An Indian Perspective of Self-Esteem

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This article discusses the concept of self-esteem within the context of the Indian perspective of the wholeness of life. The authors integrate the Indian symbol of the Medicine Wheel, representing the whole life context, with self-esteem as a way of understanding the child's development within his or her social context. Conditions for self-esteem are associated with the four directions of the Medicine Wheel and common Indian symbolism and interpretations of these directions are presented. Self-esteem is described in terms of four social conditions, that is, power, uniqueness, connectiveness, and models necessary to the development of positive self-esteem in children. A model of self-esteem, differentiated from self-concept, includes constructs of self-worth and self-efficacy. Considerations, concerns, and suggestions for promoting positive self-esteem are discussed under each condition. The Medicine Wheel, shown as *intact*, reflecting high self-esteem contrasted with *broken*, reflecting low self-esteem, is used to portray positive individual development.

The Indian way always considers the wholeness of things. Life is viewed as an interactive process within the physical, social, and spiritual environments. When there is harmony of interaction, one lives and grows with a sense of intactness within one's world. This does not mean that life is trouble free. Rather, even challenges are seen to have their place in the individual's world. To remove the challenges would be to lose a part of one's world. Understandings of life are often developed in relation to the aspects and cycles of nature. The cycle ofnature, and life, is a circle, without beginning and without end. While individuals are unique beings, to try and understand them separate from these aspects and cycles is to isolate them from a large part of who they are. When such intactness is broken, it becomes difficult for the individual to live in harmony with the people and things around them. Much of who they are is, in a sense, lost. As people lose cohesion with their world, they also lose touch with themselves; as they are in disharmony with their world, so are they in disharmony with themselves. They may dislike their world and themselves and act accordingly. An outcome of the kind of interactions one experiences with their world is the sense of self-esteem.

Although self-esteem is a Euro-American culture-based concept, it can be seen to be relevant to understanding a person in the Indian culture. When thinking of this concept, it is easy to lose sight of the individual as a holistic being by identifying parts of the being as though they are somehow separate. In viewing the concept of the Indian culture and the conditions for self-esteem, one needs to keep in mind that these parts of the person all overlap. It is necessary to view everything from the concept of wholeness. Everything must be viewed from the circle of life, with no beginning and no end. However, in order to help clarify thinking, it is useful to consider specific aspects of a person but we need to understand that they

are presented as parts of the whole. For this, the Indian concept of the medicine wheel, representing one's whole life, is integrated with the concepts of self-esteem in order to help one understand the child's development within his or her social context.

The Medicine Wheel

The Medicine Wheel (Figure 1)[1] is a circle of harmony and of courage. It is a testimony of the American Indian's ability to survive and to maintain a balance between the physical, mental, spiritual, and cultural aspects of life. The goal of the traditional Indian was to strike a harmonious balance in life. It is believed that the power of the world worked in circles, represented by the symbol of the wheel. With Natives, the circle stands for togetherness. An Indian tribe is only one part of the universe. The universe is circular and is made up of the earth, sun, and the stars, which are round. The moon, the horizon, and the rainbow are circles within circles within circles, with no beginning and no end. To Natives, this is beautiful and fitting—symbol and reality at the same time—expressing the harmony of life and nature. The Indian circle is timeless, flowing; it is new life emerging.
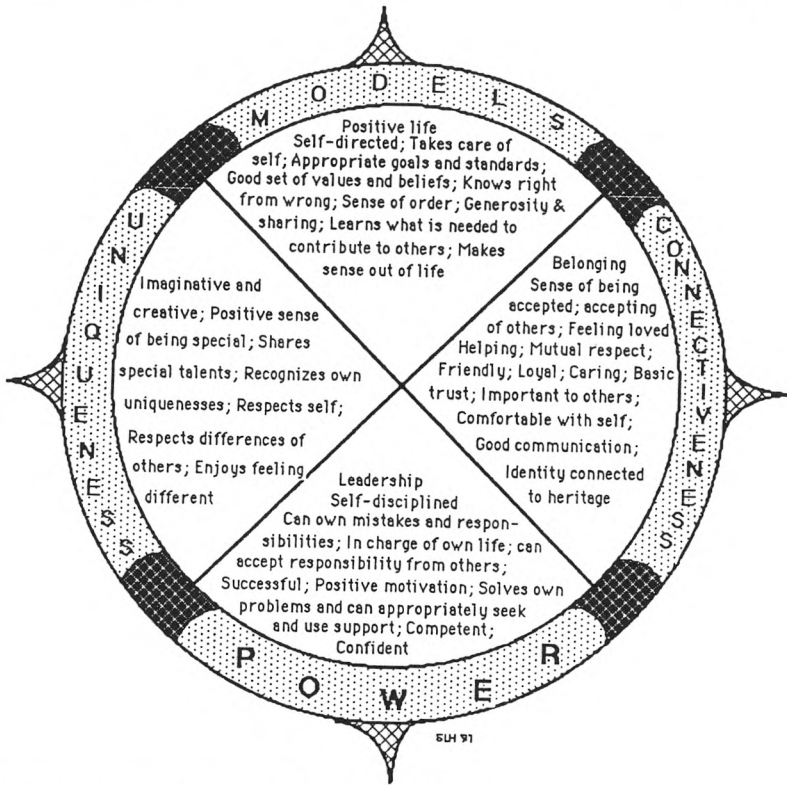
Variations in the orientation of the Medicine Wheel are numerous. The positioning and interpretation of the symbolic colors and the various meanings may differ from one part of the country to another or from one tribe to another. The four colors and four directions often have ambiguous interpretations. For example, the four directions of the wheel, as on a compass, are associated with colors and with aspects of life: North—white and mental life, East—red and spiritual life, South—yellow and emotional life, and West—black and physical life. The directions are also associated with the cycle of seasons: winter, spring, summer, and autumn respectively. In turn, the four colors have their own ambiguous interpretations. In some instances, white is the sun—the glare of the sun at its zenith; red is earth, the blood of our people; yellow is the sun as it rises in the East and moves on to light the world; black is night, darkness and mystery. Another interpretation given as to colors is that the four colors represent the four races of humankind. Together they stand for the unity of man.

However, of particular and universal importance is the form of the wheel:

The circular form of the Medicine Wheel shows the relationship of all things in a unity of perfect form and suggests the cyclic or circular nature of all relationships and interactions, as well as spacetime [sic] conceived as the dimensional qualities of reality. Some tribal traditions also ascribe various interpretive meanings to the axes of the hoop form. All beings are thought to be related to one or more of the colors and directions of the Medicine Wheel. More than one relation is possible because the transformations that any being goes through is the course of existence. In essence, this symbol is considered to be a representation of the being, form and processes of the entire universe and all of its individual member beings. It is thus a symbol of enormous depth and subtlety, capable of being understood in many ways. (Landon, 1991, p. 5)

Self-esteem

Self-esteem is about feeling good about oneself, feelings of personal worth, and feelings of personal effectiveness in how a youngster values and regards his or

MODELS

UNIQUENESS

CONNECTIVENESS

POWER

Positive life
Self-directed; Takes care of
self; Appropriate goals and standards;
Good set of values and beliefs; Knows right
from wrong; Sense of order; Generosity &
sharing; Learns what is needed to
contribute to others; Makes
sense out of life

Imaginative and
creative; Positive sense
of being special; Shares
special talents; Recognizes own
uniquenesses; Respects self;
Respects differences of
others; Enjoys feeling
different

Belonging
Sense of being
accepted; accepting
of others; Feeling loved
Helping; Mutual respect;
Friendly; Loyal; Caring; Basic
trust; Important to others;
Comfortable with self;
Good communication;
Identity connected
to heritage

Leadership
Self-disciplined
Can own mistakes and respon-
sibilities; In charge of own life; can
accept responsibility from others;
Successful; Positive motivation; Solves own
problems and can appropriately seek
and use support; Competent;
Confident

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1. Everyone has these potentialities as part of the self.
2. Helping others to care for these basic needs allows growth.
3. We need to take care of these for ourself, as well.

Adapted by FLoy Pepper and Steven L. Henry
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Figure 1. Intact Medicine Wheel: High self-esteem.

her performance. Because self-esteem is a feeling, it always expresses itself in the way a youngster acts. Self-esteem can be observed in youngsters in what they do and how they do things. Self-esteem is hard to identify because it is experienced continuously and constantly and changes from day to day, from situation to situation, even from minute to minute. Self-esteem is part of every other feeling; it is involved in one's every emotional response.

It is important to understand that self-esteem is different from self concept. Self concept is a "theory" or belief that youngsters have about themselves. Self concept refers to the individual's personal perceptions of his or her view of life and of self. A child may hold a view of himself or herself that does not correspond to his or her behavior. For example, a youngster may believe that he or she is friendly but have no friends. They may believe they are athletic but not participate in games or sports at school. Self concept is more stable than self-esteem and is

altered gradually. Self-esteem can and does change form situationally. It is self-esteem that directly influences the child's performance or behavior in a specific situation. For example, children who believe they are friendly may have no friends as a function of their poor sense of self-esteem in relationships, which limits the degree to which they will relate to others. Children who believe they are athletic may not play because they feel they are not good enough to meet some internal standard or model of performance. In both instances, it is their self-esteem that influences their behavior in the given situation.

In talking about self-esteem, Bean (Bean & Clemes, 1978) states that

> each child is unique and is born with a splendid set of potentialities that will come to pass, if the proper conditions for growth are present throughout childhood ... When children have what they need in order to grow, [then] the development of good character, wholesome personality, positive human relationships, adequate goals and necessary skills are automatic. (p. 3)

It is a commonplace in psychology to couch discussions of social interaction and child development in terms of basic needs. The physiological needs include food, heat, shelter, and the student's health needs. The second set of needs is safety and security safeguards. School needs to be a peaceful and successful place. Students need to be free from physical harm and abuse by peers, parents, and adults. Students need to be free from unnecessary and unproductive psychological pressures brought on by a frustrating level of work, by too high or too low expectations from teachers, and by a low rate of positive reinforcements from teachers. The third and fourth levels of student needs are to experience a sense of belonging, acceptance, affection, and positive self-esteem. These are the key feelings of self esteem and respect for others.

Indian students who do not have a feeling of belonging will probably withdraw, become nonverbal, or seek attention through inappropriate and nonproductive behavior. Indians need to have their cultural needs met. Indian students need to experience a sense of significance, a feeling of acceptance and friendly goodwill by their peers, and a sense of respect and caring by their teachers. The Indian student needs to be valued as a learner and as a person with dignity and worthwhileness.

Fifth, students need to experience learning activities that will help them reach their own potential. They have an intrinsic need to reach their potential and to express themselves creatively. Indian youngsters are curious; they need to understand their environment; they need opportunities to apply their abilities through special projects; they need to set goals; and they need to constructively challenge both academic and procedural issues. We have said that self-esteem is about feelings, so we must meet the above needs of love, of belongingness, and a feeling of a sense of security if a child is to have a high level of self-esteem. The child who grows up feeling adequate and secure can take considerable failure in stride and realistically accept many personal shortcomings without altering his or her basic self-picture. The child who is sure that he has no aptitude for school, for example, will make little effort to do well and will even tend to explain away as "accidental" any occasional success.

Self-esteem is significantly related to achievement (Purkey, 1970). The self-concept of school-related ability is a better predictor of success in school than is overall self-concept. It appears that an important limiting factor of achievement in school is the student's concept of his or her ability. With respect to their school ability, many Native children, for a variety of reasons, have poor self-esteem.

Like other people, the Natives' discouragement or low self-esteem is usually based on their evaluation of themselves in a particular situation. A discouraged self-evaluation occurs when Native children do not feel adequate in the situation, and as a result possess limited courage to cope with the specific challenges they encounter there. They feel fearful and doubt their ability to handle a situation. These beliefs and attitudes may influence the Native child's future interaction with others. Many discouraged Native children believe that they have little possibility of solving their problems, or even of moving toward a solution. They seem to lack confidence and approach each challenge with the anticipation that they will perform poorly or fail (Pepper, 1991). An important point in understanding self-esteem is the concept that most Native's low self-esteem is primarily psychological rather than socioeconomic or because they are ethnically different (Leonetti, 1980). With this understanding, parents and teachers can work directly with children to change their self-esteem and promote change in achievement. However, in attempting to help build self-esteem in children, it is well to remember that it will take a while, maybe months.

Many sources of influence contribute to the development of a child's self-esteem. These include those having a social context and others that seem to have experiential contexts. In social situations, the experiences the child has in the family with parents and siblings are major fundamental factors in the early development of the sense of self. Later, as the child's world expands outside that family, experiences involving teachers, friends, and workmates gain in influential power. Although the interactions and opinions of those in the child's social world remain important, the child is always a unique being with his or her own tastes and fancies stimulated and satisfied by the experiences of success and/or failure he or she encounters. This factor, then, is the sense of mastery, competence or self-efficacy (Bandura, 1977) that a child develops and can link with or develop outside or beyond the sense of self-esteem as it develops in the social context.

At earlier ages, the social context provides the crucible in which self-esteem is formed. A youngster usually looks to others in his or her life to confirm or deny that he/she is important or significant. Every family has a family "atmosphere." This results from the feelings, beliefs, attitudes, rules, values, strengths, ways of communicating, and functional patterns that characterize the parents in the Native family. The resulting family patterns, including the children's interpretations of and reactions to the atmosphere, provide for experiences in which the child's self-esteem is formed. These include periods of self-reliance balanced with mutual interdependence. Successes and problems in coping with the range of demands across independent and cooperative situations are the fundamental experiences

that result in the child's feelings of self-esteem. Parents bear a major responsibility for the development of their child's self-esteem.

Parents are expected to provide a safe nurturing environment, to help their child develop the internal strengths of trust, self-control, and self-esteem, to teach social skills and how the world works and to help their child develop good judgement. They act as role models, pass on spiritual strength and faith in self. (Northwest Indian Child Welfare Institute, 1986, p. 13)

Parents who value their children and offer appropriate and growthful parenting contribute to their child's sense of worth as a human being, their sense of self-worth. In addition, children will need to learn how to handle different kinds of relationships; they will need to develop trust and to know what the limits are on their coping skills. As their experience grows, so does their sense of effective-ness or self-efficacy in coping with their world. These two qualities, self-worth and self-efficacy, operate interdependently and constitute the self-esteem of the child.

Children with a poor sense of self-worth but an adequate sense of self-efficacy may succeed to a point but find themselves limited in achievement as higher levels of responsibility test their view of themselves. Children with an adequate sense of self-worth but a poor sense of self-efficacy may fail to address responsibilities due to lack of confidence in their ability to perform requisite tasks. Children with a poor sense of self-worth and of self-efficacy may quickly become discouraged and give up or act out in destructive ways, whereas those with a positive sense of self-worth and of self-efficacy will appropriately and effectively address responsi-bilities while knowing their limits.

As self-esteem develops somewhat situation-specifically, it is useful to under-stand the needs of a child in a given situation. Where children are having difficul-ty, parents and teachers can address their needs for improved levels of self-esteem for that situation. The model of self-esteem as a combination of self-worth and self-efficacy is reflected in the work of Bean (Bean & Clemes, 1978; 1979).

In order to have high self-esteem, Bean (Bean & Clemes, 1979, p. 8) says that children must experience four conditions of self-esteem: Connectiveness, Unique-ness, Power, and appropriate Models. Connectiveness is found in a sense of relationships in the attention and affection of others by letting the child know that he or she belongs and is accepted in the culture and the family. Power is shown by a sense of accomplishment, by letting the child realize he or she is competent and can be successful. Uniqueness is a feeling of being special and a feeling of worthiness, of talents and productive contributions being affirmed by values of his or her culture and of significant others. Models involves the development of a sense of knowing that his or her goals and standards are appropriate and important and affirmed by his or her Indian values of generosity and sharing.

In Bean's model, the concepts of Connectiveness and Uniqueness can be seen to contribute to the sense of self-worth while those of Power and Models contrib-ute to the sense of self-efficacy. With this concept of the child's sense of self-es-teem, we have an opportunity to develop and focus specific strategies and techniques to understand and improve his or her quality of self-esteem. The

conditions for self-esteem can be integrated into the cultural context of the Native child within his or her life circle represented by the Medicine Wheel.

Connectiveness

Attachment or connectiveness is a basic need of children, and the child will not develop spiritually, emotionally, or cognitively without some kind of bonding or attachment. In the Medicine Wheel, East represents Connectiveness because wisdom and illumination lead us to come to know our relationships and our place within our people. East represents spring, birth, and the protection of youth. East is associated with the peace and light of illumination from a mighty vision, but also with a sense of distance. The person may feel separated—high above life and never understand or believe that they can be touched by anything. This may be reflected in the sense of immortality accompanying youth.

In the traditional Indian family, the concept of the extended family was present and it was the responsibility of the elders to teach the young. The extended family includes aunts, uncles, grandparents, cousins, and friends. These significant others provided a network of holistic education. The children belonged to a certain family and to the tribe. A child was at home anywhere because all tribal members claimed relationship, a sort of sharing a "community of residence." The sense of belonging or connectiveness extended to all phases of life including nature. From childhood, children were taught to respect people, animals, plants, and water and to live in harmony and not upset the balance. Bryde (1971, p. 7) states that "one of the similarities among various Indian peoples is a quiet, soft-spoken manner of dealing with others which results in a world view that all belong to one another and should be treated accordingly." This strong sense of belonging provided the basis for young people to be receptive to guidance from members of the Indian community.

In the absence of a sense of connectiveness, children can have a number of difficulties. In social situations, some Native children may hang around or seem to get underfoot. But when adults try to deal with them directly, they will squirm, become silent and appear uncomfortable and embarrassed. Some Native children do not necessarily pay attention to a task; they are usually paying attention to others, or thinking about them. They watch other children relating and become anxious when related to by others. They are doing what they need to do for themselves, not necessarily what they are supposed to do. A loss such as divorce, death, or even moving to a new location that results in the feeling of something that "I trusted is no longer there" can be severe to a Native child with a poor sense of connectiveness. Of course, these behaviors can be seen in children with a normal sense of connectiveness as a function of various stages of development. With youngsters whose difficulty is in the area of self-worth, the problems may occur out of developmental sequence, persisting beyond limits of time and intensity of others. Cognitively, the child with a connectiveness problem may have short-term memory deficits, may not learn to read, and may be labeled "learning disabled." A low sense of connectiveness may be found in youngsters who are easily distracted by others around them, and so they may have great difficulty

attending to and concentrating on tasks and activities with the degree of demand found in reading or other school skills.

What parents or teacher can do:

- Support positive relations among family or class members to help the child feel that he or she is a part of something, an important member of your family or your class;
- Help the child to feel connected to his or her past or heritage;
- Give encouragement, approval, show positive feelings ... smile. Show encouragement through physical contact;
- Make your expectations clear so children know what to expect;
- Be specific when reinforcing a child's positive behavior;
- Listen nonjudgmentally to children.

Power

Children feel they have a sense of power or competence when they feel they have some kind of influence over what happens in their lives. The direction of South represents Power. The South represents the source of our growth and is related to innocence and trust, as of childhood. It fosters the power to grow, with warmth and with an understanding, philosophical view. To look South is to look to the center of the world.

In the the traditional Native community, the holistic teachings of the elders served to develop cognitive, physical, social, and spiritual competence. Through their freedom to explore, Native children learned early to maintain self-control, self-restraint, and self-management. The Native child learned to make choices. Adults respected the children and had faith in them to work out things in their own time and in their own manner, thereby teaching them autonomy and a sense of responsibility. Competence was learned through the community way of learning by observation. The child's sense of competence was expanded through the experience of making truly valued contributions to the family's living such as participating in the making of clothing and caring for the younger members of the family.

Children with a low sense of power present themselves in a variety of ways. Some lack control over their own behavior and their environment. In school their disorders are shown through a posture of assumed disability or learned helplessness. There may be little sense of autonomy and a deep-seated feeling of apathy. Native children with a low sense of power often become school failures and feel that they have no control over their destiny, seek the useless side of life and follow a downward spiral of defeat and despair, and are highly vulnerable to substance abuse problems. They quite often are stubborn and refuse to take responsibility for themselves or for others.

Some Native children actually have a low sense of power but act spoiled and seem to control everyone around them. Spoiled children avoid taking responsibility and manipulate parents and others to take responsibility for them. By avoiding responsibility, they invariably put others in a position where they have to take responsibility for them. They not only make parents get them things, but force

their parents to make decisions for them and do many things for them that they are capable of doing for themselves. When confronted inescapably with responsibility, such children may act helpless and give up easily in the face of mild frustration. Many children do not know how to handle pressure or frustration. On entry to school, many Native children have not developed independent social and learning-oriented problem solving skills. They do not meet the criteria for learning that is expected of them (Linton, 1970). If spoiled children begin to experience the consequences of what they do—not being protected by overly nurturing parents and protective teachers—their sense of power will begin to grow. Setting adequate limits and rules, providing the opportunity for Native children to take responsibility, and requiring them to share in duties in the home and school are critical factors in helping children develop their sense of power.

Building children's sense of power is an important step in raising their self-esteem. Adults must create situations where children can experience a sense of competence while coping with socially acceptable skills. The feeling of a sense of power and of competence develops as a child masters his or her environment. When a child feels competent, motivation for achievement in all areas is increased.

Many of the issues having to do with power deal with the way conflict is handled. When conflicts are settled by having "winners" and "losers," all lose. Conflict resolution processes that incorporate attitudes of kindness, fairness, consistency, and concern are more likely to result in adults and children respecting each other. When adults admit mistakes, apologize and change, it increases children's faith in them and makes for better relationships.

A parent or other adult can do much that serves to increase the sense of power in children, without giving them the kind of power they are unable to handle. What the parent and teacher can do:

- Teach children to solve problems through group discussions;
- Teach them methods to attack problems;
- Help children be aware of how they make decisions;
- Encourage children to take on challenging tasks;
- Provide alternatives when planning activities—give choices;
- Help children to set limits for themselves or others;
- Make sure each youngster experiences success in something;
- Teach alternative behaviors to improve personal control;
- Make sure children are confronted with issues of personal responsibility.

Uniqueness

Uniqueness is having a sense of being special and of distinctive worth in the social context. West represents Uniqueness. West is associated with introspection, with one who looks within, who will go over the same thought again and again in his or her mind but who will always be undecided. West corresponds to growth but as related to adults, to a maturing structure as with autumn, and sometimes of the conflict of indecision, as with rain and thunder.

The sense of uniqueness is, to a great extent, developed through childrearing practices. The childrearing philosophies of the traditional American Indian included a number of important features. Among these, Indian mothers were taught the importance of child development very early. Parents traditionally were taught that the child is always learning, changing, and growing and that they must be helped along their path. Growth and development were recognized through ceremonies of passage.

Recognition that growth and developmental processes are important in development resulted in children being given considerable freedom to independently investigate and learn. In contrast, today's theories tell us that children need a chance to practice new skills that people teach them in order to master them; parents and teachers exert a great deal of control over the kinds of developmental learning experiences children have. Traditional culture was uniquely suited to encourage this because children were allowed to experience many things and participate in their own way. They could explore the world and test their skills with a great deal more independence.

Traditional Indian child rearing practices have been labeled by some as "permissive" in comparison to Euro-American society standards.... This misunderstanding usually occurs because Indian child rearing is self-exploratory rather than restrictive. In this way self-discipline is learned by the Indian child as a natural result of child rearing practices. Many Indian children are trained to be self-directed and self-reliant by having the freedom to make many of their own choices and decisions.... In most Indian families, the child is a revered member of the family unit and, as such, is a welcomed spectator and participant to all types of family and community affairs. It is not uncommon to see young Indian children accompanying their parents (or siblings) to bingos, community meetings, church, pow-wows, or even to places of employment. This constant and close proximity to the actions of others provides the Indian child with a valuable opportunity to intimately familiarize himself or herself with a multitude of tasks. (Pepper & Henry, 1986, pp. 55-56)

Paradoxically, Native children may be seen by others to have a narrow range of emotional expression when they are intermixed with other ethnic groups. They may rarely express spontaneous joy or elation, and similarly may not show sadness and depression. They may appear to be noninsightful, not reflecting on or evaluating their own behavior or feelings. The sense of uniqueness is fragile. While it is an important component if one is at a very intimate level of relationship, the individual intuitively recognizes his or her vulnerability and may act to conceal uniqueness if in unfamiliar situations or with people whom he or she has not yet learned to trust.

Rejection or not being accepted for their uniqueness can be very damaging to Native children. Emotionally, Native children may be left with no sense of who they are, may be unable to express and handle emotions, and may have some parts of their life blocked out or missing. Children with such uniqueness problems may defend their hurt by pretending or acting "as if" they were very special and show off a lot. Some children display their discouragement from their lack of a sense of uniqueness and retreat when singled out or called upon in school, but will show off when others are the center of interest or are engaged in some creative activity.

The fragility associated with the feeling of uniqueness is illustrated in another way. Native children may become easily embarrassed and apologetic if it is pointed out to them that they are doing or saying something that is different. This has an interesting effect in a group of Native children where one who is called upon to recite in class does not know or does not answer. Frequently, no other Native child in the class will offer the answer, even if they know it, in order to help the first child save face.

For a children to have a firm sense of uniqueness, they need to have experiences that show they are something special or different. This does not mean that we let them "get away" with everything; it does not mean that the child becomes spoiled, uncontrollable, or has temper tantrums. There is a big difference between permitting and encouraging the expression of personal uniqueness and allowing children license to do as they please at the expense of others.

What the parent and teacher can do:

- Encourage the child to voice ideas that may be different from your own and let the child know you respect his or her ideas;
- Let the child know that you like him or her; that you don't like his or her behavior;
- Let the child know that it is OK to be different;
- Find out what the child thinks is different about him or her and use this information in working with him or her;
- Show children you appreciate their unique contributions;
- Help children understand that they can express themselves in ways that help (or hurt) themselves and others.

Uniqueness can be fostered by helping children to find acceptable ways of expressing themselves and their special interests in creative ways. But they also need help to find and understand the limits on their behavior so they do not act to the detriment of themselves or others. Building a sense of uniqueness requires considerable flexibility and patience from parents and teachers, but the efforts are worth it.

Models

Models issues have to do with developing meaningful values, goals and ideals, skills and behaviors through exposure to and observation of examples or models. In the Medicine Wheel, North represents Models. Model means an example or representation of some real thing. The model itself can be real, like a model airplane, or it can be an abstract, intellectual representation of something, like the way a dream is sometimes a model of life, or a Kachina is a model of a spirit. North is associated with wisdom. This reflects the wisdom of the elders and of healers. From the North comes the mighty wind that gives strength and endurance. It is a cleansing wind, promoting wholeness. The North is also associated with control and intellect, which give values and goals to guide us and give direction.

In the traditional Indian community, models were frequently limited by sex roles and by tasks according to the requirements of division of labor or by the

political structure. While there was room for considerable uniqueness in terms of what one brought to a role, the models were limited in comparison to today's complex society. The values of the community were directly related to and communicated through the models available from which a child could learn. Elders served as models and provided direct instruction in the ways of the tribe and so were powerful models for the children.

Today, children are presented with a wide array of models or examples from which to draw in developing a sense of self-esteem. Some are more influential than others. Among the characteristics that contribute to a model being more influential on an observer are high status, are much like the observer, who are seen to be rewarded for what they do and demonstrate performances that are simple and can be easily imitated. Perhaps unfortunately, models that are hostile and aggressive are also influential. To the extent that the model's performance allows observers to predict the effectiveness or competence of their own behavior (self-efficacy expectations), that model will be a source of influence on the observer's behavior, sense of self-efficacy, and so self-esteem.

The behaviors, ideas, and beliefs of people all have an impact on the child's sense of models. A child needs to have adequate models—parents, teachers, ministers, social and political leaders who are worthy models for his or her own behavior. If the models to which a child is exposed are not subjectively valued by the child, the child's sense of models will be different from the values of the culture. If Native children do not draw a feeling of self-worth from the socialcontext of their culture and significant others, it is likely they may seek models elsewhere. These conditions can make it increasingly difficult for them to increase their sense of self-esteem within the social-cultural context.

Because much of modeling is unconscious, children learn more from example than from being told. This is especially important when teaching values, religious attitudes, and interpersonal behavior. Native children watch, making what sense they can out of the observation, rather than fully understanding and accepting verbal messages about complex issues from others. "Do what I say, don't do what I do" often does not work. When parents espouse values and beliefs that a child associates with strong positive feelings, these values and beliefs are usually accepted by the child. If Native parents' values are not congruent with their behavior and they do not fulfill children's needs, negative feelings will be associated with many experiences.

There is a need for a wide range of models. A child needs philosophical models that have to do with the spiritual side of life, social mores, and family, and historical philosophies that help the child in the area of personal security and guidance about goals and life choices. It is important that the social values of generosity and sharing be modeled. Children need operational models on which to base organizational skills. Having those organizational skills engenders confidence as the children attempt new tasks, and consequently they can focus on productivity and excellence in performance of the new tasks. An example of this is for teachers and parents to display their own approach to learning new skills or

information, that is, study habits, including laying out the materials, studying them, reviewing and practicing or rehearsing needed skills, and so on. Good study habits are important to school success, can be learned through modeling, and contribute greatly to the child's self-efficacy expectations.

Similarly, Native children need to know how to go about learning. Learning how to learn is the result of the child organizing his or her thoughts to chunk information. Parents and teachers can display their own problem-solving and learning processes (by talking them through, for example), and by doing so, help the child to learn the patience and effort required for learning and problem solving.

Chronic confusion is a major symptom of some Native children who have problems with models. A child needs to make sense of what is going on in his or her life. Some Native children may have excessive change, unpredictability, conflict, emotionality, and inconsistency that keep them confused. When patterns of living keep changing, children's anxiety rises because they cannot be sure they can make accurate predictions or reach goals. The whole area of ethics and morals is a problem for some Native children with a low sense of models. Many Native children tend to be unsure about what it is they believe, their decisions about truth-falsity, right-wrong, and good-bad tend to be contradictory and inconsistent. They may voice high moral beliefs, but their behavior does not correspond to them. They will be confused about the right or wrong way to handle a situation. Models of mature emotional behavior and good decision making help make things more predictable by raising the child's ability to predict his or her own level of coping effectiveness and ability to predict the outcome of the activity in question, even in complex social areas such as relationships.

Children with models problems tend to shy away from new experiences for several reasons. One is their experience is probably limited. Second, new experiences are only chosen if they make sense in terms of some goal. When there is a poor sense of models, Native children may have a general absence of goal orientation and relevant self-efficacy expectations, which often diminishes their enthusiasm for new experiences.

Children with this type of problem are "off" in relating to other people. They make others uneasy, because their manner of relating seems strained or awkward. This will show up as laughing more than is appropriate, being more or less enthusiastic than a situation calls for, being too "lovey," and so forth. They are either too much or too little of something, and other people, including their peers, sense it. Reinforcing, encouraging the times when they do well in relating is an important way to help them make sense out of what they do. Help them review what happened when something goes wrong in their relationship with others.

A child needs to have a sense of order. By living with a relative in an ordered environment where neatness, time commitments, and clear communication are practiced, a Native child develops skills in organization, planning, and effective problem solving. Disorder in a Native child's environment makes it hard to learn

good organizing tactics, which can have serious consequences for school performance.

Ideas about the value of school gained from parents or siblings will influence whether a child believes the school is a positive or negative influence. If children believe the school is good, their commitment is likely to be greater, and they will tend to do better at learning tasks. However, many Native children have heard of their parents' bad school experiences and turn away from school.

Once children have adopted models, it is hard to change them. Even if a pattern of behavior results in pain or criticism, children tend to carry on based on the model that they have until they get a new one that they are convinced, by their own experience, works better for them.
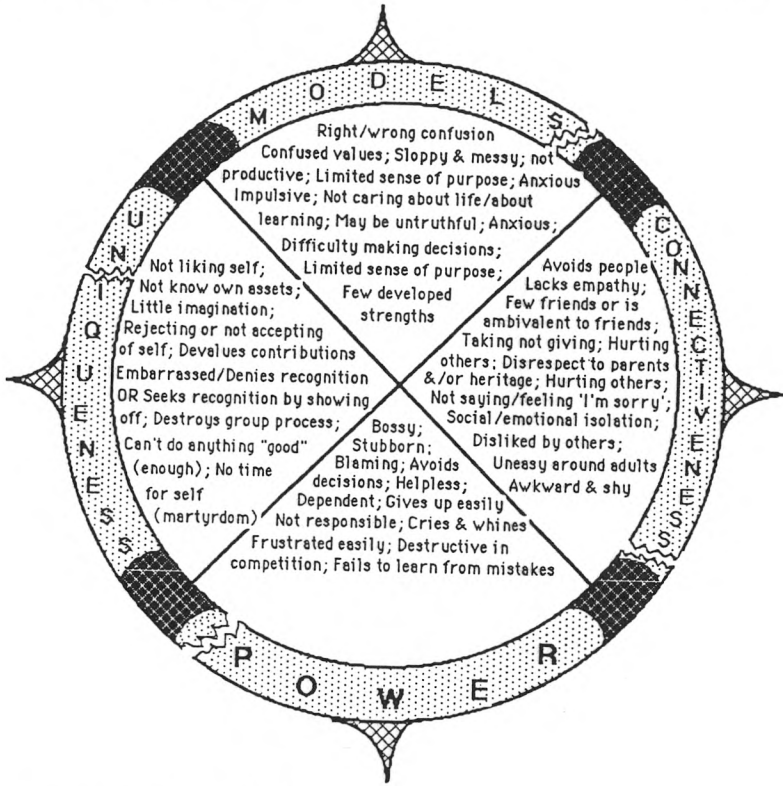
What the parent and teacher can do:
- Help the student set realistic goals for learning;
- Reinforce desired behavior;
- Let children face the consequences of their behavior;
- Spend time training children how to study and to learn;
- Stimulate children to acquire skills in interpersonal relations;
- Be a good model yourself.

Parents and teachers can help improve children's sense of models by being a good model, being selective in exposing children to constructive models, and by examining with children the models that they have seen to broaden their range of experience and to clarify values.

Understanding the Child through the Self-esteem Medicine Wheel.

When a youngster has low self-esteem, the adult will observe weakness in all conditions of self-esteem. When the youngster is missing one of the four conditions, he or she feels uncomfortable and out of sorts. When he or she is missing more than one condition, the intensity or severity of his or her behavior increases. However, one condition will usually be critical. That is, the youngster will display more of the behaviors indicative of greater weakness in a particular area of self-esteem. He or she will show those behaviors more consistently and dramatically than in the other areas. Feelings control the behavior *not* the belief.

In Figure 1, the intact self-esteem Medicine Wheel, some traits and feelings are identified that are characteristic of high self-esteem. An individual need not have all of these attributes in all conditions in order to have high self-esteem. However, if the youngster's behavior is carefully observed in a variety of situations, some of the positive characteristics will be seen repeatedly. This will indicate areas of positive self-esteem that can be used to build on in helping improve weaker areas. In these youngsters will be seen to demonstrate some of the problem behaviors associatedwith low self-esteem. These can be interpreted in a similar way to understand the conditions for self-esteem with which the child has inadequate experience.The characteristics and abilities of the child that promote high self-esteem can be pointed out. He or she can then be taught how to use those attributes in areas of low self-esteem as a step toward feeling better where he or she is feeling uncertain. Experiences can be arranged that provide the necessary

The figure shows a broken medicine wheel with text arranged in quadrants. The outer ring reads MODELS, CONNECTIVENESS, POWER, UNIQUENESS. The inner text reads:

Right/wrong confusion; Confused values; Sloppy & messy; not productive; Limited sense of purpose; Anxious; Impulsive; Not caring about life/about learning; May be untruthful; Anxious; Difficulty making decisions; Limited sense of purpose; Few developed strengths

Not liking self; Not know own assets; Little imagination; Rejecting or not accepting of self; Devalues contributions; Embarrassed/Denies recognition OR Seeks recognition by showing off; Destroys group process; Can't do anything "good" (enough); No time for self (martyrdom)

Avoids people; Lacks empathy; Few friends or is ambivalent to friends; Taking not giving; Hurting others; Disrespect to parents &/or heritage; Hurting others; Not saying/feeling 'I'm sorry'; Social/emotional isolation; Disliked by others; Uneasy around adults; Awkward & shy

Bossy; Stubborn; Blaming; Avoids decisions; Helpless; Dependent; Gives up easily; Not responsible; Cries & whines; Frustrated easily; Destructive in competition; Fails to learn from mistakes

1. Behaviors frequently hurt self and others.
2. Life incidents that stop growth erode these parts of the self.
3. Negative incidents affecting one part also affects other parts.

Adapted by Floy Pepper and Steven L. Henry
From Bertha Covington, Independent Educational Consultant
Spokane, WA 1991

Figure 2. Broken Medicine Wheel: Low self-esteem.

conditions of self-esteem. Through positive and appropriate experiences, the child's newly found confidence can be rewarded, resulting in broadened and higher levels of self-esteem.

One cannot mend the broken self-esteem Medicine Wheel without understanding where it is broken. In Figure 2, the broken self-esteem Medicine Wheel shows the many downward paths to despair and hopelessness an individual may take when one has low self-esteem. These are traits or feelings of not feeling belonging or accepted, of feeling inadequate and incompetent, not having a good set of values or goals, not being responsible, not being creative, or not being special. All point to low self-esteem and a feeling that all is not right with the world. A child's behaviors will tend to cluster in areas where the conditions for high self-esteem were not sufficiently experienced. A thoughtful arrangement of experiences can

offer a chance for children to grow in new ways and to improve their sense of efficacy or of self worth.

Conclusion

The child whose circle of life is not intact can be helped to repair that circle. When children are treated with mutual respect and given encouragement in the form of acknowledgment, appreciation, or admiration of their constructive actions and contributions, they begin to bloom. The fundamental sense of connectiveness can be nurtured as they enter their circle from the East. As their illumination grows, their sense of power expands and they can be helped to look to their South for increased warmth and understanding. They can then come to know and accept themselves, to resolve conflicts more constructively, to mature as they face their West. Finally, they can feel whole with knowledge and experience of constructive models provided by caring elders, and on which to build their life as they look to their North and complete their Medicine Wheel. Such growth of self-esteem is like that of the grass on the plains growing slowly, blade by blade, to become a rich and flowing tapestry that contributes to the cycle of life.

Note

[1]Both figures are adapted from Bertha Covington, Independent Educational Consultant, Spokane, WA, 1991.

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Faith Misplaced
Lasting Effects of Abuse in a First Nations Community

Cariboo Tribal Council[1]
University of Guelph

Acknowledgments

When I was young I was captivated by the movie The Wizard of Oz. What most impressed me was the determination of all the characters to face up to the Wicked Witch, even when that course of action seemed (to a five-year-old, anyway) so completely inadvisable. How courageous, I thought, to deal so directly with one's fears.

Years later, after I had outgrown such childish things, I heard of a group of First Nations people in British Columbia who had decided to confront what alcohol and drugs were doing to them, as individuals and as a community. Here again I found admirable resolve, and this time it was not fictitious, but involved a cast of characters I might meet someday. My opportunity came in October 1989, when I traveled to Williams Lake to help work out a community-based survey of psychosocial needs. For unlike fairy tales with happy endings, the removal of the corroded surface of alcohol abuse had revealed even uglier problems underneath. However, undaunted, once again the First Nations people in and around Williams Lake were determined to hit the problem head-on.

From time to time since then it has been my privilege, and the privilege of my associates and students at the University of Guelph, to work with these extraordinary people. The work reported here belongs to the First Nations people of the four Cariboo Tribal Council bands involved, and I hope this presentation is worthy of them.

It is only proper to acknowledge the debt this project owes to Marilyn Napoleon, who early on was responsible for much of the planning and preliminary work. Although she has since moved on to another post, we hope she takes some satisfaction (and credit) for what eventually became of her efforts.

The financial support of the Department of National Health and Welfare and the Department of Indian Affairs and Northern Development was also indispensable, and greatly appreciated. Not only have they supported one of the first formal studies of long-term abuse in an aboriginal community, they have provided the First Nations groups involved with the opportunity to prove the viability of community-based research.

Mention should be made of the assistance lent by the students who frequent the Psychometrics Lab at the University of Guelph, particularly Leanne Tucker, Andrew Taylor, and Brenda Perry, who contributed enormously to the atmosphere of discussion, work, and friendship that made this report possible. I hope no one from Guelph or Williams Lake has been neglected here, but if so, please accept my apologies.

Finally, it may seem inappropriate to single out a co-author, but I know of no other way to give proper credit to Charlene Belleau. However, rather than embarrass her with details, let me just say that after working with her, her organization, and her community, I *do* believe in happy endings again. Onen.

Roland Chrisjohn

Chapter One: Introduction

Background

Across Canada, First Nations groups are engaged in the development of their own approaches to self-government, education, child welfare, and a host of other

areas. A significant part of these developments has involved looking back at the experiences of First Nations peoples under previous systems. This is being done for two related but distinguishable reasons: first, we wish to understand what exposure to these systems has done to First Nations people, both as individuals and as nations; and second, we wish to clarify what it is that we as First Nations people should do to make our revisions appropriate to our various ways of life. Whether formal or informal, statistical or anecdotal, these chronicles serve to perform at least one or the other of these functions for First Nations peoples.

This is a report of the work of four bands within the Cariboo Tribal Council (CTC; Alkali Lake, Canim Lake, Soda Creek, and Williams Lake). These organizations undertook a formal investigation of the historical basis and current dynamics of the functioning of their communities. While there were, of course, a variety of reasons for undertaking the study, an important motive originated in the determination of the communities involved to deal with problems of alcohol abuse. As this issue was being dealt with effectively over a period of more than a decade, other problems, originally obscured by an alcoholic haze, came into sharp focus. Specifically, a long but unspoken tradition of abuse (physical, emotional, and sexual), originating in the treatment of students in residential school, began to be uncovered.

The initial reaction of the non-Indian community, particularly to the descriptions of sexual abuse, was (predictably) widespread disbelief. Experience (e.g., Mount Cashel) has shown a consistent pattern of behavior on the part of authority when faced with such charges: absolute denial of abusive events, minimization of the magnitude of abuses, disavowal of responsibility for the abuses, and derogation of the victims. When applied to First Nations people, this last "damage control" strategy contains the additional element of racism. Since the "Doctrine of Innate Depravity" had served to justify so admirably, and for such a long time, the unjustifiable treatment of First Nations people, there would be every reason for those responsible to hope it could be successfully applied here as well.

For the four bands involved, then, part of the decision to initiate a formal study was to document the nature, extent, and impact of the abuses they had suffered, according to standards not even the non-Indian society could ignore. Since at the same time this research was to serve the purposes of their own progress toward self-determination, it was conceived as being uniquely their own project.

Why Research?
There exist any number of accounts, and a massive bureaucratic literature, documenting personal incidents, organizational practices, and governmental policies in residential schooling. Given this literature, there is relatively little controversy regarding the pernicious nature of residential school and its impact on First Nations communities. It is reasonable to ask, then, why bother with a study at all?

First and foremost, of course, was the rationale given above: the member bands of the Cariboo Tribal Council wished to obtain information about the nature and extent of personal, family, and social problems in their communities, in order to better plan for service delivery. A responsible program of services must be

based upon information, not groundless opinions, and properly conducted research is designed to provide precisely this information.

Formal research can serve a second important function of greatly broadening the scope of the problems being addressed. One factor that has consistently worked against a genuine understanding of the magnitude of the non-Indian assault upon First Nations cultures is trivialization. First Nations people's accounts of their experiences are treated by even sympathetic non-Indians as understandable within a non-Indian frame of reference. For example, an account of severe physical punishment in residential school might elicit, in a non-Indian, the recollection of times when her or his own schooling was less pleasant than it could have been. This point of contact, seized upon as a means of lessening the intercultural distance, increases it instead; for the context of "punishment in school" is implicitly denied, and the role of the context dismissed. A focus on the act of punishment does not recognize: (1) that the children were, by force of law, living apart from parents and community during their schooling; (2) that an alien language, religion, culture, etc., was being imposed forcibly upon the children; (3) that the punishers were not accountable to anyone but their own consciences; or any number of additional factors.

Research, then, can be a response to trivialization. Properly conducted research can document not only the details of individual acts, but also the contexts of these experiences, in such a way that they cannot be misinterpreted or misrepresented.

Finally, research can short-circuit the general bureaucratic tactic of stalling for time. Bringing up the absence of data is a way of justifying doing nothing. For example, confronted with personal accounts of family difficulties in a First Nations community, a common bureaucratic response might be "Well, yes, there does seem to be a problem. But until we know how much of what is needed to make things right, we can't act. More research is needed!" Reading between the lines, we can add "and we're not going to make it easy for you to find out what you need to know." Personal experiences are not somehow more "truthful" when there are numbers attached to them, nor is research likely to uncover information that couldn't be obtained from comprehensive personal narratives. However, when research supplements such sources of information, it makes those experiences or narratives impossible to dismiss as "merely stories."

Origins of the Present Study
The personally and socially painful process of legally resolving some of the charges arising out of the St. Joseph's Residential School incidents (Cariboo Tribal Council, 1991) stimulated action designed to do something about the tension and turmoil brewing in the First Nations communities. One project was undertaken to write a history of St. Joseph's School (Furniss, 1991), documenting the various abuses suffered over so many generations. In another initiative, the possibility of conducting a formal investigation of the psychosocial impact of this history was considered. From the beginning, all parties involved were committed to community ownership of whatever came about, and toward this end,

development of the study proceeded with all deliberate speed. Consultants were brought in as needed to address public meetings, band council sessions, and ad hoc groups on various aspects of physical, emotional, and sexual abuse; on counseling; on prevention programs; on organizing self-help groups; and on a variety of other topics. In October 1989, two people from the University of Guelph met with Tribal Council and community groups on successive days to work through what a formal study of long-term effects would entail. Particular emphasis was given to the task of assuring that the work would be (and be seen to be) a production of First Nations peoples. After this meeting, a research grant proposal was drafted at Guelph and sent to the Research Director of the Cariboo Tribal Council. She substantially enlarged the draft and added details about budget and logistics that were unavailable at Guelph. In March 1990, the grant proposal was submitted in the name of the Cariboo Tribal Council to the Department of National Health and Welfare. The requested amount of money for the research was in excess of $300,000.

It is perhaps of interest to describe in detail exactly why so much money was requested. First, the intention was to comprehensively survey as many members of participating CTC communities as possible, both for scientific reasons and for reasons of public trust: (1) if it came to be believed that only abuse victims were being surveyed, respondents could become stigmatized; (2) participation would provide respondents with first-hand experience of the genuine First Nations community orientation of the entire study; (3) no suitable comparison groups existed in the psychological literature on physical, emotional, and sexual abuse, so respondents not abused could, in principle, act as the comparison; and (4) since it could be anticipated that many might not wish to participate, the most direct way of reducing sampling bias would be to obtain as high a fraction of the total population as possible (Kalton, 1983).

A second purpose of the study as initially proposed was to make the scope of inquiry as broad as possible, by including questions from a large number of areas of interest. As discussed above, the rationale for the inclusion of these questions was to ensure that the individual, family, and community context of the respondents' experiences would be adequately explored and documented.

A major portion of the proposed budget was to go to payment of those being interviewed. Under the original plan, the amount of information requested of them would have been enormous. A minimum of five hours would have been required to complete all interviews and forms, so it was thought only fair to compensate participants.

Another projected expense was mental health services. Legal theory holds that you should never ask a question in court without knowing the answer in advance. A similar principle operates in community psychosocial work: don't ask psychologically delicate questions without being able to respond effectively to the possible consequences. In Williams Lake, there is one psychologist for a surrounding population of more than 10,000. The CTC group determined, therefore, that it would be irresponsible, both to survey respondents and to the existing

mental health services, to raise issues of a sensitive nature without having in place the means to respond in a psychologically appropriate manner. Hence a clinical coordinator position was part of the original proposal. A further complication anticipated was that the interviewers would have to deal on some level with the psychological burden that would be created by daily contact with friends and relatives recounting some of the most painful aspects of their lives. The clinical coordinator would be expected to contribute here, as well.

A third major expense was to be the training of CTC designates in all aspects of the work to be done. Even with a clinical coordinator, direct contact would be made by the interviewers who, at the end of a session, would have to determine whether the questions asked had created psychological difficulties for the respondent. Provision was made, therefore, for prospective interviewers to receive fundamental instruction in the necessary clinical skills. Furthermore, in accord with the community focus of the research, the proposal included plans for data entry and analysis (and the necessary training for these activities) to take place in Williams Lake. The commitment to training would have the further, long-term effect of leaving individuals skilled in these activities in the CTC communities, making the communities less dependent on outsiders should similar projects be desired in the future.

The Study as Implemented

Although the amount requested was modest for what would have been undertaken, the study's approved budget of $75,000 necessitated a major reworking of the original proposal. First and foremost was payment of respondents; as funded, the project could not offer them even token recompense. Further, since the financial incentive was unavailable, and because fewer interviewers would have less time to spend on each interview, the scope of the inquiry was greatly restricted. Fewer people in each community were interviewed, and rather than the comprehensive assessment proposed, questions were limited to the following areas of interest: general demographics, family life history, current and projected use of health and mental health services, current psychological symptomatology, residential or nonresidential school experiences, and (if applicable) experiences of sexual abuse. (Those materials that copyright laws permit us to reproduce are given in Appendix A.)

The clinical coordination was changed from the proposed on-call psychosocial services to contracting out to a psychological consulting agency. Prospective interviewers took the initiative in organizing their own, traditionally oriented sessions to work through the psychological demands of their work. And, finally, the CTC research coordinator began piecing together a network of supplemental financial resources to cover shortfalls in transportation, mailing, and other indispensable tasks. Fortunately, funding was obtained to keep much of the data entry and analysis on site.

In August 1990, three of the associates from the University of Guelph helped direct an orientation to the project for the CTC First Nations people who would

work as interviewers. As well as covering relevant clinical topics, the CTC group completed revisions to the materials to be used and conducted practice interviews.

Interviews with members of the four participating CTC bands began in earnest in October 1990. Although many of the logistic problems had been anticipated, it was impossible to foresee how much of a burden the work would be on all involved. Despite this, information from 187 respondents had been collected as of January 1991. At that point, another associate from the Guelph group traveled to Williams Lake to assist in data entry and file management. In February 1991, data entry and content analysis of the open-ended questions of the survey was the subject of a joint meeting of the Williams Lake and Guelph groups. The data analyses reported here were conducted primarily at the Psychometrics Laboratory at the University of Guelph and at the Cariboo Tribal Council Offices in Williams Lake.

Overview of this Report

The Cariboo Tribal Council and Guelph groups have carried out this research with an eye toward meeting the needs of both the First Nations communities in and around Williams Lake, and the interests of outside communities (aboriginal, scientific, etc.). This report is intended primarily to meet the first obligation rather than the second, although we hope it will be well received elsewhere as well. We have tried to tie together the major findings in narrative fashion, rather than spend a great deal of time with the technical intricacies of how we went about the analyses. We believe that the average reader will be more interested in the specific findings than in an account of the process by which the findings are reached. These more formal aspects will be covered in MA theses (Konczi, 1991; Quigley, 1991) and in a series of reports to be submitted to psychosocial journals; these reports will also be joint productions of the Cariboo Tribal Council and Guelph groups.

The format adopted will be as follows: the most important findings will be addressed in Chapter 2 under the major headings of Residential and Nonresidential School Experiences, The Lasting Effects of Sexual Abuse, and Family Life History. Information of interest that is available under less central headings (for example, Demographics) will be added as necessary.

The data analytic techniques reported here are as simple as possible. At times we have used more complicated methods, but primarily for our own peace of mind, and because they lead to results that differ from those obtained by simpler methods. All these procedures will be spelled out (in excruciating detail) in the more formal publications.

Finally, a comment on our title is in order. This report is not, and was never intended to be, a criminal investigation. Even were we interested in tying together different areas of the inquiry more than we have, the approach taken would have had to have been substantially altered. What we have done serves the purpose of the Cariboo Tribal Council, which is to obtain an informational base for planning the delivery of human services. If some of our results are "dramatic," it is not because we set out to achieve such results.

Consequently, we are pointing fingers at no one. Indeed, it is considered a breach of ethics in this field of research to even ask questions in such a way that criminal actions (on the part of others or on the part of the respondent) could be disclosed. Not only would the researcher be legally required to break confidentiality in such instances, but honest responding on the part of interviewees would be greatly inhibited. Hence no questions are raised about an individual's possible criminal behavior, nor are questions asked of individuals less than 18 years of age. If legal remedy is to be sought concerning any of the events described by our respondents, it is their decision and not ours.

Nevertheless, it is clear to us that the data reported here are only the end point of a long and dreadful chain of events. Such a chain could never have been forged without people placing their trust in others who did not deserve it. Whether through ignorance or fear; through failure to investigate obscure clues or complaints in a thorough manner; through deliberate suppression of facts; or through people in authority simply believing that the "system" under their nominal control was operating as it should; the First Nations people in and around Williams Lake have suffered and are suffering from those in power having failed in their responsibility.

Chapter Two: Principal Findings

Description of Respondents

The interview sample (n=187) was drawn from four Native communities surrounding the Williams Lake area: Alkali Lake (n=65), Canim Lake (n=46), Williams Lake (n=37), and Soda Creek (n=32). Seven individuals did not designate their band. Thirty-seven percent of the respondents were male (n=70) and 63% were female (n=117). Their ages ranged from 19 to 75 years, with an average age of 37 years for the males and 38 years for the females.

In most cases, respondents received a package of questionnaires in the mail and were approached by telephone to set up a time for a face-to-face interview. Any difficulties the respondent might have had with the questionnaires were resolved as well as possible at the beginning of the session. The final portion of the interview dealt with the experience of sexual abuse. Interviewers approached this part of the session with great sensitivity, taking as long as they believed the respondent required to deal with the questions and the feelings the questions elicited.

For all the results that follow, the number of cases changes slightly from analysis to analysis. This is because the interviewer emphasized at all times the voluntary nature of responding, and many individuals simply did not wish to answer some of the questions.

Residential and Nonresidential School Experiences

Many of the survey respondents had attended both residential and nonresidential schools. In these cases, interviewers were instructed to ask which type of schooling respondents believed had most influenced their lives and to classify respon-

dents as former residential or nonresidential school students on their basis of their answer to this question. Of the total sample of 187, 123 responded to either the residential or the nonresidential questionnaire. Because some of the forms were spoiled, 67 respondents (59%) answered the residential school question-naire and 46 (41%) the nonresidential. As we could have anticipated, several dif-ferences were found between the experiences of those who had attended residential schools and those who studied elsewhere, even though many of the features of nonresidential schooling mimicked the residential system. For in-stance, many students had to board away from home during the school year, so that the isolation from family and community characteristic of residential school-ing was present in many instances of nonresidential schooling, as well. In any event, we were interested in what kind of environment the two types of schools afforded for their students—whether the students had opportunities to grow academically, socially, physically, and emotionally.

An environment for learning and growth. In one part of the interview package we asked respondents to estimate, in terms of percentages, what proportion of their school time had been spent on: (1) school instruction and study, (2) religious instruction and participation in religious ceremonies, (3) manual labor or chores, and 4) recreation and free time. As can be seen in Table 1 (see Appendix B), residential school students reported having spent considerably less time receiving school instruction or studying than nonresidential school students. They also had much less recreation and free time, and spent much more time on manual labor and chores. Not surprisingly, residential school students spent a much larger proportion of their school days receiving religious instruction and participating in religious ceremonies. These findings fit in well with the observations of Barman, Hebert, and McCaskill (1986) and Haig-Brown (1988), who comment on the disproportionate amount of time spent on religious training and labor to the detriment of time allotted to learning. They suggest that these policies have worked against students coming from the residential school system by discourag-ing them from pursuing higher education and by leaving them ill prepared for anything but the lowest of jobs.

Six questions focused on the types of recreational activities available to respondents. The differences in average availability of these activities in residen-tial and nonresidential schools were compared using a t-test (for those who are interested in the statistics used throughout this work, a good textbook is Hays, 1988; see also our discussion under "Lasting Effects..." later in this report). As shown in Table 2 (Appendix B), availability of four of the six activities differed significantly between the two systems, such that nonresidential school attendees reported having more school time allotted to games and singing, reading on their own, and private time. Nonresidential students also reported having greater access to school toys and sports equipment.

As with the recreation questions, we found a relative lack of opportunity for self-determination in the academic experience of those attending residential school. When asked whether they were able to select any of their courses, only

14% of the residential school students said yes, as compared to 76% of the nonresidential school students.

Another potentially important aspect of the school experience was whether the schools had adequate space for students. Overall, adults who had attended residential school recalled more often than nonresidential attendees that their school had been overcrowded (chi-square test significant at less than the .05 level). In terms of specific response choices, 30% of former residential students said their school had been very crowded, compared to only 12% of the nonresidential students. Similar percentages of people in the two groups believed that their schools had been somewhat overcrowded (24% of the residential school group and 22% of the nonresidential school group) or that their schools "had lots of room for everyone," (10% and 15%, respectively). More than half of the nonresidential school students reported that their school had just enough room for everyone (51%), while 36% of residential school students chose this response.

Finally, we believed that the disciplinary practices employed at residential and nonresidential schools would help characterize the learning environments encountered by the students. Many personal accounts of residential school relate experiences bordering on (and sometime passing into) the realm of physical torture, such treatment often being rationalized as discipline by those inflicting it.

Table 3 (Appendix B) summarizes our findings. Not all the questions asked are presented in this table, simply because some of the more extreme possibilities (e.g., having hot water thrown on you) were endorsed too infrequently to provide a statistically sound indication of differences. Nevertheless, those differences that did emerge portray residential schools as environments consistently more harsh than nonresidential schools. It is also noteworthy that both physically painful punishment and psychologically injurious tactics were employed; both the mind and the body were the subject of attack in residential school.

It is useful to point out at this time that, to some extent, the differences found should be attributed to "cohort effects," that is, differences that arise simply because school practices change over time. For example, corporal punishment has only recently been phased out in provincial school systems, so younger students would report fewer incidents of physical punishment than older ones. Residential school attendees tend on average to be older than nonresidential attendees (42 years vs. 29 years), so some of the difference is probably due to such time-related changes. However, this cannot be the entire story; residential school for the First Nations people of Williams Lake ended only in the early 1980s, and often (as noted earlier) the transition was to a nonresidential boarding system that was still quite similar to residential schooling. This would still be in many ways a form of residential schooling, but one in which the teachers and supervisors of living quarters were different people, and not members of a religious order. Thus a good part of the findings are still attributable to fundamental differences between religious and public schools.

Social and emotional well-being. We were interested in knowing whether students at either type of school had opportunities for social development. For

instance, when asked about the number of friends they had at school, former residential school students reported that they had fewer friends than did their nonresidential counterparts (chi-square significant at .015; see bottom of Table 4).

We also asked whether there had been "anyone at the school (a priest, nun, teacher, an older student, brother or sister) who showed you special attention, took a special interest in you, or cared about your well-being." People who responded "yes" were given a series of 48 questions about this "special person," asking about several ways the person may have paid special attention to the respondent. Factor analysis of responses to these questions yielded three factors. The first of these three categories, "academic/professional interest in student," included questions such as those asking about whether the person took an interest in what the student was learning in school, smiled at him or her, took the student to museums or libraries, or helped the student with school work. The second factor was labeled "emotional concern," and covered questions about whether this person provided comfort to the student when the student was sad or afraid, took an interest in how the student was feeling, tried to understand how the student saw or felt about things, and so on. The third factor we called "physical affection," because it included items like whether the person hugged or held the student, provided a lot of care and attention, or played games (like "catch" or tickling games) with the student.

Responses to the questions that formed each of these three factors were then subjected to a principal components analysis. This yielded an "object score" for each respondent which could be interpreted as a summary of his/her responses to the questions which made up the factor. The object scores were then correlated with the question of whether the respondent had attended residential or non-residential school.

These correlations showed that nonresidential school students were more likely than residential school students to mention that a "special person" or staff member had taken an interest in their academic progress, or had shown them professional, friendly interest (p<.01). The second and third factors, dealing with emotional and physical affection, did not correlate significantly with the type of school attended.

Perhaps a simpler presentation is given in Table 4 (Appendix B). The first four items listed in this table refer to general feelings of safety and security experienced in school. On all four items, the residential school students reported feeling less secure.

Residential school staff were reported to have kept a closer eye on their charges (monitoring where they were, what they did, and with whom; setting curfews; checking up on them) than nonresidential school staff. Again, this test was run on component scores obtained from the analysis of seven items dealing with school vigilance.

As a simpler index of their subjective experience, respondents were also asked to rate how happy they had been while attending school, on a scale from 1 to 5. The results are given as the fifth item in Table 4. Overall, residential school

students reported having been less happy than nonresidential school students (chi-square test significant at less than .000). In terms of specific responses, only 19% of the former residential students recalled having been happy, compared to 44% of nonresidential school students. About the same percentage of residential and nonresidential respondents chose the neutral option that they had been happy about some things but not happy with others (52% residential, 47% nonresidential). Comparable percentages of residential and nonresidential students also reported that they had been generally unhappy (12% residential, 9% nonresidential). However, 17% of the residential school students reported that they had been very unhappy; none of the nonresidential students chose this response category.

Long-term effects on students. Respondents were asked to rate the impact of their past school experience on 22 aspects of their present life. The scale ranged from "very negative impact" to "very positive impact," with "no impact" between extremes. Principal components analyses yielded three components. The first component, called "relationships with self and others," included items dealing with the respondents' relationships with their children, relatives, spouse, friends, white people, the Native community, as well as their own feelings of self-worth, confidence, and decision making ability. The second component dealt specifically with use of drugs, alcohol, and criminal behavior. The third tapped into the respondents' feelings about their Native culture and their own Native identity. Correlations between the object scores obtained from these items and residential or nonresidential school attendance showed that residential school students judged their school experience to have had a more negative impact on their relationships with others and themselves than did nonresidential school students ($p<.01$ for all correlations). Somewhat surprisingly, residential school students indicated that their school experience had a greater positive influence on their feelings about Native culture and their own Native identity than did nonresidential students ($p<.05$). The residential school experience might serve to explain part of the current interest in rediscovering and developing Native culture presently seen in these communities. The long-standing emphasis within the residential school having been on unlearning Native ways of life (see Cardinal, 1969; Barman, Hebert, & McCaskill, 1986; York, 1990), residential school may have created a backlash of people reasserting their Native identity.

A simpler presentation of these findings is given in Table 5 (Appendix B), which provides an item-by-item list of the differences between the responses of former residential and nonresidential students for each item. (Careful readers will note that residential and nonresidential respondents did not differ significantly on the individual items dealing with Native culture and identity, but they did differ significantly on the principal components analysis reported above. The components analysis is based on the combination of a number of item scores and is thus more reliable than analyses based on single items.)

Of course, the effects of residential schooling cut across generations. In the Family Life section of the questionnaire, respondents were asked whether their own mothers and fathers had attended residential school; comparisons between

those who did and did not have parents with such experiences were made on 10 family life variables, with separate analyses for mothers (see Table 6, Appendix B) and fathers (Table 7 in Appendix B). Respondents' mothers did not differ as a function of whether or not the mothers had attended residential school. This result may attest to either the durability of the mothers (being able to deal with the rigors of residential school), or the uniform bigotry of education for women (the same impact upon women is observed whatever the school system). For fathers, there were few differences, but they were quite telling; in Table 7, respondents with fathers who had attended residential school were more likely to report that their mothers had been beaten by their fathers (the lower mean reflects a greater probability of father abusing mother). Comparing component scores derived from a number of items in the Family Life History Questionnaire, residential school fathers were seen as having had more personal problems, as favoring more severe forms of punishment, as giving their children less general attention, and less affectionate attention, and less supportive communication. Again, residential and nonresidential mothers did not differ with respect to any of these component scores.

Former residential and nonresidential students were compared on a number of socioeconomic indicators, as presented in Table 8 (Appendix B). Because the items in this table are a mixture of nominal, ordinal, and interval variables, the type of significance test adopted differs lightly across entries. The results are straightforward: except for former residential students having had a greater number of marriages/common-law relationships, and having been more likely to change their religion, there were no significant differences between former residential and nonresidential students on these variables. Former nonresidential students did not have better jobs, had not reached a significantly higher level of education, worried just as much as former residential students about money, and so forth.

Finally, in order to gauge whether attending residential or nonresidential school affected psychological well-being, we correlated the type of school attended with a set of components derived from a revised version of the Trauma Symptom Checklist (TSC; described in a later section of this paper). We found that the type of school attended had no significant impact on present psychological health, except for a marginal relation between type of schooling and Anger ($p<.05$).

Summary of findings on school experiences. Many, if not all, of the anecdotal reports about conditions in the residential school system have been borne out by these data. Residential school students were overloaded with activities more appropriate to a correctional institution than a school. The climate, compared to nonresidential schools, could not be considered appropriate for learning, growth, and personal fulfillment. The long-term effects of this treatment seem to have been more psychological in nature than social or economic—in general, intrapersonal differences between students of the two systems were found more frequently than life-outcome differences.

This latter point is extremely significant, but we do not wish to pursue it here. In the final section of the report we will make what we can of the finding that, as psychologically devastating as residential school was, there were very few differences found between former residential and nonresidential school students in the day-to-day particulars of their later lives.

The Lasting Effects of Sexual Abuse

The extent of sexual abuse. As far as we have been able to determine, there exists no reasonable estimate of the extent of childhood sexual abuse for any First Nations sample. The figures often heard (80% to 90%), based at best on surveys of individuals attending sexual abuse seminars, are more likely to be a sampling error than a serious estimate; individuals attending a sexual abuse seminar are as unlikely to be a representative sample of First Nations people as those attending one on hang-gliding.

Since no prejudicial recruitment procedure was followed, and a sizable portion of the adult population participated, the CTC study provides the first practical estimate of the prevalence of childhood sexual abuse in a First Nations community. The final section of the survey was written so as to be as sensitive as possible to the needs of the respondents. The first page of this section consisted of a nontechnical description of what constitutes sexual abuse of children under current Canadian law (Wells, 1990). At the bottom of the page a single question asked whether, with that description in mind, the respondent had had sexual experiences falling within the definition of sexual abuse. The interviewer terminated the session if the respondent answered "no." If "yes" was the answer, the interviewer determined whether the respondent was willing to give additional details about the abuse, emphasizing that the interview could be terminated at any subsequent point. An additional 14 pages of questions followed.

The answer to this first question is of interest here. In our sample, 89 people responded "yes," 38 responded "no," and the remaining 60 declined to answer the question. Thus, depending on how we allocate those who did not respond, we can obtain a lower and an upper bound estimate of the prevalence of sexual abuse. If we limit our attention to those who responded explicitly one way or another, 89 of 127 (70%) were abused as children. However, if we take nonresponse as an indication of "no" (in our experience, a reasonable assumption in a First Nations sample; in addition, we will give empirical reasons for making this assumption later in this report), 89 of 187 (48%) were sexually abused. We believe that these figures provide a reasonable upper and lower limit for the extent of childhood sexual abuse in this population.

Several things should be kept in mind when considering these numbers. First, even the higher figure is much smaller than the unsystematic percentages mentioned earlier. While sizable, the prevalence is nowhere near as great as many believe. Second, while not the 80% or 90% sometimes heard, these are not inconsiderable figures. The Black Death is estimated to have killed at least one third of the population of Europe (McNeill, 1976), but it would be ludicrous to suggest that this was somehow inconsequential. In the CTC study, it should be

clear that even those not specifically victimized will have been touched in some way by this particular "plague." Third, these figures were obtained from a First Nations community known to have had prolonged exposure to institutionally legitimized abusers of children. As such, these figures are likely to define the upper bound of the extent of sexual abuse in any First Nations group. The rate would undoubtedly be much lower (even zero) in communities without such a history.

Finally, if the experience of childhood sexual abuse has similar effects on First Nations people as on non-Indians, the communities surveyed are dealing with social and psychological consequences of unprecedented magnitude. It is toward examining this similarity that we now turn.

Sexual abuse and psychological symptomatology. There is a great deal of research relating the experience of sexual abuse in childhood to subsequent psychological symptomatology (for overviews, see, for example, Wyatt & Powell, 1988; Arlett, Dalziel, Fry, & Acton, 1988; Wachtel, 1988; and Beitchman, Hood, Zucker, daCosta, & Akman, 1988). Again, we know of no hard data specifically concerned with First Nations populations, although there have been periodic calls for this information (e.g., White & Cornely, 1981; Gray & Cosgrove, 1985).

Recently, what admittedly was a diffuse literature (Beitchman et al., 1988) has become more systematic. Briere and Runtz (1988) abstracted from available studies the 24 most frequently cited symptoms associated with childhood sexual abuse and examined whether these symptoms distinguished between clients at a crisis clinic who had or had not been sexually abused as children. Briere and Runtz (1989) extended this list to 33 items, provided statistical evidence for the ability of items to distinguish between abused and nonabused clients in a new sample, and suggested seven new items for use in future studies. In this work we adopted, with minor modification, Briere and Runtz's revised checklist (the Trauma Symptom Checklist; TSC). At the workshop in August 1990, research workers slightly modified the wording of several of the Briere and Runtz items to make them more readily understandable to members of the four bands, and, based upon their own experiences, suggested an additional 10 items they considered would sample more comprehensively psychological symptoms associated with childhood sexual abuse.

Responses to the CTC revision of the TSC were examined in light of reports of childhood experience of sexual abuse. Since only 150 of the survey participants responded to the TSC, the numbers of people in the abused, not abused, and nonresponse categories differ from those reported in the previous section of this report: 77 of those responding to the TSC reported that they were sexually abused as children, 34 reported that they were not sexually abused, and 39 declined to respond.

Our first step was to replicate the approach taken by Briere and Runtz (1989); we performed t-tests between the abused and nonabused groups for each of the 50 symptoms. This statistical technique is used to determine whether the average response to an item for each group should be regarded as two samples from the

same distribution of scores (leading to the decision of *no significant difference between groups*), or as samples from distinct distributions of scores (leading to the decision of *significant differences between groups*). We performed the analysis, first contrasting the 77 abused with the 34 nonabused respondents, and second, contrasting the 77 abused respondents with the (34 + 39) 73 individuals who did not specify that they had been abused in childhood. This second analysis was run to check on our belief that nonrespondents consisted primarily of individuals who had not been abused, so that nonresponse indicated nonabused status, rather than an unwillingness to disclose.

Results of these analyses are presented in Table 9 (Appendix B). It is clear from inspection that combining the declared nonabused with those who did not respond did not alter the pattern of significant differences found in the declared abused vs. declared nonabused comparison, except to find a few more comparisons significant. If the nonrespondents contained a large proportion of abused who did not wish to report it, we would have expected some of the significant differences in column 2 to disappear in column 3. Consequently, we believe it reasonable to assume that nonresponse primarily indicated not having been sexually abused as a child rather than unwillingness to disclose.

Thirty-five of the 50 items differed significantly between the sexually abused and the nonabused + nonresponse group, with the abused individuals uniformly reporting higher degrees of symptomatology. Thus the presence or absence of childhood sexual abuse is associated with a considerable range of psychological symptoms in the CTC sample. When compared with Briere and Runtz's (1989) table of item-level differences between abused and nonabused groups, it is clear there is a difference in the overall pattern of results. This might be taken to indicate that the experience of sexual abuse has different kinds of impact for First Nations and non-First Nations groups. However, it should be recalled that Briere and Runtz's (1989) sample consisted of the clientele of a crisis clinic at time of intake, a group that (because they all were seeking immediate psychological assistance) is not at all comparable to our survey participants. Comparing our mean item responses with those reported in Briere and Runtz (1989), it is clear that average item responses are lower for our group. A more reasonable comparison, then, would be between nonclinical abused and nonabused individuals. Such data, however, are not yet available for the TSC.

We conclude that there is extensive evidence for differences in psychological symptomatology for abused versus nonabused individuals in the CTC sample. However, there are statistical problems with running so many t-tests between the two groups, problems implicitly recognized by Briere and Runtz (1989). To put it as simply as possible, (1) the tests are not independent of one another because the items are correlated; and (2) when many tests are run, some differences will be declared significant simply by chance. Briere and Runtz (1989) address these analytic problems by suggesting five subscales for TSC items; analysis at the level of subscales would reduce the total number of tests run, and make each test more stable, in that mathematically more reliable composites rather than individual

items are analyzed. With more reliable composites, comparisons between our results and Briere and Runtz's (1989) are more justifiable.

In trying to follow this procedure, we found that Briere and Runtz did not provide a rationale for constituting the composites as they did. Further, certain items appeared in more than one composite, building in correlation between subscales when independence would be more desirable. Finally, 17 items (7 of theirs, 10 of our own) were not in the TSC item set analyzed by Briere and Runtz (1989). We therefore developed our own composites, using the technique of factor analysis (see Chrisjohn, Maraun, McDonald, & Harrison, 1991). Using standard methodology, we decided on seven composite scores, as follows:

Sleep Disturbance: items 1, 2, 4, 12, 40, & 41
Sexual Problems: items 22, 23, 42, 43, 44, 45, & 46
Anger: items 16, 21, 30, 32, 48, 49, & 50
Anxiety/Compulsion: items 18, 26, 36, & 38
Depressive Behaviors: items 8, 28, 29, 35, & 47
Suicidal Ideation: items 3, 14, & 20
Depression: items 6, 7, 9, 10, 17, 24, 27, & 39

The numbers refer to our version of the TSC (see Appendix A). Many of our composites are similar to those offered by Briere and Runtz (1989), suggesting overall agreement between our studies. The reliabilities (coefficient alphas) of these composites were .81, .88, .87, .71, .75, .66, and .88, respectively, and are comparable to values for Briere and Runtz's work.

The respondents' scores were then correlated with their abuse status, using a regression procedure. Significant relations were found between abuse and Anger, Sexual Problems, Psychological Depression, and Depressive Behaviors. These findings paralleled almost precisely the findings of the study of the long-term psychological impact of sexual abuse on victims conducted by Wyatt and Powell (1988).

Summary of findings on long-term effects of sexual abuse. The extent of sexual abuse in the First Nations populations in and around Williams Lake is, from our data, not as extreme as some might have believed. However, it is indisputably serious and has had a psychological impact on abuse survivors in a manner not distinguishable from that seen in non-First Nations populations. While people appear to be coping at present, any responsible future thought on the development and provision of social services in this region must attend to this pressing consideration. Careful thought must also be given to the fact that such a serious level of abuse within the community must impact, in any number of invidious ways, on the entire climate. Again, one does not have to be a direct victim to experience the impact of sexual abuse.

Family Life History
There is a great deal of reasonable speculation that much of what First Nations communities have suffered over the years has impacted adversely on family functioning. However, little if any formal research exists to support this position. Because the Cariboo Tribal Council anticipated that different forms of family

support and/or intervention services might be useful, we undertook to examine family strengths and weaknesses. And, because of the strong possibility that family life would differ between the men and women of the four bands, we started with looking at sex differences.

Sex differences in the experience of family life. In order to gauge female-male differences in their family life experiences, we compared (using t-tests) the mean response for each sex to a group of individual items (see Table 10), and to component scores derived from the analysis of separate items sets included in our questionnaires (see Table 11). For the most part, the statistically significant differences between the responses given by men and women could be considered predictable.

One such difference concerned parents' beliefs about the way families should be run. In our analysis, we found that each of the 18 questions asked in the original questionnaire (page 6 of the Family Life History Questionnaire, Appendix A) could be placed into one of two categories: those reflecting a belief in democratic family government and those showing an adherence to authoritarian rule in the family. "Democratic" parents were those described as taking their children's opinions and feelings into account while making decisions or solving problems, believing children have a right to express their opinions and should be encouraged to talk about family rules they feel are unfair. "Authoritarian" parents were those described as believing children should always obey, respect, and revere their parents, and included statements such as "children should be strictly disciplined whenever they misbehave," or "children should never talk back to their parents." We found that women were more likely than men to agree that their fathers believed in running their family democratically ($p < .01$), and less likely to say their father adhered to an authoritarian orientation ($p < .01$). When talking about their mothers, however, men were the ones to say they felt their mothers believed in ruling the family in a democratic fashion ($p < .01$), and that they did not endorse authoritarian beliefs ($p < .01$). This seems to indicate a difference in the way boys and girls were treated in their families. While girls' mothers treated them more strictly, their fathers acted somewhat more deferentially toward them. Males reported the opposite: their mothers showed respect for their views, while their fathers treated them with a heavier hand. This situation seems fairly typical in non-Indian culture, as the parent of the same sex often takes primary responsibility for the child.

Another scale dealing with how children were treated in their families might loosely be labeled "type of attention paid by parents." These 54 questions could be summarized by four sub-groups: supervision; affectionate/physical attention; interest in the child's intellectual growth; and general attention (again, see Table 11). This last group of questions included a range of behaviors, from spending time with the child to providing emotional support, such as listening to the child's worries and fears. Interestingly, in our sample, both parents tended to give more general and affectionate attention to their sons than to their daughters ($p < .01$, except for mothers' affectionate attention, in which $p < .05$). The women inter-

viewed for this study also were less inclined than the men to describe their relationships with either parent or their whole family as very close (p<.01 and p<.05 respectively). Again, this type of bias favoring male children might be considered predictable.

Parents' preferred style of discipline showed somewhat less predictable differences. When the data obtained on discipline used by mothers was analyzed, the original 18-item scale of discipline methods was reduced to three components: physical punishment, verbal punishment, and removal (Table 11). Physical punishment included threats, yelling, hitting, slapping or kicking, beating the child, not explaining why punishment was being meted out, and ignoring the child. Verbal punishment included criticism or ridicule of the child in front of others, name calling, and fault-finding. Removal of privileges or meals, exclusion from family activities, application of curfews, and isolation comprised the third type of discipline used by mothers. In our sample, women reported more often than men that their mothers chose to punish them physically (p<.01) and verbally (p.<01) when they were children. No significant differences related to gender were found in the ways fathers chose to discipline their children.

Sexual abuse and family functioning. We were interested in seeing if any elements of family life were significantly related to whether or not respondents had been sexually abused. For the reasons given in the preceding section, the respondents classified as nonabused in the analyses reported here include both people who did not respond to the question asking whether they had a sexual experience before age 18 and those who answered "no."

Results of t-test comparisons for specific items of the Family Life History Questionnaire are presented in Table 12 (Appendix B), and comparisons for component scores in Table 13. Among findings of note, those who had been abused reported more often than the nonabused that their father had problems with relatives and friends, was tense and nervous, and lacked energy (p<.01). The abused also were less inclined to describe both of their parents as happy, outgoing, and relaxed (p<.01) than were nonabused, and they responded less often that their father was active and respected in the community (p<.05). Conceptually, this makes sense: in families where one or both parents is not socially well adjusted and is personally unhappy, we would expect the environment to afford opportunity for problems to come up with their kids, with abuse as one possibility.

There were significant differences in descriptions of the respondents' parents' relationships as well, depending on whether the respondent was abused or not. Those who had not been abused reported that their parents got along better with each other (p<.01) and loved each other more (p<.05) than did the abused respondents. Those who had been sexually abused as children noted that their mothers had been beaten by their fathers more (p<.01), and that their father had less love for them (p<.01). Those who had not been abused reported that they had felt closer to both their fathers (p<.01) and their mothers (p<.01) while growing up than did the abused respondents.

Those who had been abused perceived that they had been given less emotional support from both their fathers ($p<.05$) and their mothers ($p<.01$) than those who had not been abused. Formerly abused people also recalled that their mothers in particular had given them less supervision ($p<.01$) and less affectionate attention ($p<.01$) than had the mothers of nonabused kids.

People who had been sexually abused as children differed from those who had not in their responses about their parents' approach to discipline. Those who had been abused were more apt to say their parents used physical methods of punishment ($p<.05$, both parents), and that their mothers also favored punishing them verbally ($p<.01$). Finally, people who had been sexually abused as children reported that both of their parents were inconsistent in making rules and applying them ($p<.01$).

Family life history and the types of school attended by parents. Whether attending residential school would have an effect on a person's parenting style or family life was also a question of interest to us. However, ethical constraints prevented us from asking many specific questions about our respondents' present family life. Instead, we chose to ask about the family in which the respondents grew up. These results have already been presented as Tables 6 and 7, and we will review them again here.

We found that whether the respondents' mothers attended a residential or nonresidential school made no difference in the way they were reported to have raised their families. Again, this makes sense if one considers the types of restrictions typically placed on females attending any white school, whether the students lived there or not. In the past, girls were generally limited by the standards of non-Indian society in terms of the behaviors considered acceptable for them and the types of subjects they could take (even nonresidential schools placed an emphasis on girls learning homemaking skills). Sadly, the situation may not have changed much in recent history, either.

The type of school attended by fathers did produce some significant differences. First, the children of fathers who had attended residential school reported more often than the others that their father had beaten their mother at some time ($p<.05$). An even stronger contrast developed with regard to the way fathers treated their children. Those fathers who had attended nonresidential schools were said to have paid more attention both general and affectionate—to their children than those who had attended residential schools ($p<.01$).

A few problems may have affected the types of responses we got to these questions, however. To begin with, we are necessarily relying on distant recollections of past events and people. While it is hard enough to remember details of concrete objects, it is even more difficult to recall the abstract features of people and events. Also, how much bias might exist in the recollections of respondents who attended residential schools is impossible to determine, especially when we recall that they were presumably not present in the home for a good part of the time.

Summary of findings on family life history. The most striking differences we found in responses to family life history variables occurred between respondents who had been sexually abused as children and those who had not. As well, we noted some important distinctions between the responses of males and females. The type of school attended by the respondents' mothers did not seem to affect family life, while respondents whose fathers had attended residential school had somewhat different experiences from those whose fathers had attended non-residential school.

Chapter Three: Conclusions

The findings from the three major areas (School Experiences, Sexual Abuse, and Family Life) have been summarized under their separate headings. Here we will merely repeat the sense of our findings: the First Nations people of the Cariboo Tribal Council have undergone psychologically destructive experiences in schools, in their families, and in their communities. This is obvious by any stan-dard of evidence. The problem is now, what is to be done? Here we will deal with those parts of our findings that bear on planning for future services.

Future Mental Health Needs

In order to understand how best to meet the demands for social services in the responding sample, one portion of the survey asked about satisfaction with ser-vices used previously. Ratings of the need for a range of possible future services were also obtained.

Services used. Respondents in the survey reported using a variety of mental health services to meet their mental health needs (Table 14, Appendix B). What was most striking about these responses was that they indicated reliance on Native and other informal sources of help, rather than on a comprehensive network of professional sources of support. The two most frequently used sources of advice, counseling or therapy, included Native elders and the sweat lodge, but more than a quarter of the respondents also received help and support from other Natives and traditional Medicine persons. Other popular sources of support included doctors, nurses, police officers, hospital emergency room care and self-help groups. Social services, mental health specialists, and drug and alcohol programs were also used with some frequency by respondents, but mental health and family services, crisis centers and hot lines, shelters and psychiatric outpatient clinics were less frequent-ly used. In many ways, these results merely reflect the relative availability or unavailability of different services.

Satisfaction with services. Satisfaction ratings for a number of mental health and support services were obtained using a 5-point scale, with higher scores reflecting greater satisfaction. The average satisfaction ratings obtained from respondents who indicated that they had used these services are presented in Table 15 (Appendix B). By inspection, most services were viewed as being relatively useful. Higher satisfaction ratings were given to sweat lodge experiences, help received from other Natives, services received from drug and alcohol clinics, self-help groups and traditional Medicine persons. Crisis centers, police officers,

priests, psychiatric outpatient clinics located in general hospitals, and community shelters received lower satisfaction ratings.

When we attempted further analyses that would help to identify who was more or less satisfied with the different mental health services we asked about, we found that trauma symptoms (e.g., sleep disturbance, depression, etc.), at least as measured by the Trauma Symptom Checklist (Briere & Runtz, 1989) were generally not associated to any significant degree with reported satisfaction with mental health services. We also found few significant differences in satisfaction with mental health services to exist between: (1) males/females, (2) those who had attended residential schools and those who attended nonresidential schools, and (3) those who reported having been sexually abused in childhood and those who didn't.

No significant differences in satisfaction with mental health services were found between male and female respondents. People who attended residential schools were somewhat more satisfied with help they received from Native elders and traditional Medicine people, hospital emergency room care, and social services assistance than people who attended nonresidential schools (p<.05). People who reported having been sexually abused as children were somewhat less satisfied with help they received from other Natives than were other respondents (p<.05).

Suggestions for a comprehensive community treatment and prevention plan. In Table 16 (Appendix B) we summarize our respondents' suggestions about what kind of mental health services they believed necessary. One of our most interesting findings was that respondents' suggestions for future services had little to do with their previous use of similar services. Respondents' suggestions appeared to be based on their understanding of how these things should work, not necessarily on their experiences of these services. This also suggests that the First Nations people surveyed want services that are more sensitive and responsive to their particular needs.

With regard to forms of counseling assistance (see the top portion of Table 16), respondents strongly endorsed all counseling services that were related to relationship problems and directed toward dealing with specific manifestations of psychological trauma like sexual abuse, alcohol/drug abuse counseling, and counseling for dealing with anger/violence.

Weaker evidence for the specific kinds of psychosocial services that could be included in a comprehensive community mental health services plan was obtained. A majority of the respondents indicated a need for prevention programs for children and their parents. Other services received less consistent support across the respondents (although some emphasis was placed on the need for crisis intervention services).

Summary. These results are not adequate to the task of informing a detailed plan for mental health services. Consideration of the results of this study, review of the adequacy and extent of existing services, and possibilities that exist for additional services, along with community input are all "next steps" needed in

detailing such a plan. However, general themes emerge: a range of specific counseling services are desired, with less emphasis on standard, formal programs. Transformation of the standard approaches, making them more suitable to First Nations people, also seems to be a popular notion.

Medicalization of Traumatic Experience

Portions of this report were released in Vancouver in June 1991, at the First Canadian Conference on Residential Schools. Naturally, there was some interest in our findings concerning the lasting effects of abuses suffered in residential schools, and in subsequent discussions a phrase, *residential school syndrome,* regularly cropped up. A relative newcomer, this phrase is not yet prominent in the vocabularies of First Nations human services workers. Nevertheless, it is important enough to discuss here because of real dangers associated with its use.

Adoption of the word "syndrome" is in imitation of psychiatry and psychology. These disciplines use the word to refer to signs and symptoms that seem to regularly co-occur in specific kinds of psychological disturbance. Thus saying that people are suffering from Residential School Syndrome (RSS) implies some degree of regularity in their behavior and/or character, while appropriating some of the status of the behavioral sciences. Although some might be comfortable with the adoption, we advise against it for three reasons.

First, the RSS characterization is a form of reification, the treatment of a concept as if it were a concrete thing. By reifying residential school experiences, First Nations people are viewed as possessors of more or less of latent (hidden) causative factors. This may sound harmless, but it should also sound clumsy—as human beings are we really describable as unseen packages of forces driving our bodies in and out of various activities? The scientific and philosophical foundation for such a model of behavior has long been, and continues to be, the subject of a great deal of debate, particularly in psychiatry and psychology (Szasz, 1987). In our opinion, those who reject such a picture are, quite properly, winning (people wanting to evaluate this debate on their own may contact us for readings on both sides of the issue).

The rejection of reification provides the grounds for the second reason RSS should not be adopted: it simply isn't true that people who attended residential school are distinguishable in the long term from those who did not. As mentioned in Chapter 2, attendance at residential school was not an either-or experience. Many of our respondents (and First Nations people elsewhere) did some of both, and many of the nonresidential respondents underwent the same isolation from friends, family, and culture that residential students experienced. It is also more than slightly ridiculous to maintain, as those favoring the syndrome must, that personal, first-hand experience is required in order to have been affected by residential schooling. A moving refutation of this notion was provided at the conference by Chief Sellars, who spoke of how the relations between her, her brother, and her family were tragically and irrevocably altered by her brother's experience in residential school. Residential schooling should be thought of more as a nuclear explosion, with the blast damaging some more directly than others,

but with fallout and nuclear winter affecting everyone. A disease metaphor (i.e., you either have it or you don't, and those who do may have it more or less intensely) fails to capture the complexity of what has happened in First Nations communities, while at the same time denying or demeaning the experience of many who have suffered.

Third, reification of RSS sidetracks all interested parties in a variety of confusing ways, disabling those who are supposed to be suffering from RSS, and exonerating those who are responsible for the mess. Starting simply, suppose you are helping people address personal problems in their lives, and you find out they attended residential school. If you subscribe to reification of RSS, their supposed possession of RSS "causes" them (in your view) to behave in the unproductive or destructive ways you are trying to remedy, much as the possession of a cold makes you sneeze, cough, and feel lousy. Just as you don't hold a person with a cold responsible for displaying cold symptoms, your tendency is to regard a "person with RSS" as not responsible for displaying any of the supposed RSS symptoms.

This enterprise soon gathers momentum. The people who went to residential school are told that they suffer from RSS, and indeed that "their problems" arise from it. Not only does this release them from taking personal responsibility for their actions (e.g., "I beat my wife because I am suffering from RSS"), everyone, therapist and client included, collude in identifying the client as the source of the problem. True, the client is held to be somewhat blameless (curiously enough, even as he is being blamed), but interest has now been focused on residential schooling as the problem of specific individuals.

This move plays into the hands of the governmental and religious officials responsible for having devised, implemented, and maintained residential schooling. With everyone talking about people suffering from Residential School Syndrome, no one addresses the genocidal nature of residential schooling, the immorality of forced religious indoctrination, or the arrogance and paternalism that permeated the system. (Indeed, if these topics did come up, people might start considering the extent to which these features describe systems in place today.) Such a diversion is so useful that, however intentionally, today's officials are willing to nourish this fiction to a considerable degree. Nominal funds are available for therapeutic rehabilitation of victims. Institutional perpetrators of offenses (be they priests, teachers, administrators, or what have you) are passed off as aberrant individuals who do not reflect the basic "good-heartedness" that motivated the organization. And even more insidiously, since there are no residential schools in the old sense anymore, abuses are "all in the past" and no present systemic changes are necessary.

At every turn reification serves to blame some victims, deny the experiences of other victims, look past the enormity of what one society did to other societies, and close off avenues to a clearer understanding of what it all means. We cannot urge more strongly that the notion of Residential School Syndrome be consigned without ceremony to the rubbish bin.

The Social and the Political

One finding that seemed curious was that there were no apparent differences between people attending residential and nonresidential school on a number of life outcome variables. One would have expected that people from a school system (1) spending more time on academic matters, (2) being more supportive of the emotional and physical needs of the students, and (3) being a more congenial place to work would have had certain advantages. Such people might be thought, for example, to have obtained a higher overall level of education, or to have achieved better, more secure jobs. Further, given the overall importance of work to functioning in the family and community, such individuals should differ in obvious ways from people coming through a system so thoroughly, negatively different. Why didn't they?

In making sense of these findings, we are reminded of Garcia's story (a true story, by the way) of how the mayor and city councillors for Sacramento, California had all flunked a sixth-grade mathematics test. The only councillor who passed did so by cheating and using an abacus. Garcia's explanation of the importance of this story is relevant here. According to him, we are drawing the wrong conclusion if we believe Sacramento is saddled with a bunch of mental lightweights running the city. Instead, we should conclude that being an effective city politician does not require a working knowledge of sixth-grade math.

Expanding his interpretation, he argued that it is very likely that all the politicians had passed math back in the sixth grade. Indeed, if they had not, it is quite possible that they never would have made it to their current station in life, for the system might well have streamed them off into classes for "slow learners," or whatever the jargon was at that time. Here, Garcia pointed out, was a perfect example of education acting as a social control, rather than as a vehicle for equal opportunity. Literally hundreds of us might not be able to pass sixth-grade math, but if we give evidence of it at the wrong time, we are stigmatized forever, in spite of the demonstrable irrelevance of the test to what it is we hope to become.

What does this have to do with Williams Lake? We believe that serious consideration should be given to the social control function of the education experienced by First Nations people from the four bands, regardless of whether they attended residential or nonresidential school. In an absolute sense, things are not "rosy" for any First Nations person in our sample, whether or not she or he went to residential school, was sexually abused, or grew up in a troubled, fragmented family. The fact that psychological variables were the ones showing most of the significant differences between people of various experiences suggests further that we (both respondents and social scientists) have accepted individually focused explanations for what are social problems. For instance, why did we not ask about the climate of prejudice and racism (obvious in the structure of the school systems, but unaddressed with respect to the rest of the Native-white interactions in the region)? Strongly associated with a focus on individual explanations for a problem is the old trick of blaming the victim.

What we are suggesting here is that what we are seeing in our data is a long history of discrimination, oppression, and prejudice, and that this history is substantially covered up by all parties (victims included) tacitly agreeing that it is a personal, internal problem. The British Columbia judge who recently, in ruling against the Gitksan Wet'suwet'en land claim, stated that Indians' problems would not be solved by political means, was expressing this proposition with ruthless clarity. Clear he might have been; right he was not.

Where Do We Go From Here?

Treatment. Our remarks about reification should not be taken as disapproving of providing services for victims of physical, sexual, or emotional abuse, wherever it was received. It is beyond doubt that the First Nations people who are suffering the psychological fallout from this many-faceted assault on their ways of life may desire help, and cannot be abandoned. We do believe that individual treatment should not blame the victim, and that it is not the entirety of what should constitute remediation. Even so, before there is a wholesale rush to Western-style psychotherapeutic counseling, there are some points we believe First Nations peoples should keep in mind.

For instance, existing therapeutic interventions have been developed by and large by psychiatrists or psychologists who know only vaguely of the experiences of First Nations people. Even were there a body of First Nations mental health professionals at hand, there would be no guarantee they would have equal insight into the characteristics of all First Nations groups seeking their assistance. In other words, no one is more expert than First Nations communities themselves in what their situation requires. Outsiders, whatever their hue, are ancillary to the programs developed within First Nations communities. Mental health professionals claiming to know better than communities (or unwilling to work collaboratively with community members) are professing an expertise they do not have.

A factor working against First Nations communities developing their own programs is their very understandable hesitancy in working in areas beyond their formal training. There are certainly areas in which professionals from the outside are more knowledgeable than community officials, and vice versa. Lack of collaborative experiences between First Nations people and outside professionals appears to be the problem here, but it is a problem all interested parties should be able to overcome in the near future.

A long-term strategy for integrating professional and community approaches could involve professional training of First Nations community members. In this regard the bands constituting the Cariboo Tribal Council could be singularly fortunate, in that the fledgling University of Northern British Columbia might be amenable to the development of suitable programs. This possibility deserves most serious consideration.

More research? A question that often came up at the Vancouver conference on residential schools was whether additional research was necessary. Our answer was a forthright "Well, yes and no." What we mean by this is that there seems to be little point in repeating in additional First Nations communities the work the

Cariboo Tribal Council and the Guelph Group have done and reported here. Communities would doubtless vary in the degree of impact residential schooling had, in the prevalence of sexual abuse, and in the psychosocial health of the family and community. However, we could expect that the general form and direction of relations between experiences, outcomes, and symptoms would be largely similar regardless of where the study was repeated. We grant the limitations of our own study (see Chapter 1), and, yes, it would be nice to answer some of the questions we had to put on hold. Crossing those "t's" and dotting those "i's" would, however, be expensive (in time, money, and effort), and we believe scarce resources would be better invested in undoing the harm rather than in obtaining a more precise index of its extent.

Where research *is* indicated is in the evaluation of community-based programs. Such programs would of necessity be eclectic, and all parties with a serious intention of redressing past and present wrongs should accept the importance of sorting out what helps from what doesn't. In short, we do not believe that there can be any serious doubt of the fact that the various experiences examined here have significant long-term effects. It is no longer possible to stall for time.

Final remarks. Our comments bear on the direction of therapeutic remediation, and not legal restitution that should be pursued. Whatever help can be mustered (psychological, social, or what have you) must be made available with all speed, and in a form that will succeed (as far as possible) in undoing the damage. However, we believe that a comprehensive "cure" is likely to require a thorough understanding of the political and social forces that shaped the assault originally. It is time to act.

Note

[1]The following is a list of all participants.

The Guelph Group	*The Cariboo Tribal Council Group*
Roland Chrisjohn	Charlene Belleau—Research Coordinator, CTC
Dana Harrison	Ellen Gilbert—Elder Researcher, CTC
Kathleen Quigley	Denise Archie—Canim Lake Band
Sherri Young	Francis Johnson—Alkali Lake Band
Pamela Brett	Elaine Sellars—Soda Creek Band
Anita Konczi	Lorna Wycott—Williams Lake Band
Lisa Bursey	Irene Johnson—data entry assistant, Alkali Lake Band
Lisa Steckly	Sharon Bob—data entry assistant, CTC
Marcia Mrochuk	
Shelagh Towson	
Janette Watt	
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The Cariboo Tribal Council Chiefs

William Chelsea, Alkali Lake
Gabriel Christopher, Canim Lake
Rick Gilbert, Williams Lake
Bev Sellars, Soda Creek

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Appendix A: Measures

Before answering any Question, it is important that you understand the rights you have as a voluntary research participant. Please read the following carefully.

Rights of Research participant

1. The right to know the purpose and nature of the study

This questionnaire package includes a description of why the Cariboo Tribal Council is running this study and how the information gathered will be used for the benefit of the Indian bands in this area. Please read this information carefully and contact your local researchers if you have any questions.

You are asked to complete the questionnaires to the best of your ability. You will be contacted by a member of your band who has been specially trained to interview you in order to complete the study. If you find any of the written materials difficult or have problems answering any questions, you may ask for help from the researcher at that time.

2. The right to confidentiality

Some of the questions you will be asked will be quite personal. The people interviewing you will respect your privacy in the way they record and store the information you give them. Nothing you say or write will have your name recorded with it; all information will be stored under lock and key and handled only by members of your bands and those hired by them to help in the data analysis. You can be assured that no one will be talking about you personally unless you wish them to do so.

You must know, however, that if you tell them about any present situation in which someone is being harmed (for example, you talk about a case of abuse that is happening right now) they are required by law to report that situation to the authorities. THE PURPOSE OF THIS STUDY IS NOT TO INVESTIGATE CURRENT ABUSE. PLEASE DO NOT TALK ABOUT THIS IN YOUR INTERVIEW UNLESS YOU WANT THE INCIDENT REPORTED.

3. The right to decline or discontinue participation

As the pages outlining the purpose of the study have explained, this study could be very important to the people of your band. In order for it to be really useful, though, the questionnaires and interviews should be completed by as many people as possible. That is why you and everyone else in your band have been asked to complete this package. Still, you should know that you have the right NOT to participate in the study or to stop your participation at any time if you do not wish to complete it. We would ask that you tell one of the interviewers from your band about your decision. You can expect that your wish to decline will be respected and that there will be no direct penalty to you for not completing the study.

It is also important to note that you may request a different interviewer if you would not be comfortable talking to the one who first contacts you. Again, there will be no problem if you feel it is best for you to talk to someone else.

4. The right to access to the results of the study

When the study is complete and the results have been analyzed and written into a report, you will have access to that report through your band office and the Cariboo Tribal Council office. If you have any Question regarding the analysis or feel there is any important information that has been left out, you will be able to contact Roland Chrisjohn or Kathy Quigley at (519) 824-4120, extension 6411.

Appendix B: Tables

Table 1. *Percent Time Spent in School Activities*
Residential vs. Nonresidential Students

Variable	n	Residential Mean	Std. Dev.	n	Nonresidential Mean	Std. Dev.	p<
School instruction and study	67	42.01	17.41	46	63.20	20.81	.000
Religious instruction and ceremonies	67	28.73	15.63	46	7.09	9.64	.000
Manual labor or chores	67	16.72	11.63	46	6.67	8.26	.000
Recreation and free time	67	11.79	7.47	46	23.04	14.18	.000

Table 2. *Recreation in Residential and Nonresidential Schools*

Variable	n	Residential Mean	Std. Dev.	n	Nonresidential Mean	Std. Dev.	p<
Child allowed to play games and sing songs with other children	83	3.19	0.88	52	3.83	1.15	.000
Children went swimming or had picnics outdoors	84	3.01	0.80	51	2.84	0.97	NS
Children had time to read books on their own	83	2.53	1.13	52	3.46	1.08	.000
Children had toys and sports equipment to play with	83	2.71	1.23	52	3.58	1.35	.000
Children were allowed to go fishing or hunting	84	2.05	1.04	49	1.92	1.29	NS
Children allowed to be alone and spend time on own	84	2.11	1.02	51	3.35	1.26	.000

Table 3. *Comparison of Disciplinary Practice in Residential*
and Nonresidential Schools

Variable	n	Residential Mean	Std. Dev.	n	Nonresidential Mean	Std. Dev.	p<
Remove privileges, set curfews, exclude child from activities	78	3.58	1.11	52	2.73	1.20	.000
Ignore child	78	2.73	1.47	51	1.90	1.01	.001
Find fault in everything child did	80	3.11	1.38	49	2.04	1.21	.000
Threaten to hit child	80	3.04	1.35	51	1.75	1.25	.000
Yell at child	81	3.64	1.17	51	2.73	1.19	.000
Tell others what child did/ridicule in front of others	81	3.40	1.42	50	2.04	1.31	.000
Hit, slap, or kick child	80	2.85	1.30	51	1.71	1.22	.000
Severely beat child	81	2.00	1.32	50	1.24	0.69	.000
Criticize child in front of others	82	3.22	1.47	51	2.04	1.22	.000
Call child names	81	2.98	1.45	51	1.75	1.16	.000

Table 4. *Emotional Well-being in Residential and Nonresidential Schools*

Variable		Residential				Nonresidential		
	n	Mean	Std. Dev.		n	Mean	Std. Dev.	p<
Child felt priests/nuns/teachers would take care of him/her and ensure nothing bad would happen to him/her	81	2.33	1.20		42	3.10	1.45	.005
Child felt priest/nuns/teachers would watch out for him/her and make sure no one treated him/her badly	82	2.18	1.18		42	2.98	1.26	.001
Child felt safe	80	2.51	1.16		42	3.33	1.18	.000
Child felt priests/nuns/teachers cared about him/her	82	2.26	1.05		42	3.17	1.21	.000
Was the respondent generally happy/unhappy at school	81	3.26	1.01		50	2.52	0.86	.000
Did respondent have many/few friends at school	83	2.17	1.08		53	1.70	1.09	.015

Table 5. *Impact of Residential and Nonresidential School Experience on Life Adjustment Variables*

Variable		Residential				Nonresidential		
	n	Mean	Std. Dev.		n	Mean	Std. Dev.	p<
Feelings about sex	79	2.32	1.02		52	3.13	0.79	.000
Sexual behavior	79	2.42	1.09		50	3.00	0.81	.002
Relationhip with partner	60	2.70	1.17		29	3.17	0.93	.043
Relationship with children	67	2.96	1.26		32	3.69	0.97	.002
Ability to be a good parent	72	2.83	1.31		37	3.43	0.99	.009
Relationship with relatives	80	2.69	1.24		51	3.39	1.06	.001
Relationhips with friends	80	3.03	1.20		51	3.53	0.90	.011
Self-worth	81	2.74	1.30		51	3.10	1.12	NS
Confidence	81	2.67	1.28		51	3.14	1.18	.033
Ability to make decisions	81	2.65	1.34		51	3.37	1.02	.001
Ability to deal with authority	78	2.68	1.38		51	3.18	1.16	.030
Physical health	78	2.94	1.13		51	3.53	0.90	.001
Feelings about white people	79	2.82	1.15		51	3.33	1.03	.010
Feelings about the school's religion	80	2.61	1.25		51	2.96	1.00	NS
Feelings about Native religion	77	3.42	1.21		49	3.24	0.90	NS
Feelings about being a Native	76	3.47	1.38		51	3.47	1.14	NS
Appreciation of Native culture/religion/ceremonies	80	3.34	1.37		51	3.41	1.00	NS
Interaction in Native community	79	3.11	1.30		50	3.58	0.95	.030
Use of alcohol	78	2.04	1.12		50	2.64	1.03	.002
Use of drugs	75	2.28	1.05		51	2.57	0.88	NS
Criminal behavior	76	2.41	1.00		51	2.65	0.84	NS
Employment	79	3.22	1.22		51	3.47	1.03	NS
Education	78	2.81	1.24		51	3.67	1.11	.000

Table 6. *Respondents' Mother' Schooling (Residential and Nonresidential) and Family Life*

Variable	n	Mother Attended Residential School		n	Mother Attended Nonresidential School		p<
		Mean	Std. Dev.		Mean	Std. Dev.	
Whether parents got along	79	2.91	1.09	68	2.68	1.03	NS
Parents loved each other	78	1.88	0.93	67	1.78	0.78	NS
Parents' attitude toward sex	86	3.00	1.15	78	3.01	1.23	NS
Frequency of father beating mother	84	1.20	0.40	69	1.32	0.47	NS
Closeness to mother	87	2.37	1.34	80	2.15	1.38	NS
Belief that mother loved child	88	1.49	0.61	75	1.41	0.68	NS
Closeness of family	90	2.22	1.06	78	2.19	1.19	NS
Respondent's closeness with spouse	63	2.13	1.06	54	2.31	1.18	NS
Respondent's closeness with own children	72	1.43	0.62	65	1.54	0.89	NS
Respondent's belief that parents were good examples	84	1.88	0.80	76	1.87	0.05	NS

Table 7. *Respondents' Fathers' Schooling (Residential and Nonresidential) and Family Life*

Variable	n	Father Attended Residential School		n	Father Attended Nonresidential School		p<
		Mean	Std. Dev.		Mean	Std. Dev.	
Whether parents got along	61	3.00	1.07	86	2.66	1.05	NS
Parents loved each other	64	1.92	0.95	81	1.77	0.78	NS
Parents' attitude toward sex	66	3.18	1.16	98	2.89	1.19	NS
Frequency of father beating mother	68	1.16	0.37	85	1.33	0.47	.018
Closeness to father	69	2.75	1.47	99	2.64	1.50	NS
Belief that father loved child	66	1.65	0.67	92	1.64	0.75	NS
Closeness of family	69	2.36	1.14	99	2.10	1.09	NS
Respondent's closeness with spouse	47	2.06	1.07	70	2.31	1.14	NS
Respondent's closeness with own children	56	1.50	0.74	81	1.47	0.78	NS
Respondent's belief that parents were good examples	66	2.00	0.86	94	1.79	0.70	NS

Table 8. *Impact of Residential and Nonresidential School on Social Variables*

Variable	Significance of Residential/Nonresidential Comparison
Change of religion	.012*
Being sexually abused	NS
Higher education	NS
Current employment status	NS
Chance of getting ahead in job	NS
How often worry about money	NS
Number of friends	NS
Age of marriage or first common-law relation	NS
Time with present partner	NS
Number of times married/common-law	.017*
Parental death/separation/divorce	NS
Belief that parents were good examples	NS

* significant difference between residential and nonresidential respondents

Table 9. *Means and Standard Deviations of Responses to Revised TSC Items*

	Abused (n=77)		Nonabused (n=34)		Non&NR (n=73)		Sig. Diffs. Absd vs Non	Absd vs Non&NR
	X	SD	X	SD	X	SD		
Insomnia	1.32	.95	.91	.93	1.01	.96	*	*
Restless sleep	1.30	.84	.94	.69	.99	.75	*	*
Nightmares	.87	.77	.74	.83	.62	.79		**
Waking up early	1.03	.97	.85	.66	1.01	.81		
Weight loss	.47	.77	.29	.68	.29	.56		
Isolation	1.34	.88	.79	.69	.79	.78	*	*
Loneliness	1.61	.93	1.03	.67	1.01	.81	*	*
Low sex drive	.94	.88	.47	.51	.56	.62	*	*
Sadness	1.58	.91	1.12	.73	1.12	.83	*	*
Flashbacks	1.42	.94	1.18	.80	1.01	.81		**
Spacing out	1.49	1.01	.88	.88	.89	.89	*	*
Headaches	1.00	.84	.88	.81	.97	.87		
Stomach problems	.79	.91	.68	.59	.68	.78		
Uncontrollable crying	.77	.81	.41	.56	.49	.71	*	*
Anxiety attacks	.90	.87	.76	.89	.77	.91		
Temper problems	1.43	.92	.94	.78	.93	.79	*	*
Getting along with others	.97	.74	.74	.57	.66	.65		**
Dizziness	.45	.60	.50	.62	.44	.55		
Passing out	.13	.38	.12	.33	.08	.28		
Desire to hurt self	.49	.72	.35	.49	.36	.67		
Desire to hurt others	.66	.77	.56	.61	.47	.58		
Sexual problems	.82	.81	.35	.65	.33	.65	*	*
Sexual overactivity	.51	.75	.21	.48	.23	.51	*	*
Fear of men	.95	.87	.47	.83	.49	.80	*	*
Fear of women	.70	.80	.53	.83	.45	.73		**
Over-frequent washing	.45	.75	.35	.69	.30	.62		
Feel inferior	1.06	.83	.68	.59	.56	.65	*	*
Weight gain	.94	.94	.76	.78	.64	.73		**

Table 9 (continued)

	Abused (n=77)		Nonabused (n=34)		Non&NR (n=73)		Sig. Diffs. Absd vs Non		Absd vs Non&NR	
	X		SD		X		SD	X	SD	
Sleeping too much	.82	.96	.74	.71	.62	.76				
Angry for no reason	1.26	.99	.82	.76	.82	.73	*		*	
Fear of falling asleep	.45	.68	.53	.75	.42	.71				
Tired all the time	1.18	.85	.85	.78	.84	.83	*		*	
Feelings of guilt	1.25	.88	.85	.74	.93	.84	*		*	
Feeling things are unreal	1.00	.87	.76	.85	.63	.77			**	
Memory problems	1.21	1.07	.91	79	.92	.86				
Feel not always in body	.57	.75	.35	.54	.33	.60			**	
Feel tense all the time	1.27	.85	.88	.64	.88	.83	*		*	
Trouble breathing	.61	.76	.32	.64	.38	.64	*		*	
Fear of being alone	1.04	.92	.91	.90	.86	.90				
Not rested in the morning	1.27	.85	.82	.63	.92	.85	*		*	
Wake up mid. night	1.26	.82	.82	.63	.97	.80	*		*	
Unsatisfied with sex life	.99	.87	.59	.82	.58	.80	*		*	
Not enjoying sex	.81	.76	.68	.81	.59	.72				
Bad thoughts during sex	.74	.71	.41	.56	.36	.59	*		*	
Confused re sexual feelings	.84	.78	.56	.66	.52	.65			**	
Inapprop. sexual feelings	.78	.82	.50	.66	.47	.67			**	
Spacing out during sex	.58	.75	.35	.69	.33	.69			**	
Greater need to control	1.56	.92	1.18	.94	1.00	.90	*		*	
Feel loss of control	1.36	.90	.91	.90	.79	.87	*		*	
Use anger to get way	1.35	.97	.85	.82	.85	.83	*		*	

Note: NR denotes nonresponse to the sexual abuse item.
*   sig. at $p < .05$; ** sig. at $p < .01$.

Table 10. *Comparison of Male/Female Experience of Family Life*

Variable	Males			Females			p<
	n	Mean	Std. Dev.	n	Mean	Std. Dev.	
Parents/guardians got along	60	2.60	1.03	87	2.94	1.07	NS
Parents/guardians loved each other	55	1.75	0.73	90	1.89	0.93	NS
Parents'/guardians' attitude toward sex	62	3.08	1.14	102	2.96	1.22	NS
Mother ever beaten by father	59	1.25	0.44	94	1.26	0.44	NS
Closeness father	62	2.32	1.36	106	2.90	1.52	.013
Closeness to mother	62	1.89	1.15	105	2.49	1.43	.003
Belief father loved respondent	62	1.65	0.68	96	1.65	0.74	NS
Belief mother loved respondent	62	1.37	0.55	101	1.51	0.69	NS
Closeness of family	63	1.98	1.02	105	2.34	1.15	.038
Respondent's closeness with spouse	41	2.34	1.02	76	2.14	1.16	NS
Respondent's closeness with children	42	1.55	0.92	95	1.45	0.68	NS
Respondent believes parents/guardians good examples	57	1.84	0.77	103	1.89	0.78	NS

Table 11. *Male/Female Experiences of Family Life:
Differences Between Component Scores*

Variables	Significance of Mean Differences
Personal problems—father	NS
Father's traditional indian leadership	.027*
Father's friendliness	NS
Personal problem—mother	NS
Respect for mother in community	NS
Mother—friendly/traditional	.018*
Father's frequency of general punishment	NS
Father's use of unusual punishment	NS
Mother's use of physical punishment	.000***
Mother's frequency of verbal punishment	NS
Mother's use of removal as discipline	.002**
Democratic ruling—father	.003**
Strict, strong, immediate punishment—father	.004**
Democratic ruling—mother	.000***
Strict, strong, immediate punishment—mother	.013*
Consistency of punishment—father	NS
Consistency of punishment—mother	NS
Supervision—father	.004**
General attention—father	NS
Affection/attention—father	NS
Communication and support—father	.012*
Supervision—mother	.015*
General attention—mother	NS
Affection/attention—mother	NS
Communication and support—mother	.024***

*** extremely significant difference between residential and nonresidential respondents
** triangle significant difference between residential and nonresidential respondent
* significant difference between residential and nonresidential respondent

Table 12. *Comparison of Sexually Abused and Nonabused Respondents' Experiences
of Family Life*

Variable	Sexually Abused			Nonabused			$p<$
	n	Mean	Std. Dev.	n	Mean	Std. Dev.	
Parents/guardians got along	68	3.15	1.10	79	2.51	0.95	.000
Parents/guardians loved each other	72	1.99	0.88	73	1.68	0.81	.034
Parents'/guardians attitude toward sex	80	2.98	1.26	84	3.04	1.11	NS
Mother ever beaten by father	78	1.14	0.35	75	1.37	0.49	.001
Closeness to father	84	3.04	1.45	84	2.33	1.44	.002
Closeness to mother	84	2.48	1.29	83	2.05	1.41	.042
Belief father loved respondent	78	1.74	0.69	80	1.55	0.73	NS
Belief mother loved respondent	81	1.48	0.53	82	1.43	0.81	NS
Closeness of family	84	2.40	1.13	84	2.01	1.07	.022
Respondent's closeness with spouse	60	2.32	1.23	57	2.11	1.10	NS
Respondent's closeness with children	67	1.49	0.75	70	1.47	0.78	NS
Respondent believes parents/guardians good examples	78	2.01	0.78	82	1.74	0.75	.028

Table 13. *Component Score Differences Between Sexually Abused and Nonabused Repondents Experience of Family Life*

Variable	Significance of Mean Difference
Personal problems—father	.000***
Father's traditional indian leadership	.002**
Father's friendliness	.015*
Personal problem—mother	.000***
Respect for mother in community	NS
Mother—friendly/traditional	.003**
Father's frequency of general punishment	.017*
Father's use of unusual punishment	NS
Mother's use of physical punishment	.047*
Mother's frequency of verbal punishment	NS
Mother's use of removal as discipline	.008**
Democratic ruling—father	.027*
Strict, strong, immediate punishment—father	NS
Democratic ruling—mother	NS
Strict, strong, immediate punishment—mother	NS
Consistency of punishment—father	.006**
Consistency of punishment—mother	.024*
Supervision—father	.000***
General attention—father	NS
Affection/attention—father	NS
Communication and support—father	.001***
Supervision—mother	.000***
General attention—mother	.018*
Affection/attention—mother	NS
Communication and support—mother	.001***

***   extremely significant difference between sexually abused and nonabused respondents
**   strongly significant difference between sexually abused and nonabused repondent
*   significant difference between sexually abused and nonabused respondents
Note: People not sexually abused as children reported having a better family life than those who had been sexually abused.

Table 14. *Mean Percentage of Respondents Using Various Mental Health Services*

Source of Mental Health Service	Mean Percentages
Native elders	45.4%
Sweat lodge	41.2%
Medical doctor	39.0%
Self-help group	37.4%
Mental health specialists	36.4%
Other natives	35.3%
Social services	33.1%
Drug or alcohol clinic	31.5%
Traditional medicine person	28.9%
Hospital emergency room	28.3%
Priest	27.3%
Police officer	26.2%
Nurse	25.1%
Family services	16.6%

Table 14 (continued)

Source of Mental Health Service	Mean Percentages
Crisis center	15.5%
Mental health center	14.4%
Shelter	9.6%
Pychiatric outpatient clinic in a general hospital	8.0%
Telephone hotline	8.0%
Outpatient clinic in a psychiatric hospital	7.5%

Table 15. *Average Satisfaction Ratings-with Mental Health Services*

Sources of Mental Health Services	Mean
Sweat lodge	4.2
Other Natives	3.8
Drug or alcohol clinic	3.8
Self-help groups	3.8
Traditional medicine person	3.6
Native elders	3.4
Medical doctor	3.4
Nurse	3.4
Outpatient clinic in a psychiatric hospital	3.4
Mental health specialist	3.3
Hospital emergency room	3.3
Telephone hotline	3.3
Mental health center	3.1
Family services	3.1
Social services	3.1
Crisis center	3.1
Police officer	2.9
Priest	2.9
Psychiatric outpatient clinic in a general hospital	2.9
Shelter	2.8

Table 16. *Proportion of Respondent Endorsement of Various Projected Mental Health Service*

Form of Counseling Assistance	Proportion Endorsing
Counseling for alcohol/drug abuse	89.1%
Past sexual abuse counselling	87.7%
Counseling for dealing with anger/violence	85.7%
Family counseling	83.7%
Counseling for relationship problems	83.0%
Marital counseling	78.9%
Parenting courses	76.8%
Sex therapy or counseling	74.1%
Employment counseling	66.6%
Specific Pychosocial Services	
Prevention programs for children and their parents	75.5%
Crisis intervention	67.3%
Rape crisis centers	67.3%
Traditional Indian healing	66.6%
Battered women's shelter	66.7%
Emergency health care services	58.5%
Community mental health center	55.8%
Telephone or crisis hotline	46.9%
Block parent programs	44.9%
Hospital	46.2%