

As an advocate, I have also witnessed homeless people attempting to come into the building, but having nowhere to put their worldly possessions while attending court. This situation reduces the accessibility of the court process for these individuals.

It is important to recognize that all individuals, including those with mental illness, should be treated with respect and compassion while they cope with situations of violation. They should know that they are not alone.

Resources for assist-

ance should be identified and made available to the victim. These may include women's groups, in the case of spousal abuse; mental health teams, for counselling and treatment; the Native Courtworker and Counselling Association, to assist Aboriginal

people; and the provincial government Victim Safety Unit, which attempts to contact victims when offenders will be released in the community. At MPA, we will assist, however we can, by providing additional referrals to appropriate community services. **i**

## responding to someone with a mental illness who has been victimized

### Remember that:

- o Being a victim of, or witness to, a crime is often traumatic and may trigger symptoms of mental illness
- o Victims with mental illness might not disclose their condition. Therefore, some signs to watch for:
  - o accelerated speech or unintelligible conversation
  - o delusions, hallucinations, paranoia
  - o depression
  - o inappropriate emotional responses
  - o memory loss
  - o unfounded anxiety, panic or fright
- o Approach from the front and maintain eye contact
- o Introduce yourself and your role
- o Remove victims from noisy environments (like crowds)
- o Include victims in all conversations
- o Explain your actions before proceeding
- o Be calm, reassuring, patient and honest
- o Contact someone in their support network
- o Find out what they need to feel safer
- o Keep interviews one-on-one, simple and brief
- o Remember that despite paranoia or delusions, a person with serious mental illness may still be able to provide accurate details of the crime

### source

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Office for Victims of Crime. (2002). *First response to victims of crime who have a disability*. Washington, DC: author. [www.ovc.gov/publications/infos/firstrep/2002/NCJ195500.pdf](http://www.ovc.gov/publications/infos/firstrep/2002/NCJ195500.pdf).



## Indian Residential Schools The Aftermath

The last Indian residential school (IRS) closed in 1984. That ended a period of time in which the government of Canada had attempted to eliminate Aboriginal cultures, languages and social structures. The attempt failed.

I am a medical doctor who has been especially interested in Aboriginal mental health. Over the last two decades, I have treated many survivors of residential schools. It became clear to me that their lives had been dramatically changed by their attendance at an IRS. Other doctors who also treated many of those survivors labelled them as alcoholic, criminal or drug addicted. Often, those other doctors had not asked about attendance at residential school.

### Inherent psychological abuse

I noticed that many people's IRS experiences were similar. The pattern of experience begins with a child

being forced to attend an IRS away from their home community. Upon arrival, he or she is separated from opposite sex siblings, punished for speaking in a native language and, in many of the schools, required to attend religious services foreign to them. In my view, this all constitutes psychological abuse.

### Sexual abuse

Many children attending an IRS were subjected to sexual abuse. For the most part, this consisted of anal rape of boys and vaginal rape of girls, although there was also some coerced oral sex. Most of the perpetrators were male members of the staff of the IRS. But it also happened that older students would sexually assault younger students. Most strikingly, these assaults occurred not once or twice, but for some children, continued every few days or weeks and over a period of years. One survivor reported to me an estimated 3,000 separate episodes of anal rape.

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While most of the perpetrators were male homosexual pedophiles, many young girls were also assaulted by male heterosexual pedophiles. In some cases, the continued sexual assaults lasted into adolescence and resulted in pregnancy. Some of the pregnant girls were sent home and some were simply discharged from the school in disgrace. With lesser frequency, I have also heard reports of female heterosexual and homosexual pedophiles who instructed children in techniques of masturbation (manual genital stimulation of self or another) and oral sex. Usually, the children selected for such instruction were preadolescent and not themselves sexually active. Usually, the children were very distressed by their experiences.

### Physical abuse

Much of the discipline of the residential schools was physical. That is, children were struck, beaten or otherwise physically punished for misbehaving. A typical punishment story is of being beaten with razor straps, rulers and yardsticks. Several people who attended one particular school told me of a female supervisor who had a special stick for inserting vaginally into little girls. Some people had significant scarring, damaged eyes and dental damage.

The classic story, which has been repeated to me many times, is of a young girl punished for speaking her own language. She was forced to kneel on broken glass in front of a cross, with her arms spread and with a needle propped under her tongue. No one has told me that they were that very little girl, but many people have told me the story.

### The aftermath

In their late teens, the IRS children were sent home from the residential schools. In most cases, they had had no training in parenting, minimal training in any employable skill and no support for their disturbed psychological functioning.

They had, however, been sexualized. They married and had their own children. Not surprisingly, they had difficulty parenting those children. They tended to parent as they had been parented in the IRS. That is, they punished their own children physically for misbehaving, and in many cases, treated them as sexual objects.

Unlike the IRS staff, this new generation of parents was genuinely fond of their children. It upset them to see their children upset, and they often consoled themselves with alcohol. So did their children. Physical violence and assault became commonplace.

This whole pattern was repeated for generations.

Today, most women on reserves have been sexually assaulted. Most people of both sexes have been physically assaulted. And nobody talks about it.

Only just now is the damage of the IRS system being recognized. Only just now are significant numbers of individuals beginning to talk about their traumatic experiences. Only now is some healing evident. **i**

## Where Trauma Hides

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**C**anada is a multicultural nation. Our neighbours, colleagues, spouses and parents have diverse ethnic and racial backgrounds. In the last decade the psychiatric literature has been full of research and scholarly work devoted to the significance of transcultural issues.<sup>1</sup>

Health care practitioners must be increasingly sensitive to cross-cultural concerns. This article explores the challenges presented by the crossing point of trauma and culture.

### The competent cultural assessment

Consider the following clinical scenario. A Bosnian woman in her young forties, previously a science teacher in her home country, has insomnia, low self-esteem, anxiety, feelings of guilt and marital stress. She uses alcohol to keep her anxiety under control. She arrived in Canada 13 years ago with her husband and small child, when ethnic war was ravaging the former Yugoslavia. The family was sponsored by a relative in Canada. The couple left reluctantly, mostly for the sake of their child. The family appears to have integrated into the new culture: both adults have professional jobs and a small number of friends, and their teenager is function-

### footnotes

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3. Herman, J. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. New York: BasicBooks.