Introduction to Childhood Exposure to Trauma in Tribal Communities

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National Native Children’s Trauma Center
Housekeeping Reminders

• Your control panel will appear on your user screen
• All attendees will be muted during this presentation
• Once you call into the meeting call line, enter your pin#
• Use the questions box on your panel to submit questions and responses
• During the discussion portion, please ‘raise’ your hand by clicking the hand icon to signal to be unmuted
• To minimize the control panel, use the orange arrow at the top left panel
Online Learning Event
Host & Facilitator

Host: Stephanie Autumn
(Hopi/Irish)
Director, Tribal Youth Resource Center
Tribal Law & Policy Institute

Facilitator: Marilyn J. Bruguier Zimmerman, MSW, PhD
(Fort Peck Assiniboine and Sioux Tribes)
Senior Director of Policy and Programs
National Native Children’s Trauma Center
Tribal Youth Resource Center

Sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the Tribal Youth Resource Center (TYRC) is led by the Tribal Law and Policy Institute in partnership with the National Native Children’s Trauma Center, University of Montana.
As the training and technical assistance provider for the OJJDP Tribal Youth Resource Center, Tribal Law and Policy Institute and its partner the National Native Children’s Trauma Center bring in-depth understanding and appreciation of American Indian and Alaska Native history, customs, and indigenous justice systems.

Native youth benefit from a value held by Native peoples: *Our Children are Sacred.*

We will work diligently with American Indian and Alaska Native Tribes, OJJDP Tribal Youth Program and Tribal Juvenile Healing to Wellness Court grantees, and federally recognized tribes, to indigenize successful approaches and evidence based practices, while innovating and reinstating culturally appropriate responses that will contribute to addressing and reversing the challenges Native youth face in today’s society.
Note of Caution When Discussing Trauma

• Discussing trauma can be a reminder of our own experiences and may be upsetting.

• If upset feelings don’t subside, seek help.

• Talk to a trusted person or a mental health professional.

• Text the Crisis Text Line at 741741 to communicate with a crisis counselor (www.crisistextline.org).

• Call the National Suicide Prevention Hotline 1-800-273-8255.

• Your well-being is important. It is okay to ask for help.
Established in Fall 2007 to serve as a Treatment and Services Adaptation Center (Cat II) within the National Child Traumatic Stress Network (NCTSN)

Represents a national expansion of the previously funded Montana Center for Childhood Trauma (BOR approved, 2004)

Mission: In respectful partnerships with tribes, NNCTC will implement, adapt, evaluate and disseminate trauma interventions to decrease the social, emotional, spiritual and educational impact traumatic experiences have on American Indian and Alaska Native children.
Why do we need to talk about trauma?

• Our most pressing health issues can be attributed to traumatic childhood experiences
• Trauma is preventable
• People can heal from the impact of trauma
• Strengths-based model
• Asks the right question
What is Trauma?

• A highly stressful experience with lasting emotional and physical effects

• Perceived threat to life, physical integrity, caregiver, environment

• Overwhelms capacity to cope

RESOURCE: [TED Talk by Nadine Burke Harris](https://www.ted.com/talks/nadine_burke_harris)  
NCTSN, 2015
RESOURCE: Health Connections Video
• “...the ACEs study fails to name racism—structural, personal, and historic—among specific root causes of modern trauma. This absence limits the study while conveying and compounding pathologies surrounding young people of color in the midst of ongoing trauma - pathologies that lead to misdiagnosis, mistreatment, and false assignments that render youth as problematic and risk-laden.”

-Kanwarpal Dhaliwal, RYSE Center
<table>
<thead>
<tr>
<th>Study</th>
<th>Population Sample</th>
<th>Trauma Category</th>
<th>Trauma Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robin et al., 1997</td>
<td>247 adult members of one SW tribe</td>
<td>Lifetime</td>
<td>1+ Multiple/Severe</td>
</tr>
<tr>
<td>Manson et al., 2005</td>
<td>3,084 ages 15-57 on one SW and two NP reservations</td>
<td>Lifetime</td>
<td>81.4% 66% (Median number of exposures = 6.47)</td>
</tr>
<tr>
<td>De Ravello, Abeita, &amp; Brown, 2008</td>
<td>36 incarcerated Al/AN Women in NM</td>
<td>Childhood ACEs</td>
<td>97.2% (35 of 36) 81% (53% reported childhood SA)</td>
</tr>
<tr>
<td>Ehlers, Gizer, Gilder, &amp; Yehuda, 2013</td>
<td>309 adults from 8 geographically contiguous reservations</td>
<td>Lifetime</td>
<td>94%</td>
</tr>
<tr>
<td>Brockie et al., 2015</td>
<td>288 youth ages 14-24 from one NP reservation</td>
<td>Childhood ACEs</td>
<td>78% 40% (37% reported 3-6 exposures)</td>
</tr>
</tbody>
</table>
A single **event**, multiple events, or a set of circumstances that is **experienced** by an individual as physically and emotionally harmful or threatening and that has lasting adverse **effects** on the individual’s physical, social, emotional, or spiritual well-being.

**Event(s)**
- Isolated
- Chronic
- Random or Predictable

**Experience**
- Vulnerabilities
- Protective Factors

**Effect**
- Physical
- Social
- Emotional
- Behavioral
Types of Trauma

- Acute
- Chronic
- Complex
- Historical
- Secondary
Traumatic Situations

- Automobile accidents
- Life-threatening illness
- Witnessing or experiencing community violence (shootings, stabbings, robbery, fighting at home, in the neighborhood, or at school)
- Natural disasters
- Terrorism
- Traumatic death

- Physical or sexual abuse
- Abandonment
- Witnessing domestic violence
- Bullying
- Neglect
- Living in a chronically chaotic environment
- Military deployment
Discussion

Can you think of other events that can be traumatic in a person’s life?
Historical Trauma
<table>
<thead>
<tr>
<th>Loss</th>
<th>Never</th>
<th>Yearly or special times</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>Several times a Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of our land</td>
<td>25.2</td>
<td>32.7</td>
<td>13.8</td>
<td>10.1</td>
<td>10.7</td>
<td>7.5</td>
</tr>
<tr>
<td>Loss of our language</td>
<td>11.9</td>
<td>21.3</td>
<td>15.0</td>
<td>15.6</td>
<td>27.5</td>
<td>8.8</td>
</tr>
<tr>
<td>Losing our traditional spiritual ways</td>
<td>11.3</td>
<td>18.9</td>
<td>15.1</td>
<td>21.4</td>
<td>25.2</td>
<td>8.2</td>
</tr>
<tr>
<td>The loss of our family ties because of boarding schools</td>
<td>44.3</td>
<td>26.6</td>
<td>11.4</td>
<td>5.1</td>
<td>8.2</td>
<td>4.4</td>
</tr>
<tr>
<td>The loss of families from the reservation to government relocation</td>
<td>52.2</td>
<td>23.3</td>
<td>8.8</td>
<td>6.3</td>
<td>5.7</td>
<td>3.8</td>
</tr>
<tr>
<td>The loss of self respect from poor treatment by government officials</td>
<td>29.1</td>
<td>22.2</td>
<td>19.6</td>
<td>7.0</td>
<td>14.6</td>
<td>7.6</td>
</tr>
<tr>
<td>The loss of trust in whites from broken treaties</td>
<td>28.7</td>
<td>28.7</td>
<td>12.1</td>
<td>7.6</td>
<td>15.3</td>
<td>7.6</td>
</tr>
<tr>
<td>Losing our culture</td>
<td>10.6</td>
<td>20.0</td>
<td>21.3</td>
<td>14.4</td>
<td>25.6</td>
<td>8.1</td>
</tr>
<tr>
<td>The losses from the effects of alcoholism on our people</td>
<td>7.5</td>
<td>13.2</td>
<td>15.7</td>
<td>17.6</td>
<td>30.2</td>
<td>15.7</td>
</tr>
<tr>
<td>Loss of respect by our children and grandchildren for elders</td>
<td>8.8</td>
<td>10.0</td>
<td>16.3</td>
<td>27.5</td>
<td>28.1</td>
<td>9.4</td>
</tr>
<tr>
<td>Loss of our people through early death</td>
<td>9.4</td>
<td>15.6</td>
<td>20.6</td>
<td>21.3</td>
<td>24.4</td>
<td>8.8</td>
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<tr>
<td>Loss of respect by our children for traditional ways</td>
<td>11.9</td>
<td>18.2</td>
<td>17.0</td>
<td>17.6</td>
<td>25.8</td>
<td>9.4</td>
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<tr>
<td>Often feel sadness or depression</td>
<td>4.4</td>
<td>11.3</td>
<td>44.0</td>
<td>22.0</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>Often feel anger</td>
<td>6.9</td>
<td>16.9</td>
<td>38.1</td>
<td>22.5</td>
<td>15.6</td>
<td></td>
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<tr>
<td>Often anxiety or nervousness</td>
<td>1.3</td>
<td>8.1</td>
<td>23.1</td>
<td>24.4</td>
<td>43.1</td>
<td></td>
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<tr>
<td>Uncomfortable around white people</td>
<td>11.3</td>
<td>10.1</td>
<td>22.6</td>
<td>20.1</td>
<td>35.8</td>
<td></td>
</tr>
<tr>
<td>when you think of these losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shame when you think of these losses</td>
<td>5.0</td>
<td>9.4</td>
<td>18.8</td>
<td>27.5</td>
<td>39.4</td>
<td></td>
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<tr>
<td>Loss of concentration</td>
<td>1.3</td>
<td>5.0</td>
<td>25.6</td>
<td>29.4</td>
<td>38.8</td>
<td></td>
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<tr>
<td>Feel isolated or distant from</td>
<td>3.1</td>
<td>5.0</td>
<td>21.3</td>
<td>25.6</td>
<td>45.0</td>
<td></td>
</tr>
<tr>
<td>other people when you think of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>these losses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A loss of sleep</td>
<td>0.0</td>
<td>1.3</td>
<td>10.0</td>
<td>23.8</td>
<td>65.0</td>
<td></td>
</tr>
<tr>
<td>Rage</td>
<td>3.1</td>
<td>1.9</td>
<td>11.9</td>
<td>14.4</td>
<td>68.8</td>
<td></td>
</tr>
<tr>
<td>Fearful or distrust the</td>
<td>8.8</td>
<td>6.9</td>
<td>18.9</td>
<td>20.8</td>
<td>44.7</td>
<td></td>
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<tr>
<td>intentions of white people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feel like it is happening again</td>
<td>5.0</td>
<td>3.8</td>
<td>22.6</td>
<td>17.0</td>
<td>51.6</td>
<td></td>
</tr>
<tr>
<td>Feel like avoiding places or</td>
<td>3.8</td>
<td>4.4</td>
<td>22.8</td>
<td>15.2</td>
<td>53.8</td>
<td></td>
</tr>
<tr>
<td>people that remind you of these</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>losses</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Historical Trauma

**Whitbeck, Walls, Johnson, Morrisseau, & McDougall, 2009**
- “The historical losses experienced by North American Indigenous people are not ‘historical’ in the sense that they happened long ago and a new life has begun. Rather, they are ‘historical’ in that they originated long ago and have persisted.”

**Ehlers, Gizer, Gilder, Ellingson, & Yehuda, 2013**
- People younger than 30 had similar historical trauma scores to those of people older than 30.
- Individuals with substance dependence experience more distress related to historical losses than people who are not dependent on alcohol or drugs.
Supporting Resilience

Through Developing a Trauma Lens
Personally and Professionally
Resilience

• Research has shown that two-thirds of children who experience adverse childhood events will grow up and “beat the odds”.

• Adolescents may be resilient in one area in their lives, but not in others.

• Resiliency at one developmental phase does not guarantee resiliency at the next.
Discussion: Identifying Factors for Child Well-being and Resilience

From your experience, what helps and promotes resiliency in the clients you work with?
• Trauma affects the way people approach potentially helpful relationships.
  • Not surprisingly, those individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many human services.

• Trauma has often occurred in the service context itself.
  • Involuntary and physically coercive practices, as well as other activities that trigger trauma-related reactions, are still too common in human serving organizations.

• Many trauma survivors do not seek mental health services, but look for help in primary care settings, presenting with physical symptoms.
  • Neither provider or patient/client may be aware that current physical complaints may be connected to past traumas.


Developed by the Trauma Committee at The Institute for Family Health
What can agencies/systems do?
1. **Realize** the widespread impact of trauma and understand potential paths for recovery;

2. **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

3. **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and

4. Seek to actively **Resist Re-traumatization**
Realize

All people at all levels of the organization or system have a basic realization about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals.

• Trauma plays a role in mental and substance use disorders and should be systematically addressed.
• Trauma is not confined to the behavioral health sector.
• Trauma is often a barrier to effective outcomes in child-serving.
Recognize

People in the organization or system are able to recognize the signs of trauma.

- Gender, age, or setting-specific signs may be manifest by individuals seeking or providing services.
- Trauma screening and assessment assist in the recognition of trauma, as do workforce development, employee assistance, and supervision practices.
The program, organization, or system responds by applying the principles of a trauma-informed approach to all areas of functioning.
Resist Re-Traumatization

The trauma-informed approach seeks to resist re-traumatization of clients as well as staff.

• Staff are taught to recognize how organizational practices may trigger painful memories and re-traumatize clients with trauma histories and interfere with healing and recovery.
• Language, behaviors, and policies are changed to take into consideration the experiences of trauma among children and adult users of the service and among staff providing the services.
• The organization has practitioners trained in evidence-based trauma practices.
• Policies of the organization promote a culture based on beliefs about resilience, recovery, and healing from trauma.
• Systems response involves a universal precautions approach in which one expects the presence of trauma in the lives of individuals receiving services, ensuring not to replicate it.
Are there strategies that you are already employing in your organization or practice not listed here?

1. **Realize** the widespread impact of trauma and understand potential paths for recovery;

2. **Recognize** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

3. **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices; and

4. Seek to actively **Resist Re-traumatization**
Strategies to Enhance Resilience

- Promote relationships with competent, caring adults
- Facilitate proximity with secure base figures
- Support parent function during crisis
- Foster quality friendships
- Foster school bonding and engagement
- Nurture brain development
- Teach self-regulations skills
- Provide opportunities to succeed and develop talents
- Provide opportunities for meaningful action
- Support cultural traditions that provide children with adaptive tools and opportunities to connect
Training and Technical Assistance

- Engage in Authentic Partnerships
- Universal Trauma and Healing Trainings
- Unique Technical Assistance and Consultation
- Specialized Training by Child Serving System
Engage in Authentic Partnerships

Respect Tribal Sovereignty

Collaborative Effort
  • Leadership Team
  • Cross Sector
  • Multidisciplinary

Open and Ready for Change
Universal Trauma, Healing and Resilience

- Childhood Exposure to Trauma: For Tribal Communities
- Current Impacts of Historical Trauma
- Secondary Traumatic Stress and Self-Care
- Trauma-Informed Court Self-Assessment
- THINK Trauma
- Resource Parent Curriculum
- Family Group Conferencing
- Family Engagement
Specialized Training by Child Serving System

- Child Welfare
- Juvenile Justice
- Education
- Health Care
Unique Technical Assistance and Consultation

Heterogeneity

• Over 560 tribes
• Urban and Rural
• Reservation and non-Reservation
• State, Tribal, and National Requirements
• Program Policy & Procedures
Conclusion

• We cannot ignore the implications of trauma for our children, families and communities.
• The human cost in quality of life for American Indians requires us to take action to address childhood trauma
• Evidence-based interventions can make a difference
• Tribes can make a difference
• You can make a difference
Join us for our upcoming Online Learning Event!

- **June 27th**: Secondary Traumatic Stress in Juvenile Healing to Wellness Courts, Schools, and Tribal Program Settings

  *Thursday (6/27) from 2:00-3:30pm ET, 1:00-2:30pm CT, 12:00-1:30pm MT, 11:00am-12:30pm PT*
Questions?
The Tribal Law and Policy Institute is a Native owned and operated non-profit dedicated to providing free publication resources, comprehensive training, and technical assistance for Native nations and tribal justice systems.

The Tribal Youth Resource Center provides culturally based and trauma informed training, support and technical assistance to all OJJDP-funded Tribal Youth Programs & Tribal Juvenile Healing to Wellness Court grantees, as well as all interested federally recognized tribes.

Request Training & Technical Assistance:

Please visit: www.TribalYouth.org
Tribal Youth Resource Center | TribalYouth.org
(323) 650-5467 | TribalYouth@TLPI.org
8235 Santa Monica Blvd., Suite 211
West Hollywood, CA 90046
Evaluation

We invite you to share your feedback on today’s Online Learning Event!

• The evaluation includes the opportunity to join a Community of Practice.

• The link to the evaluation will be posted in the chat box and emailed to all attendees.
Thank you for your participation

This project was supported by Grant #2018-MU-MU-K001 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect those of the Department of Justice.