

**"My Spirit Took Care of Me" :
Historical Trauma, Discrimination,
Health Risks and Outcomes Among
American Indians and Alaska Natives**

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Turtle Island Native Wellness Study:

Urban American Indian Identity, Alcohol Use, and HIV Risks

Karina Walters, PI [7R29AA12010 1999-2003]

- Survey of 197 adult American Indians and Alaska Natives living in NYC Metro Area
- Aims of the study were to:
 - Test an indigenist stress-coping model of alcohol use and HIV sexual risk behaviors
 - Examine how traumatic stressors influence alcohol use and sexual risk behaviors
 - Examine how cultural factors buffer the effects of trauma on wellness outcomes
 - Develop new sampling methods
 - Develop and test new measures



Joe Regis, a Mohawk Iron Worker, erecting the Chase Manhattan Building -1960, NYC

Status of Urban American Indians/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 AIDS pandemic
- 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.

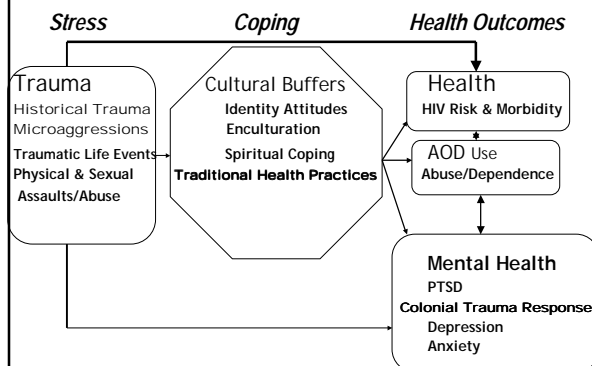


Pathways to AOD Use, HIV Risk, and Other Health Outcomes

- In our model, 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
- Our model delineates the pathways between social experiences and substance use and health behaviors, thus providing a coherent means of integrating social, psychological, and cultural reasoning about discrimination and other forms of trauma as determinants of risk behaviors and outcomes

Indigenist Model of Trauma, Coping, and Health Outcomes

From: Walters & Simoni, (2002). *American Journal of Public Health*, 92 (4), 520-524.



Historical Trauma and Terminology

Historical Trauma

- Collective and cumulative emotional wounding across generations that results from massive cataclysmic events – Historically Traumatic Events (HTE)*
- 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
- Intergenerational transmission of trauma is a relatively recent focus of mental health. First observed in 1966 by clinicians alarmed by the number of children of survivors of the Nazi Holocaust seeking treatment
- The multigenerational aspects of trauma continue to be treated as secondary and, consequently, the behavior of many children of survivors of massive trauma is misunderstood and not treated appropriately

Brave Heart (1995); Yellow Horse Brave Heart (2000)

HT Issues in Research

- HT as an etiological factor or causal agent
 - E.g., Historically traumatic events
- HT as an outcome
 - E.g., Historical trauma response (or CTR)
- HT as a mechanism or pathway
 - e.g., storytelling in families
- HT related factors that interact with proximal stressors
 - E.g., historical trauma loss (prevalence and immediacy of thoughts pertaining to historical loss)

Intergenerational Transmission of HTR: Research Findings

- No clinically significant difference between children of holocaust survivors and Jewish non-survivor controls in terms of PTSD; however, when the survivor children were exposed to stressful events, they were significantly more likely to develop PTSD or sub-threshold PTSD symptoms than controls (Danieli, 1998).
- Similar multigenerational effects have been documented among Japanese internment survivors and offspring.
- For AIAN offspring, increased sensitivity or hyperarousal to stressful events, in particular to events that act as reminders of their colonized status may predispose AIANs to trauma responses and corresponding symptoms.

Historically Traumatic Events: Themes From Focus Groups



Prevention and Punishment of the Crime of Genocide Article 2

In the present Convention, genocide means any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such:

- (a) Killing members of the group;
- (b) Causing serious bodily or mental harm to members of the group;
- (c) Deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part;
- (d) Imposing measures intended to prevent births within the group;
- (e) Forcibly transferring children of the group to another group.

Adopted by Resolution 260 (III) A of the United Nations General Assembly on 9 December 1948.

"...But the more we can kill this year, the less will have to be killed the next war. For the more I see of these Indians the more convinced am I that they have all to be killed, or be maintained as a species of paupers."

---General William Tecumseh Sherman Sept. 23, 1868

Boarding School Period 1879-1935

- 1879 first off-reservation boarding school Carlisle
 - Proposed forced removal at early age no returning until young adults
 - "Kill the Indian, save the man" policy
- 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.
- By 1909, 25 off-reservation boarding schools, 157 on-reservation, and 307 day 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 in Alcatraz for refusing to send their children to boarding schools

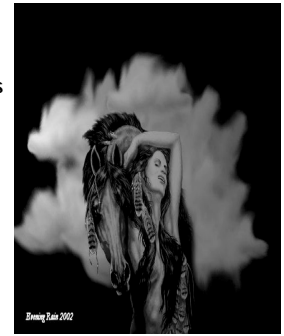
Health Trauma

- History of Medical Impropriety
 - In 1976 U.S. government conceded that its Indian Health Service, then a subpart of the BIA, was not in compliance with providing informed consent for sterilizations of Native women
 - Trachoma eye surgical experimentation leaving 1000s blind or eye damaged
 - TB hospitals and boarding of Native children
 - 1982 Hep B vaccine trials and poor informed consent
 - 1976 GAO report noted that 36 medical experiments with improper consent performed 1974-75
 - Mental health- Canton "Insane Asylum" for Indians was not staffed by nurses, doctors or psychiatrists for at least a year while patients were chained in deplorable conditions

Microaggressions: Discrimination

Ongoing and Current Trauma: Microaggressions

- Appropriation of cultural and spiritual practices - some "New Age" practices
- Romanticization & eroticization of AIAN men and women
- Invisibility
 - E.g., being mistaken for different race
- Religious defamation



Discrimination and Health Outcomes

- Discrimination has been related to depressive symptoms; global measures of distress; anxiety symptoms; and poor general health
- Everyday discrimination is much more stressful than time-limited discrimination, and, as a result, daily hassles have a greater impact on health outcomes
- Among Natives, one study found that perceived discrimination was related to AOD use and depression (Whitbeck & Morris, 2001)
- Evidence suggests that oppressed statuses associated with multiple forms of discrimination may lead to more cumulative physical and mental health symptoms (Diaz & Ayala, 2001)

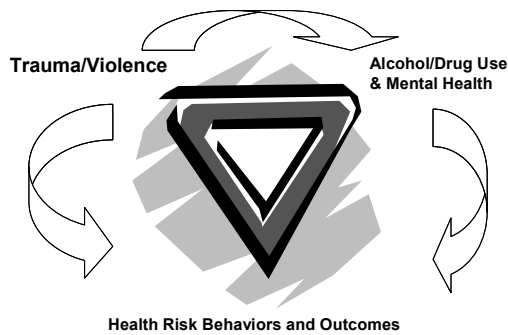
Violent Assaults

Violent Assaults

- Natives are the victims of violent crimes more than 2 times the national average (101 per 1,000)
- The rate for Native women was 2 ½ times the rate for all females (86 per 1,000) and nearly double that of African American females (46 per 1000)
- American Indians are twice as likely to experience a rape/sexual assault (5 per 1,000) compared to all races (2 per 1,000)
- More likely to experience interracial violence: 60% of the assailants are White

Sources: US Dept. of Justice, BJS Statistical Profile 1999-2002; American Indians and Crime Perry, 2004

Triangle of Risk



The Effects of Traumatic Stressors on Health Outcomes

- Historical and contemporary traumatic events can lead to a "soul wound" (Duran & Duran)
- The soul wound or 'spirit wounding' is the cumulative effect of historical trauma brought on by centuries of colonialism, genocide, and oppression
- Psychological ramifications include internalization of the oppressor, unresolved grief and mourning, and suicidality (Braveheart, 2000)
- Diagnostic categories such as PTSD fail to capture the complete and utter wounding of the spirit that is caused by such traumas

Historical Trauma Event Items (Self)

- 25% Native healing or spiritual practices outlawed or stopped
- 23% Forced to not speak your language or cultural expression?
- 17% Adopted or placed into foster care with non-Natives
- 15% Removed and placed into boarding or school
- 16% Experienced flooding, strip mining, polluting on lands
- 13% Forcibly removed by U.S. from homelands/relocated
- 13% Allotted land stolen or taken away
- 11% Hostage/political prisoner in combat with U.S. or tribal war
- 7% BIA relocation participant to meet economic needs
- 6% Experienced community massacre
- 5% Medical testing, sterilization, or other without consent

Historical Trauma Event Items: HTE for Great-Grandparents

- 13% Removed and placed into boarding or school
- 3% Adopted or placed into foster care with non-Natives
- 22% Forced to not speak your language or cultural expression?
- 11% Experienced flooding, strip mining, polluting on lands
- 8% BIA relocation participant to meet economic needs
- 15% Experienced community massacre
- 17% Allotted land stolen or taken away
- 4% Medical testing, sterilization, or other without consent
- 16% Forcibly removed by U.S. from homelands/relocated
- 7% Hostage/political prisoner in combat with U.S. or tribal war
- 23% Native healing or spiritual practices outlawed or stopped
- 13% G2-Parents' remains or artifacts placed in museums
- 14% G2-Parents' remains or gravesites desecrated

Microaggressions Item Examples

- Being asked if you are a "real Indian" by a non-Native person?
- Being asked to prove your Indianness or authenticity by a non-Native person (other than for BIA purposes)?
- Being asked by a stranger if he or she could touch you because you are Native?
- Being asked by a non-Native stranger if you could perform a ceremony or contact a medicine person for him or her?
- Feeling "invisible" to non-Natives?
- Teaching "Indian 101" to non-Natives to make your point or be heard?
- Being asked to change your Native appearance or apparel by your employer or agency (e.g., being asked to cut your hair)?
- Hearing from non-Natives how surprisingly articulate, well-read, or good your language skills are?
- Non-Natives stating to you that you "don't look or act Indian"?
- Hearing discussions by persons in authority about Indians as if they no longer exist?

Microaggressions Results -Examples

In your lifetime/last year, how much were you distressed by...

- | | Life Year | |
|--|-----------|-----|
| • Being told by a non-Native person that he or she was an Indian in a past life or that their grandmother was a Cherokee princess? | 81% | 71% |
| • Being told by non-Natives how they wished they were Indian too? | 76% | 67% |
| • Being told by non-Natives that they felt a spiritual connection to Indian people? | 80% | 76% |
| • Being told you are "paranoid" by non-Natives? | 44% | 33% |
| • Being told by non-Natives how "lucky" you are to be Indian? | 73% | 36% |

Microaggressions Results

Items endorsed as extremely stressful

	Life	Year
• Being mistaken for another racial group	55%	48%
• Being asked if "real Indian" by non-Native	50%	35%
• Past life grandmother was princess?	48%	36%
• Hearing discussions by instructors about Indians as if they no longer exist?	47%	34%
• Felt spiritual connection to Indian people?	47%	36%
• Hearing racist statements	45%	29%
• Non-Natives wished they were Indian too?	43%	31%
• Unexpressed anger re: racist statements	44%	33%

TINWP:
Preliminary Findings

Traumatic Experiences


Trauma Indicator	2 Spirits	Hets	Statistics
Child physical abuse	40%	20%	$\chi^2(1)$ 4.6*
Child sexual abuse	40%	26%	2.14
Lifetime sexual assault	48%	35%	1.53
Lifetime phys abuse by partner	29%	29%	0.00
Lifetime phys assault by other	28%	24%	0.20
Lifetime rob, mug, attack	60%	48%	1.17
No. of historical trauma events experienced by:			
Self	1.71	1.45	-0.60
Parent	2.00	1.17	-2.09*
Grandparent	2.88	0.49	-2.24*
Great Grandparent	2.92	1.44	-2.00*
Great-Great Grandparent	2.79	1.29	-1.85†

†p<.10; *p<.05

Preliminary Correlations: *Historical Trauma Events, Drug Use, and Risky Sex*

- Historical trauma events were associated with drug use
 - Lifetime crack/coke use (.19*)
 - Crank (.18*), inhalants (.21*), opiates (.20*); and XTC (.20*)
- Historical trauma events were associated with alcohol use
 - Needing a drink in the morning (.28**)
 - Injury as a result of drinking (.23*)
 - Quantity and frequency binge drinking (.20-.22**)
 - Drinking to manage moods (HT parents, .16* -.24***)
- Historical trauma events were associated with risky sexual behaviors
 - Inconsistent condom use for vaginal sex in last year (.24-33***)
 - Inconsistent condom use for anal sex in last year (.48**-.54)
 - Inconsistent condom use for anal sex among MSMs 2-spirits (.61**)
 - Ability to use condoms affected by AOD (.35**)

*p = <.05; **p<.01; ***p<.001



HONOR Project

7-Site National Study RO1MH06578

Tulsa/OK City Oklahoma, San Francisco and Los Angeles California, Seattle-Tacoma Washington, NYC, Minneapolis-St. Paul Minnesota

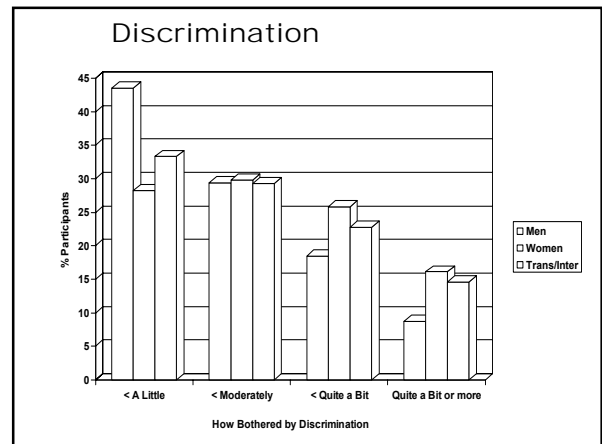
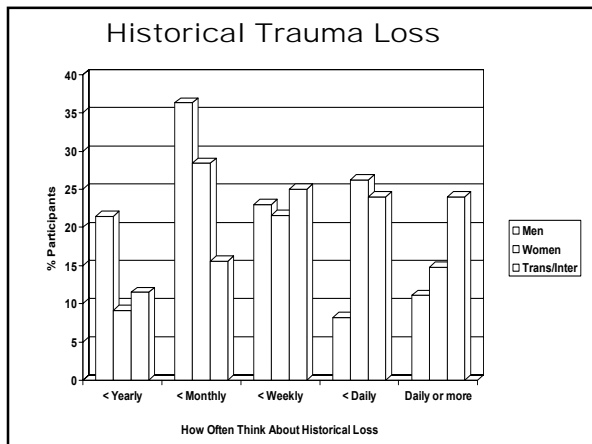
Descriptive Characteristics (N=448)

Gender		HIV status	
Men	42.4%	Negative	67.5%
Women	29.2%	Positive	21.5%
Trans/Inter	28.5%	Unknown	11.0%
% Indian Blood		Household Income	
< 25%	7.0%	< \$12K	54.3%
25-49%	27.8%	< \$12K-\$24K	19.2%
50-74%	22.7%	< \$24K-\$60K	19.2%
75% or more	42.6%	\$60K+	7.4%

Descriptive Characteristics

Sexual Identity		Education	
Lesbian/Gay	45.8%	< 12 years	18.3%
Bisexual	29.3%	12 years	28.9%
Two-Spirit	15.9%	13-15 years	32.9%
Other	9.1%	16+ years	19.9%
Age	Mean: 39.8		

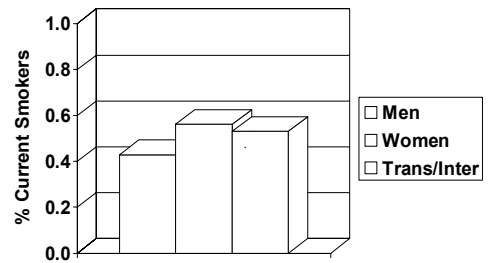
- ### Historical Losses Scale (Whitbeck, 2004)
- 12-item scale listing type and frequency of thinking about loss
 - Scaled 1=several times a day to 6=never
 - Sample Topics
 - Loss of land
 - Loss of language
 - Losing our traditional ways
 - Loss of respect by our children and grandchildren for elders



Historical Loss, Discrimination Smoking, and Physical Pain

- What are implications of historical loss and discrimination for smoking and physical pain?
- AIAN and sexual minorities shown to have higher prevalence of smoking compared to general population.
- 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.

Current Smoking



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)

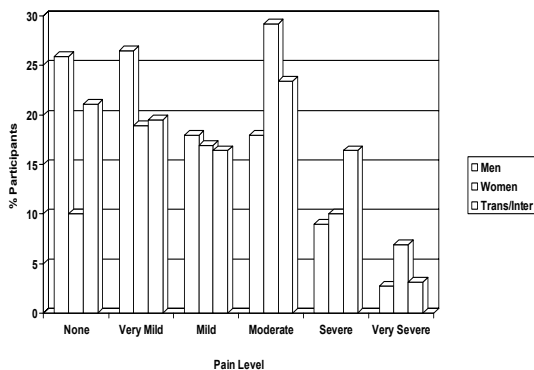
Note: Controlling for gender, age, % Indian blood, sexual orientation, HIV status, current partner status, household income, and education

Discrimination 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

Physical Pain



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

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.

Thank You

- NIAAA (R29AA12010) & NIMH (RO1 MH65871)
- Native NYC, American Indian Community House, Rosemary Richmond, and national communities for their support and input for the TINWP Study
- Native two-spirit communities in Oakland/San Francisco, Denver, Tulsa, Oklahoma City, Los Angeles, Minneapolis/St. Paul, Denver, and New York City
- Indigenous Peoples Task Force, National Native American AIDS Prevention Center, Urban American Indian Involvement, Gloria Bellmule and Don Little, American Indian Community House, Northeast Two Spirit Society, Northwest Two Spirit Society, Denver Two Spirits

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