Introduction

The purpose of this capstone is to explore the themes of the statements from the Maine Wabanaki-State Child Welfare Truth and Reconciliation Commission (TRC) by people who were in foster care as children. Since many of the statements were collected in a way that was in line with each Wabanaki community, a thematic analysis of these statements can help to inform future Native American scholars about common themes within the TRC (Collins, McEvoy-Levy, & Watson). Data collection methods like these are similar to Indigenous research methods and can be compared to community participatory research methods where data is collected through interviews, focus groups, and healing circles (Wilson, 2001). Additionally, they draw specific attention to the influence of trauma on childhood experiences and health and provide a call to action to correct and repair the injustices and the harm that has caused these disparities in healthcare and health outcomes.

Historical Trauma and Childhood Adverse Experiences

The indigenous people that have lived in what is now Maine, for hundreds of generations, were among the first to encounter colonists (AbbeMuseum, n.d.). There is a long history of violence between European colonies and the Wabanaki people. Beginning in the 15th Century, European explorers and colonists brought disease and war to this continent effectively wiping out whole tribes of Native American people. Seventy-five years of Wars, battles, conflicts all but decimated the 20 tribes of the Wabanaki confederacy.
Violent decrees such as the Spencer Phips Proclamation put a bounty on the scalps and other body parts of Penobscot Tribal members (Newsom, 2012). Colonialism such as this has shaped historical, political, economic and social mechanisms that directly influence demographics, mortality, health and education (Czyzewski, 2011). In spite of the systematic genocide of the Wabanaki, they have persisted and five tribal communities and four Tribal Nations survive in Maine today.

The many health “disparities” or adversities for the Wabanaki people on and off of the reservations can be traced back to this tumultuous past. The root cause of poor health for indigenous people are related to oppressive government policies banning Native languages and spiritual practices, disrupting Native connection to their homeland and environmental deprivation, which is tied to cultural identity (King, Smith, & Gracey, 2009; McNally & Martin, 2017). Underlying causes of health related problems could also be attributed to historical trauma, childhood trauma and continuing trauma. Historical trauma is the unresolved grief of past generations and the constant reminder of the loss that has occurred with the violent loss of land, people, culture and traditions (BraveHeart & DeBruyn, 1998; Warne & Lajimodiere, 2015). This loss is manifested as disease from prolonged exposure to stress that produces trauma related hormones (McNally & Martin, 2017; Ortiz & Sibinga, 2017). Stress hormones (glucocorticoids) have been found to elevate one’s chance for future chronic diseases like Diabetes Miletus, heart disease, Alzheimer’s disease and metabolic syndrome (Ortiz & Sibinga, 2017; Warne & Lajimodiere, 2015). This kind of toxic stress can be passed on to the next generation through epigenetic tags that develop from prolonged exposure to trauma (Warne & Lajimodiere, 2015; Yehuda et al.). The side effects of historical trauma that American Indians have faced can be compared to
the stress related gene, FKBP5 a glucocorticoid, passed on to the children of Holocaust survivors (Yehuda et al.).

Adverse child experiences (ACEs) are known to have an effect on child brain development that change the way children respond to stress, have damaging effects on their immune systems, which can show up decades later exhibited in chronic disease, mental health disorders and either being victims of violence or victimizing others (Ortiz & Sibinga, 2017; Warne & Lajimodiere, 2015; Yehuda et al.). Stressful events in childhood are similar to that of historical trauma in that a constant flood of the hormone cortisol is present in the system of a child that is dealing with stress. This keeps the individual in fight or flight mode, which can cause damaging, long term effects to the physical and mental well-being of a child. Stressful experiences like the foster care system, being taken from one’s community and not knowing from one day to the next if you will ever be reunited with your family, can cause these long-term traumatic occurrences outlined in the definition of ACEs.


Early on, before community interviews were conducted it was apparent that themes were developing after some initial interviews with parties affiliated with the TRC had taken place (Collins et al.). Emerging themes such as breaking a ‘killing’ silence, acknowledging suffering and healing trauma, clarifying historical record, improving child welfare policy, better state-tribal relations and decolonization, appeared to be prevalent (Collins et al.). The statements given to the TRC still have much to tell us regarding the long-term effects that past child welfare practices have had on the overall well-being of the Tribal Nations in
Maine. While these statements can allow us to see how taking children away from tribal communities have long term negative effects, they can also be used as a tool to change the future of child welfare and support the advancement of those communities.

In 1999 the Muskie School of Public Service was responsible for facilitating a collaboration between Tribal and State child welfare staff to design and implement a more comprehensive training on the Indian Child Welfare Act (ICWA) for State child welfare caseworkers (Attean et al., 2012; Collins et al.) The motivation for this collaboration came from a pilot review of Maine’s child welfare system that revealed non-compliance with ICWA, a 1978 federal law (Attean et al., 2012). This collaboration came to be known as the ICWA Workgroup and their work continued long after the initial round of training; they improved policy, training, case reviews, and relationships (Attean et al., 2012). In 2008, the group decided to pursue a TRC process focused on ICWA and in 2011 created a Declaration of Intent (DOI) that outlined the commitment of the signatories to the truth commission process which would be mandated by but independent of the State and the Tribes (Attean et al., 2012; Collins et al.).

On June 29, 2012 the Chiefs of the Passamaquoddy Tribe at Motahkmikuk (Indian Township), the Passamaquoddy Tribe at Sipayik (Pleasant Point), the Aroostook band of Micmacs, the Houlton band of Maliseet Indians and the Penobscot Indian Nation and the Governor of Maine signed the mandate to establish The Maine Wabanaki- State Child Welfare Truth and Reconciliation Commission (TRC) (Collins et al.). The TRC was established out of a need for truth, healing and change (Attean et al., 2012; Collins et al.; Maine Wabanaki- State Child Welfare Truth & Reconciliation Commission, 2015). It also recognized the bloody history of colonization, laws and events perpetrated by European
colonizers that lead up to the systematic prejudice that keeps Native American families apart.

The Commission collected 159 statements that are representative of Wabanaki adults who were in foster care or had been adopted, tribal leaders, elders and community members, Tribal and State case workers, Wabanaki and non-native parents, foster parents and grandparents, Attorneys, judges and Guardian Ad Litem (Collins et al.; Maine Wabanaki- State Child Welfare Truth & Reconciliation Commission, 2015). The commission traveled to different communities around Maine to hear testimony in which they invited people to volunteer what they remembered, knew or had been through. Although this was not an easy process, especially for Wabanaki people that had been children in foster care, many felt relieved once they had given their statements (Collins et al.)

The TRC had 27 months to conduct its investigation and was ended in June of 2015 where they released their findings and recommendations at a ceremony in Hermon, Maine (Collins et al.). The document is titled, Beyond the Mandate, Continuing the Conversation, A Report of the Maine Wabanaki- State Child Welfare Truth and Reconciliation Commission. The statements from the TRC are available to the public in their original audio and video formats as well as PDF transcripts all of which are archived in the Bowdoin College Library Digital Commons.

Methods

The TRC statements in the archive are listed in alphabetical order. First, each statement that contains testimony from a former child in care was identified. Based on the accounts of Rachel George, a former TRC research coordinator and current doctoral candidate, there are approximately 30 statements from former children in foster care. After all the
statements were identified, ten statements were picked at random. Each statement was read over to find repetition of words, phrases and ideas. A qualitative analysis was conducted on the statements to find the meanings in which participants give to what they experienced (Crowe, Inder, & Porter, 2015). After the initial marking of text, identified quotes and text that seem important were transferred onto note cards. Once all the statements were transferred, the quotes were clustered into common ideas. Themes were named and definitions for each theme were generated from the common ideas of the quoted text (Crowe et al., 2015). Each theme was then developed and categorized to the extent possible within the research questions of this capstone.

**Data Summary**

In the ten statements reviewed for this capstone four main themes were revealed, trauma, failure of the Child Welfare System, loss of culture and a sense of resilience. Within all of the statements given to the TRC, participants experienced trauma on some level. Most experienced a failure within Maine’s Child Welfare system either from the system directly or from structures within the system. Within the statements analyzed, people said they experienced a loss of culture and most participants experienced a sense of resilience as adults.

![Diagram showing themes]

- **Trauma**
  - Experiences as children
  - Feelings as a result
  - Negative Adult Outcomes

- **Failure of the System**
  - Lack of Support
  - Harm by the System

- **Loss of Culture**

- **Resilience**
Three major sub-themes emerged from the transcripts to describe how these adults experienced trauma as children and how these experiences affected them into adulthood. Individuals that participated in the TRC process were prompted by questions. Each person was asked to tell about what they remembered as children. Every person began his or her stories in a linear fashion.

**Trauma**

The ten statements showed that each person experienced trauma as children. Trauma comes in many forms. Almost all of the statement givers experienced trauma from being separated from their family.

> “I can remember the day that I was removed and the woman, the state lady that took me. When we came up off the road, by the crossroads there and got on to Route One, I remember her pulling over because I was in the passenger seat and I was crying uncontrollably because I did not want to leave my aunt obviously.”

Many others described abuse in different forms. Some individuals described mistreatment from their biological families, which led to the removal from their communities. Others describe never knowing why they were removed and having to experience abuse in foster homes, in boarding schools or in group homes. The abuse came from nuns in the boarding schools, other children, and foster and adoptive parents. Many individuals felt very betrayed since their removal was to protect them from mistreatment but instead they were put into situations where the abuse was a greater risk to their well-being.
Many of the individuals described feelings as their stories unfolded. Feelings are how we recall most events in our lives especially as we remember our childhoods. Overall participants had feelings of loneliness or being unsupported, fear and/or helplessness, guilt and betrayal, and never being loved or never bonding. Feelings describe situations that we have experienced and feelings are rarely felt one at a time. These statements were being captured as the participants relay a stream of emotions.

Trauma experienced as adults was another sub-issue stemming from the incidents participants had as children. Several kinds of issues surfaced as their stories continued into adulthood. Many statements described experiencing poverty, which was generational in most cases. Others discuss issues involving anti-social behaviors such as self-sabotaging relationships. Some had even repeated the cycle of substance use from their parents.

“Um, so I was doing horrible in school and, I would every night, the tub would be filled with ice and water and it was just, I'd sit there and my foster dad would just hold me under the water for as long as he could and then just bring me back up and it was like over and over again. And it was just like, when I got out, my, my whole body was like white. It was just, it wasn't even me anymore. And I just remember being so cold. And, I uh, I was sick like three times in that time period just because I was so cold, like my” body couldn't get warm again. It was ju - it was, ahh, (exhales, pause) it was really, really cold (whispered).

“Um, but really things that kind of stand out more are feelings? Because again, I think my memory is not great -- partially, as often is -- as a protective mechanism so just feelings of, um, uncertainty, of fear... um, loneliness, of like having to be strong for my sister, my little sister but also, I had to take care of my mom a lot or protect her, from like some of the men that she would bring into the house. So, just like having to be strong but then also, like, always afraid and always really scared. (Beginning to speak through tears.) Um, but there's also really beautiful times when my mom-- usually when she was sober.”
resulting in their own children being removed from the home. As a result of the trauma experienced as children all of the ten participants experienced at least one of these negative outcomes.

"Because, I found early on, that when I got high and when I drank, you know, those bad feelings went away. And, I liked that. So, I became very addicted at a very young age. I found the things that became an escape for me, you know, anything so I didn't have to feel that hurt."

Some other consequences from the negative childhood experiences were coping mechanisms that developed. Some statement givers mentioned generational silence that occurred within their families as a mode of protection from family separation. This silence protected the family unit and in most cases the individual but also in some cases the abuser.

"It's when you don't say something *about* something that happened to others, and that quiet and that silence says a lot. And, I believe that's what happened, that I was taught silence first. You deal with it in within the family. You keep it in the family. You deal with it in the family. The family takes care of themselves. We don't want no outsiders ... no outsiders to know anything. She's afraid, and she *was* afraid, that if anything leaked out, that what will happen is the kids would be taken away, again."

**Failure of the System**

Another major theme that came up within the statements most participants remember a failure of the child welfare system. According to the participants in the TRC process, there was a lack of support structures for children, families and adults and harm by the system as a direct result of being involved in the system.
“One of the biggest injustices that was done for me was, I never had to confront closure. When I was to leave a foster home, a caseworker would come get me. I never had to speak with them again. Because transition’s hard and there’s a lot of — People cry. So they want to protect. So, I never learned how to say goodbye. I never learned how to have a healthy transition. So, as an adult, when it came to wanting to have relations with different people, if they said something, or if we started fighting. Goodbye. Hey, I'm done. I could walk away and never talk with them again.”

Most participants recall that as children they did not have any adults in which they could confide. Their experiences of never being believed by adults or authority figures within the system were another disappointing reality. There was no one to listen to them or believe them.

“And even to this day, like, only one other person in my life knows of everything that ever happened in that house from when I was nine till I was twelve. And, that person questions every day how no one would ever notice. And how no one ever said anything. And it was, I kind of shrugged that off, but then again it's like, “Why didn't you notice?” Like, it—(sigh) I don't want to blame caseworkers, but then again, it's like, “How'd you not notice this?” And, I don't know, it's just, it's, it's a hard thing to not put blame on people but then again, it's really hard, too.”

As children aging out of the system, some participants recall the lack of resources they had. Most cited having problems finding therapy or supports systems either through their healthcare system or tribal communities. They said it was hard to find mental health services.

“They threw me to the street in Bangor. They kicked me out of Goodwill-Hinckley. After I turned 18, they put me in The Arc up there and told me that would be the best place for me. Blah, blah, blah. At first, they tried the Shaw house but I just turned 18 so that was a no-go. But eventually, I didn't even go to the Arc. I had a meltdown. I went to the emergency room, getting a psych eval. I didn't know what the hell was going on. You're going to throw this person who’s been in structure, with no idea about the real world and Bam, here, go stay at a homeless shelter with a bunch of crazy drunks and drug addicts, you'll fit right in. I don't know.”
Loss of Culture

There are many consequences from being taken away from one’s community. One of those consequences that emerged as a major theme was loss of culture. Each of the five tribal communities in Maine have experienced a loss of culture through loss of land and forced assimilation and through repression of ceremony and language but the tribes have felt a great loss where children are concerned. Since the traditions of tribal culture are passed down from generation to generation, when children are taken away there is no one to pass down indigenous ways.

“Um, and, that's why we speak English today, I think, 'cause she did not speak English, she did not speak the Native voice with *us* when we were kids. It would've been different, I think, I think it would've been different if residential schools didn't interfere. I think we would've been fluent in our language.”

Participants in the TRC describe their experiences with loss of culture as being the only Native American, everything being foreign, not speaking English, not knowing what to expect in a new environment, forced loss of language, parents living in residential schools, Christian conversion, forced living in non-native communities, loss of elder knowledge, loss of native identity and what is means to be Native American.

“I think it was just the fact that I was leaving home and everything I knew. And just the people who were surrounding us, and it was really weird because you grow up with your family and everyone looking like you. And where we lived we had so many people that spoke the same language as we did. Because English is actually my third language, it’s kind of—out there. But it was really, really hard because on the plane it was like, so many different people. So many faces I didn't know.”
Almost all participants experienced this loss of culture in some form. Some cases children were placed into group foster care where everything was foreign to them. Most of the participants found they were the only Native American person in a home. While other participants were sent away to live at foster group homes, Catholic run foster homes, and foster families that were far away from their original communities. In most cases the children were discriminated against for their native heritage.

“But anyway, but they took me in this black car, that's all I knew. I cried, I didn't know where in the hell I wasn't going or, or what I was doing. Huh. So anyway the, they ah, they put me in ah, St. Elizabeth's home. In Portland, Maine... But no, I mean the girls, um they used to kick me there. "Oh look at the little Indian girl! Look at the little Indian girl!" Yeah. Huh! And they always uh got me in trouble. They always did. Yeah. "Oh don't talk to her, she's wild, she's Indian."

Participants who were put with non-native families experienced foster group homes that were ignorant of native culture and practice or how important it is to maintain a connection to their Native communities.

“Well the group homes weren't respectful of my cultural needs. They didn't allow me tobacco, obviously, or any other, like my eagle feather, anything. They didn't allow smudging tools, didn't allow me to practice. Every group home was always at a battle with Wabanaki.”

**Resilience**

Although the purpose of this capstone is to highlight the effects of historical trauma and the role within the child welfare system, another theme became clear while reading the statements. The idea and demonstration of resilience within indigenous culture is a source of strength. This concept of resilience in the face of so much tragedy is important to build
strength in communities. More than half the statements reviewed mention the ability to still be loved, keeping a positive outlook and finding the power of prayer or spirituality.

I cry about it today, just when I am alone and I think about it. And, I ask myself, "why?" I pray. Oh my god. I am so spiritual 'cause I think that's the only thing that's ever gotten me as far as I've gotten today has been my faith. That's all I had was my faith. You know.”

Others felt a positive change in their lives once their tribe became involved or had a feeling of connection with their tribe they were able to hold onto.

“And I just realized how fortunate I was to always stay connected to my culture and everything that I knew. You know, my school, my peers, like my family was always there. Um and, and so, and so it's huge, it's so critical. And I absolutely understand the history for Native communities, and tribes, and nations, and the importance of that.”

Some statements reference the ability to feel safe or find safe places as children. This enabled them to find resilience as adults.

“She was the only person I kept in contact my entire life. And she allowed me to come live with her, under one condition: that I re-enroll in high school. So I re-enrolled in high school, moved back to live with her, and I decided, I don't need a piece of paper to tell me who my mom was. That this woman was my mom. After some medical incidences, I decided that, you know, it would be important to have her be recognized by the outside. She was my mother.”

More than half of the statements mention using past experiences to help others facing similar problems. Many have found strength with the idea of coming full circle as a survivor. The TRC process has opened up a new beginning for many of the people who participated.
Discussion

In the context of historical trauma and what we know about ACEs, the statements analyzed in this capstone provide evidence that colonization has negatively impacted generations of Native Americans from epigenetic changes passed down from generation to generation. Because of this, historical trauma can be classified as a social determinant of health. Historical trauma is constructed from elements that include policies, institutions, laws and culture that impact health (Arah, Westert, Delnoij, & Klazinga, 2005). These distal factors influence the more proximal factors of social determinants of health, such as behavior, socioeconomic environment, physical environment, and demographics affect health (Arah, Westert, Delnoij, & Klazinga, 2005). This problematic way in which historical trauma effects social determinants of health complicates how native people respond to current healthcare and government systems.

Conclusion

Although this history of the mistreatment of the Wabanaki Tribes in Maine is an uncomfortable truth, it is an important part of our history. A common understanding of the truth can bring our communities to a place of healing. The importance of this capstone can inform areas of the Maine State government where people from the Wabanaki communities encounter the child welfare system, criminal justice system and the health and human
services system. According to the U.S. Department of Health and Human Services, Administration for Children and Families (n.d.), research is still emerging on the most effective treatment methods for individuals experiencing historical trauma. At this time in Maine, there is work being done and abundant research on trauma informed care as well as ACEs. However the Office of Family and Child Services (OCFS) is the only department that requires training on historical trauma and the effects that it has on Native American communities. By working with tribal governments and using information that is relevant to the indigenous experience like the statements made to the TRC and data that is relevant to native communities such as the Wabanaki Tribal Health Assessment, the Maine State Government can begin to repair the harm that has been inflicted from the past.
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