</p> <p>Was physically abused in school</p> <p>After residential school was put into foster care</p> <p>In Foster care was physically and sexually abused and raped</p> <p>Exposed to violence between her parents</p>	<p>Became a drug addict and alcoholic</p> <p>Had two kids, even though she did not want to have children</p> <p>Was physically abusive towards her children and spouse</p>
Frank	M	<p>Was raped by several older boys that attended the school</p> <p>Received no nurture or love and would cry at night</p> <p>When he went into high school he was sexually abused by an adult female while in the infirmary</p>	<p>Was physically abusive towards his wife</p> <p>He didn't know how to feel love towards his wife or children</p> <p>Could not deal with his children crying, as it reminded him of when the children would cry at night while in school</p> <p>Became an alcoholic for a short period</p>
Mary	F	<p>She was very angry with her mom and blamed her for sending her to boarding school</p> <p>Was sexually abused by the nuns</p> <p>Physically abused on a daily basis</p> <p>Would go hungry and not fed sufficiently</p> <p>The priest would take her to a house, where she had her pictures taken and was molested</p>	<p>She cannot form relationships with others</p> <p>No one can stay in her house with her</p> <p>Has a hard time trusting and believing people</p> <p>Became a drug addict and alcoholic</p> <p>Currently suffers from Dry-drunk Syndrome</p> <p>Tried to commit suicide numerous times</p>
Kathy	F	<p>Does not remember a lot of her experience-but has memories resurface</p> <p>Can be triggered easily</p> <p>Was physically and sexually abused while in school</p> <p>When she returned home from residential school, her parents did not know how to parent, and therefore was exposed to violence and abuse</p>	<p>Feels abandonment and rejection</p> <p>Does not feel that she was loved</p> <p>Does not feel that she belongs anywhere</p> <p>Became a drug addict and alcoholic</p> <p>Got into abusive relationships as they felt normal and familiar</p>

William	M	<p>While in school felt abandoned, neglected and alone</p> <p>Was raped by a 14 year old boy when he was five years old</p> <p>Learned and developed hate and anger</p> <p>Never knew his parents as both were alcoholics and had previously attended residential school</p>	<p>Started doing drugs at 10 years old, when he left Residential school, was a drug addict for 45 years</p> <p>His grandfather was a sexual predator and he was taught to also become a sexual predator</p> <p>Was suicidal and tried to kill himself through drugs</p>
Karen	F	<p>Was often humiliated by the nuns (e.g. peed her pants in front of her class) and then was strapped for doing it</p> <p>Food was often rotten and in one instance, she vomited on her plate and was made to eat it by the nuns</p> <p>Was sexually abused by the handyman and priests, as well as older girls that attended the school</p>	<p>She is very mean and abusive towards her three children</p> <p>Did not know how to be a mother or how to be responsible, and treated her children the same way she was treated in school</p> <p>Became an alcoholic, and loved alcohol more than she did her children</p>
Michael	M	<p>His best friend committed suicide after he had been sexually abused by a priest. He confronted the priest and was physically abused and put into a small repair room to recover, there he was sexually abused by the same priest</p>	<p>He has trouble showing emotion and was unable to cry when his son died</p> <p>Cannot become intimate with his wife or anyone else</p>
Johnathan	M	<p>Experienced physical, emotional and sexual abuse while in school</p> <p>Had a poor relationship with his mother and did not know his father</p>	<p>Has trouble learning, as he was continuously told he was stupid and would not amount to anything by the nuns</p> <p>Has a lot of rage and anger which caused a lot of trouble in his community</p> <p>Has spent time in jail</p> <p>When he was 16 years old, he, along with four other men raped a women</p> <p>He was suicidal and still struggles with wanting to live</p> <p>Has nine children, most with a different mother</p> <p>Has trouble getting close to family members</p> <p>Cannot express emotions and has trouble showing love</p> <p>Feels he abandoned his children</p>

3.2 Intergenerational Speakers

Intergenerational survivors did not personally attend residential school but had a family member, such as a parent, siblings or grandparents who did. They have experienced the trauma of residential

school second hand. They have been affected by their family member's negative behaviour or coping mechanisms, which has caused a new trauma in the next generation.

3.2.1 Speaker 1: Brittany

Brittany's mother and father both attended residential school. Both parents experienced physical and emotional abuse. Although her father never specified, he gave the impression that he had also been sexually abused by a priest while attending school. Brittany's mother had her at 17 years old; however, Brittany was taken out of her care when she was eight months old and put into her grandmother's custody. She did not have a strong relationship with her biological parents and only saw her mother periodically. Her father was an alcoholic, and she was very fearful of him, as he often became violent when he drank alcohol. Brittany never knew about residential schools until she was in University, as her parents had trouble communicating their past traumas. Brittany feels that her parents did not love her, and at a young age, she ran away from home, seeking love elsewhere, which resulted in Brittany becoming pregnant at 17. Brittany's husband was an alcoholic, which soon pushed Brittany to start drinking and eventually become an alcoholic as well, often using it as a way to communicate with her husband and mother. Brittany expressed that her daughter is a broken person. Her children grew up in a household with a lot of violence and alcoholism, which Brittany feels very guilty about.

3.2.2 Speaker 2: Richard

Richard never attended residential school but feels he has been affected by it immensely. Richard comes from a family of 13, with most of his siblings and parents attending residential school. There are only four remaining members of Richard's family who are currently living, and many of his family members have died in violent ways, such as from drugs, alcohol, suicide and gun violence. Richard's father was very mean and hard on him. Physical abuse was a common occurrence in his household, and Richard, from an early age, was taught not to cry but rather just to endure it. He was also sexually abused by a family member when he was young. As an adult, Richard felt a lot of anger towards his father and felt that he had abandoned him. Richard moved away from his reserve when he was young, as his father had kicked him out because he was no longer attending school. He moved to Vancouver, British Columbia, where he became a heroin addict, which has caused him to overdose several times. Richard has had many different partners throughout his life and has five children from three different mothers. Two of his children's biological mothers have committed suicide, while the other is in a treatment facility. Two of his sons were also sent to residential

school, as Richard was unable to look after them, as he was going to spend time in jail and assumed it would be a safe place for them. Richard has also been a participant in several gangs. He would often expose his children to his criminal activity and would teach them about the “street life,” not realizing that he was doing anything wrong. Richard’s children are struggling with drugs and alcohol abuse, as well as violence. Two of his sons have spent time in jail alongside Richard. He realizes that this cycle needs to stop at his grandchildren; however, several of his grandchildren are already struggling.

3.2.3 Speaker 3: Rebecca

Rebecca’s parents, as well as her grandparents, attended residential school. Rebecca’s baby sister was given up for adoption by her mother, and her older brother was taken care of by her grandmother. Rebecca never understood why her mother was the way she was. Her mother drank a lot and would often become violent and would engage in many fights, usually with weapons. Rebecca, who was only five years old at the time, had to learn to take care of her little brother and herself, as her mother would leave them for days at a time. Eventually, Rebecca and her little brother got apprehended and put into foster care. While in foster care, her brother and herself experienced physical and emotional abuse; however, Rebecca’s grandmother eventually took Rebecca and her brother into her custody. Rebecca did not know about residential schools until she was 14 and never understood why her family was the way it was and why she thought her mother loved alcohol more than she did her children. She held a lot of anger towards her mother and grandmother. At age 11, she had become suicidal, as she felt no one loved her. At age 13, Rebecca started to drink, and at 17, became a drug addict. Rebecca believes that she is an outcome of residential schools and can only change the future generations with her children by nurturing them and loving them, something her parents could not do for her.

3.2.4 Speaker 4: Anna

Anna never attended residential school, but her grandparents and parents brought the trauma from their experience home, which profoundly affected her. When Anna was three years old, she was sexually abused for the first time by a family member and, by five years old, was told by a doctor that she had a venereal disease. However, no social worker or police addressed the sexual abuse she was experiencing but instead was given antibiotics. Anna has a hard time trusting and being sincere while talking to people. She also struggles with showing affection and love, as well as saying, “I forgive you.”

3.2.5 *Speaker 5: Bethany*

Bethany's mother attended residential school. During her childhood, Bethany was in and out of the foster care system. However, when Bethany was in her mother's care, she was brought up with corporal punishment. She never understood why her mother physically abused her so often. Bethany was also sexually abused by a few of her mother's partners. When Bethany was 13, her mother physically abused her and Bethany hit her back, causing her to carry a lot of guilt and shame for a long time. From 13 to 17, Bethany was lost in the foster care system. She believes that the ministry failed her, as she was never diagnosed with Post Traumatic Stress Disorder but was rather seen as a "problem child," instead, being moved to new foster homes or detention centres. Bethany felt a lot of hate towards other people and would never let them come near her. As an adult, she became an alcoholic and drug addict.

Table 2

Description of Intergenerational Speakers (N = 5)

Intergenerational Survivors			
Name	Sex	Childhood trauma	Mental well-being during adulthood
Brittany	F	Taken from mothers custody, raised by her grandmother Father was an alcoholic Did not feel loved by her mother or father	Ran away at 17 Became pregnant at 17 Her husband and herself became alcoholics and used it to communicate
Richard	M	Violent deaths of many of his family members, mostly due to drug and alcohol abuse and suicide Sexually abused by a family member Physically abused by his father Feels he was emotionally abandoned by his father	Became a drug addict and alcoholic Joined a gang and was the leader of it Could not feel love and became involved in numerous relationships, having children with three different women Sent his two sons to residential school, as he was going to spend time in jail Has spent most of his life in jail Feels abandonment and has low self-esteem
Rebecca	F	Her mother was an alcoholic and at five years old, she was often left alone to take care of her brother, as her mother would disappear for days Was put into foster care due to the violence in her household Her mother was often physically abusive towards her She was mistreated in foster care and witnessed her brothers being physically abused. She was eventually taken in and raised by her grandmother	Started taking drugs at 11 years old and was a drug addict by 17 years old Tried to kill herself at 11 because she thought no one loved her Was told at 18 years old that she was sterile due to the number of drugs she was taking, however, eventually had children

Anna F	Was raped at three years old Was raped again by a family member at five years old Developed a Venereal disease at five years old, which was not addressed by social workers or the police	Has a hard time trusting other people Is unable to show physical affection and cannot say “I love you” to others Has trouble looking into other people's eyes and being sincere with what she says
Bethany F	While in her mother's care, was sexually abused by a few of her partners Mother was physically abusive towards her Was in and out of the foster care system from age 13-17	Developed Post Traumatic Stress Disorder but was never diagnosed, instead was said to be a “problem” child Carried a lot of anger towards other people Became a drug addict and alcoholic Felt guilt and shame

3.3 Themes

3.3.1 *Theme 1: Physical Abuse during Childhood*

Physical abuse during childhood was a theme that was mentioned by all of the speakers, both residential school survivors and intergenerational speakers. The residential school survivors all spoke of experiencing some sort of physical punishment from an authority figure, most commonly a nun or priest.

I remember the first good whipping I got from them was when I went to school, and I pissed myself. They took me upstairs to a bathtub, and I had a little duck, it was the only toy I had, someone stuffed it in my pocket before I went to school. And while I was in the bathtub, playing with this little duck, and then she took it, that's the last time I seen it. When I got out, she was drying me off again, and I pissed myself and did I ever get it good, first good licking I got (Speaker 8, Johnathan).

And I remember the father coming, struck me on the side of the head, dragged me off to a room, and those leather straps are about one inch thick. Repent you have sinned, all I wanted was beads because my granny had sent me to get beads. I don't know how long he repeatedly hit me with that belt (Speaker 1, Sharon).

Intergenerational speakers also spoke of the physical abuse they experienced from their family members during their childhood.

Me and my father never had a relationship until about two years before he died. Growing up back home seemed like I was a target for him. This old guy seemed like he was always in a rage, yelling, swearing and it seemed like I was his target, I would get beatings off of that guy,

and I became very bitter towards him, there was times I wanted to kill him (Speaker 2, Richard).

She brought me up with corporal punishment, so that's all I knew. Um by the age of 13, I became a ward of the ministry of children and families, and that's when I started, I was beat up so much by my mom all the time, and I never understood why (Speaker 5, Bethany).

3.3.2 Theme 2: Sexual Abuse during Childhood

Sexual abuse experienced during childhood was also a prevalent theme that arose within most of the speaker's narratives. The residential school survivors reported that they were often sexually abused by authority figures, most commonly a priest or nun, however sexual abuse from other students attending the school was also often prevalent.

...and I wasn't abused by the staff; I was abused by a group of boys in that school at the mission school there. And, and as I said, I use to listen to these boys crying, and after I was raped by these boys, I was one of those boys crying under the pillow. You would cover your head with the pillow, and somehow I didn't want to cry, but it would come, but no tears. That um, that, that night I was raped, I, I looked, the dorm is long like this and in the corner over there was where the nun had her bedroom. I didn't know what time of the night it was, I felt someone holding my feet down, and somebody jumped on top of me. I tried to yell out, I think I did yell out because I looked over there for help, the light came on, and, and everything just was so quiet, and like yet, I was fighting, and nothing was happening, and then It was over. You look for help, there is no help, there is that, that internal snickering, sniffing or, or just, it's just this crying, this sniffing and, and I don't know what to do. You try to, I tried to get up to go tell the nun what happened and when I sat up and looked, she was standing at the door, and nothing comes up, and, and I covered up and I cried, and I became one of those kids that were crying every night (Speaker 1, Frank).

I was sexually abused by Anthony Leaux; he was the handyman and the watchman in Kamloops. A grown man raped me; he was allowed to come to the girl's side because he was the watchman every night, he had that access. He came to my bed. Older girls preyed on me; we weren't safe from anyone. Every time I went to the washroom, I would check every stall, I would look under the sinks to make sure there wasn't anyone in there, I would go into the stall, and just before I could lock the door, one of the older girls would come in and abuse me, sexually abuse me (Speaker 6, Karen).

One of the first things that happened to us, when we had to take a shower, the priest would make us all line up and bend over, and uh, I guess he got his thrills out of that, and he would inspect each one of us. Then he would go in front of us and left our private parts to his pleasure, and a lot of us didn't know what to do (Speaker 8, Michael).

Sexual abuse among the intergenerational speakers was also spoken about and was often initiated by family members or a parent's intimate partner.

When I was three years old, it was the first time I got raped by a family member. When I was five years old I had a Venereal disease (Speaker 4, Anna).

When I was in my mom's care, as I understand it now today, I was in and out of the foster care system, while she was bringing me up. I was sexually abused by a few of her partners while I was in her care (Speaker 5, Bethany).

3.3.3 Theme 3: Emotional Neglect during Childhood

Emotional neglect during childhood was talked about by some of the residential school survivors; however, it was more noticeably prevalent in the intergenerational speaker's narratives. A common occurrence within residential schools was that young children would often be left alone at night and received no nurture from the adults at the school, despite being a young age. Additionally, when the children returned home from residential school, they did not receive nurture and love from their parents, as they often struggled to show affection and emotion due to their traumas from residential school.

...Life became a matter of survival. Um, I know the feeling in the morning, nobody hugged you when you went to bed, and nobody came to see, to, to kill all the bed bugs on the wall. There was just no feeling there, and listening to the kids cry at night (Speaker 2, Frank).

Another issue that I had was, was this deep long feeling of wanting to be loved. I never really, really got that when I was growing up. That's why I ran around and got into many different relationships (Speaker 5, William).

Intergenerational speakers were often unaware that their parents or other family members had attended residential school and spoke about never understanding why their parents did not show them love and affection.

...And then when I looked closely at my life, my people were there, my mother and father were there till the bitter end. However, when I look at my father, I would say I was emotionally abandoned, because not once did I ever hear the old guy say, "Son, I love you. I'll be there for you." Never, ever heard him say that. Even when he was drunk, never, ever heard him say that (Speaker 2, Richard).

Um, I always felt that I wasn't loved by my mom or my dad (Speaker 1, Brittany).

I tell my children every day that I love them, the things that my mother and father couldn't do for me (Speaker 3, Rebecca).

3.3.4 Theme 4: Exposure to Parental Substance Abuse and Violence during Childhood

Theme four, exposure to substance abuse and violence in their family household, was most commonly talked about among the intergenerational speakers; however, it was also prevalent within the residential school survivors after they had returned home from residential school.

... It affects the whole community because even my cousins remember, like when there was no children there, there were just elders and no children. Can you imagine a community without children and then um not being able to parent, like all seven of us got sent to the residential school, and then we come back home, and my mom didn't know how to parent, she was just shown what her mother taught her. I grew up in a very abusive home, um my mom got into numerous relationships, but that's because of when my father, when he went to the residential school, he was taught the physical abuse and sexual abuse (Speaker 4, Kathy).

The intergenerational speakers spoke more avidly about their experience at home and the violence and substance abuse that they were exposed to, most commonly from family members. The speakers also spoke about their role in exposing their children to their violence and substance abuse.

I grew up on the reserve, boy there was a lot of drinking, a lot of violence. I fell right into that category. I started drinking when I was 13 years old (Speaker 2, Richard).

I was part of a gang that I was the leader of, you know. I did a lot of criminal activity stuff, and the sad part of all this stuff I was doing was my kids were right behind me. I dragged my kids to hell and back a number of times. I taught them everything that I knew about the street life, never thinking that I was doing wrong. I thought I was doing a wonderful job by looking after them, in which I was. I always say this when you don't know, you just don't know; when you don't understand, you just don't understand, plain and simple, you know. I'm not trying to justify my actions about the way I brought up my kids, but that is all I knew, that's all I'd seen when I was growing up. Today I see it, as plain as day, where I went off the tracks. I should have done this, and I should have done that, no, it's too late for that, you know, it's done. And due to the way I role modelled to my kids, my kids are suffering today because they went to prison, their drug addicts, their alcoholics, there violent people like that (Speaker 2, Richard).

I didn't know why she was the way she was. I didn't know about residential schools until I was about 14. She drank a lot before I was five, I seen her fight so many times, she would be fighting with hammers. We use to cry for her not to fight. We use to see her drink a lot. I had to learn how to cook by the time I was five years old for me and my little brother because there was no one there to watch us, my brother was three, for over 24 hours and that's when I

had to learn how to cook. My mom kept drinking, and we got apprehended (Speaker 3, Rebecca).

3.3.5 Theme 5: Drug and Alcohol Abuse during Adulthood

Drug and alcohol abuse during adulthood was experienced by the majority of the speakers, both residential school survivors and intergenerational speakers. The speakers used drugs and alcohol as a way to cope with the trauma they had experienced during their childhood, either in residential schools or within their family homes.

I drank, I was a very, very bad alcoholic. My booze, my alcohol was more important to me than my children. I drank every day. As soon as I opened my eyes, I reached for a beer. And the only time I quit was if I passed out or ran out of booze, and this was every day. I treated my, I, I was absolutely mean to my children every day because they were interfering with my alcohol (Speaker 6, Karen).

... I was drinking and doing drugs all my life, um I felt like I was walking around dead and nonexistent in this life, Um, with all the alcohol and drugs, and this part of me (Speaker 4, Kathy).

The intergenerational speakers spoke about how substance abuse was a recurring theme within their childhood households. It is also mentioned that alcohol was used as a tool to communicate with other family members, something that otherwise was not possible.

I always felt that I wasn't loved by my mom or my dad, and finally, you know, unfortunately, drinking was a pattern in my life; I found a husband who was an alcoholic, and I became one too. It became our method, or trying to solve, trying to disguise our true feelings and um, it took alcohol for my mom and me to actually have a conversation, a confrontation because we didn't know how to communicate (Speaker 1, Brittany).

I drank for 33 years, did drugs for 22 years. I lived on the streets, all over the place. I was a father at 15, and I was sitting in prison when my son was born. I grew up in an alcoholic home, an alcoholic community, everybody drank, and everybody fought (Speaker 2, Richard).

When I was 13 I started drinking and smoking up. At 16 I started doing heavy drugs and I was a junkie at 19. At 18 I did so much drugs, the doctors said I probably would be able to have kids, and I didn't, that life wasn't for me. But when I found out about residential schools I still partly blamed, I didn't know what happened there, I didn't know anything. I know why I didn't know

anything, because the elders, my Kokum, my mom didn't want to talk about it, why do they want to talk about it? (Speaker 3, Rebecca).

3.3.6 Theme 6: Domestic Abuse during Adulthood

The sixth theme, domestic abuse, was talked about in both contexts. The speakers either experienced physical violence from their family members or intimate partner or that they were perpetrators and actively physically abused their partners or children.

I went to the reserve, I had a rage that I didn't know, and I became a very, a very unhealthy person that brought a lot of trouble to the reservation. I was someone who hurt a lot of people, then I started drinking at a very young age, become a way of life, had a lot of time in jail as a result of assaulting others and hurting them very badly. See, I did not know that I had rage, a lot of anger, and I misdirected that on to people that I cared for. I remember when I was in a relationship, I almost killed my partner twice out of rage. I beat her up so badly, not only her but others (Speaker 8, Johnathan).

You know I only have two kids, I didn't want kids. I have my daughter behind me and I have told her that was something I didn't want in my life was kids because I had been through hell and back, and I wasn't going to raise any kids so anybody could torment them the way we were. Enough is enough, if I could stop, that means that I wouldn't need to have any kids in my life. But today I am very grateful the creator gave me two kids, I have a son who isn't here, he's at home, and I have my daughter behind me. My son struggles because of the way I parented. I hit my kids, I...I...the way I was treated, I have pulled their hair, I have punched them, I have drawn blood. My son is an alcoholic, he's abusive, and you know, I remember growing up, I didn't want to raise a homosexual, so many times I would play with him, and I would punch him and say you have gotta be tough enough to handle this. I was raised to be tough, and I raised my son that way. He's now going to probably be in a prison system now. At what point do I take responsibility, at what point do I give it to him because as a child growing up I didn't bond with my mom, I didn't bond with my parents, I bonded with nuns and priests that were abusive, so that's how I treated my kids (Speaker 1, Sharon).

The intergenerational speakers talked about the normalization of domestic violence. They spoke about how they witnessed their parents physically abusing each other, which altered their perspective of what a relationship should be. When the speakers entered into relationships of their own, if domestic abuse occurred, it was deemed as normal and acceptable and, as a result, they would remain in the relationship.

I have been with the same spouse for the past 33 years, and if he was here, he would tell you that I was a very abusive woman. Like I said, I am not happy the way I treated my spouse. I

guess with so much violence you saw growing up because my parents were really violent too, I abused my spouse (Speaker 1, Sharon).

I grew up in a very abusive, um home, um my mom got into numerous relationships, but that's because of when my father to, when he went to the residential school he was taught the physical abuse and the sexual abuse, so it continues on down and all my sisters, we all got into abusive relationships, and I got into an abusive relationship maybe for 14 years and um, some people can't understand, like why, why can't you leave? But how can you leave something that is so normal and familiar and you just stay in there (Speaker 4, Kathy).

3.3.7 Theme 7: Lack of Emotional Capability during Adulthood

Many of the speakers, both residential school survivors, as well as intergenerational speakers, mentioned that they had trouble as adults showing and expressing emotions, most notably affection to their spouse or children.

...She was such a loving person, she told me she loved me, and I told her, "well how does that feel?" I had no idea what she was talking about. I use to get mad at her, "ah, don't say that!" I didn't, didn't know how to feel that kind of feeling. "Why are you so cold, why don't you smile more?" I thought I smiled enough (Speaker 2, Frank).

I have three children now, all grown with families. I didn't know how to be a mother, and I treated my kids, the way I was treated in Residential school, I didn't know how to love, I didn't know how to be responsible (Speaker 6, Karen).

...everybody cried; I couldn't cry. I learned that in residential school that you don't cry, so even my own son died, I couldn't cry. I lost my spirit, and I don't have emotion, my wife is tortured every day because I don't have emotion. I can say "I love you," but there's no feeling there, its torture, so that's what I mean by not having a spirit, how do I do it? Do you know what it's like to live in hell, that's what we live in each day, every day. Being a survivor is the worst thing you could ever be (Speaker 7, Michael).

The intergenerational speakers experienced similar difficulties expressing their emotions, as they were never exposed to love and nurture during their childhood, as their parents did not learn how to form meaningful relationships in residential school.

I was never gone to residential school, my family did, it came home, and it affected us, it affected me highly. Today I have a hard time trusting, I have a hard time like a lot of the brothers said, hugging, saying "I love you," saying "I forgive you," and I still have a hard time looking into the eyes and saying something and meaning it (Speaker 4, Anna).

I felt lost. I felt alone. I felt abandoned. I felt not loved, and when anybody loved me, I always pushed them away. I was afraid to be intimate. I didn't know how, I am still not able to become intimate with others, I walk alone quite a lot of the time (Speaker 2, Richard).

3.3.8 Theme 8: Suicidal Ideation or Suicide Attempts

Suicidal ideation or suicide attempts was mentioned by both the residential school survivors and intergenerational speakers. The speakers said that they felt as though they were failures or that nobody loved them.

For so long I have wanted to die, I didn't want to live anymore, I didn't want to exist. I felt like I was a failure, you know they told me that I was a drunk, they told me that my family would be drunks and savages, and I believed them (Speaker 5, William).

I did not know what was the matter with me, but I didn't like who I was, I slashed up a few times, I wanted to kill myself. I wanted to kill others, and because I was hurting I wanted the whole world to hurt (Speaker 8, Johnathan).

When I was 11 I didn't want to live, I tried to kill myself because I felt like nobody loved me (Speaker 3, Rebecca).

3.4 Relationship of Themes

3.4.1 Residential School Survivors

Table 3
Relationship of Themes among the Residential School Survivors (N=8)

Residential School Survivors		
Name	Themes (1-4) experienced during childhood	Themes (5-8) experienced during adulthood
Sharon	1, 2, 4	5, 6
Frank	2, 3	5, 6, 7
Mary	1, 2, 3	5, 7, 8
Kathy	1, 2, 3, 4	5, 6, 7
William	1, 2, 3, 4	5, 6, 8
Karen	1, 2	5, 6, 7

Michael	1, 2	7
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Residential school survivors experienced several common themes both in their childhood and adulthood. *Theme one: Physical Abuse during Childhood* was experienced by seven of the speakers. Often the physical abuse experienced within residential schools was unprovoked, and several of the speakers mentioned that they often did not understand what they had done to receive physical punishment. In addition, seven of the speakers suffered *Theme 2: Sexual Abuse during Childhood*, which was often carried out by an authority figure, such as a priest or from other students attending the school. *Theme 3: Emotional Neglect during Childhood*, although not as commonly reported as physical and sexual abuse, was experienced by half of the survivors. The survivors described residential schools as a place where caregivers gave very little emotional support to the students, regardless of their age, and they were often expected to regulate their emotional state on their own.

Physical abuse, sexual abuse and emotional neglect during childhood were strongly linked to *Theme 5: Drug and Alcohol Abuse during Adulthood*. Seven of the survivors reported suffering from drug and alcohol abuse during their adulthood, which was often described as a way to cope with their past traumatic experience in residential school.

Theme 6: Domestic Abuse during Adulthood was also a common theme experienced by residential school survivors. The survivors experienced domestic abuse both as victims and perpetrators, and several survivors mentioned that abuse within the household was something that felt normal and common and therefore continued. Residential school survivors who were women reported experiencing abuse from their partner; however, several women mentioned that they had physically abused their children or intimate partner in some way as well. All of the male survivors who reported experiencing domestic abuse in their adulthood were perpetrators, where they were physically abusive towards their intimate partners or children. Five of the survivors, who also experienced *Theme 1: Physical Abuse during Childhood* and *Theme 2: Sexual Abuse during Childhood*, suffered domestic abuse within their adulthood. Furthermore, *Theme 4: Exposure to Parental Substance Abuse and Violence during Childhood*, although only mentioned by three of the speakers, was also strongly associated with domestic abuse during adulthood.

Theme 7: Lack of Emotional Capability during Adulthood was also a common theme experienced by residential school survivors. Five of the survivors mentioned that they had immense trouble feeling love and attachment and forming relationships with people, most commonly family members. Additionally, an inability to express emotions was also avidly talked about. All but one of

the speakers who experienced *Theme 3: Emotional Neglect during Childhood*, had trouble expressing emotions during their adulthood. A lack of emotional capability during adulthood was also associated with childhood physical and sexual abuse.

Finally, *Theme 8: Suicidal Ideation or Suicide attempts during Adulthood* was reported by two of the speakers and were associated with the combined experience of physical abuse, sexual abuse and emotional neglect during their childhoods. Furthermore, those who were suicidal during their adulthood both reported suffering from *Theme 5: Drug and Alcohol Abuse during Adulthood* as well.

3.4.2 Intergenerational Speakers

Table 4
Relationship of Themes among the Intergenerational Speakers (N=5)

Intergenerational Speakers		
Name	Themes (1-4) experienced during childhood	Themes (5-8) experienced during adulthood
Brittany	3, 4	5, 7
Richard	1, 3, 4	5, 6, 7
Rebecca	1, 3, 4	5, 8
Anna	2	7
Bethany	1, 2	5, 7

The intergenerational speakers also experienced a relationship of themes within their childhoods and adulthoods. Three of the speakers reported suffering from *Theme 1: Physical Abuse during Childhood* in their family homes, often from a parent. Physical abuse was strongly linked to *Theme 3: Emotional Neglect during Childhood*, with the intergenerational speaker reporting that their parents often had trouble expressing love and nurture towards them, and instead, they were brought up with corporal punishment. Furthermore, three of the speakers, who experienced *Theme 1: Physical Abuse during Childhood* and *Theme 3: Emotional Neglect during Childhood*, also reported being exposed to *Theme 4: Parental Substance Abuse or Violence during Childhood*.

Four of the five intergenerational speakers suffered from *Theme 5: Drug and Alcohol Abuse during Adulthood*, which was strongly associated with an experience of *Theme 1: Physical Abuse*

during Childhood, Theme 2: Sexual Abuse during Childhood or Theme 3: Emotional Neglect during Childhood. In addition, three of the intergenerational speakers who suffered from drug and alcohol abuse during their adulthood also experienced Theme 7: Lack of Emotional Capability during Adulthood, which was also linked to physical abuse, sexual abuse and emotional neglect during their childhood.

4. Discussion

4.1 Summary of the Results

Residential schools have had a lasting negative impact on the mental well-being of residential school survivors, as well as the following generations (Bombay, Matheson & Anisman, 2009; Bombay, Matheson, & Anisman, 2011; Boksa, Jooper, & Kirmayer, 2015; Bopp & Bopp, 1997; Brasfield, 2001; Chansonneuve, 2005; Collin-Vezina, Dion & Trocme, 2009; Corrado & Cohen, 2003; First Nations Information Governance Centre, 2012; Gagne, 1998; Jacobs & Gill, 2002; Kielland & Simeone, 2014; Kirmayer et al., 2007; Kwan, 2015; Menzies, 2010; Miller, 2003; Mitchell & Maracle, 2005; O'Neill et al., 2016; Robertson, 2006; Scrim, 2017; Tafoya & Del Vecchio, 1996; Wesley-Eqiomax & Smolewski, 2004). The trauma experienced has lingered within Aboriginal communities, affecting not only those who were directly traumatized from their experiences within the schools but has also created a historic trauma that has been felt across generations (Mitchell & Maracle, 2005; Wesley-Eqiomax & Smolewski, 2004). The themes that arose within this study provides evidence that Aboriginal adults who attended residential school and were subjected to childhood abuse, experienced poor mental well-being during their adulthood, which supports hypotheses one. Additionally, the relationship of themes also provided evidence that the trauma from residential schools may have been transmitted intergenerationally, causing poor mental well-being in the following generation of Aboriginal adults, which supports hypotheses two in this study.

There were several relationships of themes within the residential school survivors' group. Theme 1: Physical Abuse during Childhood, Theme 2: Sexual Abuse during Childhood and Theme 3: Emotional Neglect during Childhood were likely to predict the development of Theme 5: Drug and Alcohol Abuse during Adulthood, Theme 6: Domestic Abuse during Adulthood and Theme 7: Lack of Emotional Capability during Adulthood. Brasfield (2001) suggested that many of the

psychological, social and behavioural problems that residential school survivors developed could be due to *Residential School Syndrome*. Although similar to a diagnosis of Post Traumatic Stress Disorder (APA, 2020), the syndrome describes the specific PTSD symptoms that residential school survivors have faced during their adulthood, such as relationship detachment, inadequate parenting skills and alcohol and drug addiction. These unique symptoms are accompanied by common PTSD symptoms such as flashbacks, nightmares and recurrent, intrusive memories (APA, 2020; Chansonneuve, 2005; Quinn, 2019; Mitchell & Maracle, 2005; O'Neill et al., 2018), which are directly credited to the trauma that was endured within residential schools. The association of themes among the residential school survivors' sample group helped support Brasfield's (2001) study, as there was a strong association between childhood trauma that occurred within residential schools and the poor mental well-being of those survivors during their adulthood.

Additionally, previous research (Ullman, Relyea, Peter-Hagene & Vasquez, 2013; Filipas & Ullman, 2006) supported the link between an experience of *Theme 2: Sexual Abuse during Childhood* and the development of *Theme 5: Drug and Alcohol Abuse during Adulthood*, *Theme 6: Domestic Abuse during Adulthood* and *Theme 7: Lack of Emotional Capability during Adulthood*. Ullman et al. (2013) and Filipas and Ullman (2006) found that a history of sexual abuse during childhood was strongly associated with a greater risk of alcohol and drug use, PTSD symptoms and was a strong predictor of domestic abuse during adulthood. Furthermore, Cloitre and Rosenberg (2006) found that victims of childhood sexual abuse are likely to experience domestic abuse during their adulthood, both as victims and perpetrators, as the childhood abuse interrupts the development of affect regulation. This subsequently leads to an inappropriate response to high-risk situations of threat, as well as increases their threshold of tolerance, leading an individual to believe that domestic abuse is normal and acceptable.

The study also found that residential school survivors were likely to struggle with *Theme 7: Lack of Emotional Capability during Adulthood* if they had experienced physical abuse, sexual abuse or emotional neglect during their childhood. Miller (2003) found similar results, suggesting that individuals who were raised in an institution with a strict regime and harsh punishment, rather than a nurturing and supportive family environment were likely to have trouble forming relationships with other family members and to relate lovingly to their children. The author also suggested that residential schools prepared children inadequately in the long term, which strongly contributed to a lack of parental skills. This was due to the development of a distorted view of what a normal childhood and a healthy relationship with parental figures encompassed. Numerous researchers found that as a result, households with a residential school survivor were likely to

develop domestic abuse, neglect and stress-related disturbances (Bombay, Matheson and Anisman, 2011; Menzies, 2010; O'Neill et al., 2018).

In addition, the intergenerational speakers showed similar results, where *Theme 3: Emotional Neglect during Childhood* was a strong predictor for *Theme 7: Lack of Emotional Capability during Adulthood*. The parents of the intergenerational speakers, who attended residential school, had immense trouble expressing love towards their children and providing them with a nurturing environment, instead, raising them with corporal punishment. As a result, the intergenerational speakers struggled with forming meaningful and loving relationships with intimate partners, family members and their children. Several researchers have found that the effects of trauma can be transmitted through generations, often unintentionally (Bombay, Matheson & Anisman, 2009; Daneli, 1998; Daneli, Norris, Engdahl, 2016; Hirsch 2001; Lev-Wiesel, 2007; Menzies, 2010; Miller, 2003; Quinn, 2019), suggesting that the lack of emotional capability that residential school survivors suffered could be passed onto their children (Bombay, Matheson & Anisman, 2009; Daneli, 1998).

Similar to the residential school survivors, intergenerational speakers also experienced a strong relationship between *Theme 5: Drug and Alcohol Abuse during Adulthood* and an experience of physical abuse, sexual abuse or emotional neglect during childhood. This finding is consistent with Jacobs and Gill's (2012) study, which found that a history of physical and sexual abuse has a strong association with alcohol abuse later on in life. The study suggested that alcohol was used as a way to cope with trauma experienced during childhood. Additionally, Gagne (1998) also presented similar findings and suggested that many Aboriginals were pushed towards substance abuse due to a loss of cultural identity, creating a habit that would be transferred from one generation to the next. Residential schools were designed to strip Aboriginal people of their cultures, values, spirituality and language (Miller, 2003), commonly mentioned by residential school survivors within this study. According to Gagne (1998), this could allude to one of the significant reasons why alcohol and drug abuse became a norm within the lives of residential school survivors, as well as the generations following. Furthermore, a common theme amongst the intergenerational speakers, *Theme 4: Exposure to Parental Substance Abuse and Violence during Childhood*, was associated with the development of drug and alcohol addiction during their adulthood. This finding not only supports previous studies (Jacobs & Gill, 2012; Miller, Downs, & Testa, 1993; Millar & Stermac, 2000; Tafuya & Del Vecchio, 1996) but could also be supported by Bombay, Matheson and Anisman (2009) who stated that poor coping mechanisms, such as substance abuse, have the ability to be passed on through generations.

Although only two of the residential school survivors and one of the intergenerational speakers expressed that they experienced *Theme 8: Suicidal Ideation or Suicide Attempts* at some point in their adulthood, it has posed to be a serious problem within Aboriginal communities in Canada (Kirmayer et al., 2007). Kielland and Simeone (2014) suggested that the high rates of depression, anxiety and suicide could be partly linked to the historic trauma which has been passed through generations. Within this study, suicidal ideation or suicide attempts was strongly associated with an experience of physical abuse or sexual abuse during childhood, as well as drug or alcohol addiction during adulthood. This finding has been supported by previous studies (First Nations and Inuit Mental Wellness Advisory Committee, 2005; Kielland & Simeone, 2014; Kirmayer et al., 2007; Menzies, 2010), which found that suicide was associated with sexual abuse, exposure to violence and substance abuse. Furthermore, Kirmayer et al. (2007) also suggested that suicide attempts can be linked to substance abuse, as drugs and alcohol can decrease an individual's inhibition while increasing their impulsivity and negative emotions. As a result, a person may be more likely to carry out a suicide attempt in comparison to someone who is not under the influence.

4.2 Limitation of the Study

The sample used in this study consisted of individuals who had previous experience talking about their past and present-day trauma. Additionally, numerous speakers mentioned that they had undergone extensive therapy, which ultimately helped them feel comfortable telling their stories. Those who are not comfortable sharing their stories and who have not undergone treatment may provide different results. Additionally, they may be a stronger representation of the majority of Aboriginals in Canada, who have experienced trauma during their childhood but have not had the opportunity to talk about their experience.

Additionally, the sample in this study was a convenience sample and is not representative of the Aboriginal population of Canada and caution should be taken when drawing or generalizing conclusions.

4.3 Implications of the Study and Suggestions for Future Research

In order to gain a better perspective on the mental well-being of Aboriginal adults in Canada, it would be beneficial to study a larger sample group. Using quantitative research methods and creating an anonymous survey researching an Aboriginal person's past childhood trauma and their current-day well-being could provide more well-rounded and extensive data. Furthermore, those filling out an anonymous survey may be inclined to answer differently in comparison to someone

talking about their experience in public. An anonymous survey may also be more beneficial for those who are not yet comfortable speaking about their past trauma and current well-being in public.

Continuing research in this field is essential in discovering the true extent of poor well-being in Aboriginal communities and its link to historic and childhood trauma. This insight could help drive and develop actions to promote and foster steps towards increasing mental well-being in all Canadian Aboriginals.

Finally, this study focused on residential school survivors, and the first generation impacted. In order to study how residential schools continue to impact Aboriginal communities, it would be valuable to research second and third generations of family members who attended residential school and how the trauma continues to interrupt families and communities presently.

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