



## Research article

# Sexual abuse, residential schooling and probable pathological gambling among Indigenous Peoples<sup>☆</sup>



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## ABSTRACT

Sexual abuse leads to short-term and long-lasting pervasive outcomes, including addictions. Among Indigenous Peoples, sexual abuse experienced in the context of residential schooling may have led to unresolved grief that is contributing to social problems, such as pathological (disordered) gambling. The aim of this study is to investigate the link between child sexual abuse, residential schooling and probable pathological gambling. The participants were 358 Indigenous persons (54.2% women) aged between 18 and 87 years, from two communities and two semi-urban centers in Quebec (Canada). Probable pathological gambling was evaluated using the South Oaks Gambling Screen (SOGS), and sexual abuse and residential schooling were assessed with dichotomous questions (yes/no). The results indicate an 8.7% past-year prevalence rate of pathological gambling problems among participants, which is high compared with the general Canadian population. Moreover, 35.4% were sexually abused, while 28.1% reported having been schooled in a residential setting. The results of a logistic regression also indicate that experiences of child sexual abuse and residential schooling are associated with probable pathological gambling among Indigenous Peoples. These findings underscore the importance of using an ecological approach when treating gambling, to address childhood traumas alongside current addiction problems.

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## Introduction

Several studies have been conducted over the past three decades on the short- and long-term consequences of child sexual abuse (CSA) (Fergusson, McLeod, & Horwood, 2013; Gilbert et al., 2009; Hillberg, Hamilton-Giachritsis, & Dixon, 2011; Maniglio, 2009). According to a small, but growing body of evidence, these consequences may include gambling problems (see Dion, Collin-Vézina, De La Sablonnière, Philippe-Labbé, & Giffard, 2010 for a literature review). However, few studies have been conducted on the impact of CSA on gambling among Indigenous Peoples. [Several terms are used to describe Indigenous Peoples. “Aboriginal” is often cited to refer to the first peoples of North America and their descendants. However, the word “Indigenous” is now preferred, as it is considered to be more uniting and less colonizing than the term

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“Aboriginal” (Canadian Institutes of Health Research – Institute of Aboriginal Peoples’ Health, 2013). In Canada, “Aboriginal” and “Indigenous” refer to the First Nations Peoples, Métis and Inuit (Aboriginal Affairs and Northern Development Canada, 2013).] Studying trauma among Indigenous Peoples implies acknowledgment of the impact of colonization. In Canada, residential schooling and other traumas related to colonization have been responsible for a long history of unresolved grief. These traumas include the loss of land, children being permanently removed from their homes and communities, as well as denial of values and spiritual beliefs (Royal Commission on Aboriginal Peoples [RCAP], 1996; Sinha et al., 2011; Wesley-Esquimaux & Smolewski, 2004). The impact of these traumas across generations and their interaction with current stressors may result in problematic outcomes among Indigenous Peoples (Brave Heart & De Bruyn, 1998; Fast & Collin-Vézina, 2010). Considering the high prevalence of gambling (Breen & Gainsbury, 2013; Williams, Stevens, & Nixon, 2011) and CSA (Collin-Vézina, Dion, & Trocmé, 2009) among Indigenous Peoples, and given that many of these abuses are related to residential schooling (First Nations Information Governance Committee [FNIGC], RHS Regional Coordinators [RCs] & Regional Longitudinal Health Survey [RHS] Team, 2007), further studies are needed to better understand the link between gambling, CSA, and residential schooling. To date, no study has quantitatively investigated the link between residential schools, sexual abuse and gambling among Indigenous persons. Results from this study are vital to a better understanding of the impact of childhood traumas on long-term addiction problems, which may inform prevention and treatment programs to help intervene more effectively among Indigenous communities.

### *Prevalence of Pathological Gambling*

Several studies worldwide have used the South Oaks Gambling Screen (SOGS; Lesieur & Blume, 1987) to assess the prevalence of gambling (Gambino & Lesieur, 2006). According to this validated psychometric tool, individuals who endorse at least five symptoms or components associated with gambling problems, such as family disruption; work disruption; lying about gambling gains, losses and debts; borrowing money; etc., are identified as probable pathological gamblers (Lesieur & Blume, 1987). In North America, results of a meta-analysis (comprising 66 studies) indicate a mean current rate of probable pathological gambling of 1.46% (0.92–2.01 CI) among adults (Shaffer & Hall, 2001). Other studies have also replicated these prevalence results (e.g., Kairouz, Nadeau, & Paradis, 2011; Kessler et al., 2008). In their literature review of five North American studies, Wardman, el-Guebal, and Hodgins (2001) estimated that Indigenous persons are 4 to 16 times more likely to develop pathological gambling than individuals of the general population. Williams et al. (2011) estimate that the average rate of problem gambling (a less severe form of pathological gambling) and pathological gambling among Indigenous Peoples of North America is somewhere between 10 and 20%. These higher prevalence rates have been explained by an accumulation of various risk factors, such as low education, poverty, early onset of gambling, greater exposure to gambling games like bingo, and higher rates of unemployment and addiction (Hewitt & Auger, 1995; Hewitt & Hodgson, 1995; Hewitt, Hodgson, & Training, 1994; Hing, Breen, Gordon, & Russell, 2014; Volberg, 2001; Volberg & Abbott, 1997; Wardman et al., 2001; Zitzow, 1996a, 1996b).

Since pathological gambling is a serious problem that can result in various negative outcomes in individuals, families and communities (Wardman et al., 2001), it is important to better understand some of the factors that could lead to its development. Moreover, studying pathological gambling among Indigenous Peoples also implies consideration of the residential schooling legacy, as several researchers have recognized its long-lasting outcomes on Indigenous Peoples’ well-being (e.g., Fast & Collin-Vézina, 2010; Mussel, Cardiff, & White, 2004).

### *Residential Schooling and Gambling*

Over time, several measures, including the Indian residential school system, have been developed to colonize and assimilate Indigenous Peoples into Canadian society. It is estimated that more than 150,000 Indigenous children (Aboriginal Affairs and Northern Development Canada [AAND], 2010), some as young as five years old (Aboriginal Healing Foundation [AHF], 2001), were removed from their family to attend these institutions. Results of the First Nations Regional Longitudinal Health Survey (FNIGC, RC’s, & RHS, 2007) indicate that approximately 20% of Indigenous Peoples were sent to these schools for an average of five years. This proportion increases with age (e.g., 5.7% among 18–29 year olds, and 43.3% among those 60 years and older; FNIGC, RC’s, & RHS, 2007).

In these schools, children were deprived of their native language and culture, and many were exposed to child abuse (e.g., AHF, 2001; Hylton, Bird, Eddy, Sinclair, & Stenerson, 2002; Royal Commission on Aboriginal Peoples [RCAP], 1996). For example, results of the First Nations Regional Longitudinal Health Survey (FNIGC, RC’s, & RHS, 2007), conducted among 10,962 adults, indicate very high prevalence rates of verbal and emotional abuse (79.3%), severe discipline (78.0%), violence witnessing (71.5%), physical abuse (69.2%), bullying (61.5%) and sexual abuse (32.6%).

Indigenous persons who were sent to residential schools have been found, as adults, to present high rates of mental health difficulties, such as post-traumatic stress disorder, substance abuse disorder and major depression (Corrado & Cohen, 2003). They are also more likely to present with health problems (e.g., arthritis, diabetes, hypertension) (FNIGC, RC’s, & RHS, 2007), compared with Indigenous persons who did not attend residential schools. Among Indigenous persons who did attend these institutions, those with a history of abuse were also more likely to have a history of suicide thoughts and attempts (Elias et al., 2012). To our knowledge, only two studies have looked at the link between residential schooling and gambling issues among Canadian Indigenous Peoples. Results of the first study ( $N = 149$ ) indicate that among probable severe pathological gamblers,

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