

Trauma and Resilience in the Lives of Contemporary Native Americans

Reclaiming our Balance, Restoring our Wellbeing



HILARY N. WEAVER

TRAUMA AND RESILIENCE IN THE LIVES OF CONTEMPORARY NATIVE AMERICANS

Indigenous Peoples around the world and our allies often reflect on the many challenges that continue to confront us, the reasons behind health, economic, and social disparities, and the best ways forward to a healthy future. This book draws on theoretical, conceptual, and evidence-based scholarship as well as interviews with scholars immersed in Indigenous wellbeing, to examine contemporary issues for Native Americans. It includes reflections on resilience as well as disparities. In recent decades, there has been increasing attention on how trauma, both historical and contemporary, shapes the lives of Native Americans. Indigenous scholars urge recognition of historical trauma as a framework for understanding contemporary health and social disparities.

Accordingly, this book uses a trauma-informed lens to examine Native American issues with the understanding that even when not specifically seeking to address trauma directly, it is useful to understand that trauma is a common experience that can shape many aspects of life. Scholarship on trauma and trauma-informed care is integrated with scholarship on historical trauma, providing a framework for examining contemporary issues for Native American populations.

It should be considered essential reading for all human service professionals working with Native American clients, as well as a core text for Native American studies and classes on trauma or diversity more generally.

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INTRODUCTION

Our ancestors did a Hansel and Gretel for us. Our job is to pick up the breadcrumbs and find our way home.

These words have echoed through my mind repeatedly since I heard them spoken at the Indigenous Voices in Social Work conference in Darwin, Australia, in 2015. Indigenous Peoples around the world and our allies often reflect on the many challenges that continue to confront us, the reasons behind health, economic, and social disparities, and the best ways forward to a healthy future. The simple statement above goes beyond an acknowledgement of contemporary challenges and provides an affirmation that what we need to move forward in a positive way is available to us.

This book draws on theoretical, conceptual, and evidence-based scholarship as well as interviews with scholars immersed in Indigenous wellbeing, to examine contemporary issues for Native Americans. It includes reflections on resilience as well as disparities. In recent decades, there has been increasing attention on how trauma, both historical and contemporary, shapes the lives of Native Americans. Indigenous scholars urge recognition of historical trauma as a framework for understanding contemporary health and social disparities. The multigenerational grieving associated with massive collective trauma leaves a lingering sadness that continues to envelop many Native people (Peacock, 2011).

Accordingly, this book uses a trauma-informed lens to examine Native American issues with the understanding that even when not specifically seeking to address trauma directly, it is useful to understand that trauma is a common experience that can shape many aspects of life. Scholarship on trauma and trauma-informed care is integrated with scholarship on historical trauma, providing a framework for examining contemporary issues for Native American populations.

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While the primary focus of this book is on Native Americans, Indigenous Peoples in various parts of the world share commonalities in their sense of rootedness in their traditional territories and histories of colonization and dispossession. The boundaries that define the United States divide tribal territories and split communities and families. Based on these imposed boundaries, different citizenship statuses were conferred on members of some Indigenous communities. Thus, who is considered Native American—rather than Aboriginal Canadian or Indigenous Mexican—is arbitrary. Indigenous Peoples transcend national boundaries.

While many people have strong preferences, there is no clear consensus on the use of various labels, such as Native Americans, American Indians, Indigenous Peoples, First Nations Peoples, and Aboriginal Peoples. Some terms are more common in some regions. For example, First Nations and Aboriginal are familiar terms in Canada; Aboriginal is commonly used in Australia; Native American is commonly used in the United States (particularly in regions like the Northeast); and American Indian is also commonly used in the United States (particularly in regions like the Southwest). Historically, the US federal government has primarily used the terms Indian and American Indian.

Throughout this book, when referring to the Native people of the United States, the terms Native American and American Indian are used interchangeably. The original term used is preserved in quotes. Indigenous may refer to any original inhabitants, regardless of current national boundaries, including people in the United States. It is important to note that, following significant activism, the United Nations has recognized the importance of Indigenous Peoples (collective entities) and not simply Indigenous people (multiple individuals). Therefore, throughout this text, capitalization is used to recognize this status.

The importance of understanding trauma

The prevalence of trauma across all the United States, regardless of age, gender, socioeconomic status, race, ethnicity, or sexual orientation, has led to its recognition as a major public health concern (SAMHSA, 2017). While trauma is common across populations, it has a disproportionate impact on some populations. Indigenous people, poor people, and populations of color are at particular risk of trauma exposure (SAMHSA, 2017). In the case of Native Americans, there may also be interplay between elements of Indigenous cultures and trauma exposure that influence the impact of trauma and its sequelae (Brave Heart et al., 2012; Evans-Campbell, 2008; Vernon, 2012).

Trauma can be conceptualized as a wound inflicted upon the mind or, as Duran (2006) understands it, as a soul wound. It can also be understood as a narrative of interconnected experiences that have an ongoing impact on wellbeing (Vernon, 2012). In other words, trauma often does not just go away or get better spontaneously. Telling and retelling stories of atrocities can give voice to traumatic wounds and validate this reality for both those who have experienced them and their communities (Vernon, 2012). The trauma literature emphasizes the importance of storytelling in

terms of acknowledging what happened as both a prerequisite and a component of healing. This can have great therapeutic value for trauma survivors. It can also be meaningful for family members and descendants to understand what happened and how this may shape behaviors, values, and other aspects of survivors' lives. However, while speaking about traumatic experiences can be validating and therapeutic, there are also times when this process can be painful and retraumatizing. Encouragement to disclose traumatic experiences must be done with thoughtfulness, sensitivity, and attention to its potential therapeutic value or harm.

There is increasing recognition that trauma is intergenerational in nature. What happened in one generation can have a lasting impact on subsequent generations. As research establishes connections between various behavioral and public health concerns and trauma, it is apparent that policy makers, and indeed all of us, can benefit from a greater understanding of trauma and its impacts. Trauma can lead to both personal and communal strains on the body and mind and has been linked to violence, substance misuse, and other concerns (Myhra & Wieling, 2014; SAMHSA, 2017).

Historical trauma theory posits that cumulative emotional and psychological wounding can be experienced by groups and transmitted across generations within communities (SAMHSA, 2017). Incorporating individual, familial, and communal dimensions of trauma and trauma responses is a necessary element of understanding the complex, long-term effects of multiple, devastating historical events with impacts at multiple levels. The historical trauma framework provides a mechanism for this multidimensional endeavor (Evans-Campbell, 2008).

Many Native American groups have a concept of Seven Generations—a sense that contemporary people are nestled within a framework of past and future generations. Some Native American traditions conceptualize this as counting backward to ancestors seven generations ago and forward to the next seven generations of people yet to be born. Some count backwards for three generations, forward for three, and see the people of today as nested in the middle. Either way, contemporary Native Peoples are connected to both past and future generations.

Contemporary Native Peoples continue to exist with remnants of sovereignty, land, culture, and language, specifically because our ancestors planned for us and for our contemporary needs. Likewise, we have a responsibility to plan for future generations so the environment, both physical and social, is nurturing, sustaining, and capable of meeting our needs. This sense of wellbeing, firmly grounded within a framework of those who came before and those who will come after, reinforces a sense of intergenerational connection. In turn, awareness of the devastation that happened in past generations can make contemporary Native people keenly aware of ancestral pain and displacement and internalize the consequences of past trauma. Indigenous philosophies of interdependence among people, other living beings, and the natural world mean that the suffering of any of these entities has far-reaching consequences (Vernon, 2012).

The concept of historical trauma has the potential to reframe understandings of a range of social and health issues in Native American communities (Hartmann &

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Gone, 2014). It provides a framework to understand current problems in Indigenous communities through the lens of past atrocities associated with colonization. The importance of understanding this context was promoted by Indigenous clinicians who were able to draw on both their clinical experiences in Native American communities and psychological theories of trauma and trauma treatment (Hartmann & Gone, 2014).

Trauma and the contemporary social environment

There is a growing realization that, rather than being rare, trauma is experienced by many people over the course of their lifetimes. Lifetime trauma exposure is particularly prevalent among Native Americans, where exposure rates have become a significant public health concern (Beals et al., 2013). The impact of adverse childhood events (ACEs) and post-traumatic stress disorder (PTSD) are reviewed in the next chapter.

Trauma is often the result of violence. Native Americans continue to be one of the most victimized groups in the United States (Myhra & Wieling, 2014). The high levels of violence in many Native American communities puts Native people at greater risk of trauma exposure and PTSD than other Americans (Beals et al., 2013). Likewise, Native Americans experience high rates of trauma sequelae. High rates of PTSD in Native American populations result from higher rates of exposure to traumatic events (Beals et al., 2013). The majority of PTSD cases in Native women are the result of interpersonal trauma, most notably sexual and physical abuse, while PTSD in Native men is more evenly distributed among different types of trauma (Beals et al., 2013). It is also noteworthy that experiencing a traumatic event early in life may have greater implications than a traumatic event experienced during adulthood (Myhra & Wieling, 2014).

It can be difficult for clinicians and researchers to distinguish between the impact of individual and collective trauma. Likewise, ongoing trauma and stressors cannot easily be separated from intergenerational trauma and subsequent individual and community dysfunction, including learned helplessness and internalized oppression (Myhra & Wieling, 2014). Complex trauma is common in Native American communities where the risk of experiencing or witnessing a traumatic event and developing PTSD is compounded by multiple persistent traumatic life events (Myhra & Wieling, 2014).

Indigenous women and girls are not only at high risk of physical and sexual violence but societal and governmental indifference. Lack of awareness of the large numbers of missing and murdered Indigenous women compounds trauma for their families and communities. A 2004 Amnesty International report focused on the “Stolen Sisters”—missing and murdered Aboriginal women in Canada. The report identified factors that create a climate of heightened risk of violence for Indigenous women. These factors include social and economic marginalization, combined with a history of government policies that have undermined Indigenous families and communities. These, in turn, pushed many Native women into dangerous situations, including extreme poverty,

homelessness, and prostitution. Violence motivated by racism and fueled by societal indifference to the safety of Indigenous women is exacerbated by a climate that allows perpetrators to go unprosecuted (Amnesty International, 2004).

Furthermore, Indigenous Peoples' connection to land leads many Native Americans to experience exploitation of land, water, and other natural resources as a form of violence against the earth; the wellbeing of the earth being directly connected to the wellbeing of these people. These values and beliefs are illustrated by recent confrontations near Standing Rock Reservation around extending the Dakota Access Pipeline (DAPL) under Lake Oahe, a primary water source for people in the region, both Indigenous and non-Indigenous (University of Arizona Rogers College of Law, 2018).

Key principles

There are several key principles that undergird this book, including recognition of Indigenous sovereignty, human rights, and social justice, and recognition of colonial dynamics and the need for decolonization. These principles have clear implications for Indigenous wellbeing. Accordingly, they have direct applications in social work and other helping professions.

Indigenous Peoples existed on these lands prior to the arrival of people from other continents. We had our own social institutions and forms of governance that were recognized in treaties signed with foreign powers. Although subsequent laws infringed on Indigenous Peoples' ability to exert complete control over all aspects of their lives, many aspects of sovereignty remain, including rights to self-governance, determining tribal membership, and, in most cases, not to be subjected to state authority within reservation boundaries.

Government-to-government relationships between tribes and the federal government continue. It is important to recognize political relationships between tribes and state and federal governments to avoid the misconception that Indigenous Peoples are simply a minority group. By not fully understanding and recognizing the importance of sovereignty, helping professionals have unwittingly contributed to colonial distress.

Native Americans are both Indigenous nations and racialized minorities in the United States—a complexity that is missed by many scholars who do not recognize how the colonizer-Indigenous relationship is integrally connected to, and distinct from, how the settler society relates to other groups. Racism and colonialism share a foundation of White supremacy. Dismantling colonialism requires dismantling racism and vice versa. Failing to address either allows structural inequities to persist and flourish (Klopotek, Lintinger & Barbry, 2008).

While sovereignty is often discussed as a legal concept, it is important to understand it also as the inherent right of Indigenous Peoples to direct their future. It is the foundation for tribal nation-building efforts and mirrors professional values of self-determination. Helping professionals need to have a solid understanding of Indigenous sovereignty to work effectively with Indigenous nations and Peoples.

Reframing professional aims in ways that center sovereignty strengthens an ability to assist Indigenous clients (Cavalieri, 2013).

Infusing a sovereignty perspective includes awareness about the impact of ongoing colonial structures. The helping professions are rooted in Western worldviews and knowledge to the extent that clinicians may be unaware of how these informed their training and their practice (Cavalieri, 2013). For example, the belief that the individual is the basic social unit underlies much of Western thought and may go unquestioned by human service professionals grounded in Western professional education. On the other hand, Indigenous Peoples may bring a different worldview that prioritizes the collective.

Individualistically focused theories and interventions can privilege individual autonomy over interconnectedness—an important value in Indigenous societies. Native Americans often espouse a collective sense of identity that ties an individual's wellbeing to that of their community. Interventions that prioritize individual functioning over family, community, and tribal wellbeing can be counterproductive and exacerbate survivors' or thrivers' guilt (Cavalieri, 2013).

An absence of social justice has been at the heart of Native/non-Native interactions from the beginning. Many colonial interactions demonstrated no recognition of Indigenous Peoples' status as human beings. It is important for helping professionals to understand the role of legislation in shaping the lives of Native Americans in order to proceed from a foundation of social justice that recognizes the impact of trauma (Turner & Pope, 2009). Human rights principles are concerned not only with violence itself but also with the official response to violence (Amnesty International, 2004). Indeed, laws and policies have sanctioned maltreatment of Indigenous Peoples in both the United States and Canada (Turner & Pope, 2009). Human rights principles recognize the inherent dignity and worth of every human being (Amnesty International, 2004). This is the antithesis of the dehumanization that is a necessary and inherent component of colonization.

Social work is a profession built on a foundation of recognizing human rights and striving for social justice. Likewise, professionals from other backgrounds such as community psychology and transcultural nursing recognize the centrality of these principles to effective work with Indigenous populations.

Social justice and human rights concerns arise when helping professionals provide substandard or culturally inappropriate services to Indigenous Peoples. Helping professionals may inadvertently provide biased treatment by using Western or mainstream standards as a norm to which all others are compared. It is imperative to examine how theories, research, and therapeutic processes can be grounded in Western thought and values and thus continue to employ colonial dynamics (Cavalieri, 2013).

It is also noteworthy that evidence-based treatments developed in other populations may not be transferable to Native Americans. Making evidence-based practice models standard for Indigenous Peoples is a colonial practice (Cavalieri, 2013).

In choosing to use non-Indigenous theorizations and approaches, social work replicates colonial tendencies and aligns with the root causes of many social inequalities rather than seeking to eliminate them. In other words, social work continues to pursue the rhetoric of social justice but not its realization for Indigenous communities.

(Johnston-Goodstar, 2013, p. 4)

Indigenous Peoples may have different understandings and beliefs than their mainstream counterparts. For example, the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM) uses a medical model based on a Western understanding of beliefs and behaviors. On the other hand, in Indigenous cosmology all beings have spirits, and relationships often take priority over individual needs. There are few of the clear, dualistic distinctions, such as human/nonhuman, animate/inanimate, and disordered/healthy, that are found in Western ideas (Cavalieri, 2013). Western assumptions about progress are also frequently at odds with Indigenous worldviews.

It is also important for helping professionals to understand colonization, decolonization, and how colonial dynamics can continue to play a role in helping processes (Cavalieri, 2013). Historically, this included the imposition of Western forms of education and healthcare as well as policies that undermined governance structures, denied religious freedom, and systematically stripped Indigenous Peoples of land and other resources. Colonial dynamics are perpetuated when Indigenous understandings of health, wellbeing, and family structures continue to be undermined by helping professionals, educators, and policy makers.

By privileging time and progress as the organizers of therapeutic experiences, therapists can displace location as an important organizer of experience for Tribal peoples ... It also ignores that for most, if not all, Tribal peoples, historical traumas have been brought about over physical places that have had deep significance to the Tribe. Thus, it may be important for mental health professionals to develop their understanding of meaningful places that impact clients' health, whether those are Tribally defined or idiosyncratic. Listening for the role that place plays in the lives of AIAN [American Indian Alaska Native] clients moves away from colonial restructuring that emphasizes when things happened over where things happened.

(Cavalieri, 2013, p. 33)

Colonization systematically deters Indigenous expressions of culture and governance and is ultimately internalized and self-perpetuating (Cavalieri, 2013). It is important to decolonize human services and infuse respect for sovereignty and self-determination in helping processes. Incorporating sovereignty into discussions of Indigenous wellness both resists colonial processes and affirms the rights of Indigenous people to self-determination (Cavalieri, 2013). Decolonization is a process of active resistance to colonialism and exploitation of Indigenous minds, bodies,

and lands. In “working toward decolonization, we are not relegating ourselves to a status as victim, but rather we are actively working toward our own freedom to transform our lives and the world around us” (Wazyatawin & Yellow Bird, 2012, p. 3). Decolonization is an important pathway to eliminating physical health and mental health disparities.

The global context

The United Nations monitors a variety of indicators of wellbeing for Indigenous populations. The experiences of Native Americans are often similar to those of Indigenous Peoples in other parts of the world. Indigenous Peoples typically experience significant health and social disparities compared to non-Indigenous Peoples, including high rates of poverty, disease, and violence. These disparities are rooted in colonial histories and ongoing marginalization (Hansen, Jepsen & Jacquelin, 2017).

After years of debate, the United Nations passed the Declaration on the Rights of Indigenous Peoples (United Nations, 2008). It is noteworthy that the International Federation of Social Workers, working from UN draft documents, developed and passed its own policy statement on Indigenous Peoples in 2005 (Weaver & Congress, 2009). Both the United Nations and the International Federation of Social Workers documents can serve as guidelines for human service providers in supporting sovereignty and decolonization for Indigenous Peoples. The United Nations has also established an annual Permanent Forum on Indigenous Issues, where Indigenous delegates from around the world share concerns and recommendations.

Terminology

The literature on trauma and Native Americans uses a variety of related and overlapping terms, such as historical trauma, intergenerational trauma, and colonial trauma response. While individual scholars typically describe how they use these terms, there is inconsistency as to which are preferred and how they are defined. The most common term—historical trauma—is the primary term used in this text, but other terms and concepts are employed as necessary to clarify distinct ideas.

Although raised by some scholars in the 1970s, the concept of historical trauma in Native American populations received little attention until the work of Maria Yellow Horse Brave Heart in the mid-1990s. As per Brave Heart,

Historical trauma (HT) is defined as cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma ... Historical trauma theory frames lifespan trauma in the collective, historical context, which empowers Indigenous survivors of both communal and individual trauma by reducing the sense of stigma and isolation. The *historical trauma response* (HTR) has been conceptualized as a

constellation of features associated with a reaction to massive group trauma. *Historical unresolved grief*, a component of this response, is the profound unsettled bereavement resulting from cumulative devastating losses, compounded by the prohibition and interruption of Indigenous burial practices and ceremonies.

(Brave Heart et al., 2011, p. 283)

Confusion has resulted when the term historical trauma has been used to refer to both the distress itself and a causal explanation of that distress (Cavalieri, 2013). Historical trauma response may add clarity by focusing on the response to group trauma. Likewise, the term historical unresolved grief has led to confusion. The term was intended to indicate that trauma was introduced historically but is not necessarily relegated to the past (Cavalieri, 2013). Some clinicians and scholars prefer the term colonial trauma response as a conceptualization that is inclusive of microaggressions and individual traumatic experiences as well as those the group experienced in the past.

While scholars continue to refine definitions and theories, there is general agreement that four key components underlie historical trauma:

1. Injury from colonial subjugation and dispossession.
2. The collective nature of this injury and resulting impairment.
3. The cumulative and synergistic effects of these injuries and ongoing oppression.
4. And transmission of these injuries to subsequent generations resulting in legacies of risk and vulnerability to behavioral health problems until such time as healing can occur (*Hartmann & Gone, 2014*).

Historical loss is another concept imbedded in historical trauma (Tucker, Wingate & O'Keefe, 2016). This involves expending cognitive resources thinking about the consequences and impact of multiple losses associated with colonization. These losses include land, Native Peoples, culture, language, and traditional spiritual practices. Historical loss thinking can involve dwelling on the consequences of forced acculturation and relocation with a negative repetitive thinking style (Tucker et al., 2016).

My standpoint

I am Lakota and a social worker. I have focused my career on making the social work profession responsive to the needs of diverse populations, particularly Indigenous Peoples. I approach this work both as a scholar and as a community member. I live in an urban Native American community and raise my children within this multicultural context, grappling with many of the issues addressed in this book, such as challenges with educational systems. I have extensive experience within governing structures of Indigenous organizations, including service as President of the Board of Directors of Native American Community Services of Erie

and Niagara Counties (my home community) and President of the Indigenous and Tribal Social Work Educators' Association, a national organization in the United States. I was honored to receive the latter organization's American Indian Elder of the Year award in 2017—the youngest person ever to receive this award. I provided a keynote address for the International Indigenous Voices in Social Work conference in Darwin, Australia, in 2015 and have spoken at the United Nations Permanent Forum on Indigenous Issues ten times between 2005 and 2018. The content of this book is presented through my dual perspectives as a scholar in this area and my experiences as a Lakota person who has lived much of my life in Haudenosaunee Territory, within the urban Native American community of Buffalo, New York.

Overview of the book

This book bridges scholarship on trauma with information on the historical and contemporary experiences of Native Americans. Theoretical foundations and empirical support for current scholarship on trauma, including intergenerational or historical trauma, are described in Chapter 1. While not a clinical text, the book draws on clinical literature to inform understandings of Indigenous Peoples and issues. This is done to help readers understand manifestations of trauma, both historical and contemporary, in Native American populations. The book includes a concise history of Native Americans (Chapter 2) as well as a description of contemporary issues facing these populations (Chapter 3). The second half of the book explores the impact of trauma in the lives of Native Americans, including specific chapters devoted to child and family wellbeing (Chapter 4), elders and veterans (Chapter 5), education (Chapter 6), health (Chapter 7), and community wellbeing (Chapter 8). This content is informed by interviews with leading scholars in these areas. Although the book focuses on the experiences of Native Americans, global connections are made throughout.

Although this book is divided into chapters with specific themes, it is important to recognize that the topics are interrelated rather than separate and independent of one another. The content weaves in and out, with different parts of the story coming to the fore in different chapters, while other parts recede into the background, providing the necessary context for fuller understanding. In this sense, the chapter on child and family wellbeing (Chapter 4) informs the reader's understanding of the material in the chapter on health (Chapter 7) and vice versa. The same can be said of the other chapters.

This book is filled with the stories of contemporary Indigenous Peoples, informed by historical events and policies that shaped current circumstances. These stories are filled with shifting nuances, always changing, growing, and subject to interpretation. They are not without ambiguity. Multiple things can be true within the same time and space: trauma and resilience, strength and vulnerability, loss and continuity. It is possible for multiple people to read the same words and each have a different "take away," often based on what they need to learn at that moment in their lives. It is my hope that readers will gain whatever they need from this book.

1

EXAMINING THE IMPACT OF TRAUMA

Trauma can have a significant and lasting impact on individuals, families, and communities. This chapter reviews how trauma is defined and how its impacts were originally recognized and conceptualized. Trauma theory, prevalence, and treatment are reviewed, including discussions of post-traumatic stress disorder (PTSD), adverse childhood events (ACEs), trauma-informed care (TIC), and resilience.

The chapter also provides background information on the major tenets of historical or intergenerational trauma, including theoretical development, empirical support, and critiques of these theories. Finally, it includes a review of the major implications of historical trauma for individuals, communities, and service providers as well as a discussion of resilience and healing.

Early explorations of trauma

The term trauma is used to describe both something that has happened and the lasting impact of distressful event(s). From a clinical perspective, in order to be considered trauma, the event (or series of events) must be accompanied by a real or perceived threat of death or serious injury resulting in overwhelming fear, terror, hopelessness, and/or helplessness (Wilson, Pence & Conradi, 2013). Perceptions can be subjective. In other words, what may be experienced as threatening and terrifying by one person may be regarded differently by another. Individuals display unique responses to highly stressful events. These individualized responses can be shaped by factors including past experiences, genetics, and available support networks.

Early ideas about trauma were influenced by the work of Sigmund Freud. The psychoanalytic theory he championed posited that symptoms are the result of repressed childhood trauma (Lewis, 2012). Psychoanalysis was proposed as treatment for alleviating resulting neuroses.

12 Examining the impact of trauma

The field of psychiatry grew in prominence as it sought ways to understand the impact of combat stress and the psychological symptoms of veterans returning from World War I. Clinicians began to understand and explore the psychological ramifications of warfare, so-called shell shock, as an alternative to attributing symptoms to personal weakness (Fueshko, 2016). Explorations of combat-related post-traumatic stress continued as veterans from other conflicts, such as World War II, the Korean War, and the Vietnam War, returned to their communities, often significantly changed by their experiences.

By the mid-1980s, the mental health community recognized that what they had learned about the stress experienced by combat veterans and resulting psychological symptoms had relevance for understanding the symptoms of people who had experienced violent crimes and other major traumatic life events. In 1985, the International Society for Traumatic Stress was founded. This association of professionals sought answers for how best to understand and assist clients who had experienced various types of trauma. Subsequent decades saw a major expansion of theory and research on trauma and its impacts (Wilson et al., 2013). Focus on trauma is now one of six strategic initiatives of the Substance Abuse and Mental Health Services Administration (SAMHSA).

Historical trauma

Growing understandings of trauma have opened the door for explorations of how trauma experienced by past generations may have a lingering impact. Intergenerational continuity has often been explored through parent-to-child transmission of behaviors and wellbeing. For example, mental illness or substance abuse can affect the ability to parent, which in turn can result in the manifestation of problems in children. Maladaptive parenting has been linked to adverse child outcomes, thus perpetuating a cycle of trauma (Walls & Whitbeck, 2012).

The life-course perspective emphasizes interdependence and informs how historical events can shape lives across generations (Walls & Whitbeck, 2012). Themes of historical experiences and intergenerational transmission of behaviors offer a conceptual foundation for examining how historical trauma has an ongoing impact across generations (Walls & Whitbeck, 2012).

The concept of historical trauma has resonated with many people, including some who embrace it as an explanation of their own experiences. One Native American elder described the impact of traumatic historical events by stating:

Your mind, your body, and your spirit don't know what to do with it. So you dwell on it. And to relieve that, you go to alcohol or some kind of addiction. As you do it, you destroy yourself and your whole being.

(Grayshield et al., 2015, p. 301)

This study of elders' perceptions revealed they believed that historical trauma includes a genetic component whereby trauma such as that resulting from forced

attendance at boarding schools was transmitted to subsequent generations. Historical trauma was also seen as the root of internalized oppression (Grayshield et al., 2015). Elders believed that historical trauma is connected to contemporary problems with alcohol, substance abuse, and food. They also associated historical trauma with loss of culture and language as well as community discord and youth being sedentary and at risk of cyberbullying. They emphasized the need to focus on the positive and raise awareness of historical trauma. They found hope in returning to cultural and spiritual traditions and learning tribal languages (Grayshield et al., 2015).

Theoretical development of historical trauma and related concepts

The field of behavioral health has an evolving understanding of psychological trauma as well as how trauma can be inflicted. Researchers are continuing to learn more about the effects of trauma on the brain and the implications of childhood trauma for ongoing risks. Other research examines the impact of trauma that occurred in past generations. Historical trauma theory, originally developed to explain the residual impact of the Jewish Holocaust on the children of survivors, expanded to incorporate the impact of trauma on entire communities, particularly communities of color (SAMHSA, 2016). Indeed, the concept of historical trauma is relevant to understanding the experiences of many populations that have experienced colonization, oppression, and genocide (Mohatt et al., 2014).

Scholars use various terms in addition to historical trauma to describe contemporary implications of trauma experienced by past generations. There is an underlying consensus that this phenomenon consists of a collective wounding that can lead to symptoms in contemporary members of the affected group, even though they may not have experienced the original traumatizing events directly (Mohatt et al., 2014). Historical oppression has been defined as “the chronic, pervasive, and intergenerational experiences of subjugation that, over time, have been imposed, normalized, and internalized” (Burnette, 2015, p. 531).

Historical trauma is not just an explanatory framework for reactions to past events but a lens for understanding contemporary issues and disparities. The historical trauma narrative connects the collective histories of traumatic events to contemporary experiences of individuals and communities. Past and present narratives function as layers. These stories grounded in socially endorsed memory blend with present suffering and resilience (Mohatt et al., 2014).

Historical trauma can be expressed as unresolved grief resulting from events that have not been adequately acknowledged, expressed, or addressed. Disenfranchised grief results when losses are not publicly voiced or acknowledged. For example, the massive population decimation resulting from colonization is often omitted from history texts or dismissed as irrelevant. Internalized oppression occurs when people integrate the views of the oppressor and perpetuate a cycle of self-hatred and negative behaviors (SAMHSA, 2014).

Evans-Campbell (2008) proposed the Colonial Trauma Response (CTR) as a way to explore interactions between historical and contemporary trauma in Native Americans. The connection between colonization and trauma is a defining feature of CTR. In particular, contemporary discrimination or microaggressions experienced by an individual may connect him or her to a larger historical event and an associated sense of trauma and injustice (Evans-Campbell, 2008).

Contemporary conceptualizations of the impact of trauma on Indigenous populations over time build on earlier foundations that examine the impact of colonization. The work of Paulo Freire is particularly relevant. His work examines how oppression associated with colonization becomes internalized and self-perpetuating, leading to horizontal violence and sub-oppression; striking out at those with similar levels of power or less (Burnette & Figley, 2017).

The scholar most closely associated with the development of historical trauma theory is Maria Yellow Horse Brave Heart. Dr. Brave Heart's career direction was influenced by Native American activism in the 1970s that drew attention to broken treaties and massacres. After feeling overwhelming grief while looking at historical photos, she began to theorize about the contemporary implications of large-scale historical events that devastated Indigenous Peoples (Deschenie, 2006). As a clinician, she developed interventions to address historical trauma and evaluated their effectiveness, thus moving the knowledge base forward in this area. Other scholars, such as Evans-Campbell, Gone, Whitbeck, and Burnette, have developed substantial scholarship that continues to build on and refine her work.

In Burnette's conceptualization of historical oppression, she emphasizes the compounding effects of contemporary oppression. This framework reflects the ongoing, pervasive, intergenerational experiences of oppression that have become normalized and incorporated into the day-to-day lives of Native people. While building on historical trauma theory, historical oppression takes into account specific local contexts. Not all Native people had identical experiences with colonization or contemporary oppression. It is important to consider proximal factors that continue to perpetuate specific acts of discrimination, microaggressions, poverty, and marginalization (Burnette & Figley, 2017). Burnette's work is notable in that much of it is grounded in the experiences of Indigenous Peoples of the Delta Region of the United States, an often overlooked area.

Ideas about the intergenerational transmission of trauma are grounded in family systems theories (Coleman, 2016). Historical trauma scholars also draw on attachment theory to explain insecure or ambivalent attachment and anxiety disorders in descendants of trauma survivors (Mohatt et al., 2014). The disruptive nature of colonization processes impeded culturally grounded grieving and protective processes, leading to unresolved grief, increased risk of health disparities, and various psychosocial issues (Brave Heart et al., 2011; Mohatt et al., 2014).

The minority stress model, developed by Meyer, posits that the stress of racism and discrimination experienced by marginalized groups affects health and mental health outcomes (Coleman, 2016). This model integrates psychosocial theory, particularly the association between stress and illness, political and economic

theories to account for structural determinants of health, and social and ecological systems theories to explain multiple influences on health and wellbeing (Mohatt et al., 2014). Mohatt and colleagues expand this framework to add a narrative level. They view historical trauma as a public narrative. How the story is remembered and told (or not told) influences the ongoing, contemporary impact of the event.

Core concepts

There are several core concepts that underlie historical trauma and related theories. These theories emphasize the extensive victimization and pervasive trauma-generating experiences that happened to Native Americans. They also emphasize the communal or collective nature of many of these experiences. Such experiences have an impact across generations and at multiple levels, including individuals, families, and communities. There is also recognition of synergy between contemporary trauma and unresolved historical traumatic events. Indeed, the term *historical* trauma can be misleading, given the prevalence of ongoing racist practices, ideologies, and colonial efforts (Burnette & Figley, 2017; Coleman, 2016).

Another key aspect of historical trauma is that it remains unresolved. Past events have a continuing impact on survivors as well as subsequent generations. This continuing impact is characterized by emotional, behavioral, and thought patterns that impair the physical, psychological, and social wellbeing of individuals or groups (Grayshield et al., 2015). Mourning is an important communal experience that starts the path to healing. Past prohibition of many traditional forms of grieving prevented adequate mourning of losses for many Indigenous Peoples, thus preventing resolution and perpetuating related problems (Deschenie, 2006).

Traumatic experiences are cumulative. If one generation does not heal, problems are transmitted to subsequent generations. In some form, this cultural trauma affects every Native person. It sculpts how we think, how we respond emotionally. It affects our social dynamics and, at the deepest level, impacts our spirituality. Intergenerational trauma has wounded us deeply ... There were times in my life that I wondered “Is there something wrong with me? Is there something wrong with us? What did we do to cause all of this to happen?” The truth is there is nothing wrong with Native people; we are perfectly normal people responding to an abnormal history.

(Brokenleg, 2012, p. 10)

Evidence of the devastating effects of historical trauma caused by genocide and forced acculturation policies has been mounting. Historical trauma causes anger, depression, guilt, anxiety, internalized oppression, and impaired parenting (Walls & Whitbeck, 2012). There are associations between historical and contemporary trauma. In Brave Heart’s conceptual model, historical trauma and historical trauma response are intertwined with lifetime traumatic events, both related to unresolved grief, PTSD, depression, and substance abuse (Brave Heart et. al., 2011). Native

American children and Sami children in Norway make connections between their current experiences with trauma and historical and intergenerational trauma related to histories of colonization and marginalization (Nicolai & Saus, 2013). Additional research is needed to untangle complex relationships between the effects of historical trauma and current stressors, such as poverty, health disparities, and discrimination (Walls & Whitbeck, 2012).

Historical trauma is collective and can have a compounding effect when trauma from different times, including across generations, becomes internalized in an individual. Descendants of those who suffered historic atrocities continue to identify with ancestral suffering (Evans-Campbell, 2008). The culturally based emphasis on ancestral ties, combined with ongoing reminders of colonization, may enhance vulnerability. This leads to a continuing impact on individuals' and families' health, mental health, and identity.

How people and cultures respond to traumatic events is more meaningful than details of the events themselves (Mohatt et al., 2014). Although there are differences in how individuals experience events, historical trauma narratives are grounded in real injustices or disasters. There are clear empirical links between thinking about historical loss and mental health indicators. The public narrative of historical loss is a contemporary stressor with specific, measurable health implications (Whitbeck et al., 2004).

A narrative conceptualization of historical trauma acknowledges atrocities while shifting the focus to how historical events are represented and connected to contemporary health outcomes and local contexts (Mohatt et al., 2014). For example, it is an undisputed fact that many Native children were taken from their families and communities and sent to boarding schools. Contemporary narratives describe the disruption of this forced removal of children, which resulted in the loss of traditional parenting practices, harming the parenting ability of subsequent generations, leading to health disparities.

The complex interaction between past trauma, resilience, and recent trauma is not easily understood in terms of a linear relationship. For example, Quechua women in Peru display notable resilience, in spite of experiencing a continuum of violence, including recent armed conflict and social inequalities (Suarez, 2013). It is important to recognize this strength and see women as contributing to rebuilding societies post-conflict, rather than viewing these women simply as victims.

The ongoing impact of historical trauma

Historical trauma can have a multitude of ongoing implications for wellbeing. For instance, it can have an impact on psychological, social, and biological functioning. Estrada (2009) links historical trauma to socioeconomic status. Traumatic experiences can lead to lower education and unemployment, factors that, in turn, can lead to poverty. It is also important to note that trauma can have different impacts on different individuals and Peoples. There can be intertribal or regional differences in experiences with and expressions of historical trauma (Burnette & Figley, 2017; Brave Heart et al., 2011).

As previously noted, unresolved intergenerational trauma is frequently compounded by contemporary trauma (Brave Heart et al., 2011). In addition to historical trauma being widespread and generating significant distress and mourning in Native American populations, it is noteworthy that the events are often intentionally perpetrated by outsiders. This intent is integral to understanding historical trauma and how it interacts with ongoing oppression. Many atrocities that have happened to Native people can be considered as genocide (Evans-Campbell, 2008).

Initial documentation of intergenerational trauma came from psychiatrists, psychologists, and medical professionals working with Jewish Holocaust survivors and their families. Clinical studies of survivor syndrome documented

a wide range of affective and emotional symptoms transmitted over generations: distrust of the world, impaired parental function, chronic sorrow, inability to communicate feelings, an ever-present fear of danger, pressure for educational achievement, separation anxiety, lack of entitlement, unclear boundaries, and overprotectiveness within a narcissist family system.

(Braga, Mello & Fiks, 2012, p. 135)

Empirical studies and clinical findings are divided about the long-term psychological implications of the Holocaust (Iliceto et al., 2011). One study found grandchildren of Holocaust survivors have a similar affective temperament to their peers, including self-perception and measures of hopelessness. They may, however, be more irritable and angry, and have a more negative perception of others (Iliceto et al., 2011).

Psychological trauma is associated with a loss of trust in fellow human beings (Dionne & Nixon, 2014). The unresolved grief resulting from historical trauma can be characterized as a soul wound (Duran, 2006) or an injury to the spirit (Smith, 2003). Thinking about historical losses requires cognitive energy and time; thus, this type of thinking is linked to negative mental health outcomes (Tucker, Wingate & O'Keefe, 2016). Interventions must be grounded in an understanding of the magnitude of losses, both historical and contemporary, as well as an understanding of traditional grief resolution to address grief and loss effectively in Indigenous populations (Brave Heart et al., 2012).

Internalized oppression is a manifestation of historical trauma (Durham & Webb, 2014). When past trauma is unacknowledged or unresolved, it can be passed to subsequent generations, leading to a sense of psychological loss (Durham & Webb, 2014). Historical trauma frames health disparities (Brave Heart et al., 2012). People who have experienced trauma can be retraumatized by multiple exposures to traumatic events (SAMHSA, 2016), leading to a compounding effect. Intergenerational transmission of trauma contributes to contemporary health and social disparities, including high rates of child abuse and neglect (McQuaid et al., 2015).

Native American adults with a stronger sense of ethnic identity are more likely to think about historical losses (Tucker et al., 2016). A study of Native college

students found that more than 20 percent thought about historical losses at least monthly, with the most prevalent thoughts related to loss of culture. More than one-third thought about this particular loss monthly or more (Tucker et al., 2016).

Historical trauma has an impact on individuals, families, and communities. These are distinct but interrelated areas. In addition to individuals and families experiencing the effects of trauma, they may live within impacted communities, so the social environment may have more dysfunction and fewer supports (Evans-Campbell, 2008). It is important to understand context. Research that looks only at social problems, such as interpersonal violence, without considering the context of historical oppression risks overlooking the underlying causes of social and health disparities while stigmatizing Indigenous Peoples for these disparities (Burnette, 2015). The community impact of historical trauma may be the most insidious but also the least studied and understood effect (Evans-Campbell, 2008).

Trauma and diverse populations

Just as the development of historical trauma theory began with other groups before being more fully developed with Indigenous populations, it continues to have broad applicability, particularly with marginalized populations. For example, Estrada (2009) connects historical trauma with the Mexican American experience. Scholars like Coleman (2016) have identified a post-traumatic slave syndrome whereby African Americans carry the burden of historical trauma as well as contemporary threats to their safety and wellbeing. The hypervigilance, anger, and exaggerated responses associated with PTSD can be contextualized as normal responses to historical trauma and other abnormal situations experienced by African Americans (Coleman, 2016).

Racial minorities in the United States are at greater risk of developing PTSD, yet the DSM does not consider intergenerational trauma, discrimination, or racism as contributing factors in development of the disorder. Coleman (2016) explored how PTSD in African American military personnel can be better understood by incorporating more complex and inclusive frameworks. A broader understanding of PTSD can incorporate intergenerational trauma theories and subsequent coping mechanisms. This broader conceptualization can also enable explorations of the relationship between racial discrimination, high stress levels, and PTSD (Coleman, 2016).

Historical trauma is an issue for many Indigenous Peoples beyond the United States. The commonality of colonization, displacement, ongoing resistance, and resilience creates a bond among Indigenous Peoples around the world. Peoples with significant histories of collective trauma and contemporary marginalization develop narratives of historical trauma. These cultural narratives can sustain psychological wounds in ways that inhibit psychological growth. They may also support resilience with narratives of survival through adversity. Such positive narratives may empower Indigenous Peoples to manage contemporary oppression (Mohatt et al., 2014).