

Cultural Issues in Historical Trauma and Implications for Youth at Risk

Dolores Subia BigFoot, PhD
Indian Country Child Trauma Center
University of Oklahoma Health Sciences Center
Oklahoma City, OK
<http://www.icctc.org>
dee-bigfoot@ouhsc.edu

Indian Country Child Trauma Center (ICCTC)

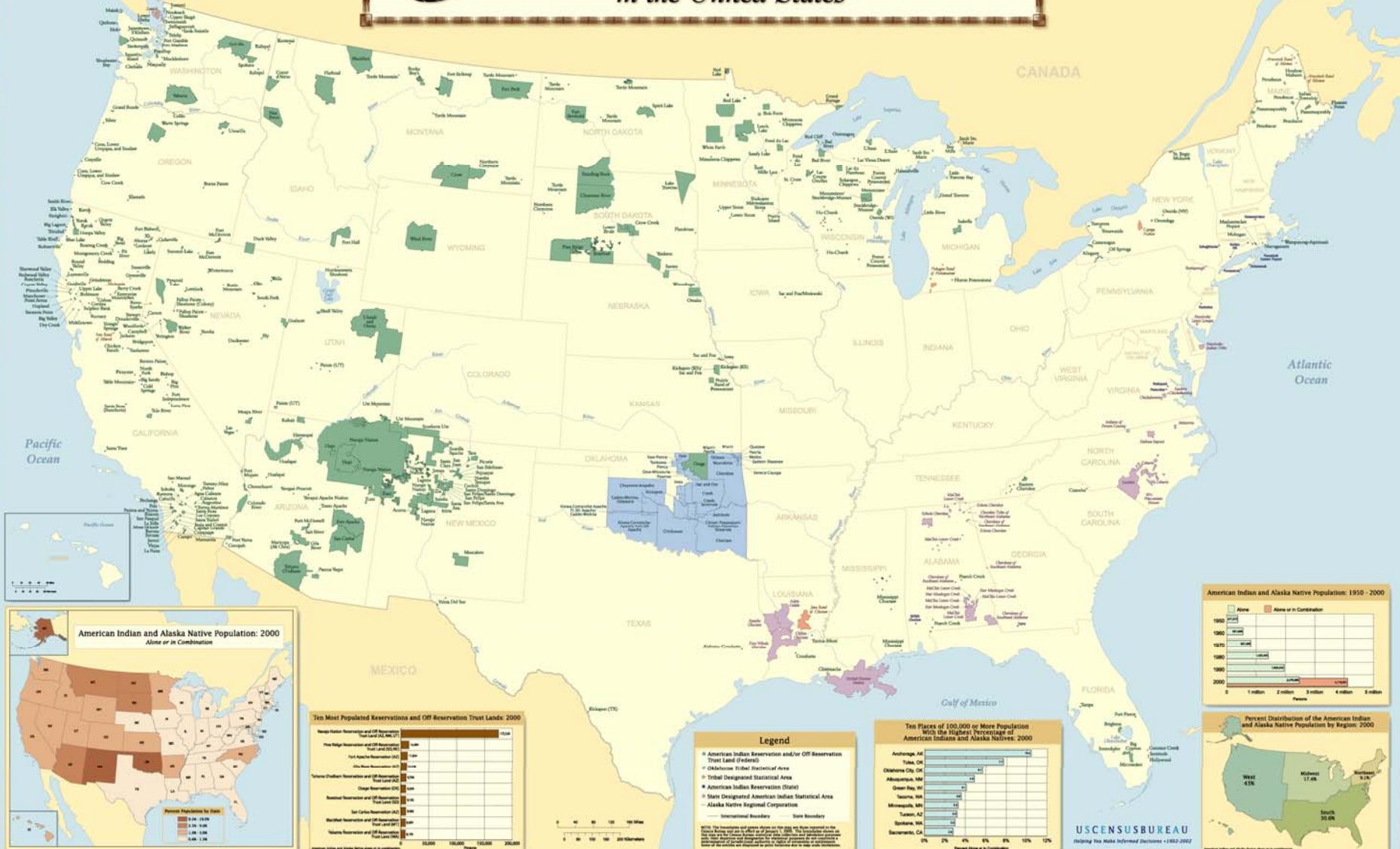
The mission of the ICCTC is to improve treatment and services for Native children and adolescents in Indian Country who have experienced traumatic events

What is Indian Country?





American Indians and Alaska Natives in the United States



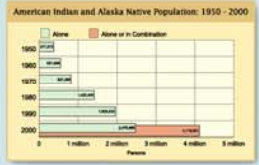
Ten Most Populated Reservations and Off-Reservation Trust Lands: 2000

Reservation Name	Population
Navajo Nation (AZ, NM, UT)	274,000
Fort Belknap (MT)	100,000
San Carlos (AZ)	100,000
Fort Mojave (CA, NV)	100,000
Fort McDowell (AZ)	100,000
Fort Huachuca (AZ)	100,000
Fort Yuma (CA)	100,000
Fort McDowell (AZ)	100,000
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Legend

- American Indian Reservation and/or Off-Reservation Trust Land (Federal)
- Alaska Native Regional Corporation
- State Designated American Indian Statistical Area
- State Designated Alaska Native Regional Corporation

International Boundary **State Boundary**



Indian Country

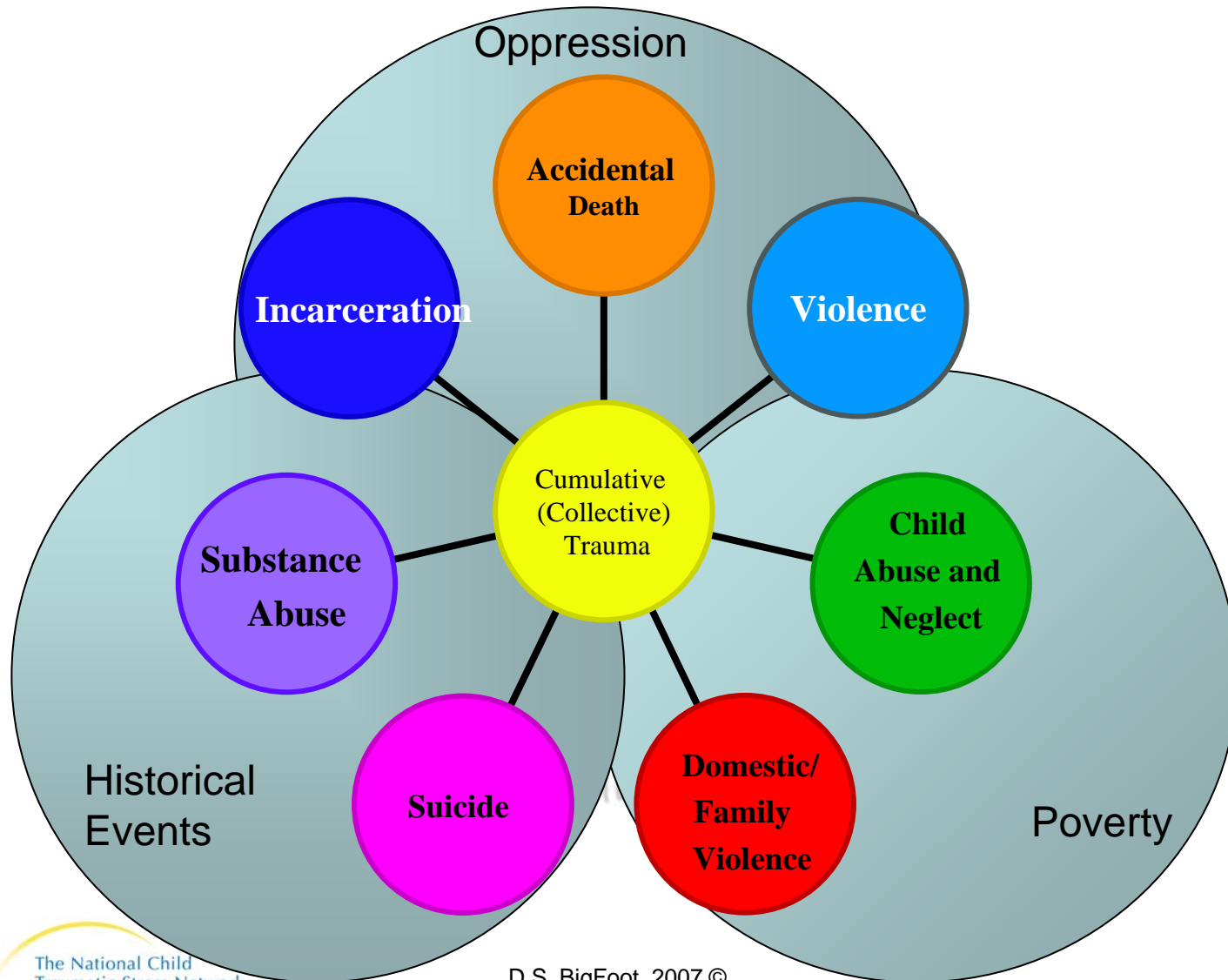
Definition:

- Indian Country is a legal term
- Federal government designation of the land base
- Over 500 federally recognized tribes
 - Most living in the western states and in non-reservation areas
 - Many are in rural and isolated areas

Jurisdiction and Legal Implications in Indian Country, not PL280 States

- If both the victim and perpetrator are Indian, major crimes may fall under federal plus tribal jurisdiction.
- If a non-Indian perpetrator and Indian victim, the jurisdiction is federal.
- If both the victim and perpetrator are non-Indians, the jurisdiction belongs to the state.

Trauma in Indian Country



Trauma

- Cultural trauma:
 - is an attack on the fabric of a society, affecting the essence of the community and its members
- Historical trauma:
 - cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations
- Intergenerational trauma:
 - occurs when trauma is not resolved, subsequently internalized, and passed from one generation to the next

Cultural Identity

- **Historical effects**

- Identity as American Indian or Alaska Native people not valued

- **Current effects**

- Not recognized as American Indian or Alaskan Native
- Conflict with youth culture (gang, assimilation, dominate society)
- Difficult for Indian youth in urban schools to develop a sense of pride in their heritage
- Content with stereotypes of their people and what those stereotypes reflect of themselves
- Biculturalism poses a particular problem (mixed races or mixed tribes)
- Difficult for Indian youth in rural areas to access services; fearful of being sent away from local area



Suicide in Indian Country

- AI/AN between ages 15-24 have highest rates than other age range or ethnic group
- Males age 15-24 account for 64% of all AI/AN suicides (CDC, 2004)
- American Indian youth, 12 and over have higher risk of committing suicide than being murdered (US DHHS, 1999)
- 50-60% of those suicides used a firearm

Suicide in Indian Country

- Death by suicide takes more than 30,000 American lives per year; in 2002, American Indians/Alaskan Natives made up nearly 11% of the total US suicide numbers.
- Between 1979-1992, suicide rates of American Indians/Alaska Natives were 1.5 times the national rates.
- AI/AN males are 4 times more likely to commit suicide than women or other racial groups, but AI/AN females are 3 times more likely to attempt suicide than males or any other racial group (CDC, 2004)

Cultural Aspects

- Progress has been slow in understanding suicide from a cultural perspective
- Assumptions and concerns:
 - Strong cultural identity is a preventive factor
 - Effect of family and/or community violence
 - Memorials and burial rituals may increase sense of importance in death
 - Family legacy of suicides
 - Warrior sacrifice

Factors Contributing to Suicide

- Previous suicide attempt(s)
- History of mental disorders, particularly depression
- History of alcohol and substance abuse
- Family history of suicide
- Family history of child maltreatment
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Barriers to accessing mental health treatment
- Loss (relational, social, work, or financial)

Incarcerated American Indian Youth

- AI Youth comprise 1.1% of the national youth population (US Census Bureau, 2006)
- More than 60% of incarcerated young offenders under federal jurisdiction were American Indian (OJJDP, 2006)
- Due to different jurisdictions, federal and tribal criminal laws may apply to same offense
 - An individual can be tried for the same offense in tribal and state or federal court; it is not considered double jeopardy
- Number of suicides while incarcerated major concern

Gangs in Indian Country

AI/AN experience a crime rate of 656 incidents per 100,000 residents as compared to the crime rate of 506 incidents per 100,000 for the general population.

Service Delivery System in Indian Country

- Complex and inconsistent set of tribal, federal, state, local, and community-based policies and services
 - Indian Health Service
 - Bureau of Indian Affairs
 - Department of Veterans Affairs
 - Other programs providing services are the DOJ – Office for Victims of Crime and the Office of Juvenile Justice and Delinquency
 - Tribal health programs, urban Indian health programs, and state and local service agencies and schools, including non-profit, and/or religious, and traditional healing resources

Lack of Mental Health Services

- Need for mental health care is significant, the services are lacking, and access can be difficult and costly
- Report lists problems in service utilization patterns that include AI/AN children as being more likely to:
 - 1) receive treatment through the juvenile justice system and in-patient facilities than non-Indian children;
 - 2) encounter a system understaffed by specialized children's mental health professionals, and
 - 3) encounter systems with a consistent lack of attention to established standards of care for the population

Current Status of American Indian and Alaska Native Youth

- Today's youth are faced with overwhelming need for basic safety
- Youth became the recipients of poor coping behavior when their parents lack appropriate parenting skills or life skills
- AI/AN youth are at greater risk for preventable injury-related death than other youth in the US

Current Status of Mental Health and Trauma

- AI/ANs more likely have exposure to trauma than members of more economically advantageous groups
- Impact of high suicide rate on siblings, peers, family members, community
- Violent deaths (unintentional injuries, homicide, and suicide) account for 75% of all mortality in the second decade of life for AI/ANs
(Resnick et al., 1997)

Current Status of Mental Health and Trauma

- AI/AN children and youth have not benefited to the same degree as white children and youth from interventions in areas such as traffic safety
- In states with reservations, an estimated 75% of suicides, 80% of homicides, and 65% of motor-vehicle-related deaths among AI/ANs involved alcohol.
- Young drivers are at risk particularly for dying in a car crash as a result of driver inexperience, nighttime driving, and alcohol use

Current Status of Mental Health and Trauma

- Higher rates of exposure to traumatic events coupled with the over-arching cultural, historical, and intergenerational traumas make this population more vulnerable to PTSD
- Rates of substance abuse disorders and other mental health disorders, particularly depression, are also elevated (e.g., Beals, et al, 2001).

Current Status of Mental Health and Trauma

- American Indian/Alaska Native families had the highest re-referral rates for sexual abuse, physical abuse, and neglect relative to other ethnic categories (Stevens et al., 2005)
- AI/AN children make up less than 1% of the total child populations, but represent 2% of the children in foster care
- One substantiated report of child abuse or neglect occurs for every 30 AI/AN children

Current Status of Mental Health and Trauma

- Youth with a history of any type of maltreatment were 3 x more likely to become depressed or suicidal than those with no maltreatment history.
- AI/AN population is especially susceptible to mental health difficulties

Current Status of Mental Health and Trauma

- Violent crime rate among AI/AN 12 years and older is 2.5 times the national rate
- AI/ANs experience approximately one violent crime for every eight (residents age 12 or older) compared to one violent victimization for every 16 black residents, one for every 20 white residents, or one for every 34 Asian residents

AI/AN Juvenile Delinquency Rates

- North Dakota, South Dakota, Iowa, Wyoming, and Minnesota have significant rates of incarceration of AI/AN youth (rural states)
- Iowa has a ratio of 1,025 per 100,000 drawing from bordering states with a high number of Indian reservations (ND=1,240; WY=1,285; SD=1,575; MN=1,712; NE=1,682)
- Minnesota and Nebraska having the highest rate of incarceration of AI/AN than for any other group

Developmental Disabilities and Academic Achievement

- Fetal alcohol spectrum disorders among AI/AN population indicate some of the highest rates (1.5 to 2.5 per 1,000 live births)
- Highest dropout rate of any racial or ethnic group (36%) as well as the lowest high school completion and college attendance rates of any minority group (Clark & Witko, 2006)

Healing Activities in Indian Country

- Traditional Healers and Helpers
- Healing Conferences
- Circles of Care
- Systems of Care
- Co-Occurring Disorders Focus
- Implementation of Policy Forums

ICCTC EBT Cultural Adaptations

- Honoring Children Series
 - Honoring Children, Making Relative
 - Honoring Children, Respectful Ways
 - Honoring Children, Mending the Circle
 - Honoring Children, Honoring the Future

Honoring Children



Making Relatives *Parent-Child Interaction Therapy*

Honoring Children



Mending the Circle

Honoring Children



Respectful Ways Treatment of Children with Sexual Behavior Problems Training

Honoring Children



Honor Based Society



References

- Beals, J., Novins, D. K., Mitchell, C., Shore, J. H., & Manson, S. M. (2001). Comorbidity between alcohol abuse/dependence and psychiatric disorders: Prevalence, treatment implications, and new directions among American Indian populations. In P. Mail (Ed.), National Institute on Alcohol Abuse and Alcoholism Monograph. Washington, DC: U. S. Government Printing Office.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control (producer). Web-based Injury Statistics Query and Reporting System (WISQARS) [Online]. (2004). Available online from: URL: <http://www.cdc.gov/ncipc/wisqars/default.htm>.
- Clark, R.L & Witko, T. M. (2006). "Growing Up Indian: Treatment with Urban Indian Adolescents." In T.M. Witko (ed.), Mental Health Care for Urban Indians: Clinical Insights from American Indian and Alaskan Native Practitioners. (pp. 173-187). Washington, DC: American Psychological Society.
- Office of Juvenile Justice and Delinquency Prevention, *Juvenile Offenders and Victims: 2006 National Report*, Washington, DC, 2006.



Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., Tabor, J., Beuhring, T., Sieving, R. E., Shew, M., Ireland, M., Bearinger, L. H., & Udry, J. R. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *Journal of the American Medical Association*, 278, 823–832.

Stevens, T.N. et al. (August 2005). “Variable Differentiating Singly and Multiply Victimized Youth: Results From the National Survey of Adolescents and Implications for Secondary Prevention.” *CHILD MALTREATMENT*. Vol. 10, No. 3, p. 211-223.

U.S. Census Bureau, Public Information Office: *Nation’s Population One-Third Minority*, Washington, DC, May 10, 2006

U.S. Department of Health and Human Services. (1999). *Mental Health of the Nation: Report of the Surgeon General* (SMA01-3613). Office of the Surgeon General, Public Health Service. Washington, DC: U.S. Government Printing Office.