



**"MY HEART HAS BEEN
STRENGTHENED BY HAVING
TO TAKE THIS JOURNEY"**

EMBODIMENT OF
HISTORICAL TRAUMA AND
MICROAGGRESSION
DISTRESS AMONG
AMERICAN INDIANS AND
ALASKA NATIVES

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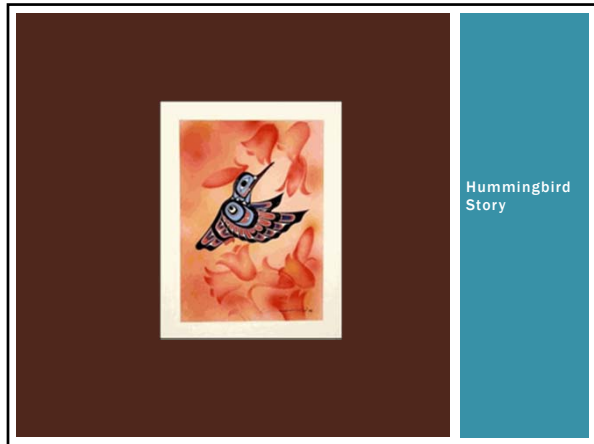
Dean's Lecture, University of South Florida, College of Public Health, January 20, 2012

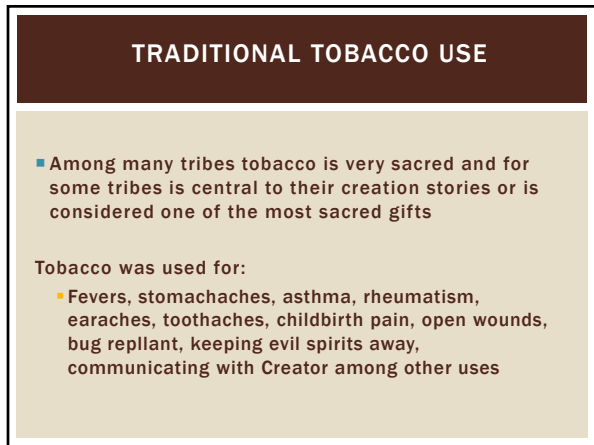
Walters & Mohammed et al., On Policy Review, 6:4 (2011), 320-330

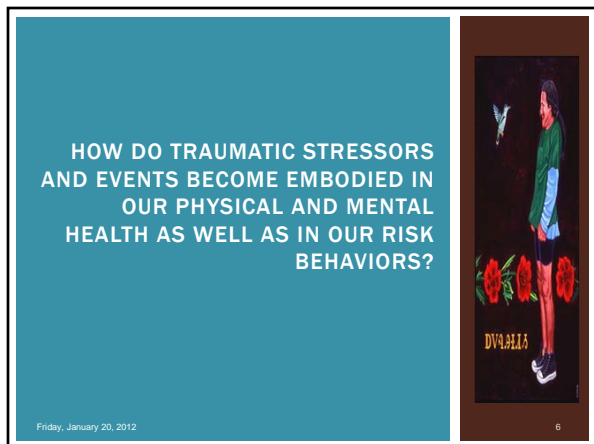




Choctaw Trail of Tears
Gwen Coleman Lester- Artist



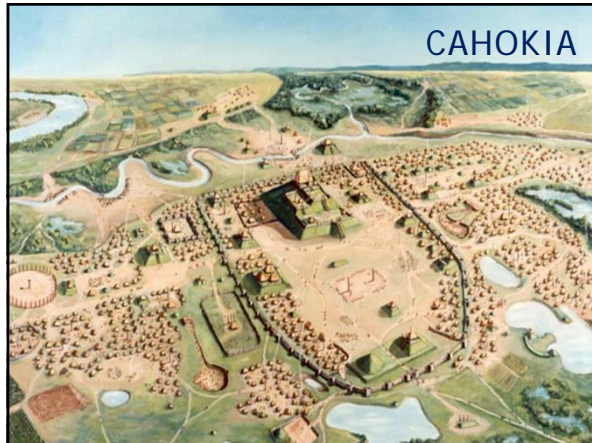




STATUS OF URBAN AMERICAN INDIANS AND ALASKA NATIVES

- 70% live off reservation or tribal lands with nearly 65% living in cities
- Highest rates of most communicable diseases of any ethnic group. Nearly 27% lack health coverage (2nd highest rate)
- Poverty rate is 3x that of other ethnic/racial groups and is one of the leading co-factors in the advance of the health-related morbidity and mortality
- Relative to rural Indians, urban Indians have higher infant mortality rates, higher mortality rates due to alcohol and injury, and higher rates of low-birth weight newborns
- Economic vulnerability and ill health make indigenous peoples more vulnerable to poor health, poor diet, weakening immune systems, and the hastening of mortality for chronic disease conditions.





INDIGENIST RESEARCH MODELS: PATHWAYS TO HEALTH OUTCOMES

- We present an indigenist stress-coping model for AIANs that incorporates the impact of historical trauma as well as protective functions of cultural practices on wellness outcomes
- The model delineates the pathways between social experiences and health behaviors, thus providing a coherent means of integrating historical, social, psychological, and cultural reasoning about discrimination and other forms of trauma as determinants of risk behaviors and outcomes
- Pathways from intergenerational pain to embodiment of pain and other wellness outcomes

Walters & Simoni, (2000).



EMBODIMENT*

- Social and historical inequities can become embodied.
- Bodies tell histories and stories just as bones illuminate important information about the everyday lives of our ancestors.
- Our contemporary bodies express stories about our lived experiences whether or not these stories live in our consciousness.
- Studying the embodiment of microaggression distress and HT and corresponding health consequences allows us to determine the forces driving intergenerational patterns of health and disease.

* Krieger, Nancy (1999). *International Journal of Health Services*, 29(2): 295-352.

EMBODIMENT DEBATE

- Debate: HT effects are negligible once lifetime rates of abuse are accounted for while others note the epigenetic evidence
- Amassing of evidence at cellular level that powerful stressful environmental conditions can leave an imprint or "mark" on the epigenome (cellular material) that can be carried into future generations with devastating consequences
- Evidence that neurobiological toll of stress on descendant generations' health...
 - Maternal psychological and nutritional stress during pregnancy can lead to bio changes that predispose offspring to diabetes, CVD, hypertension and PTSD as adults
- Embodiment reminds us we cannot exclude social, historical, or cumulative experiences and impact on wellness – biological and psychological expressions of HT may, in part, produce health disparities in a wide spectrum of outcomes from diabetes to PTSD

Friday, January 20, 2012 Walters & Mohammed et al., Du Bois Review, 8:1 (2011) 179-189.

CHILDHOOD TRAUMA: TWO SPIRIT WOMEN

- 85% (n=128) sexual assault
 - 74% by a family member or acquaintance
 - 63% by a stranger;
 - 53% by both family/acquaintance and stranger
- 78% (n =118) physical assault
 - 70% by family member or acquaintance
 - 67% by a stranger
 - 59% by both family/acquaintance and stranger
- 38% had experienced *both* physical and sexual assault by *both* strangers and family members or acquaintances

HONOR PROJECT

- Funded by the NIMH
- 6 sites:
 - ✓ Seattle/Tacoma
 - ✓ San Francisco/Oakland
 - ✓ Los Angeles
 - ✓ Minneapolis/St. Paul
 - ✓ Tulsa/Oklahoma City
 - ✓ New York City
 - ✓ Denver (a few)
- 65 qualitative interviews
- 4 measurement groups
- 452 survey interviews



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RCY MH065871; PI K. Walters

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HONOR PROJECT: METHODS

Eligible Participants:

- Self-identified AI, AN, First Nations (or)
- ¼ Blood Quantum (all tribes combined) (or)
- Enrolled or eligible for enrollment in Tribal Nation
- Self-identified as GLBT or Two Spirit (or)
- Heterosexually-identified but same sex behavior within past 12 months
- 18 years or older
- Speak and read English
- Live or work/play in MSA of one of six sites



MAIN DOMAINS

- **Traumatic Stressors**
 - Historical trauma, discrimination, traumatic life events
- **Physical Health**
 - HIV risk behaviors, diabetes, HPV, cancer
 - Barriers to treatments (provider attitudes, discrimination, etc.)
- **Mental Health**
 - PTSD, Depression, colonial trauma response, historical loss
 - Alcohol and Substance use and abuse
- **Spiritual Health**
 - Traditional health and healing practices, spiritual coping
- **Cultural Protective Factors**
 - Identity, community involvement, spirituality, enculturation (cultural immersion)

HONOR PROJECT: SAMPLING

- **Modified form of Respondent Driven Sampling (RDS)**
 - Identified 16 Seeds in each site (gender and economic balanced)
 - Obtained Social Networks (with basic demography)
 - Over-sampled for specific groups (weakly identified LGB & AI/AN, trans)
 - Randomly selected nominees & tracked recruitment coupons
 - Exception: Seattle (Census site)
- **Volunteer recruitment**
 - eg. posters & palm cards in bars, cafes, Gay Pride booths, community centers, etc.

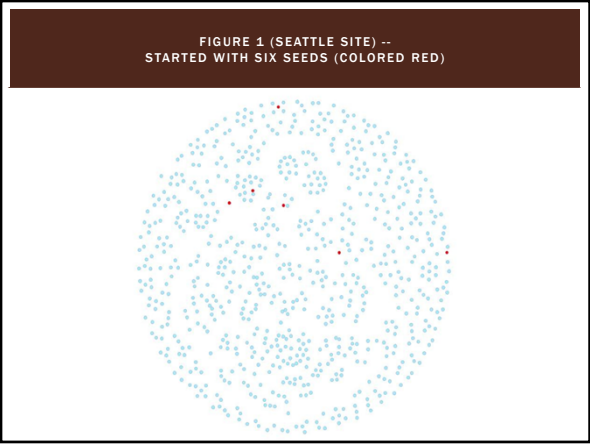


FIGURE 2 --
AND OVER 200 VOLUNTEERS (COLORED BLUE)

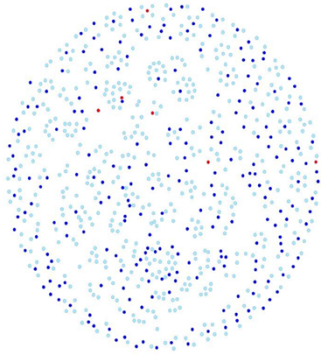
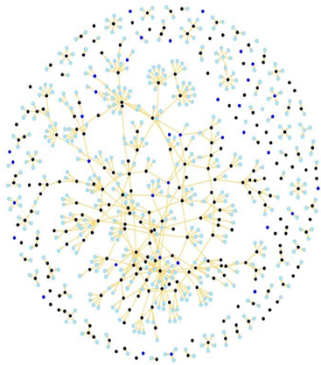


FIGURE 3 --
AND OF ALL THESE PEOPLE WE MANAGED TO SURVEY ABOUT A THIRD OF THEM
(SHOWN IN BLACK)



DESCRIPTIVE
INFORMATION



DEMOGRAPHICS (N = 447)

- Where born?
 - 43% urban born
 - 25% rez/tribal
- Age = 39.8
- Education
 - 18% less than high school
 - 29% high school grad
 - 53% more than high school
- Gender assignment and id
 - 51% males (n=227)
 - 41% females (n=185)
 - 7% trans (n=35)
- 73% enrolled in tribe
- 76% more than ½- full-bloods
- Income
 - 75% < \$18,000
 - 12% > \$30,001
- Employment
 - 59% unemployed
 - 19% part time
 - 22% full time

SETTING THE CONTEXT: HISTORICALLY TRAUMATIC EVENTS

HISTORICAL TRAUMA

- Historical trauma can be conceptualized as an event or set of events perpetrated on a group of people (including their environment) who share a specific group identity (e.g., nationality, tribal affiliation, ethnicity, religious affiliation) with genocidal or ethnocidal intent (i.e., annihilation or disruption to traditional lifeways, culture, and identity).
- Individually, each event is profoundly traumatic; taken together they constitute a history of sustained cultural disruption and destruction directed at communities.
- The trauma is held personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later.
- The resulting trauma is often conceptualized as collective, in that it impacts a significant portion of a community, and compounding, as multiple historically traumatic events occurring over generations join in an overarching legacy of assaults
- HT vs. intergenerational trauma

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HT ISSUES IN RESEARCH

- HT as an etiological agents to social and psychological distress**
 - E.g., Historically traumatic events
- HT as a particular type of trauma response (HTR) or outcome**
- HT as a mechanism or pathway to transfer trauma across generations**
- HT-related stressors interacting with other proximal stressors**

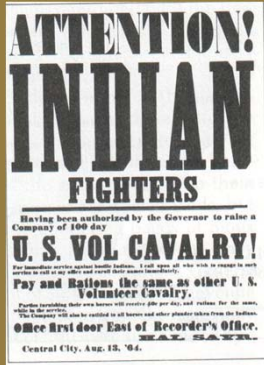
- The simultaneous use of the term “historical trauma” to encapsulate the four different HT processes noted above have hindered the ability to cogently theorize historical trauma and its impact on indigenous health across disciplines.

HT IMPACT

- HT scholars have noted individual and communal level impacts of HT events on AIAN health.
- Individual level: the impact includes impairments in family communication (Evans-Campbell 2008); mental health symptoms of PTSD survivor guilt, anxiety, depression and substance abuse (Whitbeck et al., 2004).
- Community level: collective responses include the disruption of traditional customs, languages, and practices.
- Despite exposure to historical and cumulative traumatic stressors, many Native people do not manifest psychopathology.
- Emerging research indicates that the very areas of Native culture that have been targeted for destruction (e.g., identity, spirituality, traditional practices) may, in fact, be sites of resistance (Walters et al., 2010).
- Some communities commemorate HT events to signify and celebrate the ability of subsequent generations to thrive and survive after such events (e.g., Trail of Tears commemorative annual walk among the Choctaw).

HISTORICALLY TRAUMATIC EVENTS: THEMES FROM FOCUS GROUPS

FOCUS GROUP THEMES: GENOCIDE



RELOCATION, ALLOTMENTS AND RESERVATIONS





Environmental and Spiritual Traumas



BOARDING SCHOOL PERIOD 1879-1935 +

- Pratt modeled Carlisle and off-reservation boarding schools on school he developed at Fort Marion Prison in Florida from 1872-1875 where Native prisoners of war were held
- 1879 first off-reservation boarding school Carlisle "Kill the Indian, Save the Man" Policy
 - Proposed forced removal at early age with no return until young adults
- By 1909, 25 off-reservation boarding schools
 - More than 100,000 Native children forced to attend these schools
- Attendance mandatory or parents would be imprisoned
 - In 1895, 19 Hopi men were imprisoned at Alcatraz for refusing to send their children to these schools







COLONIZATION AND SEXUALITY

- ◆ Ceremonial and social roles deteriorated with intrusion of non-AI/AN belief systems and Christianity
- ◆ Boarding school experience has stripped many Nations from traditional understandings of sexuality and gender roles



"MENTAL HEALTH" –RELATED HT



Hiawatha" Insane Asylum" (1902-1934) for Indians was not staffed by nurses, doctors or psychiatrists for at least a year while patients were chained in deplorable conditions. Administrators refused electricity or plumbing and provided "shows" for the public to see "crazy Indians."

In an 1926 investigation, it was determined that the majority sent there were not mentally ill.

IMPACT OF HISTORICAL TRAUMA

■ Colonial impact

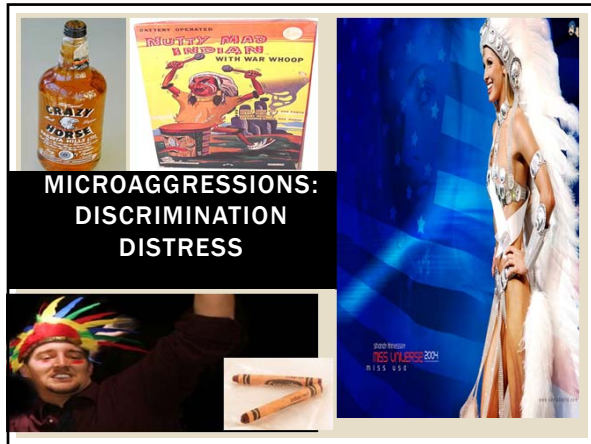
- Disruption in our ability to fulfill our original instructions
- Disruption in our relational ways of being
- Disruption in our spatial obligations and relationships
- Break down boundaries: physical, mental, spiritual, land etc.
- Create systems of dependency on colonial nation state

■ Decolonizing restoration

- Original instructions as our foundation, teachings, and restoration
 - Starting from our OI
- Relational restoration
 - Repair relational ways of being/boundaries;responsibilities to one another
- Narrative restoration
 - Where did we learn this? Was this part of our OI or is this HT response?

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MICROAGGRESSIONS: DISCRIMINATION DISTRESS


MICROAGGRESSIONS

Microaggressions are the chronic, everyday injustices that Natives endure—the interpersonal and environmental messages that are denigrating, demeaning or invalidating. These verbal and non-verbal encounters place the burden of addressing them on the recipient of the encounter—creating stress (Derald Wing Sue, 2007)

Three types:

- 1. MicroInsults**
Behaviors that convey rudeness, insensitivity, or reflect unfair treatment or demean identity or heritage (e.g., eye-rolling)
- 2. MicroInvalidations**
Communications that nullify the experiential reality or identity of Native persons (e.g., are you a “real Indian?”)
- 3. Microassaults**
Characterized by explicit racial derogatory attacks or purposeful discriminatory actions—intentionality more clear (e.g., “don’t go and do a war whoop now”)

CHRONIC STRESS

- Burden is on recipient to address microaggression
- Intentionality of the perpetrator is weighed
- 4 types of responses if perpetrator is confronted
 - Anger
 - Dismissiveness (lighten up)
 - Mystification (in your head)
 - Privilege Guilt (emotional caretaking)

Communications that nullify the experiential reality or identity of Native persons

MICROINVALIDATIONS




MICROINVALIDATIONS

COMMUNICATIONS THAT NULLIFY THE EXPERIENTIAL REALITY OR IDENTITY OF NATIVE PERSONS

How much distressed or bothered by...

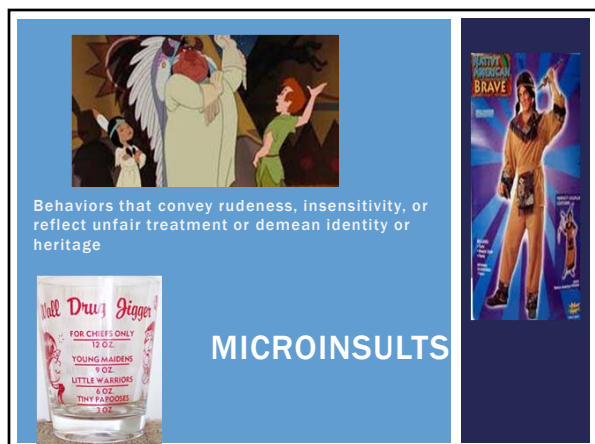
being told by non-Natives how they wished they were Indian too
told by on-Natives that they felt a spiritual connection to Indian people
Hearing racist statements such as "Indian giver"
being mistaken by non-Natives as a racial group other than Native
Being told by non-Natives how "lucky" you are to be Indian
Being told by non-Native person that he or she was an Indian in a past life or that their grandmother was a Cherokee princess
Being asked if you are a "real Indian" by a non-Native person
Being told you are "paranoid" by others
Being told that Indians are conquered and should stop trying to live in the past
being told to lighten-up or get a sense of humor about Indian mascots or logos
By having non-Native strangers speak a foreign language to you such as Spanish or Chinese
By anti-Indian statements made to you












MICROINSULTS
BEHAVIORS THAT CONVEY RUDENESS, INSENSITIVITY, OR REFLECT UNFAIR TREATMENT OR Demean IDENTITY

How much distressed or bothered by...

- By unfair treatment from people in helping or social service jobs such as therapist or social worker
- By unfair treatment by institutions such as schools, police, social services, or immigration because you are Native
- By wanting to verbally respond to someone for being anti-Indian, but didn't
- By being accused of not doing your share of the work because you are Native
- By unfair treatment by your bosses or supervisors because you are Native
- By having to take drastic steps such as quitting job or moving away to deal with some racist thing that was done to you
- Bothered by getting into an argument with non-Natives about something they said that was racist towards Native Americans

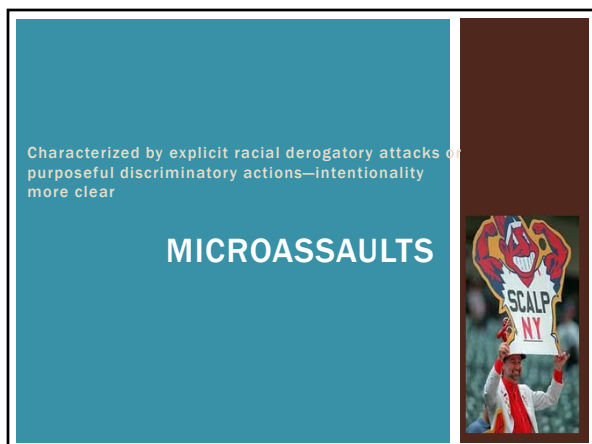












MICROASSAULTS

CHARACTERIZED BY EXPLICIT RACIAL DEROGATORY ATTACKS OR PURPOSEFUL DISCRIMINATORY ACTIONS

How much distressed or bothered by...

By being called a racist name like Chief, Wahoo, Squaw or Pocahontas

By being hit, kicked or physically attacked because you are Native

By being trailed or followed in a store because you are Native

**SAVE A FISH
SPEAR AN INDIAN**





MICROINVALIDATION- COLONIAL ERASURE

CHARACTERIZED BY INVALIDATING EXPERIENCES THAT ERASE INDIANNESS OR INDIGENEITY

How much distressed or bothered by...

Feeling stereotyped or boxed-in to a certain way of being "Native" by non-Native persons


Hearing discussion by instructors or persons in authority about Indians is if they no longer exist

Hearing from non-Natives how surprisingly articulate, well read or good your language skills are

Teaching "Indian 101" to non-Natives to make your point or be heard

Non-Natives stating to you that you "don't look or act Indian"

Being asked to change your Native appearance or apparel by your employer or agency (e.g., being asked to cut your hair)



MICROINSULT-- COLONIAL AUTHORITY

CHARACTERIZED BY EXPERIENCES WHERE NON-NATIVES ASSERT COLONIAL AUTHORITY TO CONTROL IMAGES, TO INVADE PHYSICAL SPACE OR ASSERT THEIR OWN AUTHORITY OVER ALL THINGS NATIVE

How much distressed or bothered by...

Feeling "invisible to non-Natives"

Being made fun of or picked on because you are Native

Being asked by a stranger if he or she could touch you because you are Native

Being asked to prove your Indianness or authenticity by a non-Native person

Being asked by a non-Native stranger if you could perform a ceremony or contact a medicine person for him or her



MICROAGGRESSIONS

"People will come up to me and say, 'Oh, I thought all Indians were dead.' And you look at them and you think, how am I supposed to respond to this? You know, Emily Post doesn't have an appropriate response for, I thought you were all dead! It's like, no we're not all dead!"

– Maxine

"So [the nightclub] was loaded with White women. I mean it was so thick, I just freaked—panicked. It's like, I felt I was drowning, because every time I said, 'excuse me,' no one would move. People saw me, but they wouldn't move out of the way—it's like I'm in THEIR space type of thing...it's like I'm always in the way, but, in my reality, they're always in the way [laughs], you know?"

—Roberta

"Twenty years later, it's the same thing, and you know, I think the larger organizations out there want to and just don't know how to be respectful...I'm just way over that now and I don't want to be the one to try to teach them that because if they haven't gotten it by now, a part of me is like, well, what's the use? I've got other things to do. I've got a garden to plant."

-- Sandy

INTERSECTIONALITY

"You know the thing is that still to this day, when people insult me or do things, you know, like if someone calls me a bitch...when someone is rude to me, you know, I go through this thing in my head. Is it because I'm Indian? Is it because I'm poor? Is it because I'm a dyke? What is it that I did this time, you know, to, to have these people be hostile to me?... [I] don't know sometimes why I'm being attacked. I just know that I'm wrong to a lot of people... I think there's a lot of hostility to the combination of things I am."

--Maxine

LATERAL OPPRESSION AND MICROAGGRESSIONS

"I remember sitting there at a sweat lodge and the medicine was being passed around, one of the women saying, all of a sudden she came out and said, "I would never drink from that same cup as a woman who was a lesbian." And it was just like—well, I hate to tell you this, but I just drank from it [laughter], you know?"

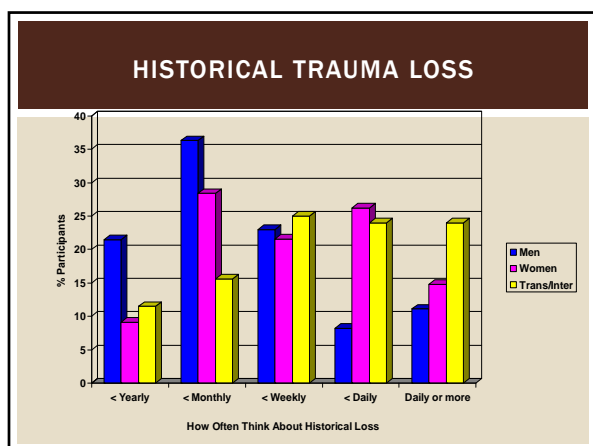
--Roberta

PRELIMINARY FINDINGS

Putting It All
Together

How do these traumatic events become embodied in our physical and mental health as well as in our risk behaviors?





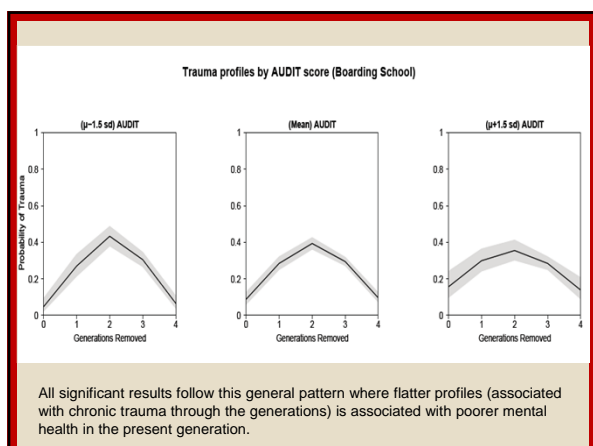
HISTORICAL TRAUMA EVENTS BY GENERATION

	Current	Parents	Grandparents	G grandparents	G-G grandparents
1. Boarding school	13%	28%	32%	37%	6%
2. Adoption/foster care	19%	13%	11%	57%	6%
3. Prevention of cultural expression	14%	26%	37%	39%	6%
4. Exploitation of homeland	13%	16%	26%	59%	6%
5. BIA relocation program	10%	17%	22%	56%	6%
6. Community massacre	3%	3%	25%	64%	6%
7. Land allotments stolen	9%	14%	38%	50%	5%
8. Medical procedures no consent	6%	6%	14%	73%	6%
9. Forcible Relocation	6%	4%	32%	55%	7%
10. Held hostage or experienced combat	5%	5%	17%	70%	7%
11. Prevention of traditional healing	8%	15%	39%	49%	6%
12. Relative's artifacts/remains stolen	7%	6%	21%	67%	8%
13. Relative's artifacts/remains desecrated	6%	5%	21%	66%	9%
<i>Average sources of trauma: Mean (SD)</i>	1.2 (2.3)	1.6 (2.2)	3.4 (3.6)	7.4 (4.2)	0.8 (2.5)

Historical Trauma Analyses controlling for lifetime physical and sexual violence (Longitudinal regressions)

	PTSD Anxiety	PTSD (RE)	PTSD (AV)	PTSD (AR)	CESD
1. Boarding school					✓
2. Adoption/foster care					
3. Prevention of cultural expression	✓				
4. Exploitation of traditional homeland					✓
5. BIA relocation program					✓
6. Community massacre		○	✓		
7. Land allotments stolen		○			
8. Medical procedures w/o proper consent			✓		○
9. Forcible Relocation					○
10. Held hostage or experienced combat		○			
11. Prevention of traditional healing			✓		
12. Relative's artifacts/remains stolen			✓		✓
13. Relative's artifacts/remains desecrated			✓		✓
<i>Across all types of trauma (average total)</i>		○	✓		

PTSD (1) = Re-experiencing symptoms PTSD (2) = Avoidance symptoms PTSD (3) = Arousal symptoms



Zero Order Correlations between Land Loss and Overall Mental and Physical Health by Gender Identity among two-spirit Native Americans

*Note. MH = Overall mental health; PH = Overall physical health. * $p < .05$; ** $p < .01$*

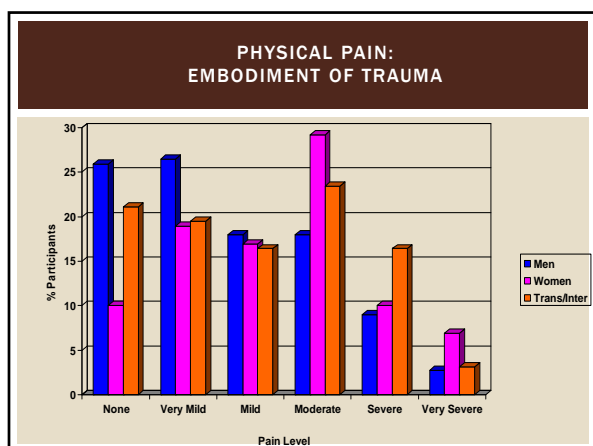
	All ($N = 354$)		Male ($n = 181$)		Female ($n = 147$)		Transgender ($n = 26$)	
	MH	PH	MH	PH	MH	PH	MH	PH
Loss of land	-.22**	-.17**	-.24**	-.17*	-.14	-.14	-.28	-.06
Forcible relocation	-.15**	-.17**	-.17*	-.19*	-.12	-.14	-.10	-.01
Burial of ancestors	-.17**	-.15**	-.23**	-.21**	-.16	-.11	.03	-.08
Land neglect	-.02	-.04	-.02	.03	.05	-.03	-.09	-.08

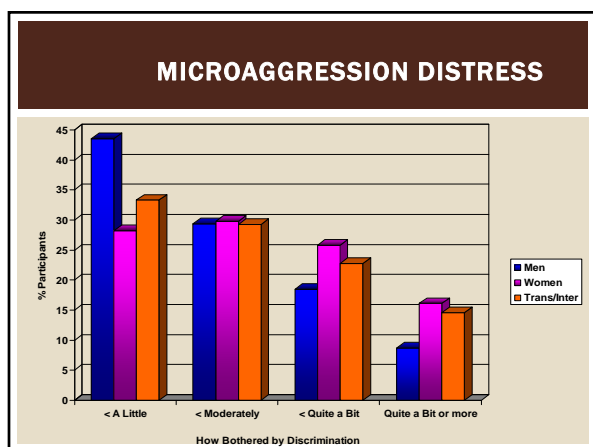
14 (8)% of variance in MH and 10 (4) % variance in PH attributed to Land HT

THE RELATIONSHIP BETWEEN HT AND DISCRIMINATION WITH SMOKING AND PHYSICAL PAIN

- What are implications of historical loss and discrimination for smoking and physical pain?
- AIAN shown to have higher prevalence of smoking
- Greater risk of smoking as a means of coping with stress associated with historical loss and discrimination.
- Pain as embodiment of historical trauma loss and discrimination distress

Some of these findings presented at the : Walters, K. L. & Chae, D.(June, 2007). "My spirit look care of me: Historical trauma, discrimination, health risk and outcomes among American Indians and Alaska Natives. Invited panelist for "Does Racism Make Us Sick?" at the 13th Annual Summer Public Health Research Videorecurrence on Minority Health- University of North Carolina, June 28, 2007.





HISTORICAL LOSS AND PHYSICAL PAIN

	b (SE)
< Yearly	(ref)
Yearly to < Monthly	-0.07 (0.25)
Monthly to < Weekly	0.32 (0.26)
Weekly to < Daily	0.40 (0.28)
Daily or More	0.74 (0.29)*

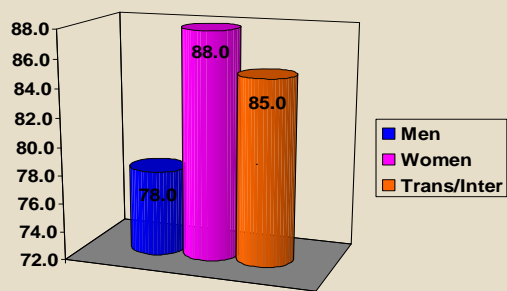
Note: Controlling for gender, age, % Indian blood, sexual orientation, HIV status, current partner status, household income, and education; 22% of variance

DISCRIMINATION AND PHYSICAL PAIN

	b (SE)
< A Little	(ref)
A Little to < Moderately	0.41 (0.16)*
Moderately to < Quite a Bit	0.47 (0.19)*
Quite a Bit or More	0.48 (0.23)*

Note: Controlling for gender, age, % Indian blood, sexual orientation, HIV status, current partner status, household income, and education; each unit increase in discrimination was associated with 1.31 times the odds of reporting physical pain/impairment (95% CI= 1.09, 1.56)

CURRENT NON-TRADITIONAL TOBACCO USE



HISTORICAL LOSS AND CURRENT SMOKING

	OR (95% CI)
< Yearly	(ref)
Yearly to < Monthly	1.7 (0.8-3.8)
Monthly to < Weekly	1.7 (0.8-3.9)
Weekly to < Daily	2.1 (0.8-5.3)
Daily or More	3.5 (1.4-8.9)*

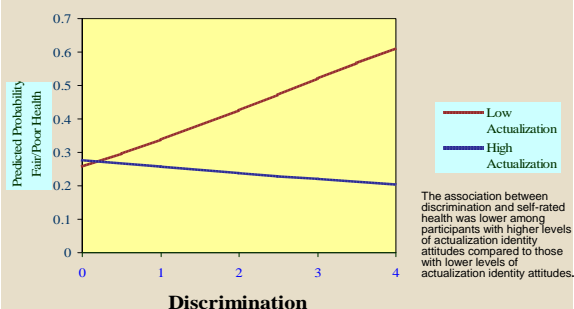
Note: Controlling for gender, age, % Indian blood, sexual orientation, HIV status, current partner status, household income, and education; we found a significant association between historical loss and current smoking, with each unit increase in historical loss being associated with 3.5 times the odds of current smoking

MICROAGGRESSIONS AND CURRENT SMOKING

	OR (95% CI)
< A Little	(ref)
A Little to < Moderately	1.1 (0.7-1.9)
Moderately to < Quite a Bit	1.6 (0.9-3.0)
Quite a Bit or More	2.2 (1.1-4.7)

Note: Controlling for gender, age, % Indian blood, sexual orientation, HIV status, current partner status, household income, and education; we found a significant association between discrimination distress and current smoking, with each unit increase in discrimination distress being associated with 2.2 times the odds of current smoking

Self-reported fair/poor general health status by interaction between discrimination and identity among two-spirits



Chae, D. & Walters, K. L. (2009). Racial discrimination and racial identity attitudes in relation to self-rated health and physical pain and impairment among Two-Spirit American Indians/Alaska Natives. *American Journal of Public Health*, 99 (s1), s144-s151.

SUMMARY OF PRELIMINARY FINDINGS

- HT linked to mental health-- PTSD, depression
 - Disruptions in place, community, person = depression
 - Direct attacks on place, community, person = PTSD
- Historical loss and microaggressions embodied in physical (self-reported pain) and risk taking behaviors (smoking)
- Chronicity of HT events over generations associated with poor mental health in current generation
- A positive identity buffers impact of discrimination distress on self-reported health and pain
- Variance in mental and physical health associated with land-based historically traumatic events

IMPLICATIONS

- Smoking and physical pain among two-spirit AIAN should be viewed in light of histories of systemic and legalized racial/ethnic discrimination.
- Contemporary forms of racial/ethnic discrimination influence health among two-spirit AIAN.
- Policies and programs should address the influence of broader social and historical hazards.
- Directions for future research
 - What are protective factors (e.g. coping, responses)?
 - Moderating factors such as those associated with ethnic identity may buffer the influence of discrimination.

FUTURE DIRECTIONS

HT
Methodological
and
Measurement
Considerations

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Walters & Mohammed (2011) *Dubois Review*

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HT METHODOLOGICAL AND MEASUREMENT CHALLENGES: POINTS TO CONSIDER

- Measure HT events as well as their intensity, duration, and time period of exposure (Krieger 1999) for particular tribal populations
- Chronic and acute HT exposures (one day massacre) may matter, as will intensity of HT event, duration, and frequency of exposure to HT events in a particular generation or across generations.
- Daily wear and tear of HT event exposure (e.g., experimental bombing on traditional homelands) may pose health hazards distinct from those resulting in major acute HT events (e.g., massacre).
- Chronicity of events over one's lifetime and over generations may have different health consequences than one or two events over generations.
- Future research should work with tribal communities to identify resiliency responses, resistance strategies, positive coping and other factors that buffered the impact of HT on tribal, communal, familial, and individual wellness.

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Walters & Mohammed et al., *Du Bois Review*, 8:1 (2011) 179-189.

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HT SUMMARY CONTINUED

- Recovery from historically traumatic events is compounded by the fact that AIANs remain living in the places where historically traumatic events occurred and experience constant reminders of these events.
- Need research on how *chronicity* of HT events (e.g., boarding school) might produce different mental and physical health outcomes over generations compared to acute HT events (e.g., massacre).
- It also appears that diverse types of HT events might yield very different trauma reactions – psychological and physiological. Our preliminary research, for example, indicates that HT events that *disrupt ties* to family, community, or place (e.g., boarding school, forced relocation) may be associated with depressive symptoms whereas HT events that cause *direct physical harm* to community, body, land, or sacred sites are more likely to be associated with anxiety or PTSD symptoms (Walters et al., 2010).
- Finally, though we know that many people exposed to HT remain healthy, research has not explored factors related to maintaining health in the face of HT events.

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Walters & Mohammed et al., Du Bois Review, 8:1 (2011) 179–189.

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DECOLONIZING PRACTICE STRATEGIES

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- Decolonizing strategies to address intergenerational trauma (e.g., soul wound timelines with focus on OI)
- Develop communal, familial, and individual interventions that promote positive identity attitudes and decolonizing approaches to practice
- Decolonizing approaches = creating new narratives from which to deeply contextualize mental health and substance use issues (e.g., naming, reframing) and focus on cultural protective factors for program development and innovation

DECOLONIZING PRACTICE STRATEGIES

- Community memorialization processes sites of resistance and healing
- Distinguish between CTR and OI-based cultural practices (Leary-field; moon)
- Incorporate ancestral and spatial understanding to healing (e.g., power now)
- [Re]naming ceremonies (e.g., depression, entities, and relations)
- Relational restoration and healing of disruptions (e.g. wiping the tears)
- Secondary traumatization (exercise with rocks and flowers)

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CHOCTAW NATION OF OKLAHOMA ANNUAL COMMEMORATIVE WALK



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Choctaw Nation Walk , June 2011

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