HEALTH STATUS AND WELLNESS

RHS
QUEBEC FIRST NATIONS
REGIONAL HEALTH SURVEY

FIRST NATIONS OF QUEBEC
AND LABRADOR **HEALTH**
AND SOCIAL SERVICES
COMMISSION

INDIAN RESIDENTIAL SCHOOLS AND YOUTH PROTECTION SERVICES

Highlights

- Nearly two out of ten adults 40 years and over report that they have attended an Indian residential school, of which almost two-thirds say that the residential school has had a negative impact on their lives.
- Individuals who attended residential schools are less likely to estimate their physical and mental health as “very good” or “excellent.”
- Among the total population of First Nations living in communities, almost two in ten individuals have been placed in a foster family, and almost half of these placements were outside their community.

INTRODUCTION

Indian residential schools

During the proceedings of the Truth and Reconciliation Commission, many survivors of Indian residential schools had the opportunity to share their experiences. The Commission's final report is very clear about the purpose of these institutions:

"These residential schools were created for the purpose of separating Aboriginal children from their families, in order to minimize and weaken family ties and cultural linkages, and to indoctrinate children into a new culture—the culture of the legally dominant Euro-Christian Canadian society, led by Canada's first Prime Minister, Sir John A. Macdonald."[1]

In Canada, the Indian residential school system lasted more than a hundred years, from 1840 to 1980, and nearly 125,000 First Nations children attended. In Quebec, the Fort George Anglican Residential School was the first to open in 1934. La Tuque Residential School was the last to be closed, in 1980. In all, there were six residential schools in Quebec.

Indian residential schools in Quebec

- Amos Residential School (St-Marc-de-Figuery Indian Residential School), Amos, opened in 1948, closed in 1965.
- Fort George Anglican Residential School (St. Philip's Indian Residential School), Fort George, opened in 1934, closed in 1979.
- Fort George Catholic Residential School, Fort George, opened in 1936, closed in 1952.
- La Tuque Residential School, La Tuque, opened in 1962, closed in 1980.
- Pointe Bleue Residential School, Pointe Bleue, opened in 1956, closed in 1965.
- Sept-Îles Residential School, Sept-Îles, opened in 1952, closed in 1967.

For more than a century, Canada's Aboriginal policy was aimed at assimilating Aboriginal people into the Canadian population. Specifically, this policy was intended "to eliminate Aboriginal governments; ignore Aboriginal rights; terminate the Treaties; and, through a process of assimilation, cause Aboriginal peoples to cease to exist as distinct legal, social, cultural, religious, and racial entities in Canada."[1] During this period, Indian residential schools were at the heart of Canada's assimilation policy.

During their stay in the residential schools, the children experienced traumas that marked them forever. The parents who were torn apart from their children (as young as five years old) were also traumatized. It is illusory to believe that the negative impacts of the residential schools were felt only by the people who attended them; the trauma affected entire communities, and the next generations were in turn affected when the Indian residential school survivors became parents themselves. "Family and individual dysfunction grew, until eventually, the legacy of the schools became joblessness, poverty, family violence, drug and alcohol abuse, family breakdown, sexual abuse, prostitution, homelessness, high rates of imprisonment, and early death."[2]

Young people taken into care by youth protection services

In Canada, Aboriginal children and youth are overrepresented among children placed by youth protection services. It is estimated that 30% to 40% of children and youth placed outside their families are Aboriginal, while Aboriginal children represent less than 5% of the total population of children in Canada.[3] In 2007, it was estimated that there were three times more First Nations children and adolescents placed by youth protection services than during the residential school period.[4]

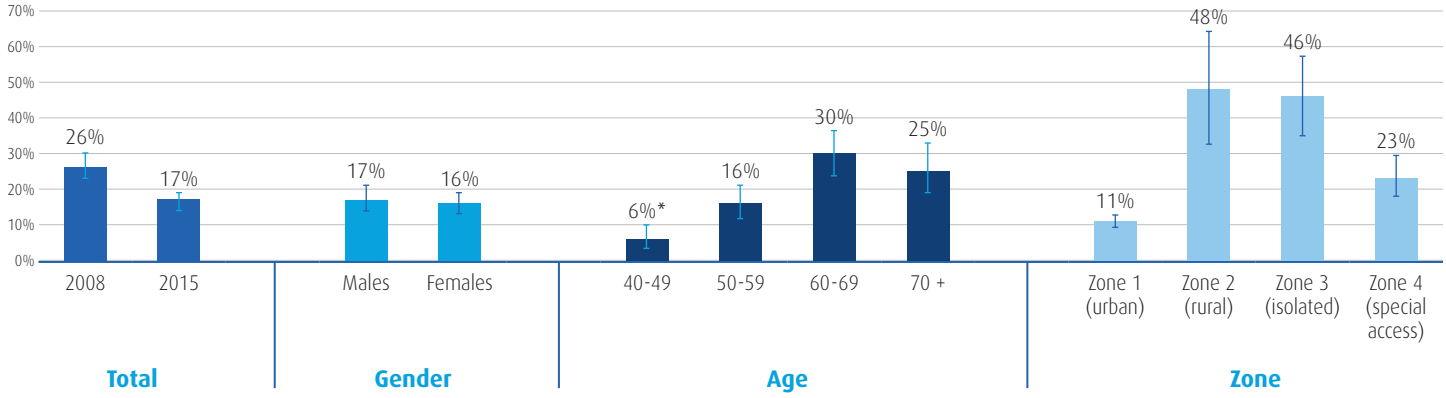
Neglect is the main reason why First Nations adolescents are taken into care by youth protection services. Unfortunately, neglect in the First Nations context is often attributable to structural factors such as poverty.[5]

Unfortunately, the data of the RHS does not enable us to fully measure the impact of the intergenerational trauma caused by the residential schools and the placement of adolescents into care, because these are very complex realities that a simple quantitative questionnaire cannot illustrate. The purpose of this booklet is therefore to provide a global portrait of the experience of the Indian residential schools and of adolescents taken into care by youth protection services in the First Nations communities in Quebec.

ATTENDANCE AT RESIDENTIAL SCHOOLS

In Quebec, the last Indian residential school closed in 1980. RHS respondents likely to have attended residential schools are therefore 40 years and over. In 2015, nearly one in five adults 40 years and over reported having attended Indian residential schools. In 2008, it was one in four adults. This decrease is probably due to the fact that many former attendees who responded to the 2008 RHS are now deceased. In terms of geographic isolation, almost half of the residents of communities in Zone 2 (rural) and Zone 3 (isolated) have attended residential schools at some time in their life. This is the case for one-quarter of individuals in Zone 4 (special access) and one in ten in Zone 1 (urban).

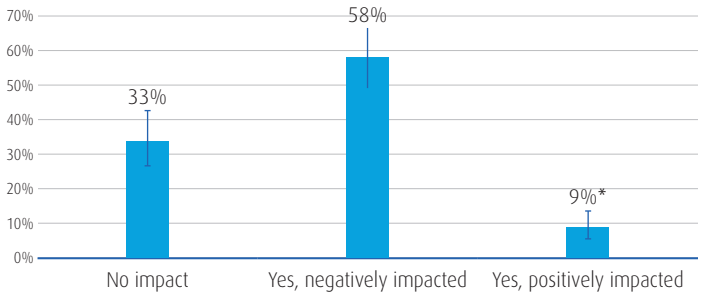
FIGURE 1
Attendance at an Indian residential school



Residential school impacts

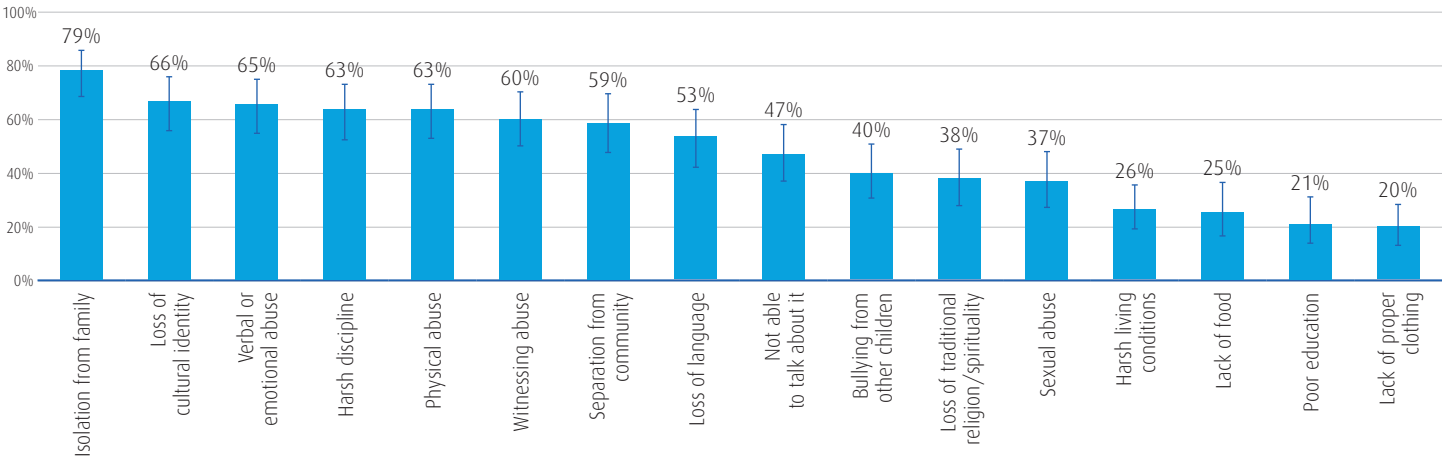
The majority of former attendees indicated that this experience had negative impacts on their lives. One-third say they have not suffered any impacts, while a minority indicate that attendance at a residential school has had a positive impact on their lives.

FIGURE 2
Impacts of attendance at an Indian residential school



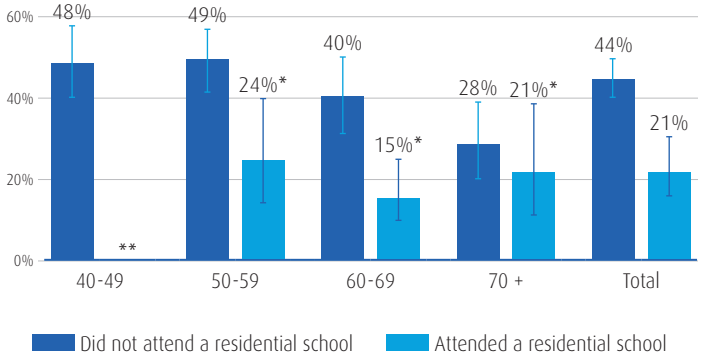
Among the most frequently reported negative impacts are isolation from family, loss of cultural identity, verbal or emotional abuse, harsh discipline, physical abuse, witnessing abuse, and separation from community **(FIGURE 3)**. It should also be noted that one-half of former attendees stated that the loss of their First Nations language is one of the negative impacts they experienced. About the same proportion say they are still unable to talk about their experience today. Nearly four in ten reported that Indian residential schools were the scenes of bullying, the loss of traditional First Nations religion/spirituality and sexual abuse. Finally, about two people out of ten reported that living conditions were harsh, that they lacked food and clothing, and that the education they received was poor.

FIGURE 3
Negative impacts of attendance at an Indian residential school



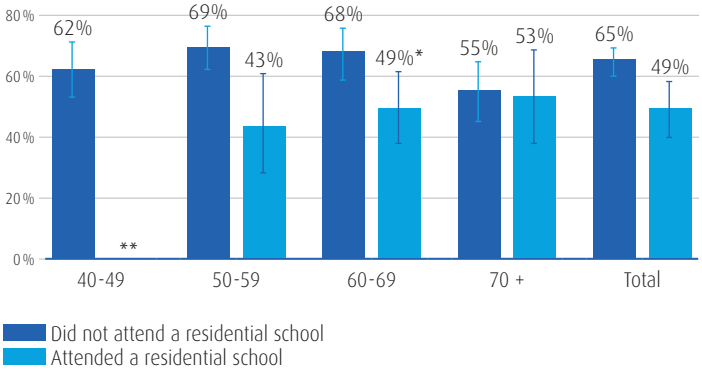
The living conditions faced by former residential school attendees have had an impact on many determinants of health.[2] When people are asked about their perception of their physical health, about four in ten say they are in excellent or very good health among those who have not attended residential schools. Among former attendees, two out of ten people make the same statement. This difference in the perception of physical health between people who did not attend residential school and former attendees is particularly marked among people 50-69 years old.

FIGURE 4
Individuals 40 years and over who feel in excellent or in very good physical health based on attendance at an Indian residential school



When we compare the perception of mental health among people who did not attend residential school with the perception of former attendees, we observe that while nearly two-thirds of individuals who did not attend residential school feel that their mental health is excellent or very good, one-half of former attendees say the same. This difference is more pronounced among people 50-69 years old.

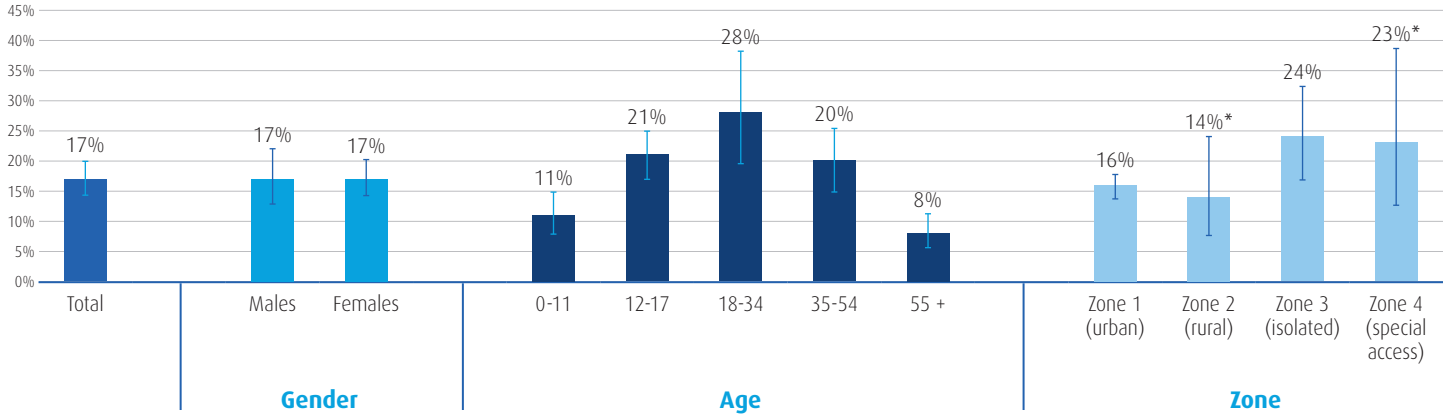
FIGURE 5
Individuals 40 years and over who feel in excellent or in very good mental health based on attendance at an Indian residential school



PLACEMENT OF CHILDREN AND ADOLESCENTS BY YOUTH PROTECTION SERVICES

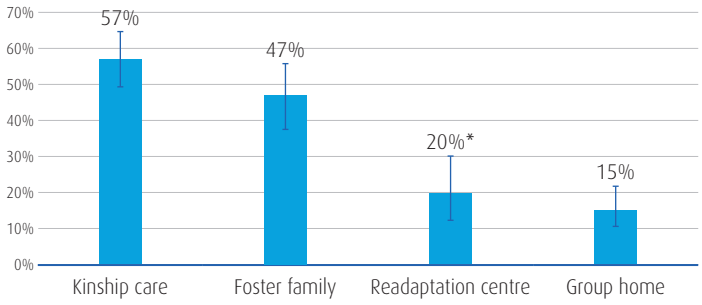
Among the First Nations population living in communities, nearly two in ten have at some point in their life been taken into care by youth protection services, with 18-34 year olds having the highest percentage. It should be noted that the data presented does not include people who have never returned to their community.

FIGURE 6
Individuals who have ever been taken into care by youth protection services



The majority of respondents who had to be taken into care by youth protection were able to be placed in kinship care. Just under half were placed with a foster family. Finally, to a lesser extent, individuals were placed in readaptation centers and group homes. A family environment, whether in kinship care or in a foster family, seems to have been prioritized.

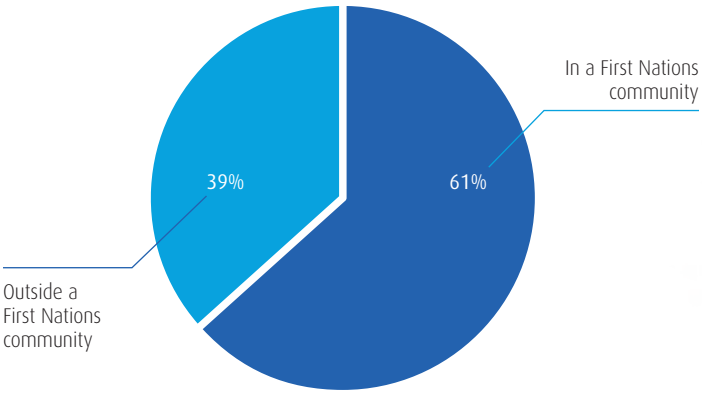
FIGURE 7
Location of the placement†



† If an individual has been placed multiple times, he/she should indicate the location of the longest placement.

More than six people in ten say they were placed in First Nations communities. This means that four people out of ten had to leave their own community to be placed in an Aboriginal community when they were taken into care by youth protection services.

FIGURE 8
Placement in a First Nations community or outside a community†



† If an individual has been placed multiple times, he/she should indicate the location of the longest placement.

CONCLUSION

The purpose of this booklet is to present a portrait of individuals who have attended an Indian residential school or who have been removed from their family by youth protection services. The data collected in the framework of the RHS does not enable us to measure the complexity of the intergenerational trauma engendered by these realities. However, the data shows that attendance at residential schools had negative impacts for many former attendees. We also note that former attendees are less likely to rate their health as "very good" or "excellent" than are people who have not attended residential schools. Research has clearly documented the impact of the intergenerational trauma that has been engendered by the policy of the Indian residential school system. Certain parallels can be drawn between Indian residential schools and youth protection policies. Learning more about the intergenerational impact that placement of adolescents has on First Nations should be the subject of further research. Finally, the implementation of support measures for families facing structural difficulties would undoubtedly be beneficial in order to prevent the removal of children from their family environment.

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[5] Report of the Special Rapporteur on the situation of human rights and fundamental freedoms of indigenous people, Rodolfo Stavenhagen, E/CN.4/2005/88/Add.3 (E).

METHODOLOGY IN BRIEF

The third phase of the First Nations Regional Health Survey (RHS) aims to describe the health status of the population in First Nations communities in Quebec. It was conducted from February 2015 to May 2016 in 21 communities from eight nations and reached 3,261 people (825 children aged 0 to 11 years, 769 adolescents aged 12 to 17 years and 1,667 adults aged 18 years and over) who responded to an electronic questionnaire submitted by field agents.

Data followed by the "*" sign have a coefficient of variation of 16.6% to 33.3% and should be interpreted with caution. The sign "**" indicates a coefficient of variation greater than 33.3%. This data is not published, except for estimates below 5%, which must be interpreted with caution. The lines presented in the bar or line charts are the confidence intervals calculated using a 95% confidence level.

In certain cases, the data are presented according to the geographic zone of the community of the respondents. These zones are defined as follows:[1]

– Zone 1 (urban): less than 50 km from a service centre with road access;

– Zone 2 (rural): between 50 and 350 km from a service centre with road access;

– Zone 3 (isolated): more than 350 km from a service centre with road access;

– Zone 4 (difficult to access): no road.

Service centre: The nearest access to suppliers, banks and government services.

In the context of the RHS, the term "community" is used to represent "Indian reserves."

For more details, please refer to the *Methodology* booklet of the RHS.

The RHS report consists of 20 thematic booklets. All the booklets can be consulted at the FNQLHSSC documentation center: https://centredoc.cssspnql.com.

1 INAC, http://fnp-ppn.aandc-aadnc.gc.ca/fnp/main/Definitions.aspx?lang=eng [accessed 2018-01-03].

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