

Addressing Native Youth Trauma through Cultural Connection



National American Indian & Alaska Native
Childhood Trauma TSA, Category II

Funded by the Substance Abuse and Mental Health Services Administration

Strong cultural connection is a proven protective factor for Native youth for both mental health and substance use disorders. This guide provides an overview of how trauma affects children and youth and how cultural connection can mitigate the effects of trauma on Native youth.

Native people often go through more trauma than others. Trauma can happen from one big event, like a serious injury or the death of someone close. It can also come from hard things that last a long time. On top of that, Native communities face something called historical trauma. This means pain and sadness passed down through generations because of very difficult things that happened in the past, like losing their land or culture.

The list and severity of trauma that numerous Native children and adolescents are exposed to is a national tragedy. Native children are more than twice as likely to experience trauma¹ compared to same-aged peers in other ethnic/racial groups. In addition, 27% of Native children live below the federal poverty level – 11 percentage points higher than the national rate of 16% (<https://www.aecf.org/blog/native-childrens-health-and-well-being>).

Finally, the average adverse childhood experience score among Natives is 2.32, higher than those of individuals identifying as White, Black, and Hispanic. Native youth (age 18-24) and young adults (25-34) reported the highest rates.²

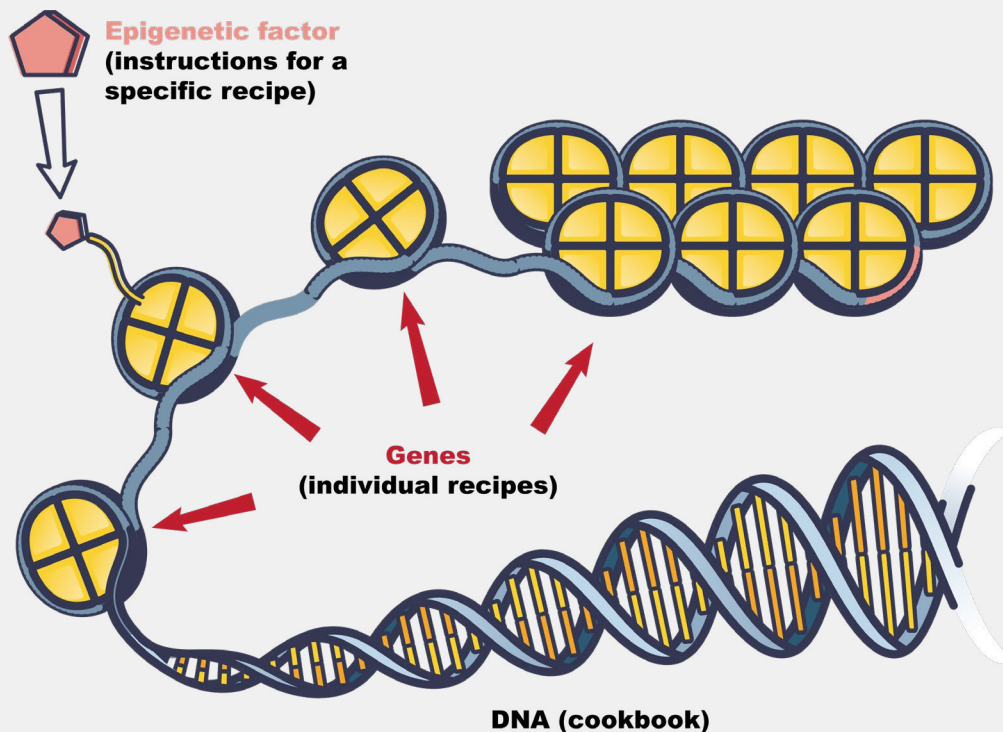




How trauma can be passed down through generations

Historical or intergenerational trauma isn't just psychological. Researchers have found increasing evidence that trauma can be passed down physically – like eye color or nose shape – through complex processes involving how certain genes are activated. Briefly, *epigenetic factors* – that is, factors outside the body – can influence how genes behave inside the body.

Think of DNA as a cookbook and genes as the recipes within the DNA book. The book itself doesn't change, but epigenetic factors can change how an individual recipe is made – how a gene behaves. For example, if you have an active gene for high blood pressure, environmental factors like smoking or eating a lot of salty foods will likely spur that gene to greater activity, which in turn raises your blood pressure. But if you don't smoke or eat too much salt, the gene isn't quite so active, and your blood pressure likely won't be quite as high.



Researchers have found that trauma can have similar effects on genes, and those effects can be passed down for at least one generation and perhaps across more generations. Childhood trauma can affect the eggs and sperm of girls and boys, and those changes can be carried into adulthood and passed on to their children. Thus, people who were never exposed to trauma that their parents or grandparents endured may still carry the epigenetic markers of that trauma in their own bodies.

There's also some evidence that **protective epigenetic factors** can be passed down to the next generation. Much more research is needed to learn how various environmental factors affect genetic recipes across generations, as well as how trauma itself affects the body long after the initial occurrence.



How children and youth respond to trauma

NOTE: This chart is a general guide and is not intended to label or predict outcomes. Each young person's experiences, strengths, and cultural background is unique. Changes in behavior may be temporary and due to multiple factors, and each youth should be approached with care, respect, and an open mind.

Domain	(2½ to 6 years)	7-8 years	9-12 years	13-18 years
Feelings	Irritable, acute separation anxieties, aggression.	Sadness, grief, fear, deprivation, loss, & anger.	Loss & rejection, helplessness & loneliness, shame, worry, & hurt.	Fear, sadness, anger, disappointment.
Expression	Young kids regress in behavior, aggressive behavior & tantrums, fantasy.	Crying & sobbing, fantasies, increase in possessiveness & no sharing.	Directed toward parents or others they associate with trauma; tantrums, demands, & dictatorial attitudes; increase in petty stealing; strained relations with authority.	Openness about their situation, involved in social activities.
Coping Mechanisms	No coping mechanism, which pushes them toward aggression.	No healthy mechanisms to avoid pain.	Views trauma with soberness & clarity & masks feelings. Engages in play.	More self-reliant, acting out, may be more susceptible to use of alcohol or other substances.
School	Impairs preschool social-emotional and cognitive function; predicts poorer kindergarten readiness and performance.	No difference from other children.	Noticeable decline in school performance.	No difference from other children.
Reason for Trauma	Self-accusations.	Majority concerned with who or what caused the trauma.	Only a few were concerned with their causing the trauma, more questioning of why?	Do not see themselves as the reason for the trauma. May become more active in social justice.
Cognitive	Confusion about what is happening.	Confusion about what is happening.	Clear understanding of what is happening.	Clear understanding of what is happening, how situations can be prevented or helped.
One year later	Majority in worse condition.	65% either improved or accepted the trauma; 23% experienced deterioration.	25% worried about being forgotten or abandoned by parents or something happening to them when away from primary caregivers; 75% resumed educational & social achievements; isolated children worsened.	Majority are functioning again as before the trauma. Same cognitive questions.

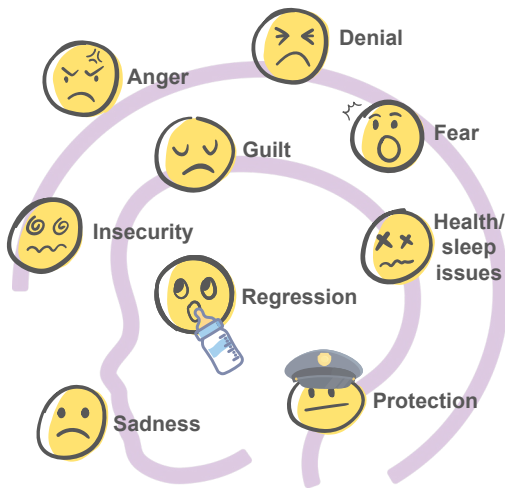


“As intergenerational trauma survivors, we must shift our minds from focusing on what has been lost and change it to the conscious awareness of what we can still learn.”

Madison White
 Mohawk Nation of Akwesasne
 2019 Champion for Change, Center for
 Native American Youth, Aspen Institute
 (p. 19, *The Way Forward*)



Typical reactions to trauma



Youth Vulnerability to Mental Disorders

Many behavioral health disorders first emerge in childhood and adolescence. Substance use disorders often show up in the early to mid teens, along with anxiety, depression, attention deficit hyperactivity (ADHD), and disruptive conduct disorders. A recent survey indicated that 26% of youth in the U.S. ages 8-17 met diagnostic criteria for at least one mental disorder within the previous year, with the most prevalent being a serious emotional disorder.

(<https://developingchild.harvard.edu>)

	Age 2-5	Age 8-17
Any mental health diagnosis	16%	26%
Serious Emotional Disorder	12%	13%
Anxiety Disorder	9%	8%
Disruptive Behavior Disorder	8%	6%
ADHD	3%	3.5%
Depression	3%	4%



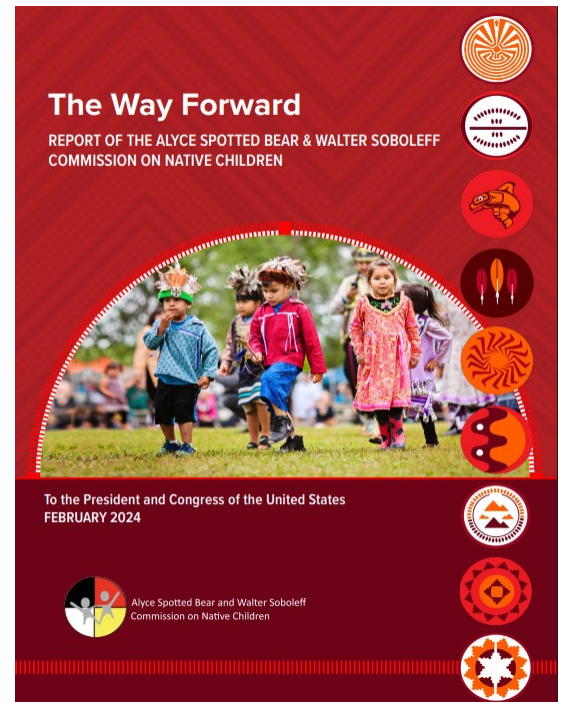
The Way Forward

The Way Forward is the final report of the Alyce Spotted Bear & Walter Soboleff Commission on Native Children, published in 2024 (<https://commissiononnativechildren.org/reports/TheWayForward.pdf>). While acknowledging the adverse conditions in which Native children and youth live and the resulting negative health impacts, the report focuses on a “look forward to a future” in which Native youth can thrive.

Cultural Engagement and Resilience

The report’s authors highlighted cultural engagement as a critical component of resiliency. Culture can “turn the tables” in the face of adversity and promote a path of health throughout the youth development years.³ Seven critical cultural components of culture engagement are described in the report:

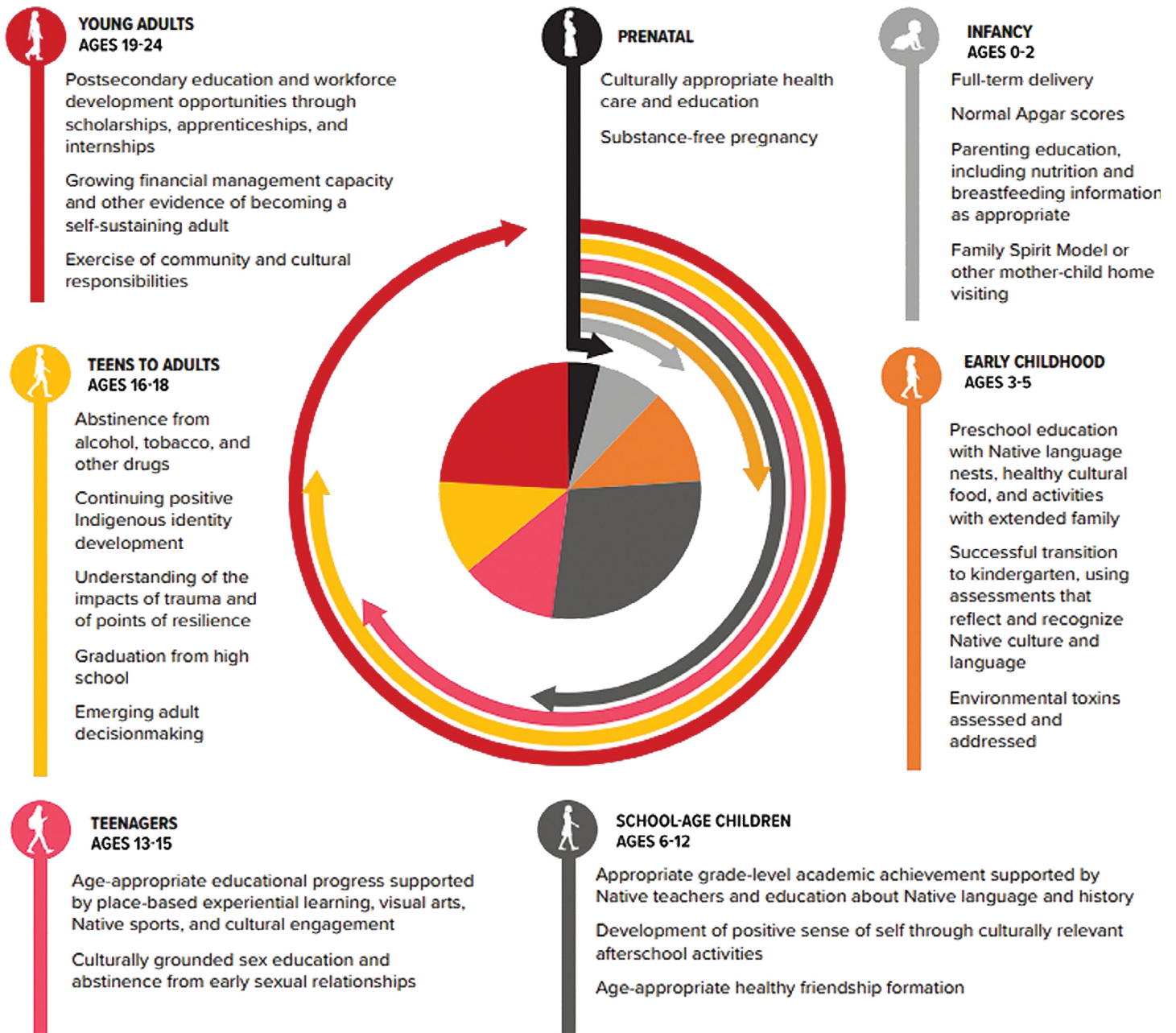
- 1. Cultural connectedness.** Connecting youth to land and place and providing access to traditional knowledge in order to enhance the learning by Native youth in knowing who they are.
- 2. Family connectedness.** The strengthening of relationships within the family and trusted adults supports all aspects of resiliency.
- 3. Community control.** Native communities can achieve enhanced self-governance and implement personalized youth programs when they assert and enact control over lands, natural resources, and governing bodies.
- 4. Spirituality and ceremony.** Healing and connectivity with the spiritual world is promoted by initiating or continuing spirituality and ceremony.
- 5. Extended kinship bonds.** The tradition of nesting individuals within the fabric of the community is a form of public health that extends to resilience building in youth.
- 6. Healthy traditional food.** By increasing access to Native ancestral diets and food habits, youth benefit from traditional medicinal knowledge, healthy microbiomes, and holistic wellbeing.
- 7. Youth self-efficacy.** The development and support of self-confidence and self-accomplishment based on traditional and culturally informed knowledge promotes the youth’s sense of identity, purpose, and self-esteem.





The Way Forward

The authors of *The Way Forward* produced this figure highlighting key health-promoting features for a positive lifecourse from infancy to young adulthood (p. 25).





References and Credits

References

1. BigFoot, D. S., Willmon-Haque, S., & Braden, J. (2008). Trauma exposure in American Indian/Alaska Native children. Oklahoma City, OK: Indian Country Child Trauma Center.
2. Giano, Z., Camplain, R. L., Camplain, C., Pro, G., Haberstroh, S., Baldwin, J. A., ... & Hubach, R. D. (2021). Adverse childhood events in American Indian Alaska native populations. *American Journal of Preventive Medicine*, 60, 213, 221.
3. LaFromboise, T. D., Hoyt, D. R., Oliver, L. & Whitbeck, L. B. (2006), Family, community, and school influences on resilience among American Indian adolescents in the Upper Midwest. *Journal of Community Psychology*, 34, 193-209.

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