

The legacy of residential schooling: Acknowledging the pain of our children

**For the Cedar Project Partnership,
Kukpi7 (Chief) Wayne Christian, Splatshin Te Secwepemc Nation,
Shuswap Nation Tribal Council**

Canadian Academy of Health Sciences



Acknowledgements

- Ancestors of this land and their present day descendants
- The Aboriginal young people whose voices need to be heard and those we have lost
- Our parents, grandparents and great grand parents who did not have a voice during the implementation of legislative genocide upon our people

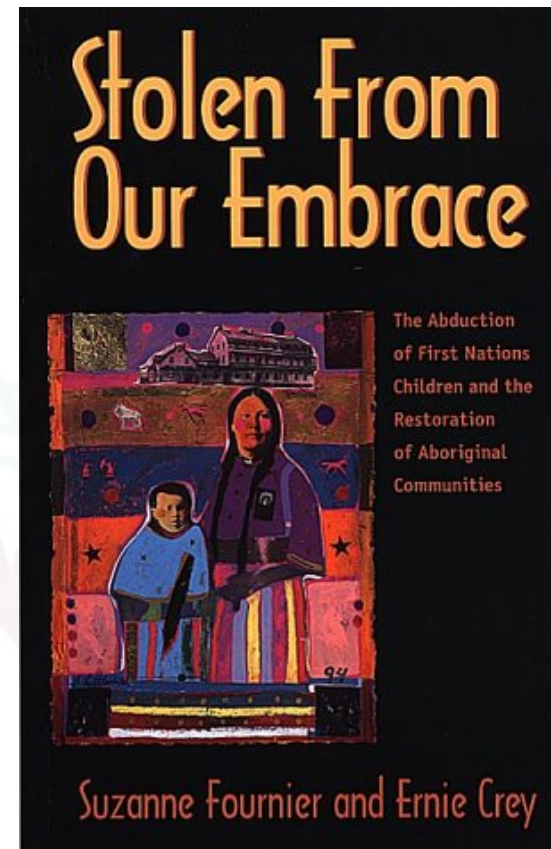
Residential schools sought to “kill the Indian in the child”



Thomas Moore before and after his entrance into the Regina Indian Residential School in Saskatchewan in 1874.

Library and Archives Canada / NL-022474

The child welfare system: continuing legislative genocide



Research Issues

- Pathologized perceptions of Aboriginal people in health research
- Resistance to participation in surveillance projects due to past transgressions
- Projects must provide special consideration for: nature of the collaboration/partnerships, ethics, confidentiality, interpretation of findings and knowledge translation

Research Framework

- Historical trauma: loss of lands/territories, erosion of culture, resilience
- The residential school system: cycles of child apprehension began in 1894
- Addiction is one way young people deal with the intergenerational effects of the residential school system

CIHR Guidelines for ethical research involving Aboriginal people

- Incorporation of understanding Aboriginal “ways of knowing”
- Community’s jurisdiction over the conduct of research
- Consent of leadership, support, collaboration and partnership
- Confidentiality
- Intellectual property and ‘ownership’ of knowledge

CIHR Guidelines for ethical research involving Aboriginal people *continued...*

- Capacity building
- Accessibility of information and understandable communication
- Recognition and respect of the rights of biological samples—*on loan* to researchers
- Interpretation of data, contribution to discussion, dissemination of results

Overview of OCAP: Governing Research with Aboriginal People

“OCAP is self-determination applied to research. It is a political response to tenacious colonial approaches to research and information management.”

(Brian Schnarch, First Nations Centre, National Aboriginal Health Organization)

OCAP stands for:

- Ownership
- Control
- Access
- Possession

Functioning partnership

- a. Informed research design and paradigm
- b. Quarterly meetings
- c. Project design and oversight—
assuring ethical standards are met
- d. Identification of important analysis
- e. Communication and media strategies
- f. Interpretation of results
- g. Development of recommendations
for programming



Cedar Project Partnership

- Violet Bozoki
- Earl Henderson
- Katharina Patterson
- Prince George Native Friendship Centre
- Carrier Sekani Child and Family Services
- Splatshin-Secwepemc Nation
- Adams Lake Indian Band
- Neskonlith Indian Band
- Positive Living North
- Healing Our Spirit
- Red Road Aboriginal AIDS Network
- Canadian Aboriginal AIDS Network
- Vancouver Native Health Society
- Central Interior Native Health
- All Nations Hope



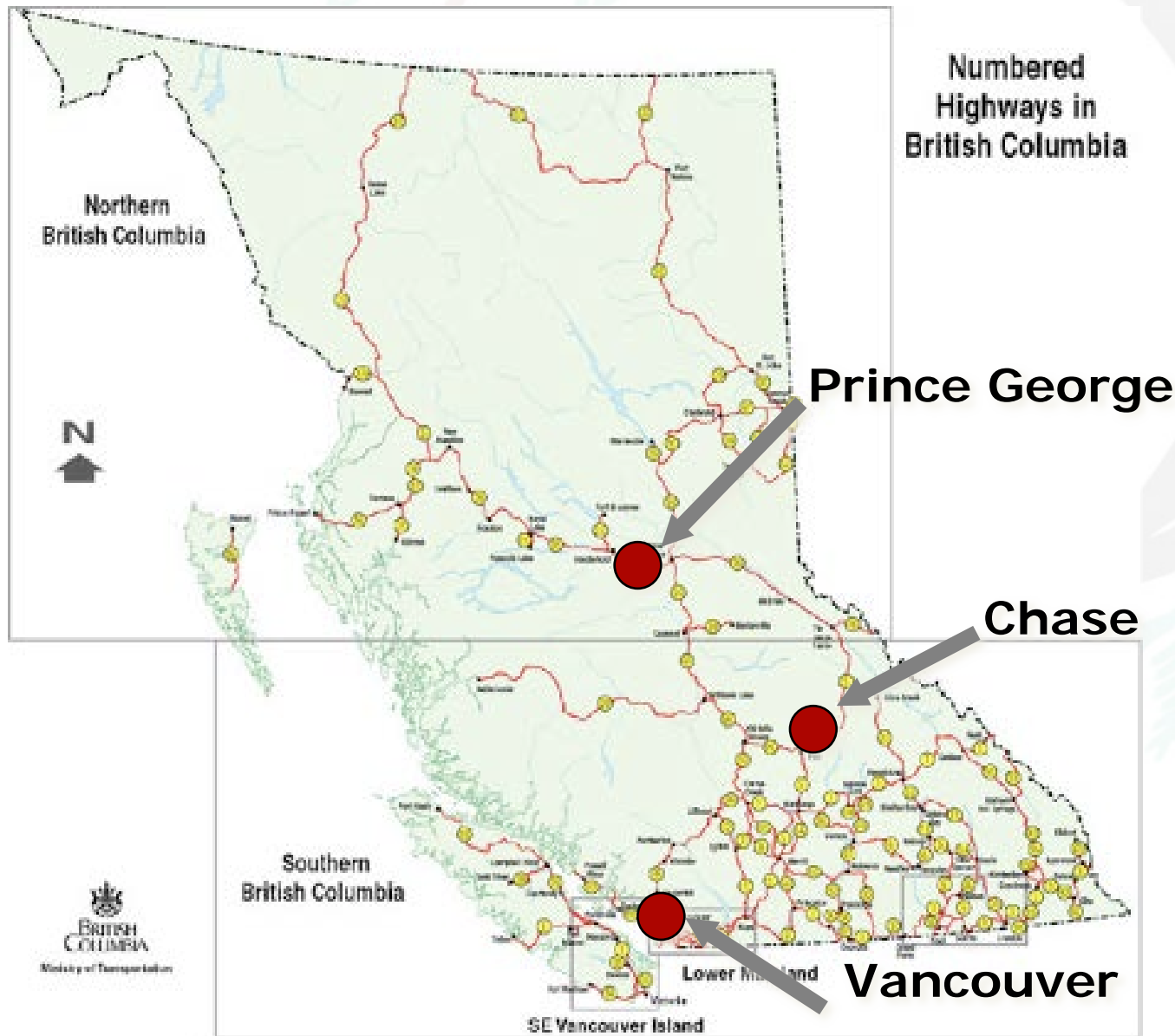
Early Issues in the North: Why Prince George

- Question of whether there is a simmering epidemic of HIV among young Aboriginal people in the North
- Recognition that the majority of clients at the needle exchange in Prince George identify as Aboriginal people
- Concerns of AIDS Service Organizations regarding access to rigs on reserve, the disproportionate number of First Nations
- Overrepresentation of young Aboriginal women in sex work
- Few studies offer perspectives on the experiences and challenges of young at-risk Aboriginal people

Why Chase, Salmon Arm, and Enderby?

Rural and remote vulnerability:

- Lakes Division Secwepemc territory – concerns of Leadership about injection drug use/sex work on reserve
- Gang involvement and sex work transition
- Lack of care and support for young people; concerns about lack of acceptance of harm reduction programming in our territory
- Tribal Council Resolution to invite Cedar to enroll young people in our territory into the study



Evidence based advocacy

- The Cedar Project was designed to provide Aboriginal partners and investigators with the information necessary to lobby for increased prevention/care resources
- Cedar is a longitudinal study addressing HIV HCV vulnerability among young Aboriginal people who use drugs in Vancouver, Prince George and Chase, BC.
- Important areas of focus include:
 - Impact of intergenerational trauma on negative health outcomes
 - Characteristics of resiliency from the perspective of young people surviving the streets
 - HIV case management and the impact of discrimination

Study methods:

- Community based cohort study of 800 Aboriginal young people (aged 14-30) who use illicit injection and non-injection drugs in Prince George, Vancouver, and Chase, BC
- Enrolment 2003-2005; ongoing follow-up interviews every 6 months
- Questionnaires include socio-demographic information, HIV and HCV vulnerabilities, childhood trauma, and resiliency
- Ongoing concurrent studies: HIV case management; qualitative study of injection initiation

Cultural Safety in the Cedar Project Study

- Historical trauma: loss of territories, erosion of culture, language and kinship
- Paradigm is acknowledging grief and building on strength
- Traditional foods on special occasions, memorials
- Resource support for food security and housing
- Safe setting where it's ok to be high
- Police free zone

Evidence of the continuing legacy of residential schools

Social Science and Medicine, 2008



The Cedar Project: Historical trauma, sexual abuse and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities^{a,*}

For the Cedar Project Partnership^a, Margo E. Pearce^b, Wayne M. Christian^c, Katharina Patterson^d, Kat Norris^e, Akm Moniruzzaman^{b,f}, Kevin J.P. Craib^{b,f}, Martin T. Schechter^{b,f}, Patricia M. Spittal^{b,f,g}

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Keywords:

Sexual abuse
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ABSTRACT

Recent Indigenous scholarship has situated high rates of traumatic life experiences, including sexual abuse, among Indigenous peoples of North America within the larger context of their status as colonized peoples. Sexual abuse has been linked to many negative health outcomes including mental, social and drug-related vulnerabilities. There is a paucity of research in Canada addressing the relationship between antecedent sexual abuse and negative health outcomes among Aboriginal people including elevated risk of HIV infection. The primary objectives of this study were to determine factors associated with sexual abuse among participants of the Cedar Project, a cohort of young Aboriginal people between the ages of 14 and 30 years who use injection and non-injection drugs in two urban centres in British Columbia, Canada; and to locate findings through a lens of historical and intergenerational trauma. We utilized post-colonial perspectives in research design, problem formulation and the interpretation of results. Multivariate modeling was used to determine the extent to which a history of sexual abuse was predictive of negative health outcomes and vulnerability to HIV infection. Of the 543 eligible participants, 48% reported ever having experienced sexual abuse; 65% of sexually abused participants were female. The median age of first sexual abuse was 6 years for both female and male participants. After adjusting for sociodemographic variables and factors of historical trauma, sexually

^a We are indebted to the study participants for their continued participation in the Cedar Project. Special thanks to the Cedar Project Partnership for their conviction and for holding us accountable to the voices of Aboriginal youth. To the Elders Violet Brown and Earl Henderson, we are honoured to have your guidance and support. Our study staff, Krista Thomas, Theresa George, Kat Norris, Laura Lewis, Lynn Tacey, John Torres and Justin Lawson must be thanked for their continued conviction and contributions. Special thanks to Rosalind Patel for her advice and support. The study was supported by a grant from the Institute for Aboriginal Peoples Health, of the Canadian Institutes for Health Research (CIHR), the Status of Women Canada and the Providence Healthcare Research Institute. Dr. Schechter holds a Canada Research Chair in HIV/AIDS and Urban Indigenous Health. Dr. Moniruzzaman is supported by a CIHR doctoral research award. Dr. Spittal is the recipient of the CIHR New Investigator Career Award.

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Historical trauma, sexual abuse and HIV risk among Cedar Project participants

- 48% of participants at baseline reported ever experiencing sexual abuse in their lifetime
 - 69% of women and 31% of men
- Average age participants had first experienced sexual abuse was **6 years old**.
- Having at least one parent who attended residential school and having been in the foster care system associated with sexual abuse
- 65% had never had counselling that dealt with the abuse
- **Sexual abuse was significantly associated with:**
 - Living on the streets without a place to sleep
 - Suicide attempt
 - Involvement in survival sex work
 - HIV infection

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Globe British Columbia

Hockey Roy MacGregor on the sharp Swedes. Page 7 ➤



HEALTH

Study on native drug users brings elder to tears

'No, no more. This has to stop,' panel member says about cycle of sexual and substance abuse among young aboriginals

BY MARK HUME VANCOUVER

A new public health study that looked at more than 500 young aboriginal drug users in two British Columbia cities produced such shocking data that people wept openly when it was first presented to a panel of elders.

"That was really painful for

us," Patricia Spittal said of the Cedar Project research team, which reported to a native panel before releasing the results today.

The study found that nearly half of the aboriginal young people who were using injection and non-injection drugs in Vancouver and Prince George had previously been

victims of sexual abuse.

The median age of first sexual abuse was six years.

Dr. Spittal, assistant professor with the University of British Columbia school of population and public health, said a link between sexual abuse and drug abuse was not unexpected, but the high percentage was staggering.

She said directors of the Cedar Project, which involves several aboriginal groups, wanted the data made public to focus attention on the problem of sexual abuse in native communities.

"I think we need to emphasize that since the beginning of Cedar we were given clear direction that we needed to

look at this issue and publish this paper. The partnership was not going to support denial in any way of this data," she said.

Dr. Spittal recalled one elder looking at the data and, with tears streaming down her face, saying: "No, no more. This has to stop."

Dr. Spittal said the problem

of sexual abuse in native communities has its roots in the residential school system, which created a generation of victims who in turn found victims of their own. She said it has created a cycle of abuse that is destroying young lives through violence, suicides and substance abuse.

» SEE 'HEALTH' PAGE 2

Globe and Mail May 16, 2008

The St'at'imc Runner, June 2008

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Health

The St'at'imc Runner

June 2008

Drug use study reveals links to sexual abuse

The Cedar Project has just released a study on the connection between traumatic life experience and childhood sexual abuse to addiction to heavy drugs in young adulthood.

Findings from among the 543 participants, aged 14 to 30, showed that 48% had experienced sexual abuse. Those who reported having been sexually abused were more likely to have spent time on the street, to have attempted suicide, to have been diagnosed with a mental illness, and more.

The study, which interviews young adults using crack, heroine and crystal meth, points to the intergenerational effects of residential school.

Dr Patricia Spittal, a scientist at UBC's Department of Health Care and Epidemiology, was one of the lead researchers. "It's not new - we know this. But it's that whole issue of pain; the kids are in pain. These kids aren't parties, they're using drugs because they're in pain, and that pain is linked to multi-generational trauma."

The first line of the report reads, "Aboriginal scholars have suggested that understanding HIV-related vulnerability among Aboriginal people must begin with

a consideration of the historical legacy of colonization, including the forced removal from traditional lands, cultural genocide and, in particular, the history of the residential school system."

Dr Spittal: "Aboriginal communities never saw sexual abuse like this before. It was relatively rare - incest prior to colonization. Children were protected, big time, by watchmen, and, depending on where you lived, there were severe consequences,

this issue emerge there, despite the strong child protection belief systems. Here in Canada the government was absolutely at war with aboriginal children, and they were completely defenseless in residential schools.

And it's not just the direct abuse, it's loss of land and power. Certainly we're seeing this in Australia. We need to acknowledge that this thing is rippling and it's not just ending with one generation."

"These 'numbers' are our relatives."

- Kukwpi7 Wayne Christian, Splat'sin, Secwepemc
Cedar Project, Board of Directors

whether banning, shunning, tribal court, all those traditional tribal justice mechanisms protected kids. I think that the interest is, let's look at that again.

"The residential school system has created whole layers of issues. I worked in Rwanda in a child soldier war, and we're seeing

every 6 months and report what they're experiencing. The report used data from the first interview.

"They are being provided with access to care - that's 50% of what we do. Really the basic human security is what we're working on."

The Cedar Project has been up and running since 2003. Originally it was responding to issues of HIV, but what has quickly surfaced are issues related to historical trauma.

What does this study indicate that communities should do? "Young people have to be at the table to figure out what kind of programming they need. Kids we see want greater access to trauma-driven addictions care - they need people to help them work through these issues. They are also requesting more traditional support, and they want access to both."

"Frankly, in BC there are so few kids working through their addictions, and they are now offending. You don't just turn 18 and become an offender; most of these offenders were victims. As well, people victimized at age six are more likely to be revictimized later in life."

The Cedar Project is in Prince George, Kamloops and Vancouver. It's CHR funded, and

Chief Wayne Christian, Secwepemc, on the Cedar Project Board, has said that the new Truth Commission, part of the Indian Residential Schools Settlement Agreement, needs to deal with this as an upfront issue - the connection between past and the present, and he called on 50% of the resources to be dedicated to the kids. This particular study is

The Cedar Project: Acknowledging the Pain of Our Children

The Lancet
2008

The Cedar Project: acknowledging the pain of our children

"As Indians we have a big obligation and responsibility to ourselves and to our children. I say as an Indian that our first responsibility is to act and preach the gospel of action. Action to shed the shackles of ignorance and pity, and from out of the past, take up the war cry of battle, to restore our pride and dignity as men and women. We must rise and fight for what we want and believe, blow by blow, eye for eye, and teeth for teeth. We have to create an image which people of Canada and abroad will respect. An image we ourselves and our children will regard with pride."

From *The Fourth World: an Indian reality*, George Manuel, Secwepemc Nation, 1974

My name is Chief Wayne Christian. I am from the Splat'sin/Secwepemc Nation, and I am co-chair of the Shuswap Nation Tribal Council in British Columbia. On June 11, 2008, Stephen Harper, the Prime Minister of Canada, offered an apology¹ that acknowledged the sexual, physical, spiritual, and emotional abuses suffered by our people at residential schools as a result of over 150 years of federal legislation. Over 100 000 Aboriginal children as young as 4 years old were forcibly removed from their families between 1831 and 1998 and placed in residential schools. Changes to the Indian Act in 1900 enabled the schools to relocate away from reserves, and further legislation in 1920 entrenched forcible removal in law. Some families tried to protect their children from this fate, however, it then became punishable by law, not only for the children to be out of school, but also for parents to withhold children from attending these schools. These residential schools were part of a church-state partnership that aimed to assimilate and christianise our youngest generations in the absence of their parents, grandparents, and leaders. There were

132 residential schools across Canada and 28 were in British Columbia, more than in any other province.

Thousands of our children and young people passed through the system, many died and many, having been isolated from their families for so long chose not to return home. Our communities were left desolate and empty. In direct contrast to our indigenous systems of learning, the missionary teachers used "strict discipline, regimented behaviour, submission to authority, and corporal punishment",² and taught our children to be ashamed of their languages, cultures, and Aboriginal identity.³ These schools were "opportunistic sites of abuse"⁴ for some discontented and predatory staff who exacerbated and compounded the children's degradation and pain.⁵ Today many of our old people suffer in silence and in shame. Others have spoken out about their horrifying experiences, which included forced sexual intercourse and touching and arranging or inducing abortions in girls impregnated by men in authority.

Both the Prime Minister and the Leader of the Opposition acknowledged that the horrors perpetrated in the schools continue to affect our children today, despite never having attended the schools. "Not only did you suffer these abuses as children, but as you became parents, you were powerless to protect your own children from suffering the same experience and for this we are sorry".⁶ The full effect of this legislated horror is reflected in our communities' high levels of youth suicide, HIV/AIDS,^{7,8} addiction, social dislocation, discrimination, human-rights violation, children in care of the state and poverty.

Currently, levels of drug use on and off our reserves are of grave concern to our leadership. Many young people in our communities are addicted, suffering in isolation, and still grappling with the legacy of physical and sexual trauma that has been passed down from one generation to the next. This reality is reflected in a recent study by the Cedar Project⁹ that monitored rates of infection with HIV and hepatitis C in Aboriginal young people who use drugs in British Columbia. The study revealed links between generations of trauma—such as that suffered by parents and grandparents in residential schools, and the sexual abuse of second-generation and third-generation children and grandchildren early in life—and negative health outcomes, including vulnerability to injection and



Kamloops Indian Residential School, BC, Canada

Historical trauma, foster care, and HIV risk

(manuscript under review)

- **65%** of Cedar participants were taken into foster care
- Median age of being taken into foster care: **4 years old**

Factors associated with ever having been in foster care:

- **2** times more likely to have at least one parent who attended residential school
- **2.5** times more likely to have been sexually abused
- **2** times more likely to attempt suicide
- **2.4** times more likely to be HIV positive
- **1.7** times more likely to be homeless
- **1.7** times more likely to be in sex work

Hepatitis C Prevalence and Incidence

Open Medicine
2010

Prevalence and incidence of hepatitis C virus infection among Aboriginal young people who use drugs: results from the Cedar Project

KEVIN J.P. CRAIB, PATRICIA M. SPITTAL, SHEETAL H. PATEL, WAYNE M. CHRISTIAN, AKM. MONIRUZZAMAN, MARGO E. PEARCE, LOU DEMERIS, CHRISTOPHER SHERLOCK, MARTIN T. SCHECHTER; CEDAR PROJECT PARTNERSHIP

ABSTRACT

Background: We sought to estimate the prevalence and incidence of hepatitis C virus (HCV) infection among Aboriginal young people who use drugs and to identify risk factors associated with HCV infection in this population.

Methods: The Cedar Project is a longitudinal study involving Aboriginal young people living in Vancouver and Prince George, British Columbia. Eligibility criteria include age from 14 to 30 years and self-reported use (smoking or injection) of illicit drugs (e.g., crystal methamphetamine, crack cocaine, heroin or other opiates, and cocaine) at least once in the month before enrolment. At each visit, participants completed a detailed questionnaire administered by an Aboriginal interviewer. For this analysis, we included information for 512 participants who were recruited between September 2003 and April 2005.

Results: Among the 512 participants, the prevalence of HCV infection was 54.8% (95% confidence interval [CI] 50.6%–58.9%); the rates were similar in Prince George and Vancouver (54.5% and 55.0% respectively, $p = 0.57$). Among those who reported the use of injection drugs at baseline ($n = 286$), the prevalence of HCV infection was 59.4% (95% CI 53.8%–65.1%); the rate in this group was slightly higher in Prince George than in Vancouver (62.4% v. 57.1% respectively, $p = 0.57$). The prevalence was 3.5% among participants who reported smoking drugs ($n = 226$). In the multivariate logistic regression analysis, factors significantly associated with HCV infection among participants who used injection drugs included daily injection of opiates (adjusted odds ratio [OR] 2.7, 95% CI 1.0–7.4), reuse of syringes (adjusted OR 2.4, 95% CI 1.3–4.4), having at least 1 parent who attended residential school (adjusted OR 1.9, 95% CI 1.1–3.4), female sex (adjusted OR 1.9, 95% CI 1.1–3.4) and duration of injection drug use (per year) (adjusted OR 1.4, 95% CI 1.3–1.5). The crude incidence rate of HCV infection was 10.6% and the incidence density estimate was 9.9 per 100 person-years in this cohort.

Interpretation: The prevalence of HCV infection was elevated among Aboriginal young people living in Prince George and Vancouver who use drugs. Culturally based prevention, treatment and harm-reduction programs are urgently needed in this population.

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Funding: The study was supported by a grant from the Institute for Aboriginal Peoples Health of the Canadian Institutes of Health Research (CIHR), the Status of Women Canada and the Providence Healthcare Research Institute. Dr. Spittal is the recipient of the CIHR New Investigator Career Award. Dr. Schechter holds a Canada Research Chair in HIV/AIDS and Urban Population Health. Dr. Moniruzzaman is supported by a CIHR doctoral research award.

Competing interests: None declared.

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Historical Trauma and risk for Hepatitis C

Among participants who were HCV positive at baseline:

- 62% were women
- 54% had ever been sexually abused
- 52% had unstable housing
- 57% had ever been involved in sex work

Participants who were HCV positive:

- 2 times more likely to have at least one parent who attended residential school
- 2.5 times more likely to inject opiates
- 2.5 times more likely to reuse syringes
- 2 times more likely to be women

We expect a minimum of 10 new cases of HCV among Cedar Project participants.

Vancouver Sun, February 12, 2010

B2 || NEWS

BREAKING NEWS: VANCOUVERSUN.COM | FRIDAY, FEBRUARY 12, 2010

HEALTH

Hep C cases linked to residential schools

Connection between historical trauma and infectious disease rates in first nations youth identified by University of B.C. study

BY DARAH HANSEN
VANCOUVER SUN

Alarming patterns of injection drug use and hepatitis C infection among aboriginal youth in the province are linked to the traumas endured by their parents and grandparents at residential school, a new University of B.C. study has found.

The paper, published in the medical journal *Open Medicine*, looked at a group of

512 young aboriginal people in Vancouver and Prince George.

Two hundred and eighty-six participants reported injection drug use when they enrolled in the study. Of those reporting injection drug use, 59 per cent were infected with hepatitis C.

According to the findings, participants — especially young women — who had at least one parent who attended residential school were particularly vulnerable to hepatitis C

infection.

This is the first study that reveals a statistical connection between residential schooling of parents and the rates of hepatitis C infection in their children.

Wayne Christian, chief of the Słaptsin Secwepemc Nation in the north Okanagan, said the finding underscores a dire need for the development and funding of targeted strategies and resources aimed at the B.C.'s aboriginal youth.

The young people who took part in the study "have no knowledge of residential school," said Christian, one of the study's investigators.

"But I think they are beginning to understand that there is this thing that happened over a 150-year period that impacted their parents, their grandparents and their great-grandparents and that it is still playing itself out," he said.

Christian suggested that half of the \$60 million in federal

funding earmarked for residential school survivors be redirected to help the younger generation, especially women whose safety and survival on the streets is particularly threatened. Many of the women currently living on the streets have ended up there because of historical residential school trauma, Christian said.

"Now we've ended up with the situation where [more than] 500 women are missing or murdered," he said, referring

to national statistics over the past 30 years.

The UBC findings led by the Cedar Project, a Canadian Institutes of Health Research-funded longitudinal study that monitors hepatitis C infection at original young people drugs in British Columbia.

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BREAKING NEWS
VANCOUVERSUN.COM

Cedar Participant's lived experiences:

Making sense of intergenerational trauma in their own lives:

"Well, my, I know my parents went through it when they were in residential school, right? And the effects they had, they took it out on us, right? I think it's, uh, uh, a cycle, right?"

...Residential school did a lot on their lives. ...I tried to talk to them about it but they didn't want to talk about it. ...I could understand why, right?

Cedar Participant's lived experiences:

Struggling to 'break the cycle' of trauma and family disconnection

*"...I don't see (my son) at all. I didn't want to be any influence on his life like my mother was on mine. ...I, um, one day I would like to be but it won't be the way my mom...**I thought I was going to be the one to break this cycle. I was in a way but I thought I was going to be the real one to break the cycle.**"*

The moose in the room: child welfare and sexual abuse



- 46% of Cedar participants have ever experienced childhood sexual abuse
- Average age of first sexual abuse experience: 6 years old
- 65% of participants had ever been taken from their parents into the child welfare system
- Average age of first being taken into foster care: 4 years old

HIV & HCV: Intergenerational Legacy

- Our young people coming of age at a time when our families are healing from traumatic experiences
- At the same time our people are disproportionately represented at needle exchanges, in sex work and among those newly infected with HIV.
- We view the increasing numbers of young people being infected with HIV and HCV to be a direct result of intergenerational public policy of the residential school system
- Our communities have reacted to the epidemic with shame, embarrassment related to stigma, internalized racism and homophobia.

Our Challenges

Supporting resiliency and strength:

- We understand that young Aboriginal people use drugs because they are in pain
- Young people who are using drugs experience barriers to accessing traditional medicines and ceremony – abstinence requirements
- Providing young Aboriginal people who use drugs with access to culture and tradition is important to healing
- For some, accessing cultural resources requires abstinence
- How do we reconcile these different points of view?

Recommendations

- Acknowledgement of the complex impacts and layers of historical trauma among young Aboriginal people who use drugs.
- Supporting access to connection to culture:
 - Access to ceremony
 - Healing traditions
 - Lands, foods, languages
- Acknowledging impacts of racism, discrimination, and systemic oppression on resilience – especially current child welfare system.
- **Given the opportunity, young Aboriginal people who use drugs are able to heal, be parents, find work, and stay connected to community and culture.**

**Call to Action:
Reducing Harm in our Communities**

We know that our youth are the future. We want to strategize on how we can better work together to protect and guide our young people who are struggling with addiction.

We are the ones that we have been waiting for; it now time for action.