



Acknowledging the Past while Looking to the Future: Exploring indigenous child trauma



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For Sage and Dean

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“No matter what you accomplished, somebody helped you.”

–Althea Gibson, African American athlete

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Abstract

Trauma affects children from all races, ethnicities, nationalities and socio-economic backgrounds. However, indigenous children may experience trauma differently than their majority population peers due to traumatic histories of colonization and ongoing marginalization. This thesis explores how service providers in Western Montana and Northern Norway conceptualize Native American and Sámi children's experiences of trauma today. Additionally, I ask if these providers draw links between the historical traumas of the past and current traumatic events facing indigenous children in these two locations. Interviewees spoke about the effects of historical trauma in eight identified themes. The diversity of the themes and concepts discussed imply that providers regard their indigenous clients as being impacted by the historical traumas suffered by indigenous peoples in Montana and Northern Norway. Acknowledging past histories of injustice and focusing future research on the unique resiliencies of indigenous children, families, and communities were two main recommendations for promoting the treatment and understanding of indigenous child trauma. Concepts relating to indigenous social work values, such as authentization, cultural humility and relationality, were considered to be of utmost ethical importance while conducting research in indigenous populations. The thesis provides a brief look into the experiences of Native children in Montana and Sámi children in Norway facing trauma, as seen from the eyes of their social workers, therapists and advocates.

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1.1 Introduction to the theme

Trauma, hardship, and loss can be some of the most difficult aspects of the human situation to overcome, especially if experienced in childhood. However, trauma might not be the same for every child. Family and cultural histories are increasingly thought to influence the how and why of trauma experiences. Indigenous children may experience life differently than their majority-population children within the spheres of identity, history and cultures. Might their experiences of trauma also be different from that of the majority? This thesis explores how service providers conceptualize the trauma experiences of indigenous children in Western Montana and Northern Norway. Possible links between present day traumas and the historical traumas of colonization in these two locations are discussed. The thesis seeks to add to the discussion of historical trauma within the disciplines of indigenous studies and social work, as well as consider the unique situations of indigenous children.

1.2 Statement of the problem

Many indigenous communities have experienced genocide and land loss on an extreme scale (Coates, 1999: 156; Reynolds, 1999: 132-137; Lehtola, 2000: 191; Farrelly, et. al. 2006: 207). Traumatic death due to introduced disease, famine, and violence has taken an enormous toll on the populations of indigenous peoples from many nations (Coates, 1999: 142-143; Weaver, et. al., 1999: 22). Similarly to many indigenous peoples in North and South America, tribes currently living in what is now known as Western Montana have historically experienced the effects of genocide, death due to disease, and massive land loss (MOPI, 2009: 3-4). While less affected by genocide and disease, the Sámi of Scandinavia have experienced land encroachment and subsequent land loss to white settlers, a story similar to many other indigenous groups (Lehtola, 2000: 190). In both Sámi and Native American communities, assimilation policies and the criminalizing of traditional religions and languages inflicted by colonizers has resulted in massive cultural losses (Lehtola, 2000: 193; Nabokov, 191: 225; Samediggi, 2007: 11, 59). One assimilation practice, the removal of indigenous children from their families and subsequent placement in foster care or boarding schools is an experience shared by Native Americans in

America, First Nations groups of Canada, Maori of New Zealand, Aborigines in Australia and the Sami of Scandinavia, among other indigenous groups all across the world (Evjen 2009: 16; Jacobs & Saus, in press; Reynolds, 1999: 137). In addition to the separation from their families and culture, many indigenous children have suffered sexual and physical violence while in the care of church-run boarding schools or foster parents, a phenomenon now receiving much attention in the United States and Canada (Brave Heart, et. al. 1998: 59). These aspects of indigenous history, among others, have contributed to unique histories for indigenous groups.

Trauma researcher Sandra Bloom, M.D (1999: 2) says, “a traumatic experience affects the entire person- the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we makes sense of the world are all profoundly altered by *traumatic experience*.” Maria Yellow Horse Brave Heart (2003:7) one of the founding mothers of historical trauma theory in Native American populations, defines *historical trauma* as a “...cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.” The concept of *intergenerational trauma* states that individuals who have not directly experienced the traumatic events of historical loss may still be affected by these traumas on multiple and complex levels; that the effects of trauma can be passed down through generations (Yellow Horse Brave Heart & DeBruyn 1998: 64). *Historical trauma response* refers to “the pattern of diverse responses that may result from exposure to historical trauma,” (Denham, 2008: 391).

This thesis explores how service providers in Western Montana and Northern Norway conceptualize indigenous children’s experiences of trauma today. Additionally, I ask if these providers draw links between the historical traumas of the past and current traumatic events facing indigenous children in these two locations. An analysis of the eight identified themes includes a discussion on how these themes may contribute to understanding the phenomenon of indigenous child trauma.

1.3 Methodology

The discourse of ‘Indigenous social work’ is rooted in the philosophical approach of *authentization* in which providers and researchers look to specific, local and value-based aspects

of an indigenous culture when drawing practice and research conclusions (Gray et al., 2008: 5). Methodologically, this thesis strives to base itself within the discourse of 'indigenous social work' by considering authentization as being the most important aspect of research collection. All findings are drawn from the reports of interviewees - women with specific, local and value-based knowledge of indigenous cultures in two research locations. This methodological strategy opposes adapting knowledge and themes from Western social work practice and looking for validating responses in interviews. Although the concepts of child trauma and historical trauma were used as a basis for questioning, the findings of this thesis were unique to the study and not modified from Western research to fit an indigenous experience.

In many cases, authentization and indigenous social work require a complete re-thinking of the understandings inherent in social work practice, as current understandings are based in Western, Euro-centric values (Gray et al., 2008: 6). The process of re-thinking one's beliefs, restructuring conceptualizations of social work and its value systems, and developing research based in indigenous social work are not easy tasks. As Maori writer Linda Tuhiwai Smith (1999: 140) states: "the spaces within the research domain through which indigenous research can operate are small spaces on a shifting ground." For indigenous, but especially for non-indigenous researchers, this re-thinking may be very difficult to ever fully achieve. Tuhiwai Smith (1999: 140) goes on to say, "this makes indigenous research a highly political activity and while that is understood by very experienced non-indigenous researchers and organizations it can also be perceived as a threatening activity." As a writer, I make no claim to be a) indigenous, b) highly experienced, or c) able to completely re-think the understandings of social work practice, limitations which likely limit the outcome of this thesis.

Despite these shortcomings, I hope that my thesis can add something to the overall discussion of indigenous social work. Lakota/Seneca researcher and writer Hillary Weaver (2008: 80) speaks about the struggles of indigenous researchers to fit into what is considered valid social work academia while '...in the belly of a Trojan horse, remaining undercover long enough to survive but remaining true to our Indigenous values in ways that would lead us to transform the social work profession and perhaps develop truly Indigenous models of social work.' Might non-

indigenous researchers also be able to find a place in the decolonizing of social work practice and research?

It is my hope that by employing indigenous research methodologies, striving for authentization, looking to indigenous research and literature, and promoting knowledge and understanding of indigenous values, non-indigenous researchers will contribute to transforming service provision to be inclusive and respectful of indigenous ways of knowing. Instead of hiding in the belly of the Trojan horse, we could be double agents... working from the inside to secure a place for indigenous research and values to be expressed in ways that are not dismissed by the majority society (Hillary Weaver, 2008: 80). Non-indigenous researchers and social workers, through mindful action and a commitment to indigenous social work, can work in conjunction with their indigenous cohorts to shift the paradigms that dictate service provision to indigenous peoples.

1.4 Purpose of study

This thesis explores how service providers in two different contexts, Western Montana and Northern Norway, conceptualize the experiences of indigenous children who experience trauma. Much of the information presented in this thesis focuses on the often negative effects of historical interactions between indigenous peoples and colonizing institutions of what is now the majority population. It should be noted however, that rich tribal and ethnic histories existed prior to the arrival of colonizers, both in the state now known as Montana and the country now known as Norway. Additionally, not all historical and current interactions between indigenous peoples and colonizers were negative, and indigenous peoples must not be thought of only in terms of how they interact with what is now majority society (Davies & Iverson, 1995: 15). Furthermore, although the themes of this thesis are often based in the context of tragedy the author in no way attempts to paint indigenous peoples or communities as victims. Acknowledgement of a traumatic history, as well as the current socioeconomic inequalities of many indigenous peoples, does not a victim make. In many indigenous communities today values relating to heritage, family, culture and land offer important contributions to the indigenous individual as well as the larger family, community and nation (Davies & Iverson, 1995: 21; MOPI, 2009: 3).

In the United States, indigenous Native Americans represent some of the most diverse cultures, languages and histories in the nation. Five hundred and sixty-six tribes are recognized by the U.S. government, and over two hundred tribal languages are still spoken (BIA, 2012). Montana is a state with a large population of Native Americans; over 66,000 people identify as having American Indian/Alaska Native heritage, many living on one of the seven reservations in the state (MOPI, 2009: 4). Montana is home to twelve tribes in all, including the Little Shell Chippewa, a state-recognized tribe currently seeking recognition of their tribal status by the federal government (MOPI, 2009: 4). Two reservations: the Flathead Reservation, home to the Salish, Pend O’reille and Koontai tribes, and the Blackfeet Reservation, home to members of the Blackfeet tribe, are located in Western Montana. The majority of the information presented in this thesis concerns Native Americans in the state of Montana, although a comparative aspect on the Sámi people of Northern Norway is presented. The map below depicts the location of Montana’s seven reservations and the headquarters of the Little Shell Chippewa tribe.

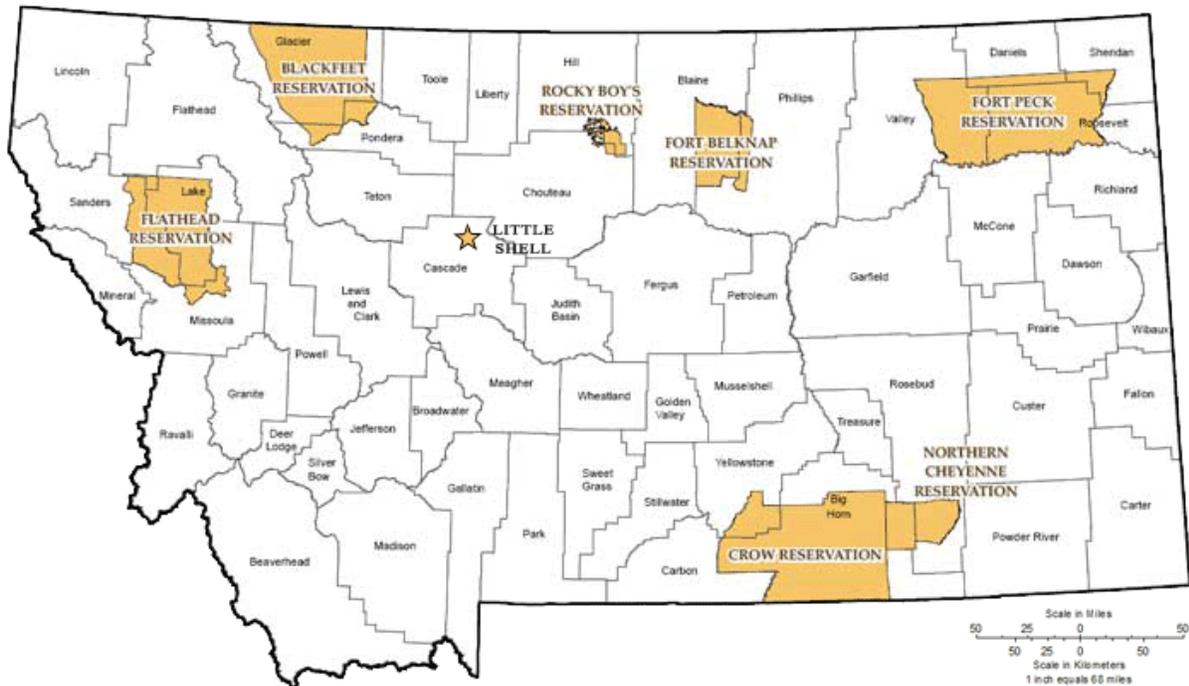


Figure 1: State of Montana (MOPI, 2009)

The Sámi people of Scandinavia represent a variety of traditional livelihoods, languages, and nations. The traditional Sámi land base covers the countries now known as Norway, Sweden, Russia and Finland (Galdu, 2006). The largest population of Sámi today exists in Norway, with an estimated 40,000 people identifying themselves as having Sámi ancestry (Galdu, 2006). It is further estimated that more than half of the Sámi population of Norway speak their traditional language (Galdu, 2006). Language revitalization efforts in the country remain at the forefront for many Sámi activists (Galdu, 2006). Unlike Native Americans, the Sámi were never confined to reservations, although the effects of colonization and settlers diminished their traditional land bases and livelihoods significantly. Reindeer herding was and is today a traditional occupation for inland Sámi living in Norway. Other traditional livelihoods included a combination of hunting, fishing and farming. The Sámi people are not divided into tribes, although their traditional *siida* system is in some ways comparable to tribal nations. Siidas are family-based networks dictating hunting and herding territories, natural resource rights, and community organization. Siidas were recognized in early contacts with Scandinavian states as being sovereign nations, and were dealt with on a nation-to-nation basis. Similarly to some tribes, siidas retained boundaries that separated their traditional lands from those of settlers (Lehtola, 2000: 187). Below is a map of *Sápmi* or what is considered the traditional Sámi land base.



Figure 2: Traditional Sami land in Norway, Sweden, Finland and Russia
(<http://thedailygeographer.tumblr.com/>)

The history of Native Americans in Montana and the Sámi people of Norway are different from the histories of the majority population in these regions. Present day differences between indigenous and non-indigenous peoples are noted by interviewees in regard to family structures, the experiences of worldviews as constructed through an indigenous language, connections to traditional practices and landscapes, and resiliencies to hardship.

This thesis provides research on historical and present-day trauma experiences of indigenous children in Montana and Northern Norway. Indigenous peoples in these two locations often suffer from negative life factors unique from those of the majority population, a difference many researchers link to historical trauma and unresolved grief relating to colonization and cultural losses (Bals, et.al. 2010: 14; Yellow Horse Brave Heart & DeBruyn 1998: 71-72). Indigenous children in Montana and Norway often face unique struggles beginning at a young age. These experiences may be linked both to current challenges connected to indigenous ethnicity and historical experiences of trauma indigenous peoples have suffered at the hands of colonizers. A better understanding of how social service providers conceptualize trauma may give the fields of social work and indigenous studies a clearer view of how indigenous youth experience trauma and how these experiences may relate to historical trauma.

To explore how service providers conceptualize trauma experiences of indigenous children qualitative interviews were conducted with experienced social service providers in Northern Norway and Western Montana. These interviews were analyzed and supplemented with literature reviews and statistics. This thesis seeks to add to the discussion on indigenous children's experiences of trauma and historical trauma by presenting cross-cultural findings within eight identified themes.

1.5 Significance of study

This thesis is significant and externally valid in a number of respects. It provides a detailed analysis of qualitative interviews conducted on an international scale. Methods rooted in conducting indigenous research in a respectful way were employed throughout the thesis process. These methods will be discussed in this section as an important aspect of research and theory development on indigenous topics. Finally, findings present eight major themes that

social service providers in both Northern Norway and Western Montana agree are unique to the experiences of their indigenous clients who have experienced trauma.

The concepts of trustworthiness and rigor were used throughout this thesis as an attempt to ensure reliability and validity, often considered difficult measures in qualitative research (Golafshani, 2003: 601). Trustworthy methods of data collection were used to demonstrate reliability, as reliability in qualitative research is largely based on trustworthiness (Golafshani, 2003: 601). Experienced professional informants, international comparison techniques, and relying heavily on reputable indigenous researchers were methods used to promote reliability. Rigor during data analysis, achieved by using a multiple tiers of analysis contributed to the inner validity of this study (Golafshani, 2003: 602). Additionally, exploring the still-emerging concepts of historical trauma and indigenous child trauma in a qualitative, international study makes this thesis externally valid for the disciplines of social work and indigenous studies.

1.5.1 Internationality

International research on indigenous issues has the potential to find similarities between indigenous groups living on opposite sides of the globe, while still respecting individuality and diversity. When similarities are identified, possibilities for collaboration and support become possible between two communities which might not have previously been aware of their shared commonalities. Additionally, international pressure is increasingly being employed by indigenous peoples to influence governments at national and local levels. With the support of other indigenous peoples on an international scale, groups may be able to exert more influence on their governments and effectively advocate for themselves. This thesis is significant as it adds to the international discussion on indigenous issues and draws similarities between the experiences of indigenous children in two very different locations: Northern Norway and Western Montana. While Norway is a leading member on the indigenous rights scene at an international level, the United States lags far behind, having only recently accepted the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and being one of two countries in the United Nations who has not ratified the Convention on the Rights to the Child (CRC) (IFG, 2010; Campaign for US Ratification of CRC, 2012). International research on indigenous struggles might be one avenue in strengthening the influence of these groups over

governments and institutions within their home countries, while creating international relationships that can support the rights of indigenous peoples worldwide. Internationality and practical applications that international law may have for indigenous children exposed to trauma are discussed in Chapter Six.

1.5.2 Social work and indigenous studies: adding to the discussion

Social work practice, for all its good intentions, has had dire consequences for the lives of indigenous peoples in many parts of the world. The discipline, based in Western ethnocentric thought, has perpetrated a number of injustices against indigenous peoples, perhaps most significantly being the removal of children from their communities (Gray, et. al., 2008: 1). It is no wonder that many indigenous communities are skeptical of social workers and the social work profession in general, and that social work findings often point to a lack of effectiveness in working with indigenous populations (Gray, et. al., 2008: 1).

Academic research is also a source of skepticism for many indigenous peoples (Tuhiwai Smith, 1999: 2). Research on indigenous communities has devalued the indigenous experience by not acknowledging diversity between indigenous groups, perpetuating stereotypes, publishing culturally sensitive material (especially regarding ceremonial and healing practices) and generating research that does not benefit or in some cases explicitly harms indigenous communities (Carjuzaa, & Fenimore-Smith, 2010; Salois, et. al., 2006: 506). In America and other nations, academic research has historically joined forces with government, religious and educational institutions, as well as artists, writers, and archeologists in promoting indigenous peoples as a dying race of heathen, primitive, wild, and culturally stagnant individuals (Beck, 2001). This practice has created dire and long lasting effects on indigenous communities (Beck, 2001; Davies & Iverson, 1995: 15). “Under the guise first of religion and then science, Euro-American invaders had stripped the indigenous communities of this continent of nearly all of their land and resources, and carried forth an all-out attack on their languages, religions, educational systems, family structures, and systems of governance.” (Beck, 2001). This history of scientific and government interaction with indigenous peoples has led to present day intellectual colonialism and the devaluing of indigenous research methodologies, understandings, and traditional knowledge (Carjuzaa, & Fenimore-Smith, 2010).

Despite this history, improvements in the field of social work research as combined with indigenous studies are being made (Carjuzaa, & Fenimore-Smith, 2010). In recent years it has become common knowledge that effective social work and effective indigenous research take culture into account (Gray et. al., 2008: 9). Like social work, the discipline of indigenous studies has much to gain from authentization, or looking to the indigenous source in developing theory. Indigenous studies is moving from being a discipline rooted in the practice of white people studying and describing ‘primitive’ natives to a discipline based in the values of “self-determination, decolonization and social justice,” (Tuhiwai Smith, 1999: 4). This new path creates the opportunity for a very effective marriage between the disciplines of indigenous studies and social work. At its best, social work seeks to empower the client and further social justice (NASW, 1999). With a firm belief in the importance of fighting for social justice, social work can contribute to indigenous communities, indigenous research, and the majority population’s knowledge of and respect for indigenous values (Weaver, 2008: 79).

1.5.3 Emerging themes

In this thesis eight diverse themes are identified through interviews with service providers in Norway and Montana. These themes reflect providers’ conceptualization of current trauma experiences of Native American and Sámi children as well as historical traumas of colonization. The themes provide a basis to draw conclusions regarding how some service providers in two very different locations conceptualize, work with, and address what may be the unique phenomenon of indigenous child trauma, suggesting a need for future research. By conducting qualitative interviews I was able to let the knowledge of my interviewees guide the data collection, resulting in a number of diverse themes relating to the experiences of service providers in working with indigenous children who encounter trauma. These themes are discussed and analyzed in Chapter Five.

1.6 Ethical considerations in research and data collection

This thesis acknowledges the often disrespectful history of research within indigenous communities, while also subscribing to Brodsky and Faryal’s (2006: 319) views on insider/outsider research - that connection and diversity between peoples is the core of human

relationships, and in bridging these relationships we find strength in one another. As a non-indigenous researcher, I sought to conduct this thesis in a respectful and mindful manner. My methods of doing so include drawing heavily from indigenous writers and researchers in data collection and employing the concepts of relationality and cultural humility. Furthermore I was cognizant of ensuring informed consent and confidentiality during data collection. These methods are explained below.

The research for this thesis (both field work interviews and data collection) was conducted with the goal of working within an indigenous paradigm, or letting the voices, opinions, and knowledge of indigenous interviewees, researchers, and authors guide the discourse presented in this thesis (Kuokkanen, 2000: 413). Around fifty percent¹ of the sources cited in this thesis are written or co-authored by indigenous researchers, and sixty-five percent of my interviewees are indigenous.

Language was important in allowing my interviewees to guide this thesis. Based on my interviews I made conscious choices regarding describing terms. The terms *Native Americans* and *Native* are used to describe American Indians in the United States and Canada. The terms *American Indians* and *First Nations* are used interchangeably when speaking about the indigenous peoples of the U.S.A and Canada, respectively. This author acknowledges that the Bureau of Indian Affairs considers *American Indian/Alaska Native* the “appropriate” terms when identifying the indigenous peoples of the U.S.A. (BIA, 2012). However, during my interview process, both indigenous and non-indigenous interviewees continually and primarily used the terms *Native American* and *Native* in describing themselves, their clients, their communities, or the indigenous peoples they serve. Staying true to the concept of authentization, I followed the lead of my interviewees in using this more casual term throughout the thesis, although I acknowledge and respect the political need for the defined terms *American Indian/Alaska Native* (BIA, 2012; Gray et al., 2008: 6). *Indigenous* is used to describe the first inhabitants and their descendants of the nations now known as the United States and Norway. The terms *dominant*

¹ The actual percentage of indigenous sources was hard to access, as not all authors disclose their ethnicity in research articles. If the ethnicity of a writer was in question, the source was considered non-indigenous. Governmental sources were considered non-indigenous unless the resource was developed by indigenous peoples, such as the Empty Shawl Report by Montana’s Department of Health and Human Services, or Reservation History Timelines developed for the Indian Education for All initiative.

and *Western* are used to describe the Eurocentric cultures of North America and Scandinavia. When referring to those not of an indigenous background, I mainly use the term *non-indigenous*. However, there are a few instances in which the term *white* is used to describe Caucasian members of the dominate society, usually within the context of discussions on power relationships. Again, the decision to use this term was a conscious choice, and mirrored the language of many of my interviewees.

Relationality, or creating sharing and participatory relationships within research and writing settings, was a top priority (Carjuzaa, & Fenimore-Smith, 2010). The thesis is framed by the belief that the process of decolonizing knowledge is not the responsibility of indigenous peoples alone. Non-indigenous researchers, writers and advocates also must play a role in upsetting the power relationships inherent in research, educational institutions, and government when working respectfully within the field of indigenous studies. As a non-indigenous researcher, I hope to promote a little of the “temporary chaos” that Duran et al., (2008:94) states is necessary to “necessary to create new clinical and research paradigms that more effectively and respectfully foster healthy human development from a multicultural perspective.” Working with the controversial theory of historical trauma in a non-empirical, qualitative study, while drawing heavily from the work of indigenous authors and the narratives of my interviewees, has afforded me this possibility.

The concept of *cultural humility* was another tool mindfully employed throughout the researching and writing of this thesis. Unlike cultural competence, which implies the ability to understand another’s culture, cultural humility emphasizes an understanding of the self in relation to another’s identity (Tervalon & Murray-Garcia, 1996: 120). Cultural humility makes a commitment to the acknowledgement of power, race and class relationships, and self-reflection in bi-cultural interactions. Like the concept of relationality, cultural humility makes a dedication to building relationships that are faithful to respecting and recognizing the cultural priorities of others (Tervalon & Murray-Garcia, 1996: 120). My role as a non-indigenous, healthy, educated, middle class, white woman was consistently on my mind and in my heart throughout the process of completing my thesis, influencing my decisions on how and why I gathered and presented the information collected.

Ethical research tools are of great importance particularly within the fields of indigenous studies and social work. Indigenous research ethics were considered of the utmost importance throughout the process of this thesis, especially when conducting interviews. Voluntary and informed consent for participation was granted by all interviewees after written and verbal descriptions of the thesis were presented (Brant Castellano, 2004: 106). Confidentiality regarding interviewees' personal information was guaranteed by keeping identifying information in a locked room and by removing interviewees' names from documents during the transcription process. Before the interviews began, participants were given the right to stop the interview at any point, or refrain from answering questions. Interviewees were asked for their consent to record the interviews before the process began. As my interviewees were all professionals working within the field of social service provision, most were familiar with ethical research norms, including consent and voluntary participation.

1.7 Methods

The following section discusses the methods used for data collection and analysis. Topics include my choice of a qualitative research method, the interview procedure, and data analysis.

1.7.1 Choice of the qualitative research method

I chose to conduct a qualitative study in an attempt to create a 'ground-up' theory formulation based in the knowledge presented by my interviewees. Indigenous researchers now stress the importance of ground up theory, instead research which overlays Western scientific models on the indigenous experience (Tervalon & Murray-Garcia, 1996: 123; Carjuzaa, & Fenimore-Smith, 2010). Using a semi-structured, qualitative interview structure allowed interviewees to speak from their experiences and to share their knowledge and opinions. Words and stories of interviewees themselves were used to guide data analysis, and producing a wide range of diverse themes. Refusing to promote stereotypes and providing a focus on positive aspects of indigenaity was directly influenced by my interviewees expressing the importance of affirmative research. I strove to conduct and present research which was formulated from the knowledge and responses of my interviewees, as opposed to superimposing Western paradigms on indigenous themes.

Qualitative approaches can be harmonious with indigenous ways of knowing, narrative values and storytelling (Duran, 2008: 294). Throughout the second, third and fourth chapters, I chose to, when necessary, cite my interviewees as a data source. Although these chapters are descriptive as opposed to analytical in nature, I felt that in some instances the knowledge of my informants regarding historical or current events was helpful in providing the reader with an accurate description of the topic. Moreover, I made the conscious choice to draw strongly from the direct quotes of my interviewees throughout the thesis, instead of isolating them to the analysis chapter. As I was offered information by seventeen extremely knowledgeable service providers with over 330 years of combined experience working with indigenous children, I found it remiss not to utilize their words throughout the thesis.

The importance of quantitative data in the fields of indigenous social work and child trauma is acknowledged. In the discussion of historical trauma theory in Chapter Three the findings of two seminal studies are summarized.

1.7.2 Interview procedure

After gaining approval from the Center for Sámi Studies at the University of Tromsø to complete this Master's study, research questions focusing on how social service providers conceptualize and work with indigenous children's experiences of trauma were developed. Field work was conducted in Montana during the summer of 2011, and in Norway during the spring of 2012. Snowball sampling was used to gather sources for interviews (Faugier & Sargeant, 1997: 792). Originally developed as a way to sample hard-to-reach populations, the cyclical nature of word-of-mouth referrals provided by snowball sampling allowed me to come into contact with service providers who were considered by other interviewees to have: a) experience working with indigenous children, and b) knowledge of indigenous issues and historical trauma (Faugier & Sargeant, 1997: 792). In total, seventeen interviews were conducted with service providers reporting to have experience in working with indigenous children exposed to trauma.

Having completed a Master's in Clinical Social Work in Missoula, Montana a few years prior to this thesis, I had personal knowledge of social services available to indigenous families in the region and many personal and professional contacts within those agencies. Three of my

interviews were conducted with personal friends who are also social workers – friendships I made during my social work Master’s program. Other interviewees included my best friend’s aunt, another friend’s mother, one of my psychology professors from my Bachelor’s degree, and a number of women I was referred to by other interviewees or whom I identified during my data collection.

Conducting interviews in Norway was a different story, as I had much fewer personal and professional contacts and the limitation of not knowing Norwegian or Sámi. Again, snowball sampling was employed to find interviewees who would have the knowledge to speak about these topics. Tips from my supervisor, a teacher and friends led me to finding four interviewees in Norway whose experience working with indigenous children and families made it possible for them to answer questions regarding indigenous child trauma and historical trauma. In total, four interviews were conducted in Norway, and thirteen in Montana, giving the thesis a comparative aspect, but not qualifying it as a full-scale comparison.

All interviewees in both locations were young to middle aged women, professionally employed as social workers, therapists, advocates, program directors or government officials. Of seventeen total interviewees, six identified as being non-indigenous, and eleven as indigenous, either as Sámi or Native American. The three Sámi interviewees all identified as being specifically Northern Sámi. In Montana, tribal affiliations varied. Four interviewees reported their tribal affiliation as Salish, a representation likely due to the close proximity of the Flathead Indian Reservation to Missoula, the town in which most of the research was conducted. Additional tribal affiliations included Blackfeet, Assiniboine (both tribes with reservations in Montana), Blackfoot (Canada) and Spirit Lake Dakota (South Dakota).

Interviews were conducted individually, except for one interview in Norway in which two interviewees participated in a group interview. The design of the interviews was semi-structured and qualitative in nature, allowing for flexibility and story-telling within the interview process. Interviews usually lasted between 45 minutes and two hours. The interviews were conducted in a variety of locations, most commonly in the private office of the interviewee, but also in public places such as coffee shops, and personal spaces such as the service provider’s home. As the

interviewees were all service providers in a professional capacity, they were not referred to counseling resources before or after the interview process, although the topic of personal feelings and self-care were often discussed at some point throughout the interview. One of these interviews was conducted in Norwegian through the use of an interpreter, as my interviewee felt more comfortable speaking in Norwegian. I utilized the help of a Norwegian acquaintance with a strong grasp of English to translate during the interview.

In Montana, two interviews were conducted on the Flathead Reservation, two interviews were conducted in the state's capital city of Helena, and the rest were conducted in Missoula. In Norway, two interviews were conducted in the city of Tromsø, and one group interview with two respondents was conducted in the rural town of Karasjok, a small community of primarily Sámi families.

1.7.3 Data analysis

Data analysis took place after the seventeen interviews were completed. Interviews were transcribed and analyzed in a two-tier structure. During the first tier or data reduction stage of analysis, major themes were identified for each question, grouped, and assessed for significance depending on how many interviewees spoke about the theme (Silverman, 2010: 234). The second tier of the data analysis included drawing conclusions and verifying their significance through narrowing the focus of understanding for each theme, and assessing the theme's prevalence in responses throughout each of the seventeen interviews (Silverman, 2010: 234). Significance was assessed regarding how many interviewees spoke about the theme, in how many contexts, and how other themes were related to the topic. As the analysis progressed, the themes became more pronounced and focused, revealing many similarities between the answers of interviewees as well as providing a clear lens with which to view outlying responses. While Grounded Theory was not specifically employed in the data analysis of this thesis, methods employed mirrored the three basic processes of Grounded Theory. These methods included the development of themes, the 'saturation' technique of assessing relevance of each theme by flooding the category with various applicable cases, and finally "the development of these categories into more general analytic frameworks with relevance outside the setting," (Strauss as cited in Silverman, 2010: 235).

Overall, eight major themes were identified as significant due to their high rate of agreement between interviewees and the number of relevant contexts in which they were discussed. Themes include: substance abuse, mistrust and systems trauma, grief and loss, amount of trauma, resilience, indigenous identity, collectivist values and indigenous values. All identified themes were considered by service providers to be unique in some way to the experiences of indigenous child trauma as well as linked to historical and/or intergenerational trauma. The discussion of these themes has been incorporated into the analysis of each theme.

1.7.4 Limitations of work

This study is limited in a number of respects. As previously mentioned, my language was limited by not knowing Norwegian, affecting my research abilities and my ability to conduct one of the interviews myself. Representivity may be a limitation of this thesis. However, this thesis makes no claims to be representative as the age, gender, professions and education levels of my interviewees obviously influenced data results. Instead, I chose interviewees whose professional status and experience working with indigenous children who had experienced trauma made it possible for them to speak to the topic of this thesis.

Another limitation is my choice not to present detailed information of my interviewees. Some of my interviewees hold high positions in government, human service agencies and educational institutions, and presenting personal information regarding their age, ethnicity, tribal affiliation, and place of employment could make them identifiable by members of the community. Therefore, interviewees were not considered as separate individuals, but instead as personifications of social work and historical trauma knowledge. Their quotes are presented throughout the text to add dimension and give the reader pieces of their identities while still strictly adhering to confidentiality concerns.

I worry that my interview questions may be limited by my own understanding of the topics I researched at the beginning of my interview process. These questions were used as a general frame of reference during interviews, but often the topics discussed steered away from the questions. I felt that it was respectful of the knowledge of my interviewees to listen, allow for deviations from my prescribed questions and subscribe to the principles of authentication by

letting the interviewees present themes that I might not have previously considered. As my interviewees were all professional women with extensive personal and professional knowledge of the topics at hand, I did not have a problem with the interviews getting off track or discussing information irrelevant to the thesis.

Finally, this thesis is limited in that it cannot draw conclusions regarding indigenous child trauma. Although findings point that some social service providers treat this concept as a phenomenon, further development of this idea is needed. Ideas for future research include designing quantitative studies that can measure and assess the possibilities of developing this theory further.

1.8 Discussion of findings, outline of the thesis and conclusion

Overall, eight major themes emerged from these interviews. Service providers in both Northern Norway and in Western Montana shared similar experiences in treating trauma for indigenous children. Although all providers spoke of cultural and tribal specificity and differences between tribal and Sámi groups, as well as the urban vs. rural or reservation indigenous experiences, major themes emerged that were in close agreement with one another. Although the Sámi of Norway and various Native American tribes are different on a number of levels, both groups have experienced traumatic colonization histories and currently struggle with issues unique to their indigenaity today. The service providers interviewed for this thesis attributed both positive and negative aspects of the indigenous experience to being unique to indigenous children's trauma because of their links to traumatic histories and current ethnic discrimination. As found by Denham (2008: 411) interviewees discussed varying expressions of historical trauma response in indigenous individuals, families and communities that may help or hurt indigenous children who experience trauma.

Themes identified in this thesis considered by service providers to be positive aspects of the indigenous child's life experience that were also related to the historical trauma of colonization include those of *resilience*, *collectivist values*, *indigenous identity*, and *indigenous values*. Far from perpetuating stereotypes of hopeless and helpless indigenous communities wounded by

their past and unable to move into a healthy future, my interviewees identified these four themes as being positive aspects relating to indigenous children's experience and coping with trauma.

Analysis results also presented a number of themes relating to negative aspects of indigenous life experience, which interviewees linked to traumatic histories and current situations of the indigenous child. *Systems mistrust, substance abuse, grief and loss* and *amount of trauma* were all themes identified by interviewees as current struggles for indigenous children when faced with trauma, as well as life aspects tied to historical trauma and historical trauma response. I have integrated the analysis and discussion of these eight themes together in Chapter Five.

Chapter 2 provides the reader with a historical context for the thesis by providing information on the colonization processes in both Montana and Norway. As this thesis is in no way long enough to provide a comprehensive historical analysis of these two regions, discussion is focused on four aspects of colonization: effects of genocide and introduced diseases, land loss, boarding schools and the outlawing of traditional languages and religions. These four topic areas were decided upon as they were frequently identified by interviewees as traumatic aspects of colonization. Chapter 2 is important as it provides for the readers a clear and obvious difference between indigenous peoples and their majority-population peers - a traumatic history spanning hundreds of years.

Chapter 3 provides a literature review of trauma theories and research that will be utilized throughout the thesis. Trauma theory describes how trauma is conceptualized in social work research and in this thesis. Concepts relating to cultural specific trauma are discussed. Historical trauma theory is presented to explain how the trauma of colonization may still resonate in many indigenous communities today. Controversy regarding historical trauma theory is briefly addressed and responded to. One qualitative example and one quantitative study are presented as examples of seminal historical trauma research. Finally, the theme of resilience is presented.

Chapter 4 moves the reader into the present day by offering information on the inequalities affecting some indigenous communities. Although there is a specific focus on Montana some themes from Norway are presented. Areas of discussion include topic areas: inequalities within

the contexts of health and violence, poverty, education, criminal justice and welfare systems and institutional oppression. Topic areas related to the current conditions of Sámi peoples in Norway include issues related to land, language and discrimination. This chapter also provides information on how socioeconomic inequalities affect children and possible links between these current disparities and the historical traumas of colonization.

Chapter 5 presents the main findings and discussion of data analysis. The themes of substance abuse, mistrust and systems trauma, grief and loss, amount of trauma, resilience, indigenous identity, collectivist values and indigenous values are presented and discussed in relation to both indigenous children trauma and historical trauma. A discussion of each theme and quotes of my interviewees are integrated into the analysis of findings.

Chapter 6 concludes the thesis with a discussion of potential contributions of this research to the fields of social work and indigenous studies, and to the understanding of the theories of child trauma and historical trauma. Additionally, the chapter addresses how international law may provide avenues for indigenous peoples in addressing the concept of indigenous child trauma and makes suggestions regarding future practice and research. Finally, I thank the reader for their attention to this topic and to my thesis.

It is my hope that this thesis will provide the reader with a brief look into the possible phenomenon of indigenous child trauma in Western Montana and Norway, as seen from the eyes of social workers, therapists and advocates.

Chapter 2: Colonization Histories in Montana and Norway

“This is the story of our family and our relatives.” #6

2.1 Introduction to colonization and trauma

Indigenous peoples represent extremely unique characteristics, lifestyles, and geographies across continents and countries, and between groups, tribes and bands. However, direct and lasting connections to land, of which they were the first inhabitants, and histories of colonization are commonalities shared by many indigenous peoples (Anaya, 2004: 3). Effects of colonization histories often include loss of huge portions of the population due to disease and violence, forced removal from traditional lands, re-education of indigenous children in Christian schools and the outlawing of traditional religions. This chapter will discuss colonization histories of indigenous groups in Montana and in Northern Norway, to highlight both the differences and similarities between the colonization of various indigenous peoples. Although there is far too much history in both locations to be comprehensively reviewed in this chapter or in this thesis, some major aspects of colonization are featured, including death from introduced diseases and violence, land loss, boarding schools, and the outlawing of indigenous religion and language. Staying true to the commitment of *authentization* discussed in Chapter One, these four themes were chosen due to their identification by interviewees as being traumatic aspects of colonization for indigenous peoples in the state of Montana and elsewhere (Gray et al., 2008: 5).

2.2 Colonization in Montana’s History

“Native people have had to give up a lot. A lot of who they are and a lot of what they value, and that’s been true for generations.” #2

Prior to contact with Europeans, the area now known as Montana was home to numerous Native tribes and bands. The landscape, although harsh at times, was rich enough in resources to sustain thousands of Native peoples throughout the seasons (MOPI, 2009: 2). After the arrival of Europeans, life in Montana became harder for the indigenous peoples of the region. Foreign diseases wiped out large numbers of people, guns increased the numbers of violent deaths during inter-tribal conflicts, and government treaties relating to land were made and subsequently

broken (Blackfeet Nation, 2012; MOPI, 2009: 2-3). Starvation, especially during winters, became a hardship for many tribes after their traditional food sources, especially buffalo, were depleted (Blackfeet Nation, 2012; Fort Peck Assiniboine & Sioux Tribes, 2012). Still later, Native parenting practices and traditional religions and ceremonies came under attack at the hands of church and government officials (MOPI, 2009: 29; MOPI-Flathead Reservation Timeline, 2010: 1; Nabokov, 191: 225.) The following section describes some aspects of Montana's history which may have created lasting trauma effects for members of its indigenous nations. It should be noted, once again, that tribal cultures, languages and histories in the State of Montana and in other areas vary greatly and should not be considered through the damaging lens of 'Pan-Indianism' (Carjuzaa, & Fenimore-Smith, 2010). Far from implying that all indigenous peoples are the same, the similarities between indigenous histories of colonization discussed in this chapter instead indicate that throughout history, colonizers all around the world have employed similar techniques in their dealings with indigenous peoples.

2.2.1 Traumatic Death: Disease and violence

Like many other Native American groups in the United States, tribes inhabiting the area now known as the state of Montana suffered the effects of introduced diseases at high rates. Smallpox seems to have been the most devastating, although some tribes also suffered from the effects of cholera, measles and Spanish influenza (MOPI, 2010). Large numbers of tribal members were lost to these diseases, devastating families, leaving children parentless, and wiping out entire extended family structures. At times, half or three-fourths of a tribe might be lost to a wave of epidemic disease, killing thousands of people at a time (MOPI-Blackfeet Reservation Timeline, 2010: 1). Some stories tell of whole bands (tribal subgroups) being decimated (MOPI-Flathead Reservation Timeline, 2010: 1). In addition to the loss of life, stories dating back to time immemorial, traditional knowledge, and aspects of traditional languages were lost along with tribal members who died before they were able to share them with survivors. Despite their numerous cultural, historical and contemporary differences, tribes in Montana share a similar history of devastation due to disease.

Government warfare against Native American bands and the murder of Natives by whites occurred in Montana as well as in other parts of the United States. Warfare added to the strain

on peoples already suffering from the negative effects posed by settlers, disease, and loss of traditional subsistence, including bison hunting. Two examples of traumatic violence are presented below.

On January 23rd, 1870, two hundred and seventeen members of the Heavy Runner band of Blackfeet Indians, mostly women, children and elders, were slaughtered while they slept by the U.S. Cavalry and infantry, supposedly as a response to the murder of a white rancher (MOPI-Blackfeet Reservation Timeline, 2010: 1). Survivors were able to relay the stories of the massacre's brutal details that were never documented in the military's report of the event. Some accounts not discussed in documents include the fact that the 140 surviving band members were left to walk over 90 miles to Fort Benton in the freezing winter without food or adequate clothing. Survivor accounts report that after the shooting bodies were piled into heaps and burned by the soldiers (New Breast, 2012).

In October of 1908, a group of eight Salish men, women and children were attacked by a drunken game warden and a 'deputized' citizen after two days of being harassed and threatened while the party attempted to hunt in their traditional, yet off-reservation territory (Azure, 2008). Four men were killed, including a tribal elder and adolescent boy, and tribal member Clarice Paul, six months pregnant at the time, was forced to shoot the warden in defense of herself, young daughter and the other women in the group (Azure, 2008). Traumatic events such as these are common experiences of Montana tribes. These two events are commemorated today by tribal members as a way to remember the past and honor those that died under such tragic and violent circumstances (Azure, 2008; New Breast, 2012).

2.2.2 My Land, My Home: Traumatic land loss in Montana's history

In Montana, the land loss of indigenous peoples was continual throughout the 1800's and early 1900's. The traumatic aspects of loss of traditional lands were numerous, and included the forced removal of Natives to reservations, the Allotment Act's assault on traditional ways of life and communal culture, and the struggles of some Natives to obtain land bases.

The Fort Laramie Treaty of 1851 was one of the first treaties to define indigenous hunting lands for a number of Montana tribes, but the overall acreage was quickly reduced due to an influx of

settlers, the discovery of gold, and increased pressure by whites to establish trails and railroads (MOPI-Crow Reservation Timeline, 2010:2). The Salish, Pend d'Oreille and Kootenai tribes' traditional hunting uses in the Eastern part of the state were not recognized by this treaty (MOPI-Flathead Reservation Timeline, 2010: 2). Reservations were soon established in the state and lands continued to be reduced. Overall, land possession in Montana became a main focus as the pressure of migrating whites increased. This pressure sometimes fueled deadly conflicts and racism. The trauma of losing both traditional land bases and traditional ways of life affected every tribe in Montana. For example, some tribes, such as the Bitterroot Salish, were forcibly removed from their traditional homes, where they had lived since time immemorial, losing access to places where their ancestors were buried and spiritual sites.

The Allotment Act of 1887 was one particularly devastating to tribal land bases. Not only did it diminish many reservations significantly, but the underlying ideology of the Act points to the federal government's wish to dismantle traditional Native lifeways while simultaneously appropriating more of their already minuscule land bases (Oswalt, 2006: 227). The Allotment Act's paternalistic ideology exercised control over Indian lands and asserted that Natives were unable to govern their own affairs or properly use their land (BigFoot, 2000: 16). Communal values, such as the traditional practices of shared land holdings, mobile living and flexible extended family living arrangements were deemed worthless by the majority population and directly attacked through the Allotment Act (BigFoot, 2000: 16). Land loss traumas enclosed Natives on reservations, separated them from their traditional homelands, and divided their reservation lands into small parcels to eventually be bought by white landholders. Furthermore, it perpetuated traumas directly relating to Native values related to family and communalism.

While some tribes scrambled to retain small pieces of their traditional homelands, other tribes, having been displaced from their lands and not 'given' reservations, wandered without homes. Members of Cree and Chippewa nations in Montana, under the leadership of chiefs Rocky Boy and Little Bear, found that as they hadn't signed treaties with the government, they were without a designated land base, while many other Montana tribes were living on their own reservations (Chippewa Cree Tribe, 2008: 13). Solutions by the federal government seemed to only confuse matters: in 1896 members of the band were deported to Canada; in 1909 they were assigned

11,000 acres of the Blackfeet Reservation (Chippewa Cree Tribe, 2008:14). After extended lobbying by both the Chiefs and sympathetic whites such as Frank Bird Linderman, Fred Baker and others, Rocky Boy's reservation was signed into existence in 1916 by Congressional Act (Chippewa Cree Tribe, 2008:15). This creation of Rocky Boy's reservation shows just how unorganized the federal government was towards tribal land needs in Montana and how disruptive and confusing these years must have been for the Chippewa Cree.

2.2.3 Boarding Schools: Sanctioned kidnapping in Montana

"I didn't have to go to boarding school - I lived it through my mother and father." #10

Hand in hand with paternalistic beliefs regarding indigenous land rights were ideas that 'backward' Natives could not raise their own children correctly, and that European colonizers could do a better job (Bigfoot, 2000: 7). Once indigenous peoples were stripped of their traditional territories, food sources and livelihoods, and sometimes trapped on reservations or reserves, members of the government and church felt free to remove indigenous children from their families as they pleased. Resistance that accompanied these sanctioned kidnappings was easily overlooked and overpowered. Boarding schools and the governments' kidnapping of indigenous youth may have been one of the most spiritually and culturally damaging aspects of colonization. These practices destroyed family structures, instilled grief and heartbreak in parents, children and grandparents alike, separated children from their languages, identities and traditions, and exposed them to vicious abuse. A brief overview of the boarding school experience and the sanctioned kidnapping of indigenous children in the state of Montana's history is presented below.

Montana's Indian reservations were strongly affected by the boarding school era. In 1883 a government boarding school on the Crow Reservation was established and children were forced to attend through the threats of withholding rations to families who didn't send them (MOPI-Crow Reservation Timeline, 2010:2). Boarding and day schools were quickly established on other reservations in the state and children were also taken from their families and sent to schools as far away as Pennsylvania, often without the consent of their parents.

A Blackfeet boy named Lone Wolf's story of his boarding school experience is a clear example of a traumatic experience and is quite similar to many other children's:

“The soldiers came and rounded up as many of the Blackfeet children as they could. The government had decided we were to get White Man's education by force. It was very cold that day when we were loaded into the wagons. None of us wanted to go and our parents didn't want to let us go. Oh, we cried for this was the first time we were to be separated from our parents. I remember looking back at Na-tah-ki and she was crying too. Nobody waved as the wagons, escorted by the soldiers, took us toward the school at Fort Shaw. Once there our belongings were taken from us, even the little medicine bags our mothers had given us to protect us from harm. Everything was placed in a heap and set afire. Next was the long hair, the pride of all the Indians. The boys, one by one, would break down and cry when they saw their braids thrown on the floor. All of the buckskin clothes had to go and we had to put on the clothes of the White Man. If we thought that the days were bad, the nights were much worse. This was the time when real loneliness set in, for it was then that we were all alone. Many boys ran away from the school because the treatment was so bad but most of them were caught and brought back by the police. We were told never to talk Indian and if we were caught, we got a strapping with a leather belt.”
(MOPI – Model Lesson Plan, Social Studies High School Topic 14, 2010: 9).

Much of the trauma of boarding schools was tied to identity. By “civilizing” Native children, the U.S. government attempted to erase the cultural identity of the indigenous peoples of their nation (Bigfoot, 2000: 7). Harsh punishment and extremely structured schedules, coupled with a general lack of affection from school officials, contributed to the already severe attachment disruptions suffered by children recently removed from their families (BigFoot, 2000: 7). Demoralizing and frightening experiences often (but not always) characterized indigenous children's lives while they lived in boarding schools. Upon returning to their families, they often found themselves without the necessary knowledge or language to fit cohesively into their tribal traditions (Yellow Horse Brave Heart & DeBruyn, 1998: 59-60). Family members may have passed on in their absence, coming of age rituals were missed, and some children never returned to their families having died from abuse or sickness under the care of school officials (BigFoot, 2000: 7-8; Yellow Horse Brave Heart & DeBruyn, 1998: 59-60).

Other types of trauma occurred in Montana boarding schools as well. Today in both Canada and the United States, the rampant sexual abuse of children in boarding schools is being disclosed. Sexual abuse of Native and First Nations children occurred in boarding schools for many generations. A lawsuit filed in October of 2011 alleges that the 45 Native plaintiffs were

sexually abused as children while in the care of church and school officials at the Ursuline school and mission, located on the Flathead Reservation, (Azure, 2011). Of these 45, twenty-two report being sexually abused by nuns, showing that children did not suffer only at the hands of male staff members (Azure, 2011). Representatives for the law firm believe that there are more victims that have not come forward.

2.2.4 Criminalization of the Ceremonies: Outlawing tribal religions in Montana

All around the world indigenous peoples have experienced the outlawing of their traditional religions. Indigenous religions have often been treated as absolutely worthless, if not harmful, heathen practices which should be replaced by Christianity by colonizing churches and governments. In many contexts, religious practices were banned and their followers prosecuted, leading to the loss of important aspects of traditional ceremonies, songs, knowledge and power.

The outlawing of traditional religions had a dire affect on many Montana tribes. They were denied their rights to hold traditional dances and ceremonies, their religious leaders were disrespected by whites in the church and government, and spiritual areas were desecrated (MOPI-Flathead Reservation Timeline, 2010: 2). Natives who chose to follow their traditional ways, such as participating in sweats and ceremonies were not allowed to be buried in the church cemetery on the Flathead Reservation by order of the priests (Informant #3). This passage, in which a Blackfoot man discusses the importance of religion with ethnographer Walter McLintock, shows the importance of religious practices in Native life: “I do not understand why the white men desire to put an end to our religious ceremonials. What harm can they do to our people? If they deprive us of our religion, we will have nothing left, for we know of no other that can take its place,” (Nabokov, 191: 225.)

The government and church spent between 30 and 40 years actively attempting to stop Native Americans in Montana from practicing the Sun Dance. Main objections by whites to this religious ceremony included the ‘brutal’ nature of ‘self-torture’ which took place during the rituals (Nabokov, 1991: 217). While whites voiced objections to what they felt was a ‘pagan’ practice on religious grounds, the criminalization of the Sun Dance in Montana was in fact a government attempt to halt the increasingly powerful resistance to reservation policy, expansion,

and gold mining by tribes of the region (Nabokov, 1991: 217). However, a number of tribes, both in Montana and elsewhere, continued Sun Dancing, and holding other religious ceremonies in secret. In 1894 the Cree, who would later come to inhabit Rocky Boy's reservation, held a Sun Dance despite its criminalization (MOPI- Rocky Boy's Reservation Timeline, 2010: 1). Two of Montana's most famous battles, Where the Girl Saved her Brother (or the the Battle of the Rosebud) and the Battle of the Greasy Grass (also called Battle of the Little Big Horn) were precipitated by Sun Dances held by resisting Lakota, Cheyenne and members of other tribal nations (USDI/NPS, 2003: 10-12; Encyclopedia Britannica Online, 2012).

With the reservation era, and the subsequent permits required for many tribal members to travel off of the reservations, religious and cultural sites were lost, demolished or unable to be visited. For example, their forced removal from the Bitterroot Valley separated the Salish people from their Medicine Tree, a ceremonial and religious gathering site still visited today (Azure, 2011; CS&KT, 2005: 69-70). Beginning in the mid-to-late 1800's and lasting for generations, Montana's Native Americans have been denied and discouraged from practicing and maintaining their traditional religions.

Similarly to other tribes in the United States, and many other indigenous groups around the world, cultural colonialism has left lasting effects on communities of descendants. The following section describes some aspects of colonization history affecting Sámi peoples in Scandinavia.

2.3 Colonization in Norway's History

As has been previously mentioned, this thesis does not attempt to provide a full-scale comparison between Natives in Montana and the Sámi in Norway. For one thing, Montana is bigger than the entire country of Norway by several thousand kilometers. Due to differences in scale, a complete comparison between Sámi and Natives in the U.S. is not possible.

Additionally, the time frames between Natives in Montana and the Sámi of Norway are hugely different in terms of first contact with colonizers, as the Sámi were already feeling the influence of outsiders thousands of years before Natives in what is now known as Montana. Finally, policies toward Sámi peoples were often less violent and aggressive than that of colonizers in

other nations. Despite these differences, it is the writer's hope that discussion of historical trauma on an international scale may add to the discourse of historical trauma theory and the disciplines of indigenous studies and social work. Therefore, with the prior forewarning regarding historical differences between the two locations, this section will look at the traumatic history of colonization in Scandinavia and discuss how some colonization techniques in Norway employed similar techniques and produced similar results to those in the United States.

One major difference between the colonization histories of Montana and Norway are the historical experiences of death due to disease and violence. The Sami of Scandinavia seem to have been one of the indigenous groups in the world least affected by introduced disease, maybe because of their long history of trade with Europeans (Lehtola, 2000: 184). Additionally, violent conflicts with settlers, although they did occur, did not compare to the scale that indigenous peoples experienced in America and elsewhere. Therefore, the dimension relating to introduced disease and violence is not discussed in relation to the Sámi people, and the following sections instead focus on land loss, boarding schools and religious persecution.

2.3.1 Little by Little: Sámi land loss in Scandinavia

Despite a long history of recognition of their land rights by governments, the Sámi people have still lost most of their traditional land to the states in which they live. Probably most damaging to the Sámi's traditional livelihoods and land rights was the establishment of state boundaries in the North and the subsequent closing of these boundaries (Lehtola, 2000: 190-191). For example, the 1751 Treaty of Strömstad, which originally created a boundary that Sami reindeer herders were explicitly allowed to cross as needed, was eventually closed. In 1852, this treaty was dissolved, and Russia closed its borders to Sámi people from Sweden and Finland. By 1889 Finland's borders were also closed leading to "...the demise of reindeer nomadism. These new national boundaries effectively trisected traditional migration routes, which reindeer-herding Saami had followed for centuries, precipitating an abrupt crisis among reindeer-herding Saami and causing mass displacements in Saami territories," (Lehtola, 2000: 191.)

During the mid 1800's many Sámi started farming as a way to protect their land rights and the rights of the traditional Sami *siidas* - the traditional Sami social organization whose main focus was likely on distributing land use and resource rights among families (Lehtola, 2000: 186).

Throughout hundreds of years of Sami-state interaction, the climate towards Sámi people has changed drastically. First contacts with colonial powers began in the 1400's with 200 years of the protection of Sami lands from settlement (including fining Norwegians who crossed the boundary into Sami territory) but as pressure from southern settlers increased, the climate gradually changed, resulting in Sámi peoples losing more and more of their lands (Lehtola, 2000: 186-194). In the 17th century, Sámi people were enslaved in ore mines in the mountains of Sweden and settlers subsequently co-opted Sámi land in that region for their own use (Lehtola, 2000: 186-194). During this time, slash-and-burn agriculture in traditional Sami lands as well as the establishment and closure of state boundaries contributed to losses of traditional Sámi livelihoods (Lehtola, 2000: 186-194). In 1864, speaking Norwegian became a requirement if one wanted to be a landholder (Lehtola, 2000: 186-194). Some Sámi families abandoned their last names during this time and adopted Norwegian ones so they could legally keep their properties (Informant #15). Over the years, the Sámi's traditional hunting, herding and fishing territories were gradually appropriated by Scandinavians. Coastal Sámi were particularly marginalized, usually losing all rights to their traditional fishing grounds and being considered no different than the majority population. Although never confined to reservations, Sámi peoples in Scandinavia have suffered from massive losses relating to land and traditional livelihoods which has affected their ability to access traditional land use areas and spiritual places. Similarly to other indigenous groups, the Sámi's history of land loss and thus the loss of their traditional social systems and livelihoods has been a major component of the cultural colonialism inflicted against them by governments of the majority population.

2.3.2 Sámi No More: Norwegianization and boarding school experiences in Scandinavia

Assimilation policy and the development of boarding schools for Sami peoples began in the 1800's and has been called "a period of racism and social Darwinism," (Lehtola, 2000: 193). In Norway particularly, assimilation policies were deliberate and inflexible. Called *fornorsking* or

literally, *Norwegianization*, Norway's assimilation policy was directed toward the Sámi and Kven (an ethnic minority in Norway) peoples, and lasted around 150 years until roughly 1980. Norwegianization was most strongly directed towards children in state run schools, but also targeted Sámi adults, especially in regards to learning Norwegian and giving up their traditional languages (Minde, 2005: 8). The purpose of Norwegianization was to turn Sámi peoples into Norwegians in terms of language, culture and education – a policy based in paternalistic beliefs which perpetuated the consequences of trauma across generations.

Although Sámi language was initially accepted in some schools, policies around language shifted a number of times, and soon the use of Sámi in boarding schools was outlawed. Indigenous students were punished for speaking their own languages, even during school breaks and private times (Minde, 2005: 14; Lehtola, 2000: 194). Sámi children attending Norwegian schools reported being confused, ashamed, and unable to understand even the most basic instructions, as they were taught in Norwegian. Bullying of Sámi children by Norwegian teachers was common (Minde, 2005: 25). Overall, indigenous children were unable to succeed academically to the same degree as Norwegian children, resulting in illiteracy and lack of comprehension of both languages (Evjen, 2009: 20). Sámi adults who attended boarding schools as children often report life-long struggles with Norwegian as well as their native tongue (Evjen, 2009: 13).

Similarities regarding boarding school experiences for Native Americans and Sámi children are apparent in regards to the paternalistic attitudes taken by states in educating indigenous youth, experiences of discrimination and racism during school experiences, and feelings of shame in native languages and cultures produced by ridicule and punishment.

2.3.3 Burning the drums: Oppression of traditional Sámi religions

The Sámi have also suffered religious prosecution at the hands of colonizers. Powers of Sámi *noaidi* (or shaman) were thought to be harmful and linked to witchcraft. While intermingling of ancient Sámi beliefs and Christianity began quite early, old ways persisted throughout centuries, and many Sámi people were unwilling to give up their traditional practices and religions (Kvist, 1992: 67). In 1685 'idolatry trials' were held in Sámi districts, in which ceremonial rune drums were burned, sacred sites desecrated, and religious leaders were punished by violence and public

humiliation (Samediggi, 2007: 11, 59). A few years later, in 1691, a tax collector in Finnmark county confiscated Sámi noaidi Anders Poulsens' rune drum and in court Poulsens was accused of practicing "mean and ungodly magic with the drum," (Ravna, 2007: 44). The attempts to eradicate Sámi religion, and the execution of some noaidi (who were burnt at the stake) for practicing witchcraft forced many traditional religious practices underground (Ravna, 2007: 44).

Today, although many Sámi are Christian, aspects of the traditional religion are present in Sámi healing practices (Ravna, 2007: 44). The Laetadian movement of the 1800's, which combined Sámi language and traditional beliefs with Christianity, is thought to have contributed to the preservation of old ways "in a form more acceptable to the Christian church," (Sexton & Sørliie, 2008: 139). In their article on the use of traditional healing among Sámi psychiatric patients in Northern Norway, authors Sexton and Sørliie (2008: 139) state, "in a Sámi-Norwegian health survey among nearly 16,000 individuals in northern Norway, between 12% and 32% of the population reported to have used healers at some point in their lives."

The Sámi are struggling to regain their rights to many sacred objects and the remains of their ancestors that have been confiscated and displayed in museums around the world. Ethnographic collecting included the forced removal of culturally significant items, such as rune drums. Court records prove that the items being displayed in museums were seized when the owner was accused of witchcraft or that they were purchased for unreasonably low prices (Keil, 2004: 142-143). Sámi skulls, including two Sámi men executed for their roles in the Guovdageaidnu uprising of 1852, have been displayed in museums in Norway and elsewhere (Keil, 2004: 147). After twelve years of fighting for repatriation, the skulls of Aslak Jacobsen Haetta and Mons Aslaksen Somby were returned to their descendents and formally buried, 145 years after they were beheaded and their skulls taken to the University of Christiania (Keil, 2004: 147). The fight for the repatriation of skulls and perseverance of traditional healing practices shows that Sámi peoples value the items and traditions that were taken from their communities. Religious persecution is by nature traumatic, especially because of its impact on how people understand and influence their world and connect to their ancestors.

2.4 Conclusion

Although differences exist between the histories of indigenous peoples in Montana, Scandinavia, and other areas of the world, colonization across the globe often shares a number of characteristics and techniques. Indigenous colonization experiences are highlighted here to provide a basis for the discussion of historical trauma theory in the upcoming chapter.

3. Introduction to trauma

“...to me trauma is when someone is harmed emotionally, physically, mentally, in a way that the pain of that event just knocks their soul right out of them. Either for a minute or in our Indian beliefs sometimes their souls get lost when the trauma knocks the soul out of a person. If you have a person who is horribly physically and sexually abused and then they turn into an abuser themselves, or a sociopath, in our Indian culture we say that their soul was lost and their soul didn't come back. So there is trauma from a cultural perspective.” (Informant #11)

Although commonly defined as a reaction to an extreme physical or emotional stressor, trauma and its manifestations are something that researchers and practitioners continue to learn more about. For some social service providers interviewed for this thesis, the definition of trauma has been shaped by personal and professional experiences. The purpose of this chapter is to provide a link between the past and the present. While the previous chapter discussed traumatic aspects of colonization, theories presented in this chapter offer a connection between traumatic histories and the realities of life as an indigenous person today. Aspects of trauma knowledge are underlined, especially in regards to culturally specific trauma, historical trauma, the effects of trauma on children and resilience.

3.1 Defining and understanding trauma

Trauma is generally believed to occur as a negative reaction to an extreme stressor, when the individual's coping mechanisms are insufficient in organizing the experience (Bloom, 1995: 2). Trauma is not defined by the experience of an event, or even a series of events. Instead, the core of trauma is the ability or difficulty that one has in coping with and moving through such an experience. Something that may result in a trauma response for one individual may leave another virtually unaffected. These variations have much to do with unique resiliencies and personality, as well as cultural norms, and the reaction of the individual's social group (Bloom, 1999: 2). Bessel A. van der Kolk (1989: 393) a leading trauma researcher, defines traumatization as occurring, “when both internal and external resources are inadequate to cope

with external threat.” It is a sad fact that the children of all ethnicities are at higher risk for traumatization than adults due to their vulnerable status and their developing internal and external coping mechanisms.

Reactions to a traumatic experience or continuous trauma can manifest in a number of ways. Post Traumatic Stress Disorder (PTSD) is a trauma reaction that can occur in both children and adults. Some symptoms of a PTSD reaction include intrusive recollections of the traumatic event, possibly including recurring dreams, psychological numbing, feelings of detachment and aspects of hyper arousal, such as an intense startle response, leading to a significant impact on the functioning of the individual (APA, 2000). Not all children or individuals who experience trauma meet the criteria for PTSD, although many aspects of their life may be affected by the trauma experiences. Research shows that trauma often plays a significant role in many other disorders experienced by both children and adults, and is associated with deviant behaviors such as drug addiction and criminal incarceration (van der Kolk, 1989). Some researchers feel that the formal definition of PTSD should be expanded to acknowledge the role trauma can play in numerous other childhood disorders, the strong connection between trauma and personality disorders in adults and the theory of historical trauma (Munson, 1995: 151). Bessel van der Kolk (2005: 409) states that “the diagnosis of PTSD is not developmentally sensitive and does not adequately describe the impact of exposure to childhood trauma on the developing child. Because multiply abused infants and children often experience developmental delays across a broad spectrum, including cognitive, language, motor and socialization skills they tend to display very complex disturbances with a variety of different, often fluctuating, presentations.” Furthermore, a child raised in a non-Western culture may present a trauma response dissimilar to the formal definition for PTSD (Bombay et al., 2009: 29).

It is important to remember that not all children who experience trauma will have negative effects later in life - in some people, post-traumatic growth occurs (Denham, 2008: 395). For Native Americans in Montana post-traumatic growth in the wake of traumatic events has been observed to be connected to the individual’s participation in cultural practices and spirituality (Belcourt-Dittloff, 2006: 95). Many well known and successful adults discuss painful childhoods that they feel have provided them with the inner strength needed to persevere through

hardship. This can be especially true in minority or oppressed populations, such as Native Americans or other indigenous groups, as the culture is often infused with so many traumas that it affects nearly everyone to some degree (Informant #7). Indeed, trauma and its manifestations exist on a complex continuum.

3.2 Culturally Specific Trauma

“Sometimes what is a crisis in a non-Indian child’s life is almost an everyday experience in an indigenous child’s life.” #4

Like all other life experiences, the occurrence of trauma happens within one’s cultural context (Bloom, 1999: 2). How a child is raised and by whom, their geographic location, class level, health status, family environment, and family’s history affects the youngster’s experiences and processing of potentially traumatic events when they occur (Duran et al., 2008: 288). George F. Rhoades Jr. (2006: 31) addresses culturally specific trauma in his article in the *Journal of Trauma Practice*, “Patients who have experienced trauma and dissociation leading to significant distress in areas of their lives, will display that distress within and through their culture.” Thus, all trauma treatment must take the client’s personal and social culture into account. This is an important starting point for any individual providing social services to a traumatized client, but can be especially imperative when the provider and client come from different cultural backgrounds (Duran et al., 2008: 288). Service providers must be aware of their own cultural background, and explore the client’s cultural background and history with them to effectively address the trauma and provide the client with appropriate social services (Rhoades, 2006: 31).

The idea that trauma is rooted in and interacts with an individuals’ culture can manifest in any number of ways, as exemplified in the quote at the beginning of this chapter. Culture describes all things that an individual values, believes, and has learned about themselves and their history (Sue as cited in BigFoot, 2002: 1). When addressing the treatment of trauma or in seeking to understand an individual or community’s reaction to trauma, cultural values, beliefs and histories must be examined carefully. This is particularly true for the treatment of indigenous peoples, especially when presenting in non-indigenous agency settings. Psychology and social work, two disciplines likely to encounter the need to provide treatment to an indigenous child facing

trauma, are developed and based in Western traditions. Native American culture, that is – histories, languages, interpersonal values, childrearing practices and traditional healing methods are often very different than that of the majority culture and may be overlooked or misunderstood in the context of Western social services (Gray et al., 2008: 260; BigFoot, 2000: 1). In addition, indigenous peoples often experience dramatically different life circumstances than do non-indigenous peoples as related to family structures, traumatic histories, poor mental and physical health, experiences of violence, discrimination and racism, identity based in ethnicity and connections to their traditional culture (BigFoot, 2000: 13). These circumstances must also be taken into consideration in the understanding of trauma experiences for indigenous youth.

Cultural humility and knowledge of cross-cultural trauma treatment are closely connected with education, respectful practice, linking clients to culturally appropriate services and the acknowledgement of value differences between cultures. These extremely important considerations in providing services to indigenous populations maintain and promote the dignity and identity of the indigenous client. Keeping in mind that trauma experiences and responses are intertwined with culture, the rest of this chapter discusses the effects of trauma on children as well as the concepts of historical trauma and resilience.

3.3 Effects of trauma on children

Trauma that occurs in childhood can be particularly damaging as it often halts or interrupts normal psychological and behavioral development. In many cases, especially in lower-income brackets, the experience of trauma does not result in treatment or even in disclosure. Often the victimizer receives more attention and treatment than the trauma survivor (Munson, 1995: 153). If left unaddressed, trauma can create multiple difficulties for a child which may last a lifetime. The following section provides a brief discussion on the mental and biological effects trauma can have on children, as well as a glimpse into the adulthoods of some childhood trauma survivors.

3.3.1 Effects on mental functioning

Trauma affects children differently, yet even though cultural and individual differences exist, research shows that many of the effects that trauma has on children are similar. Some common

manifestations of trauma in children are diagnosable disorders, such as depression, anxiety, PTSD, oppositional defiant disorder (ODD) reactive attachment disorder (RAD) eating disorders, sleep disorders and conduct disorders (Cook et. al., 2007: 4). Twin studies have shown that the experience of early childhood trauma, especially of a sexual nature, increases the chance of depressive disorders, and contributes to an earlier age of onset, poorer response to treatment, and indicates more pervasive disorder duration (Cook et al., 2007: 5). Other effects of trauma on a child's mental functioning may not be categorized as a diagnosable disorder, but as previously noted by van der Kolk, may manifest as a disorganized presentation of complex symptoms.

Diagnosable disorders aside, the effects that trauma can have on a young child's mental functioning are severe. Children use their caregivers to understand how to interact in the world and how to regulate their emotions (van der Kolk, 2005: 406). When a caregiver is unable to assist the child in navigating their world, identifying their emotions, or processing traumatic events, the child's internal mental resources are often consumed with attempting to organize and make sense of the trauma (van der Kolk, 2005: 406). The child is therefore left with a limited capacity for normal mental functioning, resulting in the absence of positive emotional states, the lack of ability to play and trust, delays in brain functioning, and disassociating from the world as a protective measure (van der Kolk, 2005: 406). Children may not learn how to identify emotions, make connections between life experiences and their feelings, or effectively moderate anger, fear or confusion (van der Kolk, 2005: 408-409). The effects that childhood trauma can have on mental functioning are particularly damaging for children within social settings. Their difficulty in displaying appropriate behaviors, their delayed cognitive abilities, and suspicious, unhappy natures may result in frustration on the part of their caregivers and teachers. Traumatized children are frequently labeled 'antisocial', 'aggressive', 'oppositional' and 'unmotivated' (van der Kolk, 2005: 406).

3.3.2 Effects on biology and development

Mental disorders are not the only consequences of experiencing trauma. Traumatized children are at risk for behavioral and biological developmental delays especially when the trauma is of a complex or ongoing nature, such as witnessing violence and family instability over many years. Impairment in several developmental areas has been observed and studied in traumatized

children. Harmful effects of trauma have been documented in seven realms: *attachment*, especially when the child's caregiver is unpredictable or abusive; *affect regulation*, including the modulations of the emotions of anger and fear; *biology*, including the stunting of brain development and language and cognitive capabilities; *dissociation*, impacting the child's ability to form social connections; *behavioral regulation*, often leading to the diagnoses of conduct or other similar disorders; *cognition*, impacting the child's ability to make proper choices and succeed academically, and *self-concept*, often resulting in low self worth (Cook et. al, 2007: 4-6; Westby, 2007: 140). Even in infancy, children exposed to trauma and family violence suffer from developmental delays, behavioral problems, and other long term socio-emotional effects (Westby, 2007: 141; Osofsky, 1999: 36.)

Studies of chronically traumatized children with PTSD diagnoses may have a smaller hippocampus than normal children (Wasserman, 2005: 9). The hippocampus is one part of the brain responsible for memories and emotions, leading researchers to believe that traumatized children may have a harder time integrating memories or may suffer from dissociative or intrusive memories of traumatic events (Wasserman, 2005: 10). Children separated from their primary caregivers as infants, or children who are abused by their caregivers during early stages of development have smaller brains and lower IQ's than children with secure caregiver bonds (Perry, as cited in Wasserman, 2005: 11). Children whose biology has been affected by trauma often have difficulty displaying age appropriate behaviors and excelling in school and social settings.

3.3.3 Manifestations in adulthood

"We work with children, because even if they are adults they are children to someone."

#15

Trauma, if left untreated and unresolved, may go on to affect the individual for the rest of their lives. Numerous studies show connections between childhood trauma and various negative life events in adulthood, such as criminality, drug addiction, and a lower quality of life. Numerous studies pointing to the likelihood that adults with childhood trauma histories will engage in self-destructive behaviors, perpetuate violence against others, and/or find themselves re-victimized

later in life (van der Kolk, 1989). These studies are examples of the fact that while not all individuals with trauma histories go on to experience negative consequences later in life, many adults struggling on the fringes of society are child trauma survivors.

Adults who self harm and self-destruct are likely to have a history of childhood trauma (van der Kolk, 1989). A study conducted by Kaiser Permanente Medical Care Program surveying 17,000 American adults showed direct links between adverse childhood experiences and obesity, cigarette smoking, alcoholism, drug use and a number of other conditions and diseases (van der Kolk, 2005 3; Felitti, 2004: 4). Furthermore, the staff at Kaiser found that, "...that more than a 500% increase in adult alcoholism is related in a strong, graded manner to adverse childhood experiences," and "...that 78% of drug injection by women can be attributed to adverse childhood experiences," (Felitti, 2004: 6-7). This research indicates that traumatized children experience a wide range of physical and emotional problems in adulthood, leading to health problems, addiction and maladaptive behaviors.

Women with a history of childhood sexual abuse are more likely to be raped, have children who are sexually victimized, enter into relationships with sexual abusive men and become prostitutes (van der Kolk, 1989). In a research study of women who had experienced multiple violent relationships, 77% had experienced complex trauma as children and all respondents reported at least one traumatic event during their childhoods (Alexander, 2009: 85). 9 out of 10 women in this study with unresolved childhood attachment issues were also victims of abuse by multiple partners (Alexander, 2009: 85). There is no doubt that some of the women in this study, as well as some of the women who experience intimate partner violence are mothers. Therefore, it is likely that their children are being exposed to trauma in the witnessing of domestic violence against their mothers, or in being abused by their mother's perpetrator themselves.

Individuals who experience trauma as children are at higher risk for engaging in harmful behaviors as adults, having physical and mental health problems and being victimized by intimate partners. These risks are detrimental on a number of levels, to the individual, their children, their families, and to society. In this way trauma persists through generations.

3.4 Historical Trauma Response and Intergenerational Transmission

“These stories need to be told, and they need to be told not just to indigenous peoples but to everyone. We need to intermingle all the truths, get everybody in there and tell the truths, and change the educational system, and somewhere in the middle is the truth and I don’t think anyone’s ever told it.” #1

For many indigenous peoples, the traumatic history of colonization still hangs heavy in the air. Contemporary disparities connect the past and the present in salient and often painful ways. The concepts of historical trauma and historical trauma response may contribute to understanding the difficult living situations of many indigenous peoples. For many indigenous and non-indigenous researchers, providers, and individuals, linking the past and present is only natural (Sotero, 2006: 94). These theories say that current, and often dire, situations within indigenous communities today have been influenced by brutal colonization histories.

Originally studied in Holocaust survivors, historical trauma is thought to be a pervasive, cumulative, intentional, massive trauma, affecting a specific group and transcending generations through family transmission (Yellow Horse Brave Heart, 2003: 7; Sotero, 2006: 94-95). Attention has focused on how historical trauma fits with indigenous histories, and especially in American Indian populations, the concept has become quite well known, although not without controversy (Sotero, 2006: 96). One of the leading researchers and developers of the historical trauma theory within Native populations, Lakota researcher Maria Yellow Horse Brave Heart (2003: 7) defines this theory as, “...cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences,” and states, “the historical trauma response is the constellation of features in reaction to this trauma.”

Other indigenous populations, such as the Sámi of Scandinavia, Aborigines in Australia and First Nations members, are beginning to discuss the impacts of their unique colonization histories within the framework of historical trauma and the historical trauma response. Some government officials and institutions have publicly acknowledged the historical traumas perpetuated against indigenous peoples. On June 11th, 2008 in a public apology to aboriginal peoples, the Prime Minister of Canada addressed the historical trauma that boarding schools had on multiple generations of his country’s citizens... even those who did not attend boarding school (Christian,

2008: 372). Both indigenous and non-indigenous peoples are beginning to acknowledge that aspects of colonization were not only extremely traumatic, but that the burdens of this trauma have been passed down through generations, potentially resulting in historical trauma responses in communities, families and individuals.

The concept of historical trauma is complex and challenging in a number of ways, especially regarding measurement (Denham, 2008: 396). Proposed symptoms of historical trauma include somatic, psychological, physical, and spiritual problems relating to the unresolved grief cause by colonization and presenting as high rates of depression, anxiety, suicidal behavior, substance abuse, disrupted relationships, diagnosable disorders and various other symptoms (Denham, 2008: 396; Whitbeck et al, 2004: 212). Undeniably, the Western scientific models for empirically-based data are challenged when determining how to test connections between traumas experienced by one's ancestors, its intergenerational transmission and current manifestations of serious mental, physical and social health problems. However, when examining the traumatic experiences of colonization, historical trauma theory is viewed by many researchers as a source of current disparities experienced by indigenous communities today (Belcourt-Dittloff, 2006:7; Denham, 2008: 397; Gone, 2009: 752). Proposals for transmission of historical trauma relate to aspects of an individual or community's psychodynamic, sociocultural, biological and family systems (Kellerman, 2001: 262). However, other researchers believe that expecting indigenous theories to be validated through the use of Western empirical means only contributes to the ongoing colonialism inherent in our social service systems (Belcourt-Dittloff & Stewart, 2000: 1166; Duran et al., 2008: 292). Other methods for conceptualizing historical trauma are emerging and often involve qualitative data, community-based treatments and local knowledge. The literature on and understanding of historical trauma continues to grow.

One important aspect of historical trauma theory is the idea of *historical trauma response*. The concept of historical trauma response not only acknowledges the abuses of the past, but also allows thriving, healthy indigenous peoples (of which there are many) to both be affected by historical trauma and produce a historical trauma response rooted in their own resiliency. For example, families may have suffered the effects of historical trauma, and even pass horrific

stories down through their families as personal histories, yet also display resilience, hope, and cultural pride (Denham, 2008: 400). Traumatic intergenerational memories, sometimes dating back hundreds of years, may root a family within its traditions, spirituality, values and beliefs (Denham, 2008: 405). In her thesis on *reziliency* or culturally specific resilience within American Indians, Annjeanette Belcourt-Dittloff (2006: 101) states, “historical resilience as well as historical loss have been vital factors empowering them (the Blackfeet people) to display incredible courage, strength, hope, bravery, compassion, and transcendence in the face of suffering.” Findings in these works and others illustrate the need for understanding that discussions on historical trauma are not necessarily negative; in fact, the concepts of historical trauma response and reziliency may provide valuable information on the complex and fluctuating manifestations of historical trauma.

“I have a sister who died of cirrhosis. I have another sister who is at the end stages of alcoholism. I have another sister who is a governor appointee. We have the roles, and we all figure out our own resiliency into that, how do you survive that? And I think that as a result of that trauma we all figure out our own survival mechanisms.” #7

Of course not only indigenous peoples have experienced historical trauma. However, while it has been acknowledged that majority population children exposed to trauma also have histories of trauma within their families, the historical trauma theory as applied to Native Americans and other indigenous groups is much farther reaching. The difference is discussed as a single family system’s experiences of trauma over two or three generations, versus the traumas of an entire culture over hundreds of years (Informants #1 & #8). Therefore, the concept of indigenous historical trauma, and indigenous historical trauma as relating to indigenous children, should be examined as a unique phenomenon.

“For me, cultural sensitivity in my clinical practice is to speak about these issues that we are speaking about today. Not all of them, but I ask people. And I think that giving them an opportunity to talk about these things is very important. If asked about, then they can talk about it. I also talk about discrimination, Norwegianization how it has affected people today, and I find that they find it relevant.” #17

3.5 Controversy and response to historical trauma theory

Main complaints with the idea of historical trauma have to do with methodology, including that most studies are qualitative in nature, and that causation across generations is difficult to explain and measure (Whitbeck et.al., 2004: 119). Although several scales of measuring historical trauma have been developed, and proven to have high internal reliability, tension around the concept of historical trauma remains (Whitbeck et.al., 2004: 119; Sotero, 2006: 97).

Michelle Sotero (2006: 94) summarizes historical trauma theory's current standing best:

“The premise (of historical trauma theory) is that populations historically subjected to long-term, mass trauma exhibit a higher prevalence of disease even several generations after the original trauma occurred. Historical trauma theory is a relatively new concept in public health; thus, empirical evidence presently offers weak support for the validity of the theory and its connection to contemporary health disparities. Yet, for many, the concept makes intuitive sense. In fact, a large body of interdisciplinary research seemingly lends support to the theory, making it deserving of further empirical research. Understanding how historical trauma influences the current health status of racial/ethnic populations in the U.S. may provide new directions and insights for eliminating health disparities.”

Sotero acknowledges the weakness of empirical data and evidence based practices within historical trauma theory, while pointing out that instead of being dismissed as a worthless concept, historical trauma is worthy of further research.

In an interesting article by researcher, professor and social psychologist for over 50 years, Edgar Schein, addresses the importance of exploration in the fields of social science. Entitled, “Five Traps for Consulting Psychologists: Or, How I Learned to Take Culture Seriously,” the article encourages therapists to look beyond the normal protocol. At least three of Schein's “traps” might encourage researchers and providers to remain open and flexible when considering historical trauma theory, including Trap 1, which states, “*You assume that good intervention should be based on good diagnosis, and that good diagnosis must be scientifically valid. You therefore choose diagnostic tools that are validated, that are reliable, that are standardized, that have academic credibility. But in making the choice on those criteria, you overlook their impact on the client,*” (Schein, 2003: 76). Historical trauma theory is not necessarily validated, reliable, and standardized at this point, although studies are emerging that are strengthening its position in

the public health sector. Schein points out that in his experience it was not only the validated, reliable tools that were helpful to his clients.

Schein (2003: 79) goes on to say that a second trap providers commonly fall into is assuming, “...*that the client is an individual rather than a set of interconnected individuals and groups who make up a cultural unit.*” Historical trauma, historic grief, historical trauma response, and intergenerational trauma are all rooted in the understanding that each living person is a part of a much larger entity, culture, history, and collective experience that encompasses both the present and the past. Thinking of the client only as an individual interacting with his or her present situation is a fundamental roadblock to the development of theories relating to historical trauma. However, collectivism is difficult to work with in the fields of psychology and social work as they have been created from an individualistic perspective.

Finally, Schein (2003: 81) points to a trap that could prevent researchers and providers to looking at historical trauma as a valid concept is the assumption, “...*that you have and should use a standard method of working based on sound theory and past history of success.*” Schein discusses this trap in the context of diagnosis and intervention, reminding providers that improvising is the name of the game. What would happen if all social researchers relied only on theoretical models that had already been developed, tested, re-tested and proven a million times over? While historical trauma presents some with problems and questions, it also presents researchers, writers, and clinicians with new ways and ideas of looking at trauma.

The disciplines of indigenous social work and culturally competent psychology continue to grow and gain understanding of historical trauma, including how to recognize it, how to measure it, and how to treat it. However as this thesis and other studies show, many service providers and educated indigenous and non-indigenous individuals feel that that the theory is valid – therefore, it would be remiss for the disciplines to dismiss the theory without more investigation.

Although the theory of historical trauma is still developing some studies, both qualitative and quantitative, are significant and should be noted. Below is a description of one groundbreaking quantitative work on historical trauma by researcher Les Whitbeck, as well as a description of

the qualitative work of Maria Yellow Horse Brave Heart, one of the mothers of historical trauma theory.

3.5.1 Quantitative research on historical trauma

Les Whitbeck, a leading trauma researcher has worked hard to develop quantitative tools to measure historical loss as relating to American Indian people. Although we are only beginning to understand these concepts and their effects on indigenous peoples, one study conducted by Whitbeck (2009: 37) and other researchers surveying over 450 American Indian and Canadian First Nations adolescents and caregivers found that at least one fifth experienced thoughts relating to historic loss daily or more often, and that these thoughts were related to depression. The authors go on to state that their findings indicate a likely connection between feelings of historical loss and perceived discrimination – or in the case of indigenous peoples, their position within a dominant culture’s society (Whitbeck et. al., 2009: 37). Whitbeck (2004: 126) also found that a significant portion of American Indian elders reported having daily thoughts about boarding schools, loss of indigenous languages, loss of traditional religion, and loss of lands.

3.5.2 Qualitative research on historical trauma

Qualitative research is a big part of historical trauma stories. Yellow Horse Brave Heart has used qualitative research numerous times to investigate historical trauma, historical trauma response, and historical trauma interventions. Lakota parents who participated in Yellow Horse Brave Heart’s participatory research study on historical trauma intervention reported increased awareness on how historical trauma affected their parenting (Yellow Horse Brave Heart, 1999: 118). The Wahanheja curriculum was developed with the help of two focus groups consisting of both community members of a Lakota reservation as well as researchers, and encompassed four modules addressing psychoeducational group experiences around historical trauma, Lakota child development, and the strengthening of Lakota worldviews (Yellow Horse Brave Heart, 1999: 116-117). They also reported increased ability to forgive their own parents, to appropriately grieve historical losses, and positive changes in their parenting (Yellow Horse Brave Heart, 1999: 119).

3.6 Resilience

“Whether it is among individuals, among tribes, or among families, but I still want to say that we are darn strong people, we need to remember what we do right and build on that because we do a lot of things that are right.” #4

Although vulnerable, children can be extremely resilient to potentially traumatizing situations and as adults may cite the hardships they experienced in childhood as being personal motivators for success. “In short, resilience turns victims into survivors and allows survivors to thrive,” (Meichenbaum, 2005: 4). Research done on resilient children shows that at least half to two-thirds of all children who experience traumatic events or grow up in adverse conditions will be raised to become healthy connected adults (Bernard, 1995 as cited by Meichenbaum, 2005: 11). Traits of children who overcome the misfortune of a traumatic childhood include having a good temperament, being socially competent, having a sense of purpose or future orientation, and being independent or autonomous (Meichenbaum, 2005: 13). Additionally, other factors within the community and family provide children the strength to overcome great difficulties. A strong, supportive relationship with at least one adult has been shown to have one of the biggest influences on a child’s ability to be resilient (Masten & Reed, 2002 as cited in Meichenbaum, 2005: 14). School involvement, participation in extracurricular activities, cultural and spiritual connectedness and an extended family who nurtures the child’s sense of identity and belonging are examples of community resilience factors (Meichenbaum, 2005: 15). It is important to consider the wider relationships within a child’s life when discussing trauma and resilience; neither phenomenon occurs separately from the individual’s family, community, and culture.

Similar factors may influence resiliency to trauma in Native American children but the cultural significance of resilience differs in a number of ways. In Native children, resilience is more likely linked to community and family connections, as well as issues of tradition and spirituality (Goodluck & Willetto, 2009: 3). Therefore, the term *cultural resilience* is often used to describe the resilience of Native peoples (Heavy Runner as cited in Goodluck & Willetto, 2009: 3). Seven major values have been identified that contribute to cultural resilience in Native American populations: *ethos and values*, or a sense of belonging and beliefs that influence good behavior; *religion and spirituality*, considered a major component of Native life and one to help you through difficult times; *language*, traditional languages are seen as critical for the passing on of

culture; *extended family*, extended family and indigenous family structures are vital when an indigenous child faces the consequences of trauma; *responses from culture*, or culturally appropriate activities and rituals, such as participation in ceremonies, cultural events and cultural rooted artistic expression; *humor*, as a coping mechanism to deal with crisis and trauma; and finally, *moving forward the seventh generation*, or the concept of moving into the futures and honoring the generations to come (Goodluck & Willetto, 2009: 5-7). These seven themes are among others that have been identified through qualitative and quantitative data techniques as influencing the resilience of Native American children and families (Goodluck & Willetto, 2009: 8).

The strengths of Native American children, families and communities are not always discussed, especially in relation to historical trauma theory and historical trauma responses (Denham, 2008: 411; Goodluck, 2002: 47). Knowledge of cultural resilience not only informs trauma theory but may also assist service providers in offering indigenous children effective methods of healing trauma.

3.7 Conclusion

Trauma affects people of all ethnicities, nationalities, and cultures, yet it can be particularly damaging for children as they are physically, mentally, and emotionally vulnerable. Trauma experiences, like all other life events, are rooted within one's culture – therefore culturally specific understandings of trauma are important for service providers to understand. The effects of trauma on children, both indigenous and non-indigenous, may have consequences for their biological, mental and emotional development, as well as their functioning as an adult. Although resilience in children is well documented, not all children are able to pass through a traumatic experience unscathed. When applied to indigenous populations, the concepts of historical trauma and historical trauma response assess current life experiences in terms of their connection to the past, including the traumatic aspects of colonization. My thesis explores social service providers' conceptions of how indigenous children experience trauma and potential links to the historical trauma of colonization. Just as the concept of historical trauma acts as a link - a way to explain and understand the past and present - this chapter is meant to provide a link between the

previous chapter's discussion of colonization and the upcoming chapter's discussion on the current situation of Native peoples in Montana today.

4.1 Introduction

Many indigenous peoples live in sub-standard conditions and are faced with unique challenges when compared to their non-indigenous counterparts. While exceptions do exist, indigenous peoples often suffer from health problems, poverty and violence at alarming rates. In the United Nations' 2009 Report *State of the World's Indigenous Peoples* (2009) the introduction reads, "Although global statistics on the situation of indigenous peoples are not readily available, it is clear that indigenous peoples suffer disproportionately from poverty, marginalization, lack of adequate housing, and income inequality."

This chapter discusses some of these inequalities, especially within the context of Native Americans in Montana. Possible links between colonization, historical and intergenerational trauma, and the current situations of indigenous peoples are explored. Furthermore, the chapter will consider how children are affected by socioeconomic disparities. Some Native children living in communities disproportionately affected by early and traumatic death, violence, poor education, over-representation in the criminal justice and child welfare systems, and faulty institutional systems might experience more or different trauma than their majority-population peers.

A full-scale comparison into the living conditions of Sámi peoples in Norway is difficult within the context of this thesis for a number of reasons. Norway, Sweden and Finland are some of the wealthiest countries in the world, with consistent track records in supporting indigenous rights (Anaya, 2011: 5). For the most part, Sámi peoples do not suffer from the high rates of health disparities, poverty and other socioeconomic concerns facing many indigenous communities in other areas of the world (Anaya, 2011: 5). Additionally, statistics on the Sámi people, as compared to their Norwegian counterparts are not extensive. Recent statistics have begun to record Sámi ethnicity in their national polls, but this is a new trend (Statistisk sentralbyrå, 2010). Additionally, this writer is limited by lack of understanding of the Norwegian language, decreasing the amount of available resources significantly. However, it is important that the

Sámi are represented in this chapter as they do face some unique difficulties especially in regards to land and resource rights, language, and discrimination.

Finally, this chapter points out that inequality does not necessarily represent quality of life. Indigenous peoples define their own quality of life, and may do so under different value systems than that of the majority population. While disparities are apparent and often extremely detrimental, unique strengths within indigenous communities do exist and flourish today.

4.2 Indigenous disparities in Montana

“Our lives are woven together by tragedy, it’s not one event, it’s multiple events that shape your personality.”#7

Indigenous peoples in Montana suffer from significantly higher rates of unemployment, illness, higher school dropout rates and an overrepresentation in welfare services than do non-indigenous Montanans. While much of the research on disparities has focused on reservation life, urban indigenous youth face similar problems, as well as issues unique to their urban circumstances. The following section describes some inequalities that affecting indigenous children in the state of Montana.

4.2.1. Leaving Families Too Early: Traumatic death and disease

“Death is like an echo: when someone dies it re-triggers all the past loss and sadness, everyone who lost a child, everyone who lost a wife, a mother.” #3

Similarly to many Native Americans in other areas of the United States, Natives in Montana experience significantly more health problems than do whites. For example, in Montana, Native men and women die around 20 years earlier the average age of death for both Native males and females is about 20 years less than their white counterparts (DPHHS, 2009: 20). This means that while most white Montanans live to their mid-to late 70’s, the most common age of death for indigenous Montanans is their late 50’s to early 60’s (DPHHS, 2009: 20). Suicide, homicide, and accidents accounted for one fifth of all Native Americans deaths in the state between 2004 and 2009 (DPHHS, 2009: 40). When compared to their white counterparts, the likelihood of a

traumatic death for Native peoples is more than twice as great (DPHHS, 2009: 40). Statistically significant information regarding Native American victims and offenders at a national level shows that Native Americans experience violent victimization at a rate twice that of the national average, and occurring across age groups, sexes and income groups (BJS, 1999: 5).

Suicide rates for Native Americans in the state are extreme when compared with their white counterparts. Between the years of 2000 and 2005, Native suicide rates in Montana were more than twice that of the national average (DPHHS, 2008: 10, 24) During this five year span, Montana's statistics showed that the highest rates of suicide were in Native youth, although they make up less than 10% of the population of the state (DPHHS, 2008: 10).

Suicide, homicides and accidental deaths are not the only health disparities affecting this population. Native Americans in the United States experience alcoholism at rates 770% higher than other Americans, tuberculosis at rates of 750% than that of the majority population, and diabetes at rates of 420% higher than other Americans, (Yellow Bird, 2008: 15). These statistics come from a 2003 report compiled by the U.S. Department of Health and Human services and are similar to another report on overall health statistics from 1987 in the extremely disproportionate rates of disease in Native American populations when compared to other races (Yellow Bird, 2008: 15). In Montana, the rates of diabetes-related mortality for 'all races' is recorded at 26.6 percent, while the rates for the group which includes most predominately Native Americans is 62.4% (KKF, 2009). Montana is also a state in which some of the highest health disparities for minority women exist (KKF, 2009). Young Native American women in Montana are over four times more likely to be teen mothers between the ages of 15 and 17 than their majority-population peers (DPHHS, 2009: 14). The Kaiser Family Foundation (2009) noted that indigenous women face some of the greatest challenges of any group in the United States.

“Among different racial and ethnic groups, American Indian and Alaska Native women had among the worst outcomes on many health indicators, often twice as high as white women. The percentage of American Indian and Alaska Native women in serious psychological distress was more than 1.5 times that of white women. They exhibited the highest rates of smoking and cardiovascular disease and had considerably higher rates of access problems, such as not having a recent checkup and not getting early prenatal care,” (KKF, 2009)

The experiences of diabetes, obesity, and cancer mortality were shown to be far greater in Native women in Montana than their white counterparts (KKF, 2009).

4.2.2 Mothers, Sisters, Grandmothers and Aunties: Native women and violence

National statistics report that indigenous women face some of the highest rates of sexual violence than do women of any other ethnicity (NCJRS, 2006: 14). One in three Native females will be raped in her lifetime, as opposed to one in six white females (NCJRS, 2006: 15). Ninety percent of sexual assaults and rapes of Native Americans are reported by the victim to have been perpetrated by a member of another race (BJS, 1999: 17). Data on these types of victimizations, as well as the experience of domestic violence, are likely under representative in both Native communities and in the overall population as fewer than half of violent victimizations against women are reported to the police (DPHHS, 2009: 11). Under-reporting, as well as diversity between tribes and the added complication of Native women residing in urban areas make accurate statistics regarding rates of domestic violence and violent victimization in the state difficult to assess. However, if national statistics point in the right direction it is likely that Native Montana women experience higher rates of troubling abuse and victimization than other racial groups. For example, almost one third; or 8 out of the 22 domestic violence homicides that occurred in Montana during 2007 and 2008 took place on reservations within Native American families (DPHHS, 2009: 17).

4.2.3 Never Quite Enough: Native children and poverty

Childhood poverty is known to have a negative effect on a child's health, resulting in poorer nourishment and lower learning abilities while increasing personal and environmental risks (WHO, 2012). In 2008, Montana was ranked as having the 17th highest poverty rate in the nation, with 19.2% of the state's children living in poverty, similarly to the overall U.S. in which around 18% of children live in poverty (Haynes & Haraldson, 2010). Yet in Glacier County, home to the Blackfeet Indian Reservation, the rate of child poverty is 33.8%, and in Fort Peck Reservation's Roosevelt County, a staggering 40.1% of the county's children live in poverty (Haynes & Haraldson, 2010). Native child poverty rates are a huge concern in the overall United

States as well as in Montana, with 40% of all Native children living in poverty (BigFoot, et al., 2008).

Rates of unemployment in the state are also high, particularly in Native American communities. Unemployment rates on Montana's reservations in 2005 ranged from 24% to 70%, with five of the seven reservations hosting unemployment levels at 60% or above (Blackfeet – 69%; Rocky Boy's – 68%; Fort Belknap 70% and Northern Cheyenne 60%) (BIA, 2005). Children who grow up in poverty are more likely to be exposed to a number of risk factors throughout their developmental years including the possibility of experience poverty-related trauma or traumas. In the U.S. Native American single parent, female headed households report the highest poverty rates of any ethnicity (NWLC, 2011: 4). Additionally, Natives comprise 8% of the homeless population in the United States although making up only 2% of the overall population (BigFoot et al., 2008).

4.2.4 But I'm Not Stupid: Education and Native children

Educational achievement for Native American youth in Montana and in the United States is lower than their majority population peers, and often the lowest of all minority groups. In 2007 Native American youth's high school graduation rate was a little under 50%, while white students had a 79% graduation rate (Alliance for Excellent Education, 2010). In the same year, statistics in Montana show that 36% of Native American youth were below basic literacy levels, 10% higher than children in the state classified as 'low income' and 20% higher than that of white students (Alliance for Excellent Education, 2010). In the U.S. in 2010 Native children had the highest rates of any racial group of teens aged 16-19 who were not in school and did not have a high school diploma (The Anne E. Casey Foundation, 2012).

Low rates of educational success in Native American youth may in part be due to discrimination. In a study of around 200 American Indian young adolescents from three reservations in the Upper Midwest, researchers found that 54% of the youth surveyed reported experiencing a teacher express surprise when they did well in school (Whitbeck et al., 2001: 411). The state of Montana's Strategic Suicide Plan developed by the Department of Health and Human Services (DPHHS, 2008: 24) cites work identifying reservation youth as suffering serious discrimination

from other students, but also teachers, when bused to off-reservation public schools. All children have a right to an education, yet many Native American youth in Montana and the U.S. are dropping out of schools at much higher rates than their majority population peers.

Cultural differences may also contribute to low success rates for Native children in school settings. National research has shown that Native children learn differently than their majority population peers, research which is beginning to be replicated with indigenous children in the state of Montana (Kipp, 2005: 82) Overall, it seems that Native children present generally higher scores on tests of fluid intelligence, or complex reasoning and problem solving abilities, while falling behind their white peers in measures of ‘crystallized’ intelligence or measures of rote learning, memory, and mathematical skills (Kipp, 2005: 74). In 1993, data showed that Native children had a 24 percent greater likelihood of being labeled as having a learning disability than white children, a finding that may have to do with culturally-based learning differences (Kipp, 2005: 76).

4.2.5 I want to go Home: Native children in the criminal justice and child welfare systems

Native youth are overrepresented in both criminal justice systems and in the child welfare system on a national level as well as in the state of Montana. Natives in America are incarcerated at a rate twice that of their white counterparts (PRA, 2005: 1). Although comprising only 6% of Montana’s state population, Natives constituted 16% of the prison population in 2000 (PRA, 2005: 2). In her book *Inventing the Savage*, author and Salish author Luana Ross interviewed Native and non-Native women incarcerated at the Women’s Correctional Center state prison in Montana between 1990 and 1992 (Ross, 1998). At that time, 35 % of the prison’s population was comprised of Native women, highly over representing their population in the state (Ross, 1998). Native American juveniles are also over represented in the state’s criminal justice system. In 1999, although they made up only 10% of the state population, Native American youth made up 19% of the state’s population of juveniles incarcerated in adult detention facilities and were also represented in secure juvenile correctional facilities and secure detention facilities (ABA Juvenile Justice Center, 2003: 6)

Like other children of color (apart from Asian children) Native American children in Montana are disproportionately represented in the child welfare system. “Across the United States, Native American children are overrepresented in foster care at a rate 2.2 times their rate in the general population,” (NCJFCJ, 2011: 10). Five of the fifty states showed Native American foster care rates of four times higher than their rate in the population; Montana’s ranking fell in the second highest category with a ranking of 3.8% (NCJFCJ, 2011: 36).

Although the Indian Child Welfare Act (ICWA) passed in 1978 aimed to protect Native children from being placed with foster care families of other races, current studies are showing that this does not often happen. Before the passing of ICWA, statistics showed that between one in three and one in four of all tribal children in certain states were being removed from families by state social workers and usually (in 80-90% of all cases) being placed with or adopted by non-Indian families (Jones, 1995). However, ICWA may not be meeting its desired goals of protecting Native children and families from undue child removal through the establishment of federal standards as well as placing Native children in “foster or adoptive homes which will reflect the unique values of Indian culture,” (ICWA, 1978: 25 U.S.C. 1915). In a recent investigation by National Public Radio on Native American children and welfare services in South Dakota found that over seven hundred Native children are removed from their homes annually, and 90% of them were placed in non-Native families or group care services (Sullivan & Walters, 2011). This study was groundbreaking in highlighting for the general public of the U.S. a topic that Native communities in South Dakota and other states have been struggling with for decades.

4.2.6 The System is Trauma: Institutional oppression and Native peoples

Institutional trauma continues to be perpetrated against Native peoples in Montana and elsewhere in the U.S.A. The paternalistic policies of the federal government do not allow tribal courts to prosecute non-Native perpetrators, underfunds tribal courts and imposing limits on the sentencing tribal courts can impose (Amnesty International, 2007:8). Amnesty International (2007: 9) found that this situation often results in Native victims being left without justice. It is common that the prosecution of non-Native perpetrators who commit crimes on Indian reservations never happens in state and federal courts (Amnesty International, 2007: 9). This is

particularly concerning to Amnesty International due to the high rates of violence perpetrated against Native women by non-Native men (Amnesty International, 2007:30).

Institutional traumas have been perpetuated against Native peoples as the hands of the Indian Health Service as well. Between the years of 1972 and 1976 thousands of Native women were sterilized at IHS health care centers, often when attending routine medical appointments (Bubar & Thurman, 2004: 76). An investigation by the Choctaw physician Dr. Connie Uri revealed that many of these women were coerced or threatened into providing their consent to these procedures (Bubar & Thurman, 2004: 76). Amnesty International (2007: 17) is concerned with the fact that, “to date the USA has done little to acknowledge these abuses or to ensure adequate repatriation for the victims.”

Within the educational system, discrimination continues on an individual level as found by Whitbeck and other researchers, but also on an institutional level. Not only are Native learning pathways not acknowledged or valued, Kipp (2005: 82) states, “the American Indian child continues to be placed in special education programs and ‘overlooked’ for gifted programs.” As discussed previously, indigenous children in the state of Montana may have different learning styles than their non-indigenous peers, often scoring higher on measures of fluid intelligence (holistic, problem solving and situational intelligence) and lower on scales of crystallized intelligence (relating to memorization, reading and math) (Kipp, 2005: 74). Standardized testing has been shown to focus almost solely on measures relating to crystallized intelligence, with only 7% of tests directly addressing fluid intelligence (Kipp, 2005: 74).

4.2.7 Conclusion on indigenous disparities in Montana

Statistical reviews show that Native Americans in the United States, and in Montana, suffer disproportionately from their majority population peers from maladies such as poor health, traumatic death, violent victimization, poverty and unemployment, difficulties in the educational system, and high rates of incarceration and representation in child welfare systems. Having an incarcerated parent, being incarcerated as a juvenile or being removed from one’s family and placed in foster care can be extremely traumatic for many children. Children are affected by the conditions of their communities and families. A short review of ill effects that some of these

issues have been shown to have on children occurs later in this chapter. Native children might be at higher risks to experience the effects of socioeconomic disparities than other children due to their marginalized status in state and national society.

4.3 Unique struggles for the Sámi of Norway

In his 2011 report to the United Nations on the Sámi people living in Norway, Sweden and Finland, Special Rapporteur James Anaya (2011: 5) stated that, “Nordic countries are ... well-positioned to tackle outstanding concerns related to the Sami people and to set examples for the advancement of the rights of indigenous peoples.” Norway is a country that has set standards for indigenous rights on an international scale. It was the first country to ratify the ILO Convention 169 and adopted the UN’s Declaration on the Rights of Indigenous Peoples in 2007, three years before the United States announced its support of the Declaration (Anaya, 2011:7) However, indigenous peoples in Norway still struggle for rights to land and language, and report cultural marginalization in the educational system and media.

4.3.1 Land Rights and Wrongs: Indigenous resource and land rights in Norway

Much of the Sámi peoples’ current struggles today are related to rights to their traditional lands. Reindeer husbandry is a traditional livelihood of the Sámi people which has been protected under various Acts and agreements over decades of gradual recognition (Anaya, 2011: 13). However, Sámi people often report difficulties in implementing these rights in practice. The Finnmark Act of 2005 is an important piece of Norwegian legislation in that it has secured Sámi land rights to traditional reindeer herding lands in the area of Finnmark County and established (Anaya, 2011: 7). Although the Finnmark Act is step in the right direction for indigenous land rights, it is not without difficulties. The Sámi people have fought hard for this act to be implemented and continue to face opposition to their rights under the Act (Anaya, 2011: 7). Additionally, Sámi rights to other traditional reindeer herding areas, or traditional fishing areas are not recognized (Anaya, 2011: 7).

Resource development projects in the Arctic seem to be one of the biggest challenges for Sámi people in actualizing their traditional land rights. Development projects in Norway, as well as in Sweden and Finland, continue to threaten the indigenous livelihoods and land bases, and are

often implemented without the free, prior and informed consent of the Sámi people (Anaya, 2011: 16). Additionally, if traditional lands are lost to development projects the Sámi are usually left without compensation, although a number of Acts dictate both compensation and informed consent (Anaya, 2011: 16). The Reindeer Husbandry Act of 1987 (amended in 2007) requires that reindeer herders be compensated for lands lost to resource development, yet traditional reindeer herding lands continue to be diminished without compensation (Anaya, 2011: 16). Resource development can be said to be one of the biggest threats facing traditional Sámi livelihoods today.

4.3.2 Entitled to my Mother Tongue: Sámi language today

Sámi languages in Norway have been under constant threat since the assimilation practices of Norwegianization. Although strides are being made in this area, Sámi languages are still marginalized within the majority society. The Southern Sámi and Lule Sámi languages are on the verge of extinction (Anaya, 2011: 17). In schools, Sámi is taught only if the child resides in Northern Norway in a Sámi language district, located in Northern Norway (Anaya, 2011: 18). However, Anaya's (2011: 17) report to the United Nations states, "... some 50 per cent of Sami people, and 70 per cent of children under 10, live outside of the designated areas." Sámi children are being denied their rights to language, as dictated by international law and Norway's national Constitution (Anaya, 2011: 6). Although Norway is a leading player regarding international indigenous language rights, more can be done to implement Sámi languages in schools and promote revitalization efforts (Anaya, 2011: 21-22).

The city of Tromsø has recently reversed its decision to be incorporated into the Sámi language administrative area, a decision made after a more conservative party came to power in the City Council. The decision has been hotly debated online, and a public official threatened for his views on Sámi language in Tromsø (Elisuessen, 2011). The Tromsø Sámi Association received an anonymous letter in the mail containing a drawing of the Sámi flag with a swastika in the middle, and a drawing of Hitler dressed in a Sámi gakti (traditional Sámi dress) (Noreng, 2011). The letter contained a threatening message. One politician was quoted in a local paper as saying that Tromsø is a Norwegian town and therefore the only official language should be Norwegian. Another party member went on to say that many of the Sámi living in Tromsø do not speak

Sámi, but they all speak Norwegian (Loset, 2011). This discrimination has been addressed by Sámi and non-Sámi politicians and activists, especially regarding concerns of Sámi children being influenced negatively by what they are hearing in the media regarding their culture.

4.3.3 I've Been Sámi Since I was Born: Sámi children and discrimination

Discrimination and its effects is one issue facing Sámi peoples that has gained recent attention from researchers. In a seminal study by researchers at the University of Tromsø's Center for Sámi Health Research, findings point that Sámi adult experience more ethnic discrimination and bullying than their majority population peers (Hansen, et al., 2007: 114). This bullying was most commonly reported to occur in public schools in the form of discriminating remarks (Hansen, et al., 2007: 99). Similarly to other study it seems that a strong ethnic Sámi identification and living outside of the Sámi Language Act districts contributed to negative life factors (Hansen, et al., 2007: 99).

Another part of this study reported that frequent experiences of discrimination in Sámi peoples, particularly in Sámi women living outside the Sámi Language Act districts partly contributes to their poorer self reported health statuses (Hansen, et al., 2009: 122). Recently, data has shown that Sámi speaking youth who report high degrees of ethnic discrimination are less likely to utilize health services with school and general community settings (Turi, et al., 2009). Although discrimination is strongly associated with poor mental health for both Sámi and non-Sámi, but to some studies show that Sámi identity can buffer these negative effects to some extent. In one study regarding the link between discrimination and mental health, Sámi speaking women who reported discrimination actually had lower levels of self-reported mental health problems than Norwegian or Kven women in the same areas (Hansen & Sørli, 2012: 45). Although further qualitative and quantitative studies are needed to explore this phenomenon, authors suggest that these findings could be related to ethnic identity and resilience (Hansen & Sørli, 2012: 45).

In his reports to the United Nations on the state of Sámi peoples in Norway, Sweden and Finland, James Anaya (2011: 19) described indigenous peoples' feelings of discrimination occurring in the media and in educational institutions. "The Special Rapporteur also heard many accounts of media giving a highly stereotypical image of the Sami, which contributes to the

deterioration of the public image of the Sami people and also leads to a general lack of interest in the Sami by the society at large,” (Anaya, 2011: 45). Additionally, Sámi peoples report that school curriculums fail to represent Sámi history, culture and values, beginning in primary school and occurring even into university settings (Anaya, 2011: 45).

4.3. Conclusion on indigenous struggles in Norway

Although Norway is a leading international player in the indigenous rights scene, recent research shows that the indigenous Sámi populations of the country experience unique difficulties related to their ethnic heritage. Struggles regarding the maintenance of their traditional livelihoods and rights to land, the marginalization of Sámi languages and ethnic discrimination on a number of levels are variables directly relating to the indigenous identity in a Norwegian context. Although research on the experiences of Sámi children and youth are ongoing, it is likely that young Sámis are affected by these variables at a young age.

4.4 Effects of socioeconomic disparities on children

Negative socio-economic conditions are detrimental to children and their development in a number of ways, some of which has been discussed in the previous chapter in the section on the effects of trauma on children. Some examples of how low socioeconomic status can affect children are presented below.

Traumatic death and disease are particularly confusing for young children, especially within the context of their family. One response to traumatic death is the development of Childhood Traumatic Grief, which interacts with PTSD symptoms in a way that halts the ability for a child to adequately process grief related to the death of family members and friends (Morsette, 2007: 3). Due to the high rates of witnessing violence and the subsequent adaptation of PTSD symptoms in Native children, studies imply that the child may be affected by childhood traumatic grief when facing deaths in their community (Morsette, 2007: 3). Native children are at a multiple disadvantage – high rates of violence in the community expose them to the potential development of PTSD symptoms, and high rates of early and traumatic deaths predispose them to the potential for childhood traumatic grief.

As discussed in the previous chapter, children's exposure to interpersonal and domestic violence in the home or in their community is a precursor to PTSD, and often affects the child in a myriad of ways, including the possible interference with affective, behavioral, educational, biological and attachment development (Margolin & Vickerman, 2007: 613). Violence against women in Indian Country takes place at high rates, and children are often witness or victims of this violence themselves. Witnessing domestic violence against one's mother has been found by some researchers to be more detrimental to a child's emotional wellbeing than sexual abuse (Interviewee #12).

The effects of poverty on children are well documented. The impairment of cognitive and physical growth, as well as the development of mental health problems are common concerns of poor children (Lichter, 1997: 122). Furthermore, children of poverty are more likely to be physically abused, more likely to become an adult on welfare, and more likely to have a lower IQ than children who live in homes with an adequate economic status (Lichter, 1997: 122). As discussed in the previous section, Native American children are more likely to live in poverty than their majority population peers and single family, female headed Native homes are the poorest in our country.

Educational disparities, discrimination in schools and the lack of culturally appropriate testing methods may leave Native students with feelings of inferiority or stupidity within their classroom environments, or a student may find their traditional values at odds with those of the educational system (Linik, 2004: 10). Native parents who experienced discrimination and trauma within school settings are less likely to prioritize school attendance, and success in standardized testing than other parents (Linik, 2011: 28-29). Thankfully, in the state of Montana and elsewhere, strides are being made to increase learning opportunities, improve school conditions, and promote parental involvement in reservation school settings (Linik, 2011: 28-29).

Both in the state of Montana and elsewhere Native children have a higher likelihood than their majority population peers of having an incarcerated parent, or being removed from their families and placed in foster care. Having an incarcerated parent often results in emotional or behavioral problems such as externalizing behaviors, or 'acting out', and feelings of anger and hostility

(NHSA, 2005: 2). Additional risk factors can increase the negative effects of parental incarceration on children, including poverty, abuse and neglect, substance abuse problems in caregivers and parental unemployment (NHSA, 2005: 3). Being removed from one's family, however neglectful, abusive, or poverty-stricken as the living situation may be, is often extremely traumatic for children. Loss of traditional values, being parented under different norms than that of one's own culture and the losing access to one's cultural community and traditions can be detrimental to a Native child's sense of identity and therefore affect their feelings of self-esteem and self worth (Morrison & Locke Flying-Earth: 2003).

Finally, experiences of institutional discrimination affect Native children negatively in a number of ways. For example, the lack of culturally appropriate testing measures in schools paint a picture reflecting indigenous children's weaknesses as opposed to strengths (Kipp, 2005: 87). Native Americans' historical and current experiences of institutional discrimination may contribute to lower rates of reporting violent victimization for this population (Interviewee #13). Researchers Roe Burbur and Pamela Jumper Thurman (2004: 78) state, "abused women are also concerned about having their children removed by a state system unsympathetic to Native women." A lack of priority in allocating facilities and resources to Native peoples can make it difficult for victims of trauma to find safety and services (Amnesty International: 2007: 23).

Overall, it can be said that any one of the situations commonly experienced by indigenous children: unhealthy parents, traumatic deaths of family members and friends, witnessing domestic violence or having a mother who is violently victimized, living in poverty, struggling in education, or becoming involved with criminal justice or child welfare organizations can affect children in negative ways. Many Native children, in both Montana and in other parts of the United States, experience all or many of these situations during their childhood making them an extremely disadvantaged population.

4.5 Links to colonization; intergenerational and historical trauma transmission

"Its completely different trauma when you're talking about an entire culture that was traumatized... it can't be compared to white intergenerational trauma. It's hard for me

as a non-Native to identify, I can see it, but to really indentify with my non-Native girls on that level. I have to identify with them on an individual level- in a way that doesn't minimize or offend the level of trauma that their culture has been through.” #8

Many researchers believe that the social problems inherent in many indigenous families and communities are rooted in the destructive histories of colonization, and having passed through numerous generations are now manifesting in indigenous communities today.

Health disparities present in indigenous communities around the world have been attributed to four causes, rooted in colonialism: 1) genetic vulnerability, 2) socioeconomic disadvantage, 3) resource alienation and 4) political oppression (Durie, 2003: 326). Measles, smallpox, typhoid fever, tuberculosis and influenza, diseases of colonialism that historically decimated family and tribal units, have become diabetes, addiction, suicide, kidney disease, and obesity (Durie, 2003: 326). Even the World Health Organization considers the underlying causes of indigenous health disparities as having been fueled by history (King et.al 2009: 76). In a review for the University of Alberta's Department of Medicine, on the underlying causes of indigenous health disparities, the authors say:

“The main argument, implicit in our understanding, is that Indigenous social inequalities, which result from a combination of classic socioeconomic and connectivity deficits as well as Indigenous-specific factors related to colonization, globalization, migration, loss of language and culture, and disconnection from the land, lead to the health inequalities of Indigenous peoples. The specifics will vary across cultures, dependent on a wide range of external factors, but the principles are the same. Indigenous health inequalities arise from general socioeconomic factors in combination with culturally and historically specific factors particular to the peoples affected.” (King et.al. 2009: 76).

Prior to contact with Europeans, women occupied positions of power in many indigenous communities around the world, including Native tribes in what is now the United States (Amnesty International, 2006: 16). However colonization brought the breakdown of traditional support systems, the imposition of the inferior status of women on to tribal societies, economic deprivation and impoverishment and the support or oppression of Native females in tribal community settings (Bubar & Thurman, 2004: 73-76.) Researchers postulate that the combination of learned violent behaviors, poverty and lack of institutional protection for Native

women has combined to form a currently traumatic life experience rooted in a colonization histories.

High rates of poverty in Native communities likely have origins of colonialism as well. As discussed in Chapter Two, federal Indian policies have perpetuated the breakdown of traditional livelihoods, family structures and living arrangements. The economy and housing of today are unable to support communal living and traditional family structures, although many indigenous people continue to live in this way. Additionally, the establishment of reservations in economically desolate and isolated areas has contributed to the experiences of poverty many Native communities face today.

The effects of historical and intergenerational trauma on survivors of boarding schools have been identified by Native counselors as including problems relating to bereavement, sexual abuse, relationships, substance abuse and a lack of social values or a ‘fragmented self’ (Gone, 2009: 753). In a study published in the *Journal of Transcultural Psychiatry* found that Natives with at least one parent who had attended boarding school showed higher rates of depression, even though the sample group was considered “relatively high functioning” in regards to education and income levels (Bombay et al., 2011: 380).

Both the criminal justice and child welfare systems have perpetuated traumas throughout Indian Country, often leaving last results. Some researchers relate the current problems with tribal justice systems and violent victimization occurring in many Native communities and families, both on reservation and off, as dysfunction created by “...internalized oppression, historical trauma, and grief, and forced assimilation,” (Deer, 2004: 26). Muscogee attorney Sarah Deer discusses how policies and laws throughout history have contributed to historical trauma perpetuated against Native people, but goes farther in stating that identifying causes of historical trauma are not enough: analyzing the current government systems affecting Native people must happen if change is to occur (Deer, 2004: 25). The child welfare system has separated Native children from their homelands, tribes, cultures and communities for over a century.

Other institutions, such as health care and educations systems, have contributed to suspicion and mistrust of these systems in many indigenous peoples. This lack of trust may contribute to an

unwillingness cooperate with law enforcement and other institutions or a lack of involvement on the part of parents when faced with linking their traumatized child to services in the community or interacting with their child's school (BigFoot, 2000: 24-25).

4.6 Quality of Life

It should be noted in this section of the chapter that indigenous and non-indigenous peoples may have differing values – therefore coloring their perceptions on assessing their quality of life. As the quote above notes, cultural differences may exist in values such as materialism, for example. Some Native peoples in Montana may be inaccurately judged as being unsuccessful due to not having similar economic situations as non-Natives in the state (BigFoot, 2000: 2). College educations may be less important for some Natives who place value in learning cultural ways and spending their time with their families and elders (BigFoot, 2000:2). A study regarding quality of life in Sámi populations found that Sámi women “who demonstrated a high quality of life found satisfaction with their reindeer husbandry which appears to be linked to its nearness to nature and its economic profitability (Daerga, et al., 2007:10-28).

Non-native service providers have historically misunderstood the extended family structures of many tribes, mistaking the value of a child being raised by all family members as neglectful behavior from the birth parents. It may be that a lack of understanding of cultural values exacerbates the conflict between Native families and service providers. In South Dakota, less than 12% of Native children in the child welfare system are reported to have been abused, a number lower than the national average for the United States, yet they make up more than 50% of the child protective service cases of the state – often removed from the care of their parents for neglect (Sullivan & Walters, 2011). Tribal members in these communities argue that the charge of neglect is subjective, often means only that the family lives in poverty, and may reflect a lack of understanding of cultural differences within the child welfare department.

While many Native Americans and Sámi peoples live with the problems and hardships discussed in this chapter, quality of life should not be judged on statistical data regarding socioeconomic conditions. Quality of life should be determined by those living that life – and although many Natives would likely appreciate the benefits that whites take for granted, such as proper health

care and justice systems that effectively prosecute rapists or murderers, it should not be said that their quality of life is low or poor. For example, while there may be few jobs available on many Indian reservations or in rural Sámi communities, some indigenous peoples may choose to live on the reservation or in Sámi communities, placing the value on connections to land and family over ‘economic security’. While it is necessary to discuss disparities present in Native communities in Montana and the United States, as well as unique struggles facing Sámi populations, for the purpose of this thesis it should be explicitly stated that the assessment of quality of life for Natives and other indigenous groups must not be assumed by others.

4.7 Conclusion

This chapter seeks to provide the reader with an idea of the current living situations of many indigenous individuals, both in Montana and the rest of the United States. The theories of historical and intergenerational trauma link these current disparities in living conditions to the trauma experienced throughout colonization. A number of differences between the life experiences of Native Americans and their majority population counterparts are analyzed, and literature discussing the possible links between current and historical situations is presented. Finally, this writer points out that the chapter should be read as a review and presentation of the current situation of indigenous peoples in Montana and the U.S. and should not imply that Native peoples’ are unable to determine the quality of their life based on their own unique values. More on the topics of current living conditions of indigenous Montanans and the possible links to historical and intergenerational trauma, as well as indigenous values, strengths, and quality of life assessments will be discussed in the upcoming chapter during the analysis of my fieldwork data.

Chapter 5: Conceptualizations of Indigenous Child Trauma as a Unique Phenomenon: Eight Cross-Cultural Themes

5.1 Introduction to themes

Analysis of collected data reveals eight major themes relating to service providers' perceptions on indigenous children's experiences of trauma. This chapter will describe three major points within the context of each theme, including how the theme relates to indigenous children, how the theme relates to historical trauma, and contexts in which the theme was discussed. Brief references to other literatures regarding each theme are presented. Quotes from the interviews are used to illustrate service providers' conceptions of the theme at hand. This chapter integrates the data analysis and my discussion within the concept of each theme.

5.2. Substance abuse

“Chemical dependency is a brain disease that affects you spiritually.” #3

Interviewees from Montana report that drug and alcohol abuse negatively affects their indigenous clients today, often in different ways than that of the majority population. Interviewees from Norway did not report on substance abuse patterns in Sámi populations as being: a) more or different from that of the majority, or b) tied to historical trauma. Although sometimes mentioned within the context of traumatic families, this theme, unlike the seven others, was not similar to responses of interviewees from Montana.

In Montana, reports about high rates of substance abuse had to do with the economic conditions of many Native families as well as other problems, including lacking resources and coping skills. Providers' accounts of Native children drinking more and drinking earlier than their white counterparts were spoken of in relation to difficult life events, loss of family members, layers of grief, and traumatic events. Providers' reports of their indigenous clients using more at an earlier age mirror a quantitative study by Whitbeck (2009) and other researchers of two Indian reservation communities in which Native youth were three times more likely to meet criteria for substance use disorders than that of national survey rates.

It's impossible that trauma from previous generations, if un-dealt with, which it is if its entrenched in an addiction- it's impossible that it doesn't affect them (clients). #8

Those who spoke about substance abuse as an effect of historical trauma spoke about the historical trauma response to being a colonized people; the idea that grief, loss of one's children and generations of poverty lead some people to manage their feelings through the use of drugs and alcohol. This theme was mentioned most within the context of questions surrounding historical trauma, but also pointed out as a difference between indigenous and non-indigenous clients' coping mechanisms. Culturally-based concepts of substance abuse were reported, as exemplified by the quote above. Overall, my interviewees' responses show that many service providers consider substance abuse to play a large role in the perpetuation of child trauma within indigenous communities, and often feel that this role is linked to historical trauma experienced by previous generations.

5.3 Mistrust & Systems Trauma

"And even though I am Sami I am that system. For example, in Kauteokino where I work, the school teachers and authorities and health professionals are Sami and Sami speaking but we represent the government in peoples' heads and souls." #17

The themes of general mistrust and systems trauma were discussed at length by a number of my interviewees. Unraveling the current problems of mistrust from the experiences of past systems trauma was somewhat difficult when analyzing this theme. Overall, interviewees from both Montana and Norway reported that a history of major traumas within almost every system affecting indigenous peoples contributes negatively to the client's ability and willingness to engage in these systems today.

Systems mistrust may affect indigenous children today in a number of ways. Interviewees reported that mistrust may result in indigenous peoples interacting with service providers in different ways than do non-indigenous peoples. For instance, an indigenous parent with a high degree of systems mistrust is likely to be reluctant to address the bullying of their child by partnering with the child's school, because many indigenous parents have had negative

experiences in boarding schools. Furthermore, interviewees stated that systems mistrust may stand in the way of an indigenous client reporting abuse in the family to a social service systems worker, turning to law enforcement for protection, or supporting family members in mental health treatment. Two interviewees (one indigenous, one non-indigenous) cited mistrust as one of the hardest parts of their work in treating trauma in indigenous children.

“I work in the system, and indigenous kids have more of a system trauma, on top of all the other traumas. Trust is harder to build, they get bounced around more, blow out of more facilities, and it’s harder for them to go back to where they came from- their reservations or homes.” #1

Mistrust and systems trauma was related to the theory of historical trauma by my interviewees in a number of ways. Boarding schools, and the systems trauma perpetuated by both the American government and religious organizations in charge of these institutions, were mentioned by many as being an example of systems trauma that has been passed through generations. Another commonly cited systems trauma was the removal of indigenous children from their families, which happened in both Montana and Norway, and which many providers report affects the families of their indigenous clients today. In both indigenous populations, service providers reported a high degree of suspicion and fear relating to the child welfare system. In the cases of boarding schools and the child welfare system, providers reported that the effects of boarding schools traumas and the removal from families resulted in many indigenous children experiencing physical and sexual abuse and being disconnected from their indigenous identity still affect their indigenous clients today. Systems trauma is one theme supported by research and writings from a number of sources. Indigenous researcher Delores Subia BigFoot (2000) states, “governmental attitudes and policies contributed to the vulnerable position of Native tribes and created the opportunity for other demoralizing circumstances that increased the risk for later injustice.” Findings in this thesis and other works show that these ongoing, demoralizing injustices affect indigenous peoples’ feelings of mistrust towards systems today.

The theme of mistrust was mentioned in a number of contexts including differences between indigenous and white clients, weaknesses of the family in responding to trauma, and in how

indigenous people are affected by historical trauma. Additionally, a large number of respondents reported problems within the system as being the hardest part of moving forward the treatment of indigenous children who've experienced trauma. Concrete examples of difficulties within these systems included a poor understanding of indigenous cultural values and historical trauma by providing agencies, a lack of funding and lack of indigenous service providers, under-reporting and under-prosecuting crimes against indigenous children and women, a lack of preventative services, and the tendency of agencies to ignore strengths of indigenous clients and families. My interviewees report that without major changes to the systems providing care to indigenous clients, unique challenges facing indigenous children experiencing trauma will be hard to meet.

“You know, when I think of child trauma, I think of how the system continues to carry that out and impose trauma.” #4

5.4 Indigenous identity

“I was raised who I was and how I view myself is very important. I feel that it's really important for us to look ... at how people view themselves and then honor and respect that.” #7

Many interviewees spoke about the indigenous child and cultural connectedness during our interviews – for the most part in terms of strengths. They discussed that a child's sense of belonging to a family, a tribe, a community, and an ethnicity can have positive effects for the client's ability to face and persevere through traumas. Some service providers saw cultural connectedness as an asset to children moving through the system and returning to their families. Indigenous identity was characterized as a source of pride and strength. Participating in positive, culturally-based activities such as powwow dancing and basketball, and being provided with connections to the history of their tribes and families through stories, were cited by interviewees as being positive features of an indigenous identity. One interviewee discussed the positive aspects of Sami identity eloquently:

“There are a lot of strengths. I was talking to a friend and I asked her ‘what's good about being Sámi?’ She said, the sense of support from family and from the Sámi

community all over. Going to Sami weddings. Putting on my gakti (traditional Sámi dress), I feel beautiful. Going to the marka (festivals)... getting to know so many people from different places. So there are a lot of strengths. I also think that a strength is being able to make a difference in the world as adults and teenagers - looking back and saying, 'well, I think the Sámi community really needs more teachers, so I will go to school and be a teacher' ... People have an awareness that we're building this nation... we want to do this ourselves, in our own way. Or if you're interested in art or fashion you can use your Sámi background and work with that. Its unique and exciting. The shame of being a Sámi has changed. Kids see the value in being Sámi and they can be proud of it." #17

In terms of historical trauma, interviewees reported that the sense of indigenous identity has been one tool in surviving multiple negative experiences of colonization. The inherent strength in both Sámi and Native American peoples was mentioned by a number of interviewees as a factor that promoted the perseverance of these cultures throughout attempts to assimilate indigenous peoples into the majority society.

Some interviewees acknowledged research findings showing that a connection to cultural or traditional ways did not necessarily buffer the child from experiencing trauma. Although interviewees reported that even children with strong cultural connections experience trauma, the sense of belonging, access to tradition and their indigenous identities might promote resilience and coping mechanisms. Bombay et al. (2010: 514) suggests that identity is a complex concept which may not protect indigenous peoples from the negative effects of discrimination. However, the same study also finds that strong feelings of indigenous identity were related to decreased depressive symptoms (Bombay et al., 2010: 507).

Finding strength in identity and culture was spoken of in a number of contexts by interviewees. This theme was suggested as a way of moving forward the treatment of traumatized indigenous children within agency and research settings and through the utilization of community connections. Interviewees' suggestions on how to integrate identity within the healing process include giving clients the option of speaking their traditional language, developing culturally and tribally specific therapeutic tools, employing indigenous staff members, and acknowledging the

effects of historical trauma, assimilation and discrimination during treatment with clients. Interviewees working in urban environments stated that referring clients to community connections including cultural events, indigenous groups and indigenous-run agencies are important in honoring indigenous identity. Finally, five indigenous providers with strong and long-standing connections to reservation or rural indigenous communities discussed healing methods based in indigenous identity and healing. These methods included referring clients to traditional healers, developing therapies based on tribally specific histories, facilitating connections to traditional ceremonies for culturally-disconnected families, and providing wilderness therapy in which indigenous families and therapists conduct therapy in the traditional settings of nature.

The theme of indigenous identity is thought of by interviewees as a significant aspect in providing services to indigenous children exposed to trauma. These providers utilize a number of avenues in facilitating a connection to identity and culture during trauma treatment and had numerous suggestions regarding how indigenous identity and culture could be integrated to a greater degree within agency and research settings, including educating service providers on tribal specificity, employing indigenous service providers and linking clients to culturally appropriate services.

The elder generations say if you don't have identity you are completely naked. #15

5.5 Resilience

"In Indian Country kids are taught to toughen up and be strong and to tap into that inner resiliency. I can't speak for every Native American tribe out there, but that's what I notice the huge difference is in the Indian world, we are taught respect first and foremost, its all about respect, and secondly we're taught to toughen up. I'll give you an analogy that me and my 6 sisters were taught growing up: we're like a buffalo herd, even when they're alone by themselves, they don't ever run from a storm when they see it coming, they don't care how bad that storm is, how strong or how powerful it is, how much lightening and rain and snow there is, they put their heads down and walk into it no matter what, because they know that it is going to end at some point and there is going to

be peace and better weather on the other side. That's one thing that I was taught and people from my tribe are taught, to be like a buffalo in a blizzard, tap into that inner resilience and walk into that storm. It's just that matter of pride, that pride of being Native and being strong." #11

Interviewees reported working with indigenous children who experience ongoing and complex traumas. However, themes of resilience were prominently featured in every interview. Inner strength and mental fortitude were attributed to the continued successes of indigenous children who experience trauma and continue to excel.

Within the context of historical trauma, resilience was discussed in terms of survival. Many interviewees believe that resilience to the historical traumas of colonization, including land loss, boarding schools, and the attempted eradication of traditional languages and cultures has kept indigenous peoples alive. Providers who spoke of historical resilience carried this theme into the present in discussions of indigenous children who appropriately cope with trauma.

Resilience ran beside historical trauma throughout the discussions of the past, and into conversations about the present and future. However, the term resilience is abstract. Not all children are 'resilient' to traumas, those in the past or those in the present. In fact, one provider with extensive experience in treating indigenous children with trauma stated that she felt Native children are often very vulnerable. Interviewees pointed out that resilience should not be looked at as an answer or solution to the many flawed and hurtful systems impacting indigenous children. They suggested more research should be done on resilience, and those that know how should work to develop resilience in children. At the same time systems should change so that indigenous children are not forced to rely on their inner resiliencies and can instead rely on the strengths of their parents, families, tribes, communities, states, and nations to protect them.

Nonetheless, it is important to assess the historical trauma response as having the potential to manifest in both positive and negative ways. Only looking at the negative aspects of history and survival can perpetuate stereotypes and provide a one-sided perspective of a complex issue. As Dunham (2008: 411) states in his work on historical trauma and resilience narratives, "A

pathological or dysphoric response should not be a requirement to validate the presence or impact of historical trauma.”

Interviewees stated that we must look to history to show us that both the Sámi of Northern Norway and the Native Americans of Montana are strong peoples. Throughout hundreds of years of struggles, their cultures, their languages, their ceremonies and their children have survived (BigFoot, 1998: 7). Therefore, resilience is of utmost importance within the discussion of historical and current traumas. Interviewees often spoke of resilience as being a trait that indigenous children are born with, taught, or that just comes naturally to them. Referencing the strengths of these children’s ancestors was common. Many providers felt that their indigenous clients face more traumas in their lives, but were also better at dealing with trauma than many of their majority-population counterparts. The opinion of interviewees was that no discussion of historical trauma should occur independently of the theme of resilience.

“My indigenous clients that have experienced multiple traumas have a way of accepting them and moving on, maybe far better than someone who hasn’t experienced trauma for a lifetime and undergoes a traumatic experience.” #2

5.6 Amount of trauma

“Obviously indigenous (clients have experienced more trauma). And I think it’s because it’s so recent. We are living in a country where we are being ruled by oppressors and its obviously taking a toll. But we’re still here. #12

Supporting Manson (2005: 851) and other researchers’ findings relating to the prevalence of trauma exposure in Native communities, many interviewees reported that their indigenous clients have experienced significantly more trauma than their majority population peers. While this question was not the most important one to answer for this thesis, it was an aspect interviewees usually connected to historical trauma, current living situations of indigenous children, systems trauma, or all three of these factors.

“I’m absolutely sure that Indian people have experienced more traumas. And it’s the loss of language, it’s the loss of culture, it’s how we use that against each other.” #7

“In some places it’s easier to be from an alcoholic family than to be a Sámi.”#16

Not all of my interviewees reported that their indigenous clients experienced more trauma; some attributed levels of traumatic experiences to family environments, while a few stated that the question was basically unanswerable. Other respondents had worked with only indigenous children and so did not have the means to compare the rates of trauma between two groups of clients. Interviewees reporting that their indigenous clients experience more traumas did so in ways that referenced the past traumas of colonization, previous generations and systems such as boarding schools and child welfare services. Some providers stated that indigenous peoples in general have experienced more traumas due to their colonization history than that of whites. The answers to this question varied, but a significant portion of respondents reported that their indigenous clients and indigenous peoples in general experience more traumas today and have experienced more traumas in the past than their majority population counterparts.

“As a group indigenous clients have more historical trauma and more discrimination trauma. Those are some challenges that mainstream kids don’t have.” #16

5.7 Grief and loss

“Indigenous kids deal with multiple generations of trauma and loss. It’s a big cultural difference. Native kids have more traumas related to loss than kids in dominant society. They deal with multiple losses as young people, versus majority population kids who might never have even lost a grandparent.” #9

Grief and loss were major themes identified throughout my interviews. This theme related most significantly to providers reports of disproportionate amount of traumatic deaths in indigenous communities and families, feelings of connection to traumatic histories, and the loss of traditional languages, cultural practices, spirituality, and land. The themes of grief and loss came up again and again, in Montana when discussing the amount of deaths suffered by Native peoples, in Norway when discussing how Sámi children experience discrimination towards their ethnic heritage, and in both contexts when talking about the multiple cultural losses that have occurred in indigenous communities for generations. Duran et al (2008: 289) postulates that the

culture is connected to one's soul and that oppression and marginalization of culture result in "soul wounding" which may be transmitted across generations.

The topic of grief and loss was emotional for many interviewees, especially regarding the perceived oppression of cultures, the vulnerability of children to the negative effects of discrimination and the difficulty of addressing the ongoing legacy of these concerns within treatment settings. Interviewees in Montana discussed the multiple losses many indigenous children deal with especially traumatic deaths of family members to suicide, preventable diseases and car accidents. The experience of multiple losses for Native children was one of the most commonly agreed-upon themes for providers when discussing differing life experiences for Native and non-Native children in Montana. Having multiple losses within one's family was attributed to several factors by interviewees, including the larger extended family networks for Native Americans, lower socio-economic status resulting in increased rates of disease, alcoholism, and lower overall safety. Cultural views of death, including losses of indigenous children to boarding schools – instances that were not necessarily deaths but considered deaths in the Native communities, were also discussed. Providers characterized the effect of multiple losses on Native communities as being extremely detrimental for indigenous children and often resulting in unresolved and complicated grief, feelings of hopelessness, and the acceptance of preventable death.

"When we lost Jason (name changed by writer) the hardest thing for me was that people of trauma know how to bury their children. And others don't. We bury our children as Indian people and other cultures don't know how to do that." #7

The grief of losing one's land, language and cultural traditions was referenced in a historical context by some interviewees when asked if and how historical trauma it affects their clients today. In both Montana and Norway, providers stated that they feel their clients and clients' families have lingering grief over the multiple cultural losses they have been forced to endure. When discussing these losses, interviewees often used language that was quite descriptive and passionate, for example:

“There is also the burden of loss and grief in a community context, loss of land, language, culture, and it was taken by white government, churches, settlers... we don’t live with ancient history, we live with current history. And that pisses people off. It adds to the burden of the trauma, in the wake of the trauma. It’s unacknowledged. And if it’s unacknowledged then there’s no accounting for it.” #12

Finally, grief was discussed by interviewees in both Montana and in Norway as a response to the historical and present instances of discrimination and racism that Sámi and Native children and communities experience and have experienced for generations. The grief of having to hide or change one’s identity, the grief of being told that your values, parenting, traditions, and culture are not good enough for your children, and the grief of losing pieces of your identity that may never be replaced were all mentioned by multiple providers as affecting their indigenous clients today. The Norwegianization process that took place for over 150 years in Norway was referenced by providers as still affecting indigenous peoples’ feelings of grief, shame and inferiority. For Natives in Montana, grief was spoken about in terms of tribal histories of multiple losses and assimilation practices. Interviewees discussed how these historical policies and losses have carried through generations and can manifest in grief for indigenous youth, as well as how current racism and discrimination perpetuate feelings of grief and loss that are already imbedded in communities.

“When conflicts between Sámi and Norwegians happen, your identity is thrown up in your face. There is so much reaction, and all the injustices are thrown back at you again... the young generation experiences effects of historical trauma at a very early age.” #14

Grief and loss, like resilience, were themes that interviewees used to connect the past to the present. They reported that past losses have resulted in unresolved grief for some indigenous families and communities, and that this grief is conveyed to children today. Additionally, they discussed grief and loss in contemporary times as being connected to issues often unique for indigenous children such as the experiences of multiple losses as well as that of racism and discrimination.

“Ethnic discrimination is part of young people’s reality”. #17

5.8 Collectivist values

When speaking about a tribe, community or family, the value of collectivist cultural models was often considered by my interviewees to be extremely significant in the lives of indigenous children. Interviewees reported collectivism to be a difference between indigenous values and the individualist values of mainstream culture, as well as a trait that has endured since pre-contact times when tribal and family organizations were the most important governing systems in one’s life (BigFoot, 1998:3). Additionally, collectivism was discussed as a resilience factor for indigenous children, both in facing the traumas of history and the traumas of today.

“We are traditionally taught to take care of the group as a whole and not individuals, and so when one person is struggling the whole tribe will come together and help that person, it kind of carries over into family, that is why Indian people are so loyal to each other and they’re big, huge families as well, because they don’t have that blood line barrier that stops our families from growing. We adopt people left and right and we have our cousins that are our brothers and sisters, our first cousins, and our aunts and uncles are our parents, so we have a whole different view of family and society, so I just see the strengths as being the whole family and the whole people taking care of each other and stepping up to help. That is a huge strength, versus letting people just handle these things individually.” #11

Family and the differences in family structures between indigenous and non-indigenous clients were seen by my interviewees to be strongly tied to collectivism. Interviewees stated that the families of their indigenous clients were much larger than those of their non-indigenous clients. Family structures were reported as being more inclusive than that of indigenous clients. Interviewees reported that many indigenous family models were conceptualized in traditional ways, which often differ from that of the majority. For example, indigenous children’s sisters and brothers may be conceptualized as cousins by the majority society. Indigenous family conceptualization creates close connections between indigenous extended families and may be misunderstood by whites, especially in regards to parenting practices and roles. Indigenous

children may have a wide range of primary caregivers and may at times live with family members other than the biological parents. Interviewees discussed that parenting practices of indigenous families may be misunderstood by members of the majority population as being neglectful.

Interviewees reported that indigenous youth were assessed as interested in and engaged with family dynamics, in ways that majority population youth may not be. One interviewee reported that Sámi clients were more focused on fixing problems within family relationships and Norwegian clients were more focused on individual problems. A high school social worker reported that her Native clients were not interested in ‘outgrowing’ their families in the same way the non-indigenous students were, and that Native youth had more respect for their elders and the family structures in their lives.

“One of the main things for many of these children is raising up your family honor, by being the best in skiing, swimming, football, best in the class. Its different for indigenous children, because you don’t raise up only you and your mother and father, but the whole family system.” #16

The idea that collectivist-based values could be difficult to navigate in a world based on strong individualist ideals presented itself in numerous ways. For example, the idea of handling problems internally and not speaking out against the family was seen as a collectivist value that might stand in the way of a provider treating child trauma. Other interviewees discussed how collectivist values can present difficulties for indigenous children living in an age governed by individualistic values.

“We, as indigenous people living in poverty and poor communities, we’ve all needed each other, so we’re all there for one another. That’s one side of the coin, the other side is that if you’re a student in the tribal college, and you have a test at 10 am and you get a call from your auntie and she needs to go to Glasgow, do you tell your auntie no, or do you take her? So the choices you make might be adaptive, but they’re personally costly.” #12

“We live in 2012 but you should be the most loyal to relatives and extended family ... nothing else really matters, the individual is not important, collectivist values are still very strong. Protecting the family sometimes means the individual has to suffer.” #17

Overall, both indigenous and non-indigenous service providers noted differences in the families of their Native or Sámi clients and those of the majority culture, as well as differences relating to values of collectivism. Further value differences between indigenous and non-indigenous peoples and how this connects to indigenous children and trauma today will be discussed in the next section. For the most part, values placed on extended families and collectivism were considered by my interviewees as being positive for indigenous children, connecting them to the traditional systems of the past and supporting them as they face challenges in the present and future.

5.9 Indigenous values

Many interviewees feel that indigenous family and community values are important for indigenous children, both when facing a traumatic event and in daily life. Indigenous values and how these play in to the concepts of historical and current experiences of trauma for indigenous children were mentioned by most of my interviewees. One of the most common contexts in which my interviewees spoke of indigenous values was in regard to how members of the majority culture may misunderstand indigenous values relating to communication and parenting practices. Although potential misunderstandings of indigenous values by members of the majority society were discussed, more commonly interviewees spoke of indigenous values as relating to coping and worldviews. Within these two contexts, providers identified indigenous values as relating to humor, spirituality, community relationships and materialism. Values identified in this theme are similar to the research on *reziliency* by Belcourt (2006: 95) in which cultural values are connected to adversarial growth and resiliency.

Values regarding communication were reported by interviewees as being significantly different for indigenous peoples than from those of the majority population. Interviewees from both Montana and Norway discussed that many indigenous peoples place a higher value on silence than non-indigenous peoples may. Interviewees reported indigenous children’s values regarding

communication may make it more likely that the child deal with trauma internally rather than seeking outside assistance from teachers or social workers. The internal control associated with keeping silent and being humble were reported as being a respected and valued trait within indigenous communities, and may at times be reinforced indirectly through traditional language.

“In the Salish language there are negative words for those who talk a lot and show a lot. Yes, there is a history of acculturation, but there is still the value of staying quiet and taking things in.” #3

Some providers stated that family communication styles and child care practices were often different for indigenous families than those promoted in mainstream culture. One Sámi interviewee explained how Sámi parents speak to their children in non-confrontational and indirect ways and may refrain from immediate discipline so as not to insult the child’s boundaries and individual sense of self. This is similar to parenting practices in some Native cultures in which reprimanding the child is considered disrespectful (BigFoot, 1998: 2) Indigenous children may be encouraged to solve their own problems and to ‘toughen up’ when faced with challenges. My interviewees discussed these parenting practices as ways of promoting values of independence, respect and self-regulation in children with the idea being that children will take more personal responsibility to police their own behaviors when they are treated as autonomous beings.

“If the parent is too direct, too interfering, the child will learn to look to the parents for answers and support even when they have all they need in themselves, or they know what is right or wrong.” #14

Providers also discussed the values of humor, spirituality and materialism as aspects of many indigenous worldviews and how these affect their clients. Humor was spoken of time and time again as being an adaptive and deeply rooted cultural trait that has assisted indigenous peoples and communities in coping with trauma. Some providers linked humor to the concept of historical trauma as one way indigenous peoples have managed the tragedies infused in their histories. Others referenced humor as a way that indigenous families and individuals cope with current traumas, by using humor to heal and connect with others.

“Humor is an incredible coping skill and one that I rely heavily on. I always feel that there is a lot of healing in laughter.” #9

Spirituality was discussed as a historical and present day resilience factor, support system and coping mechanism. The importance and place of ritual in one’s life was reported by interviewees to be a way to deal with complicated grief and as a strength indigenous individuals and families could rely on in times of hardship.

“The fact that we have rituals (is a strength). We have brought forward those rituals that help us.” #7

Materialism was reported by interviewees to be a value that might have less worth for some indigenous peoples than that of the majority culture. My interviewees reported that traditional values of giving away what you have are still strong for some indigenous peoples. Additionally, as discussed in the previous section, values of family and collectivism can influence some indigenous peoples to place less importance on individual wealth and materialism and instead share what they have with family members.

“A lot of our Native people are misperceived as being poverty stricken when in reality we are a people who are taught to give away everything and live as frugally as possible within our means. So I think that is a huge cultural discrepancy, when you’re judged as being extremely poverty stricken and really it is a huge difference in cultural values.” #11

The theme of cultural values was discussed within the context of moving forward the treatment of indigenous children who have experienced trauma. Interviewees felt numerous strengths exist within these value systems, many of which might be utilized within treatment settings, or at least acknowledged and respected by care provider teams. Furthermore, interviewees stated that identifying positive culturally based values and building off of these values can produce respectful, strengths-based and culturally sensitive models of treatment for indigenous children.

Respondents agreed that without a basic understanding and exploration of the potential strengths in cultural value systems of a client’s family, providers miss out on major tools that can assist in

the client's healing. Conversely, lack of clarity about a cultural value system is likely to lead a very detrimental misunderstanding of the client. Many of my interviewees adamantly stated that a misinterpretation of indigenous clients' value systems has created many problems for indigenous peoples both historically and currently. Child protective services may be one of the most salient examples of detrimental misunderstandings of indigenous clients by white service providers. My interviewees in both Norway and Montana reported that a misunderstanding of parenting practices, child-rearing structures, and values relating to materialism may be considered 'neglectful' by child protective workers and can result in the removal of children from their families. This finding has been investigated in recent studies of Native children in the South Dakota foster system, often removed from their homes for the subjective charge of neglect (Sullivan & Walters, 2011). Providers also discussed how teachers may misattribute an indigenous student's quiet nature to a lack of engagement, shyness or defiance, resulting in negative consequences for the child in the classroom and within their relationship with their teacher. Overall, interviewees who discussed differing cultural values for indigenous and mainstream societies explained that it is imperative for successful cross-cultural service provision to examine these values and to educate the majority culture on their existence and importance.

“What I’ve learned in my almost 70 years is that Indians really do have a different way of being in the world. And it has to do with how we communicate with each other, and how we describe and display our values. When I’m in a room with the governor and there are times when I am really lonely even when I’m in a whole room full of people. Because the connections that we would make that are unique to being Indian are not there.” #7

5.10 Overview of significant findings

While my interviewees acknowledged that many similarities do exist between indigenous and non-indigenous children, overall they seemed to agree that major differences in trauma experiences are present in a number of domains.

Differences in substance abuse patterns were noted by many interviewees, and attributed in part to be a way of coping with traumatic life events and traumatic intergenerational histories.

Indigenous children in Western Montana and in Northern Norway were thought by interviewees to be negatively affected by the mistrust and systems trauma ingrained in their families. This mistrust was attributed to multiple generations of systems trauma perpetuated by governments, churches, the criminal justice system and health care systems and institutions of learning. The theme of mistrust and systems trauma was discussed as a significant difference between indigenous and non-indigenous clients by service providers in both Montana and Norway.

Themes of hope were as prevalent in my findings as those relating to the struggles of indigenous groups. The acknowledgement of indigenous identity was thought by service providers to be an important tool for treating indigenous children who had experienced trauma and one often felt to be overlooked or misunderstood by majority population agencies and service providers. Non-indigenous providers working off of the reservation reported relying strongly on community connections to assist them in accessing activities which reinforced identity and culture for their indigenous clients.

Resilience was discussed by a number of providers and linked to historical trauma and survivor narratives. For many interviewees, the indigenous child does not stand alone – their ancestors and the experiences of previous generations, the hardships as well as the strengths, stand behind them. The perseverance of language, traditional spiritual practices, lifeways and knowledge were seen as inherently positive and contributing to the resilience of their people.

Interviewees reported major differences between the amount of trauma their indigenous and non-indigenous clients experience – especially when the trauma was related to grief and loss.

Interviewees connected the historical traumas of the past to current traumas affecting indigenous peoples today. Grief and loss was discussed within the contexts of traumatic deaths and ethnic discrimination, as well as losses relating to culture, land and language.

Finally, analysis revealed significant findings relating to service providers' perceptions of indigenous values, including values relating to collectivism versus individualism. Interviewees reported that indigenous values are often misunderstood by the majority population, if they are

considered at all. Collectivism, extended family systems, and the responsibilities relating to a collectivist mentality are major differences between indigenous and non-indigenous children which is often intertwined with their experiences of trauma.

Overall, eight major themes emerged from these interviews. Service providers in both Northern Norway and in Western Montana shared similar experiences in treating trauma for indigenous children. Although all providers spoke of cultural and tribal specificity as well as the urban versus rural or reservation indigenous experience, emerging themes were in close agreement with one another. Although the Sámi of Norway and the various Native American tribes of Western Montana and the United States are extremely different on a number of levels, both groups have experienced traumatic colonization histories and currently struggle with the effects of discrimination and racism in their daily lives. The service providers interviewed for this thesis attributed much of what they perceived to be unique aspects of indigenous child trauma as relating to traumatic histories and current discrimination.

5.11 Conclusion

Analysis of the seventeen interviews conducted with service providers in Montana and Northern Norway revealed a number of themes relating to indigenous children's experiences of trauma and of historically traumatic affects of colonization unique to the indigenous experience. Sadly, this thesis is nowhere near long enough to describe these themes in the great detail discussed by interviewees. Further research structured around these themes may be helpful in both moving forward the treatment of indigenous children who've experienced trauma and in the understanding of historical trauma and various historical trauma responses.

Chapter 6: Conclusion

This thesis explores how service providers in Western Montana and Northern Norway conceptualize indigenous children's experiences of trauma. Additionally, these providers were asked to consider how the historical and intergenerational traumas of colonization may contribute to the current trauma situations faced by indigenous youth. The following chapter concludes this thesis and offers suggestions for future research.

6.1 Contributions of thesis to discussion on indigenous children's experiences of trauma

The findings of this thesis suggest that the phenomenon of 'indigenous child trauma' is considered by these providers to be different from the phenomenon of 'child trauma'. Service providers in Western Montana and Northern Norway consider the theory of historical trauma in their treatment of indigenous children who experience trauma. These providers speak about historical trauma in a number of ways and within a wide range of contexts. The service providers draw links between the historical trauma experienced by indigenous populations and the current traumas facing their clients today.

When discussing current struggles of indigenous children, these service providers look to the past to explain aspects of indigenous children's present realities within the contexts of substance abuse, amount of trauma, systems trauma, and grief and loss. Additionally, these providers feel that historical trauma is also connected to positive aspects of the indigenous child's life experience within the contexts of identity, resilience and values relating to collectivism, family and parenting. As found by Denham (2008: 411) reactions to historical trauma in indigenous populations may manifest in potentially resilience outcomes.

Not only do these providers look to historical trauma theory in understanding the experiences of indigenous children who experience trauma today, they utilize the concept of historical trauma in treatment. Both the indigenous and non-indigenous providers interviewed draw on positive aspects of cultural identification to assist their clients in coping with trauma. They utilize community connections and traditional values in treating indigenous children who've experienced trauma in culturally sensitive ways. They report working within systems that do not

recognize the concept of historical trauma, and that do not understand indigenous identities and value systems. They research topics unique to the indigenous experience. In many ways these providers are conducting groundbreaking work in developing and implementing treatment for child trauma that acknowledges the past while looking to the future.

Although the peoples, histories and current situations of Western Montana and Northern Norway are very different, findings regarding indigenous child trauma showed cross-cultural similarities. Research on indigenous peoples is beginning to acknowledge that colonialism can produce similar results in indigenous communities around the world. Furthermore, international law is being utilized as ways to influence national governments to recognize indigenous peoples' rights. The study of Norway and the United States is of particular interest as one country is a leader in international rights and the other has been reluctant to accept international law. The following section discusses how looking at indigenous rights in an international arena may be beneficial to indigenous peoples. The examples of United Declaration of the Rights of Indigenous Peoples (UNDRIP) and the Convention on the Rights of the Child (CRC) and their implications for further practical application in indigenous communities are presented in the following section.

6.2 International arena

The international arena may provide some avenues for addressing the needs of indigenous children in both Norway and Montana. The United Nations Declaration on the Rights of Indigenous Peoples could be helpful in pressuring state and national governments to work towards reducing socioeconomic disparities for tribal communities in Montana as well as addressing issues such as ethnic discrimination and rights to land and language in both countries. While Norway has long been a leading figure on the international scene in regards to indigenous rights, UN Special Rapporteur James Anaya's May visit to the United States may further the implementation of indigenous rights in the U.S.A. under international law (Red Lodge, 2012). Active international collaboration between indigenous groups, researchers and advocates may provide resources for indigenous peoples to improve their standing within their home countries, including as relating to socioeconomic status, representation in educational and public spheres,

and human rights. This thesis is significant in its international scope and findings relating to similarities between historical trauma responses in two very different countries.

6.2.1 Declaration on the Rights of Indigenous Peoples

The United Nation's Declaration on the Rights of Indigenous Peoples (UNDRIP) is an international instrument which affirms and recognizes indigenous rights to physical survival, freedom of religion, and self determination. While UNDRIP is a non-binding document its goal is to ensure that indigenous peoples are both equal to all other peoples, contribute to the diversity of the world, and should be afforded all human rights and fundamental freedoms recognized in international human rights law (UN, 2008: 1-4).

The United Nation's Declaration on the Rights of Indigenous Peoples may have the potential for utilization in managing and reducing socioeconomic disparities in Native American populations. Although only recently signed by the United States and Canada, many nations have accepted the Declaration since its adoption in 2007 as a way to safeguard against the marginalization of the indigenous communities within their state boundaries (UN, 2009: 3). For example, UNDRIP might be used to promote the rights of indigenous children, as the Declaration explicitly states that it is, "Recognizing in particular the rights of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child," (UN, 2008: 3).

UN Special Rapporteur James Anaya recently visited the United States to assess the state of indigenous peoples' rights in the United States since the country accepted the Declaration in 2010. Although Mr. Anaya's full assessment on this matter will not be available until September 2012, his initial report describes a number of human rights concerns brought to his attention by members of multiple tribal nations (Anaya, 2012). Tribal members in both rural and urban settings described serious issues relating to their rights to self determination, socio-economic development and cultural integrity (Anaya, 2012). Anaya stated some examples of these concerns include the inadequate funding of tribal courts resulting in their inability to meet tribal justice concerns, federal laws that stand in the way of prosecuting non-Native perpetrators of violence against Native women, threats to traditional livelihoods due to resource development

projects, and the lack of influence tribes have over sacred places (Anaya, 2012). In the beginning of his initial report Anaya (2012) acknowledges that the traumas of Native history in the U.S. have far reaching effects.

“Over the past twelve days, I have heard stories that make evident the profound hurt that indigenous peoples continue to feel because of the history of oppression they have faced. This history—as is widely known but often forgotten—includes the dispossession of the vast majority of their lands and resources, the removal of children from their families and communities, the breakdown of their traditional structures, the loss of their languages, the breaking of treaties, and numerous instances of outrights brutality, all grounded on racial discrimination.

It is clear that this history does not just blemish the past, but translates into present day disadvantage for indigenous peoples in the country. The intergenerational trauma suffered by indigenous societies is deeply felt and manifested in deep social ills that afflict indigenous Americans in ways not experienced by others.”

Many articles in the Declaration could be applied to the condition of indigenous children in Montana and elsewhere. For example, Article 22 of the Declaration acknowledges the special rights of indigenous women, children, elders, youth and people with disabilities – asserting that states must work in conjunction with indigenous peoples to provide these vulnerable populations with protection from violence and discrimination (UN, 2008: 9). This part of the Declaration may assist in promoting the importance of protection of, and connection to services for indigenous women and children in the State of Montana and elsewhere.

Since the 1980’s Norway has seen an improvement in the acknowledgement and implementation of indigenous rights especially in regards to rights to land, language, and traditional livelihoods (Anaya, 2011). In addition to having accepted the Declaration and ratifying the ILO Convention 169, Norway has accepted international Covenants on human rights into its domestic law and participates in other aspects of international human rights promotion (Anaya, 2011). Although Norway is an international leader in terms of indigenous rights, Sámi peoples still face unique struggles and difficulties which should continue to be addressed by indigenous groups, Sámidiggi, the national government and international law (Anaya, 2011).

6.2.2 Convention on the Rights of the Child

The United Nation's Convention on the Rights of the Child (CRC) is an international legal document boasting one of the strongest standings of any human rights conventions. The CRC has particular importance for indigenous children and explicitly mentions their rights to language, education, culture, religion and accurate representation in the mass media (Lile, 2009: 10).

Although the United States has not ratified the (CRC) doing so might provide indigenous peoples with an avenue to pursue implementation of the rights of indigenous children on state and national levels. In Norway work is ongoing regarding utilizing the CRC to implement the rights of Sámi children to learn their language in schools, as well as have their culture represented within the educational framework of the public school system (Lile, 2009: 59-61). If the United States chooses to ratify the UN Convention on the Rights of the Child, indigenous children in Montana and elsewhere might also have these opportunities afforded to them.

Like the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), the UN Convention on the Rights of the Child (CRC) may have the potential to improve the quality of life of indigenous children in the United States and elsewhere. However, the U.S.A. and Somalia are the only countries in the UN who have not ratified the Convention (Campaign for US Ratification of CRC, 2012). While the country has not ratified the document, it has accepted the CRC's protocol on child trafficking and children in armed conflict, (UNICEF, 2011). As a direct result of the acceptance on the protocol relating to child trafficking, children in Minnesota forced into prostitution were not jailed for these activities, but instead were sent to rehabilitation centers (UNICEF, 2011). This example shows that ratification of the CRC by the United States has the potential to empower indigenous children's rights in a number of spheres.

6.3 Implications for practice and future research

The findings of this study, when combined with past research, have significant implications for agencies, individuals and communities treating and providing services to indigenous children who have experienced trauma. Findings indicate that social service providers in both Western Montana and Northern Norway working with indigenous youth not only accept the concepts presented by historical trauma theory, but actively acknowledge historical trauma in therapy,

research and advocacy. Additionally, providers working with indigenous children and families in these two locations feel that traumatic histories affect their clients' current experiences of trauma today. By accepting the concept of historical trauma in indigenous communities, these service providers acknowledge that some indigenous children may experience trauma differently than their non-indigenous peers who do not suffer from intergenerational effects of colonization histories. Practice within agency settings should also acknowledge trauma differences between indigenous and non-indigenous clients and work to provide treatment drawing from the client's specific ethnic and tribal backgrounds and value systems.

Future research could seek to develop evidence based practices that are founded in service providers' direct knowledge and experience of working with indigenous children facing trauma. As shown in this thesis, providers speak of historical trauma in a number of important contexts. Ground-up research development and authentization could attempt to structure quantitative research and evidence based treatment, and implement preventative measures for indigenous children at risk for experiencing trauma based on themes identified by providers.

While many interviewees stated that they seek to provide treatment for their indigenous clients that takes historical trauma into account, it was often reported that providers must do this on their own, unless they work for a indigenous-run agency. Providers employed by non-indigenous, urban agencies reported that specific policies are not in place that deal with differences between indigenous and non-indigenous clients, leaving the navigation of information and provision of culturally sensitive services to the individual provider. This finding has been documented in the child welfare system in Norway in the service provision provided to Sámi youth in foster care (Jacobs & Saus, in press). It is strongly recommended that agencies treating any indigenous clients should provide education to staff members on tribal and ethnic values, strengths and histories, as well as on the general concepts of historical trauma and resilience. Furthermore, increased collaboration between non-indigenous agencies and tribes or ethnic groups might enhance a non-indigenous agency's ability to meet the needs of their indigenous clients and address aspects of historical trauma in therapy.

6.4 Returning to the source: initial research questions and conclusion of thesis

The original aim of this thesis was to explore the trauma experiences of indigenous children in Northern Norway and Western Montana by interviewing service providers such as therapists, social workers, advocates, researchers and government officials. Additional investigation looked at how these providers might link the concepts of historical trauma and intergenerational trauma and to the current trauma of indigenous children.

How do service providers in Western Montana and Northern Norway conceptualize indigenous children's experiences of trauma?

Analysis of data collected for this thesis shows that service providers working with indigenous children in these two areas report major differences in how indigenous and non-indigenous children experience trauma. Based on eight major themes identified during interviews, findings show that service providers may conceptualize and work from the standpoint that 'indigenous child trauma' is a unique phenomenon. These providers, both indigenous and non-indigenous, all have experience working with indigenous youth and were selected for interviews based specifically on their ability to answer questions relating to a) trauma experiences of indigenous youth, and b) possible links between historical trauma and current child trauma.

Do service providers consider current the trauma experiences of indigenous youth to be influenced by historical trauma?

The service providers interviewed for this thesis overwhelmingly agree that the current trauma experiences of indigenous youth are influenced by historical and intergenerational trauma relating to colonization, assimilation and oppression. Providers reported that their indigenous clients are influenced by histories of land, language and cultural losses, separation of families, assimilation efforts and current racial and ethnic individual and institutional discrimination, as well as unique strengths, values, connections to culture an identity. Interviewees spoke about the effects of historical trauma in eight identified themes. The diversity of the themes and concepts discussed imply that providers feel that the historical traumas suffered by indigenous peoples in

Montana and Northern Norway impact the lives of their indigenous clients today in many ways. Overall, providers agreed that indigenous children today are affected by the historical traumas of the past in both positive and negative ways. Acknowledging past histories of injustice and focusing future research on the unique resiliencies of indigenous children, families, and communities were two main recommendations for promoting the treatment and understanding of indigenous child trauma.

It is the hope of this writer that my thesis will add information to the discussion of indigenous children, child trauma and historical trauma. Thanks to you, the reader, for your attention to this topic and to my thesis.

“Indian people believe children are gifts from god. And we are so welcoming of children in our lives. How we treat them people will wonder- but that is a result of the trauma. I don’t think there is any doubt about how much Indian people love their kids.” #7

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Appendix A: Consent form

Date

Name and Address of Interviewee

To Whom it May Concern:

Hello. My name is Shanley Swanson and I am a University of Montana graduate currently attending the University of Tromsø in Northern Norway where I am completing a Masters in Indigenous Studies. This summer I am in the process of conducting field research for my thesis, which I will submit Spring of 2012.

In my thesis I will explore the phenomenon of indigenous child trauma. My aim is to discuss if indigenous children experience trauma differently than their majority-population peers, in part due to the histories of colonization, intergenerational trauma, and historical trauma experience in indigenous communities. In 2009, I received my Masters of Social work degree from Walla Walla University, and am looking forward to creating a thesis project which will combine my Social Work and Indigenous Studies degrees.

I am writing to request to interview you about your experience in working with indigenous children who have experienced trauma. I am interested only in your personal perceptions and feelings about this topic.

My questions center on your experiences and feelings about the differences in indigenous and majority-population children who have experienced trauma. I am interested in intergenerational trauma and historical trauma as linked to the current situations of indigenous children presenting for therapy. I would like to hear about the unique strengths, challenges, situations, and treatments you feel are significant when treating indigenous child trauma, as well as any child who has experienced traumatic events. I am particularly focused on culturally sensitive treatment methods, and am interested in your view on whether collaboration with other indigenous peoples around the world may be useful in treatment of indigenous child trauma.

Of course, I understand that client confidentiality is of utmost importance, and I will not ask you to disclose any identifying information about the children or families that you have worked with. You will have the right to end the interview at any time, may choose not to answer questions for any reason, and may request that I not record the interview or use any or all of it in my thesis project. Information will be treated anonymously in the thesis.

I hope to complete the fieldwork portion of my thesis by interviewing therapists working with Native children in Montana as well as therapists in Norway working with Sami children. In addition to these interviews providing a supplement to the literature review presented in my thesis, I hope to draw similarities between and discuss the differences of these two countries in treating indigenous child trauma.

If you actively agree to participate, I will contact your supervisor within the week to set up a time to interview. My supervisor for this thesis is Merete Saus of the Universitetet i Tromsø, and the entire project will be completed by 1.6.2012. I hope you will agree to allow me to interview you for my thesis. Thank you.

Sincerely,

Shanley Swanson, M.S.W.

Appendix B: Participation acceptance

Project title: Indigenous Child Trauma: International Solutions

Participation means: To be interviewed. You can end your involvement at any time, and with out any explanation. If so, nothing from your involvement will be used. All information will be kept locked down, and treated anonymously.

The Aim of the Study: My aim is to explore how service providers conceptualize the experiences of indigenous children faced with trauma, with a special focus on possible links to traumatic colonization histories.

Topic: The reflection upon your experience.

I will participate in the interview:

Yes:	
No:	

Signature: Place/date

Appendix C: Information Form

Information Form

Please answer only the questions with which you feel comfortable. No names or identifying information will be used in the thesis; this form is for the interviewer's personal use only.

Name:

Position title:

Professional Certification:

Number of years working with children:

Ethnicity:

Tribal affiliation/specific ethnic heritage (e.g. Assiniboine, Northern Sámi, etc.)

Appendix D: Interview Questions

Interview questions:

1. Of your total number of clients what percentage would you estimate are indigenous (Native American or Sami)?
2. If you do work with both indigenous and non-indigenous clients what types of differences do you see between them?
3. How do you personally define trauma in your work? How do you know when a client has experienced trauma? What are the most common signs and symptoms of trauma in kids you've worked with? In your experience, what are the effects that trauma has had on the children you've worked with? Do you see differences in these effects for different children- indigenous vs. non-indigenous, culturally connected vs. culturally isolated, educated parents vs. non-educated parents... etc.
4. If you do work with both indigenous and non-indigenous clients, which group would you say has experienced the most trauma? Indigenous clients, non-indigenous clients, or similar rates? Does the number or proportion of such cases differ significantly between indigenous and non-indigenous populations? Please describe, or provide a statistical summary.
5. In your personal life and in your professional work, what types of trauma do you most commonly encounter among your indigenous clients? Among your non-indigenous clients?
6. If you do see differences in the amount of trauma experienced by non-indigenous and indigenous clients, please describe these differences. Examples of differences may be: differences in number of traumatic events experienced, differences in types of traumatic events, differences in age of client when trauma occurred, differences in the experience of recurring or ongoing trauma, differences in family response to trauma, etc.
7. What strengths do you believe indigenous children have to their advantage when faced with the need to cope with a traumatic event? What strengths does the indigenous family have when faced with trauma? The indigenous community? Weaknesses/disadvantages?
8. In your opinion, what are some of the main causes of child trauma in indigenous children? Are those causes different than what you find from clients of a non-indigenous background?
9. Have you seen differences in the coping mechanisms between indigenous and non indigenous children? If, so can you describe them?
10. Do you think that trauma experienced by previous generations affects your clients today? Examples of trauma affecting multiple generations may be: separation of families, attendance in

boarding school, loss of language, addiction, the effects of poverty, abuse within families, feeling ashamed of one's culture, etc.

11. If you feel that your clients are affected by the trauma experienced by previous generations, in what ways are they affected?
12. When working with indigenous clients, how important is it to you to integrate culturally sensitive treatment methods? If this is important to you, what kind of methods do you use? Do they differ for clients of different tribes or groups? Does the agency you work for make it possible to use culturally sensitive treatment methods with your clients?
13. Who does your agency look to when developing culturally sensitive treatment methods? For example, a tribe, a group, other tribes or programs on state, national or international levels...
14. Many indigenous peoples come from mixed-heritage backgrounds. How do you address this in your treatment of child trauma? (Examples, honor both cultural backgrounds, address the trauma from the culture that the client presents as identifying with, only treat from an indigenous perspective- possibly due to the work your agency provides...)
15. Does your agency network with other agencies providing services to indigenous clients? If so are they agencies within your city, state, region, country, or are they international contacts?
16. What do you feel are the most important things to consider in moving forward the treatment of indigenous children who have experienced trauma?
17. What do you feel is most detrimental to your work in treating indigenous child trauma?
18. Do you have an example of a case or cases that speaks to your experiencing regarding the experiences of indigenous children exposed to trauma, and/or how this may be different than that of majority children?