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Historical Trauma in American Indian/Native Alaska Communities

A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities

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Over multiple generations, American Indian communities have endured a succession of traumatic events that have enduring consequences for community members. This article presents a multilevel framework for exploring the impact of historically traumatic events on individuals, families, and communities. The critical connection between historically traumatic events and contemporary stressors is also discussed at length.

Keywords: *historical trauma; American Indians; microaggressions; intergenerational trauma*

Over successive generations, American Indian and Alaska Native (AIAN) people have experienced a series of traumatic assaults that have had enduring consequences for families and communities. An extensive literature documents these assaults, which have included community massacres, genocidal policies, pandemics from the introduction of new diseases, forced relocation, forced removal of children though Indian boarding school policies, and prohibition of spiritual and cultural practices (Stannard, 1992; Thornton, 1987). Together, these events amount to a history of ethnic and cultural genocide (Smith, 2003). In addition, contemporary AIAN communities suffer from some of the highest rates of lifetime traumatic events, including interpersonal violence (Greenfield & Smith, 1999), child abuse and neglect (T. A. Cross, Earle, & Simmons, 2000), poor health (Walters, Simoni, & Evans-Campbell, 2002), and an ongoing barrage of negative stereotypes and microaggressions that disparage and undermine AIAN society and identity.

Although AIAN peoples have demonstrated enormous resilience in light of such a history, these events have had a toll, not only on individual mental health but also on the healthy functioning of families and AIAN social

structures as a whole. Our ability to understand the full impacts of these traumatic events and develop appropriate and effective treatments is constrained by conceptual and empirical limitations within current models of trauma and traumatic response. Standard diagnostic categories such as posttraumatic stress disorder (PTSD) capture some of the symptoms experienced by AIANs (e.g., nightmares about traumatic events) but are limited in their ability to explore the additive effects of multiple traumatic events occurring over generations. Moreover, such categories offer virtually no discussion on the intergenerational transmission of trauma from person to person or within communities and give us little insight into the relationship between historical and contemporary trauma responses in AIAN communities. In addition, current models of trauma focus primarily on negative outcomes related to trauma and are only beginning to explore the ways in which people maintain wellness after trauma. Responding to the need for a more complex understanding of trauma and trauma responses that can incorporate the long-term effects of multiple, catastrophic historical events and their impact at multiple levels (individual, familial, and communal), researchers have begun searching for new models of trauma. One of the most promising concepts to emerge in the recent literature is the notion of historical trauma. Much of the initial work in this area has explored trauma among Holocaust survivors, but the concept has also been usefully applied to other groups, such as Japanese Americans, Armenians, and, of course, AIANs. In fact, the concept of historical trauma has already been embraced by many lay people within AIAN communities searching for ways to make sense of and respond to their traumatic histories (Whitbeck, Adams, Hoyt, & Chen, 2004). Although it is not a substitute for careful scientific validation, the very fact that the concept has proven so popular indicates that its descriptive power strongly resonates with those to whom it is meant to apply and suggests that it is capturing an important part of their individual and communal experience that other models miss.

Yet despite the initial promise of historical trauma as an explanatory and diagnostic concept, within the broader trauma literature it is still largely unknown. This is partly because early research in this area was conducted with smaller, clinical samples, and there is still relatively little empirical work documenting the precise nature and impact of the phenomenon. But equally it appears that the very concept of historical trauma has been theorized in broad and sometimes conflicting ways. In this article, my aim is to address both of these problems. I begin by offering a definition and simple explanatory three-level conceptual framework for understanding the impacts of historical trauma. Using this framework to structure my evaluation of the current literature on

historical trauma, I then focus on disentangling and expanding on the constructs involved. I also review the work on intergenerational responses to historical trauma, highlighting culturally relevant theories about the transmission of trauma across generations. Though much of this literature concerns non-AIAN communities, my goal is to adapt these findings to AIAN contexts and people. Following this, I outline new directions in conceptualizing the interplay between historical and current trauma. Finally, given the state of the field thus far and the needs of AIAN communities, I suggest several areas for future research and scholarship on historical trauma in AIAN communities.

Current Approaches to Understanding Lifetime Trauma

Before discussing historical trauma, it is useful to briefly review current approaches to understanding trauma and trauma reactions in AIAN communities. Numerous definitions of trauma and lifetime stressors are used within the various mental health related disciplines. Regular life stressors (e.g., loss of a job), although taxing, are considered ordinary and expected experiences in a typical life. Traumatic events, on the other hand, are outside the normal range of an individual's experience and constitute, for that individual, an exceptional mental and physical stressor (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). Of importance, there is considerable variability in individual responses to potentially traumatic events and exposure does not necessarily trigger symptoms of dysfunction. Symptomology may be seen in one person after a relatively minor stressor, whereas in another person exposure to a major traumatic event may trigger only mild distress (Zuckerman, 1999). Many individuals also report emotional and spiritual growth after dealing with a traumatic event (Ai, Cascio, Santengelo, & Evans-Campbell, 2005).

Dysfunctional reactions to traumatic events are often understood through the diagnostic category of PTSD. Although PTSD was developed as a way to understand negative reactions to *lifetime* traumatic events in an individual, it is nevertheless commonly relied on by professionals and scholars in exploring reactions to a range of lifetime and historical or intergenerational events. According to the fourth edition text revision of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 2000), those who have experienced or witnessed an event involving actual or threatened death or serious injury and have responded with feelings of fear, helplessness, or horror may develop PTSD symptoms. These symptoms include intrusion (e.g., dreams, thoughts that remind one of the event), detachment, avoidance,

and hyperarousal (e.g., difficulty sleeping, irritability) and meet the criteria for PTSD if experienced for at least 1 month. The disorder is also associated with impairment in a person's ability to function in typical social or family situations, feelings of helplessness, survival guilt, and feelings of being under threat. Events most often associated with PTSD include rape, combat exposure, child maltreatment, physical attack, and being threatened with a weapon (National Center for Post-Traumatic Stress Disorder, 2006).

Although individual responses vary tremendously, it is widely believed that the scope and intensity of trauma reactions are related to the severity and duration of the traumatic experience. Events that involve death or injury and long-lasting events are associated with significantly higher levels of related stress (American Psychiatric Association, 2000). Higher levels of PTSD symptomology have also been linked to events that are viewed as uncontrollable or unpredictable (National Center for Post-Traumatic Stress Disorder, 2006), involve separation from family during the event (Stevens & Slone, 2007), or are human initiated (Marmar, Weiss, & Metzler, 1998). At the individual level, traumatic stressors are generally categorized as either acute or chronic. Acute stressors occur only one time and do not include instances of physical or sexual abuse. Chronic stressors include ongoing or multiple stressors and/or incidents of physical or sexual abuse (Kahana et al., 1997). Fletcher (1996) compared responses to both types of stressors and found that chronic or abusive stressors were associated with significantly higher levels of avoidance, numbing, trying to forget, and regressive behaviors. Conversely, those experiencing acute stressors reported more intrusive memories, somatization, and hypervigilance.

Clearly, the historical context of AIANs includes a range of events that can be classified as both acute and chronic stressors, and responses to such stressors may include PTSD symptomology. These classifications, however useful, have important limitations for understanding AIAN health and wellness. First, they were not developed to address intergenerational trauma and do not adequately speak to the possibly compounding nature of responses to multiple stressors. Second, their focus remains on the individual and does not address the familial and social impacts of trauma reactions. Exploring these other levels is particularly important in AIAN communities, in which members tend to have strong social and family affiliations. Third, such categories do not explore the ways that historical and contemporary traumas interact or how a present-day trauma might be interpreted within the context of historical events. And fourth, work examining the factors that buffer the impact of traumatic events is still limited. To address these concerns, researchers have begun building on traditional conceptions

of trauma to explore the experiences of people from communities that have endured multiple traumatic events across generations.

Historical Trauma

Historical trauma has become increasingly important in considerations of wellness among historically oppressed communities. Research related to such trauma has been conducted with a variety of populations, including Jewish Holocaust survivors and their descendents and Japanese Americans after internment. Scholarship exploring this phenomenon in AIAN communities draws from the seminal work of Maria Yellow Horse Brave Heart and her colleagues at the Takini Network (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998). Such preliminary work in the field of historical trauma has made a significant contribution to the field of intergenerational traumatology, yet many of the concepts involved still require further clarification and development. In this section, I present an overview of historical trauma, its impacts, and its modes of transmission across generations with an eye toward specifying and clarifying the constructs involved.

Defining Historical Trauma

There have been a variety of terms used to describe the multigenerational nature of distress in communities, including *collective trauma*, *intergenerational trauma*, *multigenerational trauma*, and *historical trauma*. *Historical trauma*, the term used most often by scholars of AIAN trauma, is conceptualized as a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998).

The concept of historical trauma has served as both a description of trauma responses among oppressed peoples and a causal explanation for them. Associated historical events tend to be profoundly destructive at a physical and/or emotional level and are generally experienced by many people in a community (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998). Historical trauma is collective in that many members of a community view the events as acute losses and experience corresponding trauma reactions. It is understood as compounding insomuch as events

occurring at different time periods (often across generations) come to be seen as parts of a single traumatic trajectory. Previous scholars have suggested that the effects of these historically traumatic events are transmitted intergenerationally as descendents continue to identify emotionally with ancestral suffering (Brave Heart, 1999a, 1999b). Thus, although the events involved may have occurred over the course of many years and generations, they continue to have clear impacts on contemporary individual and familial health, mental health, and identity.

Previous scholarship has identified a broad array of historical events that might contribute to historical trauma in AIAN communities. These events may target communities or families directly, as in the case of forced boarding school attendance or the outlawing of religious practices, or indirectly, when aimed at the physical environment. Such environmental assaults include radioactive dumping on tribal lands, flooding of homelands, and the introduction of diseases into communities. Some of these events, such as the loss of land and relocation, are common experiences suffered historically by all AIAN communities. Other events, such as the prohibition of whaling in northwestern coast communities, are more culturally or tribally specific. Notably, such historically traumatic events are quite diverse, and, accordingly, the associated reactions are not comparable; trauma reactions stemming from witnessing a community massacre will likely be different from reactions to being forcibly removed from family to attend an Indian boarding school. However, the lens of historical trauma allows us to expand our focus from isolated events and their impacts to the compounding effect of numerous events over time.

Although there is a great deal of variation in the events associated with historical trauma, it is possible to identify three distinguishing characteristics. First, they are generally widespread among AIAN communities, and thus, at the time of the event, many people in the community experienced or were affected by the event. Second, the events generate high levels of collective distress and mourning in contemporary communities. In some cases, the resulting distress has been empirically documented among contemporary populations (e.g., Brave Heart, 1999a, 1999b; Whitbeck et al., 2004), and in others the distress is visible in the narratives that communities share about the events. Third, the events are usually perpetrated by outsiders with purposeful and often destructive intent. This third characteristic is critical to the definition of historical trauma. Indeed, as noted above, many of these events are not only human initiated and intentional but also fall under the category of genocide (e.g., physical, cultural, or ethnocide), making them particularly devastating.

Responses to Historical Trauma—A Multilevel Framework

Using a variety of methods, researchers have begun to document a variety of intergenerational responses to historically traumatic events. Not surprising, these effects are quite varied, reflecting differences in the perpetrating events themselves and their intergenerational consequences, differences in a given person's experience with historical trauma and his or her unique psychological and social makeup, and differences in familial and communal social structures. Although the long-term social manifestations of historical trauma are potentially both profound and pervasive, current research in this area has tended to focus on the individual, looking in particular at the psychological and emotional effects of the phenomenon. However, I believe that historical trauma is best understood as having impacts at three levels—the individual, the family, and the community.

Research suggests that responses at the individual level fall within the context of individual mental and physical health and may include symptoms of PTSD and guilt, anxiety, grief, and depressive symptomology (e.g., Barocas & Barocas, 1980). Responses at the familial level have received much less research attention; however, emerging work suggests that impacts may include impaired family communication (e.g., Wardi, 1992) and stress around parenting (Brave Heart & DeBruyn, 1998). Finally, at the community level, responses may include the breakdown of traditional culture and values, the loss of traditional rites of passage, high rates of alcoholism, high rates of physical illness (e.g., obesity), and internalized racism (e.g., Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998). Although research has not yet empirically linked such community-level responses to traumatic events, AIAN scholars and community leaders allude to these connections in their descriptions of pervasive and chronic social malfunction. Indeed, the recognition that events may have effects at the group or community levels is critical in emerging conceptions of historical trauma and implies the possibility of collective group impacts. That is, AIAN individuals may not simply experience individual and family level responses but may also live within the context of a traumatized community.

These three levels are distinct but clearly interrelated. Individual responses are influenced by familial experiences, and responses at both the individual and familial levels are dependent on community-level responses to historical trauma. At same time, community responses are constantly reinforced by actions at the individual and family levels. In this way, all three levels are interrelated, a fact that, as we will see later, has important implications for the transmittance of historical trauma and for clinical approaches to healing.

Impacts at the individual level. The impact of historically traumatic events at the individual level has been well documented, and much of the vast research in this area has been conducted with survivors of the Jewish Holocaust and their descendents. Holocaust survivors demonstrated tremendous resiliency and coping after massive trauma, yet many also experienced a range of negative mental health symptoms. Although there is a tremendous diversity of Holocaust experiences, early researchers were able to document and explore a range of psychological symptoms commonly seen among survivors (Felsen, 1998). These symptoms are often collectively referred to as "survivor syndrome" and include denial, agitation, anxiety, depression, intrusive thoughts, nightmares, psychic numbing, and survivor's guilt (Barocas & Barocas, 1980; Eitinger & Strom, 1973; Neiderland, 1968, 1981). Survivors have also shown an obvious capacity for growth after the Holocaust, and although research examining resilience and coping after the Holocaust is limited, emerging work in this area is encouraging. In a study exploring coping and adjustment in elderly Holocaust survivors, Robinson, Rapaport, Durst, and Rapaport (1990) interviewed 86 elders and found that although most of elders were still experiencing negative mental health outcomes related to the Holocaust, they also exhibited significant coping strategies and had maintained strong community and family ties over their lifetimes.

For the *descendants* of Holocaust survivors, negative reactions to historical trauma appear to take a different and perhaps more subtle form. For this population, rates of mental health disorder are not usually higher than those found in the general population (Felsen & Erlich, 1990; Sigal & Weinfeld, 1987; Weiss, O'Connell, & Siiter, 1986). Moreover, although their symptoms do not meet the criteria for mental disorder, descendents are more likely to experience some symptoms of depression, higher levels of anxiety, mistrust, and guilt, difficulty handling anger, and somatization over their lifetime compared to others (Barocas & Barocas, 1980; Bar-On et al., 1998). Children of survivors may also have more difficulty expressing emotions and regulating aggression, feel guilty, have an increased tendency toward self-criticism, and be more likely to experience psychosomatization (Felsen, 1998). Perhaps most notably, research also clearly shows a pattern of stress vulnerability to future events. That is, when children of survivors experience contemporary traumatic events, they are significantly more likely than controls to develop PTSD or subthreshold PTSD symptoms (Solomon, Kother, & Mikulincer, 1988; Yehuda, 1999). Similar transgenerational effects have been documented in other populations, including Japanese Americans after internment (Nagata, Trierweiler, & Talbot, 1999)

and victims of the Turkish genocide of Armenians (Kupelian, Kalayjian, & Kassabian, 1998). It should be noted, however, that although this research is useful for understanding the long-term impacts of historically traumatic events, it almost exclusively explores negative reactions associated with single events or specific periods. Many communities affected by historical trauma, in contrast, have experienced multiple events that may elicit similar but different responses at the individual level.

In their influential work, Brave Heart and her collaborators (Brave Heart, 1999a, 1999b, 2000; Brave Heart & DeBruyn, 1998) have explored the impacts of a range of historically traumatic events on mental health among the Lakota and have documented a collection of common responses, which they term "historical trauma response." This response is similar to symptomology identified among Jewish holocaust survivors and their descendents and includes: rumination over past events and lost ancestors, survivor guilt, unresolved mourning, feeling numb in response to traumatic events, anger, depression, intrusive dreams and thoughts, and fantasies about saving lost ancestors.

Furthermore, in a study conducted with elders from two large reservation communities, Whitbeck et al. (2004) explored responses to a variety of historical and contemporary events negatively affecting indigenous people (e.g., loss of tribal land, forced boarding school attendance). They found that although respondents were generations removed from many historically traumatic events, the trauma associated with such events was clearly still part of their emotional life. When asked how often they thought about specific historical losses, for example, about one fifth of the respondents (18.2%) said they thought at least once a day about the loss of indigenous land, more than one third (36.3%) had daily thoughts about the loss of indigenous language in their community, and more than one third (33.7%) experienced daily thoughts about the loss of culture. A significant portion of the respondents (45.9%) thought daily about alcoholism and its impact on the community. Even more notably, although the communities involved in the study were not part of the Indian boarding school movement that affected most AIAN communities, about 18.0% of the respondents thought about losses associated with boarding school at least once a week.

Elders also reported a range of emotional responses, including sadness, depression, anger, anxiety, discomfort around White people, fear of White people, shame, loss of concentration, feelings of isolation, rage, feeling that more traumas will happen, and avoidance of places or people that are reminders of the losses. About one fourth (23.8%) of the respondents reported *always* or *often* feeling anger associated with historical loss, and

close to one half (48.7%) reported having intrusive thoughts related to the losses *at least some of the time*. About one fifth of the respondents (21.4%) *always* or *often* felt discomfort around White people because of historical losses, and one third (34.6%) *always* or *often* felt distrustful of the intentions of White people because of historical losses.

As suggested previously, however, although negative reactions are common, they are not ubiquitous. Like survivors of historically traumatic events, some descendants exhibit negative symptomology, whereas many others are quite resilient in spite of their histories. Indeed, previous research has shown that there are numerous areas of resilience and good adjustment among descendent populations (Harel, Kahana, & Kahana, 1988; Solomon et al., 1988). Viewing trauma through a multidimensional lens, it seems clear that AIAN survivors and their offspring have areas of both vulnerability and resilience (Danieli, 1998). In a small qualitative study of Lakota community leaders, for example, Brave Heart (2000) explored emotional experiences related to historical trauma with suggestive results. Although respondents were identified as leaders and presumably were successful community members, they also carried what she termed "a collective survivor identity," and several types of trauma response were seen throughout the group, including anger, an impaired ability to bond, transposition, guilt, and somatic symptoms. Yet respondents also shared many coping strategies, including having deep emotional attachments with others, holding traditional values, helping others, and focusing on future generations. Some respondents alluded to carrying an identity as a helper and healer, allowing them to serve as a conduit for transforming the community trauma. These findings suggest that traditional cultural practices may have served to buffer the effects of other lifetime assaults on Lakota elders. Related, in a study exploring discrimination and its impact on AIAN people researchers found that although perceived discrimination was significantly associated with symptoms of depression, regular participation in traditional practices buffered its negative effects (Whitbeck et al., 2004).

Family-level impacts. At the familial level, there are important but perhaps more subtle ways that historical trauma manifests itself. Research among diverse populations has shown that children and grandchildren of survivors of traumatic events have high levels of current interest in ancestral trauma (Danieli, 1998; Nagata, 1991; Whitbeck et al., 2004). In particular, scholars have suggested that among historically oppressed peoples, intergenerational trauma can become an organizing concept for family systems (Danieli, 1998; Nagata, 1991; Wardi, 1992). For example, previous

research has shown that children of Holocaust survivors may feel that they are expected to serve certain familial roles, including consoling their parents or replacing those lost in the Holocaust (Felsen, 1998). In addition, some family members appear to serve as "memorial candles" for their families and community groups (Heller, 1982; Wardi, 1992), whereby they assume a role focused on testimony about the past and healing.

In research with children of Jewish Holocaust survivors, Bar-On and colleagues (1998) identified two major themes that influenced interactions between children and parents. First, many interviewees experienced a preoccupation with their parents' trauma, which influenced their willingness to talk with their parents and their behavior in general. These children of survivors strove to be "good children" by not to causing more pain in the lives of their parents and, of importance, by not to asking questions about the Holocaust for fear of triggering painful memories. Similar findings have been found among indigenous people, whereby descendents of survivors avoid bringing up their own problems or worries so as not to burden their families (Walters, Evans-Campbell, Simoni, Ronquillo, & Bhuyan, 2006). Second, children of Holocaust survivors reported "pervasive and persistent" feelings of guilt (Bar-On et al., 1998). Some interviewees noted feeling that they were not entitled to happiness when others could not have it. Similarly, research with AIAN community leaders has illustrated that given the overwhelming nature of ancestor experiences, contemporary AIAN people may tend to trivialize their own personal problems (Walters et al., 2006). As one study participant asked, "How could any of my problems be even remotely as hard as the things my ancestors went through?"

AIAN scholars have suggested that historical trauma may also play a role in AIAN family violence. For example, high numbers of AIAN parents grew up in boarding schools or foster care and were thus deprived of traditional parental role models (T. Cross, 1986; Horejsi, Craig Heavy Runner, & Pablo, 1992). Horejsi et al. (1992) suggested that boarding school experiences may have not only interrupted the intergenerational transmission of healthy child-rearing practices but also instilled new, negative behaviors instead. Although the vast majority of AIAN parents who experienced out-of-home care through boarding school or foster care are able to parent effectively, some may struggle as a result. In addition, the government's practice of removing children from AIAN communities through forced boarding school attendance or placement in out-of-home care continues to send a strong message to AIAN communities—the government has historically not considered AIAN families appropriate as places to raise AIAN children. This message may be internalized by parents and their children,

who may begin to doubt themselves, their own culture, and their traditional ways of parenting.

Community-level impacts. Community-level responses are perhaps the most insidious but also, surprisingly, the least studied and understood. At an intuitive level, the impact of historical trauma seems obvious. Several generations of historical assaults on AIAN culture, social structures, and ways of life have influenced tribal communities in myriad ways, and although many AIAN communities are thriving, there continue to be assaults on tribal sovereignty and traditional practices. Other AIAN communities have been left in a weakened condition, some still without fully functioning institutions or practices that characterize healthy and self-sustaining societies. Yet historically traumatic events have only recently been seen as having potentially compounding effects on entire communities, and there is limited discussion in the literature regarding community-level impacts using a trauma framework. Research on the effects of forced Indian boarding school attendance, for example, has looked almost exclusively on survivor mental health outcomes. More recent conceptual work has contextualized the impact of the schools as a community-wide and multifaceted intergenerational loss (Adams, 1995; Duran et al., 1998). Thus, the boarding school experience was traumatic not only for the children and families involved but also for the entire community and had dire consequences over generations. As children were removed from their communities, they were also subjected to assimilationist strategies and punished for practicing cultural and spiritual ways (Adams, 1995). Consequently, boarding schools significantly contributed to the loss of language and other traditional practices. A similar phenomenon occurred in the Japanese American community through the internment camp experiences. Nagata (1991) found that the internment led to an accelerated loss of culture as survivors tended to minimize their own Japanese ancestry, feeling it was protective to acculturate and encourage their children to acculturate.

Another important consideration in terms of community-level impact for AIAN communities is the large number of historically traumatic events that involve the loss of children. In any community, the loss of many children at once has a profound implications, including emotional suffering, the loss of human capacity (e.g., future leaders), and the ability of the community to safeguard its language and culture. The loss of children in AIAN communities has occurred over generations through forced Indian boarding school attendance, federal policies supporting the transracial adoption of AIAN children, and historically high rates of AIAN children in living foster care.

AIAN children represent the future of their communities, and when they are taken from the community the ability of community members to plan for or envision the future is jeopardized.

Although empirical evidence is still being documented, AIAN scholars have long suggested that traumatic events have also led to indigenous community-level trauma responses, including social malaise, weakened social structures, and high rates of suicide (e.g., Duran & Duran, 1995) that themselves become second-order effects. Similarly, elders in Whitbeck et al.'s (2004) study attributed higher community rates of alcoholism and child maltreatment to historically traumatic events. Given the previously limited view of historically traumatic events, unmasking the full extent of their impact is challenging, particularly when history is often presented in fragmented pieces rather than as a continuous process and social trajectory. Viewed together, however, one might reasonably speculate that affected communities may be more susceptible to negative second-order effects.

The Intergenerational Transmission of Historical Trauma

The intergenerational transmission of historical trauma can occur on at least two levels, the interpersonal and the societal. At an interpersonal level, traumatologists speculate that intergenerational transmission can occur directly and indirectly. In the case of direct transmission, children may vicariously experience events via stories heard about the experiences of their parents or grandparents and, consequently, suffer from associated psychological problems (Auerhahn & Laub, 1998). In the case of indirect transmission, traumatic events may lead to poor parental mental health or poor parenting styles, which, in turn, may increase stress in children (Auerhahn & Laub, 1998). It seems likely that transmission occurs both directly and indirectly in AIAN communities.

As noted previously, at the societal or community level, the effects of an event may include multifaceted losses such as the elimination of traditional "ways of life" after relocation to reservation communities. Related effects might carry forward for as long as that loss remains unreplaced. In other words, the community could retain the loss from the time of the initiating event into present day life. Individuals living within this traumatized or "wounded" community might also experience secondary effects (Swinomish Tribal Mental Health Project, 1991; Walters et al., 2002). In a community that has lost its spiritual compass, for example, people might be more susceptible to drugs, or children raised in families that have lost their ability to parent might experience increased levels of abuse and neglect. In this way,

the trauma, like a wave, continues to roll forward over generations leaving an array of effects in its wake. To stop this forward momentum, some form of social healing in which the loss is mourned and perhaps replaced by something new and healthy in the community may be called for.

There are also several factors that may make AIAN communities particularly susceptible to the negative effects of historical trauma. The tendency of indigenous people to have extended family and community systems, for instance, means that individual traumatic events are likely to affect the entire community either directly or indirectly (Duran et al., 1998). The emphasis on ancestral ties in some AIAN communities also means that many AIAN people experience the presence of their deceased relatives in the here and now and consequently are reminded of the traumas experienced by their ancestors (Brave Heart, 1999b; Evans-Campbell & Walters, 2006). Finally, events that serve as reminders of colonization may be particularly apt to evoke trauma responses (Evans-Campbell & Walters, 2006). For example, seeing films depicting massacres may trigger reactions such as nightmares, even in an individual who has not had the direct trauma experience. Although there is considerable clinical anecdotal evidence for this stress vulnerability among AIAN populations, future research will need to test this hypothesis.

Factors Influencing the Severity of Historical Trauma

Given the diversity of historical trauma experiences, a multitude of factors may potentially influence levels of distress experienced by community members. At the individual level, for example, research suggests that certain types of traumatic events are more likely to trigger strong reactions. For descendants of Holocaust survivors, ancestor histories that involved the death of a child or a spouse were significantly related to poor mental health in descendants, including anger problems, problems in intimacy, and problems with dependency (Gertler, 1986). Research with diverse communities suggests that transmission of trauma in descendents is also affected by the number of parents traumatized and by female gender. Having two traumatized parents has been shown to increase the likelihood of trauma (Karr, 1973), as does female gender in either parent or child (Karr, 1973; Lichtman, 1984). Parental reactions to traumatic events also play an important role in the offspring's mental health. In a study of adult children of Holocaust survivors, Rosenheck and Nathan (1985) found that children whose parents had chronic PTSD symptoms were significantly more likely to develop PTSD symptoms themselves.

At the familial level, research with diverse groups shows that one of the most crucial factors affecting intergenerational transmission of massive trauma is communication around the events, particularly silence or guilt-inducing communication (Bar-On et al., 1998; Felsen, 1998; Nagata et al., 1999). As might be expected, survivors of traumatic events tend to avoid talking about their experiences and related feelings (Nagata et al., 1999), particularly to their children. From the parental perspective, keeping silent may be a way to protect children; yet, from the child's point of view, the events then become imbued with mystery and confusion (Bar-On et al., 1998). Indeed, in a large qualitative study with adult children of Japanese internment camp survivors, Nagata (1991) found that children interpreted parental silence about the internment to signify that the events were too painful to talk about. Children may feel resentment over this silence, and, indeed, avoidance of and indirect communication around historically traumatic events are significantly related to poor mental health outcomes for children and grandchildren of survivors, leading to paranoia, hypochondria, anxiety, and low self-esteem (Lichtman, 1984). It should be noted, however, that the impact of communication on transmission may be particularly challenging to interpret for AIAN peoples given that indirect communication is a cultural norm in many AIAN communities (Evans-Campbell & Walters, 2006). Consequently, if scholars or practitioners are unaware of tribal differences in communication patterns, they can inadvertently pathologize normal cultural practices. As Evans-Campbell and Walters (2006) noted, care must be taken to differentiate between communication based on trauma reactions such as avoidance of communication and culturally based communication styles such as indirect communication.

At the community level, communication about historical trauma and its precipitating events is also critical. Intergenerational traumatologists speculate that public reactions significantly affect individual and communal posttraumatic adaptation and healing. Exploring this phenomenon in relation to Jewish Holocaust survivors, Danieli (1998) suggested that a "conspiracy of silence" develops, whereby those who were not affected are unable to understand the horrific nature of survivor experiences and, moreover, may actively avoid hearing about them. As a result, survivors do not talk about their experiences, which, in turn, may increase feelings of isolation, loneliness, and mistrust among survivors. Similarly, in the United States, acknowledgments of traumatic events perpetrated on AIAN communities are limited, and, not surprisingly, AIANs routinely encounter societal reactions such as indifference, disbelief, and avoidance (Evans-Campbell & Walters, 2006). Although there is little discussion in the literature regarding societal reactions related to

historical trauma, it seems likely that many AIAN people are affected by the tendency of the broader society to ignore painful indigenous histories.

The Interplay Between Historical and Contemporary Trauma—New Directions

One of the most important areas of emerging scholarship related to historical trauma is the intersection of historical and contemporary trauma. Certainly, there is ample evidence that AIAN people experience high rates of contemporary assault and discrimination. Given the AIAN context of historical trauma, how might reactions to such contemporary events play out? I suggest that there are several kinds of contemporary events, traumatic in their own right, that take on additional weight when understood in the context of historical trauma. From an indigenous perspective, these events are understood as clearly linked to historical events and patterns of trauma. Accordingly, they serve as contemporary manifestations of past assaults, which in turn dramatically heightens their emotional and cultural significance. Insomuch as these modern events are part of the daily fabric of modern AIAN life, historical trauma becomes the ongoing context in which many people live. I begin this section by outlining two types of contemporary trauma common to AIAN experience and then present an emerging framework for understanding the interplay between contemporary and historical trauma responses in AIAN communities.

Current Forms of Trauma and Discrimination in Indigenous Communities

Contemporary assaults. Today, AIANs are the victims of violent crimes at a rate (124 per 1,000) more than 2.5 times the national average (Greenfeld & Smith, 1999). The rate of violent crime against AIAN women is almost 50% higher than that reported by African American males, and the rate for AIAN males is double that for all males (Greenfeld & Smith, 1999). Moreover, the rate among AIAN women is highest compared with the rates for women of other ethnic or racial groups (98 per 1,000; Greenfeld & Smith, 1999). Overall, AIAN peoples primarily experience assault-related violence, with 56% experiencing simple assault, 28% aggravated assault, and 6% sexual assault in their lifetimes. Strikingly, violence in AIAN communities is mainly perpetrated by European Americans (60%) and other non-AIANs (10%, for a total of 70% non-AIAN perpetrators; Greenfeld & Smith, 1999).

Microaggressions. Numerous race scholars have used the term *microaggressions* to define contemporary events involving discrimination, racism, and daily hassles that are targeted at individuals from diverse racial and ethnic groups. Microaggression encompasses some of the most persistent forms of discriminatory acts that AIANs endure and includes acts that are both covert (e.g., being arbitrarily pulled over by a police officer) and overt (e.g., being spit on or attacked) and daily discriminatory stressors (e.g., racist name calling; Evans-Campbell & Walters, 2006). In a community study of urban AIAN people in New York City exploring the impact of trauma on urban AIANs, focus group members identified numerous examples of microaggressions, including authenticity tests (e.g., a non-AIAN asking whether a AIAN person is a "real" Indian), romanticized stereotypes of AIAN people and customs, presentations of AIAN people as if they were extinct, and the appropriation of indigenous ceremonies and sacred objects (Walters, 2003).

In a community survey of 197 urban AIAN adults in New York, Walters (2003) found that microaggressions were a common experience. For example, 66% of respondents reported that they had been told how "surprisingly articulate" they were, 78% had been told that they did not "look or act Indian," and 33% had been asked to change their appearance by their employer (e.g., being asked to cut their hair). Such discriminative assaults experienced over time exact a considerable toll on individuals, families, and communities. Walters (2003) found that experiencing microaggressions was highly correlated with experiencing symptoms of distress over the lifetime and within the past year. Indeed, related research suggests that daily discrimination often elicits more distress than does episodic or time-limited discrimination, and, as a result, daily assaults have a more significant impact on health outcomes (Williams, Yu, Jackson, & Anderson, 1997).

Colonial Trauma Response (CTR)

Evans-Campbell and Walters (2006) built on the historical trauma literature to explore the interaction of historical and current traumas in what they termed Colonial Trauma Response (CTR).[1] Although historical trauma specifically focuses on historical collective traumatic events and responses, CTR is a complex set of both historical and contemporary trauma responses to collective and interpersonal events. A defining feature of CTR is its connection to colonization. Indeed, CTR reactions may arise as an individual experiences a contemporary discriminatory event or microaggression that serves to connect him or her with a collective and often historical sense of injustice and trauma. In their overview of CTR, Evans-Campbell and Walters

presented an example of a AIAN woman who was called a race-related derogatory name by a stranger and felt personal rage over her current experience, seeing it as another example of the injustices perpetrated on AIAN women over the centuries. Although the assault targeted her individually, it led her to contemplate her ancestors' experiences and thus connected her to collective ancestral pain in a very immediate and emotional way. It should be noted, however, that the connections between past and present trauma may be quite subtle, making it difficult for individuals to see the relationship between contemporary responses and a historically traumatic past. As a result, emotional responses to current microaggressions may initially seem overreactive or too intense, even to those directly involved.

New Directions

As the emerging literature on historical and cumulative trauma in AIAN communities moves us forward in important ways, it also raises many questions. In particular, scholars are called on to address four critical areas. First, we must further describe, measure, and assess historical trauma, including the different sources of trauma, differences in regional or tribal responses to trauma, and the mechanisms by which the effects of trauma are transmitted interpersonally and intergenerationally. In future research examining the continuum of trauma in AIAN communities, there is a need to carefully separate out the historically traumatic events that may affect individuals and families and the range of responses to these events. Such information will lead us to a clearer understanding of the effects within and among individual, familial, and communal levels and the resiliencies.

Related, given the profound nature of the traumas experienced in certain communities, we need to reconsider just what constitutes a dysfunctional reaction. As Danieli (1998) suggests, symptoms of guilt, denial, and extended mourning, often considered "dysfunctional," might instead be reframed as adaptive given the context of the devastation resulting from massive trauma such as the Holocaust. A certain amount of denial of the event (Danieli, 1985) and some adaptive guilt (Klein, 1973) may actually function as coping strategies in the face of terror. If time limited in nature, such strategies may be a quite reasonable way to deal with overwhelming trauma. Scholars can facilitate this understanding by exploring "typical" behavior after trauma in different communities. For those who have experienced historical trauma, what symptoms might be anticipated, and which symptoms signal dysfunction at the individual, familial, or community levels? For indigenous communities, are there particular regional or tribal responses?

Second, we must increase our understanding of how current life stressors and traumatic events are experienced within the context of historical trauma. More scholarship and research exploring the relationship between historical and current traumas will lead to more holistic and refined models of impacts. Work in this area should also involve examining the ways that secondary stressors such as high rates of drug use in a community are modified when interpreted within a context of historical trauma. Do current secondary stressors increase over time, or do people develop a resistance to them? Research must also involve careful consideration of microaggressions and lifetime assaults. Do individuals develop resistance to such contemporary assaults, or do they function as triggers of trauma, serving as reminders of past injustices and injuries and thereby keeping history alive in modern AIAN people and communities? How also do they undermine individual mental health, wearing away at the individual over time?

Third, given what we know about the impacts of cumulative trauma over time, scholars of trauma must be committed to developing effective treatments for current and historical trauma that target not only individuals but also families and communities. Although there is a significant amount of literature on the treatment of posttraumatic stress at the individual level, such treatment models need to be modified to account for historical trauma. Perhaps even more important, more work must be done to develop and test interventions at the familial and community levels. A number of tribes have already embarked on community-level healing processes by reinstating traditional social practices and structures such as canoe journeys and traditional hunting practices (e.g., whaling). The development of tribe-driven courts and health clinics and tribe-managed social service providers might also be seen as a pathway to restore the social unit to functioning health. With such resources, will tribal communities become better equipped to effectively heal themselves?

Finally, and perhaps most important, future scholarship must directly investigate resilience and healing around the continuum of trauma in AIAN communities. Although much of the literature on historical and cumulative trauma has focused on negative outcomes, there is a small but growing literature exploring the strengths and resiliencies that result from survival and adaptation. After enduring generations of oppression and threats to family and community systems, many ex-slaves and their children shared a worldview focused on the family and the need for close community ties (W. Cross, 1998). It could be argued that in indigenous communities, a history of historical trauma has enhanced community ties and underscored the importance of retaining culture and tradition. How then can we build on these strengths to begin healing and transforming communities after enduring generations of

trauma? Research that explores the factors associated with resiliencies is critically important as practitioners and scholars search for pathways to heal the legacy of intergenerational trauma.

Note

1. The term *colonial trauma* is used to encompass both historical and contemporary traumatic events that reflect colonial practices to colonize, subjugate, and perpetrate ethnocide and genocide against contemporary American Indian and Alaska Native peoples and nations.

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