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Jennifer Nutton & Elizabeth Fast

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ORIGINAL ARTICLE

Historical Trauma, Substance Use, and Indigenous Peoples: Seven Generations of Harm From a “Big Event”

Jennifer Nutton and Elizabeth Fast

Centre for Research on Children and Families, McGill University, Montreal, Quebec, Canada

Indigenous peoples the world over have and continue to experience the devastating effects of colonialism including loss of life, land, language, culture, and identity. Indigenous peoples suffer disproportionately across many health risk factors including an increased risk of substance use. We use the term “Big Event” to describe the historical trauma attributed to colonial policies as a potential pathway to explain the disparity in rates of substance use among many Indigenous populations. We present “Big Solutions” that have the potential to buffer the negative effects of the Big Event, including: (1) decolonizing strategies, (2) identity development, and (3) culturally adapted interventions. Study limitations are noted and future needed research is suggested.

Keywords Indigenous peoples, North America, historical trauma, colonialism, decolonization, health disparities, identity, substance use, culturally adapted interventions, community based

THE BIG EVENT AND INDIGENOUS PEOPLES

“Seven generations” is the belief held by many Indigenous peoples that the actions and decisions made today will impact the generations to come (Moran & Bussey, 2007). The harm inflicted upon Indigenous peoples motivated by imperialism and cultural hegemony began many generations ago from the earliest contact between immigrants from Europe and the Indigenous population, and has continued until today (Episknew, 2009; Frideres & Gadacz, 2008; Morse, 1985). For the purposes of this paper, the policies and practices of oppression and assimilation often referred to as *colonialism* will be our definition of the “Big Event.” We have focused our theoretical analysis on the experiences of Indigenous peoples across North America (the United States and Canada) who have similar experiences of oppression with successive colonial governments and a shared connection to a common land.

The earliest impact European colonization had on Indigenous peoples in North America was the introduction of infectious diseases such as smallpox and measles. With no immunity against the diseases that came with the new immigrants and deliberate acts to expose Indigenous groups to these deadly diseases, an estimated 90%–95% of the Indigenous population was decimated (Wesley-Esquimaux & Smolewski, 2004). Demand for land as settler populations increased in the 1700 and 1800s resulted in colonial government policies that displaced Indigenous peoples from their ancestral lands. Many authors have documented the numerous acts of oppression by colonial governments against Indigenous peoples including an imposed reserve system, criminalization of cultural practices, extermination of language, broken treaties, sterilization of Indigenous women, and forced geographic relocation that separated family and community members (Brave Heart & DeBruyn, 1998; Episknew, 2009; Frideres & Gadacz, 2008; Lutz, 2008; Morse, 1985; Royal Commission on Aboriginal Peoples, 1996; US Commission on Civil Rights, 2004). We will not discuss them all here. However, to understand how oppressive policies of the past potentially create pathways for ongoing trauma and health disparities among Indigenous peoples today, we will describe one of the most devastating policies of the Big Event.

The introduction of residential schools (known as boarding schools in the United States) in the mid-19th century was part of an assimilation strategy of oppression and control over Indigenous peoples by ensuring that Indigenous children were raised outside of the influence of their parents, extended families, and culture. If parents did not send their children to the residential schools willingly, their children were forcibly removed from their homes by school officials (Milloy, 1999). This separated them from their cultural identity and cultural ways of knowing which were incongruent with the beliefs and values of the dominant culture at the time. An objective of the government sanctioned, church run residential school system was for

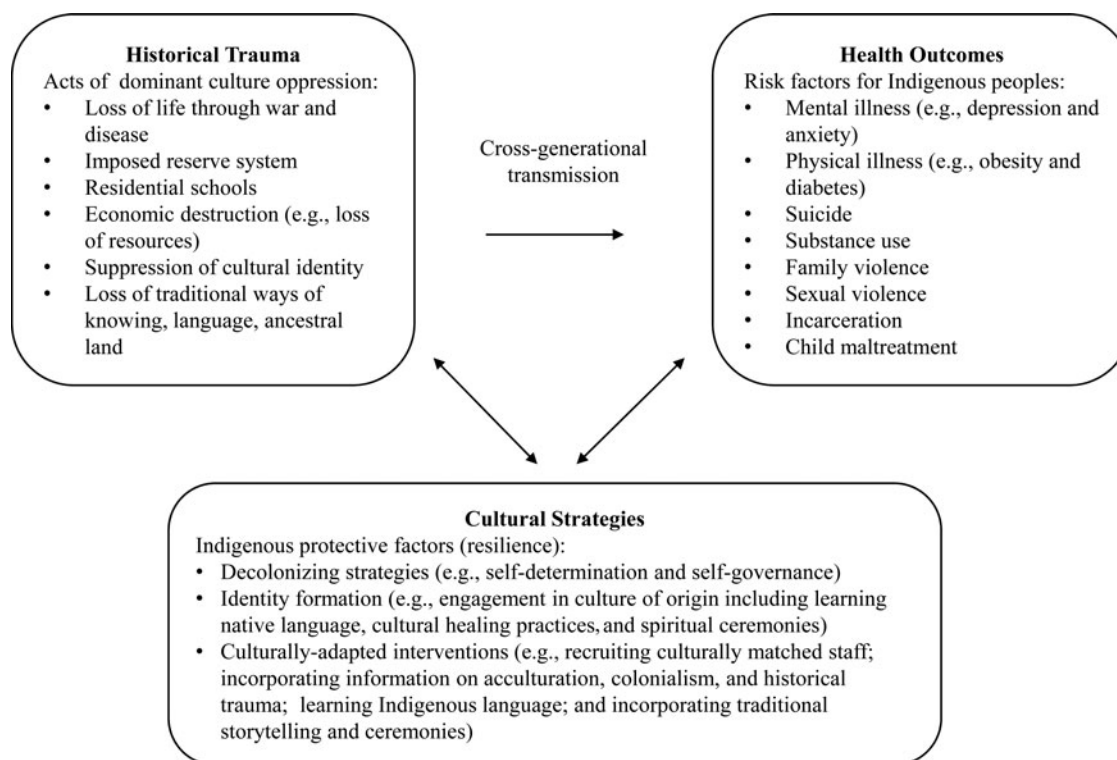


FIGURE 1. Schematic model of possible causal processes. The model depicts the transmission of trauma across generations, the ongoing risk factors associated with historical trauma, and potential protective factors. These lists are not exhaustive. (See Walters & Simoni, 2002.)

an Indigenous child to see their culture as savage superstition (Royal Commission on Aboriginal Peoples, 1996). In contrast with communal systems of learning, the residential schools were run with strict forms of discipline, humiliation, shame, submission to authority, and regimented behavior (Kirmayer, Simpson, & Cargo, 2003). Children were punished for speaking their own language, and many had their hair cut off or shaved as a way to eradicate their culture and forcibly assimilate them into the settler culture (Miller, 1996; Milloy, 1999). Demands by parents to return their children home went unanswered. Basic needs were not adequately taken care of (e.g., lack of medical care, clothing, and food), and many children died of disease. In some schools, children tried to escape and many died from drowning or freezing in remote or water-locked areas (Fournier & Crey, 1997; Miller, 1996). To date, over 4000 children have been identified as dying from diseases or accidents in residential schools in Canada (Truth and Reconciliation Commission, 2014). Surveys of some residential schools have found that between 48% and 70% of the children were victims of physical or sexual abuse, and this is likely an underestimate due to some of the survivors' denial of the horrendous abuse which they suffered (Miller, 1996). The mass removal of children for several generations resulted in a state of confused identities for those students who finally returned to their communities, belonging to neither their culture of origin nor to the dominant culture (Kirmayer et al., 2003). Moreover, some survivors of the residential schools, who became parents, have repeated the severe forms of discipline and punish-

ment they experienced at the residential schools, including abuse that has led to the removal of their children establishing another cycle of trauma and removal (Libesman, 2004; Wesley-Esquimaux & Smolewski, 2004).

Throughout the years, there were many attempts made by Indigenous parents and communities, local government agents, police, and other officials to change the horrendous conditions in the schools and to have the schools closed. These included written and verbal reports to successive colonial governments. Despite these acts of resistance, the last residential schools did not close until the 1990s, at which time more than 140,000 Indigenous children had been subjected to an education policy that was intended to break their connections to their families and communities and to suppress their language and cultural identity (Kirmayer, Gone, & Moses, 2014). The following section outlines the theory of historical trauma that may help to explain the ongoing health disparities and inequities within Indigenous populations in North America.

Historical Trauma, Health Disparities, and Ongoing Structural Violence

Literature on historical trauma and Indigenous populations first emerged during the 1990s with Brave Heart and DeBruyn's (1998) description of the intergenerational trauma experienced by the Lakota people in the United States. Wesley-Esquimaux and Smolewski (2004) used the term "historic trauma transmission" in an Indigenous context to describe a cluster of traumatic events causing deep breakdowns in social functioning that can last for

generations. Sotero (2006) presented a model of historical trauma with four elements: (i) overwhelming physical and psychological violence, (ii) segregation and/or displacement, (iii) economic deprivation, and (iv) cultural dispossession. Evans-Campbell (2008) suggested diagnostic criteria for historical trauma and expanded the model to allow for three levels of trauma: individual, family, and community. According to this definition, to suffer from historical trauma, many people in the community experienced the traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent. Most recently, Indigenous historical trauma has been conceptualized by Hartmann and Gone (unpublished) as cited in Kirmayer et al. (2014) as the "Four Cs":

(i) *Colonial injury* to Indigenous peoples by European settlers who "perpetrated" conquest, subjugation, and dispossession; (ii) *collective experience* of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) *cumulative effects* from these injuries as the consequences of subjugation, oppression, and marginalization have "snowballed" throughout ever-shifting historical sequences of adverse policies and practices by dominant settler societies; and (iv) *cross-generational impacts* of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unrelenting fashion until "healing" interrupts these deleterious processes. (p. 301)

This definition of historical trauma captures the collective oppression experienced by generations of Indigenous peoples in North America from the Big Event, connects past traumatic events with risks to Indigenous peoples' health and wellbeing today, and also speaks to the "healing" or resiliency among Indigenous peoples to mitigate the negative effects of harm over generations.

Some researchers have identified the influence historical trauma has on poor health outcomes today among Indigenous populations in North America. For example, Bombay, Matheson and Anisman (2011) found offspring of Indian Residential School survivors to be at increased risk for depression. The general Indigenous population is also disproportionately experiencing severe threats to their wellbeing at the community/environment, family, and individual level. Rates of mental (depression) and physical (obesity) health problems, suicide, alcoholism, family and sexual violence, incarceration, and child maltreatment are higher for the Indigenous population than the non-Indigenous population (Kirmayer et al., 2014, 2003; Sinha et al., 2011; US Department of Health and Human Services, 2013). Past segregationist practices of the Big Event have led to existing structural violence. For instance, Indigenous peoples receive inequitable funding for mental health and other social services on-reserve, have insufficient housing and experience home overcrowding, have fewer educational and economic opportunities, and have lost traditional patterns of subsistence (Gracey & King, 2009; King, Smith, & Gracey, 2009; Kirmayer et al., 2014; Richardson & Nelson, 2007; US Commission on Civil Rights, 2004).

The Big Event, Substance Misuse, and Indigenous Peoples

We have theorized that the targeted Big Event is a potential pathway for increased risk of experiencing historical trauma as well as a factor influencing ongoing sustained discriminatory and violent social structures (e.g., inequitable and inadequate funding for basic needs and lack of economic opportunity) that negatively impact Indigenous peoples today. Given necessary endogenous and exogenous conditions, we focus here on one potential outcome of this trauma and the ongoing inequities—an increased risk of substance use¹. Comparing rates of substance use between the white and Indigenous populations in North America, the disparities are striking. Among persons aged 12 or older, the rate of illicit drug use was 9.2% among whites and 12.7% among American Indians or Alaska Natives. The prevalence of tobacco use was 29.2% for whites and 48.4% for American Indians or Alaska Natives (Substance Abuse and Mental Health Services Administration, 2013). The rate of heavy alcohol use was 7.6% for whites and 8.5% among American Indians or Alaska Natives. Overall, the rate of substance dependence or abuse was 8.7% for whites and 21.8% for American Indians or Alaska Natives. The use of illicit drugs is a serious problem among First Nations, Inuit and Métis peoples in Canada. The percentage of First Nations adults who use marijuana is almost double (26.7%–14.1%, respectively) that of the Canadian population (Assembly of First Nations, 2007). Inuit communities of northern Canada have been severely impacted by illicit drugs, namely, cannabis, cocaine, and solvents. For instance, the proportion of illicit drug users in Nunavik was 60% in 2004, more than four times higher than that observed in the Canada population (Anctil, 2008). What factors could explain these disparities in substance use?² In this section, we explore the ways in which the Big Event might be a factor contributing to substance use among Indigenous peoples.

Very little research has been done to understand the potential association between experiences of historical

¹The reader is asked to consider that with the advent of artificial science and its theoretical underpinnings (chaos, complexity and uncertainty theories) it is now posited that much of human behavior is complex, dynamic, multi-dimensional, level/phase structured, non-linear, law-driven and *bounded* (culture, time, place, age, gender, ethnicity, etc.). Both "big events", and substance use(r)s, however these are defined and delineated would be such a events, processes and outcomes. This is not a semantic issue. There are two important issues to consider and which are derived from this: (1) Using linear models/tools to study non-linear processes/phenomena can and does result in misleading conclusions and can therefore also result in inappropriate intervention, which includes the misuse of limited human and non-human resources; (2) the concepts *prediction* and *control* have different meanings and dimensions than they do in the more traditional linear 'cause and effect' paradigms. (Busecma, M. (1998), *Artificial Neural Networks, Substance Use & Misuse*, 33(1-3). Editor's note.

²As one considers explanations of any type it is useful to refer to Hill's criteria for causation which were developed in order to help assist researchers and clinicians determine if *risk factors* were causes of a particular disease or outcomes or merely associated. (Hill, A. B. (1965). The environment and disease: associations or causation? *Proceedings of the Royal Society of Medicine* 58: 295-300.). Editor's note.

trauma among Indigenous peoples and the increased risk³ of substance use that impact at all levels: community, family, and the individual. One of the few scholars conducting research in this area is Maria Yellowhorse Brave Heart (2003), among other Indigenous scholars, has noted that alcohol was not part of Indigenous culture, except for during specific ceremonies, prior to colonial contact. However, acts of oppression, such as the banning of Indigenous mourning ceremonies by Indian agents, took away traditional ways of spiritual healing (e.g., the use of traditional ceremony to cope with the death of a community member). These bans on traditional ceremonies left many Indigenous peoples vulnerable to developing other ways of coping with the traumas which they experienced, such as turning to substances (Brave Heart & Debruyn, 1998).

Substance misuse can be a response to historical trauma as a way of self-medicating to avoid traumatic memories and to reduce emotional pain (Brave Heart, 2003). For instance, alcohol misuse has been associated with the reservation system of the Big Event, where a policy that led to Indigenous peoples' loss of control over their land, culture, and way of life, in turn, was associated with a response of internalized aggression and substance use (Brave Heart & Debruyn, 1998). The exposure to trauma associated with attending residential schools is also a potential risk factor for substance misuse. In residential schools, children were not allowed to speak their language or to engage in their cultural traditions, endured physical, emotional, and sexual abuse, and were neglected (Milloy, 1999). Substance misuse can be a significant risk factor for residential school survivors who have reported being sexually abused as children in residential schools (Brave Heart, 2003). Not only does the historical legacy of attending residential schools negatively impact survivors later in life in terms of their own potential increased risk of substance use but the substance use also negatively impacts their ability to be competent, emotionally available, supportive, and involved parents (Brave Heart, 2003).

Indigenous youth are more likely than youth in the general population to misuse substances (Gilchrist, Schinke, Trimble, & Cvetkovich, 1987; Moran & Bussey, 2007; Petoskey, Van Stelle, & De Jong, 1998). In regards to

the prevalence of substance use among Indigenous youth, Brave Heart (2003) noted earlier average age of first use and a greater frequency and intensity of use than the general youth population. A number of scholars have suggested that this disproportionality of Indigenous youth misusing substances is due to cultural factors related to the Big Event. For instance, Hawkins et al. (2004) reported on evidence that suggests historical stressors such as forced relocation (e.g., the reserve system and more recently urbanization) and acculturation, cultural dislocation and perceived discrimination are associated with the use of available and accessible alcohol, tobacco and other drugs as a means of coping among Indigenous youth. The ongoing oppression resulting from the Big Event including spiritual oppression, weak Indigenous identity and poor family affiliation are also linked with Indigenous youth's misuse of alcohol and other substances (Brave Heart, 2003). In the next section, we propose potential "Big Solutions" that employ cultural protective buffers that can ameliorate the negative effects of the Big Event.

Big Solutions: Identity Development and Culturally Adapted Substance-Use Interventions

Decolonizing is a broad term which acknowledges Indigenous peoples continue to be negatively impacted by colonialism and oppressive policies and places the importance of self-determination at the center of research and other activities (Fournier & Crey, 1997; Tuhiwai Smith, 1999). Decolonizing strategies can encompass a wide range of activities from relearning languages, to making attempts to gain self-governance, to engaging in traditional activities and spiritual practices, and employing liberation psychology (Chandler & Lalonde, 2008; Cornell & Kalt, 2007; Duran, Firehammer, & Gonzalez, 2008; Whitbeck, Chen, Hoyt, & Adams, 2004). Although there is little research that has explored the question of why some Indigenous individuals or peoples are more resilient than others, a few studies have begun to explore these associations. Communities that have made attempts to regain control of land and services have been found to have lower suicide rates, reduced reliance on social assistance, reduced unemployment, the emergence of diverse and viable economic enterprises on reservation lands, more effective management of social services and programs, including language and cultural components, and improved management of natural resources (Chandler & Lalonde, 1998; Cornell & Kalt, 2007). Two studies of Native Americans living on-reserve found that greater levels of interest in culture and spirituality were associated with better mental health outcomes, particularly among youth (Walls, Johnson, Whitbeck, & Hoyt, 2006; Whitbeck et al., 2004). Waziatawin and Yellow Bird (2005) have argued that colonization and decolonization are words that should become part of the standard vocabulary of all Indigenous peoples, including young people. Giving a name to experiences adds to empowerment and when young people use this language, they engage in a form of resistance to the Big Event.

³The reader is reminded that the concepts of "risk factors", as well as "protective factors", are often noted in the literature, without adequately noting their dimensions (linear, non-linear; rates of development and decay; anchoring or integration, cessation, etc.), their "demands", the critical necessary conditions (endogenously as well as exogenously; from a micro to a meso to a macro level) which are necessary for either of them to operate (begin, continue, become anchored and integrate, change as de facto realities change, cease, etc.) or not to, and whether their underpinnings are theory-driven, empirically-based, individual and/or systemic stakeholder-bound, based upon "principles of faith doctrinaire positions, "personal truths," historical observation, precedents and traditions that accumulate over time, conventional wisdom, perceptual and judgmental constraints, "transient public opinion." Among other considerations. This is necessary to consider and to clarify if these terms are not to remain as yet additional shibboleth in a field of many stereotypes, tradition-driven activities, "principles of faith," passionate beliefs and stakeholder objectives and agendas. Editor's note.

Identity formation is an important part of human development (Erikson, 1968). Some scholars have called for the need to recognize the damage that has been done by the Big Event to feelings of cultural belonging and identity (Wexler, 2009). Given the necessary enabling endogenous and exogenous conditions, some research has found cultural identity and engagement in traditional practices to be potential protective factors against the impact of historical trauma and may mitigate substance misuse (Brave Heart, 2003; Walters et al., 2011). The most well-known literature on cultural identity among minority youth in the United States used Marcia's (1980) framework on adolescent identity and has found that the resolution of identity issues related to ethnicity was found to be of particular importance during adolescence (Phinney & Rosenthal, 1992). Empirical research by Filbert and Flynn (2010) found increased participation of Indigenous youth in their culture of origin led to a decrease in behavioral difficulties including substance misuse. Research with Indigenous communities in North America also have used Marcia's framework for understanding identity. Delgado-Torres (2007) examined the extent to which Indigenous identity is a potential resource for well-being. In her study of 187 American Indian students at Haskell Nations University, she found that participants who reported greater interest in exploring their ethnicities and greater involvement with cultural practices of their tribe reported greater self-esteem and greater academic achievement. Fiske (2008) writes that healing from historical trauma can only take place when a strong, coherent sense of identity is achieved. The author describes the Tsow-Tun Le Lum program, a healing lodge for Indigenous peoples located in western Canada. She writes that according to the philosophy of the program, a coherent identity arises from and is sustained by cultural belonging. The program begins the historical context that stresses the impact of residential schools and intergenerational transmission of trauma. The counselors of the program believe that understanding one's own and others' symptoms depends on acknowledging the historical and cultural context in which trauma originated and in which healing can be achieved. The program incorporates sweat lodges, the medicine wheel and other Indigenous rituals that use cultural healing in a way that is relevant to their culturally diverse clientele (Fiske, 2008). These studies provide theoretical and empirical support for integrating culture into models of healing for Indigenous individuals, particularly youth affected by addictions. Building on the importance of identity formation, which is particularly important during adolescence, the following section will outline the various models of culturally adapted interventions that have been empirically tested to reduce or prevent substance use among Indigenous youth.

Culturally adapted interventions are programs that have been modified to reflect the values, traditions, beliefs, norms, practices, and worldviews of the target population (Kumpfer, Alvarado, Smith, & Bellamy, 2002). In addressing the negative effects of the Big Event, culturally adapted interventions designed to reduce substance mis-

use among Indigenous peoples can provide solutions. Cultural adaptation is a way to ensure that interventions developed by and for the dominant culture reflect the target group's values and beliefs (Baldwin et al., 1996; Kumpfer et al., 2002). Interventions can be highly individualized to a specific community (e.g., Mohawk nation), applicable across cultures within a population (e.g., pan-Indigenous) or across multiple cultural groups (e.g., Native American, African American, and Latino). Although the research is limited, some studies have found interventions that have been culturally adapted for Indigenous peoples are more effective than mainstream interventions (Petoskey et al., 1998; Schinke et al., 1988).

Early efforts to culturally adapt prevention interventions mainly addressed *surface structure* modifications by recruiting culturally matched staff (Kumpfer et al., 2002). More recently, scholars such as Kumpfer et al. (2002) have indicated the need for *deep structure* cultural modifications by considering critically the values and traditions *within* cultural subgroups, impact of acculturation, levels of trauma and degree to which individuals in the target population identify with their culture of origin and that of the dominant culture. While it is important to recognize the diversity among Indigenous peoples across North America⁴, Indigenous peoples share similarly negative experiences in relation to the Big Event, including loss of traditional lands, languages, and customs as well as forced assimilation (Hawkins et al., 2004). With a history of such oppression, research suggests that it is necessary to use community-based approaches (Cashman et al., 2008) to culturally adapting interventions, where community members are fully engaged in all aspects of program development, recruitment and design, and the delivery and evaluation of the intervention (Baldwin et al., 1996; Capp, Deane, & Lambert, 2001; Castro, Barrera, & Martinez, 2004). These approaches help to ensure, for example, that culturally specific theoretical perspectives are understood and incorporated into program design.

From a critical review of interventions to prevent or reduce Indigenous youth using or misusing substances, 10 outcome studies were identified. Six of the studies showed positive treatment effects. Of those six studies, five incorporated a pan-Indigenous approach—curriculum developed that recognized the common experiences shared across Indigenous peoples. All of the six studies reported using deep structure cultural adaptations. The most common reported method of deep structure modification was embedding traditional values, beliefs, and healing practices into the curriculum. Specific activities described included traditional storytelling (e.g., telling of legends specific to the culture) and for participants in the intervention to engage in traditional ceremonies (e.g., welcome home, smudging, and drumming). Less-frequently

⁴There are 617 federally recognized First Nations in Canada (Aboriginal Affairs and Northern Development Canada, <http://www.aadnc-aandc.gc.ca/eng/1303134042666/1303134337338>). There are 566 federally-recognized Tribes in the United States (Bureau of Indian Affairs, <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/>).

used deep structure methods included incorporating topics on the impact of historical trauma, as a result of the Big Event, differences in child rearing practices and culturally specific spiritual perspectives. The majority of studies reviewed reported incorporating some form of surface structure cultural adaptation, with the most prevalent being the recruitment of Indigenous staff to deliver training or conduct research. All but one of the 10 studies reviewed incorporated topics that discussed or reinforced participants' Indigenous identity. And, the majority of studies used decolonizing strategies. For example, studies described descriptions of community engagement, including soliciting input from the Indigenous communities on developing and adapting curriculum, participating in the implementation and evaluation of the intervention and developing an advisory board of community members to review the culturally adapted intervention.

Limitations and Future-Needed Research

A number of limitations should be considered in the context of our theoretical analysis. For instance, we did not include a review of the literature about resilience and Indigenous peoples. Although the population of Indigenous peoples in North America is small⁵, and a fraction of what it would be today if there had not been the Big Event, for Indigenous peoples to have survived at all and for many groups to thrive is a testament to a very resilient peoples and culture. Future research done by or in partnership with Indigenous communities is needed to identify decolonizing strategies and positive coping methods to buffer the impact of historical trauma at the community, family, and individual level (Walters et al., 2011).

The outcome studies which we reviewed were interventions adapted to meet the cultural needs of the target population and were not derived from the community itself. A more empowering solution would be to identify interventions that have been developed *within*, by and for members of a specific Indigenous group. Future research should not only be focused on evaluating the effectiveness of culturally appropriate interventions quantitatively but should also consider rigorous qualitative research and case studies about culturally appropriate interventions for Indigenous populations which result in sustainable targeted goals.

We focused our conceptual model on substance use; however, some scholars have suggested that by doing so researchers might unintentionally perpetuate negative stereotypes that have harmed Indigenous peoples (Beals et al., 2009; Quintero, 2001). We recognize this concern and have highlighted above a number of additional potential risk factors that might be associated with the selected Big Event. We focused on substance use and incorporated

a critical review of substance use interventions because substance misuse is a serious multidimensional socio-politicized, economic problem disproportionately affecting many Indigenous individuals, including youth. However, future research should explore additional health, wellbeing and quality-of-life risk factors (at the community, family, and individual level) that result from, or are associated with historical trauma, including the biological effects of historical trauma.

This review did not explore the range of individual as well as systemic stakeholders associated with the Big Events and their consequences nor those who can and do influence intervention planning, implementation and assessment as operating "barriers" as well as "bridges" and enablers to needed changes. We also did not explore the many ways in which racism, negative images and stereotypes play a role in the ongoing structural violence Indigenous peoples experience in North America today. For example, the work of Sue (2007) on "racial microaggressions" experienced in the daily lives of minority groups including Indigenous peoples. Future research is needed to examine these factors.

Finally, we have presented a theoretical argument in which the Big Event is a potential pathway to historical trauma that may lead to increased health risks (e.g., substance use). However, this is very difficult to empirically measure, and a number of other variables could explain the disparity of health risk factors among Indigenous peoples. For example, poverty could be a factor driving the increased risk of substance use. Among residential school survivors who have reported child sexual abuse, for example, the sequelae of trauma might be similar to that of a nonresidential school survivor who has reported child sexual abuse; in which case, the Big Event would not make a significant difference on whether they would be more at risk to use substances. Given the, dynamic, nonlinear, multidimensional, and dynamic aspects involved in understanding the relationship between trauma and colonial policies (the Big Event), further theoretical and empirical research must be done to make any claims of a direct relationship between the Big Event and increased risk of substance use among Indigenous peoples. To build further research on the pathway between the Big Event and ongoing health disparities, we agree with Walters et al., (2011) that future research should measure the effect by comparing the effects of trauma within one community between those who experienced an historical traumatic event, for example, children of residential school survivors, and children of parents who did not attend residential school.

CONCLUSION

We have presented a conceptualization of a Big Event as a potential pathway to increased health risks including substance misuse among Indigenous peoples who have experienced trauma as a result of tragic events such as the historical legacy of oppression, subjugation, and forced relocation. Understanding the historical and ongoing effects of colonial policies, and the impact on past, present and future generations of Indigenous peoples is important

⁵In Canada, there were 1,836,035 people (5.6% of total population) who reported having Aboriginal ancestry according to the 2011 National Household Survey (<http://www.aadnc-aandc.gc.ca/eng/1303134042666/1303134337338>). In the United States, 5.2 million people (1.7% of total population) identified as American Indian or Alaska Native according to the 2010 Census (<http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>).

particularly in light of the disparities in health-risk factors among the Indigenous populations in North America today. We have made a theoretical argument that historical trauma is an appropriate concept to use when considering the potential link between the Big Event and disparities in health risks among many Indigenous groups. We have also presented potential Big Solutions to the Big Event in an effort to address and hopefully reduce the sequelae of historical trauma that so many Indigenous individuals experience.

Declaration of Interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the article.

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THE AUTHORS



Jennifer Nutton, MSW is a doctoral student at McGill University in the School of Social Work and a research assistant at the McGill Centre for Research on Children and Families (CRCF). Jennifer was project manager of a university-led collaboration with First Nations and mainstream youth centers in Québec from 2012–2014. She is currently working on projects at the CRCF to

build research capacity within First Nations community-based social service organizations and local government child welfare agencies. Her areas of research interest include Indigenous child welfare and issues of culture in child welfare practice and policy. She is particularly interested in understanding the models of child welfare practice designed to meet the needs of Indigenous children and families in North America.



Elizabeth Fast, MSW, PhD is of Métis ancestry, originally from St. François Xavier, Manitoba. She received a PhD in social work in April 2014 from McGill University that focused on cultural identity among Indigenous youth in Montreal. Elizabeth is currently a postdoctoral fellow at the National School of Public Administration in Montreal under the direction of the

"Canada Research Chair in the evaluating public actions relating to young people and vulnerable populations," and in collaboration with the "Building Research Capacity in First Nations and mainstream child welfare agencies."

GLOSSARY

Historical trauma: A collective complex trauma resulting from traumatic experiences occurring over generations and inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation (Evans-Campbell, 2008).

Liberation psychology: A framework for working with individuals and peoples to enhance their awareness of oppressive structures and ideologies, which is achieved by critically analyzing the social context of the structures and actions of the dominant culture or majority population (Varas-Díaz & Serrano-García, 2003).

REFERENCES

- Anctil, M. (2008). *Nunavik Inuit health survey 2004, Qanuipitaa? How are we? Survey highlights*. Quebec: Institut national de sante publique du Quebec and Nunavik Regional Board of Health and Social Services.
- Assembly of First Nations. (2007). *First nations regional longitudinal health survey: Results for adults, youth and children living in first nations communities (RHS) (2002/2003)*.
- Baldwin, J. A., Rolf, J. E., Johnson, J., Bowers, J., Benally, C., & Trotter II, R. T. (1996). Developing culturally sensitive HIV/AIDS and substance abuse prevention curricula for Native American youth. *Journal of School Health*, 66(9), 322–327. doi:10.1111/j.1746-1561.1996.tb03410.x
- Beals, J., Belcourt-Dittloff, A., Freedenthal, S., Kaufman, C., Mitchell, C., Whitesell, N., . . . Walters, K. (2009). Reflections on a proposed theory of reservation-dwelling American Indian alcohol use: Comment on Spillane and Smith (2007). *Psychological Bulletin*, 135(2), 339–343. doi:10.1037/a0014819
- Bombay, A., Matheson, K., & Anisman, H. (2011). The impact of stressors on second generation Indian residential school survivors. *Transcultural Psychiatry*, 48(4), 367–391. doi:10.1177/1363461511410240
- Brave Heart, M. Y. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13. doi:10.1080/02791072.2003.10399988
- Brave Heart, M. Y., & DeBruyn, L. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 56–78.
- Capp, K., Deane, F. P., & Lambert, G. (2001). Suicide prevention in Aboriginal communities: application of community gatekeeper training. *Australian and New Zealand Journal of Public Health*, 25(4), 315–321. doi:10.1111/j.1467-842X.2001.tb00586.x
- Cashman, S. B., Adeky, S., Allen, A. J., Corburn, J., Israel, B. A., Montañó, J., . . . Eng, E. (2008). The power and the promise: Working with communities to analyze data, interpret findings, and get to outcomes. *American Journal of Public Health*, 98(8), 1407–1417. doi:10.2105/AJPH.2007.113571
- Castro, F. G. F., Barrera, M. M., & Martinez, C. R. C. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science: The*

- Official Journal of the Society for Prevention Research*, 5(1), 41–45.
- Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), 191–219. doi:10.1177/136346159803500202
- Chandler, M., & Lalonde, C. (2008). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In L. K. G. Valaskakis (Ed.), *The mental health of Canadian aboriginal peoples: Transformations, identity and community* (pp. 221–248). Vancouver, Canada: University of British Columbia Press.
- Cornell, S., & Kalt, J. (2007). Two approaches to the development of Native Nations: One works, the other doesn't. In M. Jorgensen (Ed.), *Rebuilding native nations* (pp. 3–33). Tuscon, AZ: The University of Arizona Press.
- Delgado-Torres, E. U. (2007). *The construction and experience of Indigenous Nations identity: Implications for well-being and academic persistence*. (Doctor of Philosophy), University of Kansas, Lawrence, Kansas.
- Duran, E., Firehammer, J., & Gonzalez, J. (2008). Liberation psychology as the path toward healing cultural soul wounds. *Journal of Counselling and Development*, 86, 288–295.
- Episkew, J. (2009). *Taking our spirits back: Indigenous literature, public policy and healing*. Winnipeg, Canada: University of Manitoba Press.
- Erikson, E. H. (1968). *Identity, youth and crisis*. New York, NY: Norton.
- Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. doi:10.1177/0886260507312290
- Filbert, K. M., & Flynn, R. J. (2010). Developmental and cultural assets and resilient outcomes in First Nations young people in care: An initial test of an explanatory model. *Children and Youth Services Review*, 32(4), 560–564. doi:10.1016/j.childyouth.2009.12.002
- Fiske, J. (2008). Making the intangible manifest: Healing practices of the Qul-Aun trauma program. In J. B. Waldram (Ed.), *Aboriginal healing in Canada, studies in therapeutic meaning and practice* (pp. 31–91). Ottawa, Canada: Aboriginal Healing Foundation.
- Fournier, S., & Crey, E. (1997). *Stolen from our embrace* (pp. 19–46). Vancouver, Canada: Douglas & McIntyre.
- Frideres, J. S., & Gadacz, R. R. (2008). *Aboriginal peoples in Canada*. Toronto, Canada: Pearson Education Canada.
- Gilchrist, L. D., Schinck, S. P., Trimble, J. E., & Cvetkovich, G. T. (1987). Skills enhancement to prevent substance abuse among American Indian adolescents. *The International Journal of the Addictions*, 22(9), 869–879.
- Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *The Lancet*, 374(9683), 65–75.
- Hawkins, E. H., Cummins, L. H., & Marlatt, G. A. (2004). Preventing substance abuse in American Indian and Alaska Native youth: Promising strategies for healthier communities. *Psychological Bulletin*, 130(2), 304–323. doi:10.1037/0033-2909.130.2.304
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374(9683), 76–85.
- Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299–319. doi:10.1177/1363461514536358
- Kirmayer, L. J., Simpson, C., & Cargo, M. (2003). Healing traditions: culture, community and mental health promotion with Canadian Aboriginal peoples. *Australasian Psychiatry*, 11, S15–S23. doi:10.1046/j.1038-5282.2003.02010.x
- Kumpfer, K. L., Alvarado, R., Smith, P., & Bellamy, N. (2002). Cultural sensitivity and adaptation in family-based prevention interventions. *Prevention Science*, 3(3), 241–6.
- Libesman, T. (2004). Child welfare approaches for indigenous communities: International perspectives. *National Child Protection Clearinghouse Issues*, 20, 1–39.
- Lutz, J. S. (2008). *Makuk: A new history of Aboriginal-White relations*. Vancouver, Canada: UBC Press.
- Marcia, J. E. (1980). Identity in adolescence. In J. Adelson (Ed.), *Handbook of Adolescent Psychology* (pp. 159–187). New York, NY: Wiley & Sons.
- Miller, J. R. (1996). *Shingwauk's vision: A history of native residential schools*. Toronto, Canada: University of Toronto Press.
- Milloy, J. (1999). *A national crime: The Canadian government and the residential school system – 1879 to 1986*. (Vol. 11). Winnipeg, Canada: University of Manitoba Press.
- Moran, J., & Bussey, M. (2007). Results of an alcohol prevention program with urban American Indian youth. *Child & Adolescent Social Work Journal*, 24(1), 1–21. doi:10.1007/s10560-006-0049-6
- Morse, B. W. (1985). *Aboriginal peoples and the law: Indian, Métis and Inuit rights in Canada*. Ottawa, Canada: Carleton University Press.
- Petoskey, E. L., Van Stelle, K. R., & De Jong, J. A. (1998). Prevention through empowerment in a Native American community. *Drugs & Society*, 12(1–2), 147–162. doi:10.1300/J023v12n01_10
- Phinney, J. S., & Rosenthal, D. (1992). Ethnic identity in adolescence: Process, context and outcome. In G. Adams, T. Gulotta, & R. Montemayor (Eds.), *Adolescent identity formation* (pp. 145–172). Newbury Park, CA: Sage Publications.
- Quintero, G. (2001). Making the Indian: Colonial knowledge, alcohol, and Native Americans. *American Indian Culture and Research Journal*, 25(4), 57–71.
- Richardson, C., & Nelson, B. (2007). A change of residence: Government schools and foster homes as sites of forced Aboriginal assimilation - A paper designed to provoke thought and systemic change. *First Peoples Child & Family Review*, 3(2), 75–84.
- Royal Commission on Aboriginal Peoples. (1996). *Report of the royal commission on aboriginal peoples*. Ottawa, Canada: Canada Communication Group.
- Schinck, S. P., Orlandi, M. A., Botvin, G. J., Gilchrist, L. D., Trimble, J. E., & Locklear, V. S. (1988). Preventing substance abuse among American-Indian adolescents: A bicultural competence skills approach. *Journal of Counseling Psychology*, 35(1), 87–90. doi:10.1037/0022-0167.35.1.87
- Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., & Thomas Prokop, S. (2011). *Kiskisik Awasisak: Remember the children. Understanding the overrepresentation of First Nations children in the child welfare system*. Ontario, Canada: Assembly of First Nations.
- Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93–108.
- Substance Abuse and Mental Health Services Administration. (2013). *Results from the 2012 national survey on drug use and health: Summary of national findings* (No. HHS Publication No. (SMA) 13-4795). Rockville, MD: Author.
- Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for

- clinical practice. *American Psychologist*, 62(4), 271–286. doi:10.1037/0003-066X.62.4.271
- Truth and Reconciliation Commission. (2014). *Residential school locations*. Retrieved from <http://www.trc.ca/websites/trcinstitution/index.php?p=12>
- Tuhiwai Smith, L. (1999). *Decolonizing methodologies*. New York, NY: Zed Books Ltd.
- U.S. Commission on Civil Rights. (2004). *Broken promises: Evaluating the Native American health care system*. Washington, DC: U.S. Commission on Civil Rights.
- U.S. Department of Health and Human Services. (2013). *Recent demographic trends in foster care*. Administration for Children and Families Administration on Children, Youth and Families. Washington, DC: U.S. Department of Health and Human Services Administration for Children and Families Administration on Children, Youth and Families) Retrieved from http://www.acf.hhs.gov/sites/default/files/cb/data/brief_foster_care_trends1.pdf
- Varas-Díaz, N., & Serrano-García, I. (2003). The challenge of a positive self-image in a colonial context: A psychology of liberation for the Puerto Rican experience. *American Journal of Community Psychology*, 31(1–2), 103–115. doi:10.1023/A:1023078721414
- Walls, M. L., Johnson, K. D., Whitbeck, L. B., & Hoyt, D. R. (2006). Mental health and substance abuse services: Preferences among American Indian people of the Northern Midwest. *Community Mental Health Journal*, 42(6), 521–535. doi:10.1007/s10597-006-9054-7
- Walters, K. L., Mohammed, S. A., Evans-Campbell, T., Beltrán, R. E., Chae, D. H., & Duran, B. (2011). Bodies don't just tell stories, they tell histories. *Du Bois Review: Social Science Research on Race*, 8(01), 179–189. doi:10.1017/S1742058x1100018X
- Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing native women's health: An "Indigenist" stress-coping model. *American Journal of Public Health*, 92, 520–524.
- Waziyatawin, A. W., & Yellow Bird, M. (2005). Beginning decolonization. In A. W. Waziyatawin & M. Yellow Bird (Eds.), *For Indigenous eyes only: A decolonization handbook* (pp. 1–8). Santa Fe, NM: School of American Research.
- Wesley-Esquiaux, C. C., & Smolewski, M. (2004). *Historic trauma and Aboriginal healing*. Ottawa, Canada: Aboriginal Healing Foundation.
- Wexler, L. (2009). The importance of identity, history, and culture in the wellbeing of Indigenous youth. *Journal of the History of Childhood and Youth*, 2(2), 267–276, 298–299.
- Whitbeck, L., Chen, X., Hoyt, D., & Adams, G. (2004). Discrimination, historical loss and enculturation: culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65(4), 409–418.