



## **Trauma Exposure in American Indian/Alaska Native Children**

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### **American Indian/Alaska Native Children**

- 4.4 million American Indian/Alaska Native<sup>1</sup> (AI/AN) persons in U.S.; 1.5% of the U.S. population (1).
- 562 federally recognized tribes, 225 Alaska Native entities
- About 1.4 million AI/AN children under the age of 18 in the U.S. (2).

### **What is Trauma in Indian Country<sup>2</sup>?**

A unique individual experience associated with a traumatic event or enduring conditions, which can involve an actual death or other loss, serious injury, or threat to a child's well-being (3), often related to the cultural trauma, historical trauma, and intergenerational trauma that has accumulated in AI/AN communities through centuries of exposure to racism, warfare, violence, and catastrophic disease (4).

### **How Trauma is Experienced in Indian Country**

- A single event (car accident, rape);
- Prolonged experience (historical events such as the removal from homelands, ongoing sexual abuse);
- Cumulative effects (high rates and exposure to violence, such as domestic violence and community violence);
- Personal events that impact several generations (boarding schools, massacres, forced relocation, early losses);
- Violent deaths (homicide; suicide; unintentional injuries); and
- Multiple victimization (two or more different types of victimizations).

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<sup>1</sup> American Indian and Alaska Native are terminology to designate the Indigenous People of the United States with the following terms used interchangeably with tribes, Native, Native people, and Indigenous people.

<sup>2</sup> "Indian Country" is defined by Chapter 18, Section 1151 of the United States Code. In simple terms, Indian Country is any land granted by treaty or allotment to Native American nations, tribes, reservations, communities, colonies, or individuals and recognized by the federal government. There are about 285 federally recognized reservations, colonies, and communities in the United States. Reservations may consist of two or more traditional tribes because of relocation dating from the 1800's.

## **Oppression and Limited Infrastructure Increase Vulnerability of AI/AN Youth**

### Lack of Mental Health Services

- 100 AI/AN mental health professionals available per 100,000 AI/ANs, compared to 173 per 100,000 for Caucasians (5).
- More than 55% of AI/ANs rely on Indian Health Service (IHS) alone for their health care needs (6).
- Only 28% of AI/ANs have private health insurance (6).
- Most adolescents with substance use disorders are referred to one of 12 Indian Health Service funded residential treatment facilities which are often geographically distant from their own communities (7).
- Cultural traditions are the preferred method of healing for mental health or substance abuse problems for many AI/ANs (8).

### Education

- AI/ANs are overrepresented in special education with significant variations among states; for example, 39% of AI/AN students in Florida have some type of disability where no AI/ANs in the District of Columbia were identified (9).

### Poverty

- In 2006, 40% of AI/AN children lived in poor families (10).
- AI/AN children live in single parent families at the highest rates in the U.S. (2).
- The adolescent birth rate for AI/ANs (69/1000) is higher than the national rate (49/1000); births to AI/AN women younger than 20 years of age (1 in 5) is higher than the national rate (1 in 9) (11).
- While representing less than 2% of the U.S. population, it is estimated that AI/ANs constitute 8% of Americans who are homeless (12).

### High Death Rates

- In 2003, AI/ANs were 1.5 times more likely to die from unintentional injuries (56.9 per 100,000) compared to all races combined (37.2 per 100,000) (13).
- AI/AN infant mortality rates were 1.6 times higher than non-Hispanic Caucasian rates (13).
- In 2001, AI/ANs had the highest rate of sudden infant death syndrome (SIDS) of all racial/ethnic groups (124.2 per 1,000 live births), 2.2 times higher than the rate for all populations (55.5 per 1,000) (13).

### Victimization

- Victimization rate of AI/AN children is 20/1000 compared to 10/1000 of non-Hispanic Caucasian children (14).
- Compared to their peers, AI/AN children are at 2.5 times greater risk of experiencing trauma (10).

### Chronic Health Problems

- AI/AN children are 2.2 times more likely to have diagnosed diabetes than Caucasian children (15).
- AI/AN adolescents have two to four times the rate of sexually transmitted diseases (STDs) compared to Caucasians nationally and twice the proportion of AIDS compared to their national counterparts (16).

### **Major Mental Health Problems and AI/AN Youth**

#### Depression

- AI/AN youth have higher rates of mental health and substance use problems than other ethnic groups (17).
- Psychiatric disorders may be common among AI/AN adolescent detainees at a juvenile detention center (18). Of 150 AI/AN youth, 49% had at least one alcohol, drug, or mental health disorder, 12.7% has two disorders, and 8.7% has three or more disorders (18).
- Depression among AI/AN children ranges from 10-30% (5).

#### Suicide

- In 2001, the suicide rates for AI/AN youth were three times greater than for Caucasians of similar age (19).
- In a survey of AI/AN adolescents (n=13,000), 22% of females and 12% of males reported having attempted suicide at some point (20).
- AI/ANs age 15 to 24 have the highest rate of suicide, 30.7 for AI/AN males and 10.5 for AI/AN females (21, 22).

#### PTSD

- In a sample of AI/AN youth, an average of 4.1 lifetime traumas reported, with threat of injury and witnessing injury being the most common form of trauma exposure (23). About 10% of AI/ANs youth in this study met the diagnostic criteria for posttraumatic stress disorder (PTSD) (23).

#### Child Abuse and Neglect

- Alcohol abuse, related to child abuse and neglect, is more likely to be reported for AI/AN families (24).
- Nationally, when substantiation rates for abuse or neglect of Caucasian children are compared with rates with other children, AI/AN children are twice as likely to be substantiated as abused or neglected (25).
- While AI/AN children represented 1% of the total population under the age of 18, they were 2% of the foster care population in 2000 (25).
- Approximately 1 substantiated report of a child victim of abuse or neglect for every 30 AI/AN children (26).

- For every 1,000 AI/AN children in the U.S. population, 16 were in foster care in 2000, compared with on average, 1 in 7 for all races in the U.S. population. (25)
- Among women who had children placed in substitute care by child welfare, AI/AN families were the only group that seemed to have more negative child welfare outcomes (e.g., longer length of stay in substitute care and placement outcomes) (27).
- Violence is more likely to be reported among AI/AN families, both as an element of abuse and/or neglect and in general (24).

### Domestic Violence

- AI/AN women are more than 2.5 times more likely to be raped or sexually assaulted than women in the U.S. in general (28).
- In 2005, 39% of adult AI/AN women were victims of intimate partner violence (29).

### Substance Abuse

- Tobacco use is considerably higher among AI/AN than Caucasian youth (30).
- Substance use and substance use disorders among AI/AN adolescents are significantly higher than non-AI/AN peers (31, 32).
- 50% of AI/AN youth in treatment for substance abuse have significant untreated psychiatric comorbidity (33).
- Parental histories of problematic substance use and childhood traumatic events are associated with substance use among AI/ANs (34).

See References at [www.icctc.org](http://www.icctc.org)

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## References

- 1 U.S. Census Bureau (2006). Statistical Abstract of the United States: 2007 (126th Edition) Washington, DC.
- 2 U.S. Census Bureau (2000). Race and Hispanic or Latino Origin by Age and Sex for the United States: 2000. Retrieved February 19, 2008, from <http://www.census.gov/population/cen2000/phc-t08/tab04.pdf>.
- 3 National Child Traumatic Stress Network (NCTSN) (2004). Defining trauma and child traumatic stress. Retrieved November 8, 2005, from <http://www.nctsn.org>.
- 4 BigFoot, D. & Braden, J. (2007). Adapting evidence-based treatments for use with American Indian and Native Alaskan children and youth. *Focal Point*, 21(1), 19-22.
- 5 Satcher, D. (1999). Mental health: A report of the Surgeon General. Presented at the 92nd Annual NAACP Convention, New Orleans, Louisiana.
- 6 Indian Health Service. (2002). Fact sheet: Indian Health Service, An agency profile. Washington DC: Author. Retrieved January 30, 2008, from <http://info.IHS.gov>.
- 7 Boyd-Ball, A. J. (2003). A culturally responsive, family-enhanced intervention model. *Alcoholism: Clinical and Experimental Research*, 27(8), 1356-1360.
- 8 Wall, M. L., Johnson, K. D., Whitbeck, L. B., & Hoyt, D. R. (2006). Mental health and substance abuse preferences among American Indian people of the Northern Midwest. *Community Mental Health Journal*, 42(6), 521- 535.
- 9 Zhang, D. & Katsiyannis, A. (2002). Minority representation in special education: A persistent challenge. *Remedial and Special Education*, 21(3), 280-187.
- 10 National Center for Children in Poverty (2007). Facts about trauma for policymakers. Retrieved on February 14, 2008, from [www.nccp.org/pulications/pub\\_746.html](http://www.nccp.org/pulications/pub_746.html).
- 11 Ventura, S. J., Matthews, T. J., & Hamilton, B. E. (2001). Births to teenagers in the United States: 1940-2000. Retrieved February 19, 2008, from [www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr49/nvsr49_10.pdf).
- 12 SAMHSA (1999). Surgeon General's report, 1999. Mental health fact sheet on Native American Indians. U.S. Department of Health and Human Services, Office of the Surgeon General, Substance Abuse and Mental Health Services Administration. Retrieved February 12, 2008, from [www.mentalhealth.samhsa.gov/cre/](http://www.mentalhealth.samhsa.gov/cre/).
- 13 Office of Minority Health (2006). Highlights in minority health & health disparities. Retrieved February 12, 2008, from <http://www.cdc.gov/omhd/Highlights/2006/HNov06.htm#DISPARITIES>.
- 14 Bureau of Justice Statistics. (2004, December). A BJS statistical profile, 1992-2002: AI/ANs and crime. U.S. Department of Justice. Retrieved November 8, 2005, from <http://www.ojp.usdoj.gov/bjs/pub/pdf/aic07.pdf>
- 15 Indian Health Service. (2007). Diabetes in American Indians and Alaska Natives: facts at-a-glance. Retrieved on February 14, 2008, from [www.ihs.gov/medicalprograms/diabetes](http://www.ihs.gov/medicalprograms/diabetes)
- 16 Kaufman, C. E., Desserich, J., Big Crow, C. K., Holy Rock, B., Keane, E., & Mitchell, C. M. (2007). Culture, context, and sexual risk among Northern Plains American Indian youth. *Social Science & Medicine*, 64, 2152-2164.
- 17 U.S. Department of Health and Human Services (2001). Mental health care for American Indians and Alaska Natives. In: Mental Health: Culture, Race, and Ethnicity. VA Supplement to Mental Health: A Report of the Surgeon General. Rockville, MD: USDHHS, Substance Abuse and Mental Health Service.
- 18 Duclos, C. W., Beals, J., Novins, D. K., Martin, C., Jewitt, C. S., & Manson, S. (1998). Prevalence of common psychiatric disorders among American Indian adolescent detainees. *Journal of the American Academy of Child Psychiatry*, 37(8), 866-873.
- 19 Office of Minority Health (2008). American Indian & Alaska Native (AI/AN) populations. Retrieved February 12, 2008, from [www.cdc.gov/Office of Minority Health/Populations/AIAN/AIAN.htm](http://www.cdc.gov/Office of Minority Health/Populations/AIAN/AIAN.htm).
- 20 Blum, R.W., Harmon, B., Harris, L., Bergeisen, L., & Resnick, M.D. (1992). American Indian-Alaska Native youth health. *Journal of the American Medical Association*, 267, 1637-1644.
- 21 Center for Disease Control (2004). Suicide: Factsheet. National center for injury and prevention and control. Retrieved November 8, 2005, from <http://www.cdc.gov/ncipc/factsheets/suifacts.htm>.
- 22 National Center for Health Statistics (2007). Health, United States, 2007 with Chartbook on Trends in the Health of Americans. Retrieved February 20, 2008, from <http://www.cdc.gov/nchs/data/hus/hus07.pdf>
- 23 Deters, P. B., Novins, D. K., Fickenscher, A., & Beals, J. (2006). Trauma and posttraumatic stress disorder symptomatology: Patterns among AI/AN adolescents in substance abuse treatment. *American Journal of Orthopsychiatry*, 76(3), 335-345.
- 24 Earle, K. A., & Cross, A. (2001). Child abuse and neglect among American Indian/Alaska Native children: An analysis of existing data. Seattle, WA: Casey Family Programs.

- 25 Child Welfare League of America (2008). Disproportionate Representation of Children of Color.  
Retrieved on April 9, 2008, from <http://cwla.org/programs/culture/disproportionate.htm>
- 26 National Child and Neglect Data System, (2002). Child Maltreatment 2002, Dept. of Health and  
Human Services, Administration on Children and Families, Washington, DC.
- 27 Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for  
child welfare outcomes? A statewide longitudinal analysis. *Children and Youth Services Review, 19*,  
460-473.
- 28 Amnesty International (2007). Maze of injustice: The failure to protect Indigenous women from sexual  
violence in the USA. Retrieved on September 13, 2007, from  
<http://www.amnestyusa.org/women/maze/report.pdf>.
- 29 Center for Disease Control (2008). Adverse health conditions and health risk behaviors associated with  
intimate partner violence—United States, 2005. *MMWR, 57*(05), 113-117.
- 30 Beauvais, F., Jumper-Thurman, P., Burnside, M., & Plested, B. (2007). Prevalence of American Indian  
adolescent tobacco use: 1993-2004. *Substance Use & Misuse, 42*, 591-601.
- 31 Beals, J., Piasecki, J., Nelson, S., Jones, M., Keane, E., Dauphinais, P., et al. (1997). Psychiatric  
disorder among American Indian adolescents: Prevalence in Northern Plains youth. *Journal of the  
American Academy of Child and Adolescent Psychiatry, 36*, 1252–1259.
- 32 Beauvais, F. (1996). Trends in drug use among American Indian students and dropouts, 1975 to 1994.  
*American Journal of Public Health, 86*, 1594–1599.
- 33 Novins, D.K., Beals, J., Shore, J.H., & Manson, S.M. (1996). The substance abuse treatment of AI/AN  
adolescents: Comorbid symptomatology, gender differences, and treatment patterns. *Journal of the  
American Academy of Adolescent and Child Psychology, 35*(12), 1593-1601.
- 34 O'Connell, J. M., Novins, D. K., Beals, J., Whitesell, N., Libby, A. M., Orton, H. D., & Croy, C. D. (2007).  
Childhood characteristics associated with stage of substance use of American Indians: Family  
background, traumatic experiences, and childhood behaviors. *Addictive Behaviors, 32*, 3142-3152.