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Walden University
2017

Abstract

Historical Trauma's Impact on Dating Violence and Pregnancy Among Urban Native

Americans

by

Shannon Barnes

MS, University of New Mexico, 2010

BA, University of New Mexico, 2008

Dissertation Proposal Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Health

Walden University

August 2017

Abstract

Native Americans have high rates of teen births and intimate partner violence, though little is known about how historical trauma impacts these experiences. The research that has been conducted on teen pregnancy and violence has been among reservation-based Native Americans; little research has been conducted on the experiences of urban Native Americans. The research question for this study examined the potential impact of historical trauma on the lives of parenting urban Native Americans. This phenomenological study gathered the narrative lived experiences of participants via semistructured interviews. Purposeful random sampling was used to recruit 7 parenting urban Native American teens aged 18 to 25 residing in Albuquerque, New Mexico. Interview responses were transcribed and entered into NVivo11© to support the analysis. Nine themes were identified: chaos; trauma; violence; family, with the subcategory of negative family experiences; responsibility; altered life plans; historical trauma as defined by past events; traditions; and sense of belonging. It was not explicit how historical trauma as defined in the literature had impacted the lives of urban Native Americans and how they raised their children. However, the participants experienced violence and trauma, which impacted outcomes in their lives. The social implications of this study are that it supports the development of culturally sensitive interventions targeted towards urban Native Americans. The findings of this study identified gaps in services for urban Native Americans that community groups and other agencies can use to develop or expand targeted support services focused on urban Native American needs.

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Dedication

      To name everyone who had a role in me reaching this milestone is difficult. I would like to thank my parents, Brian and Natalie Niebuhr, as they instilled in me the importance of education, though I don't think they believed I would take it this far. My sister, Heather Schutte, has been my biggest role model in my life and she is now a great educator, both to me and the students she teaches. My grandmother, Adeline Schreiber, is one of the strongest and most independent women that I know, and I am glad I got those traits from her.

      Most importantly I would like to thank my husband, Jason Barnes. He has been with me since I started my journey in higher education, through all my struggles and successes. Through his unwavering support, I can achieve my crazy dreams. He has provided me the greatest gift in life, our son, Enzo. I am thankful my son came into my life as it motivated me to finish this. I am hopeful that our son will appreciate learning as much as I do.

Acknowledgments

I would like to thank Dr. Patrick Tschida, my committee chair, for providing me with constant encouragement and guidance throughout the dissertation process. I would also like to thank Dr. Jeanne Connors for stepping into the role of committee member for me. She was the perfect fit and I am thankful for her thoughtful questioning and guidance during this process.

Special thanks to the participants of this study. Without them being willing to share their stories with a stranger, this could have never happened. They are resilient and courageous and I am glad that we could spend time together.

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Chapter 1: Introduction to the Study

Introduction

Native Americans in New Mexico have high rates of teen births and intimate partner violence. The teen birth rate for Native Americans ages 18-19 in New Mexico in 2014 was 65.2 per 1, 000 girls (New Mexico Indicator-Based Information System [IBIS], 2016). This rate was the second highest in the state behind the Hispanic population (78.1 per 1, 000) for the same time period and age group. Of the 13,343 intimate partner violence victims reported in New Mexico in 2013, 16% were Native American victims compared to 49% Hispanic and 30% European American (Caponera, 2014). Teen pregnancy and intimate partner violence are closely associated with one another, with prior violence (forced intercourse) generally leading to future violence including reproductive coercion, which can lead to pregnancy (Mylant & Mann, 2008). Understanding these issues among Native Americans requires a dialogue that includes trauma resulting from historical oppression (Skenandorf, Scow, Schanen, & Clary, 2012).

The Native American population in 2013 comprised 10% of the population in the state of New Mexico, 208,528 out of a total population of 2,085,287 (U.S. Census Bureau, 2014a). Native American youth (under age 18) make up a large proportion, one third of the total Native American population, compared to less than one quarter of the European American population of the same age group (Urban Indian Health Institute, 2009). This high proportion suggests the importance of closely examining the health status and behaviors of this population.

Data from the "Incidence and Nature of Domestic Violence in New Mexico XII" report showed that 10% of Native American women (self-reported of any tribe) in New Mexico were survivors of intimate partner violence (Caponera, 2014). Nationally, Native Americans are two and a half times as likely to experience violent crimes and at least twice more likely to experience rape or sexual assault crimes compared to all other races (National Congress of American Indians, 2013). The birth rate for Native American teens ages 15 to 19 in 2012 in New Mexico was 21.7 per 1, 000 compared to the national birth rate of 29.4 per 1, 000 (IBIS, 2014). It is possible that some of these teen pregnancies resulted from the teens being physically forced to have unwanted sex, as 16.4% of Native American teens nationally and 9.7% in New Mexico reported this to have occurred in their lives on the Youth Risk Behavior Survey (IBIS, 2015; Urban Indian Health Institute, 2009). These data highlight the significance of teen pregnancy and domestic violence among Native Americans in New Mexico and the United States; though what is not demonstrated is the long-term impacts historical trauma has had on this population in relation to these issues.

This study was designed to focus on an underresearched segment of a population, urban Native American teens (18 to 25 years old), to understand a unique characteristic of their lived experience, the impact of historical trauma on pregnancy and dating violence. The study results and subsequent dissemination could make available insights into the impact and outcome of historical trauma on today's urban Native American youth. New understanding resulting from this study could help in the development of primary and secondary prevention programs for urban Native Americans and aid

communities in better recognizing the contributing factors for the public health issues of teen pregnancy and dating violence. The potential implication for social change from this study is a better understanding of how historical trauma impacts the lived experiences of generations of Native Americans. This knowledge can be useful for program developers, educators, and other researchers who are searching for direction in improving prevention programs.

Chapter 1 includes a description of the background of teen pregnancy and teen dating violence along with pertinent information on historical trauma and its importance as a public concern. I define the problem statement and research question and identify the purpose of the study. Chapter 1 also contains an explanation of the conceptual framework and the nature of the study along with definitions of key terms and the study's assumptions. The chapter concludes with the scope and limitations of this study and the significance of the study.

Background

Roughly 67% of Native Americans reside in urban areas, yet most of the literature describing unintended pregnancy and dating violence focuses on Native Americans living on reservation land (Rutman, Taualii, Ned, & Tetrick, 2012). Furthermore, 58% of Native American youth live in Census defined urban areas (Urban Indian Health Institute, 2009). Albuquerque, New Mexico, is ranked fourth for cities with the largest number and percentage of Native Americans (U.S. Census Bureau, 2010). Native Americans have been relocating to urban areas in increasingly large numbers over the past few decades and will continue to do so, though they are still overlooked due to a lack of awareness

and recognition of this population (Rutman et al., 2012). When relocation occurs from reservation to an urban area, many Native Americans lose access to health care and other benefits granted to them while living on the reservations. The search for jobs, educational opportunities, and housing spurs the contemporary relocation efforts occurring as there can be high unemployment, limited educational opportunities, and housing shortages on some reservations (Urban Indian Health Institute, 2009). Urban Native Americans compose a highly diverse population that is generally dispersed, sharing less of a sense of community compared to those living on a reservation. One way in which urban Native Americans keep the link to their cultural connections is frequent travel back to their home reservations. Urban and reservation-based Native Americans face many of the same health issues, though the rates can be markedly different.

The National Survey of Family Growth Cycle 6 conducted in 2002 collected data on Native American urban females ages 15 to 44 including information on unintended pregnancy, sexual behaviors, and violence. The National Survey of Family Growth found that urban Native American females have a high prevalence of multiple pregnancies (three or more), unintended pregnancies (26%), and sexual initiation at or before 15 years old (32.5%; Rutman et al., 2012). Unprotected first sex and first sex with much older sexual partners put Native American women at greater risk for sexually transmitted infections, teen births, and poor overall reproductive health outcomes (Rutman et al., 2012). Higher rates of sexual violence among Native American women compared to women of other races were also found in the National Survey of Family Growth, which included data on the prevalence of nonvoluntary first sexual intercourse. The National

Survey of Family Growth and many other national surveys that will be discussed later did not include questions about the experiences of trauma faced by Native Americans, which could yield valuable information into health risk behaviors.

Historical trauma was first identified among Jewish Holocaust survivors and similar symptoms have been recognized among Native Americans in the United States (Brave Heart & DeBruyn, 1998). The traumas that resulted from colonization of Native Americans of past generations are affecting the current social and psychological lives of present-day families, communities, and individuals (Wiechelt, Gryczynski, Johnson, & Caldwell, 2012). Many of the social issues with which Native Americans are challenged today originate in the traumas of past generations. Nearly 40% of Native American women will experience domestic violence and are two and a half times more likely to be sexually assaulted or raped compared to women in general in the United States (U.S. Department of Justice, 2014). The rates of teen pregnancy and teen dating violence are also very high among Native Americans teens in New Mexico and nationally.

The birth rate for Native American teens (ages 15 to 19) nationally in 2012 was 34.9 per 100,000, which is lower than that of African American and Hispanic teens, though for the small proportion of the population Native Americans comprise it is high (Martin, Hamilton, & Ventura, 2013). Native American teen birth rates remain more than one and a half times higher than the European American teen birth rate (Centers for Disease Control and Prevention [CDC], 2016). In New Mexico in 2014, the teen birth rate for Native Americans ages 18-19 was 65.2 per 1,000 girls (IBIS, 2016). This rate was the second highest in the state compared to the Hispanic population for the same

period and age group. Many evidence-based teen pregnancy prevention education programs exist that are targeted towards African American (six targeted programs) and Hispanic (five targeted programs) youth, though there are no evidence-based teen pregnancy prevention education programs that are targeted towards Native American youth (Office of Adolescent Health, 2015). Furthermore, there are no evidence-based teen dating violence prevention education programs that are targeted towards any specific racial/ethnic group (Office of Adolescent Health, 2015). Prevention programs that not only address health behaviors but also those determinants of the behaviors may be useful for addressing historical trauma among Native American youth.

Urban Native Americans face health disparities related to intimate partner violence and teen pregnancy, though with much research focused on reservation-based Native Americans among these health outcomes, it is difficult to generalize the results of the research to urban-based Native Americans. As is shown in the data, Native American teens are already vulnerable due to the developmental stage they are in and the addition of traumas may expose them to risky behaviors (i.e., dating violence and pregnancy).

Problem Statement

The research problem addressed in this study is the impact of historical trauma on teen dating violence and teen pregnancy among urban Native American teen parents. Native Americans have high rates of teen births and intimate partner violence for the small proportion of the population they comprise, though there is little that is known about how historical trauma impacts these experiences. Urban Native American teens are

nearly twice as likely (1.9 disparity ratio) compared to teens in the general population to become pregnant as a teen (Urban Health Institute, 2009).

Research has been conducted on teen pregnancy among reservation-based Native Americans (Cooke, 2013; Dalla, Jacobs-Hagen, Jareske, & Sukup, 2009; Hagen, Skenandorf, Scow, Schanen, & Clary, 2012; Leston, Jessen, & Simons, 2012; Palacios & Powell Kennedy, 2010; Palacios, Strickland, Chesla, Kennedy, & Portillo, 2014), but little research has been conducted on the experiences of urban Native American youth, more specifically how historical trauma is manifested in teen pregnancy and dating violence. Teen pregnancy has been identified by the CDC (2014b) as a top ten Winnable Battle. Teen pregnancy has a major impact on health and there are effective evidence-based interventions that can be broadly implemented, though no evidence-based interventions are targeted towards urban Native American teens. An intense focus and effort on teen pregnancy can have significant impacts in a short amount of time.

This research study focused on a specific segment of a population, urban Native American youth (as defined in Chapter 2) to understand a unique characteristic of their lived experience, the impact of historical trauma on pregnancy and dating violence. In both the National Violence Against Women Survey (CDC, 2014a) and the National Crime Victimization Survey (U.S. Bureau of Justice Statistics, 2017), Native Americans are not identified as urban or reservation based but instead are combined into one category of Native Americans. The generalizations of the entire population of Native Americans can be problematic as there can be many differences between Native American cultures and this is also true of those living in urban areas. For this study,

participants who self-identify as Native American were asked to participate as self-identification is used in many national studies including the National Violence Against Women Survey (CDC, 2014a), National Crime Victimization Survey (U.S. Bureau of Justice Statistics, 2017), and the Youth Risk Behavior Survey (Green, Peñaloza & Fitzgerald, 2012). With a large majority of Native Americans residing off reservations in urban areas, it is important to focus studies on this population to identify health issues and disparities that may impact this unique group.

Purpose

The purpose of this qualitative study was to explore the possible relationship between historical trauma and the outcomes of teen dating violence and pregnancy among urban Native American youth, specifically teen parents. The research paradigm that will be utilized is constructivism. The constructivist paradigm was chosen because the basic assumptions are that knowledge is socially constructed by the subjects who are actively participating in the research process and the researcher should understand the lived experience from the view of those who are living it (Mertens, 2015). The focus on urban Native American teen parents and how they believe experiences of trauma has had an impact, if at all, on their lived experiences, particularly of teen pregnancy and dating violence. This research is supported by literature on the history and implication of historical trauma and background and statistics on teen pregnancy and teen dating violence among Native American teens within the United States (Brave Heart & DeBruyn, 1998; Brown-Rice, 2013; Brownridge et al., 2011; Caponera, 2014; CDC,

2011; Green, Peñaloza, & Fitzgerald, 2012; Martin et al., 2013; Miller et al., 2010; National Congress of American Indians, 2013; and Sotero, 2006).

Research Questions

This study was based on one main research question:

RQ: How has historical trauma impacted the lived experiences of parenting Native American teens (ages 18-25) living in Albuquerque, New Mexico?

Conceptual Framework

The guiding conceptual framework of this study was the historical trauma theory first identified by Brave Heart and DeBruyn (1998) after they examined literature describing the experiences of Jewish Holocaust survivors and their descendants. The underlying assumption of this theory is that trauma is transferred between subsequent generations through biological, psychological, social, and environmental paths, which equate to an intergenerational cycle of trauma (Brown-Rice, 2013). There is an understanding that one way in which to describe the social ills that Native Americans today are experiencing is through the lens of the historical trauma theory. Sotero (2006) also provided the premise to historical trauma theory that the populations who have been historically subjected to long-term, mass trauma exhibit a higher prevalence of disease several generations after the original trauma occurred. This is an important concept to understand to help reduce the racial and ethnic disparities that exist throughout public health and specifically for this study in teen pregnancy and dating violence. It is described in further detail in Chapter 2.

During the past 500 years, Native Americans have been subjected to inhumane practices by the European colonizers, which led to historical losses that were passed on for generations into the future. Historical losses of the population, lands, culture, and families led to traumas that exposed Native Americans to symptoms that impacted their social-environmental and psychological functioning (Brown-Rice, 2013). Brave Heart and DeBruyn (1998) posit that the forced removal of children may have led to the high rates of child abuse, domestic violence, and sexual assaults being experienced in Native American families. The historical trauma theory is described in detail in Chapter 2.

To help answer the research question for this study, the historical trauma theory provides a potential context for the experiences of teen pregnancy and dating violence among Native American teens. The teens may not readily identify with the historical trauma theory, but the identification of the themes that were described by the teens may align with historical trauma theory.

Nature of the Study

I used a qualitative research design with phenomenology as the specific methodology to determine the impact of historical trauma on the lived experiences of urban Native American teen parents. Briefly, the purpose of phenomenological research is to describe an experience as it has been lived while examining the uniqueness of the individual's lived situation. The data collection from urban Native American teens was conducted via semistructured interviews. The teens who agreed to be interviewed were willing to express their feelings and experiences regarding the variables of this study (teen pregnancy and teen dating violence). The participants were provided an informed

consent form that they completed to participate in the study. Participant selection is further described in Chapter 3.

Phenomenology was the chosen approach for this study as it best corresponds to the storytelling traditions of many Native American tribes, pueblos, and nations. Phenomenology is aimed at understanding the lived experiences by describing and interpreting meanings as they emerge (van Manen & Adams, 2010). Phenomenological research describes how a subject experiences a certain phenomenon. Through the use this type of inquiry, the researcher also attempts to understand the lived experience before the participant can describe it (van Manen & Adams, 2010).

The nature of the study was a qualitative design. Qualitative research is consistent with being able to understand the impacts of historical trauma on the lived experiences of parenting teens, which was the primary focus of this inquiry. I attempted to understand the themes of historical trauma in the lived experiences of the Native American teens in alignment with Husserl's theory of phenomenology. To solicit the impact of historical trauma, in-depth semistructured interviews were conducted to gather the data.

Definition of Terms

Dating violence: The physical, sexual, and psychological/emotional violence in a dating relationship, as well as stalking (CDC, 2014b). For the purposes of this study, domestic violence and dating violence will mean the same thing.

Domestic violence: Interchangeably used with intimate partner violence, the physical, sexual, or psychological harm by a current or former partner or spouse (CDC,

2011). For the purposes of this study, domestic violence and dating violence will mean the same thing.

Historical trauma: Cumulative emotional and psychological wounding extending over an individual lifespan and across generations caused by collective traumatic experiences (Brave Heart & DeBruyn, 1998).

Intimate partner violence: Physical, sexual, or psychological harm by a current or former partner or spouse (CDC, 2015).

Teens: For the purpose of this study, the terms teen, youth, adolescent, and young adult are used interchangeably to denote males and females between the ages of 15 and 19, unless otherwise noted.

Urban Native Americans: Those persons of American Indian and Alaska Native (Native American) ancestry who may or may not have direct and/or active ties with a particular tribe, but who identify with and are at least somewhat active in the Native community in their urban area (National Urban Indian Family Coalition, 2008).

Assumptions

Research studies have various assumptions. It was assumed that the Native American urban population in Albuquerque consisted of members of many different tribes, pueblos, and nations. This is something that was not controlled for in this study, though I was aware that this may impact the participants differently. It was assumed that if the urban Native Americans weren't raised on a reservation that they had some connection to their home reservations. This could also mean that they may have had

different cultural beliefs, languages, attitudes, and so forth. This was explored through the interview questions (Appendix A) though not controlled for.

It was also assumed that the historical trauma impacted the various tribes, pueblos, and nations differently; therefore, the study results will not be generalizable. There was an assumption that the outcomes of the intergenerational transmission of historical trauma includes domestic violence, early unintended pregnancies, substance abuse, and poverty. It was assumed that participants would be honest and truthful in discussing their lived experiences.

<div align="center">**Scope and Delimitations**</div>

To address the disparity of domestic violence and teen pregnancy among Native Americans and the underrepresentation of urban Native Americans in research, the focus of this study was on urban Native American parenting teens ages 18 to 25. The specific population focus for this study was within the urban area of Albuquerque, New Mexico, and did not include Native Americans in any other areas of the state or in any other urban areas in any other states. This study also did not include any other parenting teens from any other ethnic minority groups. The justification for this narrow scope was to understand the lived experiences of urban Native American teens to better develop interventions that meet their unique needs. I did not attempt to understand the lived experiences of Native Americans living on reservations across New Mexico. There is potential for this study to be transferable among urban Native Americans in other states or urban areas within the state, as they could have been witness to some of the same experiences.

Limitations

There are some limitations or potential weaknesses inherent within all studies. One of the limitations of this study was that the participants were Native Americans living in urban areas only and were not representative of Native Americans living on reservations. The terms reliability and validity are generally associated with quantitative research, though they are also important when discussing rigor in qualitative research studies. Whether quantitative or qualitative, data is assessed for reliability and validity on both objectivity and credibility.

One of the limitations of a qualitative study is the presence of the researcher in the process of data gathering. The presence of the researcher in a qualitative study is unavoidable but could affect or influence the responses of subjects. The participants of the study may not have been willing to be fully honest regarding their responses to the interview questions. To address this limitation, I provided assurance to the participants that they would remain anonymous.

Another limitation of qualitative research is that the research is generally specific to a small number of environments and people. Since the participants were so narrow in scope, it is difficult to show that the conclusions and findings can be applied to other situations and populations. The results that were determined from this study will not necessarily occur in an identical situation; this is a limitation of transferability.

Recall bias, a classic form of information bias, can be a major threat to internal validity and the credibility of the study. This bias is a limitation of this study, as I gathered self-reported data from participants. The participants may have found it hard to

remember accurately past experiences due to human memory being a poor version of the original experience. I minimized this threat to the study by using a standardized approach to the interviews with the participants.

Significance

Most of the research to date has been conducted among reservation-based Native Americans and has failed to be conducted among the large proportion of the urban Native American population (Cooke, 2013; Dalla et al., 2009; Hagen et al., 2012; Leston et al., 2012; Palacios & Powell Kennedy, 2010; Palacios et al., 2014). Approximately 67% of the Native American population now lives off reservation land, though most counties with higher proportions of Native Americans are near reservations (U.S. Census Bureau, 2014b).

Dalla et al. (2009) focused on Navajo reservation youth and discovered that their support networks were overwhelmingly represented by female kin, which in many Native American tribes is the cultural norm, especially in relation to financial and childrearing supports. Palacios and Powell Kennedy (2010) also conducted research on an unnamed Northwestern tribal reservation and found that the social support systems were a part of their life on the reservation but were often lacking in areas such as supervision and consistency. The teens often acted as the adult in their life situation, serving as the parent to their younger siblings by taking care of chores, signing school permission slips, finding money to pay for necessities, and so forth, due to the actual adults being absent either physically or emotionally. These reservation-based studies confirm that proximity of Native Americans to reservation land suggests a stronger support system that is a part

of the reservation setting. This is something that may not exist for urban Native

Americans and may impact their overall way of life, especially for teen parents.

The significance of this study was to provide insights into the lived experiences of

urban Native American youth and how historical trauma has shaped those experiences,

specifically in regard to teen pregnancy and teen dating violence. The results of this study

reduced the gap in literature with respect to insights into the lives of urban Native

American parents and the relevance of historical trauma. Implications for social change

resulted from a greater understanding of the impact of historical trauma in the lives of

urban Native American parenting teens. The dissemination of the results of this study

may lead to (a) development of teen pregnancy and dating violence interventions that are

specifically targeted toward urban Native Americans, and (b) addressing the underlying

factors that cause teen pregnancy and teen dating violence among urban Native American

teens.

Summary

This chapter described the research study and provided an overview of the

conceptual framework of historical trauma theory. The nature of the study and scope and

limitations were also outlined in this chapter. Chapter 2 will provide a detailed

exploration of the literature of the conceptual framework and the variables of the study.

After I have described the historical trauma theory, teen pregnancy, and teen dating

violence, I will discuss in Chapter 3 the overall research design including the data

collection and data analysis methods used.

Chapter 2: Literature Review

Introduction

Much research has been conducted on teen pregnancy among reservation Native Americans (Cooke, 2013; Dalla et al., 2009; Hagen et al., 2012; Leston et al., 2012; Palacios & Powell Kennedy, 2010; Palacios et al., 2014), but little research has been conducted on the experiences of urban Native American youth and what impacts historical trauma has on teen pregnancy and dating violence. This research study attempted to fill this gap in understanding by focusing specifically on the occurrences of teen pregnancy and dating violence among urban Native American youth and how they are impacted by historical trauma.

Native Americans have high rates of teen births and intimate partner violence, though there is little that is known about how historical trauma impacts these experiences (Palacios & Powell Kennedy, 2010). Urban Native American teens are nearly twice as likely (1.9 disparity ratio) compared to teens in the general population to become pregnant as a teen (Urban Health Institute, 2009). Nationally, Native Americans are two and a half times as likely to experience violent crimes and at least twice as likely to experience rape or sexual assault crimes compared to all other races (National Congress of American Indians, 2013). In New Mexico, 10% of Native American women (self-reported of any tribe) were survivors of intimate partner violence (Caponera, 2014). Teen pregnancy and intimate partner violence are closely associated with one another, with prior violence, such as forced unwanted sexual intercourse, generally leading to future violence (Mylant & Mann, 2008). Understanding these issues among Native Americans

requires the discussion that includes trauma resulting from historical oppression

(Skenandorf et al., 2012). Historical trauma as a component of teen pregnancy and dating

violence experiences of urban Native American youth needs to be better understood.

This chapter is focused on two variables, teen pregnancy and teen dating violence,

and one major theory, historical trauma. Statistics, both national and New Mexico

specific, are provided related to teen pregnancy and teen dating violence among Native

Americans. Historical trauma theory is examined in a historical perspective, as well as in

current literature related to pregnancy and violence.

Literature Search Strategy

An exhaustive search was conducted using several search engines to gather a full

understanding of the research problem. The search engines that were used included

Academic Search Complete, Google Scholar, Medline PLUS, Psyc Articles, Psyc Info,

Soc Index, and Thoreau. Chapters or sections from books were also reviewed that were

pertinent to the research problem, though most of the literature was made up of peer-

reviewed journal articles.

A wide array of search terms was used to encompass the main variables of this

study. The search terms included the following: *Native American(s), American Indian(s),*

young, youth, adolescent(s), adolescence, high school, high schoolers, teen(s), teenage,

teenager(s), teenaged, pregnant, pregnancy, date(s), dating, violent, violence, abuse(d),

attack(ed), attacking, reproductive coercion, coerced pregnancy, pregnancy coercion,

historical trauma, intergenerational trauma, phenomenology, and *qualitative*. The

limitations on the literature search included articles from the past five years (2010 to

2015), and articles based in the United States. I used a few salient articles that were

outside of this timeframe or followed other requirements to gather germane literature.

Theoretical Foundation

Historical trauma theory was first explained in the literature through Brave Heart

and colleagues in the mid to late 90s (Brave Heart & DeBruyn, 1998; Duran, Duran,

Brave Heart, & Horse-Davis, 1998). The high prevalence of social ills that are

experienced by many Native Americans is believed to have stemmed from the legacy of

chronic trauma or historical unresolved grief (Brave Heart & DeBruyn, 1998). This

historical legacy of trauma was first brought to America by the British contact, which

forced several new social changes among the Native Americans including the relocation

to reservation systems and the disruption and decimation of Native American cultures

(Brave Heart & DeBruyn, 1998). There are four underlying assumptions of this theory:

(a) a traumatic event takes place, (b) the person must have survived the traumatic event,

(c) the individual responded to the traumatic event and reacted to it, and (d) the individual

transfered information about the traumatic event to another person and the message was

received by the other person (Palacios & Portillo, 2009).

Researchers of Holocaust survivors have described a phenomenon like that of

historical trauma in which aspects of what Jewish survivors experienced is like the

impacts of historical trauma experienced by Native Americans (Brave Heart & DeBruyn,

1998). The similarities between the Jewish Holocaust survivors and Native Americans

are the difficulty in mourning a mass grave, dynamics of collective grief, and the

importance of community memorialization, which have been experienced by both groups

(Brave Heart & DeBruyn, 1998). The survivor's child complex has been encountered by Jewish Holocaust survivors and by Native Americans; a survivor's complex results in a collection of feelings experienced by children from the intergenerational transmission of traumatic encounters and responses by their parents, which scars them mentally (Duran et al., 1998). This may be a catalyst to the poor health outcomes Native American youth are experiencing.

It is also important to understand the differences that were experienced between those of the Jewish Holocaust and those of the Native Americans. In understanding the pretrauma context of the Holocaust, it occurred in mainly urban communities of ethnic-religious groups living in European societies and was highly integrated within those communities. A racial ideology of degeneracy was at the heart of the Holocaust (Kirmayer, Gone, & Moses, 2014). The pretrauma context among Native Americans occurred among many culturally distinct groups in mainly rural and remote small-scale communities. Among Native Americans, though there were limited exchanges with other Indigenous groups, oral traditions were very important. The racial ideology that afflicted Native Americans was one of primitivism (Kirmayer, Gone, & Moses, 2014).

The types of violence that were experienced by the Jewish and the Native Americans were also different. The Jewish were isolated to ghettos and deported to labor and concentration camps. Native Americans were colonized through violent conflicts and were forcibly displaced by settlers and soldiers. There was an appropriation of property and a systematic mass extermination of the Jewish peoples. Assimilation of Native Americans was forced through residential boarding schools where physical and sexual

violence often occurred, and there was systematic out-adoption of Native American children (Kirmayer, Gone, & Moses, 2014). The Jewish peoples experienced a massive loss of life through murder and starvation in the concentration camps and they saw wide and massive destruction of communities. Similarly, Native Americans saw destruction of communities but were also subjected to suppression of their culture, language, and religion. The spread of infectious diseases resulted in a massive loss of life and there were also sporadic losses from violent conflicts.

The posttrauma context resulted in different outcomes among the Jewish peoples than among the Native Americans. Jewish survivors moved to other counties to join communities of diaspora. The Jewish survivors could achieve a high level of social integration posttrauma. Native American survivors returned to rural and remote communities or moved to urban areas where communities of the Indigenous were loosely organized. Many Jewish Holocaust survivors could relocate far from their land where the trauma was experienced, whereas the Native Americans continued to live in the colonized country where the patterns of grief continued to emerge and be relived (Brave Heart & DeBruyn, 1998; Duran et al., 1998).

During the past 500 years, Native Americans have been subjected to inhumane practices by the European colonizers, including removal from their homelands, prevention of the practice of cultural or religious customs, introduction of diseases in an attempt to eradicate the population, removal of Native American children from their parents to be sent to boarding schools, recruitment into urban relocation programs nationwide, and forced sterilizations of Native American women in an attempt to prevent

the reproduction of future generations (Brave Heart, 2007). These atrocities committed on Native American people led to unresolved grief and self-destructive behaviors that were passed on from generation to generation and which are still being manifested in various ways including substance abuse, domestic violence, teen pregnancies, and poverty (Brave Heart, 2007). Brave Heart and DeBruyn (1998) defined disenfranchised grief leading to historical trauma as "grief that persons experience when a loss cannot be openly acknowledged or publicly mourned" (p.62). Disenfranchised grief facilitates historical unresolved grief among Native Americans explaining the historical legacy in which Native Americans were denied cultural grieving practices (Brave Heart & DeBruyn, 1998). Historical trauma is identified as the incomplete mourning resulting in depression experienced by children from birth onward and is intergenerationally cumulative, compounding in the succeeding generations (Duran et al., 1998).

The historical trauma experienced by Native Americans began in 1492 and continues through to present day with examples of sports teams bearing names and mascots derogatory towards Native Americans and popular culture misappropriating the use of traditional and cultural headdresses and spiritual attire. The experiences of Native Americans were that they became silent and their cultures, communities, and existence faced annihilation (Palacios & Portillo, 2009). Native American elders view the erosion of traditional Native American family values due to historical trauma, including the major impacts of the boarding school era. The violence brought on by colonization had disrupted or diminished protective factors such as community systems and collective knowledge, which has led to health disparities, psychological risk, and inadequate

parenting among Native American communities (Campbell & Evans-Campbell, 2011).

Historical trauma can be displayed through various risk behaviors such as teen pregnancy

and in some instances dating violence, as evidenced by Palacios et al. (2013). Palacios et

al. found that the intergenerational patterns of poor parenting led to poor child outcomes

later in life and are perhaps an allusion to the historical traumas of the past.

One of the factors that compounded historical trauma was that Native Americans

continued to live on the land in which they experienced the traumatic events. These

events continue to have a significant impact on their physical and mental health, having a

major impact in their daily lives including limited access to health services (Walters et

al., 2011). One example of Native Americans living on the land in which the traumas

were experienced that has been identified in the literature (Dalla et al., 2009) is that of the

Navajo Nation.

The Navajo Nation has natural geographic beauty, covering parts of three states,

though it is riddled with alcoholism, poverty, educational underachievement, and very

little economic opportunities or room for economic expansion (Dalla et al., 2009).

Extended family, specifically the maternal role, was highly valued among Navajo

women, and often Navajos describe their lineage through matrilineal clans, as the woman

was the most important figure prior to colonization from Europeans (Dalla et al., 2009).

The macro level structures on the reservation including poor economic viability impacts

individuals on a personal level, putting a strain on women's intimate relationships when

partners are unable to bring home a stable income to care for the family (Dalla et al.,

2009). Remnants of historical trauma can still be seen on the Navajo Nation through the

high rates of family and partner abuse, poverty, substance abuse, teen pregnancy, and posttraumatic stress disorder symptomatology. This example may be a lens into the realities of other Native Americans and may be the vehicle to describe the determinants of their health.

It is important to note the differences between the Canadian aboriginal experiences and the United States Native American experiences. In 2006, the Canadian government established the Indian Residential Schools Settlement Agreement, which was the largest class action settlement in Canadian history, acknowledging the damage inflicted by the residential boarding schools (Truth and Reconciliation Commission of Canada, 2016). This is something that has not occurred in American history; in fact, Native Americans continue to experience trauma today. It may be critical that the historical trauma Native Americans currently face is acknowledged to better address their health outcome and behaviors.

The micro-aggressions and damages caused by historical trauma persist and are salient and problematic when examining the social determinants of health experienced by the Native Americans. The ongoing historical effects of marginalization that impact Native American women's health may link to teen pregnancy and dating violence. Historical trauma theory posits that past traumatic events negatively impact health and coping for each subsequent generation in a cycle across many years (Palacios & Powell Kennedy, 2010). Historical trauma can play out in health-related issues that are specific to Native Americans (Walters et al., 2011). My research question rests on this assumption

of historical trauma impacting health outcomes by examining its influence on teen

pregnancy and dating violence.

Teen Pregnancy

Since 1991, the pregnancy rate among teens has been decreasing across the

United Stated reaching an all-time low in 2009 (Breuner et al., 2014). Despite the

decrease, the United States has higher teen pregnancy rates that any other industrialized

nation, now reaching 70,000 pregnancies per year (Breuner et al., 2014). One of the

contributing factors is the inadequate use of contraceptive methods, with less than one

third of 15 to 19 year olds consistently using contraceptives (Breuner et al., 2014).

Among urban Native American teens who have ever had sex, had sex before the

age of 15, and had more than two sex partners within the last three months, they were

77% more likely to have an unintended pregnancy, compared to European Americans

(Urban Health Institute, 2010). Compared to European Americans teens, Native

American teens that have sex at a young age (less than 15) are using condoms (40%

compared to 70%) less compared to European Americans teens (Urban Health Institute,

2010). Overall, Native American teens report more risk-taking behaviors, including

multiple sex partners (22% versus 12%) and a three times higher rate of having been

pregnant or causing someone to become pregnant, compared to European American teens

(Wingo et al., 2012). Chlamydia and gonorrhea rates were three times higher and primary

and secondary syphilis rates were one and a half times higher among Native American

teens compared to European American teens, which is related to the lower rates of

condom usage among these teens (Wingo et al., 2012). These risk behaviors could be in

response to the treatment of Native Americans reproductive lives by the United States government.

Native American women have experienced historical traumas and abuses for many years by governmental policies and programs including forced sterilizations and forced use of contraceptive methods (Torpy, 2000). Between 1972 and 1976 there are several reports that the U.S. government was sterilizing Native American women without their consent and without medical necessity (Urban Health Institute, 2010). Native American women had also been injected with Depo-Provera prior to the Federal Drug Administration's approval, requiring Indian Health Service (IHS) amendments to its use (Urban Health Institute, 2010). These birth control abuses may shape future opinions on having children (Torpy, 2000).

Having children at a young age was perceived by aboriginal teens in Canada to hold positive norms within the community and many teens interviewed by Devries & Free (2011) reported ambivalence towards becoming a teen parent. Contraceptive failure was more an issue influencing the number of children one would have, as many of the aboriginal teens were suspicious about the side effects and efficacy of the pill and Depo-Provera (Devries & Free, 2011). These feelings the teens have may be linked to the historical traumas related to forced contraceptives and sterilizations as mentioned above, though this has not been identified through research.

Palacios and Powell Kennedy (2010) wanted to understand the experiences of women who became mothers at a young age to understand what factors influenced them to become pregnant. To discover this, an interpretive hermeneutical phenomenological

study was conducted among 30 women from an unnamed Northwestern U.S. reservation. The authors piloted a set of semi structured interview questions among Native American women among the same tribe (Palacios & Powell Kennedy, 2010). Any study conducted with Native Americans can be limiting in that the population varies greatly in customs, traditions, and languages, and this study was no different in that the results cannot be generalized for the population overall. Interpretive phenomenology is consistent to Native American cultural practices and beliefs as it values telling a personal story to help understand a person's lived experience (Palacios & Powell Kennedy, 2010). What they discovered was that the stressful childhood experiences described may have been related to their risk for early pregnancy.

A similar study was conducted to also understand the lived experiences of women who were pregnant adolescents (Palacios et al., 2013). This study took a life course perspective and conducted interviews with 30 women regarding their teen pregnancy experience (Palacios et al., 2013). Interpretive phenomenology was also used for this study to allow for better understanding regarding them in their situated life context (Palacios et al, 2013). It was discovered that despite the tumultuous childhoods, early pregnancy was an opportunity for positive change in their lives. It is important to understand the cultural attitudes towards early parenthood since in Western cultures the perception is that early parenthood is a social problem that has negative consequences, though this may not always be the case among Native American cultures (Cooke, 2013).

When examining urban Native Americans, the fertility decisions they make may not appear to be rational to those on the outside of the Native American communities.

Through exploratory qualitative life history interviews, Cooke found that early childbearing among First Nations youth in Canada is one element of a complex trajectory of life course. The outcomes of the life course of adolescent parents are partly due in response to the resources and supports made available to them and the individual choices that are made in relation to those supports and resources (Cooke, 2013).

Childhood physical and sexual abuse may also lead to unintended pregnancies among adolescents (Madigan, Wade, Tarabulsy, Jenkins & Shouldice, 2014). Adolescents who have been abused may want to escape the abusive, chaotic, and dysfunctional family environments by creation of a new environment through premature pregnancies; as they may be seeking unconditional love and feel as though a child will meet this need. Cooke (2013) found that First Nations adolescent parents often times experienced disruptive childhoods and had family and personal lives that were tarnished by substance use and violence, which are also among the known risk factors for early childbearing. The First Nations adults who were interviewed by Cooke spoke of their teen pregnancies as something that had happened to them leading to a lack of personal intentionality or agency. Though these results cannot be generalized, they can be garnered to understand the possible circumstances of early childbearing among Native Americans.

A meta-analysis was conducted by Madigan et al. (2014) to review the associations between the types of abuse experiences and early pregnancies to help examine the potential confounders of the associations. The findings indicate that there are significant associations between abuse experiences and teen pregnancies and the strength

of the association varies as a function of abuse (Madigan et al., 2014). This is an important finding when examining the role of historical trauma in the lives of Native American teens and how past abuses can be antecedent to unintended teen pregnancies.

Intimate partner violence and unintended pregnancy co-occur with reproductive control (Miller et al., 2010). Women who are victims of abuse face diminished decision-making skills and/or limited or no ability to use contraceptives and family planning methods, as these choices become highly dependent on their partner. One of the critical mechanisms that elevate an abused woman's risk for unintended pregnancy is her lack of control over her own reproductive health (Miller et al., 2010).

Miller et al. (2010) examined the associations between reproductive control, partner violence, and unintended pregnancy among women ages 16 to 29 seeking family planning services via survey. Intimate partner violence either physical or sexual was reported by over half (53%) of the sample primarily through pregnancy coercion and birth control sabotage leading to an unintended pregnancy (Miller et al., 2010). These findings help to understand the associations between intimate partner violence and unintended pregnancies, though they are difficult to generalize to other races and ethnicities, including Native Americans, as most of the participants were European American. This approach to examine the associations may be inherently biased as the surveys relied on self-report and the variables being examined may have also been underreported due to their sensitivity.

Teen Dating Violence

Dating violence is defined as partner violence among young adolescent noncohabitating partners (McCloskey, 2013). The Centers for Disease Control and Prevention (CDC, 2014) included physical, sexual, or psychological/emotional violence within the definition of dating violence. Survey results from the 2011 New Mexico Youth Risk and Resiliency Survey found that 8.4% of Native American female youth were physically hit or hurt by their boy/girlfriend in the past 12 months compared to 7.9% European American youth (Green et al., 2012). The survey also found that 13.7% of female Native American youth were physically forced to have sexual intercourse in the past 12 months compared to 12.8% for European American female youth (Green et al., 2012). Dalla et al. (2009) found this was similar in their study; domestic violence was occurring in the relationships of over half (55%) of the women who were interviewed.

Native American women are two and a half times more likely to experience sexual assault and one in three have been raped during their lifetime (U.S. Department of Justice, 2015). The violence that is perpetuated against Native American women is done by non-Native men and generally takes place at private residences on tribal lands (National Congress of American Indians, 2013). The death rate for Native American women on some reservations in the U.S. is ten times higher than the national average with tribes not having the authority to prosecute non-Natives who commit these crimes on tribal land (National Congress of American Indians, 2013). The rate of violent victimization of Native Americans in urban areas is two and a half times higher compared to all other races (National Congress of American Indians, 2013).

Data from the 2012 New Mexico Interpersonal Violence Data Central Repository found that one in four New Mexican women, 18 and older, have experienced intimate partner violence (Caponera, 2014). Compared to other races in New Mexico, more Native Americans who completed college or graduate school were victims of domestic violence (Caponera, 2014). Even though these women obtain higher education levels, they also were also more likely to receive Medicaid and TANF assistance or both and were also more likely to live in a shelter as an adult (Caponera, 2014). Native American women also had the most children on average compared to other races and slightly less than half (47%) of these women reported that their children were present during an abuse incident (Caponera, 2014). There are limitations of these data. The data only provide information on those women who reported this information to the authorities. Many women may never report their domestic violence incidents providing for underreported statistics.

Researchers have supported the findings of high prevalence of dating violence among teens (Brownridge et al., 2011; Dalla et al., 2009; Spriggs Madkour, Xie & Harville, 2014) and pregnancy may make women more vulnerable to violence due to changes in their social, emotional, and economic needs throughout pregnancy. Based on data from the 2002 National Survey of Family Growth, 17% of urban Native American women ages 18 to 44 who have ever had sex reported their first experience as non-voluntary (Rutman et al., 2012). The prevalence of non-voluntary sex adds to the findings that Native American women and teens, compared to the general population, have much higher rates of sexual violence (Rutman et al., 2012). Risk factors associated with sexually transmitted diseases (STDs), teen births, and poor reproductive health outcomes

for urban Native American women include the prevalence of sexual initiation at or before 15 years of age, unprotected first intercourse, and first sex with an older partner (Rutman et al., 2012). Urban Native American women who had been forced to have sexual intercourse were more likely to have initiated sex before the age of 15 compared to European Americans (46% compared to 23%) (Urban Indian Health Institute, 2010).

When a teen experiences dating violence, they become at an elevated risk for partner violence in adulthood (Makin-Byrd & Bierman, 2013). It is important then to understand the implications of historical trauma in relation to the abuse being experienced by Native American women. Their elevated rates of exposure potentially due to the emotional challenges they face within the lifespan and across generations could possibly be due to manifestations of historical trauma (Brave Heart, Chase, Elkins & Altschul, 2011).

Urban Native Americans are particularly vulnerable to violence, including sexual violence and reproductive health risks because of their urban status (Rutman et al., 2012). Risk factors that make urban Native Americans more vulnerable to violence includes homelessness, isolation from their cultural support systems on the reservation, lack of education, poverty, and health conditions including disabilities and mental health issues (Rutman et al., 2012). The vulnerabilities that are experienced by urban Native Americans are related directly to the policies of the federal government that have occurred including the annihilation of Native American populations, colonization of Native American cultures, and the forced removal and relocation of the Native American population especially Native American men as they were often forced to relocate to urban

centers. Homeless Native American teens are often much more vulnerable in that many turn to prostitution to help support their substance abuse habits and/or their children once they leave the reservations and move into urban centers.

Many of the above reported statistics were found to be true in a study conducted by Dalla, Marchetti, Sechrest and Whites (2010). More than half of the women interviewed had described surviving incidents of violence including emotional, sexual, and/or physical (Dalla et al., 2010). There was often a cycle of violence described with many of the women choosing to remain with their violent partners, thus impacting the children involved in the relationship. Children were never victims of the domestic violence directly, as reported in this study, though they are impacted by the abuse as they witness it and are impacted by it later in life (Dalla et al., 2010). Witnessing abuse or aggressions within the home can have a major impact on children and can often lead to them being perpetrators or victims of violence as adults.

Through a longitudinal prospective design, Makin-Byrd and Bierman (2013) studied the role of aggressive conflicts at home that would lead to aggressive practices, including violence, in interpersonal relationships. The findings were confirmed that aggressive family dynamics and child aggressive-oppositional behavior predicted experiencing teen dating violence either as a perpetrator, a victim or a combination of the two (Makin-Byrd & Bierman, 2013). This is an important finding in the context of historical trauma as it is often expressed through aggressive behaviors towards oneself or others (Brave Heart & DeBruyn, 1998). The relationship between childhood aggression at home and aggression at school were found to be an important key in the development

of risk for dating violence in adolescence, which becomes important when examining historical trauma impact on dating violence among Native American youth (Makin-Byrd & Bierman, 2013). The high rates of violence experienced by Native Americans are an intolerable health outcome that must be examined closely to learn how to prevent it.

Conclusion

Native Americans have experienced considerable trauma through losses of land, lives and ultimately their cultural practices and beliefs which has led to experiences of many social problems that are still occurring today. Native American women experience violence, sexual assaults, and pregnancy at a young age at much higher rates than other racial and ethnic groups, not only nationally but also in New Mexico (Caponera, 2014; Green et al., 2012; Rutman et al., 2012). Most of the research conducted to date has been among reservation based Native Americans and has failed to be conducted among the large urban Native Americans population (Cooke, 2013; Dalla et al., 2009; Hagen et al., 2012; Leston, Jessen & Simons, 2012; Palacios & Powell Kennedy, 2010; Palacios, Strickland, Chesla, Kennedy, & Portillo, 2014). The context of historical trauma and oppression experienced by Native American women must be viewed when discussing the violent encounters of dating violence to be able to respond effectively.

When examining teen pregnancy and dating violence among youth this is generally conducted via quantitative methods through surveys and when qualitative methods are used they are retrospective in nature. This study examined historical trauma in the lived experience of Native American teens as it is occurring (prospectively) in their lives conducted through face-to-face interviews. The interviews that were conducted used

hermeneutic interviewing to uncover their lived experiences through their story. This method is harmonious to the Native American traditions of storytelling and fills the gap in literature by investigating urban Natives and the impact of historical trauma in their lives. Details of the research method and design will further be described in Chapter 3.

Chapter 3: Research Method

Introduction

The primary purpose of this study was to describe the lived experience of urban Native American teen parents who were impacted by historical trauma. The secondary purpose of this qualitative phenomenological study was to explore the impact of historical trauma on the outcome of teen pregnancy and teen dating violence among urban Native American youth. I used primary data collected through interviews with parenting Native American teens. The study was based on the premise that historical trauma had an impact on the lived experience of Native American teens leading to their involvement in teen pregnancy and teen dating violence.

The purpose of this chapter is to describe the plan of the study. I outline the use of a qualitative approach and detail the phenomenological method. In addition, I describe in this chapter the participants of the study, how the participants were selected, the researcher's role in this study, and any ethical issues identified. I provide an explanation for the data collection tools, how the data were collected and analyzed, and any threats to quality of the data.

Research Design and Rationale

The research method that is chosen is defined by the research questions (Creswell, 2009; Glenn, 2010; Patton, 2002). The research questions should also determine the accessibility of the data, if the data are quantified or not, and the design of the study (Creswell, 2009; Glenn, 2010; Patton, 2002). The selection of the design should also have

taken into consideration the researchers' personal experiences and the audiences to whom the study will be presented (Creswell, 2009; Glenn, 2010; Patton, 2002).

The differences between qualitative and quantitative research should be viewed on a continuum and not as opposite methods (Creswell, 2009; Glenn, 2010). Quantitative research can test objective theories through the examination of relationships among a distinct set of variables, which can be measured to produce numerical data to be analyzed (Creswell, 2009; Glenn, 2010). Protections are built in to defend against biases, alternative explanations are controlled for, and the findings can be further generalized and replicated (Creswell, 2009; Glenn, 2010). In a quantitative study, the data that are collected are numerical and can be ordinal, ratio, or interval. The analysis of the findings examines the patterns in this numeric data (Creswell, 2009; Guest, MacQueen, & Namey, 2012; Patton, 2002).

The purpose of a qualitative research method is to explore and understand the meaning individuals attribute to a problem (Creswell, 2009; Glenn, 2010; Patton, 2002). The data are collected in the participants' own settings and are analyzed inductively to build upon themes to allow for a researcher to make interpretations (Creswell, 2009; Glenn, 2010; Patton, 2002). Qualitative research can be defined simply as any research that uses data that doesn't indicate an ordinal value, the data that is produced is text, images, and/or sounds, and the analysis of data involves examining their meaning (Creswell, 2009; Guest et al.. 2012; Patton, 2002).

There are several strengths in the use of a qualitative research design. Qualitative research design allows for issues to be examined in depth, and the framework can be

quickly revised as any new information emerges. Human experience is the basis for the data collected, which is done from a few individuals (Anderson, 2010; Creswell, 2009; Patton, 2002). There are also limitations to the use of a qualitative research design. Some of the limitations include rigor being more difficult to maintain, assess, and demonstrate; anonymity and confidentiality issues may be problematic during the presentation of findings; and the unavoidable nature of the researcher's presence during data collection may impact the subject's response (Anderson, 2010; Creswell, 2009; Patton, 2002).

Storytelling among Native Americans has been used throughout their history to pass down their customs, history, and heritage (Palacios & Powell Kennedy, 2010). The use of storytelling allows Native Americans to continue to keep their native languages alive and relay traditions and myths to future generations. Storytelling is an integral component of Native American culture, even in the technological based society of today. These cultural values are important factors in choosing a qualitative phenomenological approach to this research. A qualitative research approach was selected for this study to gather the narrative lived experience of the participants using semistructured interviews. The focus of the lived experience is that of teen pregnancy and teen dating violence.

There are many reasons for choosing this research tradition. Creswell (2009) explains that the qualitative research paradigm is used to explore and understand the meaning of an individual's experience with a social or human problem. This form of inquiry honors an inductive style, focusing on the individual's meaning and the importance of rendering the complexity of a situation (Creswell, 2009).

Phenomenology

Patton (2002) described phenomenological inquiry as something that is fundamental to understanding the lived human experiences. Phenomenology, at its core, shifts the focus from explaining nature and things (studited in the quantitative traditions) to clarifying human beings and their lived worlds and studying specific phenomena (Kelly, 2010; Kumar, 2012).

Husserl was the founder of descriptive phenomenology. Descriptive phenomenology is based on the premise that meanings of lived experiences could be discovered through one-to-one interactions between the researcher and the participant (Kelly, 2010; Kumar, 2012). The Husserlian approach requires that the researcher conducts bracketing to remove any biases or preconceptions in relation to the phenomenon to be studied (Creswell, 2009; Kelly, 2010; Kumar, 2012). The participants' perceptions, feelings, and lived experiences are the object of study in a phenomenologicallybased research study (Creswell, 2009; Kelly, 2010; Kumar, 2012).

There are several strengths to using a phenomenological approach, including the flexibility to explore data more deeply and conduct analyses beyond the text. It can also be used with smaller samples (Creswell, 2009; Patton, 2002). There are also limitations with a phenomenological approach. The findings can usually not be generalized, this approach places a focus only on the human experience, and the interpretation may go beyond what is in the data (Creswell, 2009; Patton, 2002).

Qualitative phenomenological research was chosen because the research question that had been posed was focused on the lived experiences of the participants to help

clarify impacts of historical trauma in their current reality as a parenting teen. The

research question for this study is again as follows:

RQ: How has historical trauma impacted the lived experiences of parenting

Native American teens (ages 18-25) living in Albuquerque, New Mexico?

Using in-depth semistructured interviews, the questions posed to the participants

were intended to elicit clear descriptions and garner information on the lived experience

of a phenomenon (Appendix A). By only conducting the research among a small number

of participants through extensive engagement via in-depth semistructured interviews,

patterns and relationships of meaning can be established in the data gathered. This

qualitative phenomenological study focused on being able to learn and understand the

meaning that the participants have determined regarding historical trauma and if it has

impacted their lives.

Role of the Researcher

The researcher in qualitative studies is the key data collection instrument through

interviewing participants of the study. A protocol may be used for an interview, that is, an

interview script, though the researcher is still the one gathering the information

(Creswell, 2009).

Using phenomenology, a researcher can perceive and filter knowledge, beliefs,

and assumptions, which are cocreated and constantly evolving throughout the context of

space, time, and culture (Kelly, 2010). One of the roles of a researcher in attempting to

understand the complexities of a larger-scale social or human problem is to choose a

method to examine the intricacies of individuals' lives. In phenomenological research,

the researcher brackets, or sets aside, their own experiences to better understand the experiences of the participants in the study (Creswell, 2009).

The use of the interview methodology has several factors that may influence the power dynamics of the relationship between the researcher and the participants. One of the factors would be controlling and constraining the participant's views and achieving the researcher's goals by imposing their will on the participant's will and opinions (Anyan, 2013). During an interview, power can be built up and determined by socioeconomic status, educational background, and the gender and ethnic identities in which the researcher and participants identify (Anyan, 2013). To help control for power imbalances, the researcher should examine the interview from several perspectives to help reflect upon their own biases that may occur within the circumstances of the interview (Anyan, 2013).

A researcher should always have the goal of protecting the participants, developing a trusting relationship with them, and promoting the integrity of the research. It is also important to guard against any impropriety and/or misconduct and to cope with any unforeseen problems that may arise throughout the research process (Creswell, 2009). Especially during data collection, a researcher should not put the participants at risk and should respect vulnerable populations; therefore, I chose to ensure that the participants recruited were over the age of 18 so as to not be considered a vulnerable population. The participants received an informed consent form that was completed prior to data collection to acknowledge that their rights would be protected throughout the data collection process. One other way I ensured protection of the participants involved was

maintaining their confidentiality by assigning the participants codes to use throughout data collection.

Methodology

The chosen methodological tradition was qualitative and involved the collection of data using in-depth semistructured interviews. The sampling strategy for this phenomenological study was narrow in scope because it was essential that all the participants selected met the criterion of the study, which were Native American, urban, teen parents (Creswell, 2013). The sampling was purposeful; the individuals were selected for the study because they informed the research question and the central phenomenon of the study (Creswell, 2013). When utilizing phenomenological interviewing, it is important to gather enough information from the participants to begin to develop themes in relation to the narrative data.

Interpretive or hermeneutic phenomenology is used to engage research subjects in a process that is reflexive and circular and made up of critical reflection to stimulate from the participant the linkages of experiential, intuitive, empirical, and theoretical knowledge in order to understand their lived experiences (Kelly, 2010). Phenomenological interviewing is like the story telling traditions of Native Americans. The view culturally and philosophically of Native Americans is of the individual's lived experience or their personal story, which may appear in the data that is collected.

Qualitative interviewing is different from a structured or standardized interview. A standardized interview is highly controlled in the way the questions are worded, the order of the questions, and the response categories, which are mostly fixed choice. The

researcher/interviewer serves as a neutral instrument (Kelly, 2010). In a qualitative interview, the researcher/interviewer and participant/respondent are explicitly involved in an interaction as partners, and the data is the product of this interaction (Guest et al., 2012; Patton, 2002).

The data obtained from qualitative interviews are often described as thick and textual and the respondents are collaborators with the interviewer (Creswell, 2013; Kelly, 2010). This is one of the main strengths of qualitative interviews, as the reflexivity allows for the shared competencies of communication that are valuable tools in the research process (Creswell, 2013; Kelly, 2010). Open-ended questions were used throughout the interview to enhance the conversational inquiry between the participants and myself, which allowed them to discuss the topic in their own words.

The process of using qualitative research allowed me to explicitly gain access to the knowledge, experience, and perspectives of urban Native American teen parents, and I was then able to organize their beliefs, experiences, and perspectives into predetermined categories or themes. Given that I was interested in how urban Native American teen parents viewed, experienced, or conceptualized the role of historical trauma in their current life experiences, the use of qualitative interviewing was appropriate. I viewed the participant as the expert in the relationship, as they had a connection with their experience and understanding in the context of the conversation (Creswell, 2013; Kelly, 2010).

Participant Selection Logic

Since the phenomenon under investigation for this research study was the impact of historical trauma on teen dating violence and teen pregnancy, the specific selection criteria were used for purposeful random sampling. The number of participants selected was determined by reaching a saturation point in the data collection. In total seven participants took part in the study at which point saturation was reached. The participants were between the ages of 18 and 25 years old, parents (male or female), living in the Albuquerque, New Mexico metro area and self-identified as Native American, regardless of tribal affiliation. Though length of time living in an urban area, like Albuquerque, and their tribal affiliation may have impacts on the outcomes of the study, these elements were not controlled for during this study, though this information was solicited during the interview.

The participants were recommended to join this study through referrals from staff and flyer solicitations at a community partner located in Albuquerque serving the targeted population. I e-mailed a letter of interest to the director of the community partner describing my intent as well as the goal of the study and inclusion criteria for participation. I asked them to make the information available to staff who directly serve clients as well as included a recruitment flyer (Appendix B) to hang in their place of business. Staff provided the intent and goal of the study and my personal contact information, including cell phone number and e-mail address, to their clients who fit the inclusion criteria. I also placed recruitment flyers in locations that the targeted population may frequent including community centers, public libraries, public health offices, and

community health centers. Recruitment efforts were also conducted through social media avenues including posting the flyer on targeted parenting groups on Facebook. Social media would prove to be the most effective means to recruitment.

Once participants self-selected to take part in the study, they contacted me via the information provided, in which this research study was described and they were asked if they were still interested in participating. If so, a meeting was then set up in a mutually agreed upon safe place to obtain a completed consent form and this was also a time for participants to ask me questions related to the research study or to express any concerns. Finally, the interview was conducted with the participants.

Purposeful random sampling was selected as the sampling method to add credibility to the sample, instead of being inclusive of generalizability. The number of participants was determined once saturation was reached in which consistent patterns or themes in the data could be identified. A saturation point is reached once participants no longer provide any new information to the findings. Data gathering can then end once the saturation point has been reached. Within qualitative research, obtaining an adequate number of perspectives on a phenomenon is more significant than the number of participants.

Instrumentation

Interviews with participants provide an opportunity for the researcher to examine a social phenomenon being experienced, interpreted, and shaped by the responses of the participants. An effective interview conducted by the researcher should guide the participants through the dialogue of their life experiences in an orderly fashion within a

limited amount of time. In this study, primary data was collected from Native American participants through interviews.

Qualitative interviews were conducted face-to-face and added to the understanding of the teen parents lived experiences. Interviews are advantageous because the participants can provide historical information and they also allow the researcher to have control of the line of questioning put forth. Open-ended questions are encouraged through qualitative inquiry to help participants expand upon their responses and freely share their thoughts on the phenomenon at length (Patton, 2002).

A semistructured interview format was used with the assistance of an interview guide that included a prescribed list of questions, including probing questions or questions used to add clarity, to solicit the necessary information. It is important to make the participants feel comfortable and safe to disclose information especially when discussing personal information. The interview guide served as a standard to follow but also allowed me the ability to divert if necessary to further probe the answer from the participant or ask the participant to clarify their statement. Throughout the interviews, I watched the participants' body language for any signs of discomfort. The semi structured interviews that were conducted included the questions listed in Appendix A. Interviews generally last on average thirty minutes, though some were twenty minutes and others were one hour.

With the permissions of the participants, the interviews were digitally audio-recorded, and then were transcribed into NVivo11© for Mac Software for later data analysis. None of the participants refused to have their interview digitally recorded.

During the interview, I recorded reflections in a notebook that captured information that may not have been captured through the audio. Due to the time commitment of the interviews, participants were offered a small stipend at the end of the interview. The stipend that was provided was a $25 gift card to Smith's grocery stores. This incentive was provided to the participants after the interview.

Data Analysis Plan

To provide a rigorous analysis of the data that is collected during the interviews, it is important that verbatim transcripts of the reviewed audio recordings are developed. Transcription is one of the elements of rigor for the qualitative data analysis process (Guest et al., 2012; Kelly, 2010; Kumar, 2012). To mitigate any of the transcription issues that may arise a transcription protocol was developed that I followed during the transcription process. Each of the participants was given a code that was used throughout the coding process. The coding system used the first letter of each of the following words "historical trauma" followed by sequential numbers beginning with 01. They were also provided with a pseudonym that would be used for the description of the results.

Descriptive phenomenology has consistent steps for data analysis including bracketing, analyzing, intuiting, and describing (Kelly, 2010; Kumar, 2012). Bracketing is used to put aside any prior knowledge or preconceptions around the phenomenon under research. During research, a diary or journal may be kept to include observations or insights during the data collection process. The journal I completed included basic data about the data collection event (date, time, etc.), main themes that appeared to emerge,

any information I found confusing, and the reflections that I captured during the interview time.

It was important to be self-reflective and cautious regarding personal bias that I may have brought to the study. It should be noted that through my work in early intervention services with Native Americans, I witnessed several acts of domestic abuse potentially because of the impacts of historical trauma. This is a preconception that I needed to "bracket" or set aside before data collection. The reduction of the data collected will be important to help interpret and distill the essence of the participant's descriptions (Guest et al., 2012; Roulston, 2014). To reduce the data, repetitive statements and data that is deemed irrelevant to the phenomenon that I am studying was eliminated.

Issues of Trustworthiness

The terms reliability and validity are generally associated with quantitative research, though they are also important when discussing rigor in qualitative research studies. The term validity relates directly to the honesty of the data and the term reliability relates directly to the ability to reproduce the data and the stability of the data (Anderson, 2010; Creswell, 2013). When discussing the validity of the research study this is the extent to which the findings are considered an accurate representation of the phenomena that is being studied (Anderson, 2010; Creswell, 2013). When discussing the reliability of the research study this explains how reproducible and stable the findings are (Anderson, 2010; Creswell, 2013). If the data that are collected are valid each time, these data are also considered to be reliable (Anderson, 2010).

Face validity, the degree to which an indicator for a concept makes sense, is the closest to which the overall validity of the study can be determined and is relevant to qualitative research (Anderson, 2010; Guest et al., 2012). External validity, the degree to which the research findings are relevant to other populations or within other contexts, is also thought of as generalizability. This concept is important when determining the extent to which of the findings can be transferred to other populations (Anderson, 2010; Guest et al., 2012).

Prior to the start of the data collection, the interview questions were sent to a small group of public health colleagues who work with the targeted population. The six public health colleagues all work with Native Americans and two of them work specifically with teens. The range of years of experience among the colleagues was from six years to thirty-four years. Many of the suggestions were to make the questions shorter and easier for a teen to understand. The colleagues review of questions allowed me to change the questions as needed for clarity. These clarifications allowed me to better gather the information solicited by my research question. Also, the review of questions helped ensure validity and reliability as the questions were refined for the research participants. The questions that were vetted also prevented participants from having to be re-interviewed since the questions were clearly described.

When determining the credibility of qualitative research three elements are important: rigorous methods for conducting the research, the overall credibility of the researcher, and the belief in the value of qualitative research (Patton, 2002). The readers of qualitative research will draw their own conclusions and help make determinations

regarding the plausibility of any alternate explanations and why they may not fit into any other patterns of the study (Patton, 202; Creswell, 2013).

Credibility of the study was established by posing the same open-ended interview questions to all participants. Though a pilot study did not occur, the interview questions were reviewed by colleagues in the field of public health, who work with the target population, for clarity before interviews began. During the interviews, member checks were conducted by repeating the response the participant provided back to them to verify the comments made. Notes were taken during the member checks to ensure data was gathered correctly.

The development of an audit trail was used to help establish dependability of this study. A portion of this audit trail included any raw data that I collected, which were field notes that I took during the interviews with participants. The field notes included any potential themes that arose from the interviews, detailed information about the interview including date, time, and location, and any nonverbal cues from participants that would not be captured in their verbal response.

Transferability of this study was established by the rich and thick description provided. This research provides detailed descriptions of the participants that are being studied to help determine if the findings can be transferred due to any shared characteristics. When I describe a theme or themes that I have uncovered, a detailed description was provided including details of the theme. This rich and thick description provided lends itself to the external validity of the research.

Ethical Procedures

Ultimately, it is a researcher's responsibility to safeguard the participants by maintaining the understood purpose of the research to them. The research is ethically bound to the institution that is the supporter of the study to be conducted; in this research study the institution is Walden University. No participants were contacted, and data was not collected until approval of the dissertation proposal from my advisor and dissertation committee members and Institutional Review Board approval was received. I submitted and obtained approval from the Walden University Institutional Review Board (IRB) (approval number 10-14-16-0295946) and received the permissions to begin research before the solicitation of participants, arrangement of interviews, and collection of data.

This study had minimal risk to the participants involved and adhered to the principles of working with individuals including beneficence, justice, and respect for all participants. The study also aligned with the university's ethical procedures and was based off the IRB of Walden University. Participants were required to complete a consent form before their participation in the study and at their request a copy of the completed study will be made available to them. The consent form outlined that if at any time participants refused to participate they could withdraw from the study. No participants withdrew their data form the study. Some of the participants were provided the information of the study through services they were using, their services were not impacted in any way based on their decision to participate, which was also outlined in the consent form.

The confidentiality and integrity of the data was understood and was taken seriously. When data is collected, and held confidentially, the researcher can identify the subjects (Creswell, 2009). When an interview is conducted in a face to face environment the process is automatically confidential as the researcher is aware of the participants providing the data. The way in which I identified the subjects was using codes and pseudonyms for each participant. When data is collected confidentially, the information needs to be kept in a secure environment because the participants are identifiable. The electronic data was secured on my computer and external drive through password protection. This data will be kept for a minimum of five years and was not provided to anyone unless approval is granted through the university's IRB.

One way to motivate the target population to participate in the study is by providing them with an incentive. Due to the time commitment from the participants, a $25 incentive in the form of a Smith's grocery store gift card was provided. This gift card can then be used for gas or groceries. The participants received the incentive after completion of the interview.

Summary

This chapter has described in detail the methodology that was used in the design of this qualitative phenomenological research, which included a description of the qualitative paradigm and the rationale of these choices. A description of the population and participants selected was provided; the researcher's role, the data collection tools, and data collection plan and data analysis plan were also outlined. Threats to data quality,

validity and reliability, and ethical considerations were considered about the research study outlined. The following chapter will describe the results of the study.

Chapter 4: Results

Introduction

The purpose of this study was to gain insights on the potential impact that historical trauma presents in the outcomes of pregnancy and dating violence among urban Native Americans. Furthermore, this study examined whether historical trauma helped to determine if violence and teen pregnancy would manifest among urban Native Americans. Time in the urban area was considered as well as how connections were maintained to their tribal community, though neither of these were controlled for in this study. Understanding their life experiences both before becoming a parent and after were of importance when attempting to determine any impact that historical trauma may have played. A thorough review of the literature revealed these connections among Native Americans living on reservation land, but no studies have been conducted that focus on urban Native Americans.

This chapter covers demographics of the participants, data collection, data analysis, and the processes used for the evidence of trustworthiness. Chapter 4 closes with the results found and a summary with a transition to Chapter 5.

Setting

Participants who chose to take part were self-identified and did so voluntarily. Flyers (Appendix B) were distributed through several different means including the use of a community partner. This community partner was provided flyers to distribute to clients of their organization by staff who had contact with them. Flyers were also placed at several locations around the Albuquerque area including community centers, libraries,

and public health offices. Also, mail distribution occurred by sending flyers to

organizations and clinics that served the target population. The most effective means of

recruiting participants was through postings on social media sites. Targeted groups on

social media were used for participant recruitment including groups established for

mothers and parents based in the Albuquerque area.

Demographics

The original target population that was outlined for this study was teen parents,

ages 18 to 19, who resided in the Albuquerque metro area, and self-identified as Native

American. They did not have to be in a violent relationship or be a member of a specific

tribe to participate in the study. Due to poor recruitment numbers at the outset, the target

population was expanded to include those 18 to 25. The recruitment materials stated that

males or females were welcome to participate and participants included both genders. All

the participants self-identified as Native American. The participants identified with

ranges of one-sixteenth to full-blooded Native American. It was not a requirement to be a

certain blood percentage to participate. Time in the urban area was not controlled for in

this study. Some of the participants resided in the Albuquerque metro area all their life

and others only more recently. Demographic data was not specifically asked for in the

interview questions. The following table presents the demographics of the participants.

Table 1

Demographics of Participants

ID	Pseudonym	Number of children	Tribal affiliation	Time residing in Albuquerque area
HT 01	Jane	2	Cherokee	5-10 years
HT 02	Sara	1	Isleta/Laguna	20 years
HT 03	Hannah	1	Navajo	15 years
HT 04	Jeff	1	Sandia	3 years
HT 05	Laura	2	Navajo	1 year
HT 06	Michelle	1	Navajo/Choctaw	12 years
HT 07	Allison	1	Navajo	18 years

Data Collection

Recruitment flyers for this study were posted at convenient community locations that the target population may frequent including community centers, libraries, public health offices, and community clinics. The flyers were also provided to a community organization that specifically serves the target population in an agreement that their staff would distribute them to clients. A letter of support was signed by the organization's chief executive officer and provided to the IRB. Finally, and most successfully, the recruitment flyers were posted on social media. The posting on social media sites included posting on targeted groups established for mothers and parents based in the Albuquerque area.

Participants self-selected if they wanted to be a part of the study after reviewing the recruitment flyers. They then contacted me either via phone or instant message. During the initial contact with the participants, I determined if they were qualified for the

study by asking them if they were parents living in the Albuquerque area, ages 18-25, and if they self-identified as Native American. If they responded yes to these questions, then a date and a time to meet for the interview was discussed and agreed upon.

Locations of the interviews were places that afforded privacy for the participants. Five of the interviews were held at local libraries in the study rooms, one was held at an outdoor patio of a coffee shop, and one was held on a local college campus in a study room. Upon meeting and prior to the interviews, the consent form was explained to the participants. The participants were then asked if they had any questions and if they wanted to continue their participation in the interview. Once any questions were answered the participant and I signed the consent form, and I sought permission to electronically record the interviews. I also informed them I would be taking some hand-written notes, and the interview began. Throughout the interview I took notes that consisted of physical observations of the participants, important comments from the participants, and possible themes I began to identify during the interview. The interviews lasted from 15 to 60 minutes and were electronically recorded with permission of the participants. After the interview a gift card was provided to the participants along with the information for a crisis line they could call if they felt they needed someone to talk to further.

Only one of my potential community partners responded and agreed to distribute flyers to clients. This was a challenge that arose and prolonged my recruitment process, which lasted from approximately October 2016 to March 2017. A total of seven participants were interviewed for this study to reach saturation. After the interview with

the last participant all the important perceptions were uncovered. Repetition of concepts were being described by the participant and the new data being obtained did not add anything more to the study.

An interview guide was used for the semistructured interviews with participants. When needed, follow-up, probing, or clarifying questions were asked after the main questions. This allowed participants to provide further supportive information that enriched their responses. I took notes during the interview that would help me further during data analysis. To verify member checks, I would repeat their responses before moving onto the next question. I then completed the data transcription verbatim and analyzed it with the use of NVivo11© for Mac Software.

The following describes variations in data collection that were outlined in Chapter 3. The age of the participants was expanded after a failed attempt at recruitment. The narrow scope of the age range (18-19) made adequate recruitment unsuccessful. I then decided that the age range would be expanded to 18 to 25 years old in accordance with my committee chair. Two community organizations were originally targeted to aid with recruitment efforts, though only one organization completed the letter of support. The other community organization did follow-up with me and stated that they would post the flyers in their clinics.

Data Analysis

I read through the transcription of data several times making notations after each reading as new themes and ideas were developed. Interview responses were transcribed by myself verbatim as recorded and notes taken during the interviews were included as

memos in NVivo11© for Mac Software to support the analysis. Commonalities of topics in the interviews were examined and these were later used to group data into themes.

The interview guide included twelve questions with four subquestions that were used for clarity or probing. The questions included the a priori codes that were used, and as the data was reviewed, other codes were identified. The following is the process that was taken to analyze the data:

1. Transcribe all interview data and notes into Microsoft Word.

2. Determine when saturation (no new data coming in) has been reached.

3. Stop interviewing once saturation is reached.

4. Enter transcriptions into NVivo11© for Mac Software.

5. Identify the a priori codes from the interview questions.

6. Develop inductive codes from review of data.

7. Conduct a word query to develop a list the commonly occurring words and phrases for all the data collected.

8. Create master list of codes and definitions.

9. Reapply codes to segments as they are reviewed.

The a priori codes served as a starting point to examine the data. While reviewing the data, inductive codes were developed. Coding was defined and maintained on a master list within NVivo11© for Mac Software. The three a priori codes I began with evolved into nine themes and one subcategory of a theme. The nine themes are as follows: chaos; trauma; violence; family, with the subcategory of negative family

experiences; responsibility; altered life plans, historical trauma as defined by past events; traditions; and sense of belonging.

Chaos was described by several of the participants through the explanations of their childhoods and the transitions between family members and the absence of key people in their lives (mothers and fathers). Both physical and emotional trauma was described by the participants and included the loss of loved ones, the potential removal of their children into foster care, health issues of their children, dealing with family members who had substance abuse problems, family members going to prison, and being away from tribal traditions. Both physical and emotional violence were described by the participants, though none of the participants were currently experiencing violence in their relationships.

Family was a large part of the interviews and included both positive and negative descriptions of family. A subcategory emerged of negative family experiences, as these were often described and included descriptions of family members' substance abuse, witnessing violence between family members, the absence of family members, and the loss of family members. Becoming a parent required that the participants became more responsible because the majority were raising their children by themselves. They described how they became more responsible about their time and money to better support their children.

Becoming more responsible as a parent also meant that some of them had to put plans prior to becoming pregnant on hold. Plans of becoming a police officer or going to college had to be altered to provide immediate financial support to their growing family.

Many of the participants also mentioned how they would continue to raise their children with the traditions that were passed onto them from their families. This included going back out to the reservation to participate in dances or religious ceremonies and having their children participate in rites of passage ceremonies. One of the participants also mentioned the use of a medicine man in their urban home to help bless their home and cleanse it of any impurities. Due to their residence in the urban area, the participants mentioned how they sometimes felt like outsiders in their own tribal community. Some of this had to do with the legal recognitions of blood quantum or more superficial issues of how dark their skin was or if they could speak their native language. Historical trauma to the participants was defined by the past events that occurred, both recent events and historical events.

Evidence of Trustworthiness

Trustworthiness is evidenced through four criteria: credibility, transferability, dependability, and confirmability. These criteria are discussed below, along with how they were applied within this study.

Credibility

Credibility in a qualitative study is the assessment of how well the research findings represent a credible conceptual interpretation of the data obtained from participants. How well the researcher presents the phenomena based on the participants' perspectives determines how credible the study is. Though participants were not allowed to examine the collected data, throughout the interview process all participants were asked the same open-ended questions. While the interviews were taking place, I

conducted member checks by repeating the information back to the participants to verify their comments made. Notes were taken during the member checks to ensure data was gathered correctly. The interview questions were reviewed by colleagues in the field of public health who work with the target population for clarity before interviews began. The six public health colleagues all work with Native Americans and two of them work specifically with teens. The range of years of experience among the colleagues was from 6 years to 34 years. Many of the suggestions were to make the questions shorter and easier for a teen to understand. The colleagues review of questions allowed me to change the questions as needed for clarity. The review of questions helped ensure validity and reliability as the questions were refined for the research participants, and this prevented multiple interviews.

Dependability and Confirmability

A dependable study provides future researchers with a clear explicit process of the study for it to be repeated. The study needs to be conducted consistently across time, researchers, and analysis. To help establish the dependability of this study an audit trail was developed. The audit trail includes field notes taken during the interviews with participants, and memos that outline emerging themes. The feedback I received from my colleagues in the field in regards to my interview questions is also included in the audit trail. The data collection and analysis processes have been outlined earlier in this chapter and add to the audit trail for confirmability.

Transferability

The extent to which a reader can generalize the findings of a study to a different context is the main principle of transferability. This research study has been described in detail, which included the context and assumptions of the research. Detailed descriptions of the participants were described as well as the themes identified, to the extent possible, with the data obtained. It will be up to future researchers if the transfer of the results is sensible to the context being examined.

<div align="center">

Results

</div>

The results of the interviews are outlined below by theme. Low-inference descriptors including direct quotes of participants are used to clarify findings and improve validity of the study. The research question for this study is: How does historical trauma impact the lived experiences of parenting Native American teens (ages 18-25) living in Albuquerque, New Mexico? The themes that emerged from the data are: chaos; trauma; violence; family, with the subcategory of negative family experiences; responsibility; altered life plans, historical trauma as defined by past events; traditions; and sense of belonging. These themes are presented below, though I will first describe emergent patterns that appeared.

Emergent Patterns

Historical trauma defined. Though the participants did not formally use the term historical trauma when asked for its definition, they were able to identify key historical events that led to historical trauma including the Long Walk and the Trail of Tears. "For me it's like the Long Walk…the feelings were heartbreaking," said Laura. The younger

participants (Hannah and Jeff) also defined historical trauma by more current events of the Dakota Access Pipeline protests and the events of September 11, 2001. Participants who resided in the urban areas for the shortest amount of time (Jane and Laura) expressed more experiences that aligned with the historical trauma theory. Banning the use of native languages, placing soap in their mouths when they did speak the language, placing children in boarding schools, and forcing children in boarding schools to cut their hair were all mentioned by participants when describing historical trauma. "My grandparents were not able to speak Navajo when they were in boarding school. If they got caught they had soap in their mouths to force them not to speak," Laura said. Jane described a conversation with her mother-in-law, "she said that her father was forced to get his hair cut or more abuse would happen to him when he was there [in the boarding school]."

Maintaining tribal connections. Going back to their tribal community was the way in which most the participants maintained connections to their tribal communities. Laura said "I still try and go back out to the reservation as a way to stay connected." Communicating with family members who still live on the reservation was another way to maintain connection. "I call my parents and my aunties the most just to see what is going on or what I have missed," said Jeff. When visiting the reservation, squaw dances, peyote ceremonies, religious services, pow wows, governing meetings, and prayer meetings are attended by the participants (Jane, Sara, Laura, and Allison). Calling family members including parents, aunts, uncles, grandparents, and cousins to discuss what is going on in the tribal community was a method used by Jeff and Allison. Participants also described their intent to continue to pass on their traditions to their children. "I take my

son hunting and his dad teaches him butchering," Laura said.

Risk and protective factors. Participants who had spent longer amounts of time on the reservation described more qualities of the historical trauma theory than the participants who lived in the urban area longer. This included the survivor's child complex in which the feelings that the participants experienced were the result of the traumatic encounters by their parents. Domestic violence, substance abuse, violence (in general), and health problems were described by the participants who had lived on the reservation the longest (Jane and Laura). The boarding school era tragedies were described in detail as one participant attempted to process the disparities that exist among Native Americans today. Laura stated, "I've always wondered why my grandparents weren't allowed to speak Navajo, why aren't we in boarding schools, why did they have to cut their hair, why did they have soap in their mouths."

Living on the reservation being exposed to the results of historical trauma appears to be a risk factor for future violence of the participants. "I would see my dad beating up on my mom and eventually him [boyfriend] and I would fall into that too," Laura said. The participants who lived on the reservation the longest experienced significant violence in their lives including attempted murder. The results of these events negatively impacted the coping mechanisms of the participants. Most of the participants whom lived in the urban area the longest and didn't bear witness to the outcomes of historical trauma on a personal level were involved in more stable and safe relationships. If there was violence that occurred, they no longer were in those relationships. Living in an urban area appears as a protective factor since the participants could adequately cope with their experiences.

All the participants became parents as teenagers, therefore living in the urban area versus living on the reservation did not impact this health outcome.

Chaos. Chaos was described by five of the seven participants. The participants described the chaos in lives before they became parents.

Jane said, "He [my ex-husband] got jumped and sustained a TBI [traumatic brain injury] which altered his personality and brought about a very alcoholic nature in him." Jane went further, describing how her boyfriend would eventually become very drunk and attempt to murder her and her children. She then had to flee to a different location with her children.

Hannah stated,

My mom passed away two years ago and I have been having to raise my brother as well. It is difficult to do whatever I want. He is still young and I have my own child to raise. I haven't been able to take time to focus on me. It's about making everyone's life right.

Michelle said, "He [my ex-boyfriend] is in jail and has been in and out of jail for the last 2 years. We have had three domestic violence cases recorded."

Allison recounted, "I wasn't focusing on things I should have been. I was just partying doing things I shouldn't have been doing. I was confused on what to do in life and I got mixed up with some bad stuff."

Two of the participants described how this chaos impacts their lives now. Allison stated,

> I guess like my birth mom, like that's kind of affected me because like I look at
> her, because she's had like 7 kids and she's been on drugs her whole life, so I
> kind of look at that as like what not to be, what not to fall into.

Laura said,

> I never had a male figure in my life. You know my dad was always abusive, and
> how would you say it, alcoholism on the reservation was very common in our
> household. So, I never really thought, I thought that was normal living, but you
> know as you get older, you learn these things in school and things like that.

> **Trauma.** Trauma was another theme that was identified by six of the seven
participants. Trauma was described as both physical and emotional events in the
participants lives. Jane recalled,

> On the reservation, he [ex-husband] would verbally abuse me and call me names.
> Try and put me in my place. He said as a woman I should be in the house cooking
> and cleaning. I am independent and didn't want that. He would say really bad
> things to me.

Sara said,

> [My son] he's probably going to get teased because he is part white and is a
> lighter shade. I think that has a lot to do with historical things I guess. If you're
> not the color, dark shade that I am, then you don't belong. This could scar him
> and make him be fearful in the future.

Hannah added, "I have gone to a school where I've seen other Native American kids get
picked on." Laura said, "My cousins and uncles would always be drunk and yelling at

each other. I saw this every day when I lived on the reservation. It would happen in our house and my dad would hit my mom." Michelle stated, "I was adopted when I was young. I try to talk to my birth mom but she will fall off the face of the planet after we have been in contact for a month or so."

In one of the participant's life the trauma experienced was manifested through post-traumatic stress disorder (PTSD). Allison said, "I actually have PTSD, and I go to counseling once a week because I was raped before, me and my sister have been raped."

A major event in the life of one participant was traumatizing and changed the way she parents today. Jane stated,

My son was taken at three months into foster care. This totally rocked my world, everything I knew. I knew I was a good parent, but the doctors and the state didn't think so. I fought with blood, sweat and tears for months to get my son back. My son was taken at three months into foster care. They took him immediately under the assumption, Native parent, we were both very young, and took him immediately into foster care.

Violence. Four of the seven participants described violence, either physical or emotional, that has occurred in their lives. Jane stated, "He [my ex-husband] came home very very intoxicated one day and attempted to murder me." Laura recalled, "My dad was always very abusive, and I would understand my mom when she use to be like "keep our business to yourself." Michelle disclosed, "There was definitely physical violence that occurred. He [ex-boyfriend] would hit me if I didn't listen or do what he wanted me to do." Allison explained, "My last relationship I was 14, and I had dropped out of school,

and I was dating a 20-year-old, and he was actually abusive, verbally, not only verbally but actually physically, and he actually raped me because I wasn't wanting to do anything with him." One of the participants described the violence as a normal occurrence in her life and how it was easy to follow the example that she had experienced.

Laura said,

So, we kind of got fed up to, after a while we kind of got into that too, the alcohol and the fighting, and I got to the point where like I couldn't stand this no more, it's just like around this all the time, you can't get away, and it's hard because it's just like right there and you're trying to be good and if you're not part of the group.

The participants also described the hopes for their children in being raised in an environment where violence is not acceptable. Jane disclosed, "It has very much made me probably more protective parent of him [my son]." Jeff stated,

I noticed that once the baby was born we talk it out more and like say we weren't agreeing on things we'd stop and like actually take time to talk about it just so that it wouldn't hurt the baby.

Laura contended, "I wanted my son to, I guess seeing what my dad use to do to my mom, I didn't want him [my son] to learn that."

Family. Six of the seven participants mentioned family as an influence in their lives, either positive or negative. Jane declared,

So we have all these kind of like very, my mom calls me the "crazy hippie mom," aspects to our life that are very foreign for my family to be involved in. I feed my

kids mutton stew and we have the medicine man over. Things my southern white

mom doesn't understand.

Hannah added,

My parents have been an influence in defining me as a parent. Of course there

were things that they didn't do so well, like yelling at my sister and I, but my

mom also showed me how to love someone.

Jeff stated, "Her [my girlfriend's] family treated me just like another boyfriend before the

baby. Now that the baby is here they have respect for me as a father." Laura said,

My family wasn't really into education, the only person that was really into my

education was my uncle and he passed when I freshly started freshman and he

was my dad. He was my everything, he died from lung cancer, he used to work at

the uranium [mines] on the reservation.

Michelle disclosed,

Because me and my brother were adopted, I don't really talk to my [birth] parents,

but my brother does. I don't really want to talk to them because of the past. They

obviously gave us away for a reason, my mom is a known drug addict who's been

in and out of jail. I don't really need that in my life.

Family is one way in which four of the participants keep in contact with their

tribal community. Jeff expressed,

My family members. I have a lot of aunts and uncles and those are the ones that I

actually you know keep in contact with a lot, me and my sister both. And like my

grandparents, my parents, they also live over there too. So I try and contact them

once a week, and say, 'Hey, what's going on?' I stay in contact with them pretty

good.

Allison said, "Like my grandparents and stuff, they're from Shiprock and Farmington, so

they're big on dances and all that stuff. They have continued to pass on our traditions to

us. I hope I can continue that for my son."

Negative family experiences. Three of the participants described negative

experiences with their family and how that has altered their life including how they raise

their children. Jane recalled,

There was a lot of emotional trauma that happened out there [on the reservation].

I was away from my family and his [my ex-husband] family would treat me like a

foreigner. They would speak in their native language, and I couldn't understand

them, it was a difficult time.

Hannah also declared,

My dad was a really bad alcoholic, he was a part of my life, but he would like go

out for it and come home and leave for several weeks at a time. So I think as a

parent that makes me realize like as a mother like I wouldn't want to put my kid

in that situation ever or even for them to be around it.

Michelle added,

I guess like my birth mom, like that's kind of affected me because like I look at

her, because she's had like seven kids and she's been on drugs her whole life, so I

kind of look at that as like what not to be, what not to fall into.

One of the participants had a difficult time dealing with her family when her son was diagnosed with Down's syndrome. Laura recalled,

Now with my son who was born with Down's syndrome dealing with my family has been hard. My father-in-law wouldn't talk to me when my son was born, thinking it was my fault because of my past, thinking it was fetal alcohol syndrome. He was angry and he put me down.

Responsibility. The weight of parenthood through responsibility was described by six of the seven participants. Having a child changed the lifestyles of the participants to become more responsible knowing they have a child to take care of.

Jane said,

I am in a transitional housing program because I was homeless and it's for Native families. We are very busy in school as well as meeting the requirements of the program. They provide housing but we also have to participate in their program requirements.

Hannah declared, "It's really rewarding coming home to a little girl that's really special to me, it's really rewarding. I know that I must take good care of her, because I owe it to her."

Jeff stated,

I definitely feel I'm more responsible, with my money, with my time. I try to pick up more hours at work just so I can have more money to spend on our family now. Before the baby was actually there it was kind of like we were just buying for each other, going out on dates, doing stuff we liked. And now it's more like

providing for my daughter, buying diapers, formula. So yeah, it's more, it's like I've become a responsible person.

Laura said, "You have that mother sense. Like I said once you become a mother and once you go through all the hormones and all that and actually having the baby in your hands that's a whole different ball game."

Michelle said,

I think it is growing older, I think it's partly like because his dad like never stepped up to the plate and I wanted him to. And I've always been the one who's gone to school, kept a job, got my son into really good programs.

Allison stated,

I think just having him [my son], and realizing, hey it's not just me now, it's not all about me. I not only have to take care and worry about myself, which I really wasn't doing, is I have this little person who depends on me. He may not know it at the moment, but I have him I have to take care of and I have to watch out for him.

Altered life plans. The life plans of five of the seven participants were altered when they discovered they were going to become a parent.

Jane stated, "But I had been in college prior to that and I had dropped out and I was going to take a "gap year" and that turned into a "gap three years.""

Sara described,

I've had to put a lot of my dreams on hold for a little while, not that I can't ever achieve them, but it's just they've been put on hold. And it might take me a bit

longer to finish school, to be a cop, to get my first fight as an MMA fighter. It's

been, it's been very hard, but it hasn't changed what I've wanted to do.

Jeff said, "Graduated high school, I was going to classes for a little bit, but I kind

of stopped going to class for a little bit just because we found out she was pregnant. So

ever since then I've been working."

Laura recalled,

I met my husband and I told him. I was straight up with him, I didn't finish high

school, and what not, and he's like "I didn't either," but he was like you know

you should go back to school, like I had this positive person, so I stuck with this

positive person ever since.

Michelle stated,

Right now I'm not working, I'm just at home until I start school in May. And I

mean it's really good, it's like I've completely made a 180 in our lives from being

really like unstable to now like I have everything going good.

Historical trauma as defined by past events. Historical trauma was defined by

past events that occurred as six of the seven participants described it. Of particular note,

the Long Walk and the Trail of Tears were mentioned when participants were asked

about historical trauma.

Jane described,

The ability that our genetics makes us predisposed to fearing different things, due

to massive trauma within our genetic makeup. And so like the Long Walk for the

Navajos, makes them predisposed to being a little more fearful of white people.

Hannah stated, "Something's that's happened in the past that's made things different now. I think like begin forced off your land as a Native American or having to go to boarding schools away from family is like traumatic."

Jeff said, "Historical trauma, something that's in the past that traumatized you enough so you remember it and it affects your daily routine."

Laura stated, "For me it's just the Long Walk, I've always wanted to go back, and not like try or see, but the feelings that was for me heartbreaking because if you think about it women and children are walking."

Allison said, "I guess just the past trauma, I guess, stuff that's happened in the past, because I guess history. So I'm just thinking stuff that's happened in the past."

Two participants also described how the experiences of grandparents and those in the past have made them more aware of the potential of historical trauma.

Sara said, "As far as being Native American and what happened many many years ago as far as our land being taken and the trauma of being Native American."

Laura described,

My grandparents were forced to go to boarding schools and now like I had to go to them when I was younger. Like the BIA [Bureau of Indian Affairs] schools were set up because of the boarding schools. Being told not to speak your language will mess you up. I encourage my son to speak the language. I've always wondered why my grandparents weren't allowed to speak Navajo, why aren't we in boarding schools, why did they have to cut their hair, why did they have soap in their mouth.

One of the participants described her uncles' presence in the uranium mines and how this impacted her family. Uranium mines were not described in the literature though the workers did have many negative health impacts.

Laura recalled,

He [my uncle] was my everything, he died from lung cancer, he used to work at the uraniums, on the reservation. So I didn't know about that, I didn't know about lung cancer, uranium, you know what I mean. Oh we just had big money and money comes in, like I never really thought of all these things, until like I said, I got thrown into it. My uncle passed and I was like why did my uncle pass, he was healthy. I wondered where my uncle would get all these big check, it's because he worked in the uranium. But yeah we're living off his money and everything but it took him. It's like playing with the devil, you want to live or you want to live in sin, which side do you want to pick.

Furthermore, participants were specifically asked how they believe historical trauma impacts them now in their daily life. Most of the participants stated that they were not directly impacted by it.

Jane said,

I think that is has through my ex. He [ex-husband] automatically mistrusted anything that was not traditional or familiar or cultural for him. He would often mistrust me and what I would say or do and I think this is why he was violent towards me sometimes. With our son being taken that made him vindicated of his fear of the government.

Sara said,

Not being recognized as part of the [tribal] community has been impactful to my family. We just want recognition that we are members of the tribe, even though our skin isn't as dark. My son may be bullied because when he goes to the BIA [Bureau of Indian Affairs] school he looks white and I think this has a lot to do with historical stuff I guess. I mean even though he belongs just as much as anyone, but we will deal with it.

Hannah said,

I feel like at school I saw other Native American kids get picked on. Just because they have different ways of talking, people make fun of them. I don't think that this is historical, but I think it's just the kids being mean. There are some really mean kids today.

Jeff recalled,

I remember like the 9/11 Twin Towers falling down. This was like something historical and affected many people and a lot were traumatized. I don't think that this impacts me anymore in my life. I mean it's like when I go to the airport I get screened, but in my daily life it doesn't impact me.

Michelle stated,

Things like that don't affect me that much. I look at what is going on now with the DPL [Dakota Access Pipeline] and think that it's pretty awful that we have to justify our use of the water, the water that is ours. I am sure that it will impact generations to come, it will be a historical moment no matter the turn out.

Traditions. It was important to four of the seven participants that their Native American traditions are carried on by their children even though they don't live on the reservation.

Jane stated, "As well as we try to get down to pow wows and get back out, I take them out to their area of the reservation and doing all those kinds of things, we are very busy."

Sara said,

They let him [my son] participate in these [tribal] events. He is getting to the point of talking now, though we haven't cut his hair yet, it's like one of those rites of passage that has been done in my family, my community.

Laura described,

At the same time, you know that's your culture, I believe in my culture and I try. So I teach my son little things, like even butchering. I am very traditional and so is my husband we go to many religious ceremonies and we use peyote.

Allison said, "Praising Under the Stars, so it's kind of like, we have Navajo speakers and stuff that we go out and see."

One of the difficulties of living in an urban area is the lack of Native American traditional services and supports that exist. This was described by two of the seven participants.

Jane stated,

As well as moving into like more of a white man area off the reservation out of those bounds was very hard for him [my ex-husband]. Not having adequate access

to traditional medicine was also a big struggle for him [my ex-husband], and so

like a lot of those things were very hard for him [my ex-husband].

Laura said,

I try and give them Navajo culture. In Gallup, they provide it [language

immersion programs], here they don't really, you have to. So yeah that's kind of a

difference for me, moving from a reservation to the city is I kind of wish the city

would have more. You know everyone, there's different tribes and having that

[language immersion] in the schools would really help, because honestly our

culture, our language is going, we don't know it.

Sense of belonging. A sense of belonging to the Native American community

was described by four of the seven participants. This is important as they are urban

Native Americans living off the reservation and still want to belong to that community

regardless of where they live.

Sara described, "But I feel like what we wanted from the beginning to be

recognized and that's all we really wanted. The benefits didn't you know affect us and

that it didn't matter because we just wanted it to be known."

Laura added,

So I had to like learn English and Navajo, and at the same time, when not to talk

Navajo. Because your tongue is different and when you speak English, when you

go back to the reservation they make fun of you because they say you talk like a

white man and when you go to the city you talk all "rezzie" you know you have to

do that battle at the same time.

One of the participants described being able to have a sense of community when she moved from the urban area out to the reservation.

Jane stated,

Moving out onto the reservation was a big culture shock. As well as, a majority of his [my ex-husband] family doesn't speak in English they only speak Navajo. And so having to learn a new language and a new culture and kind of a new place in life.

Summary

This chapter covered the demographics of the study participants and included tribal affiliation, number of children, and length of time residing in Albuquerque. The research procedures were outlined and described data collection and the data analysis methods. Trustworthiness of the data was defined through credibility, dependability and confirmability, and transferability.

The results were presented based on themes to answer the research question "How does historical trauma impact the lived experiences of parenting Native American teens (ages 18-25) living in Albuquerque, New Mexico?" Nine themes emerged from the research question and they are: chaos; trauma; violence; family; responsibility; altered life plans; historical trauma as defined by past events; traditions; and sense of belonging. The theme of family had a subcategory of negative family experiences.

Participants were explicitly asked to define what historical trauma means to them as listed in the interview questions (Appendix A), though throughout the duration of the interview participants unexpectedly provided stories of their experiences associated to

historical trauma. Chaos was described as something experienced both prior to becoming a parent and even after parenthood began. Three of the participants described the chaos they were witness to as a child and how this manifested when they were older. Traumatic experiences were described by six participants and was both physical experiences like rape and domestic violence and was also emotional events like a child being taken into foster care and death of family members. When asked to describe violence that was occurring in the participants lives, four of the participants described the emotional and physical violence they had endured. It should be noted that there was not any violence occurring currently in their lives and the children involved were not victims of the violence.

Six of the participants would go on to describe past events that they associated with historical trauma. Two prominent events were mentioned the Long Walk and the Trail of Tears. Also described were the Boarding School Era and land removal. For some participants, current potentially traumatic events occur in their lives such as being bullied for being Native American and being forced to prove they are Native American through blood quantum laws. For the participants, this is how they described the effects of historical trauma impacting their daily lives, though this is not historical trauma as defined in the literature.

This study was focused on Native American teen parents residing in the urban area of Albuquerque, New Mexico, and is one of very few that focused on this population. Historical trauma is something that has impacted reservation based Native Americans but has not been described among urban Native Americans, as described in

the literature review. The participants of this study have described how historical trauma was manifested in their lives. Chapter 5 will include an in-depth interpretation of the findings, the limitations of the study, recommendations for future research, and the social implications of the study.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This qualitative study with phenomenological methodology was conducted to gain an understanding into the impact of historical trauma in the lives of urban Native American teen parents. This study was designed to address a gap in the literature, which was identified through the literature review, concerning this population. Data were collected from seven participants regarding their definition of historical trauma; how they think historical trauma may have played a role in their life; and their experiences as a parent. There were no other studies found through the literature review that focused specifically on the teen urban Native American population.

One of the challenges with conducting research among urban Native Americans is defining urban Native Americans (2008). For this study, I used the National Urban Indian Family Coalition definition of urban Native American. The term is defined as individuals of American Indian and Alaska Native (Native American) ancestry who may or may not have direct and/or active ties with a particular tribe, but who identify with and are at least somewhat active in the Native community in their urban area. I do not go on to further define urban area, though the U.S. Census defines an urban area as densely populated and highly developed territories encompassing residential, commercial, and other nonresidential urban land uses (U.S. Census Bureau, 2012). Therefore, the people who reside in these areas can be considered "urbanized" in nature adhering to an enculturation process.

The U.S. Census Bureau allows individuals to self-identify their Native American heritage and to identify with more than one race. To qualify as a Native American there are various standards that tribes can use to make the determination of who qualifies as a member. Many tribes now require potential members to provide not only proof of blood quantum but also proof of their cultural identification to become card holding members (U.S. Census Bureau, 2012). As expressed by the participants of this study, it would be too simplistic to indicate that those who lived on the reservation for much of their lives were raised with cultural traditions and that the participants who spent most of their lives in the urban area were not raised with those traditions. The participants who joined this study self-identified that they were Native American, though the urban area was defined as Albuquerque, New Mexico. The time in the urban area was not controlled for and the results indicated this importance.

Through purposeful random sampling I interviewed participants to provide insight into the following research question: How has historical trauma impacted the lived experiences of parenting Native American teens (ages 18-25) living in Albuquerque, New Mexico? This study adds new information to the body of knowledge related to historical trauma, teen pregnancy, and teen dating violence. I used a semistructured interview guide (Appendix A) that consisted of 12 questions on historical trauma, parenting, and relationships. Nine themes were identified from the data and are discussed below as they relate to the historical trauma theory and the literature discussed in Chapter 2.

Interpretation of the Findings

Participants were asked their tribal affiliation and how long they have resided in

the Albuquerque urban area. Though I did not control for this in this study, it was curious

that the shorter the time in the urban area the more connotations of historical trauma were

accentuated. Also, again though it wasn't controlled for and participants weren't asked

directly to provide it, the younger the participant the less knowledge they had correlating

to historical trauma and the more difficult it was for them to describe it. This was

apparent in the responses to the interview questions asking about historical trauma and

how it impacts their lives. I was impressed with the participants being willing and

passionate to share their life stories with me even though difficult topics were discussed.

Historical Trauma

Historical trauma as defined by past life events. Four of the seven participants

described the Long Walk and the Trail of Tears when providing their definition of

historical trauma. Two participants described more current events as potential catalysts of

historical trauma including the events of September 11, 2001 and the Dakota Access

Pipeline. Brave Heart (2007) contends that trauma of current events such as September

11 may exacerbate the trauma that occurred to Native Americans on the reservation.

Once again this literature fails to address how it may affect the lives of urban Native

Americans. One participant mentioned the boarding school era and another participant

also mentioned the removal of land. Brave Heart (2007) contends that the atrocities that

were committed on Native American people led to unresolved grief and self-destructive

behaviors that are being passed on from generation to generation and which are still being manifested in various ways.

When participants were asked how they believed historical trauma was impacting their lives today, four of the participants described the impact in different ways. One participant described witnessing Native American kids at her school being bullied (Hannah). Sara brought up the issue of blood quantum and how that proves your "Nativeness" within the community. Jane described her son as very cautious and observant of people and how he doesn't get along well with those in his life who are non-Native. Another participant described her cautious outlook on life and situations she is in due to the trauma she experienced in the past (Allison).

Two of the participants stated that historical trauma isn't impacting their lives today or that they don't think about it impacting them (Hannah and Jeff). Brave Heart (2011) contends that even though there are individuals who will be in denial, unconsciously they still carry the trauma. It impacts health outcomes including emotions, behavior, and relationships. Brave Heart states that it is the responsibility of ancestors, their children and the next seven generations is to heal from it. Through the interviews this was not something that could be ascertained.

The participants involved in this study described historical trauma in different ways and varying degrees though there were some underlying commonalities. Tribal differences exist among the degree of collective generational trauma exposure, but there are similarities among Native Americans in regards to shared values and traditions (Brave Heart, 2011). This ascertainment is in relation to reservation-based Native Americans,

though it appears to be relatable to urban Native Americans as well, as described by the participants. Tribes do share the same history of colonization and oppression; however, some tribes may have suffered greater numbers of traumatic events (Brave Heart, 2011). This is important to take into consideration when determining effective program development.

   Traditions. The traditional Native American values have in part been lost due to the harm of historical trauma. The boarding school era included a major loss to traditions and lifestyle (Palacios & Portillo, 2009). Three of the participants described the traditions that they maintain with their family and children, including dances, traditional cooking and baking, use of medicine men, speaking their native language, rites of passage, and peyote and other religious ceremonies. Though the participants live in the urban area, five of the participants stated that they still go back to their native lands as much as feasible (reservation, pueblo, or nation) to help maintain the connection to their tribal community for themselves and their children. One of the participants described the struggle that occurs when going between urban life and reservation life. She described how she is teased when she goes back to the reservation because she speaks "too white" and is teased when she is in the urban area because she speaks "rezzie" (Laura). One of the elements of the boarding school era was to erase the Native languages with the goal of transforming Native American people, inside and out. A participant explained how her son is excelling in learning his Native language and has been outpacing her in his learning of the language (Jane).

Family and negative family experiences. Survivor's complex is a result of a collection of feelings experienced by children from the intergenerational transmission of traumatic encounters and responses by their parents, which scars them mentally (Duran et al., 1998). One participant described this when explaining her father's alcoholism and how she was told to keep quiet about it by her mother. This was again experienced when she became an adult and was faced with alcoholism in her relationship with her child's father and needed to decide whether to call the authorities (Laura). Extended family, specifically women, are an important part of the macro level structure that exist on the reservation (Dalla et al., 2009). Participants described how they maintain connection to their tribal community through family with the most important family member being their mother, grandmother, or aunt (Jeff and Allison).

Remnants of historical trauma can still be seen on tribal lands via high rates of family and partner abuse, poverty, substance abuse, and posttraumatic stress disorder symptomatology. All the participants described their experience with at least one of the aforementioned outcomes of historical trauma. Substance abuse was most frequently mentioned, namely in regard to their family members. One of the participants suffered with posttraumatic stress disorder, another participant was homeless for a period, and five of the participants mentioned the violence they witnessed among family members.

One participant described how her uncle was affected by the uranium mines on the Navajo Nation. She described the turmoil that her family faced after he died from lung cancer, a result of the mines, and the subsequent fight that would follow with the government. Though her family did get a settlement from his death, she found it

disappointing. It was because of her uncles' death that they received money and she would rather have him alive and healthy than live off the money from his death. Uranium mines and the health implications from working in them was not specifically described in the literature, though the historical trauma theory does posit that historical trauma can play out in health-related issues of Native Americans (Walters et al., 2011).

Parenting style can be impacted by the results of trauma, specifically the parental exposure to trauma (Brown-Rice, 2013). Having difficulty with trust in relationships is an outcome of dealing with trauma. This was described by one participant as she became more aware and cautious of their surroundings and with whom she should become involved (Allison). Another participant described how her son was very cautious around new people until he trusted them and then he would become comfortable, though he did seem to prefer Native Americans (Jane).

Teen Pregnancy

All the female participants who took part in the study became pregnant as teens. Only one participant described the pregnancy as planned. The participants were not asked to and did not describe in detail how they became pregnant, for example, if it was contraceptive failure, reproductive coercion, and so forth. Therefore, it is difficult to ascertain if the unintended pregnancy co-occurred with reproductive control as identified in the literature.

Chaos. Palacios and Powell Kennedy (2010) examined how stressful childhood experiences led to the potentiality of early childbearing among reservation-based Native Americans. Cooke (2013) also found that early childbearing among Native youth in

Canada was one element of a complex life course that included early childbearing. The literature also revealed that teens who were abused wanted to escape the abuse, chaos, and dysfunction in their family environments through creation of a new environment inclusive of premature pregnancies. A participant explained how she prayed for a family, specifically a son, because she witnessed the abuse of her mother at the hands of her father and didn't want her son to learn to be abusive (Laura).

Cooke (2013) also described how Natives in Canada experienced childhoods that were disrupted and families that were impaired by substance abuse and violence, which are risk factors for early childbearing. One participant described how her dad was a bad alcoholic and would come and go, leaving for several weeks at a time. This made her want to be a parent who was an active part of her child's life (Hannah). A participant who was adopted described her birth parent as someone who has been on drugs her entire life, and how this was something she did not want to repeat as a parent (Michelle).

The Indian Child Welfare Act (ICWA) was passed as a law in 1978 due to the disproportionate removals of Native American children from biological families to be placed into adopting or boarding schools, which also removed them from their cultural identities (National Urban Indian Family Coalition, 2008). The passage of ICWA allowed tribal governments to have jurisdiction over the court proceedings of an enrolled or enrollable Native American child regardless of where the child was living. Many states use nonstatutory guidelines to determine whether or not ICWA applies and the standards are often violated, ignored, or disregarded, and tribes may not even be aware Native

American children are being removed from their homes (National Urban Indian Family

Coalition, 2008).

This was proven true through the experience of one of the participants (Jane). Her

son had a unique medical condition that caused very brittle bones and through an accident

at home one of his bones broke. Upon seeking medical care for him, the local urban

government authorities took him into state custody and placed him into foster care. She

would wind up spending 18 months fighting in urban and tribal courts to get her child

back. The state violated her ICWA rights by stating that since her son was only half

Navajo he would not qualify for ICWA representation, even though he is a card bearing

member of the tribe. This traumatic and chaotic event left the participant fearful of the

government and of state involvement with her children.

Altered life plans and responsibility. Even though early childbearing could arise

from a chaotic childhood that was riddled with substance abuse and violence, Palacios et

al (2013) discovered that early pregnancy was an opportunity for positive change in teens

lives. One participant explained how she has made a complete "180 change" in her life

after discovering she was pregnant, coming from a completely unstable lifestyle to

having everything going good now and building routines in for her child (Michelle).

Though early childbearing brought about positive life changes in some of the

participants lives, it also meant that some of their plans needed to be placed on hold for

the time being. This was explained by several participants. The plans of being a police

officer and mixed martial artist was placed on hold when the participant found out she

was pregnant (Sara). Participants were also attending college classes and dropped out

once they discovered they were pregnant (Jane and Jeff). Pregnancy and these life changes also made the participants become more responsible.

Being more responsible with time and money was described by one of the participants because he found out his girlfriend was pregnant and he wanted to provide for his daughter (Jeff). The death of her mother required another participant to take responsibility of her brother as well as her own child (Hannah). Being selfish was not an option for another participant as she described how she now has her son to take care of and watch out for and realizing that he depends on her for everything (Allison).

Teen Dating Violence

Violence, either physical or emotional, occurred in 60% of the participants' relationships. Half of the perpetrators were also Native American while the other half were not, and the violence occurred in the urban area in which the participant lives. Only one of the seven participants disclosed that she was raped, the literature identified that one in three Native women will be raped in their lifetimes.

Sense of belonging. Urban Native Americans are vulnerable to violence due to their isolation from their cultural support systems on the reservations (Rutman et al, 2012). Moving off the reservation to the urban area was hard for one of the participant's boyfriends, which lead to negative outcomes including becoming an alcoholic and turning violent on his girlfriend (Jane). Another participant described how she wanted her son to experience good things and not witness violence, as she often witnessed on the reservation, though even in the city he is exposed to violence and alcohol abuse (Laura).

Violence and trauma. Data from 2012 states that one in four New Mexican women have experienced intimate partner violence (Caponera, 2014). This was proven true in the case of the participants in which four of the seven had experienced violence in their relationship. One of the participants described her relationship at the age of 14, which she was raped by a much older male who was physically and verbally abusive (Allison). Urban Natives were much more likely to have initiated sex before they age of 15 when they are forced to have sexual intercourse (Urban Indian Health Institute, 2010). Though never being a victim of violence, one of the participants discussed how her and the child's father had numerous domestic violence incidents that occurred between them and how it may have impacted her son (Michelle). Even being a witness to violence can have a lasting impact on children and could lead them to being perpetrators or victims of violence in adulthood (Dalla et al., 2010).

Summary

Many of the participants were not familiar with the terms historical trauma though they described attributes that have been identified in literature on historical trauma theory. Historical trauma was not identified by the participants as having a direct impact in their lives, specifically as related to the outcomes of pregnancy and violence. The central thesis of this study, historical trauma affecting teen pregnancy and violence, was not proven. The literature described the connection between historical trauma and negative health outcomes. This study appeared to confirm that link even among urban Native Americans. As was mentioned above, participants were not asked if reproductive coercion was present in their relationship, therefore, the conclusion cannot be drawn

between the violence that occurred in the relationships and the outcome of pregnancy. The chaos and trauma that the participants experienced in their childhood was not explicitly found to have led to the outcome of teen pregnancy and violence, as described in the literature. Family was the biggest influence in the lives of the parents including their family while they were growing up and the negative experiences that occurred, how their communication with their family allows or prevents them from connecting with their tribal community, and how they navigate the obstacles of being a family with their significant others and children.

Limitations of the Study

One of the limitations identified in Chapter 1 was that the participants may not be willing to be completely honest in their responses due to the presence of the researcher. I believe that all the participants were truthful in their responses. The use of probing questions occurred with some of the participants as they provided a closed response to the questions being asked. As the only researcher involved with this study, the findings that are described and the conclusions that are drawn are subject to the interpretations of only one researcher.

Recall bias was another limitation that was identified in Chapter 1. Since the participants self-reported their data, they may have found it difficult to accurately remember the past experiences. I attempted to mitigate this bias using a standardized interview guide.

During data collection, I identified additional researcher and methodical limitations. Recruitment of participants was very challenging and my methods of

recruitment needed to be altered. I only received one letter of support from a community partner when I intended to receive two. I also thought that with support of the community partner participant identification would be high. No participants were identified through the community partner that participated. To help with recruitment I posted the approved recruitment flyer on social media sites. This type of recruitment proved the most successful as all participants had contacted me through social media.

In the literature, there were no identified studies that were specific to teen pregnancy and violence and historical trauma among urban Native Americans, but there are several studies that focused on these topics among reservation based Native Americans. This study can fill the gap in current literature on examining historical trauma, teen pregnancy and dating violence among urban Native Americans. This study also produced many recommendations for further research on other aspects of teen pregnancy and dating violence among urban Native Americans.

Recommendations

More research is needed on this study topic with a younger population of teens. My target population was an older group of teens due to the vulnerability of a younger population. Data show that teen pregnancy rates are high among Native Americans, though this may not hold true among urban Native American teens. Therefore, targeting a younger group of teens from 15 to 18 years old would add to the literature.

Further research with urban Native American teens who are currently in a violent relationship is also recommended. Being in a violent relationship was not a requirement for participation, and none of the participants were experiencing violence in the

relationships they were in at the time of interview. It is therefore difficult to understand how the violence that occurred was related to the resulting pregnancy.

When asked about historical trauma many of the participants were not aware of the terms historical trauma, which may be due to their time in the urban area. I did not control for their time living in an urban area. A recommendation would be to conduct research on the length of time living in an urban area and the knowledge or awareness and role of historical trauma in the lives of Native Americans.

Finally, more research should be explored on how long historical trauma impacts Native Americans (i.e. one generation compared to three). During my interviews the younger participants seemed less able to identify with historical trauma compared to the older participants.

Implications

This study has implications for social change as the rates of teen pregnancy and dating violence/domestic violence are high among Native Americans. Through the literature, it was revealed that there are no evidence-based teen pregnancy or teen dating violence prevention targeted towards Native Americans or more specifically urban Native Americans. The results of this study can be used to develop interventions that are targeted towards urban Native Americans and are inclusive of cultural aspects.

For services that may be available, urban Native Americans may not want to access these services due to lack of cultural and linguistic competence. Many of the services may also use Western traditions for medicine or social services. The programs

should consider the broader aspects of the urban Native American experience and approach program development more holistically.

The data from this study identified gaps in support services for urban Native Americans. The identification of these gaps can help community groups and other agencies develop or expand these support services. The intent would be to help facilitate a stronger support system for urban Native Americans specifically around their traditions.

Conclusion

The overarching research question was: how does historical trauma impact the lived experiences of parenting Native American teens (ages 18-25) living in Albuquerque, New Mexico? Seven participants were recruited for this study. Most of the participants had experienced violence in their relationships and all the pregnancies were unplanned. Some participants were unfamiliar with the term "historical trauma" though they described experiences that were identified in the historical trauma theory.

New insights were discovered around the support systems and services that urban Native Americans have access to and are lacking. The ways in which urban Native Americans maintain connections to their tribal community was also discovered. Recommendations for future research have been identified and include further research on younger urban Native Americans, those currently involved in violent relationships, historical trauma and the length of time in an urban area, and the length of time historical trauma impacts Native Americans.

Without the participants' willingness to share their stories and experiences with me, insights could not have been discovered about impacts of historical trauma in their

lives. The results of this study will help to develop interventions and community

resources that are specific to the urban Native American population.

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Appendix A: Interview Guide

1) What is your tribal affiliation?

2) How long have you lived in the Albuquerque urban area?

   a) (If not entire life) how long did you live in your tribal community (pueblo, nation, etc.)?

3) How do you maintain connection to your tribal community (if at all)?

4) How old were you when you became pregnant and was this a planned or unplanned pregnancy?

5) Describe your life prior to becoming a parent.

6) Describe the relationship you had prior to becoming a parent and now as a parent with your child's mother/father.

7) Describe any violence (physical or emotional) that may have occurred in this relationship.

   a) (If still occurring) describe how you think this violence may impact your child.

8) Describe your current life as a parent.

9) What experiences have defined you as a parent?

   a) Probe: Has something happened to you or have you done something which has shaped you into the parent you are?

10) Describe what historical trauma means to you.

11) What, if any, life experiences have made you aware of historical trauma?

   a) Prompt: Have you witnessed/experienced something in your life which made you better understand historical trauma?

12) How do you believe historical trauma has played a role in your life?

Appendix B: Recruitment Flyer

Everyone Has A Story

We *want* to hear *your story* as a parent!!

Take advantage of this exciting opportunity.

Research Description & Purpose:

A student researcher at Walden University wants to learn about the experiences of urban Native American parents and the potential role of historical trauma. This research study is for parents. Research is always voluntary!

Would the study be a good fit for me?

This study may be a good fit for you if you are:

- 18 –25 years old
- Parent (male or female)
- Reside in Albuquerque, NM metro area
- Self-identify as Native American

What would happen if I took part in the study?

If you decide to take part in the research study, you would participate in an in-person interview with the researcher. Participants who take part get a gift card to Smith's to thank them for their time.

Location of Research:

This research will take place at a mutually agreed upon location.

Contact Information:

To take part in this research study or for more information, please contact XXXX.

Supervising faculty:

The supervising faculty for this study is XXXX at Walden University. Study IRB#: 10-14-16-0295946