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Understanding the burden of trauma and victimization among American Indian and Alaska native elders: historical trauma as an element of poly-victimization

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ABSTRACT

Research on recognition of *adverse childhood experiences* (ACEs) and *poly-victimization* has transformed our understanding of violence and trauma exposure. Both concepts point to the importance of understanding the cumulative burden of trauma and the interconnections among forms of violence and abuse. However, there has been little conceptualization about what these two constructs mean for American Indian and Alaska Native (AI/AN) individuals, families, and communities, and even less attention to the experiences of AI/AN elders. This paper summarizes prior work on adverse childhood experiences and poly-victimization, addresses the limitations of past research on these issues, and expands these constructs to include concepts of historical trauma in order to better understand victimization and trauma among AI/AN elders. We call for the integration of historical trauma into the poly-victimization framework for AI/AN communities in order to more accurately capture the true burden of victimization among AI/AN peoples. Future research, prevention, and intervention can better incorporate historical trauma and we provide suggestions for doing so, including adding items on historical trauma to poly-victimization surveys and creating programs to promote cultural connectedness.

In recent years, there has been increasing recognition of the need to focus on the cumulative burden of trauma for older adults and others, as emphasized in influential lines of research on *adverse childhood experiences* (ACEs) and *poly-victimization* (Hamby & Grych, 2013). However, there has been little conceptualization about what these two constructs mean for American Indian and Alaska Native (AI/AN) individuals, families, and communities, and even less attention to the experiences of AI/AN elders. Historical trauma, which includes the multigenerational impacts of widespread abuses experienced by entire communities, is essential to understanding the true trauma burden of AI/AN elders. A more accurate understanding of the trauma burden in AI/AN communities is needed to more effectively help victimized and traumatized AI/AN elders. In this paper, we

summarize prior work on adverse childhood experiences and poly-victimization, address the limitations of past research on these issues, and expand these constructs to include concepts of historical trauma in order to better understand victimization and trauma among AI/AN elders.

The Impact of Adverse Childhood Experiences on Older Adults

The transformative realization that childhood adversities have lifelong impacts was identified in seminal work conducted with clients of a California health management organization, a mature, mostly white sample with an average age of 56 and including people to age 92 (Felitti et al., 1998). This study showed that a count of different forms of childhood maltreatment (including physical abuse, sexual abuse, and neglect) and family dysfunction (such as parental substance abuse) had remarkable effects on physical health, such as diabetes and heart disease, as well as mental health, lasting many decades after the adversities took place. These studies also demonstrated a strong *dose-response relationship*, with the strongest effects seen for participants who reported exposure to four or more ACEs (Felitti et al., 1998). This study revealed that adverse childhood experiences are at least as important as other well-known risk factors for chronic health conditions, such as diet and exercise, and that risk continues beyond adolescence and young adulthood into old age. Further, the strong and consistent dose-response relationships showed that much prior research, which simply classified people into victims and non-victims, was missing key information about the nature of victimization and adversity and how it impacted individuals.

The ACEs effect has now been replicated numerous times, and more than 40 negative health consequences have been associated with ACEs (Gilbert et al., 2015). There has been limited research on ACEs in tribal communities, but the few existing studies show a substantial impact of ACEs on the mental health and perceived physical wellbeing of AI/AN people (Brockie, Dana-Sacco, Wallen, Wilcox, & Campbell, 2015; Brockie, Elm, & Walls, 2018; Kenney & Singh, 2016; Koss et al., 2003; Warne et al., 2017) and that ACEs are disproportionately experienced by AI/AN people (Mersky, Janczewski, & Nitkowski, 2018). Given that much of the formative work on ACEs established that health consequences persist into the latter decades of life, adverse childhood experiences should be of interest to anyone who is interested in the safety and well-being of older adults.

Poly-Victimization: Understanding the Interconnections Among Forms of Violence

The second major discovery was the commonality of co-occurrence of multiple forms of violence, abuse, and crime, a concept called poly-victimization (Finkelhor, Ormrod, & Turner, 2007; Finkelhor, Turner, Hamby, & Ormrod, 2011; Hamby & Grych, 2013). Historically, first responders to violence (law

enforcement and health care providers) were primarily organized to handle isolated incidents, but "mono-victimization" (Hamby & Grych, 2013) does not describe the lives of many victims. Many people are vulnerable to multiple forms of victimization by multiple perpetrators across multiple settings. Further, the number of different types of victimization and adversity – a scoring (and conceptual) approach adopted by both ACEs and poly-victimization research – is the best predictor of trauma symptoms and other negative consequences (Finkelhor et al., 2007). This is true even when compared to individual forms of abuse that are experienced repeatedly (such as bullying or child maltreatment), a replicated finding (e.g., Turner, Finkelhor, & Ormrod, 2010). Poly-victimization research has shown that numerous forms of victimization contribute relatively equally to the total burden of trauma carried by any individual (Finkelhor, Ormrod, Turner, & Hamby, 2005). This includes several forms of victimization that have sometimes been minimized, such as bullying by peers, sexual harassment, and witnessing violence. Although the poly-victimization concept was developed with work that focused on children and adolescents (e.g., Turner et al., 2010), it has been expanded into numerous studies of adults, again showing a dose-response relationship between victimization and negative outcomes (e.g., Hamby, Grych, & Banyard, 2018). There has been little, if any, research on poly-victimization that focuses on AI/AN populations.

However, poly-victimization is starting to be recognized in the elder abuse field (Hamby, Smith, Mitchell, & Turner, 2016). As with research on children, the elder maltreatment field has always given some consideration to multiple forms of trauma, and major studies like the National Elder Mistreatment Study have included several forms of maltreatment, including one, financial exploitation, that is uniquely studied in elder abuse (Acierno et al., 2010). However, only recently have researchers started to recognize that elders are vulnerable to many different types of abuse, not limited to financial exploitation and maltreatment by caregivers and family members (Hamby et al., 2016). As noted earlier, ACEs research has shown that childhood traumas continue to have detrimental effects on elders. Recognizing that vulnerability to one type of victimization is often associated with vulnerability to multiple types, the elder abuse field is now incorporating the poly-victimization model (Hamby et al., 2016; Teaster, 2017; Williams, Racette, Hernandez-Tejada, & Acierno, 2017).

Limitations of Previous Work on ACEs and Poly-Victimization

Research on ACEs and poly-victimization has influenced assessment, screening, and interventions for victimization and trauma. More comprehensive and holistic assessments of trauma history are now being carried out in many research and clinical settings, and many interventions are now allowing for the possibility of multiple traumas (Arvidson et al., 2011; Cohen, Mannarino,

Kliethermes, & Murray, 2012). However, despite the power of these approaches, there are limitations to existing research on ACEs and poly-victimization. More work is required to fully understand the true burden of trauma, particularly among AI/AN and other marginalized communities.

Past work on the co-occurrence among forms of victimization and adversity has given insufficient attention to experiences of AI/AN people and other marginalized communities, particularly with respect to historical trauma (Cronholm et al., 2015; Wade, Shea, Rubin, & Wood, 2014). Historical trauma is caused by the multigenerational impacts of widespread abuses experienced by entire communities, which in Indian Country is based on the impact of settler colonialism. Historical trauma is related to terms such as intergenerational trauma, but a key distinction between intergenerational trauma and historical trauma is the latter's focus on trauma that intentionally targets peoples with a shared identity (e.g., ethnicity or nationality) and which is experienced collectively (Evans-Campbell, 2008; Schultz, Walters, Beltran, Stroud, & Johnson-Jennings, 2016). Historical trauma touches virtually all Native communities in the Americas (Evans-Campbell, 2008). AI/AN elders who experience abuse in their later years, likely also carry historical trauma and have often experienced earlier life victimization. ACEs and poly-victimization constructs should be expanded to include historical trauma.

Many people have noted that the ACEs model is limited in scope and was based on a sample that was largely white and middle to upper middle class (e.g., Cronholm et al., 2015; Wade et al., 2014). The most common ACE scale only assesses family dysfunction, such as caregiver-perpetrated maltreatment and parental substance abuse. Previous work on expanding ACEs beyond the immediate household has shown that a broader assessment of adversity does a better job explaining current symptoms (Finkelhor, Shattuck et al, 2015). There have been efforts to expand, such as Wade and colleagues' concept of "urban ACEs," which captures exposure to community violence (Cronholm et al., 2015; Wade et al., 2014). Omitting adversities experienced outside of the home minimizes, however unintentionally, the experiences of oppressed and marginalized groups who are disproportionately exposed to community, institutional, or systemic violence.

The poly-victimization concept has been broader than ACEs since its inception. The Juvenile Victimization Questionnaire (JVQ), the instrument that assesses poly-victimization, assesses caregiver maltreatment, bullying and other peer victimization, sexual victimization, community crime, and witnessing or other indirect exposure to violence (Finkelhor, Turner, Ormrod, & Hamby, 2009; Hamby, Finkelhor, Turner & Ormrod, 2011). Nonetheless, the JVQ is still limited. Although there will perhaps always be additional forms of victimization that might be included – there are many ways to hurt other people – two limitations are notable for assessing the trauma burden of native elders. First,

there is limited coverage of offenses that are more common in adulthood or old age, such as workplace bullying, cyber-crime, or financial exploitation by family members. The JVQ also has only a single question on hate-motivated violence, resulting in a low estimate of 1% (Finkelhor, Turner et al, 2015) . Recent work to improve assessment of bias-motivated victimization indicates that half of all youth have experienced a bias-motivated attack (Price-Feeney, Jones, Ybarra, & Mitchell, 2018). There is ample evidence that hate-motivated violence both contributes to people's total burden of trauma and intersects with many other forms of victimization and abuse (e.g., Garcini et al., 2018; Mulvey, Hoffman, Gönültaş, Hope, & Cooper, 2018).

Even fewer studies have examined hate violence directed at older adults, perhaps because common stereotypes and the best-known incidents of hate crime, such as the murders of Emmett Till and Matthew Shepard, have involved younger victims. Nonetheless, existing scholarship emphasizes the need to consider the historical context of older generations and acknowledge the burdens they may carry from past human rights struggles (Morrow, 2001). Many elders who are members of marginalized groups lived through the era of racial desegregation and the civil and sexual/gender minority rights movements of the 1960s and 1970s in the U.S. Among AI/AN populations, many elders will have lived through protests associated with the American Indian Movement and other efforts, such as efforts to reclaim rights to practice their religious and cultural traditions, that were met with violence and discrimination (Elm, Walls, & Aronson, 2019).

Historical Trauma and Indirect Exposure to Trauma

Poly-victimization, ACEs, hate-motivated violence, and other stressors among AI/AN peoples are rooted in settler colonialism (Elm et al., 2019). In the poly-victimization framework, historical trauma would be considered an indirect form of victimization exposure, in which the affected person is not directly attacked, but is exposed via seeing, hearing, being told about, or witnessing the aftermath of violence (Hamby, Finkelhor, Turner, & Ormrod, 2011). Indirect exposure to violence has been studied in several lines of research on violence affecting individuals, families, and communities. These include research on children's exposure to domestic violence (Vu, Jouriles, McDonald, & Rosenfield, 2016), exposure to terrorist attacks (e.g., Perlman et al., 2011), and research on vicarious trauma, which focuses on providers' experiences of hearing about so much trauma from clients (Finklestein, Stein, Greene, Bronstein, & Solomon, 2015). These studies show that indirect exposure can have profound and lasting negative effects.

Perhaps even more remarkably, poly-victimization research has shown that indirect exposures to victimization can have effects that are just as profound as direct exposures. These studies further indicate that the most powerful way to capture the burden of trauma is to include direct and

indirect exposures in victimization assessments (Hamby, Finkelhor, & Turner, 2013; Finkelhor et al., 2005, 2011; Turner et al., 2010). Indeed, some forms of witnessing, such as witnessing interparental violence, may be even more distressing than some forms of direct victimization (Hamby et al., 2013). The concept of historical trauma extends these ideas by highlighting the multigenerational impacts of collective, compounding traumas perpetrated on communities, and the psychological and social responses to this trauma. Early historical trauma research focused on Holocaust survivors and their offspring (Danieli, Norris, & Engdahl, 2016; Felsen, 1998), but the concept has been expanded to other communities. Historical trauma is particularly relevant to understanding the burden of older adults, as they witness multiple generations sustain the impact of longstanding injustices.

Historical Trauma in Indian Country

Native communities in the U.S. have experienced community-wide trauma and loss, including forced relocation, internment and genocide (Schultz, Walters, et al., 2016). These traumas have occurred across many generations and continue to reverberate across Native communities. The first European settlers brought smallpox and other viruses and some North American tribes lost up to 90% of their population due to disease alone (Riley, 2010). Many Native nations were forced off traditional hunting, fishing, and food gathering territories and into Western cash economies unknown to them at the time. Loss of agricultural practices resulted in widespread loss and damage to the health of many tribal nations (Gone & Trimble, 2012).

Government-supported abuses and injustices continued across Indian Country throughout the 20th century. American Indians were the last group in the U.S. to receive full citizenship and voting rights, not attaining these until 1924. Regaining the right to practice their religion and spirituality was not granted until 1978. Many policies were designed with an explicit intent to eradicate Native culture and force assimilation. For example, AI/AN children were removed from their families and forced to attend distant boarding schools where they were punished for speaking their language and child maltreatment was rampant (author citation; Gone, 2013; Grayshield, Rutherford, Salazar, Mihecoby, & Luna, 2015). Native children were also assimilated through biased foster care and adoption strategies, resulting in many being placed in non-Native homes. The child removal era had a profound effect on Native communities. Over one-quarter of children were removed from their families and communities, interrupting sacred connections to family and place (U.S. Senate Hearings, 1974; Ullrich, 2019). It was not until the Indian Child Welfare Act of 1978 that the common practice of removing AI/AN children from their parents and communities and placing them in non-Native homes was slowed. The timing of the child removal era means that today's elders were especially harmed, experiencing complex traumatic stress exposure and

widespread loss of culture, family, and community (Tehee et al., 2019). In addition to the direct harms of the era, there was and remains minimal opportunity for resolution, reconciliation, and healing due in part to lack of acknowledgment of colonial tactics to assimilate. Combined with ongoing contemporary threats to tribal communities (Elm et al., 2019), the unresolved traumas and losses likely placed AI/AN elders at greater risk for additional traumas, as well as mental and physical health challenges (Tehee et al., 2019). In turn, these health consequences can proliferate into increased risk for elder maltreatment.

Historical traumas are compounded by contemporary challenges to tribal sovereignty, persistent efforts of erasure, discrimination, and enduring health inequities (Elm et al., 2019). Recent examples include the ongoing challenges to the Indian Child Welfare Act supported by non-Native families who want to adopt Native children. Threats to this legislation continue today, despite sustained disproportionality of Native children in the child welfare system (Fort & Smith, 2019).

Like hate crime, historical trauma remains understudied, but a growing research base has begun to document historical losses and resulting adverse outcomes (Elm et al., 2019). Consistent with the poly-victimization framework, historical trauma has been linked to the experience of other forms of violence, including intimate partner violence (Burnette, 2015) and sexual assault (Pearce et al., 2015). Research has shown that Native peoples are often reminded of historical losses and these losses are associated with depression and anxiety symptoms, substance dependence, and other negative health outcomes (Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013; Whitbeck, Adams, Hoyt, & Chen, 2004; Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009).

Mechanisms of Historical Trauma

Despite remarkable resilience and revitalization among AI/AN populations, the effects of historical trauma can last for decades and be transmitted across generations through direct and indirect pathways. Direct effects are immediate and not mediated by another variable in the causal chain. For example, physical assaults can directly cause injury. Direct effects can also help explain the strong inter-relationships among victimization. For example, that same physical assault could leave someone unconscious, providing the opportunity for a second offender to rob them. However, many victimization effects are, conceptually, indirect ones. For example, someone who experiences dissociation after an assault, even many months or years later, may be more vulnerable to later assaults because they take longer to notice threats. Unjustly, these sorts of patterns are the most likely explanations for the long-term effects of victimization. Victimization can also lead to dysregulation of the stress response or increased allostatic load, which is why adverse childhood experiences can be associated with higher rates of chronic

disease even 50 or 60 years after the original adversity (Gilbert et al., 2015). Indirect effects are particularly important for understanding historical trauma and its effects on the contemporary lives of AI/AN elders and communities.

The impacts of historical trauma can spread via cultural, social, physical, mental, behavioral, and biological mechanisms (Schultz, Walters, et al., 2016). The loss of language and cultural traditions has had deleterious effects on communities, families, and individuals for generations (Tucker, Wingate, O'Keefe, Hollingsworth, & Cole, 2016). Children raised by highly traumatized individuals may adopt some of their defense mechanisms, such as flattened affect or hypervigilance, even if they themselves do not experience the same dangers. Thus, even Native children who did not attend abusive boarding schools or were never punished for speaking their language may show the effects of such mistreatment. Physical harm can come from changes in diet and forced changes in activities, such as restrictions on traditional hunting and gathering practices, resulting in health concerns such as obesity and cardiovascular disease (Schultz, Walters, et al., 2016). Some have speculated that epigenetic changes brought on by stress can influence the biology of offspring, providing another possible mechanism for the intergenerational transmission of trauma (Nestler, 2016). Historically traumatic events and policies have an enduring impact on the health of AI/AN populations and should be incorporated into our understanding of elder victimization in these communities.

Historical Trauma and Elder Victimization

There is limited data on elder victimization among Native peoples, but existing research suggests that rates are high (Jervis, 2014). Moreover, contemporary AI/AN communities consistently report high rates of lifetime trauma including child abuse and neglect (Bernard, Paulozzi, & Wallace, 2007), interpersonal violence (Hamby & Skupien, 1998; Rosay, 2016; Yuan, Belcourt-Dittloff, Schultz, Packard, & Duran, 2015), enduring health inequities (Jones, 2006), and overall levels of trauma (Tehee et al., 2019).

Understanding the true burden of trauma among Native elders requires a poly-victimization approach that integrates lifetime and historical traumas with assessment of elder abuse. Due to historical trauma, many Native elders face losses not experienced by other peoples in the United States (Grayshield et al., 2015). Despite successful language revitalization efforts in many tribes, elders may represent the last fluent speakers of their language and associated cultural knowledge. There have been many successful efforts to sustain and revitalize traditional knowledges and practices by Native elders and communities. However, unlike older adults in the majority culture, Native elders may carry the burden of worrying that aspects of their culture will be lost with their passing. If these losses were appropriately assessed and incorporated into an ACE or poly-victimization score, then we

would better recognize their true burden of victimization and be better equipped to help them.

Research on historical trauma among Native elders reinforces findings from other studies. Native elders see historical trauma as a causal agent of the loss of cultural practices and the rise of problems such as alcoholism (Grayshield et al., 2015). Elders would like to see a return to cultural traditions and greater community connectedness (Grandbois & Sanders, 2009; Grayshield et al., 2015). In two qualitative studies, Native elders also saw resilience, connectedness, and perseverance as something that is embedded in their communities and want strengths-based approaches to working with Native peoples and communities (Grandbois & Sanders, 2009; Grayshield et al., 2015).

Resilience, Strengths, and Overcoming Historical Trauma and Poly-Victimization

Despite a high trauma burden, Native peoples and communities remain resilient (author citation; Yuan et al., 2015). Although much research in Indian country has focused on pathology and adopted a deficit lens, strengths-based approaches hold considerable promise and are often more culturally congruent (Elm, Lewis, Walters, & Self, 2016; Grandbois & Sanders, 2009; Yuan et al., 2015). A study of coping with historical trauma found that a higher sense of coherence helped mitigate the association between historical loss and symptoms among Native youth (Evans & Davis, 2018). Many Native communities approach healing as a collective, drawing on connection to community and integrating healing approaches rooted in tribal histories, traditions, and teachings (Schultz, Cattaneo, et al., 2016). For example, many tribal nations have developed annual memorial events, such as the Dakota Commemorative March and Navajo Journey for Existence. These events are designed to acknowledge and heal from the impact of historically traumatic events. Elders can and often do play key roles in these healing events and processes.

Research Implications

There is an urgent need to better assess the full burden of trauma among Native elders, especially historical trauma and other losses that may be unique to Native communities. Elder abuse seldom happens in isolation from other adverse experiences. In addition to comprehensively assessing the scope of abuse among this population, we need to examine the ways that historical trauma interacts with other acute or chronic adversities among Native elders. Researchers should partner with AI/AN communities to determine the best way to identify and respond to these issues. Researchers conducting community surveys with tools such as the Adverse Experiences Scale or the Juvenile Victimization Questionnaire can craft supplemental

items on historical trauma or adopt full scales (e.g., Whitbeck et al., 2004). Other data collection alternatives include crafting community-level indicators of historical trauma by researching records, for example documenting the number and extent of massacres and forced migrations. This approach could allow incorporating indicators of historical trauma in secondary analyses of existing datasets.

Research should also identify and examine protective factors that can ameliorate the impact of historical trauma and other types of elder victimization, such as efforts aimed at revitalizing cultural and spiritual traditions and preserving languages. Researchers can examine the ways in which Native peoples have responded and maintained wellness despite historical and contemporary traumas to inform efforts aimed at preventing and responding to elder abuse among this population. Research on elder abuse often pays little attention to cultural differences (Jervis et al., 2016). The poly-victimization construct needs to be expanded to include historical trauma and the multigenerational impact of widespread abuses experienced by entire communities.

Implications for Prevention, Intervention, and Policy

The primary goal of health care and social services is to promote the safety and well-being of clients, and, in the case of elders, help them thrive in their "golden" years. Programs to enhance the safety and well-being of Native elders need to consider historical trauma and other relevant factors including wellness promotion. A simple way to encourage wellness and connectedness with AIAN elders is to create opportunities for generative cultural activities to occur between elders and younger members of their families and communities (Lewis & Allen, 2017). Interventions with AI/AN populations have been developed that address historical trauma (Gone, 2013; Schultz, Walters, et al., 2016). One approach involved deep engagement with historical trauma by organizing a contemporary retracing of the Trail of Tears (Schultz, Walters, et al., 2016). Qualitative data from participants indicated that engagement with the Trail, both the physical site and the representation of this historically traumatic event, facilitated positive changes in health beliefs, attitudes, and behaviors and facilitated a healing process for many participants. The importance of connectedness with community and, indeed, with all creation needs more consideration in research and treatment for groups experiencing historical trauma or who have high burdens of trauma (Grandbois & Sanders, 2009; Grayshield et al., 2015; Schultz, Walters, et al., 2016).

Systemic interventions are needed as well to reduce the burden of historical trauma for current elders and future generations. Given the many injustices that they have experienced, it is not surprising that AI/AN victims may be more suspicious of law enforcement and other service providers (Hamby, 2008). There needs to be more direct efforts to address healing and reconciliation,

with a focus on improving relationships between community members and service institutions. Policy-level efforts include better protections for laws such as the Indian Child Welfare Act, which was created in part to stop community-level traumas and adhering to treaties. Because historical trauma is experienced collectively and may be passed intergenerationally, current prevention and intervention approaches that focus on the individual may be less effective among this population than community-wide efforts (Schultz, Cattaneo, et al., 2016).

Conclusion

Researchers and providers have increasingly recognized the need to focus on the lifelong cumulative burden of trauma among older adults and others. However, some forms of trauma have been largely neglected in existing research on poly-victimization and adverse childhood experiences, the two most influential approaches to wide-ranging assessments of trauma. One particularly neglected area has been historical trauma in Indian Country, which is the multigenerational impact of massacres, forced migrations, and other human rights abuses of settler colonialism. To properly assess and respond to the full burden of trauma among Native elders, we need to incorporate historical trauma into the poly-victimization framework. In terms of research, this can include incorporating survey items or official records of historical trauma into studies. Research should also assess protective factors and ways of coping with historical trauma. In terms of prevention, intervention, and policy, providers can support elders and younger members of families and communities in re-connecting with their cultures and acknowledging and processing historical events. Policies should support the sovereignty of tribes and minimize contemporary and future trauma. A greater understanding of historical trauma and other experiences of Native communities can lead to improvements in services and policies.

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