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Psychosocial Mechanisms Of Historical Trauma Transmission In Native American Communities: A Rapid Scoping Review

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A Rapid Scoping Review

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Abstract

For centuries Native American communities have been subjected to persistent oppression. The effects of the historical events of colonization have transcended generations and continue to affect the lives of the current generation, removed from direct exposure to the traumatic events. The intergenerational transmission of trauma has widely been studied in Holocaust survivors, with only recent explorations in other marginalized populations incurring similar forms of trauma. Additionally, explorations in intergenerational trauma transmission have largely focused on biological mechanisms rather than the psychosocial mechanisms. The purpose of this study is to examine existing evidence regarding psychosocial mechanisms of intergenerational transmission of historical trauma specifically in Native American communities. A systematic search was conducted in Ovid Medline, CINAHL, and Native Health Database to identify studies pertaining to Native American historical trauma and its intergenerational transmission. Themes exemplifying mechanisms of transmission were extracted from studies that met eligibility criteria. Nine studies were included in the final sample. All studies were qualitative in nature and took place in the United States. Potential mechanisms identified across literature in this review include both strength and deficit-based mechanisms. The strength-based mechanism identified in this review is of *survivance*, defined as survivor identity that has transcended generations and is often associated with historical events of oppression. The deficit-based mechanisms identified in this review include impaired child rearing practices, with sub themes of impaired bonding and impaired cultural identity, child maltreatment, and maladaptive coping strategies. Despite a few key limitations, this review adds to current understandings about the negative impacts of historical trauma as well as the strengths and resilience developed by Native American communities as a result of the trauma.

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Introduction

An Overview of Historical Events

The long history of oppression of Native American peoples can be traced back over 500 years to 1492 with the arrival of Christopher Columbus in search of the" New World" in order to draw "barbarous nations" to Christianity (Bradford, 2006). From that point onwards, Native people have incurred repeated and persistent oppression from the societally dominant European forces. In order to provide structure in the understanding of the painful and chaotic events of Native history, Duran and Duran (1995) outlined a sequence of six phases: first contact, economic competition, invasion war period, subjugation and reservation period, boarding school period, and forced relocation and termination period.

The first contact phase is defined as the lifeworld of Native people being systematically destroyed through genocidal military actions such as the U.S military issuing blankets laced with smallpox to eradicate the population of Native people. The next phase of economic competition was defined by the losses of sustenance, both physically and spiritually, followed by the invasion war period wherein the U.S government used military force to further exterminate Native people, and remove, those who were not killed, forcibly from traditional homelands resulting in the displacement and experiences of refugee syndrome. The next phase of subjugation and reservation period was described as the banishing of Native peoples to the confines of under resourced reservation lands. This imposition of restrictive boundaries further exacerbated the soul wound, defined as the impact of the wounding of the environment on the psyche (Duran, Duran & Brave Heart, 1998). The boarding school period attempted to systematically destroy not only the environment, but additionally the Native identity by enforcing policies that dictated removing children from parents and placing them in distant boarding schools that suppressed practices of

Native religion, speaking of Native languages, and any other aspect of native identity. Children were forced into a colonial paradigm wherein Native people were thought of as inferior and evil. While at these boarding schools, children were starved, chained, beaten, (Brave Heart & Jordan, 1995), confined to overcrowded reservation housing, and denied traditional healers resulting in poor health and death for a vast majority of the population due to tuberculosis between 1936 and 1941 (Tanner, 1982). The last phase as defined by Duran and Duran (1995) is the forced relocation and termination period. During this phase, Native people were yet again relocated from reservations into large metropolitan areas with the consistent goal of assimilation into Western culture and the attempt to sever ties to the remainder of Native culture.

Current Impact Statistics

Today, Native American populations, often classified as American Indian and Alaska Native (AI/AN), have dwindled down to comprise only 1.7 percent of the total U.S population (OMH, 2019). Even as such, they are experiencing high rates of mental and physical illnesses, substance misuse, violence, and continual erosion and destruction of family structures. Long standing inequities in public funding, infrastructure, access to health care and other social determinants of health such as, education, stable housing, reliable transportation, healthy foods, and insurance coverage have contributed to widespread diseases and causes of death among AI/AN populations (MMWR, 2020). Leading diseases and causes of death among AI/AN populations include heart disease, cancer, accidents, diabetes, and stroke (OMH, 2019). Additionally, AI/AN populations incur high prevalence and risk factors for suicide, with the death rate of suicide for Native American people in America between the ages of 15-19 being double that of non-Hispanic whites (CDC, 2019). The 2020 life expectancy projections according to the Census Bureau indicate

a shorter life expectancy for Native American people (78.4 years) compared to non-Hispanic whites (80.6 years) (OMH, 2019). In 2019, the tuberculosis rates for AI/AN populations were 7 times higher than the white population (OMH, 2019). To make matters worse, access to mental health services is severely limited due to the rural and isolated location of many AI/AN communities, and nearly 3 times as many AI/AN peoples lack insurance compared to non-Hispanic whites (OMH, 2019).

Furthermore, in 2011, the mortality rate for alcohol induced deaths in AI/AN populations was 50 per 100,000 people, compared to the national rate of 7.6 per 100,000 people (IHS, 2013); and in 2010, the findings from the National Intimate Partner and Sexual Violence Survey indicated that 84.3% of women and 81.6% of men in the AI/AN population experienced violence in their lifetime and 97% of women, and 90% of men were experiencing violence by non-Indian perpetrators (DOJ, 2010).

Cumulatively adding burden to ongoing inequities is the current COVID-19 pandemic (MMWR, 2020). A study conducted by the Centers for Disease Control and Prevention (CDC) found that among the 14 states that participated, the overall COVID-19 mortality rate was higher among AI/AN populations compared to white populations (MMWR, 2020). The study further noted that the long-standing inequities in the community contributed to the increased risk for severe COVID-19 associated illness experienced by the AI/AN population (MMWR, 2020).

Intergenerational Transmission of Trauma

As noted previously, since the colonization of America, Native American people have been treated as slaves, have been victims of genocidal violence, have had their land stolen, have been banished to under resourced lands under the farce of nation states, and have been forced to

assimilate into the Western culture through boarding schools, and in turn, were forced to shed their own culture and identities to conform to what the dominant society expects of them (Wolfe, 2006). The foundation of our current society is systemic oppression of Native American peoples and the scars of this historical subjugation can be observed within Native American communities even today.

Various terms have been used in literature over the years to describe the nature of distress experienced generationally by communities, such as collective trauma, multigenerational trauma, intergenerational trauma and historical trauma (Evans-Campbell, 2008). The term most often used by trauma scholars in Native American communities is historical trauma. Historical trauma is widely understood as the "cumulative emotional and psychological wounding, over a lifespan and across generations, emanating from massive group trauma experiences" (Brave Heart et al., 2011). Additionally, intergenerational transmission refers to the continuity of the impact of this trauma in generations removed from direct exposure within, and conceivably also across behaviors and characteristics. It has been described in literature as arising through four common modes of transmission according to the following psychological models: psychodynamic, sociocultural and socialization models, family systems, and finally biological. Psychodynamic theory asserts that trauma is passed to the child through the unconscious absorption of repressed and unintegrated trauma experiences. Sociocultural models focus on the direct impact the parents and social environment have on the child, as the child learns vicariously through observation. The family systems model focuses on communication between generations and the degree of connection that occurs. Finally, biological transmission arises when a parental trait affects the trait in their children via the transmission of DNA, also known as genetic inheritance (Branje et al, 2020; Kellerman, 2001).

A study conducted with participants who were generations removed from many of the historical traumas that have been inflicted on Native American peoples found that 36% had daily thoughts about the loss of traditional language in their community, 34% experienced daily thoughts about the loss of culture, 24% reported feeling angry regarding historical losses, and 49% provided they had disturbing thoughts related to these losses (Whitbeck et al., 2004). Additionally, 46% of the participants had daily thoughts about alcohol dependency and its impact on their community, 22% of the respondents indicated they felt discomfort with white people, and 35% were distrustful of the intentions of the dominant white culture due to the historical losses the Native American people had suffered (Whitbeck et al., 2004).

Intergenerational transmission of trauma has predominantly been explored in children of Holocaust survivors, with more recent explorations in numerous colonized Indigenous groups throughout the world, as well as African Americans, Armenian refugees, Japanese American survivors of internment camps, Swedish immigrant children whose parents were torture victims, Palestinian youth, the people of Cyprus, Belgians, Cambodians, Israelis, Mexicans and Mexican Americans, Russians, and many other cultural groups and communities that share a history of oppression, victimization, or massive group trauma exposure (for a review, see Mohatt et al., 2014).

While a majority of the current intergenerational transmission research examines biological mechanisms of trauma such as epigenetics (Yehuda & Lehrner, 2018), there is a growing literature examining the psychosocial mechanisms of trauma. Within this expanding literature, most studies have taken a family systems approach to the transmission of trauma. Previous studies in a systematic review of refugee populations highlighted parenting and family relationships as mechanisms linking historical trauma to psychological symptoms in children (Sangalang & Vang,

2017). Another study identified potential mechanisms within asylum seeking and refugee families of insecure attachment, maladaptive parenting styles, diminished parental emotional availability, decreased family functioning, accumulation of family stressors, dysfunctional intra-family communication styles and severity of parental symptomatology (Flanagan et al, 2020). Additionally, another study explored communication within Cambodian refugee families and found that silence from family survivors impacted children's sense of belonging to a community and transmitted a continued pattern of avoidance and silence (Lin et al, 2009).

There is an overall dearth in research literature including Native American communities specifically, in part due to the community's mistrust in research (Caldwell et al., 2004). This mistrust stems from a legacy of alienation from health, research and education systems (Walters & Simoni, 2009) as well as a product of the previously notated historical events and a history of helicopter research. Helicopter research is defined by the Cherokee Nation Institutional Review Board (IRB) as any investigation within Native American communities in which the researcher collects data, leaves to disseminate it, and never again has contact with the tribe or conducts study activities that only benefit those outside the tribe. This type of unethical research exploits the community and has led to the development of a negative history and stigma of research within many tribes (Cherokee IRB, 2019).

Additionally, the scarcity in literature among Native American communities can also be attributed to the cultural difference in notating lived experiences and public narratives; as such, researchers believe that indigenous theories cannot be validated through empirical data because doing so would perpetuate ongoing colonialism (Belcourt-Dittloff & Stewart, 2000; Duran, Firehammer, & Gonzalez, 2008). Moreover, this lack of research can also be attributed to the subtractive subjugation of Native American peoples leading to an inherent othering and erasure,

placing minimal emphasis on the importance of understanding the impact within this community (Tuck & Yang, 2012).

A general limitation of current intergenerational transmission research, as previously noted, is that most research is focused on biological mechanisms of transmission; Furthermore, when studies have examined psychosocial responses to trauma, they are often focused on the negative impacts, rather than the strengths and resilience built in communities as a result of survival and adaptation (Evans-Campbell, 2008). So much of history has often focused on the oppression and victimization of Native Peoples and has failed to adequately reflect the strengths of Native culture, processes and protocols (Bond, 2009). The intention of exploring strength-based mechanisms is not to negate the harm caused in the community; but rather to avoid stigmatizing the community further and instead, refocusing research and policy on identifying assets and strengths within individuals and communities that may spark pathways for action (Bond, 2009).

The objective of this review is therefore to examine existing evidence regarding psychosocial mechanisms of intergenerational transmission of historical trauma specifically in Native American communities. Moreover, this review will add to current understandings about the negative impacts of historical trauma as well as the strengths and resilience developed by Native American communities as a result of the trauma.

Project Aims and Research Questions

This rapid scoping review aims to develop an understanding of what psychosocial mechanisms of intergenerational transmission of historical trauma among Native American communities have been identified in present literature.

Sub questions:

- What are the interpersonal impacts of historical trauma?

- What are the community/societal impacts of historical trauma?

- What are the negative outcomes, as well as the strengths, within the community's response to historical trauma?

Methods

This rapid scoping review followed the following protocol:

Study Design

Due to the broad aim of this study, a scoping review was considered to be the most appropriate approach. The study protocol follows guidelines in the Joanna Briggs Institute (JBI) Manual for Evidence Synthesis.

Protocol

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) was utilized in drafting this protocol. The protocol was then revised by Sarah Lowe, Ph.D, a clinical psychologist and Assistant Professor in the Department of Social and Behavioral Sciences at Yale School of Public Health, and Kate Nyhan, MLS, a public health research and education librarian at Harvey Cushing / John Hay Whitney Medical Library.

Eligibility Criteria

Table 1: A priori criteria for study eligibility

Field	Inclusion Criteria	Exclusion Criteria
Years Included	Studies conducted up until 2021	___
Language	Open	___
Type of Evidence Source	Original studies published in peer-reviewed journals	Systematic reviews, Meta Analyses, Websites, Blogs
Type of Data	Qualitative, Mixed methods & Quantitative	___
Study Design	Cross-Sectional, Randomized Control Trial, Ethnographic, Cohort, Case Control, Narratives	Systematic reviews, Meta Analyses
Study Population	Native American (See Appendix A. for a list of all tribes in the U.S included in the data extraction)	Indigenous peoples of Canada and other countries.
Location	United States of America	Review will only focus on the U.S. Studies conducted in Canada and in other countries will be excluded for feasibility purposes of this study.
Exposure	Historical trauma: cultural genocide, war, boarding schools, outlawing religious practices, introducing diseases, environmental assaults.	Individual trauma as opposed to group trauma
Outcome	Parenting styles, communication, psychological symptoms in children, resilience, cultural value, identity, collectivism	Biological transmission

Search Strategy

As recommended by the JBI Manual, the search strategy (Figure 2) for this review involved three steps. The first step included a limited search of Medline, to informally identify articles on the topic using Medical Subject Headings (MeSH) terms such as "historical trauma," "collective trauma," "intergenerational trauma," "Native American," "American Indian," and "Indigenous". The second step involved analyzing the title and abstract (including keywords) of these retrieved papers to identify additional terms used to describe the articles. Additionally, a list of all U.S

recognized tribes was generated to include in the formal search of articles for the review. The third step involved conducting a second more formal search, using the identified terms from the previous search as well as the list of Native American tribes, across the databases. These databases included Ovid Medline, CINAHL, and Native Health Database.

Source Selection

Search results from all the databases were compiled in *Zotero.* This compiled list of citations along with the inclusion and exclusion criteria set forth in the protocol, were imported to *Covidence.* An initial title and abstract screening was performed to assess eligibility. At this stage, any duplicates, or irrelevant studies were removed. All relevant studies were then subjected to a full text screening. Any articles subject to hesitation in regard to eligibility were moved along to the full text screening stage. The primary reviewer then conducted a full-text screening for eligibility using a similar process as the title and abstract screening. Reasons for exclusion were documented on the PRISMA diagram.

Data Extraction and charting

The reviewer extracted data from the sources and input it into a Microsoft Excel sheet that stores study characteristics (Table 2.) as well as the study aims, mechanisms, & relevant findings (Table 3).

Critical Appraisal

According to the PRISMA-SCR checklist and guidelines, the nature of a scoping review is to describe rather than analyze and report. This therefore precludes the review from the

recommendation of conducting a critical appraisal of individual sources of evidence (Tricco et al., 2018)

Analysis of the Evidence

Descriptive measures were used for data analysis. Quantitative analysis of the evidence included descriptive quantitative measures such as counts and frequencies. Qualitative analysis of the evidence included identified themes and narratives.

Presentation of results

The entire data charting Microsoft Excel sheet is included in the appendix of the review (Table 2 and 3) along with a summary of the total number of sources of evidence, and the varying types of studies included in the review.

Results

Literature search and study characteristics

The screening process for this review is depicted in Figure 1. The electronic database search yielded 857 items and 812 remained following the removal of 45 duplicates. One additional relevant study, not captured in the search, was included through a targeted search for original studies conducted by a well established researcher in the field of Native American research. 813 articles were then subjected to a title and abstract screening, and 710 were deemed irrelevant to the current review. A total of 103 full texts were screened for eligibility; of these, 94 were excluded and nine articles were included in the final sample. All nine articles were original primary research articles (summarized in Table 2 and 3). The years of publication for the total sample ranged from

2000 to 2018. All studies were conducted in the United States and included participants from tribes spanning multiple states. These states include Alaska, Arizona, Idaho, Michigan, Minnesota, Montana, New Mexico, South Dakota, Washington, and Wisconsin. Additionally, all studies in the final sample used qualitative methodologies.

Figure 1. PRISMA diagram

Studies identified through database searching N=857	Additional studies identified through other sources N = 1

N = 45 duplicates removed

Title and abstracts screened N = 813	→	Studies irrelevant N = 710

Full- text articles assessed for eligibility N=103	→	Studies excluded N = 94 Wrong Outcomes N=35 Wrong Exposure N = 33 Wrong Study design N=18 Wrong Setting N =6

Studies included N = 9
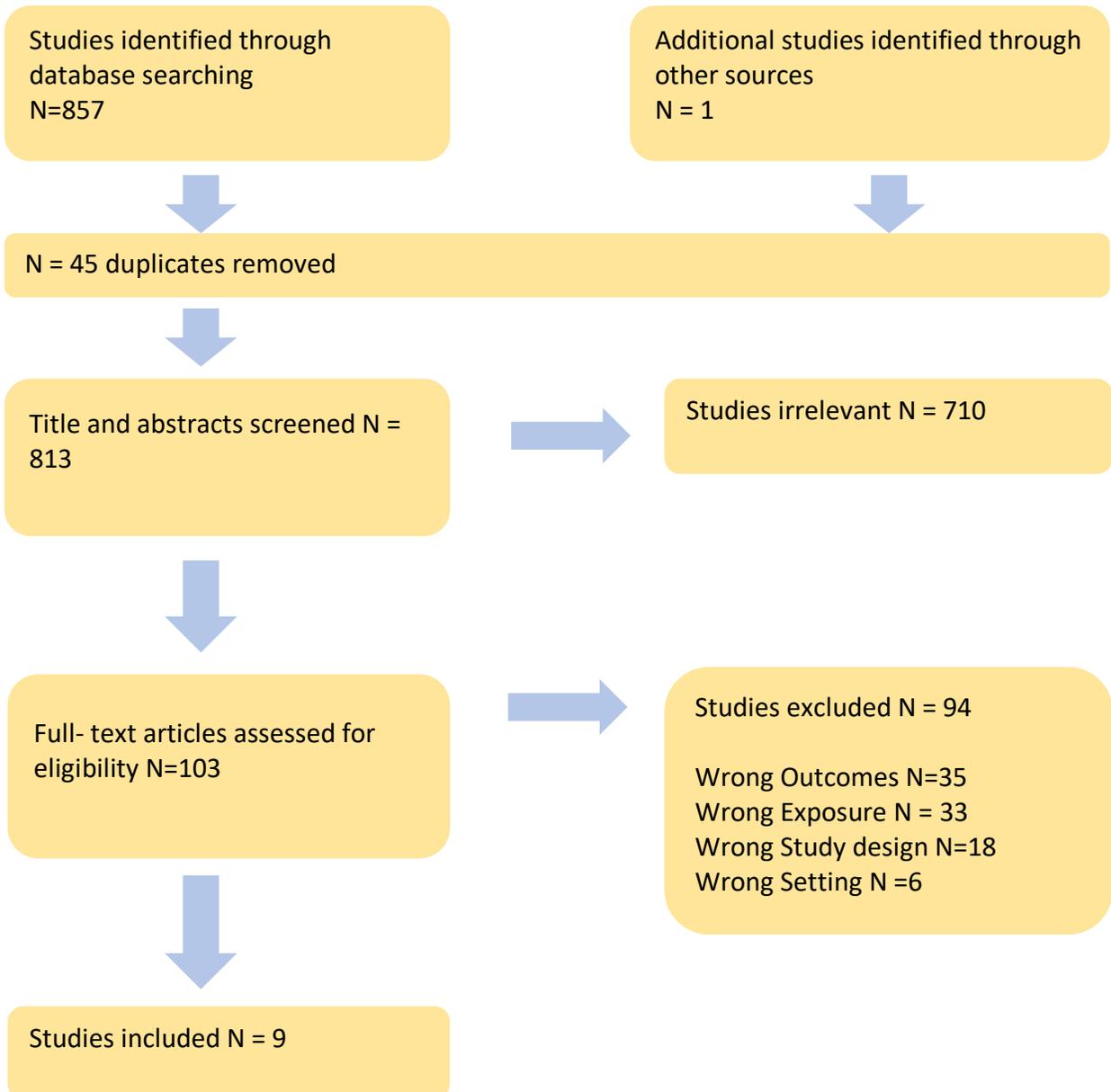
Transmission Mechanisms: Strength-based

Strength-based mechanisms were defined by their focus on identifying assets and strengths in individuals and communities. Only one strength-based mechanism was identified in this review.

<u>Survivance</u>

Three included studies (Brave Heart, 2000; Denham, 2008; Grandbois et al., 2009) noted a potential mechanism of *survivance*, defined as survivor identity that has transcended generations and is often associated with historical events of oppression. The term survivance exemplifies a collective narrative identity engagement that requires the reframing of identity discourses away from the typical framing of absence, nihility, and victimhood, to a framing of resistance, continuing presence and triumph (Vizenor, 2008). The following quote notates this reframing away from victimhood to highlight the idea of surviving despite adversity:

"The blood of Chiefs and warriors; people that had to be strong. People that were warriors. People that, in the dead of winter, have starving children and have to find something to eat. Yet, they survived the whirlwinds of the government, whirlwinds of the Indian agent, whirlwinds of the stroke of a pen, whirlwinds of words that they never even understood, whirlwinds of being taken advantage of, whirlwinds of people lying to them, all of those things that come and disrupt your camp" (Denham, 2008).

The participants explored the idea of the strength of their ancestors and the legacy of survival that is instilled in their culture. The following quote exemplifies this legacy:

"The atrocities perpetrated against the Native people are because of an edict issued by the Sixth (Catholic) Pope in 1493. He ordered countries to put their ships out there, to go around the world and if the lands were occupied, they were to deface, to kill the people, and take the land. This is what started the trail of tears for my people and here in North America. Because of that, I think that has strengthened our people to want to fight, to struggle, and to keep on. It's a legacy, I believe, a legacy of survival" (Grandbois et al., 2009).

Additionally, the following quote underlines that a shared history and sense of obligation passed on through the generations to survive despite all that comes their way has helped inculcate resilience into their culture:

"Well, I believe it's due to perseverance. I think that our elders were certainly of a strong, strong, strong people or we wouldn't be here. I wouldn't be here. It's due to their strengths and their perseverance, to the odds that they had to go through. I think that [resilience] got embedded in us after they [Native American ancestors] left and I think that we are survivors. We are the First Nation people and that strength, all of us need that kind of strength [like the ancestors had], to keep on keeping on, and we've come through such horrible atrocities, the people of this land. (Grandbois et al., 2009)"

Transmission Mechanisms: Deficit-based

Deficit-based mechanisms were defined by their focus on needs and problems associated with negative outcomes. Three main deficit-based mechanisms were identified in this review.

Impaired Child-Rearing Practices

Seven included studies presented a theme for a potential mechanism of impaired child rearing practices (Strickland et al, 2006; Myhra,2011; Reinschmidt et al., 2016; Denham, 2008; Goodkind et al, 2012; Brave Heart, 2000; Trout et al., 2018). Participants in these studies explored the following two subthemes in relation to this mechanism:

a. *Impaired bonding and attachment*

Three studies (Brave Heart, 2000; Myhra, 2011; Strickland et al, 2006) noted the absence of parental figures in homes, as a product of the generational boarding school era trauma wherein children were separated from their families and incurred various forms of abuse, and resulting in an inability to form a healthy bond or attachment. This link between the absence of the parental figure and inability to form a bond is exemplified in the following quote:

“I don't think I ever bonded with any parental figures in my household.... [My parents] were never there .... I'd take off from home, eight, nine years old, for a week at a time. No one would bother to look for me, to wonder where I'm at so I didn't bond with anybody. I didn't care after that.” (Brave Heart 2000)

Additionally, the following quote exemplifies the intergenerational impact of this lack of bond and attachment resulting in continual generational transmission of unhealthy attachment:

"Well my brother-in-law was sexually abused in a boarding school. He has a lot of anger. He is abusive. He has family and he never goes to see them because he was in boarding

school, so he doesn't have that family bond. He has an alcohol problem. He does not know how to vent. He holds things in. I don't remember ever being hugged. My mother never said, "I love you." I don't remember ever hearing, "I love you." I don't remember that at all. No one showed me, and I was never affectionate. I did that with my kids. I mean I can't go up and hold them or hug them. If you are crying you are weak. All that goes back to don't let the White man see you hurt. Some are afraid that if we start crying, we may not be able to stop." (Strickland 2006)

b. *Impaired cultural identity due to a generational loss of language, traditions, and cultural knowledge*

Five studies (Denham, 2008; Goodkind et al, 2012; Reinschmidt et al., 2016; Strickland et al., 2006; Trout et al., 2018) noted a loss of language, traditions and cultural practices over the years, in part due to the cultural oppression that their ancestors incurred. This loss was equated to a weakened cultural identity. Participants noted the concept of cultural identity as being strongly associated in the minds of people in the community with personal and collective well-being as well as social cohesiveness. The weakening of this identity was noted to manifest social fragmentation and suffering, such as alcoholism, suicide, and domestic violence. The following quote of an elder recalling her mother's experience provides insight into the link between the trauma sustained by the parent and its transference into a loss of language for the child.

"My mother was in a Catholic school. If they caught her speaking her Native tongue, the nuns would take them aside and whack them on the hands with a ruler. And even now

myself, I can't speak our language. I can understand some words. I feel bad about that."

(Strickland et al., 2006)

Of note is that, contrary to the consensus amongst most studies that an increase in sharing of culture and narratives is necessary for future generations, one study speculated the lack of intergenerational sharing of narratives as a potential form of coping with the pain and suffering. For example, the following quote demonstrates a grandchild's understanding of the intentional omission of sharing of experiences by his grandparents as a form of coping with the grief and trauma.

"Then later on then I was thinking back. Then I said maybe, because my grandparents they never really said stuff about that. Maybe along the way, some of them forgot about it, and maybe they don't want to deal with it. That's why they just left it alone (Goodkind et al, 2012)."

Child Maltreatment

Three included studies (Brave Heart, 2000; Myhra & Wieling, 2014; Strickland et al., 2006) presented a theme for a potential mechanism of child maltreatment. Participants in these studies noted that the boarding school era resulted in traumatic experiences for their elders. These experiences were often characterized by separation from families and multiple forms of abuse, including sexual, physical, and psychological abuse, as well as neglect. The following quote exemplifies the transference of these traumatic experiences in her family through the generations:

"We have a lot generations of boarding school; my great-grandpa, my grandpa, and my dad and uncle went when they were about 5 [years old]. I went for a short time until my dad died. I have to believe [boarding school] also has had an impact on our family. I've researched boarding school extensively and I know there was abuse and people didn't learn how to be functional family members. My grandpa was abusive, and my dad was too. He wasn't abusive physically, he just couldn't function in his life. He never hit us or anything like that. He never raised his voice much; he just wasn't there." (Myhra & Wieling)

Moreover, the following quote presents evidence for the potential mechanism through speculative associations between historical trauma sustained due to boarding school practices, impaired child rearing practices, and maltreatment:

"I've never been in a boarding school, I wished I [had] because all the things ... happened in my home—the sexual abuse, the neglect. Maybe if it happened by strangers it wouldn't be so bad .... Then, I could blame it all on another race instead of my own family... . I met my dad when I was seven or eight years old and instantly I knew to be careful, do not trust him. So from that time on it was sexual abuse until I was 13 or 14 years old. When I was bigger, it stopped. Never got a chance to pay him back because he died... . I don't know if I hated him or loved him or what... Yes, my parents went to boarding school [and] brought home the shame that they grew up with, not their shame but what they were taught on how to raise kids. So I grew up with that and ... I had to work through my loyalty. I had to break that bond. You know, we talk a lot about heritage and tradition and my heritage was from the Catholic nuns, that was my heritage .... When it [the abuse] comes from your blood,

your own family, that does a lot to you .. .and when I close my eyes, I can still see the darkness ... so, that's how, I guess, my own trauma occurred." (Brave Heart 2000)

Maladaptive Coping Strategies

Two included studies (Myhra, 2011; Reinschmidt et al., 2016) noted a potential mechanism of maladaptive coping strategies, such as alcohol use. Elders in one study (Reinschmidt et al., 2016) noted that alcohol was introduced into Native American communities as part of historical trauma, and over the years, alcohol use has developed into a coping strategy for multiple generations to deal with the stressors as a result of past and present recurring trauma. Additionally, they noted consequences of substance misuse included family violence, children exposed to drugs and family fights, violence among youth, ill health and loss of family members, chronic disease, and fatal injuries. Consequently, the loss of relatives was noted to potentially lead to continued family separations, and loss of cultural and traditional knowledge. The second study (Myhra, 2011) posited that coping strategies such as alcohol use was a "surrender to what they understood since their youth, to be their fate, and also signified them their defeat by the dominant culture" (Myhra, 2011). The study further noted that alcohol misuse was strongly connected to the "negative impacts of historical trauma, intrafamilial trauma, and personal experiences with microaggressions. These negative experiences caused confusion and inner turmoil, diminished participants' sense of self-efficacy, impacted their parenting skills, and influenced their substance abuse patterns" (Myhra, 2011). This demonstrates a connection between the impaired child-rearing practices and maladaptive coping strategies deficit-based mechanisms, with maladaptive coping strategies such as alcohol use potentially contributing to impaired parenting and vice versa.

<u>Discussion</u>

The purpose of this rapid scoping review was to better understand the psychosocial mechanisms involved in the intergenerational transmission of historical trauma and resilience. Specific objectives were to examine existing evidence regarding potential mechanisms of intergenerational transmission, its interpersonal, community and societal impacts, as well as strengths within the community's response to historical trauma. Nine articles were identified that demonstrated recurring themes of the importance of family and culture both in terms of the recurrence of trauma as well as in building resilience within the community. Potential mechanisms of transmission identified through these themes include the strength-based transmission mechanism of survivance, as well as deficit-based transmission mechanisms of impaired child rearing practices, with sub themes of impaired bonding and attachment, and impaired cultural identity, child maltreatment and maladaptive coping strategies.

The findings of this review are largely consistent with mechanisms that have been identified in other populations incurring similar forms of trauma (Flanagan et al, 2020; Lin et al, 2009; Mohatt et al., 2014; Sangalang & Vang, 2017). That is, a majority of mechanisms identified in this review also align with the family systems approach of trauma transmission; however, this review also identified mechanisms that align with the sociocultural approach wherein the child learns maladaptive coping strategies such as alcohol use through observing parents.

One important family systems mechanism to note is the strength-based mechanism of survivance. This identified mechanism is one that highlights and reaffirms the existence of the community, especially despite the multiple centuries of attempts to eradicate the community. It further emphasizes the ability to persist, which is needed by current generations to push for change

as well as by future generations as a mode of remembering their ancestors without the deleterious mental health effects.

Another mechanism that was uniquely identified in this population was the impairment of cultural identity. This could be due to the deep emphasis on culture within the community especially in the face of continual efforts to assimilate Native peoples into Western culture. A positive cultural identity has been shown to bolster marginalized adolescents, with self-esteem gained through coping skills that make them more likely to use active strategies to confront hardship (Wexler, 2009). This has been found to be especially salient for Indigenous young people (Wexler, 2009). A strong sense of cultural identity has also been correlated with higher levels of psychological health for Indigenous youth (Wexler, 2009). Consequently, psychological well-being encourages individuals to meaningfully engage with larger societal issues. In this instance, that would mean possibly addressing and breaking the cycle of the long-standing tradition of structural racism in this country, deeply impacting past, and current generations of Indigenous people (Wexler, 2009)

When current generations that have grown up around adversity leave their adverse childhood experiences (ACEs) unaddressed, they are vulnerable to repeating the learned patterns of behavior from their childhood (Bartlett et al., 2017; Savage et al., 2019; Woods-Jaeger et al., 2018). The findings of this review could inform interventions to mitigate further harm to individuals and the community, and could aid in breaking the cycle of intergenerational trauma. For example, the mechanism of survivance could prove beneficial to harness when promoting interventions by focusing on the community's resilience, and instilling a sense of confidence in their abilities to deal with adversity. Additionally, the deficit-based mechanisms can be used as

leverage points for interventions by focusing on building cultural identity, improving parenting practices, and redirecting to positive coping strategies through cognitive behavioral therapy.

Limitations

The study contained a few notable limitations. First, due to the rapid nature of this review, the search strategy was not extensive and did not include grey literature. The search therefore may not have captured all the articles relevant to this topic. Second, due to the time restraints, the screening for all articles as well as extraction was completed by one reviewer, without any oversight, which increases the risk of bias as well as the risk of misclassification. Third, the review was focused on identifying studies in the United States, a country lagging behind others, such as Canada and New Zealand, in Indigenous research and reconciliation (Aguiar, 2015; Gone, 2013; Gray & Cote, 2019; Lawson-Te Aho, 2013; O'Neill et al., 2016). Therefore, the yield of relevant studies was low, with none evaluating the direct exposure or link between historical trauma and intergenerational outcomes. Fourth, a majority of studies included in this review had relatively small samples, and relied on lived experiences that may differ across individuals, families and tribes, and therefore may not be representative of all Native American communities in the United States. Finally, all the studies that met criteria for this review were qualitative and therefore are hypothesis generating at most, but do not allow us to make causal inferences regarding the mechanisms. However, as noted previously, notating lived experiences and public narratives are culturally more acceptable methods in the Native community. As such, not having quantitative studies included in the final sample reduces the risk of perpetuating ongoing colonialism.

Conclusions

This review adds to present understanding around intergenerational transmission of trauma among Native American communities. Studies reported many unfavorable generational outcomes; however, they also presented a push towards a strength-based framing of the impact of historical events wherein the focus is on the community's collective ability to survive through adversity based on their learnings from past generations. As only nine studies met the criteria to assess intergenerational transmission, there is a distinct need for additional, contextualized, and culturally appropriate research in the United States to further our understanding around these impacts and to promote the wellbeing of Native American children, and break the cycle and reduce intergenerational continuities of trauma.

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APPENDIX A.

Ovid Medline:

Ovid MEDLINE(R) ALL <1946 to February 05, 2021>

 ((intergeneration* or collective or transgeneration* or trans-generation*or multigeneration* or multi-generation* or historical* or crossgeneration* or cross-generation* or generation* or secondary or tertiary or complex or colonial or continuous or cumulative or genocid*) adj5 trauma*).ti,mp.

((intergeneration* or collective or transgeneration* or trans-generation*or multigeneration* or multi-generation* or historical* or crossgeneration* or cross-generation* or generation* or secondary or tertiary or complex or colonial or continuous or cumulative or genocid*) and (trauma* or PTSD or psychotrauma* or posttrauma* or (mental* or behavior* or emotional* or psychosocial* or distress* or resilienc* or adapt*))).mp.

(Trauma.mp. and stressor related disorders/) or historical trauma/ or exp adaptation, psychological/ or intergenerational relations/ or exp Resilience, Psychological/ or exp Stress, Psychological/ or exp Stress Disorders, Post-Traumatic/ or exp Adaptation, Psychological/

Exp indians,north American/

(Native-American* or American-Indian* or Alaska-Native* or Indigenous or Ababco or Abnakii or Abenaki or Aberginian or Abihka or Abittibi or Crow or Absaroka or Absentee-Shawnee or Accohanoc or Agamenticus or Accominta or Achiligonan or Achomawi or Acolapissa or Acoma or Acquintanacsnak or Acuera or Adai or Adena-Culture or Adirondack or Adshusheer or Agua Caliente or Agawam or Ahantchuyuk or Ahtena or Akonapi or Alibamu or Alabama or Alchedoma or Aleut or Algonquian-Famil* or Algonquin or Allakaweah or Tatavium or Aliklik or Alsi or Alsea or Amacano or Amahami or Amaseconti or Amikwa or Anadarko or Anasazi or Ancient-Puebloan or Androscoggin or Anishinaabe or Unam or Ani-Stohini or Aondironon or Apache or Apalachee or Apalachicola or Galice or Applegate or Appomattoc or Aquackanonk or Aranama or Arapaho or Taino or Arawak or Arendahronon or Arikaree or Ree or Arikara or Arivaipa or Arkokisa or Armouchiquois or Arosaguntacook or Ascahcutoner or Assateague or Assegun or Assiniboine or Assuti or Atakapa or Atanumlema or Atasi or Atchatchakangouen or Tualatin or Atfaiati or Athapascan-Famil* or Atikamekw or Atquanachuke or Gros-Ventre or Atsina or Atsugewi or Aucocisco or Avavare or Avoyel or Awanichi or Awani or Awatovi or Bahacecha or Bankalachi or Bannock or Basawunena or Bayougoula or Bear-River or Tsattine or Beaver or Bellabella or Bella Coola or Beothuk or Bersiamite or Bidai or Bigiopa or Big-Swamp-Indians or Biloxi or Blackfeet or Blackfoot or Blewmouth or Bocootawwonauke or Brotherton or Buena-Vista or Caddo or Cahokia or Cahuilla or Cajuenche or Calapooya or Callam or Calusa or Canarsee or Caparaz or Cape-Fear-Indians or Capinan or Carrier or Cascade or Catawba or Cathlacomatup or Cathlacumup or Cathlakaheckit or Cathlamet or Cathlanahquiah or Cathlapotle or Cathlathlalas or Kahnawake or Caughnawaga or Cayuga or Cayuse or Chactoo or Chafin or Chakankni or Chakchiuma or Chato or Chatot or Chaui or Chaushila or Chawasha or Chehalis or Chelamela or Chelan or Chemehuevi or Chemapho or

Chenapinefu or Chepenafa or Cheraw or Cherokee or Chesapeake or Chetco or Cheyenne or Chickahominy or Chickamauga or Chickasaw or Chilliwack or Chilluckittequaw or Chilula or Chimakuan or Chimakum or Chimariko or Chine or Chinookan-Famil* or Chipewyan or Ojibway or Chippewa or Chiricahua-Apache or Chitimacha or Chiricahua or Chiwere or Choctaw or Choula or Chowanoc or Chumash or Clackama or Klallam or Clallam or Clatskanie or Clatsop or Clowwewalla or Coahuiltecan or Coaque or Cochimi or Cochiti or Cocopa or Colville or Comanche or Susquehannock or Conestoga or Congaree or Piscataway or Conoy or Coos or Copalis or Coquelle or Coree or Ohlone or Costanoan or Koasati or Coushatta or Cowichan or Cowlitz or Cree or Creek or Croatan or Cuneil or Cupeno or Dakota or Dakubetede or Deadose or Lenape or Delaware or Diegueno or Navajo or Dine or Dogrib or Dotame or Doustioni or Duhare or Duwamish or Esopus or Eno or Erie or Inuit or Eskimo or Esselen or Eufaula or Eyak or Eyeish or Fernandeno or Salish or Flathead or Meskwaki or Fox or Fremont or Fresh-Water-tribe or Fushatchee or Tongva or Gabrieleno or Grigras or Guacata or Guale or Guasas or Hackensack or Haida or Hainai or Halchidhoma or Halyikwamai or Han or Hanis or Hare or Hasinai or Hathawekela or Hatteras or Havasupai or Hidatsa or Hainai or Hilibi or Hitchiti or Winnebago or Ho-Chunk or Honniasontkeronon or Hoh or Hohokam or Hopi or Houma or Housatonic or Huchnom or Walapai or Hualupai or Humptulips or Hupa or Wyandot or Huron or Ibitoupa or Icafui or Illini or Illiniwek or Illinois-Confederation or Ingalik or Innu or Inupiat or Ioway or Iowa or Iroquois or Isleta-del-Sur or Ishak or Isleta or Ispokogi or Jemez or Jeags or Juaneno or Jumano or Kadohadacho or Kainai or Kalapuya-Famil* or Kalispel or Kanhatki or Kamia or Kaw or Kanza or Karankawa or Keresan or Karok or Kaska or Kaskaskia or Kaskinampo or Kalapula or Kato or Kawaiisu or Kawchodinne or Kawia or Kealedji or Kennebec or Keresan-Famil* or Kewa or Keyauwee or Kichai or Kichtawank or Kickapoo or Kiowa or Kitanemuk or Kitksan or Kitsai or Clallam or Klallam or Klamath or Klickitat or Kohuana or Kolomi or Konomihu or Kutenai or Kootenai or Koroa or Koso or Kosotshe or Koyeti or Koyukon or Kumeyaay or Kutchin or Kutenai or Kuitsh or Kusan or Ktunaxa or Kutchin or Kwaiailk or Kwakiutl or Kwalhioqua or Laguna or Lakmiut or Lakota or Lassik or Latgawa or Lemhi or Lillooet or Lipan or Lochapoka or Lohim or Loucheux or Luckamiute or Luiseno or Lumbee or Lummi or Lutuamian or Macapiras or Machapunga or Mahican or Maidu or Makah or Maliseet or Manahoac or Mandan or Manissean or Manso or Marameg or Maricopa or Mariposan or Mascouten or Mashongnovi or Maskegon or Mashpee or Matchoctic or Matinecoc or Mattabesic or Mattole or Maya or Meherrin or Meits or Menominee or Merrimack or Mescalero-Apache or Methow or Metis or Metoac or Miami or Mical or Michigamea or Michilimackinac or Mikasuki or Mikmaq or Miluk or Mingo or Mishikhwutmetunne or Miwok or Moapa or Mocogo or Moctobi or Modoc or Mogollon or Mohawk or Mohegan or Mojave or Molala or Monacan or Mono or Mono-Paviotso or Montagnais or Montauk or Moravians or Moratoc or Mosepolea or Muckleshoot or Mucogo or Mugulasha or Muklasa or Multnomah or Munsee or Muskogean or Muscogean-Famil* or Nabedache or Nacisi or Nacogdoche or Nakoda or Nakota or Naltunnetunne or Nambe or Nanatsoho or Nanticoke or Napissa or Napochi or Narragansett or Naskapi or Natchez or Natchitoches or Nauset or Neusiok or Neutral-tribe or French-neutre or Neketemeuk or Nemalquinner or Nespelem or Nez-Perce or Niantic or Nippissing or Nipmuc or Nisqualli or Nochpeem or Nongatl or Nooksak or Nootka or Noquet or Nottoway or Ntlakyapamuk or Occaneechi or Oconee or Ofo or Ohkay-Owingeh or Okanagon or Okchai or Okelousa or Okfuskee or Okmulgee or Olmec or Omaha or Onathaqua or Onatheaqua or Oneida or Oneota or Onondaga or Ononchataronon or Ontonagon or Opata or Opelousa or Oraibi or Osage or Osochi or Otoe or Ottawa or Ouachita or Ozette or Paiute or Pakana or

Pallachacola or Palus or Palouse or Panamint or Papago or Pascagoula or Passamaquoddy or Patarabueye or Patiti or Patwin or Pawnee or Pawokti or Pawtucket or Pecos or Pedee or Pend d Oreille or Pennacook or Penobscot or Pensacola or Pentlatch or Peoria or Pepikokia or Pequawket or Pequot or Peyu or Picuris or Piegan or Pima or Pinal Coyotero or Piankashaw or Piro or Pit-River or Plains-Ojibwe or Plains-Cree or Pilthlako or Pocomoke or Pocomtuc or Pooy or Posoy or Pohoy or Pojoaque or Pomo or Ponca or Potano or Poosepatuck or Potawatomi or Powhatan or Pshwanwapam or Puebloan or Puyllup or Puntatsh or Quahatika or Quapaw or Queets or Quinaielt or Quileute or Quinault or Quinipissa or Rappahannock or Raritan or Rechgawawank or Rouge-River or Sauk or Sac or Saconnet or Sahehwamish or Salinan or Salishan or Saluda or Samish or Sandia or Sanpoil or Santee or Santiam or San-Felipe or San-Ildefonso or Santa-Ana or Santa-Clara or Sappony or Saponi or Sarsi or Satsop or Saturiba or Saturiwa or Sahaptin or Seminole or Seneca or Senijextee or Serrano or Sewee or Shakori or Shasta or Shawnee or Shoshone or Shinnecock or Shuswap or Siletz or Siksika or Sinagua or Sinsink or Sinkiuse-Columbia or Siouan or Sioux or Sissipahaw or Siuslaw or Skaddal or Skagi or Skidi or Skilloot or Shoshone or Snohomish or Snoqualmie or Snoqualime or Soacatino or Sobaipuri or Spokan or Squaxon or Stehtsasamish or Stillaquamish or Stockbridge or Suislaw or Sugeree or Suquamish or Surruque or Sutaio or Swalash or Swallah or Swinomish or Sekani or Semiahmoo or Tacatacuru or Tachi or Taensa or Taidnapam or Takelma or Tali or Tallapoosa or Taltushtuntude or Tamaroa or Tangipahoa or Tanoan or Tano or Taos or Taposa or Tarratine or Tatlitkutchin or Tatsanottine or Tawakoni or Tawasa or Tawehash or Tenino or Teja or Tequesta or Tekesta or Tekopa or Tesuque or Tewa or Tiguex or Tionontati or Tillamook or Timucuan or Tioux or Tigua or Tiwa or Tlingit or Tocobaga or Tohome or Tohono-O-odham or Tolowa or Toltec or Tompiro or Towa or Tonkawa or Tschantoga or Tsilkotin or Tsimshian or Tubatulabal or Tukabahchee or Tukkuthkutchin or Tulalip or Tunica or Tunxis or Tuscarora or Tuskegee or Tutchonekutchin or Tutelo or Tututni or Twana or Tyigh or Ucita or Umatilla or Umpqua or Unalachtigo or Unami or Ute or Utina or Wabanaki or Waccamaw or Waco or Wailaki or Wahkiakum or Wakashan or Wakokai or Walla-Walla or Walpi or Wampanoag or Wanapan or Wappinger or Wappo or Warranawankong or Wasco or Washa or Washoe or Wateree or Watlala or Wauyukma or Waxhaw or Wenrohronon or Wea or Weanoc or Weapemeoc or Wiechquaeskeck or Wenatchee or Whilkut or Wichita-people or Kitikitish or Willapa or Winefelly or Wintu or Wintun or Winyaw or Wippanap or Wishram or Wiwohka or Wiyat or Wiyot or Woccon or Wynoochee or Yagenachito or Yahi or Yahuskin or Yahooskin or Yakama or Yakonan or Yamasee or Yamhill or Yampa or Yana or Yankton or Yaqui or Yaquina or Yatasi or Yavapai or Yazoo or Yellowknife or Yodok or Yojuane or Yokut or Yoncalla or Yscanis or Ysleta-del-Sur or Yuchi or Yufera or Yui or Yuki or Yuma or Yuman or Yurok or Yustaga or Zia or Zuni).mp.

CINAHL:

(MH "Historical Trauma") OR (MH "Cumulative Trauma Disorders+") OR "(intergeneration* orcollective or transgeneration* or trans-generation* or multigeneration* or multi-generation* or historical or crossgeneration* or cross-generation* or generation or secondary or tertiary orcomplex or colonial or cumulative or genocid*) and trauma" OR (MH "Intergenerational Relations") OR ("Psychological Trauma+")

(MH "Native Americans") OR (MH "Indigenous Peoples+") OR (MH "Indigenous Health") OR "Native American"

S1 AND S2

Native Health Database:

Terms searched include "Trauma OR PTSD"

Table 2: Study Characteristics

Author(s)	Title	Journal	Year Published	Sample Design	Methods	Sample Size	Participant Demographics
Maria Yellow Horse Brave Heart (Study 1)	Wakiksuyapi: Carrying the Historical Trauma of the Lakota	Tulane Studies in Social Welfare	2000	Qualitative	- Orientational qualitative research informed by theoretical framework. - Group interviews over 4 days for 2 sessions (2 years apart). - Participants asked to keep a journal, later used for content analysis	9 for the first session, 5 for the follow up	Adults in mid 30s- early 50s; Mean age = 43
Stickland, C,J., Walsh, E., & Cooper, M. (Study 2)	Healing fractured families: Parents'and Elders' Perspectives on the impact of colonization and youth suicide prevention in a pacific northwest American Indian Tribe	Transcultural Nursing	2006	Qualitative	- 4 hr focus groups w/ 10 participants (parents of youth). - Each elder was interviewed 1 time for 2 hours - data audiotaped and transcribed	49	- 9 Elders: older than 50 or who had grandchildren - 40 parents: 30-60yrs old - 29% of youth met screening criteria for being at risk for suicide

Denham, A,R. (Study 3)	Rethinking historical trauma: narratives of resilience	Transcultural Psychiatry	2008	Qualitative	- Person centered ethnographic study approach - 7 Semi structured and unstructured interviews lasting 1-2 hrs	1 family	4 generation family
Grandbois, D,M.,& Sanders,G,F. (Study 4)	The Resilience of Native American Elders	Issues in Mental Health Nursing	2009	Qualitative	- Pilot study conducted to test appropriateness and efficacy of interview guide questions and to become re-educated about culturally appropriate behavior prior to interviewing participants. - Interviews included open-ended questions and lasted 1.5-3.5 hrs. - Participants were also administered a brief demographic questionnaire	8	- 5 Males & 3 Females - All Elders: 57-83 years of age
Myhra, L, L. (Study 5)	"It runs in the family": Intergenerational Transmission of Historical Trauma among urban American Indians and Alaska Natives in culturally specific	American Indian and Alaska Native Mental Health Research	2011	Qualitative	- Exploratory ethnographic study - loosely structured, open-ended, face-to-face interviews ~ 2 hrs in length	13	- Participants aged 23- 64 - 6 Females & 7 Males

	sobriety maintenance programs					
Goodkind, J, R., Hess, J, M., Gorman,B., & Parker, D,P. (Study 6)	"We're still in a struggle": Dine resilience, survival, historical trauma, and healing	Qualitative Health Research	2012	Qualitative	- Ethnographic approach - 2 45-180 minute interviews conducted per participant	37	- 8 Elders; all women, ages 54-90 (M = 68.5) - 15 parents/ legal guardians: 10 mothers, 2 fathers, 2 aunts and 1 uncle. Ages 24-49 (M = 40.4) - 14 children 8 girls, 6 boys, ages 12-17 (M = 13.8)
Myhra, L, L.,& Wieling,E. (Study 7)	Psychological Trauma Among American Indian Families: Two Generation Study	Loss & Trauma	2014	Qualitative	- 1-2 hr Lifeline interviews conducted with a minimum of 2 members of each family.	20	8 mothers, 1 father. Mean age = 60 7 daughters, 4 sons. Mean age = 31
Reinschmidt, K,M., Attakai,A., Kahn, C,B., Whitewater, S., & Teufel-Shone, N. (Study 8)	Shaping a stories of resilience model from urban American Indian elders' narratives of historical trauma and resilience	American Indian and Alaska Native Mental Health Research	2016	Qualitative	- Community based participatory research - 2 1-2hr interviews	15	- Self identified AI/AN - Elders: 55 years of age and older

| Trout, L., Wexler, L.., & Moses, J. (Study 9) | Beyond two worlds: Identity narratives and the aspirational futures of Alaska Native youth | Transcultural Psychiatry | 2018 | Qualitative | - Intergenerational Dialogue Exchange and Action (IDEA)
- Q&A
- photovoice and digital storytelling | 20 | - Elders above the age of 65
- Adults between the ages of 24-64
- Children between the ages of 15-24 |

Table 3: Aims, Mechanisms, & Findings

Studies	Main study aims	Potential mechanism of transmission	Interpersonal Impacts	Community/Societal Impact	Other relevant findings
Study 1	To elaborate affective experiences of Lakota historical trauma including personal lifespan trauma	Sexual abuse, impaired bonding, attachment and neglect, emotional detachment	Participants noted that parents went to boarding schools and brought home the "shame" they grew up with. Shame being the way they were taught to raise kids—sexual abuse, neglect etc. There was a lack of parental bond in part due to the absence of parental figures from home, which is reported in association with boarding school trauma.	Collective survivor identity and commitment to traditionally oriented values to transcend trauma and promote healing and resilience.	—

| Study 2 | Gaining parents' and elders' perspectives on community needs and to identify strengths on which the community might build to reduce the suicde risks. | Loss of cultural identity; fractured families contributing to difficulties in school and difficulties in school contributing to not getting a job, resulting in further fracturing families | *Fracturing of families (physical and sexual abuse, loss of family connections—loss of bond in a family)*

"Well my brother-in-law was sexually abused in a boarding school. He has a lot of anger. He is abusive. He has family and he never goes to see them because he was in boarding school, so he doesn't have that family bond. He has an alcohol problem. He does not know how to vent. He holds things in. I don't remember ever being hugged. My mother never said, "I love you." I don't remember ever hearing, "I love you." I don't remember that at all. No one showed me, and I was never affectionate. I did that with my kids. I mean I can't go up and hold them or hug them. If you are crying you are weak. All that goes back to don't let the White man see you hurt. Some are afraid that if we start crying, we may not be able to stop."

"The underlying thing is the feeling of rejection and abandonment because when you needed that comforting from your parent, no one was there. You were told you are not supposed to cry. Strong Indians don't do that. Guys don't do that. All you needed was a hug or to be close to mom for a moment. I remember having to be the toughest fool around. I'd go home when nobody saw and cry into my pillow."

American Indian people caught in a cycle that continues to fracture families, creates a sense of hopelessness, and contributes to depression and | Loss of traditions, and cultural practices (cultural identity)

"My mother was in a Catholic school. If they caught her speaking her Native tongue, the nuns would take them aside and whack them on the hands with a ruler. And even now myself, I can't speak our language. I can understand some words. I feel bad about that." | Experiences in school noted as being linked to increased suicide risk. School is noted to be a place where the child's self worth is reinforced. |

			suicide ideation.		

| Study 3 | Highlight how a 4 generation American Indian family contextualizes historical trauma as well as how they frame their traumatic past into an ethic that functions in the transmission of resilience strategies,family identity and a framework for narrative emplotment. | The family, as well as the greater community, transmits cultural identity and collective memories to their children, who in turn transmit it to their children. Transmission of cultural knowledge through Sweat Ceremonies, Winter Spirit Dances, rodeos, hunting traditions, root gathering, recounting of oral history and other activities | *Collective memory to understand transmission of identity between family members.*

Survivor identity

"The blood of Chiefs and warriors; people that had to be strong. People that were warriors. People that, in the dead of winter, have starving children and have to find something to eat. Yet, they survived the whirlwinds of the government, whirlwinds of the Indian agent, whirlwinds of the stroke of a pen, whirlwinds of words that they never even understood, whirlwinds of being taken advantage of, whirlwinds of people lying to them, all of those things that come and disrupt your camp."

Power of family culture and the narratives learned as a child gave the participant the strength to endure and survive the harsh conditions that might have taken his life.

"Upon returning home, Cliff also used the family circle to help frame and make sense of his experiences. I'd think of that teaching when I was in Vietnam. I'd sit there, I'd look around and these guys would come out of the field. Crazy, we could be helicptered into an area. Helicoptered out, back to the company area and there'd be alcohol, steaks, just flowing . . . and in the next day it could be deep in mud fighting some guy who didn't have steaks, didn't have booze, didn't have women. So I moved out of the barracks . . . I began sleeping on the ground. So this life, entertainment life, stayed completely away from it in order to save | Cultural loss, that is loss of names, language and traditions can undermine cultural identity and social cohesiveness | — |

			my life. So hence, this teaching of pushing my arm out saved me. All the teachings that I learned from that room."		

| Study 4 | Gaining an understanding of resilience among Native American elders in the context of their unique cultures and histories and the challenges they have had to confront in their daily lives. | Survival Legacy | Family as a strength and building block for resilience | "The atrocities perpetrated against the Native people are because of an edict issued by the Sixth (Catholic) Pope in 1493. He ordered countries to put their ships out there, to go around the world and if the lands were occupied, they were to deface, to kill the people, and take the land. This is what started the trail of tears for my people and here in North America. Because of that, I think that has strengthened our people to want to fight, to struggle, and to keep on. It's a legacy, I believe, a legacy of survival." Her words reveal that a common history and an obligation they felt they owed their ancestors helped ensure not only their survival but also helped to inculcate resilience into the culture. "Also, rather than be integrated into the dominant culture, we've always wanted to maintain our own identity." loyalty for each other | — |

| Study 5 | To understand the relationship between intergenerational transmission of historical trauma and sobriety maintenance among urban AI/AN,in order to inform substance abuse and sobriety maintenance programs.- Through narrative data or life stories | Child-rearing practices, child maltreatment | *Family Violence*

Participant recalled that during childhood, she endured abuse and witnessed family fights and substance abuse, which she linked to her grandmother being harshly punished while in boarding school.

"I can remember all the times [grandma and mom] fought and my mom would come back all bloody. They were a good mother and daughter; they didn't fight or argue or nothing, just when [mom] was drunk. My grandma was sober when she was beating us. She's been sober for almost for 40 years. She went to a halfway house [chemical dependency treatment], she did have [CPS] involved, but she more or less did it for herself and for us kids. I think it was the impact of the boarding schools that did it, because maybe the way they saw it was 'oh they did something wrong, so let's beat them,' so that's the way she was, the only way she knew how to handle it was with beatings."

The participant did repeat a pattern of involvement with CPS due to substance abuse. | Struggles to make sense of a community-wide fear of death:

"For many of us there's a little recording of 'I should be dead'. And whether that's 'I want to kill myself' or 'I should be dead' or 'it doesn't matter if I'm alive,' I think that's a piece of the historical trauma. I think this is an actual recording that gets passed on from generation to generation without us even knowing it…" | Substance abuse was strongly connected to the negative impacts of historical trauma, intrafamilial trauma, and personal experiences with microaggressions. These negative experiences caused confusion and inner turmoil, diminished participants' sense of self-efficacy, impacted their parenting skills, and influenced their substance abuse patterns.

Participants understood and identified with elders' trauma and suffering and saw them as survivors that they took pride in rather than perpetrators of abuse |

Study 6	Gaining a deeper understanding of community members' perspectives on mental health,historical trauma,current stressors,coping, and spirituality in hopes of providing guidance for improving the family program	Loss of culture,cultural knowledge and traditions; lack of intergenerational sharing of narratives as a form of coping with the pain and suffering	youths and parents discussed not feeling the impacts of past traumas but rather the struggles of the present. Some youths made connections to stress, behavioral issues, anger over historical losses. Parents made connections to alcoholism as a result of colonization	The present struggles overshadow past events	—
Study 7	Exploring the psychological impact of trauma among AI/AN famililes and its perceived relationship to substance abuse across generations.	Absence of parental figure / Neglect- hypothesized as due to abuse incurred in boarding schools impacting the parents ability to be a functional family member.	Participants noted their elders' struggles, including substance abuse problems, were often attributed to boarding school experiences. "We have a lot generations of boarding school; my great-grandpa, my grandpa, and my dad and uncle went when they were about 5 [years old]. I went for a short time until my dad died. I have to believe [boarding school] also has had an impact on our family. I've researched boarding school extensively and I know there was abuse and people didn't learn how to be functional family members. My grandpa was abusive, and my dad was too. He wasn't abusive physically, he just couldn't function in his life. He never hit us or anything like that. He never raised his voice much; he just wasn't there." The only elder participant who was raised in a boarding school during the boarding school era reported that although he had to take care of himself from a young age and he grew up without parental and familial affection and attention, he learned what he could from the experience and	—	—

			now relishes his time with his children and grandchildren and does not dwell on the past.		
Study 8	Gathering urban AI elders' life narratives to document resilience strategies for coping with life stressors in the context of historical trauma; Storytelling	Maladaptive coping strategies such as alcohol and drug use leading to further fracturing families	Impacts of boarding schools, which included separation from their families, their culture and traditions, subsistence practices, beliefs and values, involved losing contact with relatives, especially elders who would have passed on culture and traditions, and disrupted family life.	boarding schools interrupted the transmission of cultural knowledge and traditions. Cultural identity linked to grounding in culture and traditions is tied to community strength	Knowledge of their own and their ancestors' experiences with historical trauma and losses had left the elders with yearning for the past and admiration for their ancestors.

Study 9	To consider the meanings associated with different constructions of culture and selfhood, and the ways in which these identity narratives position Inupiaq Alaskan Native youth in relation to their personal and collective futures	Loss of cultural identity	language barrier resulting in a loss of access to wisdom and support of elders	cultural identity is strongly identified in the minds of many Inupiat with personal and collective well-being-- loss of culture identified with manifestations of alcoholism,suicide, and domestic violence	Longing for deeper affiliation with cultural roots, but lacking in navigational capacity and/or external resources to get there