

**Direct and multigenerational trauma: A contributing factor to high rates  
of child welfare involvement among Innu and other First Nations in Canada**

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*Submitted to:*

**Inquiry Respecting the Treatment, Experiences and Outcomes  
of Innu in the Child Protection System**

**October 2025**

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*The Inquiry is not about just the social services; it's about the missionaries... education...everything.*

-Testimony April 18<sup>th</sup>, 2023: Gabriel Rich

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This report reviews research that helps explain how the exposure of the Innu and other Indigenous Peoples to multiple collective experiences of psychological trauma and stress caused by various aspects of Settler Colonialism has contributed to the disproportionate apprehension of their children and youth by the child welfare system. Recognizing the significant harms caused by the high rates of child apprehensions on generations of Innu families from Sheshatshiu and Natuashish, these communities called for an inquiry regarding the experiences of Innu children, youth and families who have interacted with the child protection system. A testament to their strength and resilience, Innu from both communities testified for the inquiry between 2023 and 2025, which highlighted the pervasive multigenerational cycles of early life trauma and stress that have been catalyzed by various aspects of Settler Colonialism. Instead of employment and prosperity as promised by government authorities, the harms of forced displacement and settlement, unwelcome resource extraction, and pervasive abuse by missionaries aiming to assimilate them led to food insecurity, poverty, poor living conditions, economic dependence, mental health problems, substance misuse, household violence, and family breakdowns. These are in and of themselves explicit household risk factors for apprehension by welfare authorities.

#### **Children, Youth and Families Act**

A child requires protective intervention when they are being or are at risk of being exposed to:

- neglect (can include food insecurity, deprivation of affection, stimulation, social interaction)
- inadequately supervised (based on the child's developmental age), abandoned
- medical neglect
- physical, sexual, or emotional abuse
- household violence
- parent misuse of alcohol or drugs
- when a child under age 12 has harmed or seriously damaged another human being, living thing, or another person's property.

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*The Sixties Scoop, there were children taken from their families from the hospitals.*

Testimony on February 14, 2023: G. Benuen

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At a time when the Innu and other First Nations were dealing with these harms at the community, family and individual levels, the federal government pressured provinces to extend child welfare services to First Nations communities beginning in the 1950s, without providing equitable (or even equal) funding. While preventative services were already deemed to be the best approach to avoid the known harms of parental separation for non-Indigenous families, there was no mandate for preventative measures for First Nations communities and “intervention was limited to assessing neglect, usually based on parental absence, placing children in care, and seeking a court order for agency custody.”<sup>1</sup>

Extensive evidence from across Turtle Island emphasizes that the presence of risk factors in First Nations households resulting from earlier government and missionary transgressions were then used to justify taking away more of their children according to child welfare laws. The number of First Nations children in government custody across Canada grew and remained high through the 1980s in what became referred to as the “Sixties Scoop”. The overrepresentation of Indigenous children and youth in the child welfare system has since continued across Canada, including in Newfoundland and Labrador and among the Innu. It is of significance that neglect continues to be the most prevalent reason that Innu and other First Nations and Indigenous children are referred to child services. While this emphasizes the need for additional funding for infrastructure, resources, and preventative supports, it is also useful to better understand what factors beyond resource inequities and systemic racism are involved in contributing to the high rates of child welfare involvement. Consistent with research across diverse populations exposed to collective trauma,<sup>2</sup> the harms of forced displacement and abuse by priests and school staff promoted the inability of traumatized parents to provide family households free of risk factors for child apprehension. From the time of their settlement in the 1950s and 1960s, it was virtually

impossible for most (if not all) Innu parents to avoid the widespread food insecurity, economic instability, and inadequate housing and crowding that were consequences of forced displacement.

In addition to these adversities that are shared across generations, some of the increased risk for child welfare involvement have been caused by the biological, psychological, and social harms of traumatic experiences among parents that influence the early life experiences of the next generation through parenting struggles. Section 1 of this report describes the biological, psychological, and social harms of individual and collectively experienced traumatic events, and reviews research with forcibly displaced and relocated Indigenous and non-Indigenous populations to demonstrate how trauma can promote widespread parenting struggles that put children at risk for being apprehended by child welfare authorities. Section 2 describes how early life trauma during critical periods of neural, psychological, and cognitive development can have particularly significant harms, and summarizes research with Innu and other Indigenous populations exposed to generations of early life adversities as a result of forced attempts to assimilate them and convert them to Christianity. In turn, parental ACEs promote the risk for subsequent generations being exposed to similar early life adversities, continuing the transmission of household and familial risk factors. Section 3 presents research showing how culture-based approaches to health can protect against the multigenerational harms of colonialism and promote wellness. Throughout the report are direct quotes from the inquiry that highlight the adversity and associated health and social challenges faced by the Innu over several generations, as well as the significant strength, resilience and hope that exists for improved health and wellness for the future that supports and celebrates Innu culture and cultural identity.

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*Back in the day, under the Indian Act, there was a plan to force these systems on the Indigenous Peoples across Canada until there's no Indian left in the country. That's when the introduction of residential schools are coming in. That's when the child protection system came into the Innu lives...*

Testimony on February 14, 2023: G. Benuen

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*A lot of families have been destroyed... a lot of trauma passed on to one another... pain... struggling. There was absolutely no support system... No safe space.*

-Testimony April 19, 2023: Gabriel Rich

## Section 1: Direct and multigenerational harms of collective trauma as a result of forced displacement and settlement

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*To understand the cycle of trauma... you have to know the history...  
an Innu community settled... against the will of the people who would live there.*

Testimony June 2023: Jack Penashue

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Some who testified in the inquiry appropriately used the term *trauma* to describe their experiences and associated harms caused by forced displacement that affected most, if not all, Innu families. This section will summarize research with Innu and other Indigenous populations demonstrating the psychological and social harms of the significant trauma and stress caused by forced displacement and settlement that influenced children, youth, and adults in the following ways:

- Feelings of loss, grief, sadness, loneliness, lack of belonging, disorientation
- Fear, uncertainty, and stress
- Feelings of powerlessness and lack of control
- Loss of purpose and meaning
- Anger and frustration
- Mental health symptoms: anxiety, depression, post-traumatic stress
- Substance misuse and addictions
- Household and community violence

In turn, these individual, family, and community level outcomes of collective trauma influenced the ability of parents to provide healthy environments for their children and increased the risk for apprehension by child welfare authorities. Especially when combined with the harms of schools that taught generations of children that abuse and violence was normal, such extensive and widespread early life adversity can alter social norms relate to parenting and promote the transmission of stress and trauma across generations.

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*This is not a hearsay, the voice you're hearing. The voice you're hearing is of my ancestors  
and my grandfather's stories, not my stories. I'm just the messenger,  
but I'm glad I'm here today to tell you the story what they have done to our people.*

-Testimony October, 2023: Elder Tshakapesh

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Trauma generally refers to a person's psychological and biological responses to an experience or series of events appraised as being extremely distressing, scary, and/or threatening that elicit a "stress response" involving various neuroendocrine, immunological and behavioural components.<sup>3,4</sup> Although an individual's physiological responses to stressors typically serve in an adaptive capacity, stress reactions can become "**toxic**" if it is particularly severe and/or continues over time, ultimately overtaxing endocrine, immune, and other biological systems (referred to as allostatic overload)<sup>4,5</sup>. This is particularly the case when adversity is uncontrollable and unpredictable, and results in a sense of powerless over one's life and opportunities.<sup>6</sup> Such traumatic and stressful experiences elicit negative emotional responses such as sadness, fear, anger, and/or shame,<sup>7</sup> which also contribute to biological responses that promote the risk for mental health conditions like generalized anxiety disorder, depression, and post-traumatic stress disorder (PTSD), and Complex-PTSD.<sup>8-11</sup>

Although few studies have assessed biological harms with Indigenous populations, extensive evidence across diverse populations has shown how various biological processes are involved in or are affected by toxic stress, including hormonal processes (e.g., CRH, ACTH, cortisol, estrogen, oxytocin, arginine vasopressin), brain neurotransmitters (e.g., monoamines, GABA), neurotrophins (e.g., BDNF, FGF-2, VEGF), gut microbiota, as well as immune and inflammatory responses that in turn promote risk for mental and physical health conditions.<sup>8,12</sup> The nature and extent of these responses depend previous stressor experiences, genetic factors, and the presence of protective factors such as social support, and on characteristics of the stressor including the frequency, severity, duration, timing of the adversities. While **toxic stress** can stem from traumatic experiences, it can also arise from prolonged adversity without a single traumatic event. Indeed, stressors considered "non-traumatic" such as financial hardships can cause the same negative consequences as great or greater than those provoked by events typically deemed as traumatic.<sup>13,14</sup> Non-traumatic stressors have also been shown to have additive or synergistic effects on health outcomes when combined with exposure to traumatic stressors, in which exposure to various adverse events result in harms that can accumulate across the lifespan.

As described in the inquiry, all Innu families have experienced multiple severe and chronic adversities since at least the 1950s and 1960s when they were forcibly displaced from their lands, settled in communities, and required to send their children to schools where they faced multiple forms of abuse. Research has shown that displaced populations typically experience a broad and unique range of trauma and chronic stress at the individual, family, and community level. Displaced children and adults often experience depression anxiety, PTSD, and other mental health conditions at higher rates.<sup>15</sup> Studies with non-Indigenous displaced populations has also shown neurobiological harms including dysregulation of the HPA-axis as reflected in cortisol and related hormone changes, as well as structural and functional brain changes (including limbic system alterations, thalamic enlargement, and network reorganization).<sup>16</sup>

Research with Innu and other Indigenous populations that have been forcibly displaced has revealed similar adversities and harms as observed with non-Indigenous displaced populations, but with additional forms of trauma due to their unique cultural and spiritual relationship with land.<sup>17,18</sup> Shown in Figure 1,<sup>18</sup> research with Indigenous populations has shown links between land dispossession, additional impacts related to industrial resource development, and poor mental health symptoms that typically arise in a large proportion of community members soon after. The inability to live traditional subsistence lifestyle, loss of land-based economies, food insecurity, economic dependence, and cultural disruption contributed directly and indirectly to these negative mental health outcomes, which are further promoted over time by the resulting family and community-level social impacts such as substance misuse, violence, and family breakdowns. Additional stressors were also described to be commonly experienced alongside forced displacement, such as increased experiences of racism and violence. For example, like the Innu, other First Nations communities were forced to live in inadequate and crowded housing.

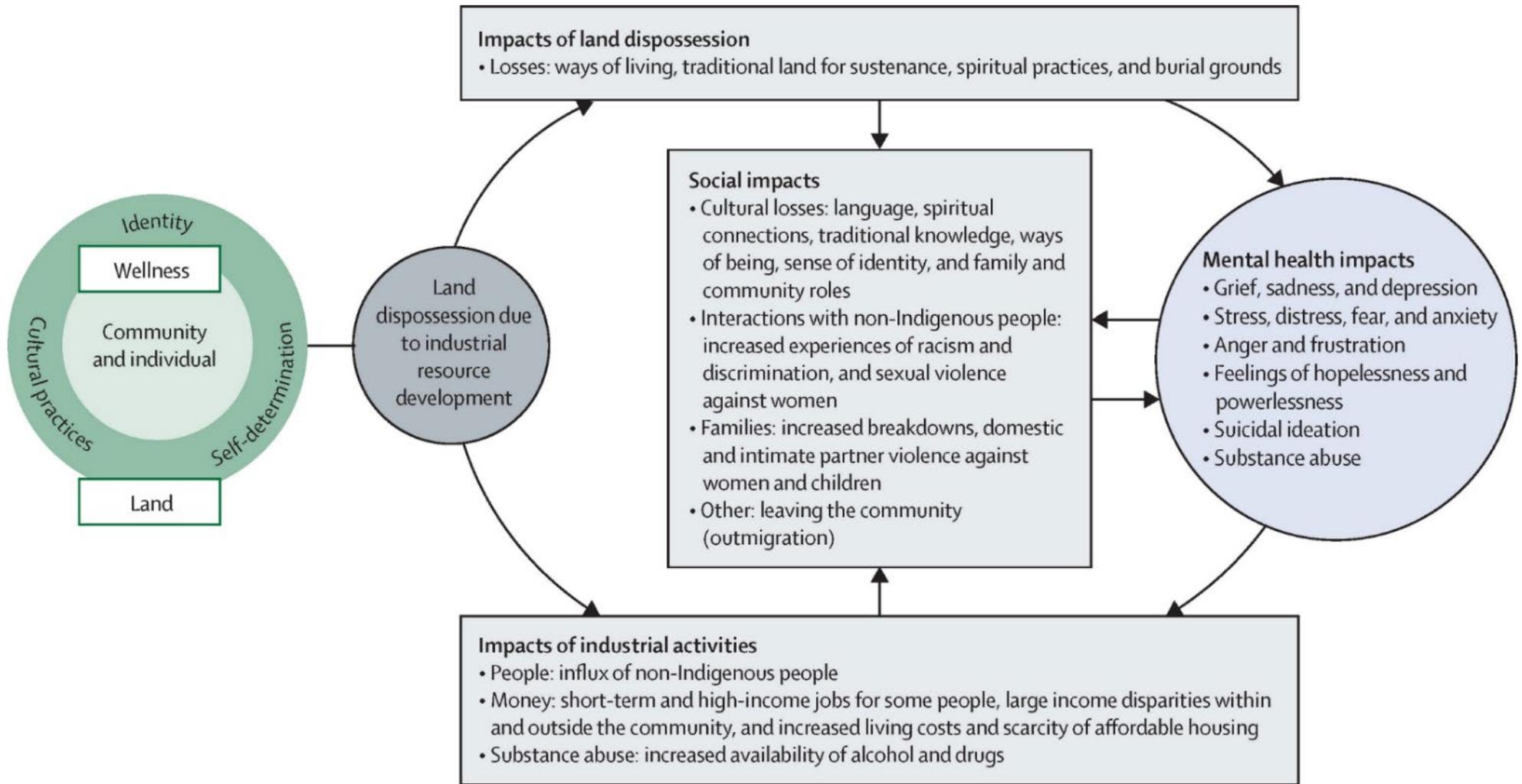
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*The houses that they were promised were constructed really poorly. These houses were not meant for the kind of winters in Labrador. When they built those houses, some... included toilets, and sinks... but there was no plumbing... and no running water. So in the wintertime you had to find water...*

-Testimony February 2023: A. Picard

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**Figure 1.** The relationship between land dispossession due to industrial resource development and Indigenous Peoples’ mental health.



**Feelings of loss, grief, sadness, loneliness, lack of belonging, disorientation**

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*Every time when I think about it... every thing change - our life. The government and the priest, that's what I blame, what happened. And there was no alcohol and drugs; and then you see what happened, our children, our grandchildren. Everything change, and I don't think just me. A lot of people – Innu people – very sad. Sometimes when we stay together – women had cup of tea together – always talk about that. I miss so much our life long time ago. We stay Nutshimit, hunting. The children happy. Nothing –no alcohol, no drugs.*

-Testimony February 2023: Elder Penashue

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Studies with Indigenous populations who have been displaced and/or whose lands have been harmed by industrial development have reported significant feelings of loss, grief, sadness, and despair to the initial loss their lands and local ecosystems (often referred as ecological grief), and the resulting inability to engage in land-based activities such as hunting, fishing, and ceremonies.<sup>17</sup> Chronic sadness is a defining characteristic of depression, a mental health condition that involves persistent feelings of sadness, emptiness, or irritability. When prolonged, grief and related negative emotions can act as a trigger or risk factor for developing other mental health disorders through various biopsychosocial pathways. For example, sustained activation of the grief neurological pathway can cause a cascade of neurotransmitters that inhibits the reward-seeking system, causing symptoms of depression.<sup>19</sup>

Studies with displaced Indigenous populations reveals that their ecological grief is often associated with multiple felt losses arising simultaneously, including grief for physical ecological losses (e.g., disappearance, degradation, death of species, ecosystems, landscapes) in the aftermath of acute events that (e.g., flooding caused by industrial development; climate disasters) or through slow and gradual ecological changes (e.g., increasing degradation, long-term changes to weather patterns).<sup>20</sup> Often accompanied by additional strong eco-related emotional reactions (i.e., anger, frustration, anxiety, distress, hopelessness, depression, despair, physical pain), ecological grief can hinder healthy coping with the traumatic events and promote mental health symptoms. At the same time, these reactions are deemed as a reasonable response to ecological loss, also motivating behaviour to protect the environment.<sup>20-22</sup>

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*You need to understand by that time, in the 70s and later, we are living as if we have our legs cut off at the knees. I don't know how to express it more clearly than this. Our hearts and minds could still feel and think, but they were filling up with sadness, grief, and loss.*

-Testimony September, 2025: Elder Andrew

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Indigenous Peoples are also particularly at risk of experiencing “solastalgia”, which is a more specific related concept that refers to distress caused by environmental changes in one’s home or surroundings while one is still living in or attached to the place being affected. Combining ‘sōlācium’ (comfort) and ‘-algia’ (pain), it captures the feeling of ‘homesickness while still at home’ due to local environmental changes.<sup>23,24</sup> Contrary to nostalgia, home still exists and there is no dislocation, but the changes to the environment can have serious psychological consequences and lead to the fading of one’s sense of belonging and identity.<sup>23</sup> For individuals that share a deep connection to the environment around them, losing this connection can lead to profound distress and sadness, causing toxic stress and promoting negative health and social outcomes.<sup>25</sup> While solastalgia has been documented among various populations affected by changing local environments, Indigenous communities are disproportionately susceptible due to their unique relationships with the land.<sup>26,27</sup> These findings are also in line with the literature on the links between environmental distress more generally with poor mental health.<sup>20,28</sup>

Members of displaced First Nations have reported feelings of loneliness and described how the disconnection from their lands affected their sense of belonging. For example, an Innu Elder in Quebec described this loss of connection as part of his mother's experience of hydroelectric development in their traditional territory: “Before the flood, it was a beautiful lake. My mother never wanted to go back and see her land after that, because it was changed completely. ‘This is not my land’, she used to say”.<sup>29</sup> In the context of land loss due to industrial contamination in southwestern Ontario, an ethnographic study showed that the Aamjiwnaang First Nation described the trauma associated with their dislocation from place as: “displacement... a profound feeling of disorientation toward ancestral land”.<sup>30</sup>

*We had everything. Water was clean, trees, rivers, animals, berries, medicine. Innu people always been hunting and then we're saying: Why? Why the government to come here, to break our land... kill environment, everything. That's making me cry when I think about everything... I'm thinking many, many times: Why?*

-Testimony February 2023: Elder Penashue

Research with First Nations adults and youth in the U.S and Canada has shown that feelings of loss associated with collective traumatic events such as forced displacement and relocations was a critical factor in their emotional and cognitive life.<sup>31,32</sup> In this regard, when asked about how often they thought about loss of land, about one-fifth (18.2%) reported thinking about these losses several times a day or daily, and 23.9% thought about it at least monthly.<sup>32</sup> In turn, higher historical loss was linked with chronic feelings of grief, sadness, and various negative mental health outcomes in First Nations youth and adults.<sup>31-34</sup> In a study with Blackfeet adults, those who thought more frequently about these and other historical losses reported higher levels of psychological stress in their daily lives, had higher levels inflammatory cytokines, and had higher average ambulatory systolic and diastolic blood pressure over a weeklong period, all of which are biological markers of chronic stress.<sup>35</sup>

### **Fear and uncertainty**

Innu and other First Nations Elders who lived through the forced settlement described the fear caused by forced changes in their lives, as well as constant concern and uncertainty about the future of their lands and traditional ways of living. The first few decades were described as scary by some Innu Elders, due to the culture shock and how quickly things were changing. In addition to direct effects on health through a lack of nutrition, the uncertainty and stress of the resulting food insecurity and not knowing where the next meal will come from, would also be expected to harm health.

*I see that the system itself killed my parents... they lived in the wilderness... When they were taken from the nomadic way of life to the community way of life... The kids had to go to school... if they didn't Social Services would take them... they wouldn't get a family allowance, no welfare. There's all kinds of obstacles put on those families... My parents... they had nothing – no training. You can't go hunting, you can't do anything. If you do, we're going to take your kids. It scared the hell out of my parents... no wonder they died from alcohol and tragic events. Who... would want to sit at home with nothing to do? No tools, nothing. You lose all that, you feel no respect.*

-Testimony October 2023: P. Rich

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*I'm worried... that the children in the schools... lost Innu-aimun. Very sad...*

-Testimony February 2023: Elder Penashue

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When confronted with uncertainty, the brain's amygdala (emotional center) can trigger a fear-related stress response.<sup>36,37</sup> Prolonged uncertainty can overload the stress response system and the prefrontal cortex, making it difficult to focus, make decisions, and regulate emotions, leading to feelings of fatigue and being "stuck"<sup>38,39</sup>. A perceived loss of control is a common outcome of chronic uncertainty, which can trigger helplessness, irritability, and emotional distress as the brain struggles to regain stability. The distress related to a sense of threat, as well as the uncertainty and unpredictability concerning potential future harm, has been shown to increase the risk for anxiety and depression<sup>40</sup> and may also promote the development of PTSD following a subsequent traumatic experience.<sup>41</sup>

Innu have also described the uncertainty and associated anxiety felt in relation to past and future harms of unwanted resource extraction on their lands, and of the effects of climate change. Alongside the increasing levels of ecological grief in various populations, ecological anxiety is also rising around the world, which refers to apprehension and stress about anticipated threats to local and/or global ecosystems.<sup>42,43</sup> A recent multinational study suggested that at least half of adults were very or extremely worried about climate change, which was in turn associated with psychological distress and symptoms of major affective disorders.<sup>44</sup> Research also highlights the disproportionate and differential effects of ecological anxiety on different groups.

Youth also experience and are harmed by feelings of eco-anxiety. A survey of young people ages 16 to 25 years in ten countries revealed that more than 50% reported each of the following emotions: sad, anxious, angry, powerless, helpless, and guilty. More than 45% of youth said their feelings about climate change negatively affected their daily life and functioning, and many reported a high number of negative thoughts about climate change (e.g., 75% said that they think the future is frightening). Climate anxiety and distress were also correlated with perceived inadequate government response and associated feelings of betrayal.<sup>45</sup> Similarly, a survey of young people aged 8 to 16 years in England showed that 73% were

worried about the state of the planet, 19% have had a bad dream about climate change, and 41% do not trust adults to tackle the challenges presented by climate change.<sup>46</sup> Although research has not quantitatively assessed levels of eco-anxiety in First Nations populations, research has shown that farmers and other populations who rely most closely on the land and land-based activities for their livelihood and wellbeing are at a particularly high risk.<sup>42,47</sup>

Related to the changes in local ecosystems, research with Indigenous populations has shown a high prevalence of enduring legitimate concerns about the lack of traditional foods, poor nutrition from store-bought foods, and the short- and long-term health impacts of environmental contaminants from industrial development.<sup>17,18</sup> Older Innu and other First Nations elders have reported feelings of stress in relation to their forced reliance on store bought processed foods and the potential consequence for the health of the children and youth.<sup>48,49</sup> It was noted in the 1990s that many Innu felt that the foods in the store were stale and unsafe to eat. Interviews in a study about food revealed that some Innu were concerned that their children would starve because store food is not as good for them as caribou, beaver and porcupine.<sup>48,49</sup> Likewise, an Anishinaabe Elder explained the impacts of land loss and pollution due to mining and forestry development in northern Ontario: “We are the land. If the land is sick then it ain't going to be very long before we're going to get sick.”<sup>50</sup>

Research has also revealed that having to engage with the government and industry representatives can create significant stress for community members affected by displacement and/or industrial development.<sup>51-53</sup> After the announcement of a major industrial project on a First Nations territory, a survey of community members revealed that 94% reported worrying about the impacts of the project, that stress levels was high, and perceived self-efficacy was low.<sup>54</sup> It was described that these psychological effects were evident with the announcement of the project and continued as the sociocultural and psychosocial harms began to unfold.<sup>54</sup> There is also continued uncertainty among Indigenous populations that the government will never provide redress for the injustices committed and have valid concerns that outsiders will continue to harm Indigenous lands.<sup>18</sup>

**Powerlessness and helplessness**

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*Once you're in the community, it means there is some control either by the Catholic denomination or the child welfare or some kind of a government... nutshimit is a free country.*

Testimony June 2024: M.P. Benuen

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Innu have described how their painful process of dispossession and alienation of their society from the land and from the cultural and spiritual roots led to feelings of powerlessness. In addition to the direct effects of having little control over economic and social resources has on health, the resulting perceptions of powerlessness and a lack of control also promote negative psychological outcomes.<sup>55,56</sup> Along with other government actions, the forced displacement of Indigenous populations undermined traditional governance structures, forcing Indigenous communities to adapt to new political and social landscapes imposed by government authorities, and leading to a loss of control over their own affairs.

Many First Nations and other Indigenous communities affected by local resource extraction also report distressing feelings of powerlessness.<sup>18</sup> In discussing the hydroelectric project that flooded Innu lands without their consent, Gregoire described that, “All we can do is watch helplessly as our land is being destroyed”, in describing their powerlessness to stop this while receiving “nothing for that power ... [generated] from Innu lands”.<sup>57</sup> Even in non-Indigenous contexts where there isn’t the same rights violations and cultural connections to land, research assessing outcomes of people who faced harms to their local environments caused by climate change and industrial developments reveals that in both cases, people experienced negative affect that was exacerbated by a sense of powerlessness and lack of control.<sup>23,58</sup> Often, negative environmental changes emerging from human activities, such as mining, urbanization and oil and gas development projects, have poor engagement of communities in decision-making, creating a sense of powerlessness and anger.<sup>59</sup> Studies have shown that solastalgia often involves feelings of helplessness and resignation, “as environmental changes typically lie beyond the affected individual’s control.”<sup>27</sup> In a study with non-Indigenous communities in Colorado, powerlessness emerged as the second key driver of stress and negative mental health impacts of living

amid drilling.<sup>60</sup> Many interviewees, about 90%, expressed feeling similar chronic stress, given the way institutional processes enhanced the power of industry operators without creating comparable space for public participation in making decisions about industrial activities in neighborhoods.<sup>60</sup> People consistently expressed feeling excluded from decision-making processes and, consequently, powerless to affect the scale, location, or health outcomes of development. Powerlessness helped create chronic stress as affected people encountered significant institutional barriers to participation.<sup>60</sup>

### **Loss of purpose and meaning**

Innu have described how their inability to live their traditional subsistence lifestyles led many to question their purpose and the meaning of life. This was compounded by the false promises from government officials that there would be jobs and opportunities for economic development for the Innu. Studies with non-Indigenous populations show a strong negative association between a lack of purpose and feelings of hopelessness, lethargy, and isolation, which can in turn contribute to the onset of mental health issues.<sup>61,62</sup> The loss of interest or pleasure in hobbies and activities, pessimism, and fatigue are common symptoms of depression, all of which can stem from a lack of purpose.<sup>61-63</sup>

Innu have described how the inability to live their traditional hunting lifestyle changed the role of men as providers for their families, and as leaders and teachers of younger men. The Innu were skilled, knowledgeable, and confident within Nitassinan, and the Innu's relationship with the land guided their daily life and provided great meaning. In their new environment in the communities, the culturally based knowledge that made them self-sufficient in their homeland was not relevant. Studies with other displaced First Nations communities similarly described how community members felt that they could no longer fulfill their assigned roles in life or "their vision and purpose of why they were created".<sup>17</sup>

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*Between the 1970 and 1980s, the roles of the Innu people changed a lot. The man, he knew what his role was when he was out in the country. He didn't need to be taught or didn't need to be told what to do.*

*These roles just came on naturally as you were growing up. The woman had her own roles. The structure of the family was also changed. Back then it was the woman of the household that was more in a leadership role and did the decision-making within the household. The man made the decisions outside the household. With the contact and religion, it really changed.*

-Testimony February 2023: A. Picard

It has also been observed that displaced community members often lose confidence in what they know and in their own value as human beings, and some may feel “bewildered about whether their lives have meaning or purpose.”<sup>64,65</sup> Research with Lakota in the U.S. found that men in the community experienced a sense of failure as protectors and providers when they lost their traditional roles, affecting generations with a “a deep sense of pain, anger, and powerlessness” that manifested as substance misuse, violence, and an inability to communicate feelings and experiences.<sup>66,67</sup> For Lakota women, the traditional role of educator, healer, nurturer, head of the home, and sustainer of the family and nation was gone. This was compounded with being victims of abuse and abandonment, leaving women feeling powerless and hopeless, also often turning to substances to cope.<sup>66,67</sup>

### **Anger and frustration**

Experiencing feelings of chronic anger and frustration can lead to allostatic overload by keeping the body in a constant fight-or-flight state that overtaxes biological systems and may result in feelings of anxiety and restlessness, making it hard to calm down. Unresolved anger is linked to depression, particularly when emotions are suppressed. Many aspects of climate change can evoke negative emotions, such as anger variously felt towards climate deniers, the inaction of politicians, or the consequences for nature and humanity.<sup>68,69</sup> Research has revealed that the public's opposition has included anger over environmental justice concerns, their powerlessness, and the urgency of addressing climate change.<sup>70,71</sup> Indeed, Innu and other displaced First Nations understandably report anger and frustration that were associated with feeling dismissed, disregarded, or betrayed by companies or government, and at other times, in response to people's uncertainty about the future of their lands and traditional activities.<sup>18,21,72</sup>

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*Eventually, in the end, we had to sleep in the kitchen where there was a stove because the rooms were all frosted on the walls... the alcohol abuse started... My parents found it very difficult and were unable to adapt... There was a lot of child abuse... My dad was mad all the time... He [would] just get mad at something and take it out on us.*

-Testimony June 2024: M.P. Benuen

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Innu and other First Nations communities and individuals affected by forced displacement and assimilation also carry very legitimate and significant anger regarding the years of maltreatment and cultural losses because of missionaries and the government. In a study with First Nations parents in several communities in Canada and the U.S., 23.8% reported always or often having feelings of anger when thinking of lost land, traditional ways of living, and other losses as a result of colonialism, and an additional 38.1% reported they sometimes felt anger in relation to these losses.<sup>34</sup> In a longitudinal study with First Nations youth, perceived discrimination and feelings of anger at ages 11 to 13 years each had indirect effects on aggressive behavior three years later, and anger partially mediated the link between discrimination and aggression.<sup>73</sup>

### **Mental health symptoms: anxiety, depression, post-traumatic stress**

Innu and other Indigenous populations have expressed the how their forced displacement and associated harms have traumatized them and exposed them to chronic stress. Although little data exists documenting the prevalence of mental health symptoms among the Innu, their feelings of grief, powerlessness, loss of purpose and meaning, fear, anger, and general psychological distress caused by displacement would be expected to promote the risk for symptoms of depression, anxiety, post-traumatic stress disorder (PTSD) and complex PTSD.<sup>18,72,74</sup> For example, more frequent thoughts of historical loss were associated with increased symptoms of depression and anxiety among a sample of First Nations adults and youth in the U.S. and Canada.<sup>31,33</sup> Likewise, Indigenous two-spirit persons living in urban cities in the U.S. reported thinking about the impacts of relocation from traditional homelands, land loss, and land neglect-based on a weekly or daily basis, which was associated with an increased risk for poor mental and physical health outcomes.<sup>75</sup>

Studies with Indigenous and non-Indigenous populations have also reported mental health effects of climate-related hazards, including PTSD, depression, anxiety, the exacerbation of psychotic symptoms, and suicidal ideation and suicide completion.<sup>76-78</sup> A study that assessed the mental health harms of the Exxon Valdez oil spill among Indigenous communities in Alaska found that exposure to the

spill and subsequent clean-up was associated with greater symptoms of depression, anxiety, and PTSD one year after the spill.<sup>79</sup> High levels of social disruption were associated with PTSD one year after the oil spill in both Alaska Natives and non-Indigenous individuals, but Alaska Natives whose subsistence activities were disrupted were particularly vulnerable to depressive symptoms and to PTSD.<sup>79–81</sup> Even the threat of forced displacement has been shown to harm well-being of Indigenous communities. Compared to a non-threatened comparison reservation, members of a tribal community in the U.S. facing possible relocation perceived the threat as distressing as the death of a loved one and as a potential root cause of tribal and cultural demise.<sup>82</sup> Almost one-quarter (22%) of participants experienced high symptoms levels of depression, anxiety, and/or PTSD indicative of a mental health diagnosis.<sup>82</sup>

### **Substance misuse and addictions**

Trauma significantly increases the risk of alcohol and drug misuse, sometimes stemming from mental health symptoms such as emotional dysregulation and using alcohol to cope with stress and other negative feelings.<sup>83,84</sup> Substance misuse has been linked to mental health challenges and other social impacts—affecting individuals, families, and communities. As already noted, research with Indigenous and non-Indigenous communities affected by displacement reveals that large proportions of community members turned to substance misuse as a response to, and an escape from, the stresses of displacement and the sense of loss, powerlessness, and other emotional and psychological harms.<sup>15,18,85</sup> A longitudinal quantitative study with four American Indian and four First Nation reserves in the U.S. and Canada who share a common cultural heritage revealed that those who were relocated were more likely to report alcohol misuse.<sup>86</sup> In general, multigenerational trauma is a key factor contributing to the high prevalence of substance misuse in many Indigenous communities. A scoping review assessing associations between trauma and substance use among Indigenous Peoples in Canada and the U.S. concluded that, despite heterogeneity among communities, significant links were consistently found between experiences of collective and personal trauma and substance use across tribes and settings (e.g., reserve, rural/urban).<sup>87</sup>

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*The alcohol was introduced to our people and, today, we are abusing alcohol. I am a recovering alcoholic. Years ago, my grandfather never talk(ed) about alcohol... they started making homebrew, and the disruption and dysfunction started happen, and the violence... The damage is evident today.*

-Testimony October 2023: Elder Tshakapesh

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### **Violence and child maltreatment**

Across populations, trauma and some associated mental health conditions like PTSD and C-PTSD can impair an individual's ability to regulate emotions, increasing the risk for impulsive or aggressive behaviour.<sup>88,89</sup> This is particularly the case when there is co-occurring substance use problems and ongoing stress.<sup>90</sup> Studies with various Indigenous populations in Canada and elsewhere have reported relationships between a loss of connection to the land, mental health and substance uses issues, and then violence. Innu and other First Nations have described how violence usually occurs in the context of binge drinking. A 1989 survey by the Ontario Native Women's Association revealed that alcohol was reported to always be involved in domestic fights by 44% of respondents in the survey, while 37% stated that it was often present in incidents of family violence. In total, 78% of respondents said that alcoholism was a main cause of domestic violence. A study of a displaced Inuit population in Greenland found that the prevalence of alcohol problems and physical and sexual violence in the childhood home fluctuated parallel to the import of alcohol. The point estimates of regression coefficients in the analyses were 1.1/1.9 (men/women) percentage points increase per litre imported alcohol per person per year for alcohol problems, 0.6/0.8 for physical violence and 1.4/2.8 for sexual abuse.<sup>91</sup>

The forced displacement of Indigenous and non-Indigenous communities has been shown to contribute to violence, both directly and indirectly, by disrupting social structures, and creating conditions ripe for conflict.<sup>18,92</sup> When a whole community is traumatized, there is often a breakdown of traditional support systems and loss of social cohesion that can weaken community bonds and make it harder to resolve conflicts peacefully.<sup>93</sup> A number of studies and case examples specifically reported an increase in gender-based violence following forced displacement of Indigenous and non-Indigenous populations, including experiences of physical and sexual assault, as well as intimate partner violence.

For example, after the *Deepwater Horizon* spill, wives of clean-up workers reported an increase in fights with their spouses and mental health struggles two years later.<sup>92,94</sup> While much of this occurred within families or by other community members, Indigenous women also commonly faced sexual harassment and abuse by non-Indigenous men from nearby communities or industry workers.<sup>18</sup>

### **Collective effects on the community**

In addition to these effects for each individual community member and family, the term ‘collective trauma’ refers to the collective response to a traumatic experience that directly affected a large proportion of a community or other group of people who share a common social identity.<sup>2,93,95</sup> A study with a population displaced multiple times in Sri Lanka highlighted the blurred line between the individual self and outside community and that “the well-being of the individual member is experienced as the well-being of the family and community”.<sup>96</sup> Research with diverse populations who have undergone collective trauma has revealed effects at the community levels in the aftermath of mass trauma have included erosion of basic trust, silence, widespread substance misuse, the deterioration of social norms and values, and community and household violence.<sup>2,55</sup> When whole communities have been traumatized, many of those who are harmed include parents and soon to be parents. Both past and ongoing parental trauma can influence their children through biological, psychological and social pathways including learned behaviors, parenting styles, and shared environmental stressors.

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*Alcohol abuse was in every family. Every adult was in pain and that pain was passed down to the children. I never used the word trauma in those days but I certainly know that you describe what we as a people were living as a collective trauma.*

-Testimony September 2025: Elder Andrew

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**Intergenerational Trauma: Trauma-related parenting difficulties lead to early life adversity in the next generation and puts families at risk of intervention by the child welfare system**

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*... Parents going through intergenerational trauma is a lot... its all connected.... I see that everyday. Its not just around here, but I see it out tin the world, outside of my reservation... it is these homes that we should be focused on providing help.*

-Testimony April 2023: Gabriel Rich

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Parental trauma can lead to their children experiencing early life stress and trauma through various biological, psychological, and social mechanisms.<sup>97</sup> The persistent activation of the stress response system can lead to difficulties in regulating their stress and emotional responses, impacting their ability to provide a stable and supportive environment for their child. Figure 1 represents a potential route by which traumatic and stressful experienced in one generation may have indirect intergenerational effects within family units by affecting the ability of parents to provide adequate care for their children.<sup>3</sup> It is known that both past and ongoing trauma can influence the way individuals appraise the world around them, and particularly the way they appraise stressful experiences and their ability to contend with these stressors. These appraisals, in turn, influence the coping strategies adopted/used. For First Nations communities affected by displacement, many coped through substance misuse in the absence of other options for relief of the psychological harms of traumatic events.<sup>18,98</sup> In part because of these ineffective coping styles, these individuals may be at increased risk of further stressor encounters (stress proliferation), increased psychological and neurochemical reactivity to stressors, and the promotion of poor mental health. These factors, alone or in combination, may result in impaired parenting and might thus increase the likelihood of early life trauma or stressors being encountered by their offspring. In this next generation, these adverse experiences might result in the recapitulation of the events outlined in the preceding generation.<sup>95,99</sup> In turn, these negative outcomes of parental trauma serve as risk factors for intervention by child welfare authorities.

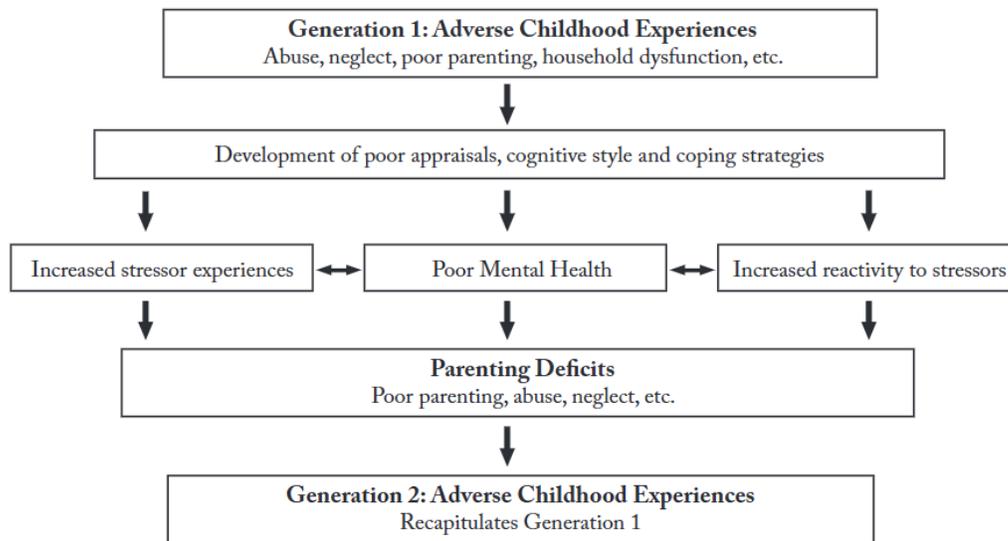
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*It's all interconnected with what we go through as young kids and with he hardships of life, with all the pain and all the hurt that we go through and not being able to deal with those, and it continues on to the next generation of our kids.*

- Testimony October 2023: M. Nuna

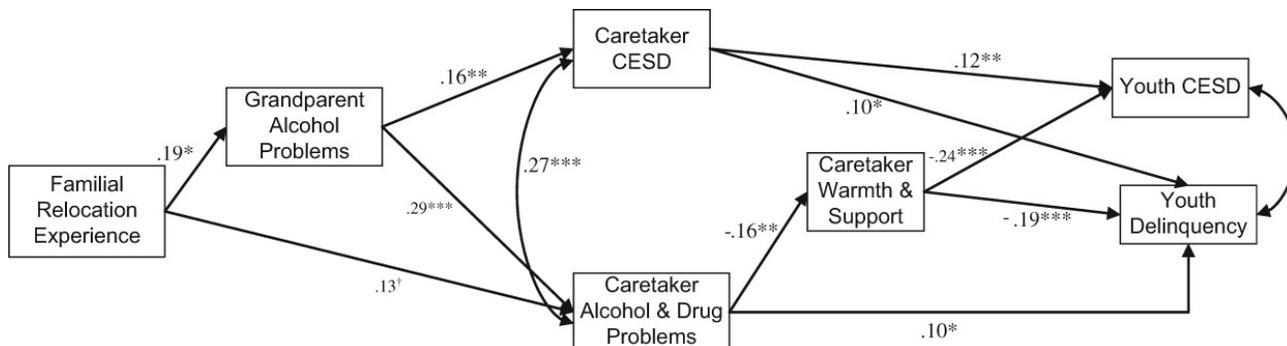
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**Figure 2.** Mediators of the transmission of trauma to the next generation within families.



Demonstrating the multigenerational effects of experiences of relocation among First Nations parents, a longitudinal quantitative study with four American Indian reservations in the U.S. and four First Nation reserves in Canada revealed significant direct and indirect harms where the grandparent-generation’s participation in government relocation programs negatively affected two subsequent generations (Figure 3).<sup>86</sup> Family relocation experienced in the first generation was associated with alcohol problems, which was associated with depressive symptoms (labeled CESD in the figure) and alcohol and drug problems in their adult children. In turn, the parental depression contributed to both youth delinquency and depressive symptoms. Parental substance misuse in the second generation also exerted a direct effect on youth delinquency in the third generation, and significant indirect effect on youth delinquency and depressive symptoms by way of decreased parental warmth and support.<sup>86</sup>

**Figure 3.** Associations between grandparent familial relocation experience and alcohol problems with alcohol/drug problems and depressive symptoms (CESD) in the next generation of parents (caretakers) and with depressive symptoms and delinquency in their children (youth)



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*... intergenerational trauma, it connects to a lot of things in a lot of ways.. drinking. Nobody is given the opportunity to fight back addiction... I've lost so much what meant the most to me, because this intergenerational trauma. It connects the pain and not knowing how to deal with it. Not knowing how to deal with it, that's an issue.*

-Testimony April 2023: Gabriel Rich

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### **Case studies of health and social outcomes among displaced First Nations**

Unfortunately, there are many examples of First Nations communities that have been harmed by forced displacement and relocations, including in relation to the high rates of apprehension by the child welfare system. The history of colonialism in Canada involved various forms of geographic displacement.<sup>98</sup> Like the Innu and other First Nations, Chemawawin Cree were displaced and had their land flooded due to hydro development, which destroyed their traditional way of life whilst offering no alternative economic future.<sup>100</sup> Manitoba provincial authorities were supported by the federal government in relocating the Chemawawin Cree in 1964 to build the Grand Rapids Hydroelectric Dam. Prior to the move, the community had a successful economy based on trapping, hunting and fishing, with low welfare rates and limited social and health problems.<sup>98,100</sup>

The Cree were given inferior land in exchange for promises of socioeconomic development, but the relocation instead created a dependence on government, an inevitable outcome of the destruction of their economic base.<sup>100</sup> Their new land was rocky and not suitable for hunting, trapping, and gardening.<sup>98,101</sup> The health and social consequences were described as immediate and dramatic due to the resulting inability to live their traditional lifestyles, pervasive substance misuse, vandalism, mental health problems, separation of spouse, and parents reporting a lack of control over children.<sup>98,100</sup> Community members also reported significant cultural losses, fewer people speaking Cree, a loss of respect for elders, and significant stress, anxiety and fear.<sup>100</sup> The social fabric of the community was altered, and the previously sustainable system of sharing and looking out for each other declined. No one died in the actual relocation, but many accidental deaths attributable to alcohol or drugs occurred

afterward. Child welfare statistics revealed that there were 466 cases of severe child neglect most often due to parental alcohol use for long periods.

In another example, coercion in the form of withheld funding for housing, schools and services and false promises of improved housing, health and education facilities, and economic opportunities, was used to obtain agreement from the Gwa'Sala from Takush to relocate.<sup>98</sup> When about 100 people reached their new community in 1964, only three houses were ready, and 20 to 30 people were living in a single dwelling. Racism from surrounding non-Indigenous communities was severe, limiting employment and other economic opportunities. To keep people from moving back to their old community, the government burned it down. The effect of this move was described as abrupt and it was noted that people started drinking "right away."<sup>98</sup> Child deaths increased over the next 10 years, with infant mortality rates being particularly high. Many youths were in and out of foster and group homes, and some were adopted by non-Indigenous families during the Sixties Scoop and were never found. It was reported that child abuse and neglect continued to be a legacy of the relocation for at least two decades after the move.<sup>98</sup>

Grassy Narrows First Nation (Asubpeechooseewagong Netum Anishinabek) was also promised improved schooling, healthcare, and infrastructure if they relocated in the 1960s. The community was not informed about the implications of their move, which was accompanied by mercury contamination of rivers and environmental harms that disrupted their traditional way of life, including hunting, fishing, and trapping that were central to their culture, food security, and economic livelihoods. This left the community in poverty and rendered them dependent on the government for food and necessities. Because everyone had so little, their tradition of sharing and helping each other stopped.<sup>102</sup> The loss of their traditional food and livelihood culture, values, fishing economy, along with the harms of the residential school system, contributed to social upheaval and increased problems with alcohol use and violence, and youth suicide attempts. Over 11 months in the late 1970s, 26 young people between 11 and 19 attempted suicide. Recent research with the community revealed that exposure to mercury over two prior generations was associated with suicide attempts in youth in the community.<sup>103</sup> Child welfare statistics

revealed that 56 children from the community were admitted to the care of the Kenora Children's Aid Society in 1977, the highest rate in the Kenora District that itself had the highest rate of children in care in Ontario. The single point rate in 1977 for children in care was 16.8% of the child population of the community.

Relocation and sedentarisation policies motivated by desires to assimilate mobile groups and clear lands for agriculture and resource extraction have occurred elsewhere including the U.S., Australia, Botswana, and Mongolia, with similarly negative consequences.<sup>18,96</sup> The Kola Sámi are an Indigenous group who live on the territory of Kola Peninsula in Northwest Russia that were semi-nomadic and followed reindeer herds until they were forced to settle into communities.<sup>104</sup> They were then relocated to a location where access to their traditional lands was restricted, influencing reindeer herding, fishing, and other traditional activities. The resulting food insecurity, economic impoverishment, unemployment and homelessness had a huge impact on the well-being of the Kola Sámi by triggering alcohol misuse and family breakdowns. Many passed away as a result of accidents, violence, and suicide in the years following their displacement. It was described as having left a “a deep scar on the identity and cultural self-confidence of the Kola Sámi relocated People and their descendants”.<sup>104</sup>

## Section 2: Direct and multigenerational harms of traumatic experiences and toxic stress because of attempted assimilation of children involving abuse and other adverse childhood experiences

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*Innu people are family-oriented people; their children are important. I guess the government recognized that and they started taking Innu children away from their parents to assimilate them into the white culture.*

-Testimony February 2023: G. Benuen

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*School and church was also the worst... the worst childhood a child could experience. I've been traumatized from it.*

-Testimony

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This section will outline the various immediate, long-term, and multigenerational harms that are evident among Innu and other Indigenous populations similarly affected by generations of widespread early life abuse by religious authorities aiming to assimilate them. Innu testimony is consistent with the experiences of other Indigenous adults across Canada in that most were exposed to multiple forms of abuse and additional adversities while growing up having to attend church run schools residential schools and day schools. Innu also recounted how missionaries would abuse children and adults outside of school in the community. While exposure to adversity can affect health and well-being at any age, trauma and prolonged stress experienced early in life can have particularly profound and lasting consequences.<sup>8,105</sup> This is because the developing brain and body are more vulnerable to enduring effects of both adverse and positive experiences during critical periods of biological, social, and emotional brain development that occur prenatally and throughout childhood and into early adulthood. It is known that early life stress and deprivation of developmentally appropriate experiences can disrupt the healthy development of brain architecture and other bodily systems, can lead to changes in neural plasticity and function that can have immediate and long-term negative effects across developmental domains.

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*I remember there is stuff that I wasn't really happy about with the priest when we were growing up. I remember him beating up my father outside the hall in Davis Inlet. We were always told to go to the church, and when we go to church you see the guy standing there saying, you know, be good to your neighbour, don't hurt each other, don't hit each other, and here I was seeing the priest hitting my father. He's telling us about all these good things, why is he hurting my father? Those things started to happen; violence start(ed) happening. It was not just my father; it was other people that they beat up.*

-Testimony

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*(When) we (were) late in school, like one minute late, we (had) to stand up on the wall.  
We looked at the wall and we stand there how many minutes we're late  
and sometimes they hit us with the ruler in on our hands.*

-Testimony

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Adverse Childhood Experiences, or ACEs, is a term used in research referring to potentially traumatic experiences such as abuse or neglect that occur while growing up and can have lasting impacts. Although certain genetic (e.g., epigenetic changes due to maternal prenatal stress), personal (e.g., previous experiences and protective factors), and contextual factors (e.g., physical vs. sexual victimization) interact in determining which symptoms are manifested, ACEs are cumulatively linked with a greater risk for most negative mental health, physical health, and social outcomes in children and adults. For example, a meta-analysis reported moderate associations between experiencing four or more ACEs in relation to smoking, heavy alcohol use, poor self-rated health, cancer, heart disease, and respiratory disease (Odds ratios [ORs] of two to three), strong associations for sexual risk taking, depression, generalized anxiety, and problematic alcohol use (ORs of more than three to six), and the strongest links with problematic drug use and interpersonal and self-directed violence (ORs of more than seven).<sup>106</sup> ACEs have also been shown to promote vulnerability to developing PTSD soon after trauma exposure. Although few studies assess the impacts of having more than four ACEs, it was reported that individuals with six or more ACEs were over 24 times more likely to attempt suicide compared to those with no ACEs.<sup>107</sup> A study with college students found that those with eight or more ACEs were 3.5 times more likely to have experienced sexual violence in the past year, 4.2 times more likely to have experienced psychological violence, and 4.9 times more likely to have been stalked within the last year.<sup>108</sup>

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*Back when we settled in the community... in the early 1950s... that's where all the mental, physical, sexual abuse came into play I our lives... all the government institutions has put the Innu through...*

-Testimony October 2023: P. Rich

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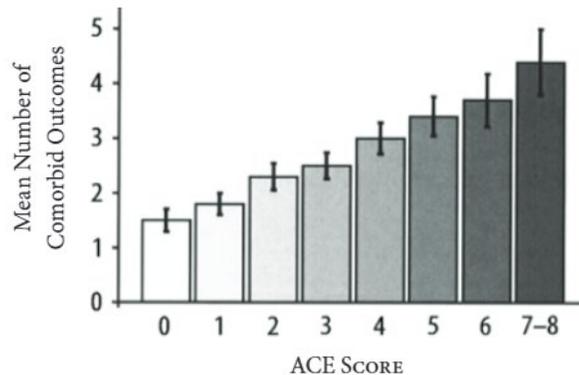
*...(when) the young people were out walking around, they always kept an eye out for the priest because he used to terrorize people. He ruled the lives of the Innu People.*

Testimony February 2023: A. Picard

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Like the cumulative risk of ACEs for specific outcomes, having more ACEs is also linked with a greater range of symptoms and multiple comorbid illnesses. Children exposed to multiple chronic adverse experiences – often referred to as “complex trauma” – can display a range of symptoms and developmental delays that overlap diagnostic categories in the Diagnostic Statistical Manual of Mental Disorders (DSM-5-TR). Related to complex trauma, complex post-traumatic stress disorder (C-PTSD) is a mental health condition not yet listed in the DSM-5-TR, but is widely recognized and described in the World Health Organization's International Classification of Diseases, 11th Revision (ICD-11). Whereas PTSD typically develops after a single traumatic event, C-PTSD arises from prolonged, repeated trauma, often in the context of interpersonal relationships. While both share core PTSD symptoms (re-experiencing, avoidance, hyperarousal), C-PTSD includes additional clusters of symptoms like emotional dysregulation, negative self-perceptions, and difficulties in relationships. As seen in children and youth, adults exposure to more ACEs is also associated with a greater range of symptoms and multiple comorbid illnesses (Figure 4).<sup>105</sup>

**Figure 4.** The mean number of comorbid outcomes (adjusted for age, sex, race, and education) as a function of the number of ACEs endured in a sample of adults in the United States




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*If a child was not in school... he would go into the homes of the Innu People and he would take that child and bring them back to school... There was one child... the priest came into their house and not only did he beat her, but he also beat the parent.*

-Testimony February 2023: A. Picard

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*When I was a kid, I remember taking off from here, Sheshatshiu, go on the truck, going to the airport and on a plane. I didn't know what was going on... The first thing I know, I was taken away from my community, from my home. And does anybody know why?*

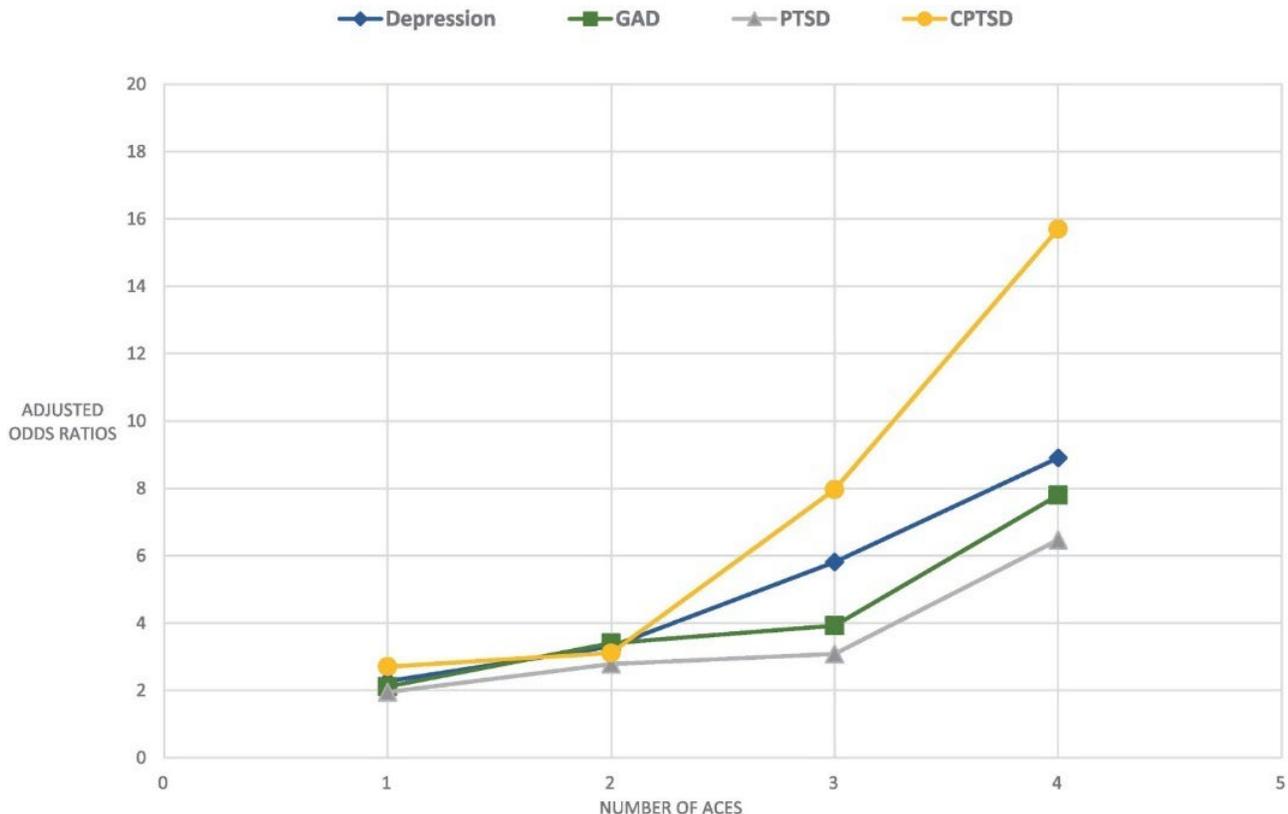
-Testimony October 2023: Elder Antuan

*This cycle with the priest ended; not ended, but then eventually lead to the school, to a teacher. I thought things would end. This teacher invited us to his place, a residence nearby the church... I thought things would change, but they didn't. Again, we were vulnerable. I guess he must have taken advantage of it. He saw my parents, how they were, so that's where it led. That's where, again, I felt uncomfortableness and insecurity. You never felt sexual abuse from a Native. Myself, I had never felt anything from a Native person. But a non-Aboriginal person, a priest, a schoolteacher to be doing this and not able to talk to your parents about it.*

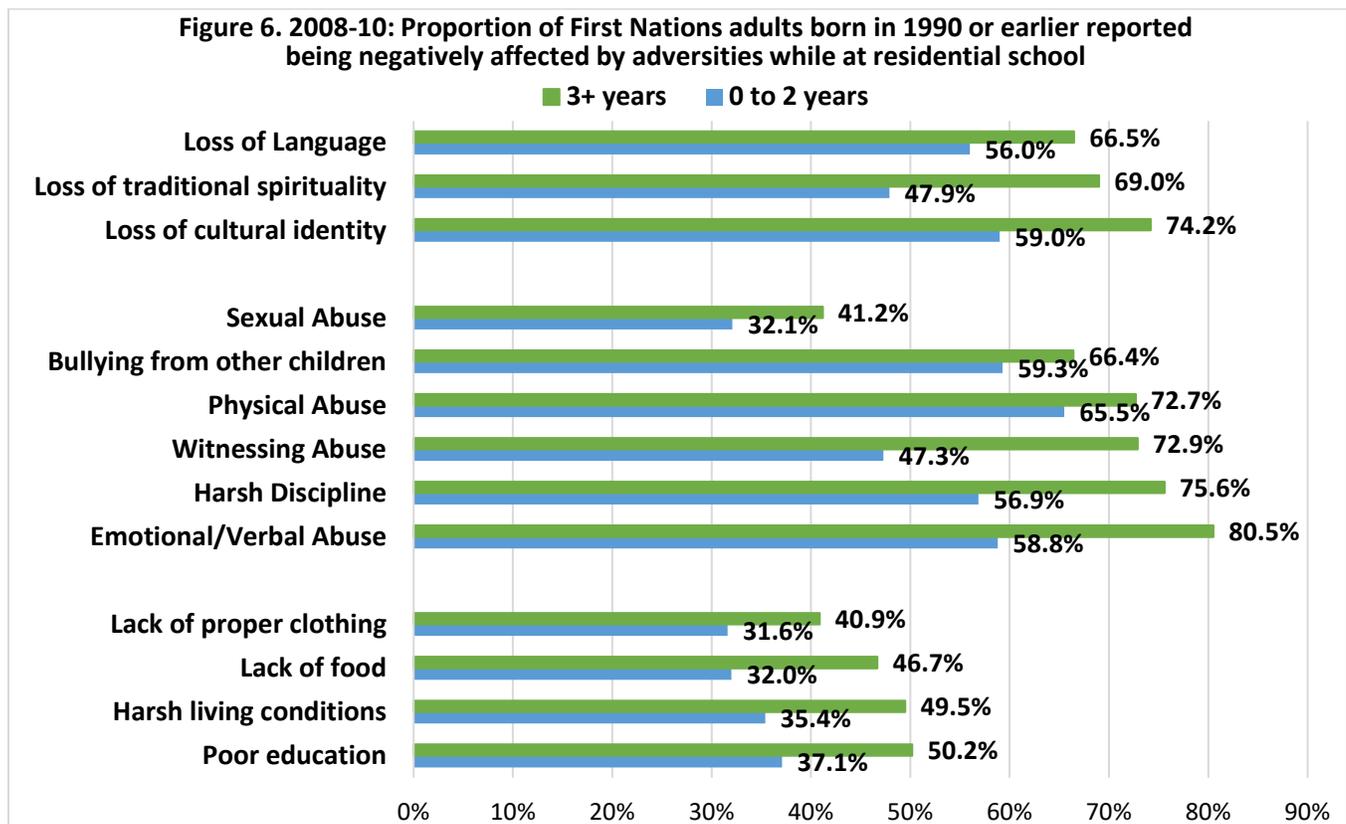
-Testimony October 2023: G. Penashue

In one study with a non-Indigenous population of young adults, while having four or more ACEs was linked with significantly increased risks for depression, generalized anxiety disorder (GAD), and PTSD, the risk for CPTSD was at least double at about a 16 times greater compared to those with no ACEs (see Figure 4).<sup>109</sup> Although research has not assessed the prevalence of CPTSD in Innu or other First Nations, it has been suggested to be prevalent and that it contributes to a broad range psychosocial issues experienced by Indigenous Peoples affected by government and missionary inflicted trauma in childhood and across the lifespan.

**Figure 4.** The adjusted Odds Ratios assessing the association between the number of ACEs experienced and depression, GAD, PTSD, and CPTSD.



This research showing the significance of early life experiences in determining life-long health and well-being is noteworthy when considering the exposure of generations of Innu and other First Nations children to multiple ACEs because of residential and day schools, as well as other government and missionary actions. Research with Indigenous adults who attended residential schools across the country has revealed the chronic and severe abuse and additional adversities that has had pervasive harms on their well-being.<sup>98,110</sup> A survey of adults living in First Nations communities asked residential school Survivors across Canada about the potential harms of thirteen common experiences that students were exposed to at school.<sup>111</sup> Shown in Figure 6, 2008/10 data revealed that former attendees were exposed to many adversities and that those who reported longer stays, and presumably greater exposure to toxic stress and trauma, were more likely to perceive harmful consequences on their well-being.<sup>1</sup> Although not documented in formal research, personal accounts in the media and elsewhere make it clear that day school students experienced many of the same chronic adversities as those at residential schools.



<sup>1</sup> Figure produced using statistics from the 2008/10 RHS reported in Bombay et al. 2012.

To summarize the adversities experienced by Innu and other First Nations children and youth at schools run by religious factions aiming to assimilate them, they faced: 1) cultural deprivation, 2) cultural shaming and racism, 3) psychological abuse, 4) harsh and inconsistent discipline, and 5) witnessing abuse at school and in the community. Many, if not most, also experienced 6) physical and/or 7) sexual abuse at school or in the community. Those who had to leave the community to attend school faced 8) unwanted separation from family, 9) physical neglect 10) emotional neglect, and 11) medical neglect, and 12) racist bullying and peer abuse. Many also described 13) witnessing the abuse of their parents and other adults in the community by priests, and 14) and feeling constantly afraid and having nowhere to feel safe because the priest was always in the community. Described in the previous section, forced settlement also contributed to parenting difficulties, exposing Innu children to household 15) mental health issues, 16) substance misuse, 17) household violence, and 18) parental separations and family breakdowns. Generations of Innu children also grew up with shared community level factors that parents had no control over, including 19) economic and food insecurity, 20) poor housing and crowding, and 21) having to live with a lack of necessities like water or heat (in earlier generations). While this list of adversities does not begin to sufficiently describe the trauma experienced by most Innu while growing up, it makes it evident that it was almost impossible for Innu not to be exposed to at least several ACEs. Not unexpectedly, testimonies and research with former attendees of Indian residential or day schools has revealed that most experienced chronic fear, powerlessness, sadness, anger, and psychological distress, all of which promoted immediate psychological harms. Many former attendees continued to experience mental health issues, substance misuse, and problems with violence and parenting, which affected their children and subsequent generations through various biological, psychological and social pathways.

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*As a child from age nine, I experienced physical and sexual abuse by a priest and Brothers... I was really scared of both of them. They used to keep older girls and the young ones after school to let them shower; and went in with them. I also remember the older girls used to have me to go in the shower first, and I couldn't do anything about it. I cried for my mom every time... This incident traumatized me. I hated going to school and I hated going to church.*

-Testimony

**Fear and a lack of safety**

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*When we didn't understand English and the teachers got upset with us. We were forced... not to speak our own language. A lot of the people that I grew up with in the schools, they were scared. If they can't do the work in the classroom, they got punished for it.*

-Testimony April 2023: D. Nui

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*I used to be so scared of the priest because he used to just grab our tables and then just flip them. He would be hitting the wall, the blackboard. I used to be so scared. I used to tell my father not to be here... not be in Davis Inlet... go out in the country where I feel safe... We were not allowed to say anything bad... if we say anything bad, we'll be burned in Hell. Or something will happen to you. That's what they used to say. I used to be so scared to say anything or even to think anything...*

-Testimony

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Innu and other First Nations adults across Canada have spoken of the constant fear and lack of safety they experienced at residential and day schools because of the abusive behaviour of priests and other school staff.<sup>95</sup> The capricious nature of the discipline and ever-present threat of violence contributed to a general climate of fear and intimidation. A consistently unsafe environment can cause youth to experience psychological distress and become hypervigilant, struggle with emotional regulation, develop maladaptive coping mechanisms, and have difficulty forming healthy relationships and trusting others.<sup>112,113</sup> Innu recalled frequent physical and psychological abuse when schooling was first imposed. The first few generations in the 1950 and 1960s experienced severe physical abuse for minor infractions such as not paying attention and arriving late. Students were beaten with sticks, rulers or a leather strap, hit or whipped across their hands, knuckles and on their bums. Innu who attended in the 1970s and 1980s have similar memories of physical and psychological abuse by priests and other school staff. Students were likewise punished without reason during this era. Many recalled being hit with a belt or strap by Sister Coffey. Punishments such as ear twisting, kicking on the backside or their desks, and verbal chastisement were common. Those who had to leave home to live at Mount Cashel or other total institutions to attend school also recounted strict and abusive treatment that caused chronic feelings of fear and a lack of safety. Feelings of fear and a lack of safety trigger chronic stress responses, thereby increasing the risk for mental health and behavioural problems.

*I was always afraid of the school... what the nuns were doing to us and what the priest was doing... the teacher was hitting me with the rule and my hands were all bruised... when somebody is doing that to you, you don't feel good about yourself and that's what happened to me.*

-Testimony

*While we were at Mount Cashel, we could only speak in English. There was only two of us then hiding away from the Brothers who were watching us... if we were ever caught using our language we would be punished. We had our fingers laid on table and we had five or six straps on each hand. That's what I call cruel in my lifetime. We couldn't see anybody around us who can protect us. I'm pretty sure if we ever done anything wrong, they would really punish us, for good.*

-Testimony February 2023: Elder Antuan

### Powerlessness, helplessness, and hopelessness

*Sometimes we would hide because we were afraid to go to his place... We were at the playground; I remember it quite well. It was dark...He dragged us to his place. We were ashamed because we were seen by our friends. We couldn't say anything. Just feels like it's yesterday... You felt trapped because there was nowhere to turn to... you didn't know which direction to ask for help because church was like a government. Priests was like a government... there was nothing to look forward to.*

-Testimony October 2023: G. Penashue

*Because my parents respected the priest, we always had to go to church and my parents were very happy when we were altar boys. They were happy when we got home around lunchtime when the church was over. You guys did a good job being an altar boy, helping the priest, they would say. I was so happy to get out of the church, for it to be finished, just to run home.... me and my brothers, didn't know how to tell our parents, because they respected the church. I was caught in a boundary of how to get out of there. How do I get out? We were vulnerable. My parents were alcoholics and the priest knew that. He took advantage of my parents.*

-Testimony October 2023: G. Penashue

Innu and other First Nations students who attended schools aiming to assimilate them were purposefully made to feel powerless by staff. Innu described how children had no alternative but to be subjected to whatever maltreatment the priest, brothers, or nuns were going to do. Innu have also highlighted that a lot of abuse by missionaries took place outside of the school setting, which meant that they had no where to escape to be able to feel safe, causing feelings of helplessness and hopelessness. Because of the enormous respect given to the missionaries at the time, many Innu children did not tell their parents about the abuse. Children and youth who were being sexually abused described not being able to tell anyone out of shame and/or fear that no one would believe them, and/or that nothing would

be done about it. Some who told their parents or school staff were not believed. Accusations of sexual abuse by a priest in Sheshatshiu only led to a transfer of the priest to Davis Inlet, which allowed the abuse of Innu children to continue. The lack of action from school staff in response to the reported abuse and the threat of being punished for disclosing these experiences compelled and taught these children to remain silent.<sup>95</sup> Abuse by religious figures is also more likely to elicit feelings of powerlessness and fear about what will happen if they tell anyone. Many children and youth were never able to have their experience validated and had no where to escape or seek help.<sup>95</sup> Children who repeatedly experience situations where their efforts to change outcomes are unsuccessful are at risk for internalizing the belief that they are inadequate or incompetent.<sup>114</sup> This feeling of ‘powerlessness can diminish a child's motivation to try in school or other tasks, leading to decreased persistence and a tendency to give up.<sup>115,114</sup>

As adults, former students have also described continuing feelings of helplessness and hopelessness, where individuals feel overwhelmed by their past and struggle to envision a positive future. The instigation of powerlessness and helplessness have frequently been linked to disturbed psychological health, especially the provocation of depression.<sup>116</sup> Children and adults who feel helpless are also at risk for resorting to unhealthy coping strategies, including self-harm, risky sexual behaviors, substance abuse, and social withdrawal to deal with their distress.<sup>117,118</sup>

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*There was no counselling, no nothing. I didn't know where to turn to... Me and my brothers; we just let it go. Brush(ed) it off, because there's no one to turn to. Eventually...the word got out. We were eating, me and brother, and one of them said he sexual abused you last night... My parents overheard this conversation between us... Eventually my mom arranged a meeting with the bishop. I remember it quite well. He lived over at Sister Coffey's house... We went over there, me and my brother (to) Bishop Sutton. We were scared because we were meeting the priest's boss. My mom was telling us then that if you're telling the truth, this got to be done. So we spoke about it and we told the bishop. The bishop told us what he's going to do is transfer this priest to Davis Inlet. I felt okay about it, but I felt bad about the kids in Davis Inlet.*

-Testimony October 2023: G. Penashue

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**Sadness, grief, loneliness, and loss**

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*This is what makes me sad, when I see... these teachers hurting them boys,  
and these nurses, what they doing to us....*

-Testimony

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Innu and other Indigenous children who attended Indian schools recall feeling sadness and grief when being maltreated by school staff and when seeing other children and adults being abused.<sup>95,98</sup> Prolonged or intense grief can develop from childhood loss and interfere with daily functioning, leading to distress and a sense of meaninglessness.<sup>119</sup> For those who had to leave home to attend residential schools or to live at an orphanage to attend school, their separation was most often very traumatic and caused profound loneliness and longing for their loved ones. These feelings can trigger adverse neurobiological changes, such as altered stress responses and emotion regulation systems, which predispose a child to long-term mental health issues and can impact social functioning throughout life.

Studies show a strong association between childhood loneliness and anxiety and depression in adulthood, highlighting the lasting impact of early social disconnection. Research with other First Nations has shown that adults and youths often think about various losses associated with government assimilation policies, including residential schools.<sup>33</sup> Residential school Survivors have also reported profound and lasting grief, sadness, and loneliness throughout their lives due to continuing mental health struggles and other long-term effects such as family separations, cultural loss, and traumatic memories.<sup>110</sup>

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*It's really hurting my still... Sometimes I feel very alone...  
I find it kind of hard sometimes in life, but I manage to talk with my daughters.*

-Testimony

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*There is a lot of grief here... its still here today.*

-Testimony

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*I struggle but nobody sees that... The see (me) walking around dressed nice...  
but you don't really know how I've felt inside.*

-Testimony October 2023: P. Rich

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**Shame, guilt, and internalized racism**


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*When I don't go to school, I used to stay out up on the hill there... I just goes there because I couldn't go to school because I'm on moontime [menstruating]. I didn't want get make fun of. Teachers used to make fun of girls when they're on their moon time.*

-Testimony

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*I saw lots of stuff going on in school, what the teacher was doing to the boys. They hauled their pants down, made them bend over, and hit them with the ruler on their bum. All the students were there.*

-Testimony

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*I actually went through sexual abuse... that was hard for me... it greatly affected me as I grew up... that pain was always there, that guilt and shame. It affected me so bad this pain I was carrying. It was very difficult to open up to people.*

-Testimony 2023: Gabriel Rich

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Punishments at school were typically done in front of other children, which heightened the sense of embarrassment and shame they experienced. Former students were purposely embarrassed, made fun of, and shamed by school staff. Some recalled not being allowed to go to the washroom and having to urinate or defecate in their clothes in the classroom. Some experienced sexual punishments such as being spanked or kicked on the bum or having their skirts lifted up. In addition to stories from residential school Survivors describing the chronic shame they experienced at school, health professionals who worked with those affected by residential schools have also discussed the common feelings of shame and self-blame experienced by Survivors who were victimized psychologically, physically, and/or sexually.<sup>95</sup> Innu and other former Indian school attendees have spoke of the heightened embarrassment and shame experienced when their abuse was witnessed by others.<sup>95</sup>

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*You just can't do that to people. When you tell people like that: they're worshiping the devil. How do we expect an Innu person to embrace his culture, his language, his values, beliefs, his spirituality, to honour that, when he was told he's worshiping the devil; his culture, he's practising the devil's work? And who is more devil, here, taking the kids? The province is probably the devil, and Canada.*

-Testimony October 2023: Elder Tshakapesh

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*They cut my beautiful hair... they put me in a bathtub, cleaned me right off like I'm dirty... looked at me an say I'm an Indian like I was some kind of a doll... It really hurt. I had to pee in my pants... I felt very humiliated; I didn't eve know what it means to be an Indian.*

-Testimony June 2023: M.A. Gregoire

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*I went to school in St. John's... We went to Mount Cashel orphanage... I was in Grade 10. I saw things being done wrongfully. Same with where I went to high school in Brother Rice High School. There was bullying from the Brothers and the students; the students watched the Brothers bully us.*

-Testimony October 2023: B. Penashue

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*When this teacher was making fun of us; that's when I started sniffing gas... I saw other people doing it.*

- Testimony

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In addition to the shame associated with the abuse and humiliation by staff, the constant deprecation of Innu and other Indigenous cultures also elicited shame and internalized racism attached to their cultural identity. The active suppression of traditional cultures at the schools for Innu and other Indigenous children across Canada was accompanied by racist attitudes by staff who actively denigrated their culture and parents.<sup>95</sup> Service providers in a study assessing the long-term effects of peer abuse at residential schools described how former attendees commonly were experiencing internalized racism and that many were “prejudice against themselves”.<sup>95</sup> When Indigenous other groups adopt stigmatizing messages about their own identities that are perpetuated in the White dominant culture, the internalization of these messages can contribute to low self-worth and is linked with feelings of stress and hopelessness, as well as several psychological conditions such as depression and substance misuse disorders.<sup>120</sup> Innu who attended institutions with non-Indigenous children faced the same abusive treatment from staff and were exposed to racism, ridicule, and violence from peers. Chronic shame can make a person feel fundamentally flawed or defective and create deep emotional pain, which can manifest as anger, emptiness, and a desire to hide or disappear.<sup>121,122</sup> Research with Indigenous populations affected by assimilation policies aimed at children highlighted the role of shame in driving avoidance of conversations about past trauma.<sup>95</sup> One person in a study on residential schools explained: “A lot of our parents back then were ashamed for certain things. So, they didn’t talk about it, right?... you didn’t mention it to nobody and that’s how it was passed on down...[they] didn’t talk to you about it because they didn’t know how to. They weren’t taught how to handle certain situations. So, it was just kind of tucked under the rug...you didn’t say nothing because you didn’t know who believed you.”

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*... usually Brother said... to the other students: Here comes the Indian!.. Pure racism.*

-Testimony February 2023: Elder Antuan

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### **Anger and frustration**

Anger and frustration have been described to be pervasive among residential school students because of chronic interpersonal stress, victimization, and trauma.<sup>95</sup> Some Innu have described the anger and frustration they experienced while attending such abusive schools, as well as the continuing feelings of anger about all of the injustices the Innu have faced, throughout their lives that have never been resolved. The ramifications of feelings of powerlessness have been discussed by former Indian school attendees in research studies, which include subsequent feelings of anger, frustration, and the need to release those feelings. The lack of action from staff in response to the reported abuse also meant that they had “nowhere to put their anger.”<sup>95</sup> Former attendees also described continuing struggles to process and express the anger over the years, leading some to internalize these feelings, which can manifest as depression, anxiety, or other mental health issues. Such feelings of chronic anger can also be externalized, promoting the risk of violence.

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*These are the people you're supposed to trust... There's too much anger when it brings back memories and how he [the priest] treated us, just like we weren't people. He made us live in fear.*

-Testimony June 2023: Elder Andrew

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*It was in the late 1970s and early 1980s when a lot of the stories started coming out about what had really been happening... back when the priest first got into the community, into the lives of the Innu. And this is the first time the stories of sexual abuse started coming out. It really outraged the Innu people when they found out that the person that they considered a god had been doing this to their children.*

-Testimony February 2023: A. Picard

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*My brother... when he is drinking he will tell me... that he was sexually abused by a priest...  
There are times when I think about what happened to him... I feel angry...*

-Testimony

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### Continuing stress, trauma, and cultural losses after school

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*There were also youth taken away to go into the residential school. Those young adults came back into our communities after several years and they couldn't speak their language. They couldn't communicate with their parents and they couldn't communicate with their peers. They lost their language, and their parents didn't speak English.*

- Testimony February 2023: G. Benuen

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*I don't remember when I went back to Sheshatshiu. I was old enough to forget everything. Even my language... my identity... my culture... my relationship to the community and to everybody. There was my mother, and my mother's cousins; all of them. I lost them. I didn't know who they were. I couldn't even speak to my mother in Innu-aimun... I asked myself: Who am I?*

-Testimony February 2023: Elder Antuan

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Innu adults who had to leave the community while growing up to attend school have described feeling like strangers to their families and communities upon returning home. Some Innu described how they could not even communicate with their own parents because they did not speak the same language. Research with former residential school Survivors has shown that many had difficulty communicating with family and friends because they could not speak their traditional language and also had issues with readjusting to their own home communities. Former students had difficulty adapting to either Euro-Canadian society or their home community often became socially isolated.

#### **Poor mental health: depression, anxiety, post-traumatic stress**

Not unexpectedly, research with residential school survivors has revealed that they are at greater risk for various mental health problems, including feelings of anger, fear, grief, and shame, which can lead to mental health issues like anxiety, depression, PTSD, and C-PTSD. A review article revealed that residential school attendance was related to mental health issues such as depression, anxiety, PTSD, addictive behaviours and substance misuse, and suicidal behaviours. Suicide and suicidal thoughts and attempts were associated with personal and familial residential school attendance in several studies. A survey in Manitoba revealed that former residential school attendees who suffered abuse were more likely to have a history of suicide attempts or thoughts.<sup>123</sup>

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*When I went to school there was Father Pearson... I know he was going to hurt me... I don't know how many times he did that to me... at times I have flashbacks but I have to keep going...*

-Testimony June 2023: M.J. Rich

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*It's hard to go back into the past. I never understood grow up and I loved it, the anger. As I got older I came to see where it came from. I was 15 years old when I started having panic attacks and I didn't know what causes it. I went to the hospital and they didn't say anything... there was no counselling or anything like that... they just told me I needed to go somewhere....*

- Testimony October 2023: D. Rich

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*The school, Peenamain McKenzie School, did not offer Grade 9 so I was sent out to Corner Brook and that's where I did my schooling. When I first started I was doing very well, that I had high marks. Went home for Christmas and after that I went back... and that's when one of the Brothers abused me sexually. I knew something was not right and I knew that I wasn't myself after what happened and that's when I was hurt mentally... It came a time when I thought about suicide.*

-Testimony

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*At the time, I really didn't want to share about the sexual abuse... I still carried a lot of shame... I had a lot of trouble with my identity, who I was. I became a very angry and bitter person. I wanted to hurt others who hurt me. I began to hurt myself... I used alcohol... drugs... abusive relationships I got myself into... I felt like I deserved it... I used to talk to myself like that... I began to have flashbacks... I told my co-worker that I really needed help...*

-Testimony June 2023: J. Michel

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### **Substance misuse and violence**

Chronic stress from ACEs can harm the developing brain, particularly areas responsible for reward, motivation, and impulse control. This neurobiological disruption can change brain circuitry, impairing self-control and increasing the likelihood of substance use as a form of self-medication to manage distress and negative emotions. ACEs can make individuals more sensitive to future stressors, creating a cycle where stress increases cravings and decreases control over substance use. These biological and psychological effects establish a vulnerability to addiction later in life. ACEs are associated with an earlier age of onset for substance use, which is a significant risk factor for future addiction. Substance misuse and addictive behaviours have been identified as common among those who experienced trauma as a result of their attendance at residential schools and day schools. As noted earlier, about one-quarter of a sample of residential school Survivors involved in litigation described how their experiences of sexual, physical, emotional, and mental abuse at residential school contributed to drinking and drug use, many of whom describe using substances as a coping mechanism.<sup>124</sup> As described in section 1, alcohol misuse in the context of collective trauma promotes violence in the community, at school, and within familial households.

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*I was always blocked... I numbed my pain because I was sexually abused by a priest...  
I've always wanted to run away... just to number my pain....*

-Testimony June 2023: J. Jack

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*I was drinking very heavily. I was numbing my pain, and I thought I was doing okay.  
But no, I was neve okay.*

-Testimony April 2023: Gabriel Rich

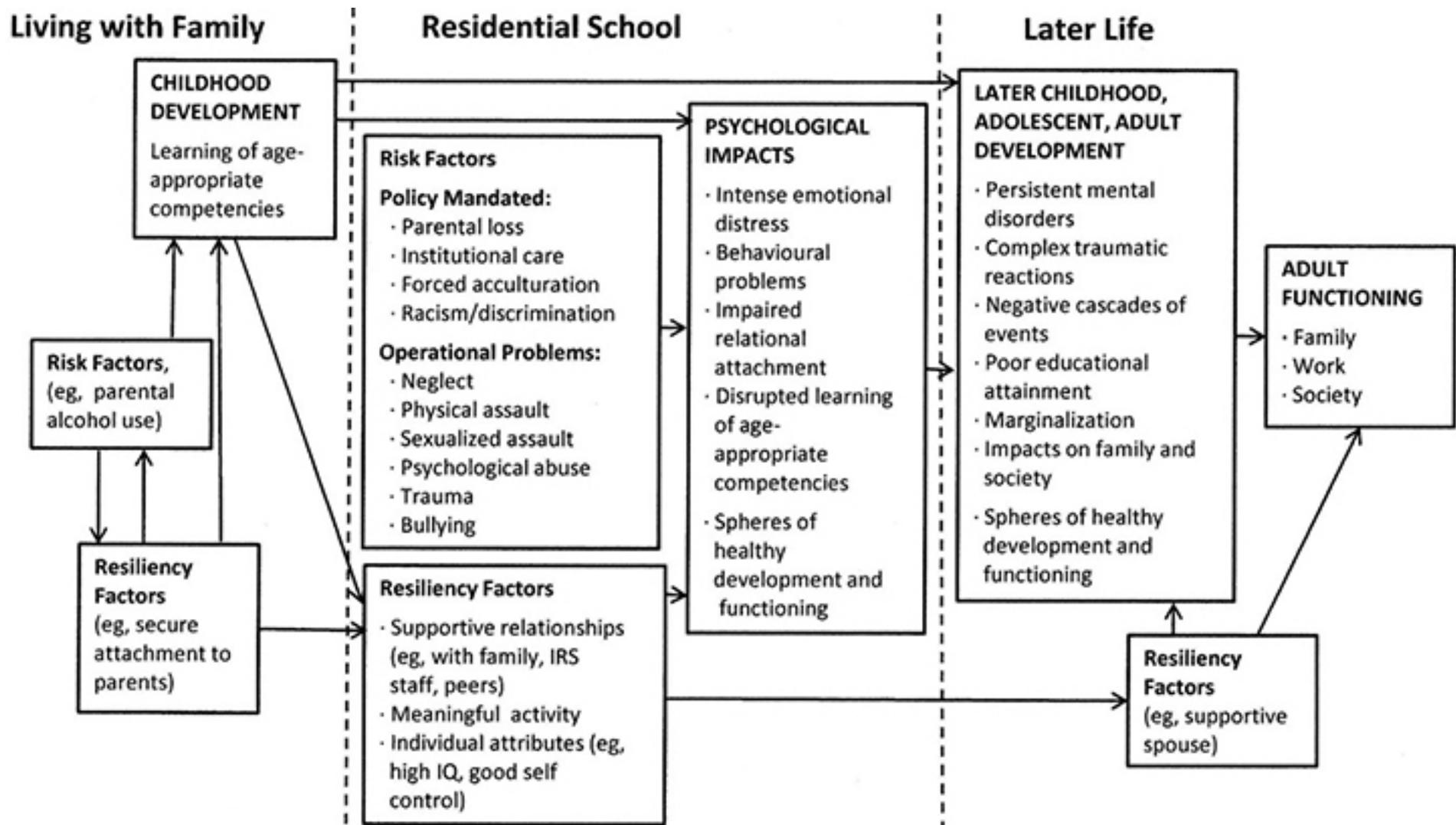
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Figure 7 presents a model that identifies various adversities and associated psychological impacts faced by Indigenous children at mission schools, day schools, and residential schools, including increased risk for mental disorders and complex traumatic reactions.<sup>125</sup> Such difficulties put them at risk for continuing exposure to stress, trauma and negative cascades of later life events. Some students' psychological resilience was enhanced by supportive relationships with sympathetic staff members, family, or peers. Resilience was also enhanced by meaningful activities, such as acts of resistance to school conditions, or by personal attributes such as good intellectual abilities or self-control.

#### **Parenting difficulties influences exposure to ACEs in the next generation and risk for apprehension by child welfare authorities**

Like the generational effects of trauma observed across diverse populations,<sup>126</sup> extensive evidence makes it clear that that the adversity experienced at schools aiming to assimilate First Nations also harmed the children and grandchildren of former attendees. Timpson's 1994 report for RCAP noted that the "suicidal and abused children of today are the children and grandchildren of the 1950s and 1960s generation" of residential school and day school graduates. These generations were exposed to abusive child rearing practices at school, and were managing the various biological, psychological, and social harms of traumatic experiences. In a 2005 study with service providers working with Indigenous communities, a counsellor described how she had seen families that have experienced trauma across five generations, who "haven't been able to connect, who haven't had a sense of spirituality, who haven't been able to make firm attachments with their caregivers".

Figure 7. How risk and resilience factors impacted psychological functioning of Indian School students.<sup>125</sup>



*We lived in a home of alcoholism. My mother is here today, and I'm here to support my mother... her suffering was passed down to us. Then we became no different...alcoholics, drug users... neglecting our children. How do you cope and understand when you don't have the resources in your community? How do you seek help? Where do you find trust when the system has failed you as a child?*

-Testimony June 2023: F. Milley

## Harsh discipline and child abuse

Innu have noted in the inquiry and other contexts that physical punishment was not part of traditional Innu culture but became a problem within Innu households after multiple generations were exposed to strict and abusive discipline at school. Qualitative research with Indigenous populations across Canada has detailed how traditional parenting styles were replaced with abusive child rearing modelled by priests, nuns, and other school staff. A 2003 report identified many multigenerational effects that were increasingly being described in research and accounts of First Nations harmed by multiple aspects of colonialism in Canada, including the transmission of explicit models and ideologies of parenting based on experiences in punitive institutional settings, patterns of emotional responding that reflect the lack of warmth and intimacy in childhood, repetition of physical and sexual abuse.<sup>127</sup> From the perspective children of residential school survivors who went on to have their own children, the way they parented was significantly affected by how they were parented. Children and grandchildren have described their parents as emulating military sergeants the way their teachers at school treated them, being very strict and structured. Their parents were taught a certain way to do things like folding towels, and this was passed on to their children. If it was not done “correctly” there was physical discipline that was seen as correction of a negative behaviour not child abuse.<sup>128,129</sup>

*At a young age... I endured physical and sexual abuse... I am the one who used to look after my sisters and brothers and if there was no food in the house I was the one who would go to a neighbours house and ask them for food... I used to do a lot of cleaning and I did a lot of work...*

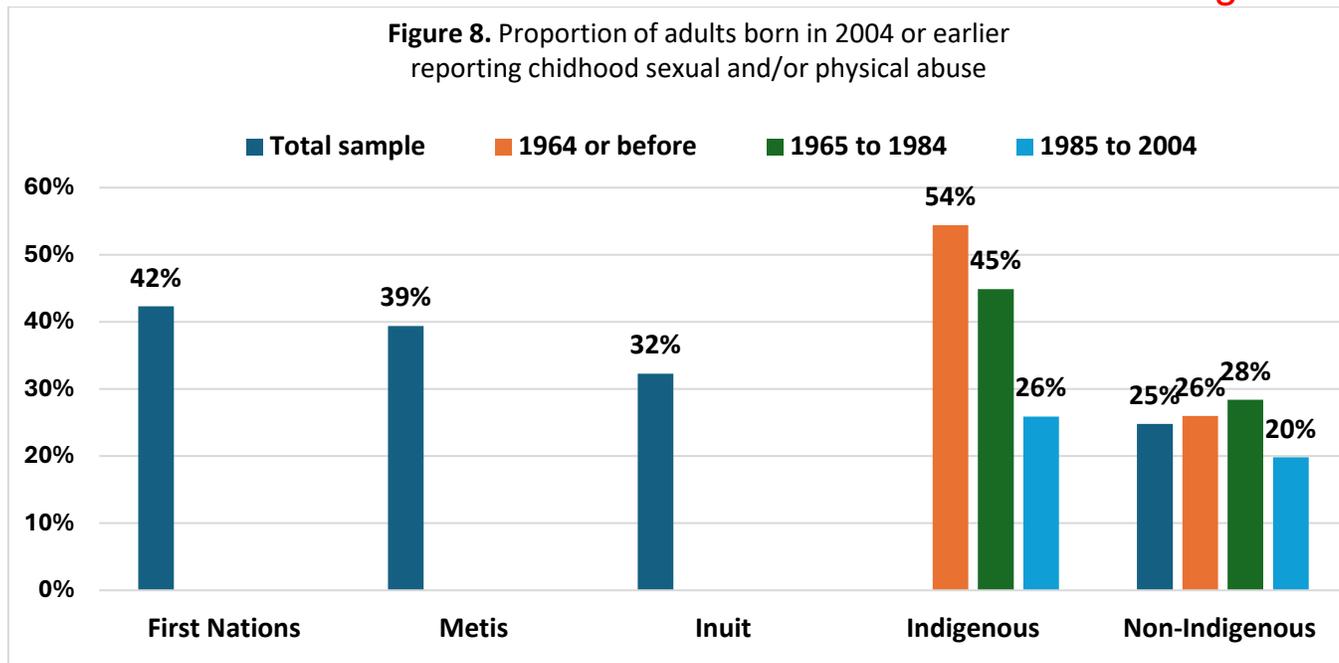
-Testimony June 2023: R. Rich

*If my father was alive, he would tell you the story of what he did to me... I had to confront him about that ... I didn't realize the trauma that he also went through. When I heard his stories, it made a lot of sense... I've broken away from that idea of abuse, but there's still young men like I am that are still in that system, that trauma.*

-Testimony June 2023: J. Penashue

As observed in other First Nations and Indigenous communities in Canada and elsewhere, the Innu also trace the presence of sexual abuse and violence within the community to widespread and systematic child sexual abuse by priests and teachers. A 2014 study that interviewed health and social service providers working with Indigenous communities revealed their common view that “abuse had been normalized so much” in residential schools.<sup>95</sup> Some students adopted the maladaptive beliefs that abuse was normal because many of them did not speak about their experiences to anyone. As described by one participant, “they just figured it was... normal to abuse and to be abused. They thought it was normal until they started learning things in counselling [years after school]; then they realize that it is not a good thing”.<sup>95</sup> Likewise, an Innu man who was abused by a teacher in primary school described how this experience made him believe that this kind of exploitation of children was normal. As a consequence, some who Innu who were abused in school subsequently abused others in later life.<sup>130</sup>

These findings are consistent with findings from a survey in Manitoba in 2002-03 which revealed that a history of abuse as a child or adult was more common among those with a parent or grandparent who attended residential school. A study in BC with a sample of young Indigenous drug users ages 14 to 30 born between 1973 and 1991 also revealed that having a parent who attended residential school was associated with being a victim of sexual abuse. National survey data showing that Indigenous adults living off-reserve who were born in 1964 or earlier, during which between 60% and 85% of First Nations children were attending residential or day school, were nearly twice as likely as the non-Indigenous population to have experienced violence during childhood (54% vs 26%; Figure 8).<sup>131</sup> This disparity was smaller in those born between 1965 and 1984 (45% vs 28%) and between 1985 and 2004 (26% vs. 20%; Figure 8).<sup>131</sup> These decreasing gaps likely reflect the fact that later generations have not been attending Indian residential schools and/or day schools. Although the sample size was not large enough to look at differences across age groups within First Nations alone, analyses in the total sample across age cohorts revealed that the prevalence of abuse was highest in First Nations adults, suggesting these disparities for the total Indigenous population are underestimates of the gaps facing the First Nations population.

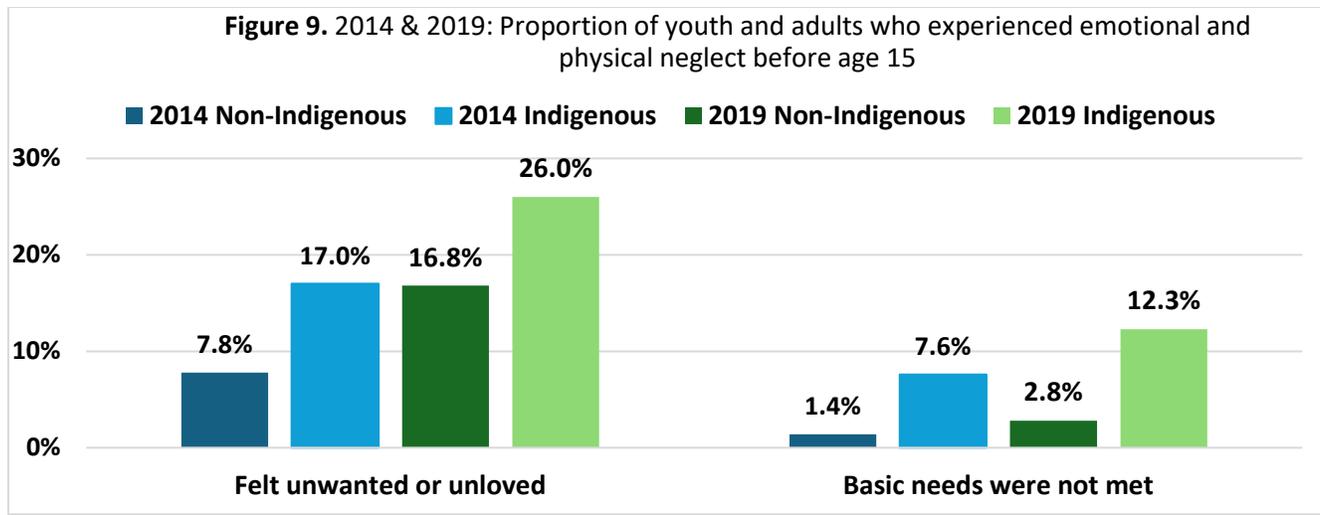


### Emotional, physical neglect, and food insecurity

Even when Survivors did not internalize the abuse they received from residential school staff, many were too traumatized to provide their children with adequate care. One research participant whose grandfather and father attended residential school shared that his dad wasn't physically abusive, but "he just couldn't function in his life... He never raised his voice much; he just wasn't there." Emotional and/or physical neglect can be an unintentional consequence of the parent's internal state in which being psychological overwhelmed or preoccupied can lead to a general unawareness or failure to respond to a child's needs. Parental childhood trauma can have lasting effects and influence the well-being of the next generation by impairing a parent's ability to provide the consistent care their child needs, often stemming from mental health symptoms like withdrawal or hypervigilance as a result of unrecognized and untreated C-PTSD, PTSD, depression, and/ or anxiety. Children and grandchildren of Survivors have also shared how their parents did not know how to emotionally connect,<sup>128,129,132</sup> and that expressing love was not a part of the family culture, which left many feeling an emotional distance from their parents.<sup>128</sup>

The next generation was also robbed of parenting skills due to their parents' trauma. As a result, many children of Survivors also struggled to show their children affection in the early years of parenting;

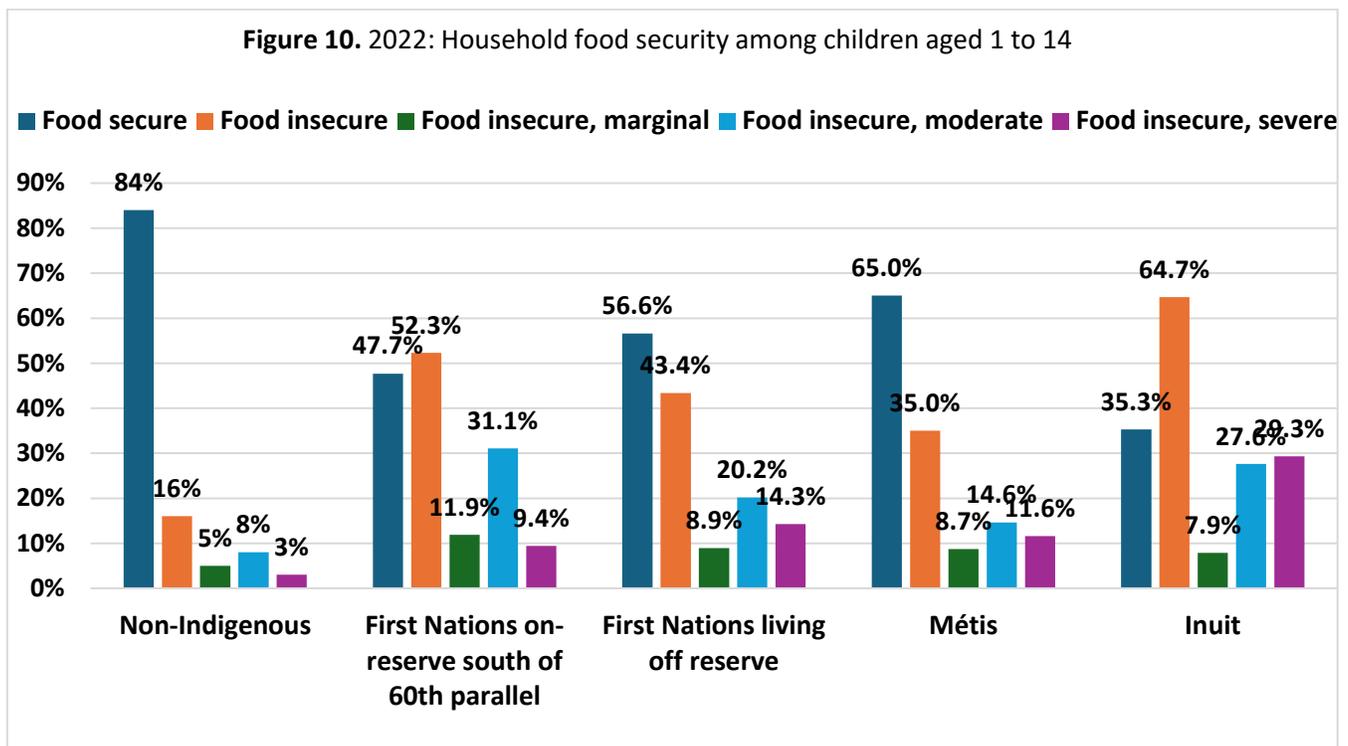
they didn't know how to express loving emotions or say "I love you" to their children. A 2019 national survey revealed that about one-quarter (26.0%) of Indigenous adults living outside of First Nations communities (First Nations living off-reserve, Metis, and Inuit) were more likely to report that they felt "unwanted or unloved" at some point while growing up, reflecting a form of emotional neglect.<sup>133</sup> Indigenous adults (17%) were also twice as likely as non-Indigenous people (7.8%) to have felt unwanted or unloved as children more than five times.<sup>134</sup>



Analyses of the 2006 Aboriginal Peoples Survey showed that parental residential school attendance was predictive of reduced school success in their children among Indigenous Peoples (living off-reserve), which was partially accounted for by their greater likelihood of lower household incomes, larger households, and experiences of food insecurity. Indigenous adults were also about five times more likely to report that on multiple occasions their basic needs had not been met (7.6% vs 1.4%).<sup>134</sup> Research has also shown that the proportion of investigations involving First Nations children in which families ran out of money for basic necessities was higher (28% off-reserve and 15% on-reserve) compared with non-Indigenous children (9%).<sup>135</sup>

As noted in the section on the long-term effects of displacement, food security became an issue for the Innu and many First Nations communities in the 1900s, which has continued with the new reliance on mostly store-bought foods that are unaffordable. Compared to the non-Indigenous population in 2019 in which 16% of children aged 1 to 14 lived in food insecure households, 43.4% of First Nations children

of the same age living off-reserve in 2022 lived in households that experienced some level of food insecurity during the previous year, as did 48.7% of First Nations children living on-reserve (Figure 10).<sup>136</sup> In this regard, 11.9% and 8.9% of First Nations children living-on-reserve and off-reserve lived in households that were marginally food insecure; that is, families worried about running out of food and/or experienced limited food selection due to a lack of money for food. Another 31.1% and 20.2% lived in households that were moderately food insecure, where the quality and/or quantity of food was compromised. A further 9.4% and 14.3% of First Nations children on-reserve and off-reserve lived in severely food insecure households, meaning missing meals, reducing food intake and, at the most extreme, going days without food.<sup>136</sup>



**Inadequate housing and no water**

Like other First Nations, when the Innu first settled into communities in the 1950s and 1960s and they were not given suitable housing and had no running water. In turn, the lack of adequate housing and access for necessities can lead to conditions that are legally defined as neglect, even if the parents are not intentionally causing harm. Despite these conditions being directly caused by the government, child

welfare workers generally knew nothing of their traumatic histories and most often did not distinguish between poverty-related challenges and genuine neglect, choosing to apprehend children instead of providing support to families. It was pointed out in the inquiry that Innu parents couldn't wash their children properly or clean their homes without running, and children were only given a limited amount of time to clean themselves at school.

Furthermore, the severe housing shortage in most First Nations communities can present barriers for meeting child welfare system standards, such as separate bedrooms for each child, in order to maintain custody of their children. Appearances of unsafe or inadequate housing increase the risk of a family being investigated by child welfare services, even after controlling for other psychosocial and socioeconomic variables.<sup>137</sup> Indeed, Indigenous children are more likely to be placed in care outside of their home due to housing instability, overcrowding, and unsafe conditions compared with non-Indigenous children.<sup>138</sup>

Not only do housing related factors influence child welfare involvement directly, but they can also influence parent and child behaviours through increased chronic stress. Household overcrowding can be a significant source of stress due to the lack of personal space, privacy, and control over the environment, potentially leading to increased household conflict. A study of Nunavik Inuit found that overcrowding was linked to higher "allostatic load," which is the wear and tear on the body's systems caused by chronic stress. In turn, these outcomes increased the risk for symptoms of anxiety, depression, PTSD/CPTSD, and substance misuse. Housing shortages that impose multigenerational cohabitation can also enable the perpetuation of cycles of abuse. Additionally, the prevalence of dilapidated housing functions as a direct reminder of the continued influence of colonial policies and forced relocation, which does not create an environment conducive to psychological healing.<sup>139</sup>

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*We have a lot of problems with housing... there's overcrowding. People need to have space. People need to take care of their own children in their own houses... I think that would make a difference if people had their own houses, the younger women and men.*

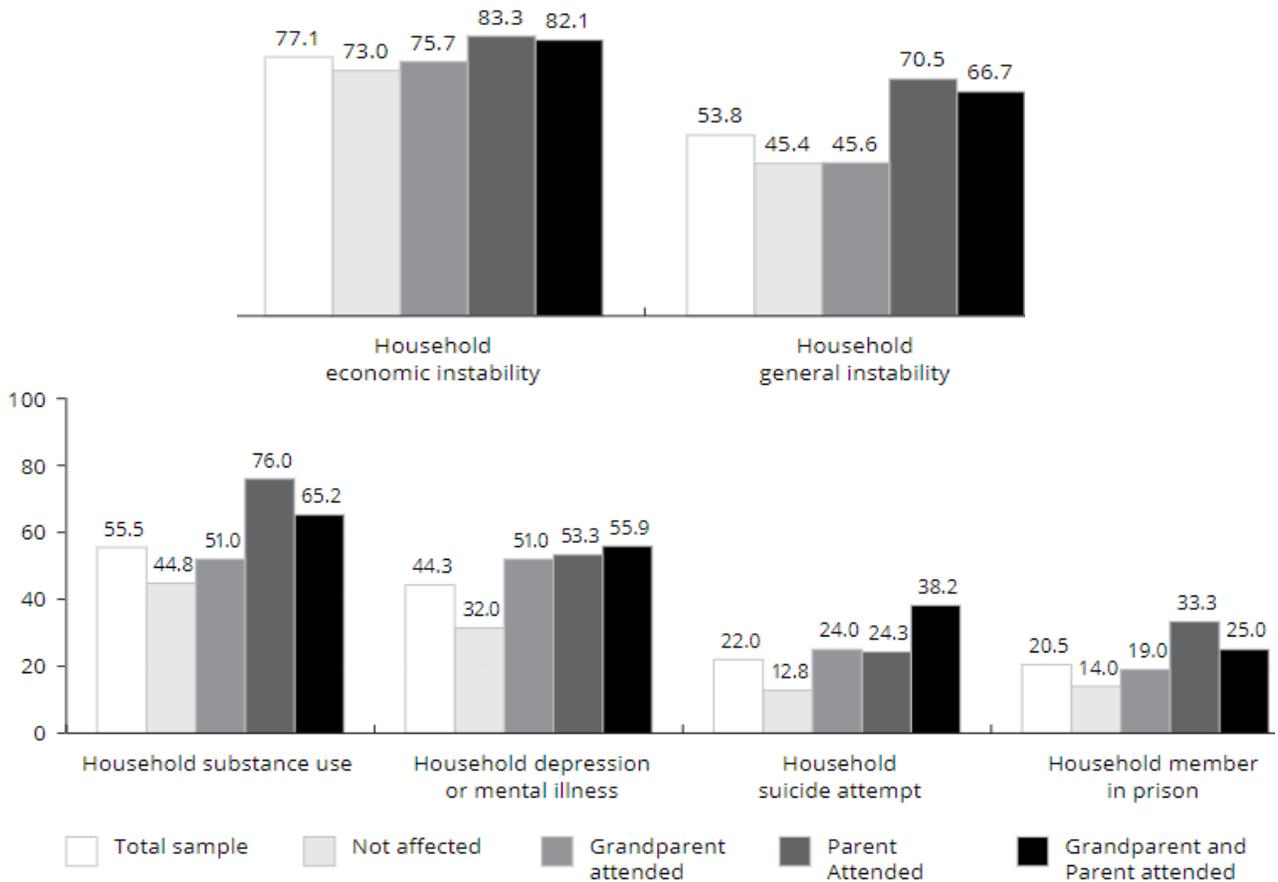
-Testimony June 2023: M.J. Rich

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**Household substance misuse and domestic violence**

In a national study with First Nations and Métis adults living across Canada who were born during the Sixties Scoop between 1950 and 1990, those with a parent who attended residential school were more likely to have grown up in a household in which someone used alcohol or drugs, had a mental illness and/or a previous suicide attempt, had spent time in prison, had household economic instability, and general household instability. Having a grandparent (but no parent) who attended was also associated with increased risk compared to those not affected, but these were only significant for growing up in a household with someone with a mental illness and with someone who attempted suicide (Figure 11). A later study in a sample of Indigenous young adults living in a city in western Canada between 2015 and 2016 revealed that parental residential school attendance was associated with increased exposure to various childhood adversities.<sup>140</sup>

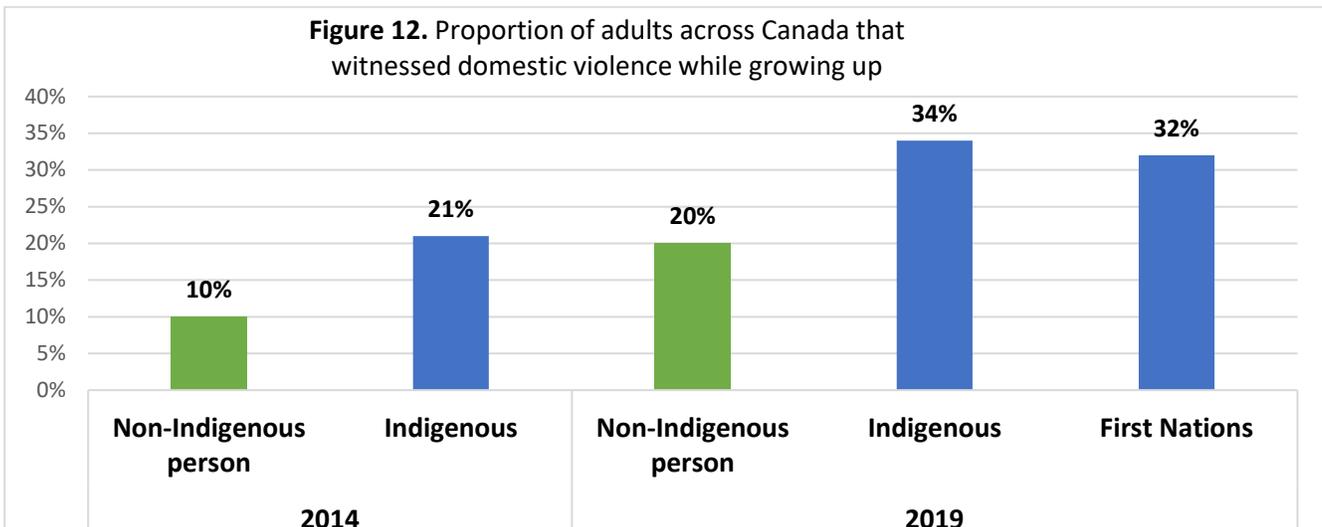
**Figure 11.** Proportion of First Nations adults who reported various ACEs as a function of parent and/or grandparent attendance at residential school.



*I grew up in a very violent home... my father was very abusive to my mother... I grew up in a very angry home. I saw many things that a child shouldn't see, and I also became an angry child.*

Testimony June 2023: J. Michel

As noted earlier, parental mental health issues, economic instability, and substance use issues are linked with an increased risk for domestic violence. Among First Nations youth ages 12 to 17 living on-reserve in 1997, just over one-third (35%) reported witnessing domestic violence in their home. These statistics are consistent with results from a national survey in 2019 showing that about one-third (32%) of First Nations individuals ages 15 and older (born 2004 or before) similarly witnessed more frequent violence as children while growing up compared to non-Indigenous peoples in whom violence was witnessed in 20% of cases (Figure 12).<sup>131</sup>



Innu and other First Nations youth are often exposed to additional unique stressors and trauma as a result of their family and community histories of colonialism. Reflecting the widespread distress in many First Nations communities, just over one in ten youth reported having a close friend or family member who took their own life in the past year, which was more common in those with a parent and/or grandparent who attended residential school (16%) than among those not affected (8.4%). Innu shared in the inquiry that some carried additional stress while growing up due to their concern for their siblings or friends who were being abused.

**Loss of cultural engagement and pride**

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*We have our young people now that aren't knowing what the Innu way of life is... Innu culture... now they're adults and don't know their own identity as Innu.*

-Testimony October 2023: P. Rich

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*I was there in St. John's... I lost my language... I lost my identity, my culture, even my relationship to the community and my relation to everybody. There was my mother, and my mother's cousins... I lost them... My own language took me four years to learn... I didn't know nothing about the other things... Only recently after I married, with my children, my wife; we went in the country together to learn more about my own culture... My own children haven't spent much time in the country... I certainly didn't teach them that much because I didn't know anything about it...*

-Testimony February 2023: Elder Antuan

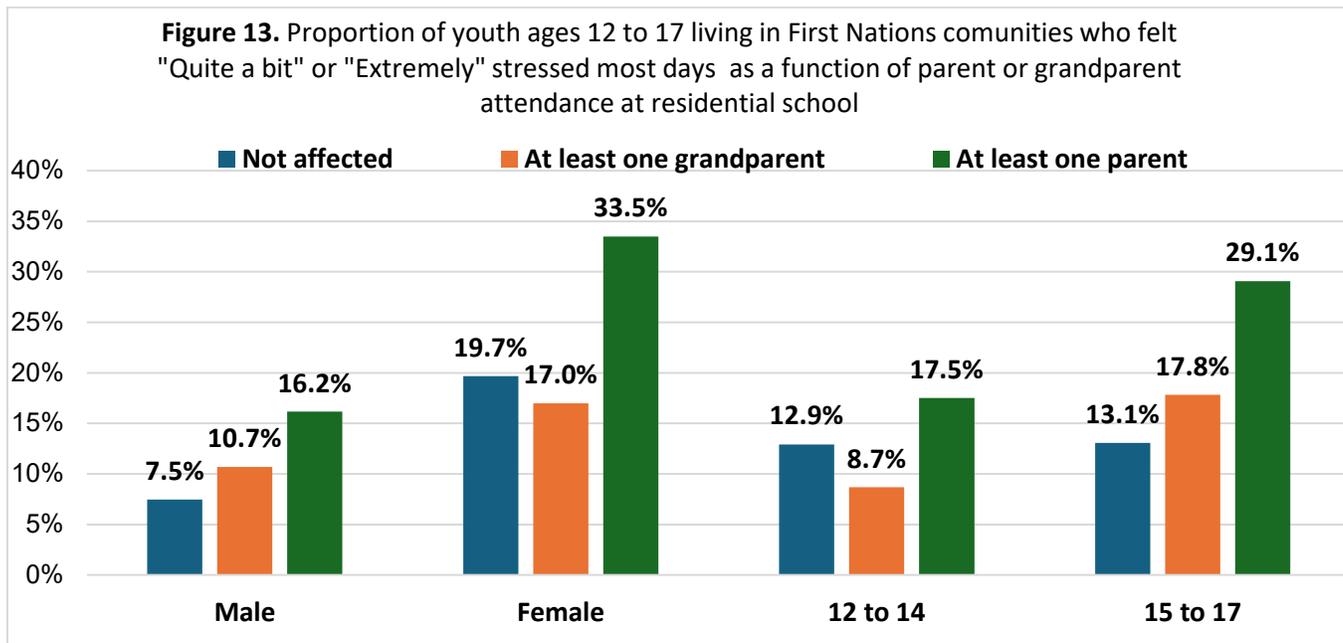
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Research with families affected by residential and day schools has also highlighted the harms of the loss of knowledge, language and tradition, the systematic devaluing of First Nations identities, and individual and collective disempowerment.<sup>127</sup> Additional pathways by which parental residential school attendance influenced the psychological well-being included impacts in relation to how their children viewed and felt about their cultural identity and engagement in traditional culture.<sup>141-144</sup> Trauma experienced by former residential school Survivors has also been shown to influence their communication with their children, both in general and in relation communication about their cultural identity and what it means to be an Indigenous person.<sup>143,144</sup> For example, a significant proportion of Indigenous adults from across Canada reported that their parent's residential school attendance led to feelings of shame and internalized racism, which left them devoid of cultural pride that would have otherwise been protective.<sup>141,144</sup> Likewise, in a sample of Indigenous adults living across Canada, a significant proportion of adults described how their parents' attendance at residential school left them with severe feelings of shame about their heritage while they were growing up and various implications of their parents' attendance in relation to their experiences of cultural suppression and discrimination.

A study with children of residential school Survivors revealed that some appeared to tie discriminatory experiences with strength emanating from cultural pride, while others whose parents did not directly speak openly about their traumatic experiences at school appeared to be more likely to

describe impacts on their esteem and mental health. Statements like feeling “very sad inside”, “get anxiety and panic attacks”, and “feel like a failure”, “not belonging anywhere” and, “I grew up knowing I was less than white people” were pervasive. In effect, the internalized stigma and shame transmitted to residential school Survivors appeared to be more evident among those whose parents were unable to communicate directly with them about their experiences. Perhaps related to the internalization of stigma, was the suggestion that discrimination not only came from outside, but as well from other Indigenous Peoples. For example, one participant (moderate parental communication) stated, “I see how we oppress one another...I don’t want to buy into it, but I do. I do back to other natives what they do to me. A lot of us just don’t like each other, it stems from residential school’.

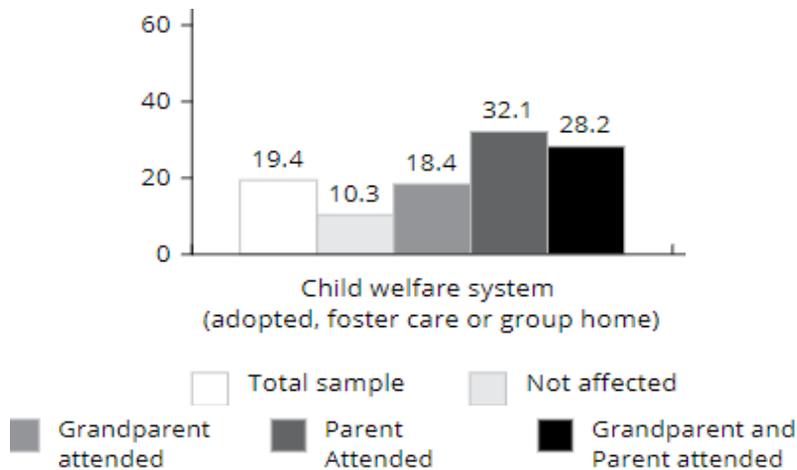
Considering the greater exposure to commonly assessed ACEs and to early life adversities that are not common in the general population, it is not surprising that youth living in First Nations communities with at least one parent who attended residential school were more likely to report feeling quite a bit or extremely stressed most days compared to those whose families were not affected (Figure 13).



**Interactions with child welfare system**

Quantitative research using surveys has also assessed the linkages between familial residential school attendance and the risk for the next generation being apprehended by the child welfare system. Analyses of data from a national sample of First Nations and Métis adults living mostly off-reserve who were born during the Sixties Scoop between 1950 to 1990, revealed that those who had a parent who attended residential school were about four times more likely to have been themselves separated from their parents by the child welfare system (Figure 14). Additional analyses revealed that the pathway from parental residential school attendance to personal history of being apprehended by child welfare authorities was mediated (explained in part) by a cumulative score reflecting exposure to various ACEs related to household risk factors (Figure 15). These findings highlight that several childhood factors, such as having a household member with mental illness, who misuses substances, and has spent time in prison, as well as economic instability and generally instability, together helped explain the pathway between familial residential school experiences and a personal history of apprehension.

**Figure 14.**



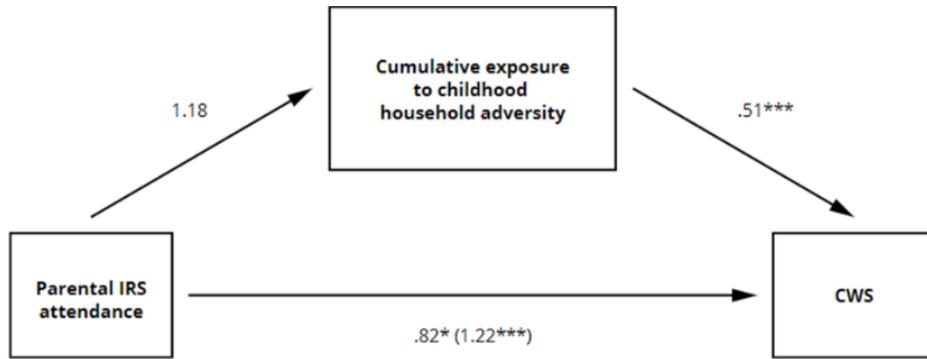
*I'm a victim of the church. I'm also a victim of residential school, and also a victim of the Scoop of the Sixties.*

-Testimony

*There was a plan that... the Innu children had to be separated from their parents in order to better assimilate the young – the children. So children were being taken away by CYFS.*

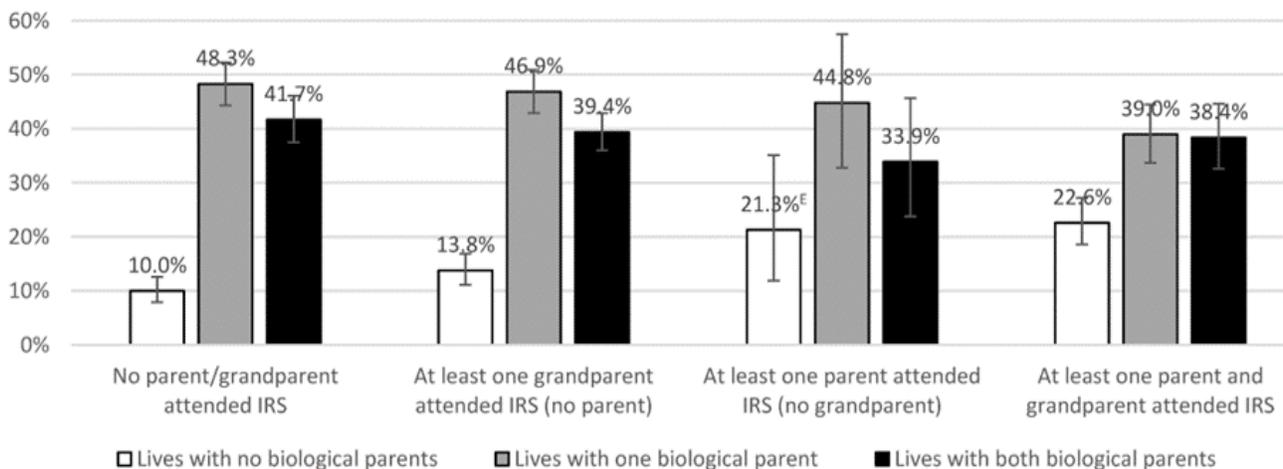
-Testimony February 2023: A. Picard

Figure 15.



Although not focused specifically on parent-child separations because of child welfare authorities, analyses of data collected from youth ages 12 to 17 living on-reserve in 2015/16 revealed that 15% did not live with either of their biological parents. When assessed as a function of familial residential school attendance, the proportion who did not live with either biological parent was about 22% among those with a parent who attended, compared to 10% of youth who had no parents or grandparents who attended. In turn, not living with either parent was associated with an increased risk for psychological distress. Other studies have found the same link between parental residential school attendance and child welfare system history, including a study with Indigenous adults living off-reserve in British Columbia<sup>145</sup> and among homeless adults in Winnipeg.<sup>146</sup> These findings add to the accumulating evidence that the overrepresentation of Indigenous children in the child welfare system was largely attributable to economic and social disparities caused by past government inflicted harms.<sup>147-149</sup>

Figure 16. The proportion of First Nations youth living on-reserve ages 12 to 17 who lived with neither, one, or both biological parents in 2015-16.



The multigenerational transmission of ACEs in the residential school context is consistent with a review article and meta-analysis of 84 studies across diverse populations showing that the odds of child maltreatment are almost three times higher in families of parents who experienced maltreatment in their own childhood. Compared to children of parents without ACEs, children with a parent with four or more ACEs were over three times more likely to experience four or more ACEs themselves (23.1% vs 7.1%). Mother's ACEs were more strongly linked with the number of ACEs experienced by their children than fathers', but each parent ACE score showed an additive effect in increasing children's ACE risk. Parent mental health, aggravation in parenting, and parenting disagreement each partially mediated the intergenerational ACE score association, suggesting that these effects of ACEs on parenting contribute to intergenerational ACE transmission to the next generation.

**Poor mental health and substance misuse as a result of early life adversity in second and third generations that perpetuate multigenerational transmission of trauma**

As a result of the transmission of early life adversity to the children and grandchildren of residential school Survivors, like their parents, research has shown that they are also at a greater risk for psychological distress and associated substance misuse. In one study with children of residential school Survivors, 95% of the study participants "shared a life cycle in their teens, twenties, thirties, and forties similar to their parents' who attended residential school" and struggled with domestic violence in adulthood and harmful alcohol and/or drug use. As described earlier, the effects of ACEs can manifest early in life and potentially continue across the lifespan. Analyses of the most recent survey in 2015/16 that collected data in First Nations communities revealed those ages 12 to 17, 18 to 29, and 30 and older with a parent and/or grandparent who attended residential school were at a greater risk of various outcomes such as suicidal thoughts and behaviours (Figure 17), binge drinking (Figure 18), cannabis use (Figure 19), and to report fair or poor self-rated mental health. First Nations adults, youth, and children who had a parent/grandparent who attended were also more likely to report poor general health, and to be diagnosed with a greater number of chronic conditions (Figure 20).

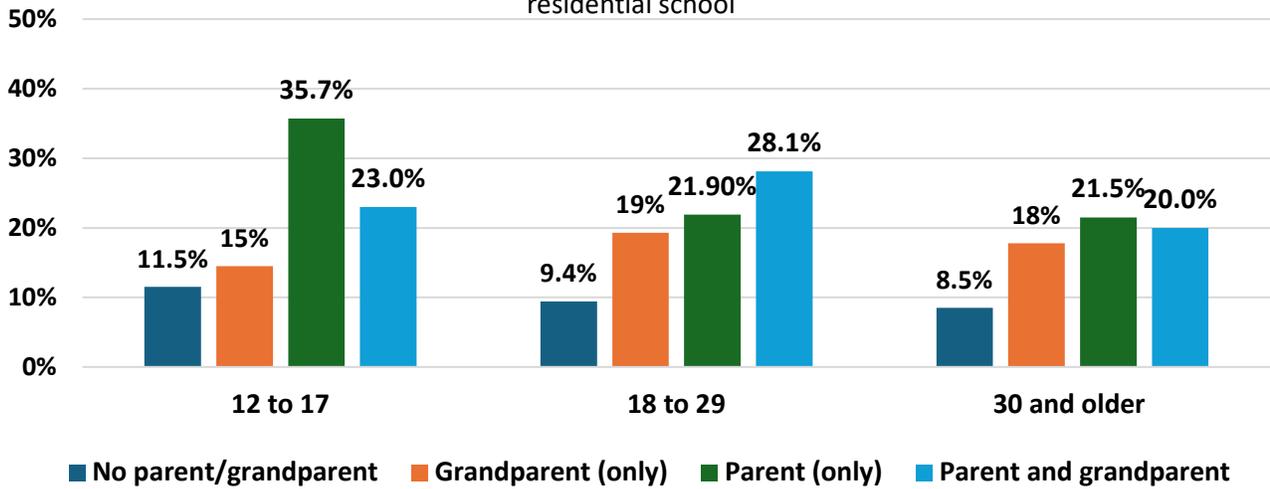
*At a young age... I experienced a lot of mental health (problems)...*

Testimony November 2023: S. Dicker

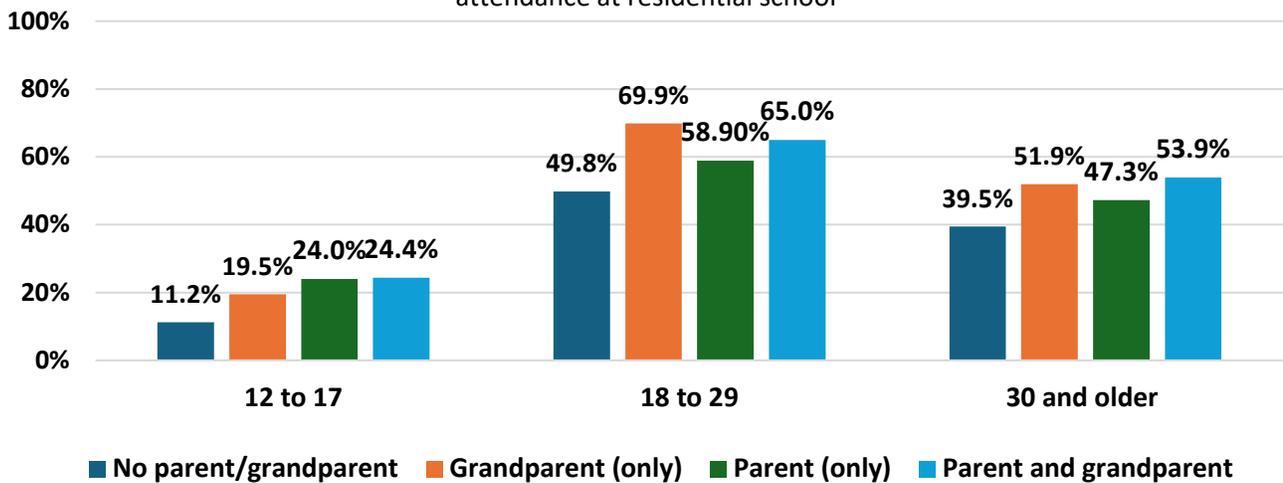
*I always felt that loneliness, even though I had friends.*

-Testimony April 2023: Gabriel Rich

**Figure 17.** 2015/16: Proportion of youth and adults in First Nations communities who seriously considered suicide as function of parent and/or grandparent attendance at residential school



**Figure 18.** 2015/16: Proportion of youth and adults in First Nations communities reported binge drinking in last year as function of parent and/or grandparent attendance at residential school



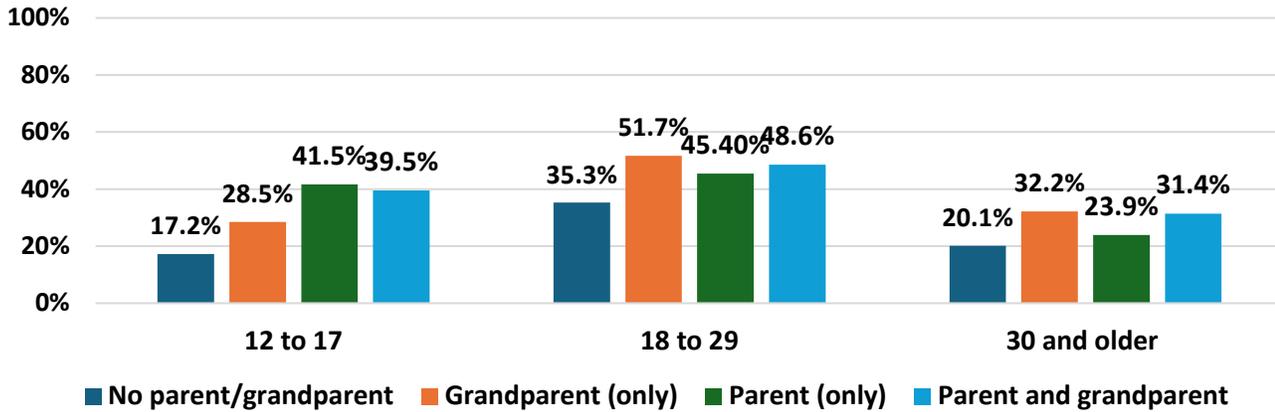
*Growing up.. I saw a lot of alcoholism in the community... Eventually we started drinking as well. I was saying to myself: They're having fun. Why can't I dot he same? But it didn't turn out that way. All the friends I drank with, its like we created more problems in the community. That's because we were being abused in the school. Then, after a while, the gas sniffing started to pick up in the community.*

-Testimony April 2023: D. Nui

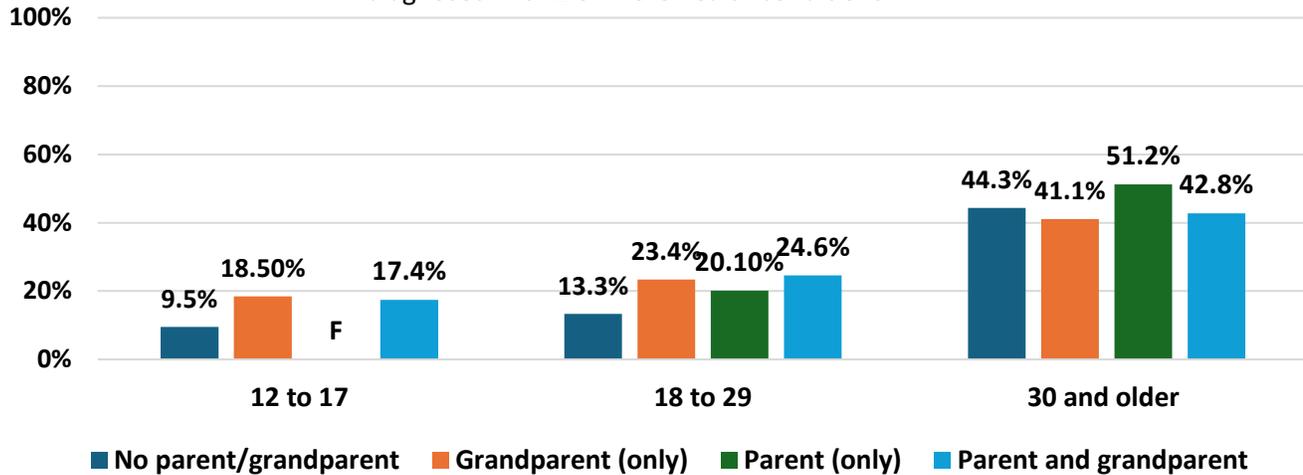
*I see other kids, I see my other friends committing suicide because – intergenerational trauma. The way I see it, how this intergenerational trauma... we lost so many lives through that process, though residential schools... when I think about it, I think about assimilating our people... That didn't work at all.*

-Testimony April 2023: Gabriel Rich

**Figure 19.** 2015/16: Proportion of youth and adults in First Nations communities who used cannabis in last year as function of parent and/or grandparent attendance at residential school



**Figure 20.** 2015/16: Proportion of youth and adults in First Nations communities diagnosed with 2 or more health conditions



*... I've been dealing with this abuse ever since I was in my 20s and it doesn't get easier. I was diagnosed with PTSD a couple of years ago, and I have a lot of flashbacks. A lot of things I don't understand what is happening to me.*

-Testimony

*I grew up in a broken alcoholic home... I never had the ability to love and to be free for myself because I grew up with domestic violence and so much drinking... and abandonment... and when I grew up that became part of me... with the domestic violence... I became that person. I had those things with me because that's all I knew.*

-Testimony April 2023: Gabriel Rich

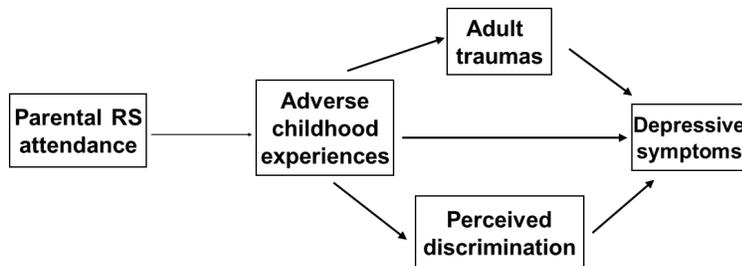
**Continuation of stress and trauma throughout adulthood in subsequent generations**

*I got married at a young age... I went through abuse in that marriage. My ex-husband knew my dad molested me... he used to throw it at me all the time, making me feel bad about myself more and more. I've been through a lot.*

-Testimony June 2023: R. Rich

In addition to the proliferation of adversity across generations, stress-proliferation throughout one's lifetime as a result of childhood adversity also appears to be involved in contributing to greater distress among adult children of residential school Survivors. Our study with First Nations adults revealed that the higher number of childhood adversities faced by those with a Survivor parent was associated with exposure to more traumatic experiences and higher levels of perceived discrimination in adulthood. In turn, each of these stressors demonstrated unique mediating roles in the relation between parental residential school attendance and depressive symptoms in First Nations adults living mostly off-reserve (Figure 21).<sup>150</sup>

**Figure 21.**

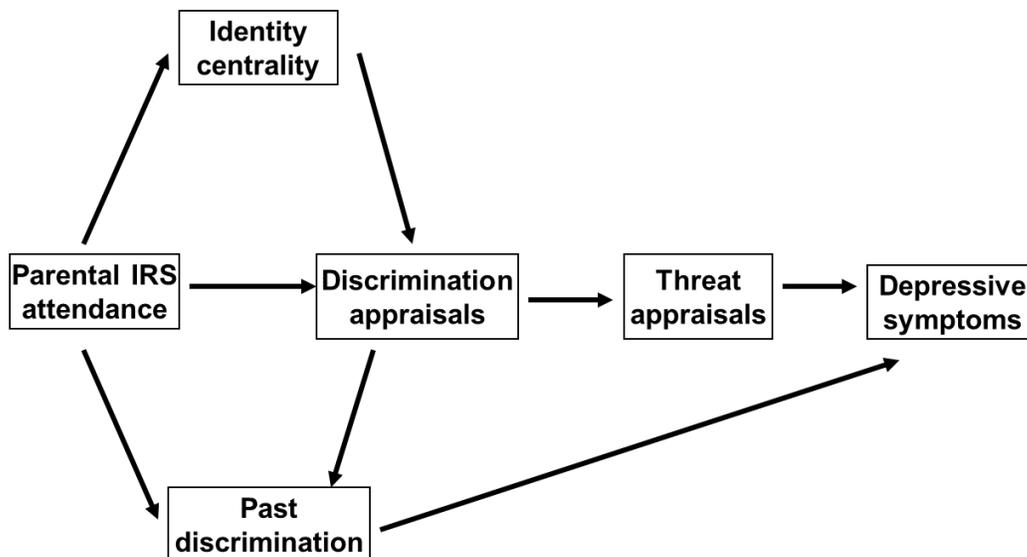


Personal and familial residential school attendance has also been linked with an increased risk for being a victim of aggression.<sup>151,152</sup> In a sample of First Nations adults from across Canada, the risk for encountering various adversities that included abuse and assault in childhood and adulthood was greater among those with a parent who attended residential school.<sup>150</sup> Analyses of a 2008/10 national survey revealed that First Nations adults living on-reserve with a parent who attended residential school were more likely to report experiencing physical and verbal aggression in the past year compared to those whose parents did not attend. In a study with a cohort of young Indigenous women who used drugs, the risk of being sexually assaulted was higher for those with a parent who attended residential schools.<sup>153</sup>

By breaking families and damaging bonds over the individual’s lifetime, the residential schools and day schools facilitated the process in which children became disconnected from their families, developed low self-worth, and became vulnerable to exploitation and violence.<sup>154</sup>

The nature of the association between parental residential school attendance and perceived discrimination was further assessed in a subsequent study with First Nations adults, which revealed a similar link to greater levels of past perceptions of discrimination among children of Survivors (Figure 22).<sup>143</sup> This was accompanied by a greater likelihood of considering their Indigenous identity to be a central component of their self-concept (i.e., high identity centrality), and were associated with an increased likelihood of appraising subsequent negative intergroup scenarios to be a result of discrimination and as threatening to their well-being. In turn, these altered appraisals of threat in response to the scenarios were associated with higher levels of depressive symptoms relative to those not affected. The apparent reinforcing relationships between past discrimination, identity centrality, and appraisals of racism and threat in intergroup interactions highlights the need for interventions targeting this cycle that appears to contribute to heightened distress among offspring of those who were intergenerationally harmed by residential schools (in addition for the need for reduced racism in society).

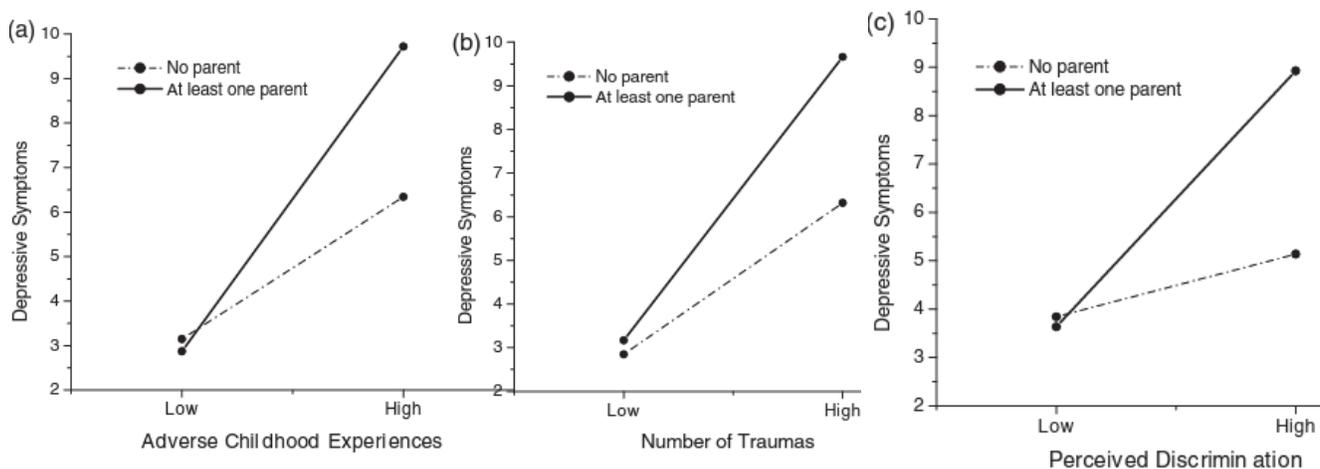
Figure 22.



### Greater reactivity and susceptibility to harms of adversity in subsequent generations

In addition to facing more frequent stress and trauma, another factor contributing to increased likelihood for negative outcomes in children of survivors is their greater reactivity to stressors. In a sample of First Nations adults from across Canada, parental residential school attendance moderated the relations between stressors (adverse childhood experiences, adult trauma, and perceived discrimination) and depressive symptoms, such that second generation Survivors exhibited greater symptomatology when faced with these adverse events (Figure 23).<sup>150</sup> As noted earlier, early life adversity can cause the sensitization of biological stress systems and neurochemical functioning in limbic and frontal cortical regions so that behavioral and biological responses to later stressors are exaggerated.<sup>155,156</sup> A study in a university sample of Indigenous adults in a city in Western Canada revealed that maternal residential school attendance was linked with a moderate increase in allostatic load, giving evidence of the involvement of biological systems in the transmission of risk across generations.<sup>140</sup> Allostatic load represents multi-system physiological dysregulation and was measured by a composite score of seven biomarkers assessing functioning of the cardiovascular system, the neuroendocrine system, the immune system, and metabolic markers. The authors concluded that "...residential school experiences may have become biologically embedded, passed to subsequent generations, and exhibited through the dysregulation of allostatic systems among the adult children of maternal residential school Survivors".

**Figure 23.**



**Collective effects at the community level**

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*I was carrying rage, anger, resentment, hatred, everything... When I was hurting, I was hurting people, too. I was passing on pain to somebody. I had to cut that off.*

-Testimony April 2023: Gabriel Rich

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*...this residential school stuff, its affected me. It's kind of like a wildfire spreading pain to one another.*

-Testimony April 19, 2023: Gabriel Rich

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Collective traumatic events that are race-based and aimed at cultural assimilation and genocide are typically particularly harmful due to the additional unique harms via pathway related to one's racial and/or cultural identity. The fact that several generations of First Nations children finished their schooling carrying the harms of multiple chronic adversities, cultural shame, and the normalization of child abuse and violence, it is not unexpected that this collective experience also caused changes at the community level that also serve to perpetuate multigenerational cycles of early life adversity and continued trauma across the lifespan. Consistent with research in other groups,<sup>2,93</sup> the collective effects associated with residential school trauma has been described as having influenced all aspects of collective well-being in Indigenous communities.<sup>95</sup> Health and social service providers, many of which were also community members described how the consequences of the resulting cycles of early life adversity from residential schools and day schools influenced whole communities by altering social norms related to parenting and by sustaining factors that promoted these deficiencies, such as low socioeconomic status, food insecurity, poor housing and crowding, and mental health problems.<sup>95</sup> Counsellors in this study also shared stories of how the abuse experienced at school promoted the use of physical discipline and punishment as a means of caregiving. As presented earlier, mental health professionals who worked with Indigenous communities attribute much of this to the normalization of abuse and violence because of residential schools. One counsellor said that "I think what is important to ask is how many abusers being students went home into community thinking because they were allowed to at residential school, that they could continue abusing their loved ones at home, and how this cycle of hurting one another has been passed on for generations."<sup>95</sup>

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*I must say, we have learned a lot throughout the years living in the community by government rules... now we're turning to, as Innu, hurting one another; that's what we do here in the community. That's a non-Indigenous lifestyle, what we have been going through for the last two or three decades now. This is what we learned... throughout all the pain and the hurt ever since we've been settled in the community... this is what we learned, how to hurt each other. Now we have to deal with this every day on a daily basis.... the Innu culture and the Innu way of life, for the last two generations... our culture has slowly died because of the government institutions.*

-Testimony October 2023: P. Rich

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Additional collective effects that were described included consequences related to the quality of relationships and lateral violence in communities. Many First Nations and Indigenous communities affected by schools aimed at assimilating them have been harmed in terms of the cohesiveness and social support shared among community members. For example, former attendees and mental health providers describe how residential schools contributed to “family feuding, fighting, and hating” and that “there is much violence practiced, unhealthy living, broken families, lies told, and no trust.” Likewise, a residential school Survivor remarked how: “We are dealing with family dysfunction, family fights in different parts of the community, and so on. Why is that? Why do we as Aboriginal people often tend to be mean to one other? Whether it’s lateral violence, gossip, rumour, backstabbing, and even outright anger, sometimes leading to deaths, violent deaths.”<sup>95</sup> For the Innu and some other First Nations communities, divisions in the community are caused by conflicts between those who fully converted to Catholicism and those who continued to practice the Innu way of life.<sup>49</sup>

Although few studies have assessed the combined effects of forced displacement and Indian schools, most First Nations communities experienced both of these collective traumatic experiences. An

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*I have heard instances when Innu lashed out against each other and treated themselves with the utmost disrespect for one another while in the country. They began to think it was okay to punish other Innu for the alleged sins they had committed against god. They ridiculed their own people and chastised them for not being involved in the church. They thought it was quite all right to do that because the non-converted Innu did not believe in the church's teachings. Some Innu were abused by their neighbours, beaten up for no reason. I don't doubt these allegations because the priest encouraged our people to hate one another by separating them with his message from god. Some stories have not been revealed and some people feel it is in the past and should be left alone. They probably blame one another for this sudden change in behaviour. It is the priest who was to blame, not the Innu. But when I think of the past and what our people have done to one another, it boggles my mind.*

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analysis of patterns of foster care admissions between 1964 and 1974 among Anishinaabe families in certain Northern Ontario communities affected by displacement and residential schools revealed that the frequency of admissions of children to care increased following relocations and other government imposed social changes, such as the sudden presence of a road to a community, and a move to the wage economy.<sup>98,157</sup> Emphasizing the interacting and compounding harms, those communities with fewer placements in residential schools were noted to have subsequently had fewer children apprehended by the child welfare system.

Another early study compared foster care rates between 1964 to 1975 in two communities in Northwestern Ontario that had both been relocated, but at different times and under different circumstances.<sup>157</sup> In 1917, Treaty negotiations resulted in the government forcing 17 small Bands with strong traditional cultural ties and ways of living to combine into one. Their mixed economy of agriculture and hunting and gathering assisted in their survival during the Depression years in the 1930s. In contrast, a similar community was moved several decades later (in 1957) after a longer period of colonial abuse and the forced abandonment of their traditional ways of sustenance, faced significant poverty and dependence on the government at the time of their relocation. Compared to the first community in which there was less vulnerability to the harms of alcohol and more adherence to traditional ways of living, there was no substitute economy and alcohol had recently become available at a time of severe going trauma and stress. Many of the young people were in their childbearing years at a time when they were returning from residential schools to a community in which the traditional economy had declined and unemployment was prevalent. If residential school graduates returned to a relocated community, the chances of encountering adversity increased, particularly since “alcoholism debilitated many of those who stayed”. Although many children were taken into care in the 1960s and 1970s from the first community, fewer were placed for adoption than from other communities in the area.<sup>157</sup>

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*I still see a lot of pain and grief in this community....*

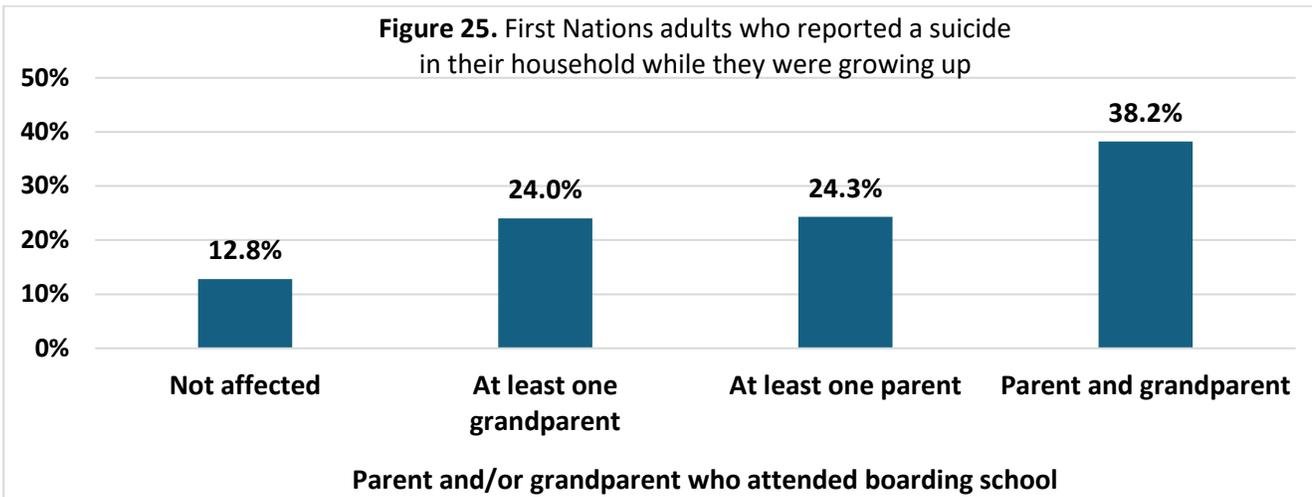
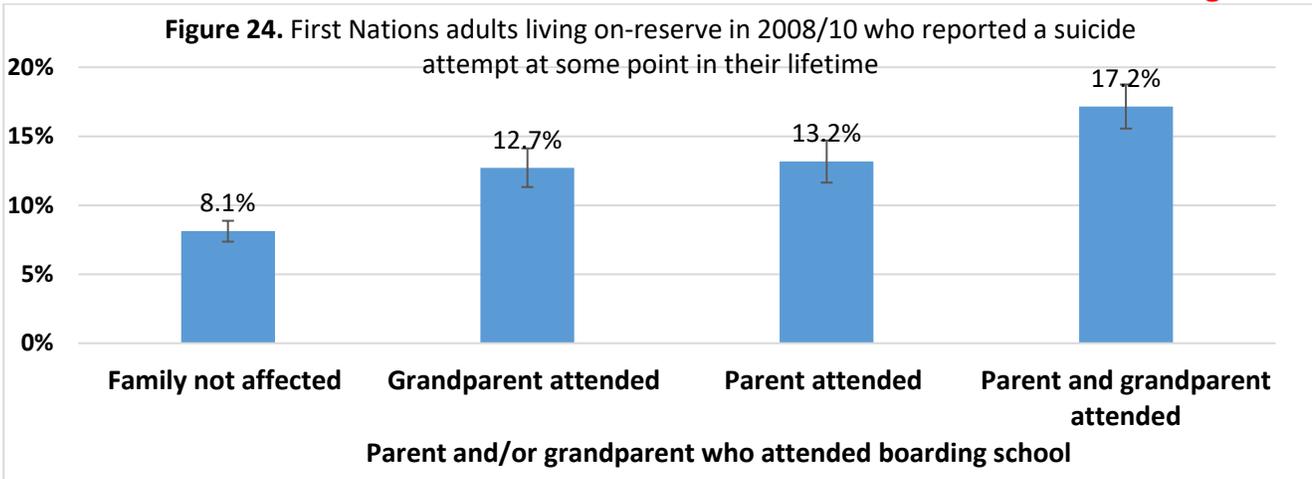
-Testimony

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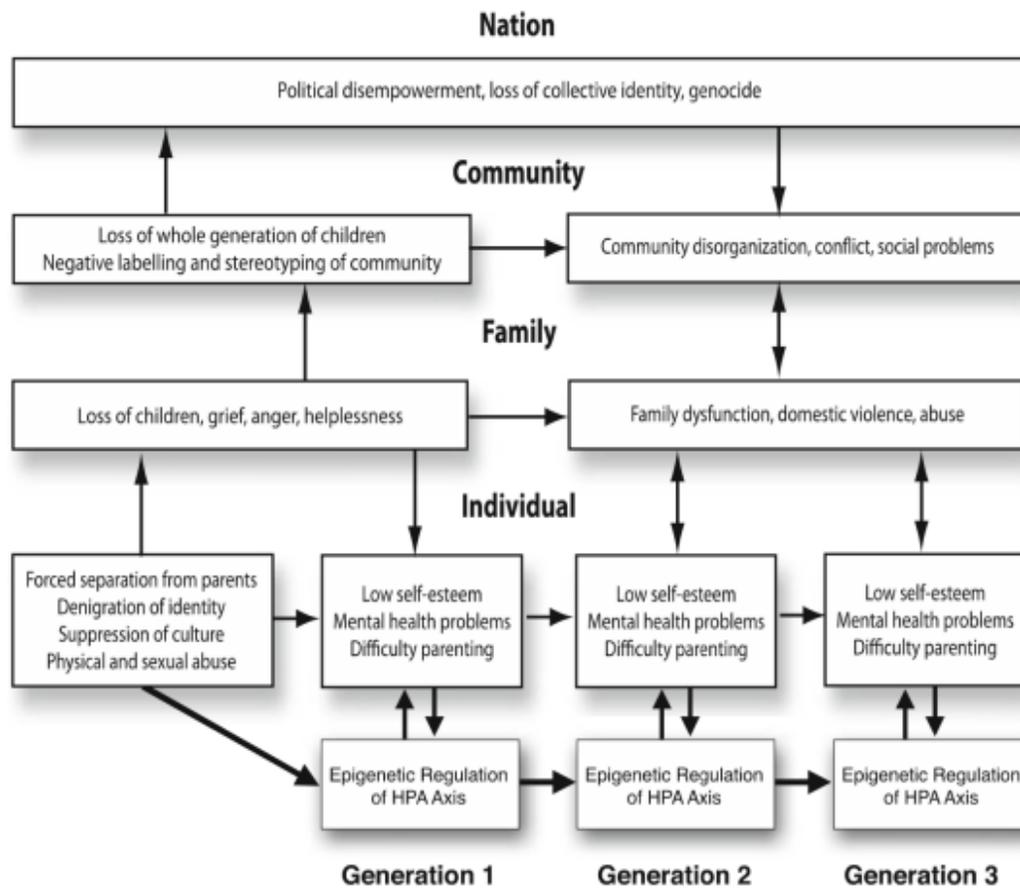
### **The accumulation of past and ongoing harms of multiple collective trauma experiences across generations**

Dr. Maria Yellowhorse Brave Heart first used the term Historical Trauma to describe the unique experience of Indigenous populations who have been and continue to be harmed by colonial government's past and ongoing actions after conducting research in her Lakota community that faced many of the same experiences as the Northern Paiute and Western Shoshone, including boarding schools, forced relocations, and wars and massacres by the U.S. Army.<sup>67,74</sup> Her studies documented typical symptoms or reactions to exposure to these multiple collective trauma experiences that comprised depression, anxiety, low self-esteem, anger, difficulty recognizing and expressing emotions, and harmful substance use frequently used to avoid painful feelings, and self-destructive behaviour, suicidal thoughts and behaviours. A key feature of historical trauma response is that they are promoted by the cumulative impacts of multiple collective trauma events on whole populations, especially those who have endured numerous chronic and overlapping assaults across different generations. Essentially, the negative effects emanating from group trauma may not only be transferred across generations but may accumulate so that events occurring at different times are part of a collective traumatic trajectory.<sup>158</sup>

Providing empirical support for such cumulative effects, adults living in First Nations communities across Canada with two previous generations in their family who attended residential schools were at an even greater risk for psychological distress<sup>142</sup> and suicide attempts<sup>159</sup> (Figure 24) compared to those with only a parent or grandparent who attended (or one previous generation). Likewise, our analyses of data collected among Indigenous and Métis adults from across Canada revealed similar associations related to household mental health outcomes in which those with a parent and grandparent who attended boarding school were more likely to report a household member with a mental illness and/or who attempted suicide<sup>160</sup> (Figure 25).



Like the consequences stemming from mission, day, and residential schools, the multigenerational effects of different collective experiences may come about through various interacting biopsychosocial pathways, including by socioeconomic disadvantages and harmful parental styles that might be secondary to traumatic events. Figure 26 depicts potential pathways for the transmission of cumulative exposure to past and ongoing historical trauma across generations and at multiple levels.<sup>161</sup> The cumulative harms of traumatic experiences might be transmitted across second and subsequent generations at the interpersonal and familial levels through mental health harms and changes in parenting, and shared exposures to stressors and trauma which cause rifts in social structure. Effects at the community level can occur through the disturbance of social networks and support which affect health, and for entire Nations through cultural disruption and systemic interruption of family and community.

**Figure 26.** *Model of transgenerational transmission of historical trauma in First Nations.*

The model further depicts social and biological mechanisms through which historical and ongoing oppression contributes to health disparities in the present generation.<sup>161</sup> Among other biological pathways, epigenetic changes may be involved in multigenerational effects. As described in two recent systematic reviews, studies examining DNA methylation in peripheral blood in adults after exposure to childhood trauma revealed differential methylation.<sup>162,163</sup> As mentioned previously, ACEs are known to contribute to epigenetic changes in genes relevant to neurodevelopment and future neuropsychiatric disorders, and such changes can persist throughout the life course and be passed on across generations. In adult offspring of Holocaust survivors, trauma before conception was related to methylation of FKBP5 in parents and in their adult offspring, thereby affecting cortisol functioning.<sup>164</sup> Epigenetic changes have also been observed in the children of Survivors of other collective traumatic experiences such as Syrian refugees<sup>165</sup> and those impacted by the Dutch Hunger Winter famine of 1944–45<sup>166</sup> and have been linked

to persistent DNA methylation changes in their offspring decades later. Providing support to the intergenerational transmission of epigenetic changes, maternal ACEs were associated with epigenetic changes in their newborns, supporting the notion that DNA methylation could be a marker of intergenerational biological embedding of mothers' childhood adversity.<sup>167</sup> Epigenetic factors can be transmitted across generations through alterations in the *in utero* environment. Thus, the *in utero* environment in women who have experienced ACEs may produce DNA methylation changes that could program neurodevelopmental alterations in their offspring.<sup>168</sup> It was also demonstrated that there is incomplete erasure in the oocyte and placenta, making across-generation ACE-associated DNA methylation transmission a possibility.<sup>169,170</sup>

While this report focused on the direct and multigenerational harms of forced displacement and of schools that exposed generations of Indigenous children to multiple chronic adversities is not meant to fully document the abuses and trauma endured by the Innu and other First Nations, the reviewed research emphasizes that stressful and traumatic events encountered in one generation ought to be contextualized in terms of the long-standing adverse events encountered by their group. This is especially important given the fact that colonialism has exposed large proportions of Innu and other Indigenous Peoples to multiple collective adverse experiences since first contact. The research presented also emphasizes how the chronic experiences of stress and trauma experienced across generations resulted in direct and multigenerational harms that were then used as an excuse by the government to continue to take their children away through child welfare laws. As highlighted earlier, research has shown that the disproportionate presence of risk factors in First Nations households, such as food insecurity, parental mental health problems and substance use, and domestic violence that were consequences of forced displacements and adversities caused by forced displacement and pervasive adversity caused by missionaries, were often the main reasons children were apprehended beginning in the 1950s. Reaffirming earlier opinions about the links between mission schools, day schools, and residential schools and the Sixties Scoop,<sup>171,172</sup> the TRC final report noted that the dramatically increased

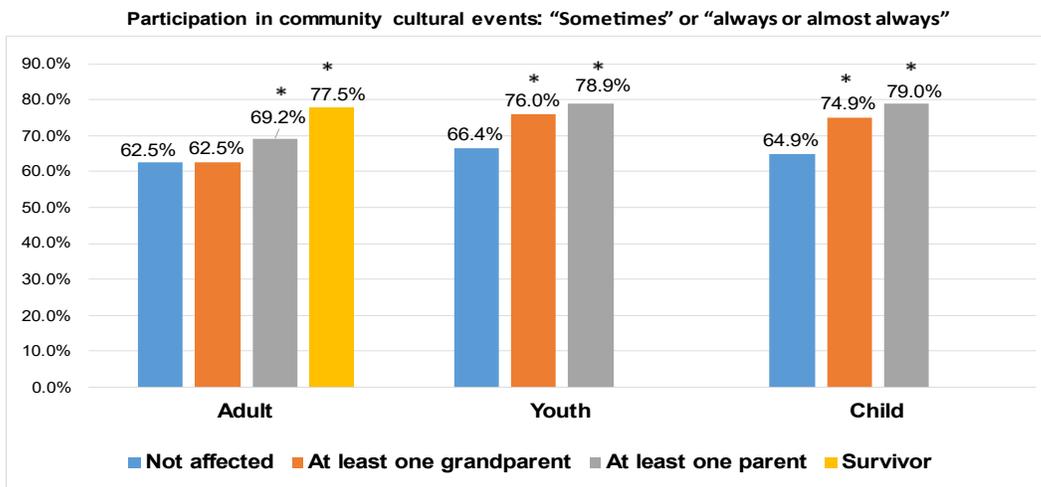
apprehension of First Nations children beginning in the 1950s and 1960s “was in some measure simply a transferring of children from one form of institution, the residential school, to another, the child-welfare agency”.

Indigenous children in Canada, the U.S., Australia and other countries with similar settler colonial contexts that involved child focused assimilation policies are overrepresented within every aspect of the child welfare system. A review of the peer-reviewed and gray literature investigating the needs of Indigenous children in residential care facilities in Canada, the U.S., and other colonial countries revealed that the pervasive experiences of abuse, neglect, and other forms of early life adversity “transcend individual trauma and include intergenerational pain and suffering resulting from long-lasting impacts of colonization, displacement from culture and country, genocidal policies, racism, and the overall systemic disadvantage”.<sup>173</sup> The findings in this review were consistent in showing that Indigenous children and youth who were apprehended by child welfare authorities most often experience extreme trauma because of the separation from their parents and are at a high risk for maltreatment recurrence in their new environments. Further perpetuating the transmission of trauma across generations, children who are apprehended often continue to be exposed to significant adversity can be more harmful than what they experienced living with their parents, and this was particularly the case for Indigenous children. As called for by Innu and other First Nations and Indigenous Peoples in Canada and elsewhere, more preventative services are needed to ensure that families can stay together, and that structural inequities are addressed to reduce the exposure of Indigenous children to ACEs that are beyond the control of parents.

**Section 3: Culture as source of strength and resilience to protect against the multigenerational harms of colonialism and promote wellness**

Although most if not all Indigenous Peoples have been directly and/or multigenerationally harmed by various aspects of past and ongoing colonialism, many individuals and families are thriving despite the significant trauma and stress they’ve been exposed to. Some research has focused on understanding what factors promote well-being among Indigenous populations, and which can buffer or mitigate the effects of stress and trauma on well-being, as well as assessing which factors are protective among those affected by residential schools and other aspects of colonialism. For example, analyses of national data collected from adults living First Nations communities in 2015-16 revealed that those who attended residential schools, and those with parents and grandparent who attended, reported more frequent participation in community cultural events compared to those not affected, which in turn, has been linked with various positive health outcomes.<sup>174</sup> In this regard, analyses of national data collected in 2017 revealed that First Nations adults living off-reserve who had a parent who attended residential school were more likely to have been diagnosed with depression and anxiety, but that these effects were reduced among those who participated in cultural events and among those who reported strong feelings of cultural pride.<sup>175</sup> Analyses of the same data revealed that cultural exploration reduced the association with having a grandparent who attended residential school and past-year frequent marijuana use.<sup>175</sup>

**Figure 27.** The proportion of adults, youth, and children living in First Nations communities that reported taking part in community cultural events “sometimes” or “always/almost always” as a function of personal and familial attendance at residential schools.



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*I do a lot of ceremonies... in my community. I do a Sweat Lodge... when they're struggling... they bring tobacco to do ceremony for them, in their healing journey.*

-Testimony

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*We should be in full control of all of our programs and services... we tried to destroy the whole culture our language of our Nation. I know we're headed into big change and I can't wait to see that... where Innu will decide where we're going and how we're going to do it...*

*We have a strong voice. What we didn't know back then, we know today.*

*Where we're headed today... is a good future for us, because we're going to be taking that control..*

-Testimony October 2023: P. Rich

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Research findings showing how culture-related variables are particularly important to those affected by residential schools are consistent with a study with Anishinaabe adults in which cultural connectedness was associated with improved mental health, but the protective effects were stronger among those with a family history of residential school attendance (Figure 12).<sup>176</sup> They are also consistent with results from a qualitative study that asked Survivors about the strengths that contributed to their survival in residential schools.<sup>177</sup> Their interviews revealed that:

...drawing on community-building skills of First Nations cultures, they created their own community with each other within the confines of this oppressive environment. The strengths they identified are consistent with sense of community identified in community psychological literature yet are also unique to First Nation cultures. These strengths are: autonomy of will and spirit, sharing, respect, acceptance, a strong sense of spirituality, humour, compassion, and cultural pride. It is suggested that community-based mental health initiatives which identify traditional sources of strengths within First Nations communities will be most effective in promoting healing from residential school trauma.

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*I've worked really hard to get where I'm at right now. I've worked really hard on my own issues... I did a lot of counselling, a lot of workshops, anger management. Going in the country is my biggest healing. My late grandma used to take in me in the country and that was a big healing for me.*

*I'm still in recovery. I'm still helping myself and I try to help my people. I go to sweats.*

*I organize the sweats in the community... I forgave my mom... I forgave my dad...*

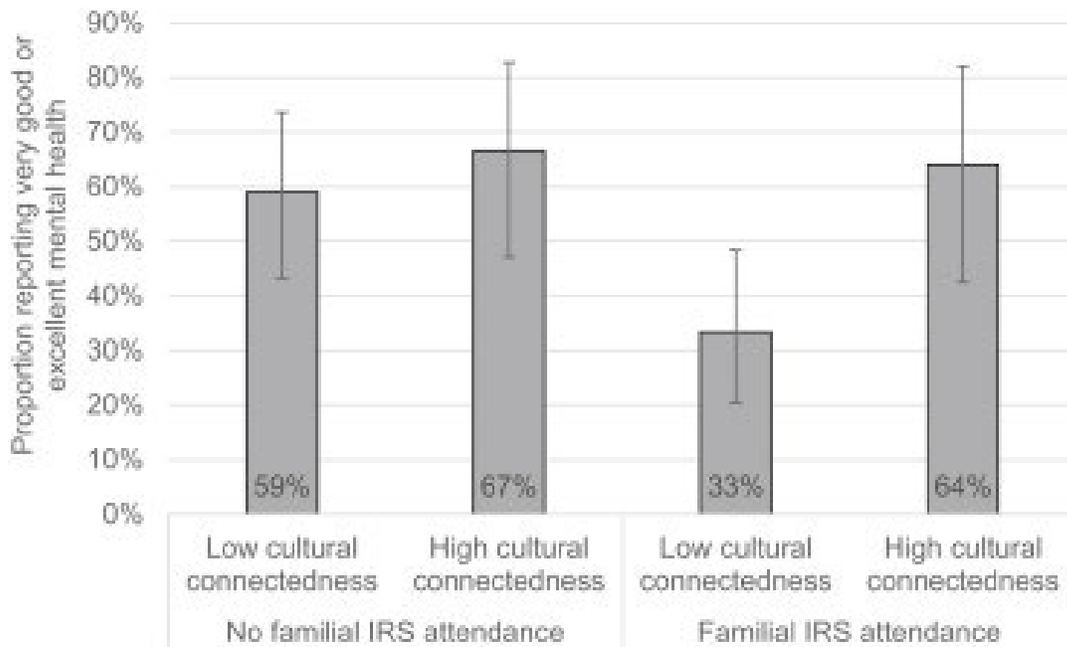
-Testimony June 2023: R. Rich

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*Today I have a good life. My family, they're not suffering the way I did.  
 I'm providing a clean home, sobriety. I want my kids to be happy.  
 I want my kids to have something that I didn't have while I was growing up.  
 That's what I'm really grateful for today and I'm working really hard for it, on my sobriety.  
 There is hope... I'm an intergenerational trauma survivor and we can change.  
 You can change the system, we can change how you look at things now. But you need to understand  
 this kind of way of life – our ancestors had a really peaceful life before the Europeans came in and  
 started giving us things to deal with, start abusing things.*

-Testimony April 2023: Gabriel Rich

**Figure 28.** The proportion of Indigenous youth reporting very good or excellent health as a function of familial residential school attendance and levels of cultural connectedness.

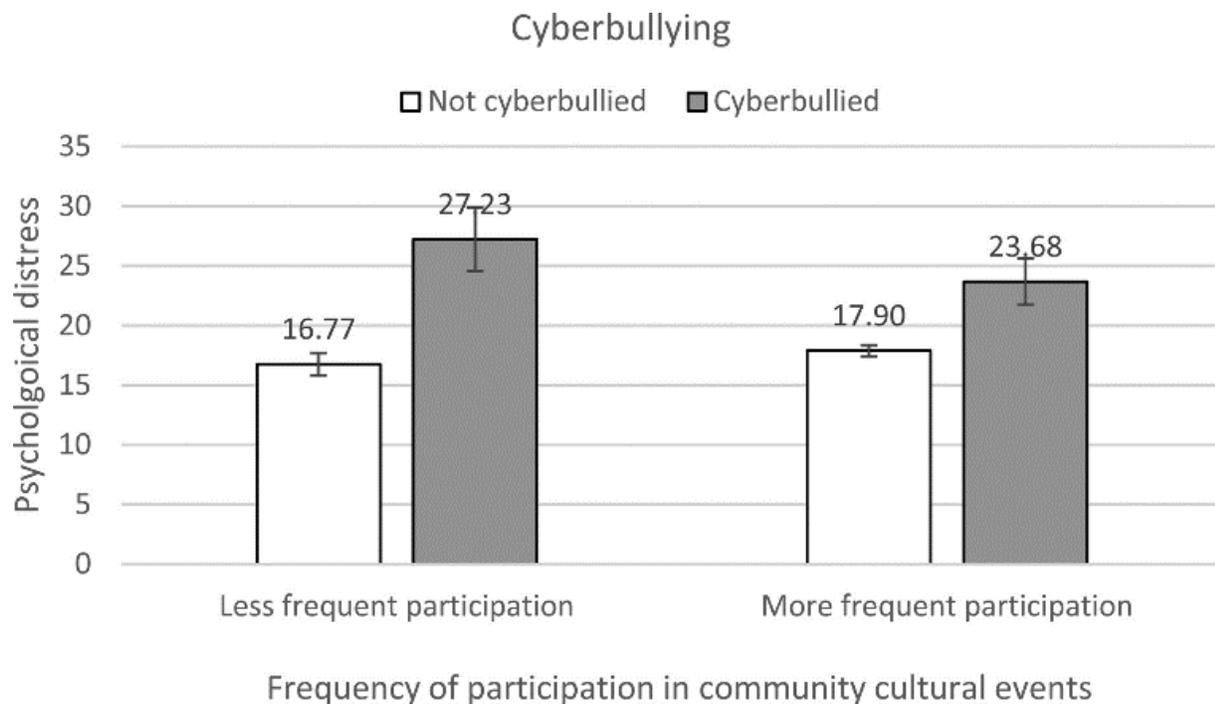


Data from First Nations youth living on-reserve revealed the importance of having feelings of community belonging among First Nations youth and adults, as strong feelings of belonging were directly linked with reduced psychological distress and appeared to buffer against the negative effects of bullying. Similarly, youth who reported more frequent participation in community cultural events appeared to be less affected by the negative effects of cyberbullying in relation to psychological distress (Figure 29). These findings are consistent with those of a 2021 review of 21 publications investigating outcomes associated with ACEs among Indigenous populations that revealed cultural identity and connectedness, education, social support, and psychological resilience were protective in that they were associated with a reduced impact of ACEs in relation to well-being.<sup>178</sup>

*I feel stressed because of all this, of what happened, but I do try to take care of myself in my own way and with the help that I need. I do sweat.*

-Testimony

**Figure 29.** Mean levels of psychological distress among youth living in First Nations communities as a function of cyberbullying and frequency of participant in community cultural events.



A study with First Nations adults from across Canada (living mostly off-reserve) asked about different aspects of cultural identity and found that feelings of cultural pride (labeled ingroup affect in Figure 30) was directly associated with reduced depressive symptoms and buffered against the negative effects of perceived discrimination.<sup>179</sup> These findings are consistent with those from a study with Indigenous adults living off-reserve in western Canada who reported higher levels of cultural engagement and physical activity were not affected by racial discrimination as much as those with lower engagement in relation to the Allostatic Load index—taken as the composite of seven biomarkers including cortisol (Figure 31).<sup>180,181</sup> A study with adults living on the Blackfeet reservation showed that ACEs were cumulatively associated with elevated levels of a circulating inflammatory marker (i.e., C-reactive protein), occurring most prominently among individuals who self-reported low levels of belonging to the community.<sup>182</sup>

*I know its important that we develop our own culture, our own language, in the wilderness... Nutshimit... so we don't lose it. So we can feel good about ourselves and not be embarrassed or scared... that we do have a culture and we do live off the land... be able to do a lot of what we lost.*

-Testimony October 2023: P. Rich

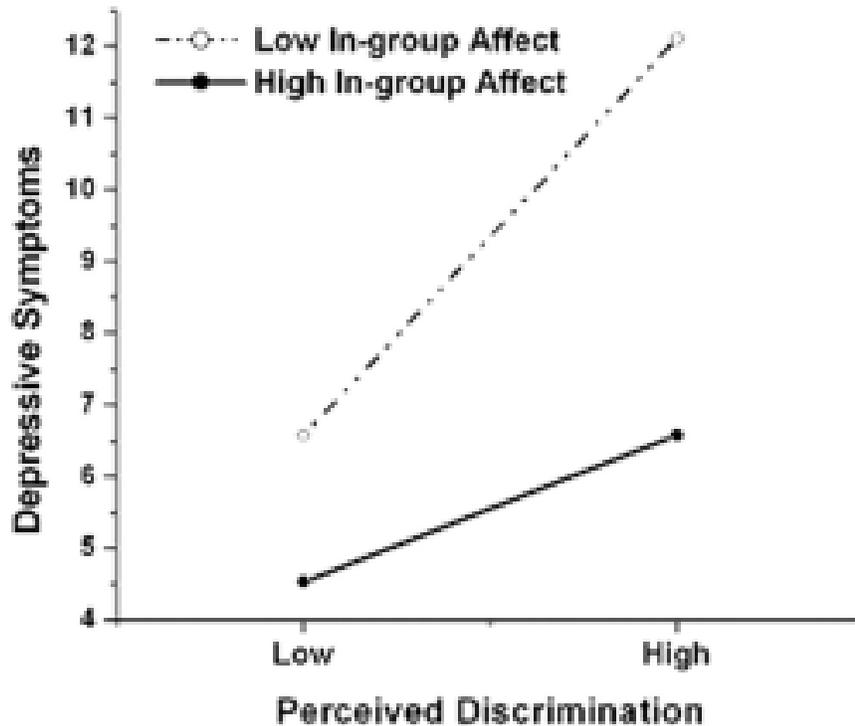
*After I got help, I became more and more able to talk about residential school... I gained a lot of knowledge of who I am... I'm proud to be Innu. My brown skin, that's who I am....*

-Testimony June 2023: J. Michel

*Growing up, I felt very ashamed to be Innu. I feel ashamed to say it now. Now I'm proud, but when I was younger, I wasn't because I wasn't seeing good things. But now that I'm older, I understand why those things were happening. I would always see white, non-Innu people putting Innu people down... and I didn't want to be in the group that was put down....*

-Testimony November 2023: J. Selma

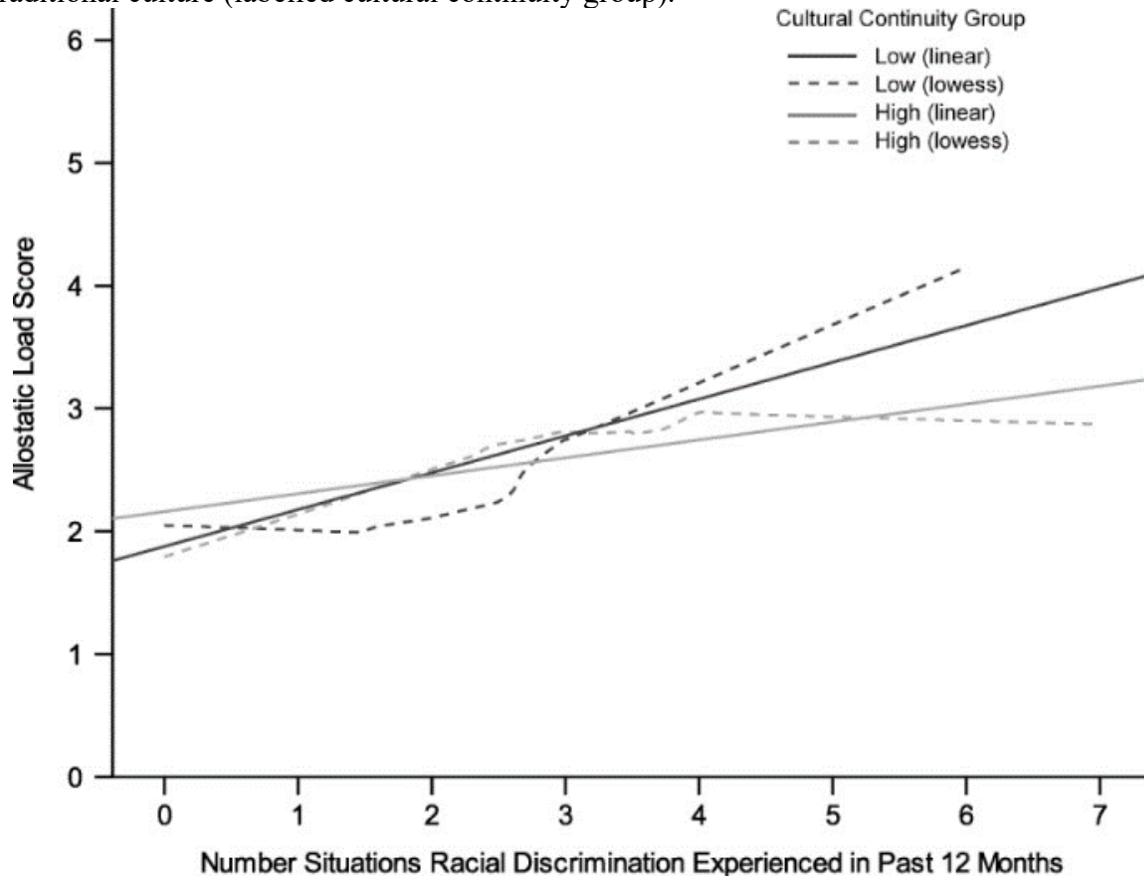
**Figure 30.** Mean levels of depressive symptoms among First Nations adults as a function of perceived discrimination and levels of cultural pride (labelled in-group affect).



*Government... has been taking away a lot of our knowledge and our language and our culture... Why can't the government put the funding toward the Innu in order to get that back...*

-Testimony October 2023: P. Rich

**Figure 31.** Mean allostatic load scores as a function of perceived discrimination and levels of engagement with traditional culture (labelled cultural continuity group).



A scoping review that included 63 articles assessing associations between traumatic experiences and substance use among Indigenous peoples in the U.S. and Canada described how Indigenous participants identified healing from trauma and reconnecting with culture as necessary components for reducing substance use.<sup>87</sup> As noted earlier, having a strong connection to culture and cohesion at the community level helped Indigenous residents cope with the stress of a wildfire in the northern region of Alberta. In fact, the authors noted that “an unexpected outcome of this research was the therapeutic value of the sharing circles for participants”, which is a culture-based activity. As noted by other experts in the field, Indigenous methods of healing comprising spiritual and subsistence activities help make sense of the suffering to heal the individual and cultural connection is, in itself, healing at the individual and community level.<sup>127,183</sup> In this regard, a study that assessed the effectiveness of a 26-week culture-inclusive intervention revealed that it had positive effects in terms of reducing salivary stress biomarker levels, and perceived stress, depressive, and PTSD symptoms among Indigenous women in Ontario.<sup>184</sup>

The importance of culture for Indigenous Peoples was also evident in the community-based healing and wellness programming for those who attended residential schools and their families that was funded by the Aboriginal Healing Foundation (AHF) between 1998 and 2014. Although the projects varied across the country, these unique locally developed culture-based approaches to healing and wellness revealed a wide spectrum of individual and community benefits linked to participation in AHF initiatives. Individual impacts that were reported ranged from improved family relationships, increased self-esteem and cultural pride, achievement of higher education and employment, and the prevention of suicides.<sup>185</sup> Reported community impacts included growth in social capital indicators such as volunteerism, informal caring networks and cultural events. Notably, by creating a climate for ongoing healing, the silence and shame surrounding residential school abuse was being broken. Service providers reported that many communities built their capacity for healing and shared their best practices with other communities in formal and informal ways.<sup>185</sup>

The lack of available culture-based supports has prompted calls from First Nations communities and organizations for the development of a coordinated, comprehensive approach to mental health and addictions programming. To inform such an approach, the First Nations and Inuit Health Branch (FNIHB), the Assembly of First Nations (AFN), and Indigenous mental health leaders from various First Nations non-government organizations jointly developed the First Nations Mental Wellness Continuum Framework to guide programming for First Nations by engaging with First Nations leadership, youth, community members, and Elders from across Canada.<sup>186</sup> Several key themes emerged during its development, with the first and overarching theme being “Culture as Foundation”. As described in their report: Culture ... must be understood as an important social determinant of health. Culturally specific interventions are holistic; they attend to the spirit, mind, body, and emotions simultaneously. Culture as a foundation implies that all health services and programs related to First Nations go above and beyond creating culturally relevant programs and safe practices.<sup>186</sup>

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