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# "We Were Queens": Historical Loss Among Native Hawaiians: Exploring Historical Trauma-Informed Suicide Prevention

## Abstract

Native Hawaiian people, and especially lesbian, gay, bisexual, transgender, *māhū* and/or queer (LGBTQM) Native Hawaiians, face health and mental health disparities that are disproportionate when compared with other racial/ethnic minorities in Hawai'i, and when compared to the United States as a whole. Native Hawaiians have the highest mortality rates for numerous biomedical diseases, including higher rates of substance abuse, diabetes, and even asthma, of any ethnic group in the state of Hawai'i (Andrade et al., 2006; Liu & Alameda, 2011). Suicide rates, in particular, have been rising since Hawai'i began collecting data in 1908 (Else & Andrade, 2008), and continue to represent a major public health concern in Hawai'i (Goebert et al., 2018). Social workers need to understand the social, structural, and historical determinants of these health disparities in order to implement effective suicide prevention and intervention programs. In a review of the empirical evidence related to suicide risk and protections among Native Hawaiians, some unique factors have been identified. Social and cultural risk factors related to strong ethnic identity and mental health stigma, for example, have been found to contribute to high levels of suicide risk among Native Hawaiians (Goebert, 2014; Selaman, Chartrand, Bolton, & Sareen, 2014; Ta, Juon, Gielen, Steinwachs, & Duggan, 2008; Wong, Caine, Lee, Beauvais, & Yip, 2014).

Applying learnings from historical and intergenerational trauma theorists (Bagilishya, 2000; Brave Heart, 2003; Brave Heart, 2010; Brave Heart & DeBruyn, 1998; Duran, 2006b; Evans-Campbell, 2008; Sotero, 2006; Walters & Simoni, 2002), suicidality can be examined as a social and community-level response to colonial oppressions (Wexler & Gone, 2012). While Native Hawaiian scholars have written about the impacts of historical and colonial trauma on the Native Hawaiian people (Liu & Alameda, 2011; Mayeda, Okamoto & Mark, 2005; Trask, 1996) and argued for the importance of research that directly connects those traumas to suicide rates (Hishinuma et al., 2018), few studies have done so (see, for example, Andrade et al., 2006; Else et al., 2007; Yuen et al., 2000). Overall, there is a lack of connection to the complex, historical, sociostructural impacts of historical trauma on the life (and death!) of Native Hawaiian people. Through examination of colonial processes, including erasure of Native Hawaiian genders and sexualities from traditional stories, the domination of Christian church, and disconnection of Native Hawaiians from land, language, and cultural practices in relation to health and well-being as a people, a critical intersectional Native Hawaiian suicidology can begin to surface.

This dissertation seeks to understand cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiian historical trauma experiences in the context of colonization and suicidality. Through the crossover application of a quantitative measure of historical trauma (i.e., the Historical Loss Scale (HLS), Whitbeck, Adams, Hoyt & Chen, 2004) to narratives about colonization and suicide from cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians, this project explores the following research questions: 1) *How much and how often do Native Hawaiians endorse HLS items in qualitative narratives?* 2) *How do experiences of historical loss - as reflected in the pattern of endorsement of HLS items - differ between Native Hawaiians and baseline studies with American Indian communities?* 3) *How do experiences of historical loss - as reflected in the pattern of endorsement of HLS items - differ between cisgender/heterosexual and LGBTQM Native Hawaiians?* 2) *How are historical losses experienced and described from a Native Hawaiian perspective? What are the differences in definitions and interpretations of HLS items in the context of Native Hawaiian experiences? What additional themes emerge from uniquely Native Hawaiian perspectives?* 3) *How can Native Hawaiian perspectives on historical loss contribute to understanding Historical Trauma theory constructs in order to inform historical trauma-informed suicide prevention?* By considering the impact of the colonial context of Hawai'i on the health and mental health of Native Hawaiian peoples, this study can bring to light both

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internal and structural ramifications of colonization on the minds, hearts, and bodies of the Native Hawaiian people.

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“We were queens.”

Historical loss among Native Hawaiians:  
Exploring historical trauma-informed suicide prevention

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A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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by

Antonia R.G. Alvarez

June 2019

Advisor: Ramona Beltrán, Ph.D, M.S.W.

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## ABSTRACT

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*1) How much and how often do Native Hawaiians endorse HLS items in qualitative*

*narratives? 2) How do experiences of historical loss—as reflected in the pattern of endorsement of HLS items—differ between Native Hawaiians and baseline studies with American Indian communities? 3) How do experiences of historical loss—as reflected in the pattern of endorsement of HLS items— differ between cisgender/heterosexual and LGBTQM Native Hawaiians? 2) How are historical losses experienced and described from a Native Hawaiian perspective? What are the differences in definitions and interpretations of HLS items in the context of Native Hawaiian experiences? What additional themes emerge from uniquely Native Hawaiian perspectives? 3) How can Native Hawaiian perspectives on historical loss contribute to understanding Historical Trauma theory constructs in order to inform historical trauma-informed suicide prevention? By considering the impact of the colonial context of Hawai`i on the health and mental health of Native Hawaiian peoples, this study can bring to light both internal and structural ramifications of colonization on the minds, hearts, and bodies of the Native Hawaiian people.*



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I would like to *mahalo* (thank) the winds that shape the waves, the sand, and the mountains. The sharp-shinned hawk waiting on the fence across the street; hunting. The growth; the dirt under my nails; the bulbs emerging from the cold night. And also, the loss. Matthew, who killed himself as I worked on this project, and who visits my dreams.

I hear the songs, chanting, laughter of mi familia, my *kūpuna*, my friends.

I am surrounded. Always. It has never been a weakness to have deeper roots than branches. (Indeed, like a Banyan, even my branches grow roots.)

This process has been a challenge; a dance. Conversations, tears, laughter, re-imaginings, risks. My committee has bolstered, brooded, and brainstormed with me on issues large and small. The community met with me in restaurants, office buildings, and in their homes, to share their *mana`o* (knowledge), their losses, and their lives.

My family and friends, like queer rhizomes, held me tight with winding underground networks, building beyond survival to declare: We are resistance!

Wild strawberry, giant horsetails, rhubarb, *`uwala* (sweet potato)—Lola and Lolo, grandparents, ancestors—guiding, feeding, sweetly. *`Ōlena* (turmeric), sweet potato, *`awapuhi-kuahiwi* (wild ginger), fern—Mama, my sisters, Mom, my nieces, my girls! I can't get you out of my mind—you are, and always have been, the foundation. *Kalo* (taro), bamboo, aspen—my brothers, Papa, Dad, my son—always leading, seeking; you are hope! And to lotus, water lily—my future, my wife, our peace—*daghang salamat* (thank you very much), the way I feel about you baby can't explain it.

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## CHAPTER ONE: INTRODUCTION AND PROBLEM STATEMENT

Intention is the portal to right action, it inspires motivation, movement and why we understand anything. We must first watch our intention, then prepare, then set out into *ho`olōkahi* (balance), *po`okela* (exceeding), and *aloha* (unconditional love).

Manulani Meyer 2003 (pg. 53)

### Researcher Positionality

In the Fall of 2017, as I was completing the data collection for this dissertation, I was blessed to be invited to join *Nahona Hawai`i* (The Hawaiian Way), a course being taught by Tutu Lynette Kahekili Kaopuiki Paglinawan, with Dr. Manulani Aluli-Meyer as Kohohiki (facilitator). It was a Monday morning, and hot winds were blowing from the west as I searched the University of Hawai`i's campus for the traditional outdoor building, *Hale Kuahuokalā*, where the class was being held. I entered the space with prayer and protocol, and joined the others—Native Hawaiian and non-Native Hawaiian—listening and learning from Tutu Paglinawan, who sat calmly, fanning herself gently, explaining *ha`aha`a*. As a non-Hawaiian researcher living and working in Hawai`i, I have had a number of opportunities to learn about the importance of *ha`aha`a*, a Native Hawaiian concept that can be loosely translated to mean “humble, modest” (Pukui, 1983). Community members, practitioners, and cultural leaders in Hawai`i model this practice through both small and large actions, many that impact the everyday life of a researcher in Hawai`i. At the start of gatherings and meetings that I have attended with Native Hawaiian community members, each participant is asked to share their name,

where they are from, and an ancestor or predecessor that is contributing to the discussion or who will benefit from the learning that will occur in the session that day. For the purposes of understanding how to conduct research with Indigenous communities, the importance of this protocol cannot be minimized. For me, this practice will also guide a discussion of my own lineage—biological and otherwise—to help ground this introduction to my research in Indigenous values and to honor the protocols in which I have been privileged to participate. In this project, I will describe my positionalities and the ways that they shape and impact my work.

As a critical feminist practitioner, I understand that the intersections of my identities contribute to my research in meaningful ways, and believe that this understanding is an essential element of social work research (Ortega & Busch-Armendariz, 2014). My identities impact my questions, my analysis, even the ways that my research will be written. For example, the inclusion of poetic autoethnographic writing is an element of my critical feminist practice (Beltrán, forthcoming), and changes the narrative in a number of ways. In the interest of de-centering colonial ways of thinking, knowing, and researching, it allows the narrative to rest, for a moment, in my experience, explicitly looking at the context through my own lens. This writing is also resistant; it validates the inclusion of text, thinking, and writing that is not intrinsically formal, academic, or linear. The use of poetic writing in academic text demonstrates the values of reflection, relationship, and reciprocity that Wilson (2008) outlines as critical when working with/in Indigenous communities. Through creatively reflecting on, and reacting to, the ways I am impacted, indicated, and influenced by my research—rather than bracketing that impact and placing it outside the process—poetic autoethnography

enables me to learn from it, and to include that learning in my research. The inclusion of poetic writing is political and resistant, as much as it is inclusive and unifying (Beltrán, Forthcoming). Pushing against the dominant structures, while simultaneously inviting the reader into a new, intimate space, autoethnographic poetry in research embodies a critical tension in feminist scholarship. Autoethnographic poetry considers the body a location of research (Moraga & Anzaldúa, 1983), and facilitates active reflection and reflexivity from the researcher (Spry, 2001). The use of autoethnographic poetry seeks to engage the reader on multiple levels (Spry, 2006), and to connect personal experience with broader social and cultural themes (Ellis & Bochner, 2000). The following is an autoethnographic poem that I wrote during the data collection stage of the research, and offers insight into the ways that I have impacted and been impacted by this project.

### **Anthills/Blackout**

Our bodies are two generations from war.

Both grandmothers—

filled with laughter

sparkling eyes

(rest in peace, Lola Eva)—

wander into stories

late at night

coffee flowing

flan, mochi,

Pan de Sal...

Running through fields in Leyte, Philippines,  
surrounded by sisters  
nursing the oldest babe  
with jet planes blazing through the skies  
leaving trails of smoke.

Hoping for no bullets  
praying that the burning on their ankles and backs  
necks and stomachs  
are just the ants?

Fire;

And then,  
Sitting with Grandma Ruth eating Ritz crackers,  
Chuckling about Mr. Pang chasing chickens through plantation alleys  
vaguely mentioning  
grandpa's real name (too confusing for "his" workers in the fields, he went  
by "Joe") -- never used here at home in amerikka--  
and blacked-out windows, reading over candlelight  
while soldiers searched for sympathizers.

She had to learn to love Ilocano foods because Filipinos were the neighbors  
who weren't "beneath us"  
--and anyway, Hawaiians love spam, too.



United by a common “enemy” (the Japanese? The Americans?)

bloodline; neighbor; ancestor;

colonial legacies breed

fear; secrecy; clusters of *familia*; food; prayer.

Also made invisible by common love—

norms of pain, of silence, of loss

patriarchy and the church/gambling and illness—

created new directions for hope,

new targets for forgiveness.

And we,

you and I,

wrapped up together like so much banana leaves/

nori,

looking back into the many rooms of our pasts

full with these stories

these loves

these women.

Our movement changes our memories.

The walls bend, sweat;

we chant that these wars not affix scars to our baby’s skin,

and that we will find new ways

to let the light in. (*Antonia R.G. Alvarez, 03/09/2017*)

This poem is about my wife and me, and the ways that colonization and imperialism have impacted our families. It describes the strange connections between two of our Grandmothers' experiences during World War II—mine in the Philippines, my wife's in Hawai'i. This poem emerged as a way for me to begin to describe some of the ways that Hawai'i feels like home to me, and also some of the ways it can never feel like home to me. Its intention is to encapsulate some of my hesitation (and even distress?) about doing this work as a U.S. mainland-born visitor, and also some of the responsibility I feel to the community who helped me welcome my *hapa* son.

I am the first of three born to Dr. Ann Rosegrant Alvarez and M. Antonio Garriga Alvarez. My mother is from the Great Lakes of Michigan, my father is from the mountains in Cebu, Philippines, and some of my grandparents on both sides were farmers. My son was born underneath the great mountain *Olomana*, on O'ahu, and my wife was raised on the harbor nearby. My friend Matthew killed himself while I was completing the data collection for this project, and I know that his spirit is contributing to my learning on this journey. As a queer mestiza Filipinx-American social worker in Hawai'i, the level of suicidality among the LGBTQM and Native Hawaiian youth communities was of particular concern to me throughout my eight years in community-based mental health work. After examining the issues through the lens of youth risk and resiliency using evidence-based practices and training programs, many questions remained unanswered. The risks and protective factors from suicidality did not seem to accurately predict (or prevent) LGBTQM or Native Hawaiian suicide, and the programs designed to intervene were typically based on a western, medical-model of risk.

In Hawai`i, a site of historical and ongoing colonial occupation, the need for research frameworks that re-center the voices of Native Hawaiian people and the application of research methodologies that address the power imbalances within the research process cannot be overstated. As such, I approach this research with an understanding that my insider (queer, hapa)–outsider (non-Native Hawaiian, non-local) status operates on a spectrum rather than a binary. For instance, in some spaces, particular aspects of my identity emerge as more salient than others. This insider/outsider continuum affected my research in Hawai`i in many ways. For example, my shared identities and the relationships I have developed because of my identity, gave me access to community members and community spaces that others may not have access to. Simultaneously, however, as a non-Native Hawaiian researcher working in Native Hawaiian communities, some of my contributions will not always be invited or encouraged, and there may, in fact, be a time when they are no longer welcome. Respecting protocols that I have learned in the community, I regularly seek feedback and guidance from Native Hawaiian leaders and cultural practitioners about my ongoing research in the community, to ensure that the research is "determined and defined from within the community" (Denzin & Lincoln, 2008, p.6). Through relationships with community leaders and Indigenous practitioners, my approach to this research aligns with the ethic that Kovach describes as "giving back to the community in a way that is useful to them" (Kovach, 2009, p.82), with the additional motivation that as a member of the queer community in Hawai`i, my family, my child, and the generations connected to me in the future can be impacted by this work. Love is, and always will be, central to this work (Ortega & Busch-Armendariz, 2016). For as long as I am able, it is my intention to

work alongside the Native Hawaiian community to support the strategies for healing and resisting the traumas they continue to endure. The utility of this work to inform suicide prevention work in the community is the driving force.

### **Organization of the Dissertation**

Chapter One provides an overview of the topic, conceptualization, and purpose of this study. A critical review of relevant research related to suicide among Native Hawaiians as well as among global Indigenous populations is included. Chapter Two provides comprehensive summaries of the two theories that informed the framework and specific aims of the study: Historical Trauma theory (e.g., Braveheart & DeBruyn, 1998; Braveheart, 2010; Chandler & Lalonde, 1998; Duran & Duran, 1995; Duran, 2006a; Duran & Walters, 2004; Evans-Campbell, 2008; Fast & Collin-Vézina, 2010; Gagne, 1998; Goebert, 2008; Rigney, 1999; Sotero, 2006; Trask, 1996; Walters, Beltran, Huh & Evans-Campbell, 2010; Walters & Simoni, 2002; Walters, Simoni & Evans-Campbell, 2002; Whitbeck, Adams, Hoyt & Chen, 2004), and Critical Suicidology (e.g., Alcantara & Gone, 2007; Kral, 2012; Kral & White, 2017; White, 2007; White, 2015; White, 2017; White, Marsh, Kral, & Morris, 2016). These theories provide support for examining suicide among Kānaka Maoli from critical, intersectional, and socio-political-historical perspectives. Chapter Three describes the methodology, including the research design and a detailed rationale for and description of the quantitative measurement and qualitative coding approaches; an overview of the secondary data (including participants, sampling, data collection, IRB protections, and findings); and, the data analysis procedures. Chapter Four, Results Part One presents the results from the crossover mixed study aims, and

Chapter Five, Results Part Two, presents additional qualitative findings. Chapter Six discusses the implications of the findings from the crossover analysis, with respect to theory, policy, and clinical work/practice with suicide prevention and intervention among cisgender/heterosexual and LGBTQM Native Hawaiian communities. Study limitations and directions for future research are noted.

### **Introduction to the Problem**

Kānaka Maoli people, and especially lesbian, gay, bisexual, transgender, queer, and/or *māhū* (LGBTQM) Kānaka Maoli, face health and mental health issues that are disproportionate when compared with other racial and ethnic minorities in Hawai`i, and when compared to the United States as a whole. Native Hawaiians have the highest mortality rates for numerous biomedical diseases, including higher rates of substance abuse, diabetes, and even asthma, of any ethnic group in the state of Hawai`i (Andrade et al., 2006; Liu & Alameda, 2011). Suicide rates, in particular, have been rising since Hawai`i began collecting data in 1908 (Else & Andrade, 2008), and continue to represent a major public health concern in Hawai`i (Goebert et al., 2018). Social workers need to understand the social, structural, and historical determinants of these health disparities in order to implement effective suicide prevention and intervention programs.

Applying learnings from historical and intergenerational trauma theorists (Bagilishya, 2000; Brave Heart, 2003; Brave Heart, 2010; Brave Heart & DeBruyn, 1998; Duran, 2006b; Evans-Campbell, 2008; Sotero, 2006; Walters & Simoni, 2002), suicidality can be examined as a social and community-level response to colonial oppressions (Wexler & Gone, 2012). Beginning with the arrival of Captain Cook in 1778,

and gaining strength through the illegal annexation of the islands by the United States military in 1898 (Silva, 2004), Kānaka Maoli in Hawai`i have lived in a colonial context. As with Indigenous communities in the Arctic (Stoor, Kaiser, Jacobsson, Renberg, & Silviken, 2015), Native populations in North America (Olson & Wahab, 2006), and Aboriginal communities (Chandler, LaLonde, Sokol & Hallett, 2003), the suicides of Kānaka Maoli need to be understood in the context of colonization. Likewise, strategies for healing and prevention need to be found in processes of decolonization and the restoration of traditional Kānaka Maoli values and practices. Through examination of colonial processes, including erasure of Kānaka Maoli genders and sexualities from traditional stories, the domination of the Christian church, and disconnection of Native Hawaiians from land, language, and cultural practices in relation to health and well-being as a people, a critical intersectional approach to Native Hawaiian suicide can begin to surface.

In a rally call to social workers, Walters and colleagues (2015) push against the emphasis on behavioral interventions and advocate for macro-level strategies to alter the social determinants of health. Aligning the “Closing the Health Gap” Grand Challenge of Social Work with the World Health Organization [WHO] (2014), Walters et al. urge the profession to emphasize community-based, culturally grounded approaches to prevention and intervention. The critical analysis of Kānaka Maoli suicide responds to these calls for macro-level, relational (Walters et al., 2015; Wilson, 2008) inquiry, and can inform strategies for healing and prevention. Emphasizing community-based and culturally grounded models of health and health risks (and specifically, Native Hawaiian suicide), as well as centering the project on marginalized communities (in terms of both

race/ethnicity and other intersectional identities), this dissertation crosses the margins between the fields of social work and suicidology. By considering the impact of the colonial context of Hawai`i on the health and mental health of Kānaka Maoli people, this study brings to light both internal and structural ramifications of colonization on the minds, hearts, and bodies of the Kānaka Maoli people.

### **Key Concepts**

*Defining suicide and suicide behaviors.* The World Health Organization defines suicide as “the act of deliberately killing oneself,” and uses the term suicide behavior to describe thoughts, plans, and suicide attempts that do not result in fatal outcomes, and may or may not have fatal intent (WHO, 2014, p. 14). For the purposes of this project, these two terms will be used to encompass the range of suicide-related behaviors, although the primary focus will be on suicide specifically.

*Defining māhū and other Hawaiian language words.* *Māhū* is a Native Hawaiian word describing an individual possessing both male and female characteristics (Pukui et al., 1972b). When used in this project, it is also inclusive of individuals who identify as transgender Native Hawaiian and *māhū wahine* (trans women) and *māhū kane* (trans man) (A. Hawelu & C. Kapua, personal communication, April 19, 2017). Including the terms queer and māhū in the broad umbrella LGBT category is a politically charged decision to critique hetero-, homo-, and cis-normativity within communities of color through the inclusion of Indigenous people on different places in the spectrums of gender and sexuality (Driskill, Finely, Gilley & Morgensen, 2011; Kornak, 2015).

Similarly, this dissertation will use Native Hawaiian (with intentional, politicized capitalization; see, Trask, 1996), and, *Kanaka Maoli* (or *Kānaka Maoli*, if plural), interchangeably, as there is not one agreed upon preferred way to refer to Native Hawaiians within the Native Hawaiian community (V.K. Kanuha, personal communication, March 12, 2019). Numerous other Hawaiian language words will be used throughout this document (See Appendix A for the complete Glossary of Hawaiian words), and will be italicized and parenthetically translated into English using the Hawaiian Dictionary (Judd, Pukui & Stokes, 1995) and other relevant sources. That being said, the terms *māhū*, and *Kānaka Maoli* will no longer be italicized throughout this document, as it is expected that they will be recognized as part of the critical lexicon and primary content of this dissertation.

***Measurement of suicide in the general population.*** Empirical measures of suicide and suicide behaviors can be predictive or retrospective, and each approach has unique benefits and challenges. Predictive assessments of suicide are largely based on self-reported responses to measures about suicidal thoughts, plans, and/or attempts over a specified time frame (Ghasemi, Shaghagi, & Allahverdipour, 2015). These scales can provide valuable data about levels of lethality, severity, and duration of suicidal thoughts, and some (e.g., Scale of Suicidal Ideation-worst, Beck et al., 1999) are predictive of suicide (Hourani, Jones, Kennedy, & Hirsch, 1999). Limitations with regard to the accuracy of self-reported measures (Hom, Joiner, & Bernert, 2016), cultural validity (Ghasemi et al., 2015), as well as to the complexity of assessing fluctuating attitudes and



risk (Hjelmeland, 2016), mean that suicide assessment scales must be implemented with care.

Alternatively, retrospective measures of suicide typically include psychological autopsies, where information about the deceased is gathered and compiled from numerous sources (including known associates, suicide notes, Suicide Loss Survivors); and/or police and coroners' reports related to the death, which can provide valuable information about the patterns of behaviors and events that led up to the suicide (Hourani et al., 1999). Psychological autopsies have contributed a great deal of knowledge about precipitating factors for suicide, unique characteristics of populations at high risk of suicide (including factors that are not included on standardized postmortem assessments), and even biomedical markers of suicide risk (Bakst, Braun, & Shohat, 2016). However, retrospective measures of suicide have been critiqued for bias among informants and interviewers, producing diagnostic invalidity (Hjelmeland et al., 2012). Further, due to their over-reliance on unstandardized data, including coroners' reports, which vary greatly worldwide (Hourani et al., 1999), these retrospective measures can be impacted by levels of stigma and shame among particular communities (Chandler & Lalonde, 1998). It is well-understood by the research community that suicide deaths may be incorrectly reported as "accidental" due to cultural, social, and even financial stigmas and concerns (Harder, Rash, Holyk, Jovel, & Harder, 2012), leading to an assumption that suicide deaths are likely to be underreported. Levels of stigma and shame related to suicidality are perceived to be higher in Indigenous communities, which in turn, creates a higher likelihood of under-reporting suicide death (Harder et al., 2012). LGBT community members from Indigenous communities, in particular, report less willingness

to pursue treatment (or even diagnoses) of other health and mental health concerns due to the stigma of their sexual and/or gender identity in the community (Kattari, Whitfield, DeChants, & Alvarez, 2016).

## **Research on Suicide Among Native Hawaiians**

### **Suicide Among Cisgender/Heterosexual and LGBTQM Native Hawaiians**

From 2001 to 2011, suicide was the leading cause of fatal injury (surpassing falls, drownings and traffic accidents) for Hawai`i residents 15-44 years of age and 60-74 years of age (Galanis, 2015; Hawai`i State Department of Health [HI DOH], 2015). Overall, suicide rates in Hawai`i have been rising (Else & Andrade, 2008; Galanis, 2015). Sixty-one percent of these suicide deaths occur among O`ahu residents; however, five-year age-adjusted rates of suicide by county (ages 15 years and older) show Hawai`i County with the highest rates (117/100,000), followed by Kaua`i (92/100,000), Maui (86/100,000), and finally O`ahu (66/100,000), indicating significantly higher risk among Neighbor Island<sup>1</sup> residents. Suicide rates are also disproportionately high among Kānaka Maoli people in Hawai`i, compared to other ethnic groups, and is similar to the rates experienced by other Indigenous communities, including high levels of suicide clusters, a peak in suicide risk between the ages of 15-24, a three times higher risk of suicide for males than females, and statistically significantly higher rates of non-fatal attempts for females than males (HI DOH, 2015).

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<sup>1</sup>The six Hawaiian Islands that surround O`ahu, including Hawai`i Island, Maui, Moloka`i, Lāna`i, Kaua`i, and Ni`ihau, are often referred to as “Neighbor Islands” (see Trumball, 1982). This terminology can suggest an O`ahu-centric understanding of Hawai`i, but is used in this dissertation as a tool for clear communication and relevance with the local communities (see Napier, 2010, for further discussion of this term).

**Adults.** With a rate of 15.2/100,000, compared to the U.S. average of 14/100,000 (Center for Disease Control and Prevention, 2018), Hawai`i is ranked 28<sup>th</sup> for suicide deaths in the U.S. (tied with Louisiana). However, due to the rate of deaths by undetermined intent (three times the national average), the interpretation of the suicide rate in Hawai`i can be problematic (HI DOH, 2012). Of documented suicide deaths, hanging or suffocation account for more than half (52%) of suicides in Hawai`i, and firearms only 22% (HI DOH, 2015). Thirty-three percent of suicide victims (of the 87% of victims tested for substances) tested positive for alcohol, and 42% tested positive for other drugs, including: marijuana, opiates, amphetamines, and/or cocaine (HI DOH, 2015). Depression, education level, and poverty are significant predictors of suicide risk (Liu & Alameda, 2011). According to autopsy records, well over half (65%) of the O`ahu suicide victims had a documented history of mental illness, and more than one-third (37%) had a history of substance abuse (HI DOH, 2012). Additionally, nearly one-quarter (24%) of the victims had a documented previous suicide attempt, and more than one third (36%) had documentation of a prior verbal threat of suicide (HI DOH, 2015).

**Youth.** Native Hawaiian youth experience higher than average levels of risk on all measures of suicide behaviors, including suicidal ideation, plans, and attempts (Hawai`i Health Data Warehouse, 2016a & 2016b). In 2015, for example, 14.1% of Native Hawaiian youth reported suicide attempts, which was almost twice the rate of whites in Hawai`i (7.6%). Among Native Hawaiian youth, 5.5% also reported a suicide attempt that required treatment by a doctor or nurse, compared to 1.1% of whites in Hawai`i (Hawai`i Health Data Warehouse, 2016b), demonstrating significantly higher levels of lethality during suicide attempts. Prior attempts were found to be the strongest

predictor of suicide among Kānaka Maoli youth (Hishinuma et al., 2018), while binge drinking and alcohol use (Nishimura, Goebert, Ramisetty-Mikler, & Caetano, 2005), and high levels of Hawaiian cultural identification and low assimilation were found to be prevalent risk factors (Yuen, Nahulu, Hishinuma & Miyamoto, 2000). Native Hawaiian youth were found to drink earlier in life and to participate in alcohol binges more than other racial groups (Goebert, Else, Mtsu, Chung-Do, & Chang, 2011; Nishimura et al., 2005). Additionally, Kānaka Maoli female youth were found to be at significantly higher risk for suicide ideation and planning than other Asian American and Pacific Islander youth, as well as white youth in Hawai'i (Nishimura et al., 2005),

**LGBTQM Native Hawaiians.** Less is known about the suicidality of LGBTQM Kānaka Maoli. Worldwide, higher rates of suicide behaviors have been linked to sexual orientation (Fergusson, Horwood & Beautrais, 1999; King et al., 2008; Luo, Feng, Fu, & Yang, 2017), and in a national study of the transgender population in the U.S., 40% had attempted suicide in their lifetime (compared to the U.S. rate of 4.6% among the general population), and 7% had attempted suicide in the past year (compared to the U.S. rate of 0.6% among the general population) (James et al., 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). In spite of associated elevated risk behaviors (Fergusson et al., 1999; Szymanski & Sung, 2010), sexual orientation and gender identity data are not included in global mortality measures, and although LGBTQM status can be gathered in postmortem follow-back interviews (see, for example, Alaska Injury Prevention Center, 2006), there are rarely official records of lesbian, gay, or bisexual suicide rates (Haas et al., 2011; Renaud, Berlim, Begolli, McGirr & Turecki, 2010). The data that we do have specific to Asian American and Pacific

Islander (AA/PI) LGBTQ populations sometimes include, but are not limited to Native Hawaiian, and research about Native Hawaiian populations sometimes include māhū, but rarely extend to other members of the LGBTQ community. For example, among AA/PI, exposure to transphobia has been shown to increase the likelihood of engaging in high-risk sex among young trans women, which in turn is associated with self-reported depression and suicide attempts (Herbst et al., 2008). Among youth from AA/PI backgrounds, sexual minority youth were at higher risk for suicide behaviors compared to heterosexual AA/PI youth, and compared to youth from other minority racial/ethnic groups, as well as in comparison with white youth (Botswick et al., 2014a; Botswick et al., 2014b). Among Kānaka Maoli specifically, being sexually active with both males and females was a significant risk factor for suicide attempts among Kānaka Maoli youth (Else, Andrade, Nahulu, 2007). Māhū Native Hawaiian adults also report experiencing disproportionate exposure to violence, lack of medical care, depression, discrimination, and other risk factors for suicidality when compared with other Native Hawaiians (Ikeda-Vogel, 2008; Odo & Hawelu, 2001).

**Protective factors from suicide among Native Hawaiians.** There has been limited research on protective factors among the adult Kānaka Maoli community. Several authors theorize that the role designation of *kupuna*, which translates as “the start of the source” (Ulukau Hawaiian Electronic Library, n.d.), given to elders and grandparents, usually 60 years old and older, commands respect and wields social and personal power that may be protective against suicide (Else et al., 2007; Else & Andrade, 2008). Among youth, empirical studies of longitudinal data between two time points demonstrate that parental education levels of college and above was found to be protective from suicide

attempts among Native Hawaiians (Yuen et al., 2000; Hishinuma et al., 2018). Also among youth, family cohesion (including inter-generational family members), talking to both mothers and fathers, and not witnessing family violence and conflict were protective from suicide risk (Else et al., 2007).

### **Historical Conceptualization of Suicide Among Native Hawaiian People**

Prior to western contact, suicide is thought to have been extremely rare among Kānaka Maoli people. According to Hawaiian scholars and historians, there is no documented Hawaiian word for suicide (Ulu kau Hawaiian Electronic Library, 2018; V.K. Kanuha, personal communication, October 19, 2017), and, while suicide is described in a handful of Native Hawaiian stories, these were believed to be metaphorical deaths rather than physical deaths (Pukui et al., 1972b). It is possible, however, that through the religious indoctrination that coincided with the colonization of the Hawaiian kingdom, understandings of suicide changed. For example, with the forced adoption of Christianity among Kānaka Maoli communities came belief systems that stigmatized seeking Native Hawaiian cultural healing and support. Hawaiian language was banned, and traditional practices, including hula and chanting, were outlawed (Andrade et al., 2006). As these practices were removed, other (primarily Christian) understandings of health and healing became paramount (Halualani, 2002; Kame`elehiwa, 1992). The longstanding traditions of māhū identities and same-sex relationships in pre-contact Hawai`i (Odo & Hawelu, 2001; Robertson, 1989), were disrupted through colonization, and the imposition of Christian religion on Kānaka Maoli communities brought shame and stigma to LGBTQM roles and identities (Pukui et al., 1972b).

## **Brief History of Hawai`i: Disrupting the Myth of Non-Resistance**

This selective summary will provide a timetable of a number of events in recent Hawaiian history that help contextualize the exploration that follows, but is neither exhaustive, nor unbiased. This summary, and, indeed, the dissertation to follow, aims to contribute to the disruption of the myth of non-resistance (described by Silva, 2004) through highlighting Kānaka Maoli efforts toward intersectional health, resistance, and sovereignty. Indeed, over the past 240 years the native people of the Hawaiian Islands have survived numerous colonial policies and practices, and have protested against the annexation, overthrow, and even the eventual statehood of Hawai`i.

- 1778: The arrival of Captain Cook in Hawai`i, which marks the beginning of the documented colonial history of the Hawaiian Islands.
- 1779: Captain Cook is killed by the people of Hawai`i Island after attempting to kidnap a Native Hawaiian chief.
- 1795: After decades of battle, and the use of western weapons and military strategies, Kamehameha I becomes the ruler of a united Hawaiian kingdom.
- 1819: Native Hawaiian *ali`i* break *kapu*, the Hawaiian religious and spiritual protocol. The breaking of the protocol creates the opportunity for other religious and spiritual practices to take hold among Native Hawaiians.
- 1820: American Calvinist missionaries arrive in Hawai`i.
- 1840 Kamehameha III drafts the first Hawaiian constitution.

- 1848: The *Ka Māhele* is implemented. Under this policy, Kamehameha III divides the land into *konohiki* (given to loyal chiefs), *Crown* (owned by the Monarch), and *Government Lands*.
- 1850: *Konohiki* lands become eligible for lease and purchase, and foreigners are allowed to purchase land titles in Hawai`i for the first time.
- 1876: The anthem of the Hawaiian Monarchy, “*Hawai`i Pono`ī*,” is composed by King Kalākaua. This anthem is still used today, as a symbol of Hawaiian unity and pride.
- 1887: Kamehameha Schools, a Protestant-based boarding school for Kānaka Maoli, is established.
- 1887: King Kalākaua, who revived Native Hawaiian cultural practices and arts, is forced to sign a new constitution, effectively stripping him of his powers, which is known as the “Bayonet Constitution.”
- 1893: The Hawaiian Queen Lili`uokalani, is overthrown and forced into isolation by a coup of American businessmen and the U.S. military.
- 1897: The “Petition Against Annexation,” drafted and circulated by Kānaka Maoli groups protesting the overthrow is signed by 21,269 Kānaka Maoli people (of 39,000 Kānaka Maoli reported by the Census).
- 1898: The U.S. Congress moves to annex the Hawaiian Nation by a simple majority, led by American business men who participated in the coup.
- 1921: The Hawaiian Homes Commission Act (HHCA) establishes 200,000 acres across the Islands for Native Hawaiian homesteads (which



is less than 5% of the total land). As a result of the HHCA, Native Hawaiian blood-quantum levels are created, and used to establish eligibility for a lease of land.

- 1941: The Japanese military attack on Pearl Harbor, HI. The U.S. government declares Martial Law in Hawai`i.
- 1941: Weapons testing and live-fire testing on the Hawaiian Island of Kaho`olawe begins.
- 1943: Pōhakuloa Training Area, more than 100,000 acres of land on the Hawai`i Island, begins being used for live-fire training and military exercises. The Pōhakuloa Training Area is the largest military installation in Hawai`i, and is still an active training site today.
- 1957: Pukui and Elbert publish the Hawaiian Dictionary, and sparks community interest in Hawaiian language.
- 1959: Hawai`i becomes the 50<sup>th</sup> state of the United States of America. The state uses the Hawaiian motto, *“Ua Mau ke Ea o ka `Āina i ka Pono.”* This can be translated to mean “The sovereignty of the land is perpetuated in righteousness,” and was declared by King Kamehameha in 1843, when Britain acknowledged the sovereignty of the Hawaiian Nation.
- 1976: The Protect Kaho`olawe `Ohana members begin occupying the island in protest of the bombings and other live-fire testing throughout the Hawaiian Islands.
- 1978: The Hawaiian language, and English, are recognized as the official state languages.

- 1993: The U.S. Congress votes to end bombing on Kaho`olawe. Kānaka Maoli begin concerted efforts toward healing the island, and had removed more than 28,000 unexploded bombs, grenades, and rocket shells by 2004.
- 1996: The Hawai`i State Board of Education approves the first K-12 Native Hawaiian immersion school, Ānuenue Elementary.
- 2000: *The Native Hawaiian Government Reorganization Act* passes and fails in various iterations until being amended and reintroduced—only to fail for a final time—in 2011, when the Office of Hawaiian Affairs (OHA) and the Obama administration begin investigating the possibility of pursuing federal recognition through an administrative rule.
- 2011: The state of Hawai`i legislates protections from employment discrimination based on sex, gender identity, and gender expression (Hawai`i Revised Statute § 489-3).
- 2013: The Hawai`i Marriage Equality Act (SB01) legalizes same-sex marriage in Hawai`i.
- 2015: Activists and Kānaka Maoli are arrested for blocking construction of the Thirty Meter Telescope (TMT) on the summit of Mauna Kea, a sacred site on the Big Island. The *Kū Kia`i Mauna* (“We Are Mauna Kea”) movement gains international attention and support.
- 2015: The Hawai`i Supreme Court rules that the state had incorrectly designated a permit for the installation of the TMT.
- 2015: The Procedures for Reestablishing a Formal Government-to-Government Relationship with the Native Hawaiian Community, DOI-

2015-0005, Executive Rule is developed through a two-year rule-making process, which included reviewing 150 federal statutes enacted throughout the last 100 years, 40 hours of oral testimony, and more than 5,000 written testimonies from the public (DOI-2015-0005, 2015). The DOI-2015-0005 is the first actionable recognition from the U.S. government of the rights of Native Hawaiians to pursue self-governance (DOI-2015-0005), and is a step toward responding to and reducing health and mental health inequities among Native Hawaiians in a number of ways.

- 2019: TMT is approved for installation on the summit of Mauna Kea.

It is important to emphasize that a number of Kānaka Maoli scholars have compiled, unearthed, translated, and interpreted the history of Hawai`i in critical, decolonizing, and intersectional ways. For more complete perspectives on the colonial history of Hawai`i refer to: Halualani, 2002; Kame`eleihiwa, 1992; Kanuha, 2002; Kauanui, 2018; Osorio 2002; Martin 1996; Meyer 1998, 2001, 2003; Sai, 2004; Silva, 2004; Teves, 2018; Trask, 1996. To understand the connections between colonization, risk and disparities among Kānaka Maoli peoples, see: Andrade et al., 2006; Else, Andrade & Nahulu, 2007; Else & Andrade, 2008; Ikeda-Vogel, 2008; Kaholokula et al., 2009, 2010, 2012. To hear about the challenges and opportunities for Kānaka Maoli researchers, see: Kaomea, 2004 and, Spencer, 2015.

### **Indigenous Suicide Worldwide: Trends and Prevalence**

To further contextualize Kānaka Maoli suicide and suicide risks, an overview of suicide among other Indigenous communities is provided. The exploration of trends,

prevalence, risk and protective factors from suicide among global Indigenous populations highlights the unique risks and protective factors from suicide for Native Hawaiians, and points to areas for future research.

Responsible for approximately one death every 40 seconds (WHO, 2018), suicide is recognized as a serious public health concern worldwide. Trends and prevalence of suicide among Indigenous populations require particular attention. Native American Indians and Alaska Natives, First Nations tribes, Inuit of Canada, Aboriginals of Australia, and Māori of New Zealand, have suicide rates that are higher than those of the general population (WHO, 1999). American Indians and Alaska Natives in the U.S., specifically, have higher rates of suicide than any other ethnic minority group (Drapeau & McIntosh, 2017), and Alaska Natives account for 39% of the suicides, while they are estimated to be only 16% of the overall population (Alaska Injury Prevention Center, 2006). Among Māori in New Zealand, the suicide rate is 21.73/100,000, which is more than twice the global rate (Ministry of Health, 2018).

Overall, not only are suicides among Indigenous communities alarmingly high, they are disproportionate when compared to suicide rates among other racial and ethnic groups in the same regions (Beautrais & Fergusson, 2006; Chandler & Lalonde, 1998; Else et al., 2007; Goebert et al., 2011; Harder et al., 2012; Holck et al., 2013; Kirmayer, 1994; Lawson-Te Aho & Liu, 2010). The suicide rate among Alaska Natives in Alaska, for example, is disproportionately high in comparison to whites and all other ethnicities in Alaska, and was three times higher than that of non-Natives, 51.4/100,000 compared with 16.9/100,000 (Alaska Injury Prevention Center, 2006). The Aboriginal and Torres Strait Islander peoples of Australia had a greater proportion of deaths, and suicide rates of

23.8/100,000, more than twice the rate of non-Aboriginal Australians, who had a suicide rate of 11.4/100,000 (Australian Bureau of Statistics, 2017). In New Zealand, Māori continue to have the highest rate of suicide of all ethnic groups (16.9/100,000), including European (with rates of 14.7/100,000), Pacific (9.2/100,000), and Asian (5.7/100,000) populations (Office of the Chief Coroner of New Zealand, 2017; Ministry of Health, 2018). Also, among the Māori, the rates for both males (24.7/100,000) and females (9.8/100,000) are significantly higher than among non-Māori males and females (14/100,000 and 4.4/100,000, respectively) (Ministry of Health, 2018).

There are a number of trends and risks that differentiate Indigenous suicide from suicide in the general population. Indigenous conceptualizations of suicide are rooted in understandings of health and mental illness that expand upon the definitions utilized by contemporary suicidology. An Indigenous understanding of health stems from holistic understandings of the interconnectedness of individuals and their social and physical environments, and the ways that those connections affect the well-being of the person (Social Health Reference Group, 2004). This conceptualization of health is in contrast to western biomedical perspectives that separate mental, physical, and spiritual health and well-being (WHO, 2007). Australian Aboriginal conceptualizations of mental health, for example, explicitly contain elements that are both cultural, and spiritual (Vicary & Bishop, 2005). For Kānaka Maoli, health is rooted in balanced and reciprocal relationships grounded in *aloha* (unconditional love, affection) and *lōkahi* (health and harmony in all relationships) (Else & Andrade, 2008). Indeed, for Indigenous communities around the globe, health is more than an absence of illness, and mental health is more than just an absence of mental illness.

Even the definition of suicide, while not clinically different among Indigenous populations, has been interpreted differently by various Indigenous groups. According to many Indigenous scholars, suicide is the physical manifestation of wounding to the spirit (Brave Heart, 2003; Brave Heart, 2010; Brave Heart & DeBruyn, 1998; Brave Heart & DeBruyn, 1999; Cameron, Pihama, Millard, & Cameron, 2016; Duran, 2006a; Duran & Duran, 1995; Lawson-Te Aho, 2013). Cameron and colleagues (2016), specify that for Māori, suicide is caused by an imbalanced spirit (*wairua*) and lineage or genealogy (*whakapapa*). For the Māori, suicide represents not only a literal end to a *whakapapa* line, but a severing and disconnectedness from the collective cultural identity (Cameron et al., 2016). Interestingly, among ancient Māori, it is believed that suicide was not viewed in a solely negative light and was instead viewed in the context of the collective cultural identity, and could be seen as an opportunity to right a community wrong, or to heal a united problem. In this understanding of suicide, “individual pain is sourced and tied to the well-being of collective and cultural identity” (Lawson-Te Aho & Liu, 2010, p.1). As can be seen here, suicide among Indigenous communities is sometimes given culturally relevant meanings about maintaining and strengthening bonds, values, and cohesion of the community (Else et al., 2007). This perspective, and, indeed, reality, must be taken into account when applying a critical and historical trauma-informed lens to suicide research, and will inform the following project.

Indigenous communities around the globe have disproportionately high rates of suicide compared to the general population (WHO, 2014), as well as in comparison to suicide rates of the non-Indigenous groups living in the same areas (Goebert, 2014; Hatcher, 2016). The greatest disparities in mortality rates are observed among young

people in Indigenous communities (Holck, Day & Provost, 2013), with youth suicide rates in some Indigenous communities among the highest in the world (Burrage, Gone & Momper, 2016; Harder et al., 2012; Harlow, Bohanna, & Clough, 2014). For many Indigenous populations, suicide was rare in pre-colonial times, but rates have been increasing (Australian Government Department of Health, 2013; Else & Andrade, 2008).

Among many Indigenous populations in the United States, Canada, Australia and New Zealand, the impacts of colonization have been studied through the lens of historical trauma, and many suicide researchers acknowledge and account for the impacts of colonization on the suicide rates within the community (Booth, 1999; Kral, 2012; Kral & Idlout, 2016; Liu & Alameda, 2011; Hatcher, 2016; Hunter & Harvey, 2002; Wexler, 2009). This approach to understanding suicide is a distinct departure from contemporary suicidology, where a “medical model” has been utilized for the understanding of suicide since the mid-1950s (Browne, Barber, Stone, & Meyer, 2005). In the medical model, clinicians are trained to recognize warning signs for mental health disorders and to identify risk behaviors that increase the likelihood of suicidality (Chu et al., 2015; Nock et al., 2008; O'Connor & Nock, 2014). Research on suicide among Indigenous communities needs to be understood within the cultural context of the community (Wexler & Gone, 2016), and, more specifically, with an understanding of the history of colonization in the community and the ways that colonization has impacted the health and well-being of the Indigenous population (Harder et al., 2012; Lawson-Te Aho & Liu, 2010; Redvers et al., 2015).

## **Mechanisms of Suicide Risk Among Indigenous Populations**

**Community-level risk.** With a holistic understanding of health and well-being, risk factors for suicide among global Indigenous populations tend to be more explicitly rooted in environmental, social and community-level factors than in individual and clinical risk factors (Elliot-Farrelly, 2004; Associate Minister of Health, 2017a; WHO, 2014). For example, community-level risks for suicide include war and disaster, stresses of acculturation, discrimination, a sense of isolation, exposure to abuse, and violence and conflictual relationships (WHO, 2014). If, on the other hand, the risk factors are rooted in the individual, they are often contextualized in family- and community-level contexts. For example, among the Australian Aboriginal population, it is understood that an individual may be experiencing risk due to grief and loss associated with mandated family separation, discrimination and exclusion, or loss of community due to health disparities among the Indigenous population (Social Health Reference Group, 2004). Specifically, there is increasing recognition that health disparities among Indigenous populations, including suicide rates, are derived from the historical and ongoing experiences of colonization (Evans-Campbell, 2008; Redvers et al, 2015; Walters, Simoni, Evans-Campbell, 2002). Globally, socio-historic factors, including the impacts of colonization and cultural dislocation, are understood as risk factors for suicide and poor mental health for Indigenous peoples.

**Loss of cultural roles.** The loss of cultural and social roles is thought to play a significant role in Indigenous suicide risk (Alcantara & Gone, 2007; Hicks, 2007; Hunter, Reser, Baird, & Reser, 2000; Stanley, Hom, Rogers, Hagan, & Joiner, 2016). As described earlier, for example, among Māori, suicide risk stems from a loss of cultural



identity and cultural practice (Lawson-Te Aho, 1998). Instead of traditional cultural practices of healing and resilience, the establishment of many negative coping strategies has been modeled by generations of Māori, which contributes to suicide risk (Lawson-Te Aho, 1998). Through colonization, Indigenous communities have lost individual and collective power and autonomy, as well as ongoing disconnection from cultural memories and lineage (Cameron et al., 2016).

**Relationships and purpose.** In the context of Indigenous suicide, the impacts of historical trauma and colonization on relationships and individual purpose are also an important consideration (Elias et al., 2012; Lawson-Te Aho & Liu, 2010; Wexler, 2009; Wexler & Gone, 2012). In New Zealand, for example, the massive restructuring of the economic and state infrastructure in the 1980s-1990s contributed to massive environmental decline, and thus reduced the capacity for Māori to rely on subsistence living (Simpson, Adams, Oben, Wicken & Duncanson, 2015). During this time, Māori faced high levels of unemployment and poverty, as well as discrimination in education, employment, and housing, and youth suicide rate reached an unprecedented high (Simpson et al., 2015). For community members with deep and reciprocal relationships to land and environment, even watching land clearing, tree removal, or building demolition, for example, can induce the experience of *solastalgia*, which is a feeling of distress and a deep mental anguish connected to the loss of one's home and/or territory (Albrecht et al., 2007).

**Acculturative stress.** Cross-cultural or acculturative stress can present as psychological symptoms, including anxiety and depression (Goebert, 2008), and may increase the risks for suicide in Indigenous communities (Rigney, 1999; White, 2007;

WHO, 2014). The stress of forced assimilation was found to be a risk factor for suicide among Aboriginal youth (White, 2007). In a seminal study of suicide rates among American Indian tribes over 31 years, the most traditional Pueblos had the lowest rates of suicide, and the most acculturated had the highest rates of suicide (Van Winkle & May, 1993). In addition to feelings of isolation and discrimination, experiences with acculturation and assimilation can generate distrust and resentment toward social institutions (WHO, 2014), which may impact access and utilization of health and social services, contributing to other health disparities among Indigenous populations.

### **Protective Factors from Suicide Among Indigenous Populations**

**Culture.** Culture is defined as cultural identity, participation in cultural activities, spiritual beliefs, and knowledge of cultural language, and has been found to have profound effects on suicide behaviors (Harder et al., 2012; Associate Minister of Health, 2017b). Young adolescents showed lower suicidal behaviors when they participated in traditional spirituality and reported enculturation (Harder et al., 2012). Among Native Alaskans, culturally-based values were measured as protective factors (Allen, Mohatt, Fok, Henry, & People's Awakening Team, 2009). For example, the subsistence activity of berry picking has been found to promote *ellangneq*, which can be translated into the protective factors of "communal mastery, clear expectations, and praise" (Redvers et al., 2015, p. 9).

**Strong personal relationships.** Globally, having close personal relationships is protective against suicide (WHO, 2014). Having access to support and help, as well as reporting family and community connectedness, was found to be protective among Māori

(Associate Minister of Health, 2017b). In Canada, First Nations young adults who reported having strong extended family ties were at lower risk of suicide ideation (Statistics Canada, 2016), and in a systematic review of risk factors among youth, the variable most strongly buffering suicide risk was high social or familial support (Harder et al., 2012).

**Sovereignty.** Among American Indians, lower suicide rates were found in tribes having self-governance, land ownership, education services, health services, cultural facilities, and police and fire services (Chandler & Lalonde, 1998; Chandler & Lalonde, 2008). Rates of youth suicide vary significantly across regions, and vary based on the maintenance of Indigenous language and culture, and levels of self-governance (Redvers et al., 2015). For example, there were significantly lower rates of Aboriginal youth suicide in Canadian communities with self-governance (defined as “institutions of self-government that endow bands with a substantial degree of economic and political independence”) (Chandler et al., 2003, p. 42-43). For Indigenous communities, even control over research and research methods used in the community can have a powerful impact on self-worth, self-determination, and liberation from colonial bonds (Rigney, 1999).

### **Unique Risk Factors for Suicide Among Native Hawaiians**

In a review of the empirical evidence related to suicide risk and protections among Kānaka Maoli, some unique factors have been identified. Social and cultural risk factors related to strong ethnic identity and mental health stigma, for example, have been found to contribute to high levels of suicide risk among Native Hawaiians (Goebert,

2014; Selaman, Chartrand, Bolton, & Sareen, 2014; Ta, Juon, Gielen, Steinwachs, & Duggan, 2008; Wong, Caine, Lee, Beautrais, & Yip, 2014). In a study looking at utilization of mental health and/or substance abuse services among Asian, Native Hawaiian or other Pacific Islander mothers, compared with white mothers, Ta and colleagues (2008) describe racial disparities in services accessed. Kānaka Maoli or other Pacific Islanders with depression were less likely than Asian mothers, and four times less likely than whites, to have received mental health/substance abuse services (Ta et al., 2008). In a review of the National Violent Death Reporting system in the U.S., Asian and Pacific Islanders as a whole were less likely than whites to be identified as having a mental health problem or to experience mental health treatment, and were significantly less likely to disclose suicidal ideation or other mental health problems preceding suicide (Wong, Wang, Li, & Liu, 2017).

The unique cultural and cross-cultural context of Hawai`i may also contribute to risks for suicide among Native Hawaiians (Andrade et al., 2006; Hishinuma et al., 2018; Liu & Alameda, 2011; Wong et al., 2014; Wong et al., 2017; Wyatt, Ung, Park, Kwon, Trinh-Shevrin, 2015; Yuen, Yahata & Nahulu, 1999). In a retrospective examination of coroners' data of suicides among the elderly population in Honolulu county, Purcell, Thrush, and Blanchette (1999) describe some of the uniqueness of the characteristics of race and ethnicity in Hawai`i, and how this might impact suicide. Although Native Hawaiians and part-Hawaiians had the lowest rates of suicide among the elderly population throughout the years studied, the authors hypothesized two explanations that point to other levels of risk. The first is that among Kānaka Maoli the rates of suicide peak at a significantly younger age than among other racial and ethnic groups, making

suicide risk relatively low among older adults. The second is a high probability of underreporting, potentially due to insurance claim issues, or to the impact on the surviving family members. The authors hypothesize that the unique subculture(s) of Hawai`i, with the many blends of Asian cultures, might contribute to the stigma of suicide as shameful, and not to be discussed (Purcell et al., 1999).

**Risk factors among Native Hawaiian youth.** When matched to other samples, Kānaka Maoli and Native American youth have been found to have similar risk-related trends and outcomes (Andrade et al., 2006). In accordance with the global trends, for example, a past suicide attempt was the strongest predictor of a future attempt among Kānaka Maoli youth in a longitudinal study of Kānaka Maoli and Pacific young people in Hawai`i (Hishinuma et al., 2018). Alcohol use and misuse (binge drinking) were associated with higher rates of suicide behaviors among Kānaka Maoli youth, and Kānaka Maoli males and females were found to drink earlier in life and to participate in alcohol binges more than other racial groups (Goebert et al., 2011; Nishimura et al., 2005). Additionally, Native Hawaiian female youth were found to be at significantly higher risk for suicide ideation and planning than other Asian American, Pacific Islander and white youth in Hawai`i (Nishimura et al., 2005). Sexual minority youth from Asian American and Pacific Islander backgrounds were at higher risk for suicide behaviors compared to heterosexual Asian American and Pacific Islander youth and youth from other minority racial/ethnic groups, as well as in comparison with white youth (Botswick et al., 2014a; Botswick et al., 2014b).

Perhaps the most striking difference between Kānaka Maoli youth suicide risk and global Indigenous suicide risk, is the finding that Native Hawaiian cultural affiliation

was found to be predictive of suicide attempts among Native Hawaiian youth (Yuen et al., 2000). In their seminal study, Yuen and colleagues (2000) hypothesized that—similar to other Indigenous communities—possessing a strong Kānaka Maoli cultural identity would be protective from suicidal behavior for Native Hawaiian youth. Instead, even after controlling for ethnicity, socioeconomic status, and psychopathology, Native Hawaiian cultural affiliation was predictive of suicide attempts for Native Hawaiian youth (Yuen et al., 2000). Yuen and colleagues argue that acculturative stress may be an important risk factor for suicide among Native Hawaiians with high Native Hawaiian cultural affiliation. In a follow-up study using different years of the Hawai'i High School Health Survey, Else and colleagues (2007) found confirmatory evidence that Kānaka Maoli females who reported lifetime suicide attempts had significantly higher scores on the Hawaiian Cultural Scale (Hishinuma et al., 2000), and also concluded that higher levels of Native Hawaiian cultural affiliation raised the risk of suicide for Kānaka Maoli youth (Else et al., 2007). Interestingly, in a study conducted in 2018 using the same data from the Hawaiian High Schools Health Survey, but focusing on suicide attempts in the past year rather than lifetime suicide attempts, Hishinuma and colleagues (2018), found that Native Hawaiian cultural identity was not a significant predictor of suicide attempts by Native Hawaiian youth. Kānaka Maoli youth were still at significantly higher overall risk for suicide attempts, with 3.2% reporting a suicide attempt in the past six months compared to 1.8% of non-Native Hawaiians, but the results require further examination into the measure of Native Hawaiian cultural identity and other potential influencing factors (Hishinuma et al., 2018).

It is hypothesized by the authors Kaholokula and colleagues (2012), and, Kaholokula, Iwane and Nacapoy (2010) that experiences with racism for community members demonstrating strong Native Hawaiian cultural identity actually contributes to the higher levels of risk associated with Native Hawaiian identity (found by Yuen et al., for example). To further this hypothesis, Kaholokula and colleagues' studies of Native Hawaiian health have included items from a modified version of the Oppression Questionnaire to assess both perceived racism (observed racism directed toward the group/community of membership) and felt racism (individual/personal experiences of racial oppression). Two such studies have examined the relationships between perceived racism among Native Hawaiians and hypertension (Kaholokula, Iwane and Nacapoy (2010), and perceived racism among Native Hawaiians and physiological stress (Kaholokula, et al., 2012), and both studies point to strong associations between perceived racism and negative health outcomes among Kānaka Maoli.

Subsequently, the multilevel impacts of historical trauma and colonization on Native Hawaiian suicide risk are important considerations (Goebert, 2008; Goebert et al., 2018; Lee, Chang, & Cheng, 2002; Mayeda, Okamoto, & Mark, 2008; Trask, 1996; Yuen et al., 2000). With the first contact from European colonizers came a breakdown of Kānaka Maoli cultural, social, and healing systems (Andrade et al., 2006). Colonization and racism have structural impacts on power, money, and control of resources in Hawai'i, and these negative forces also indirectly impact the levels of chronic stress experienced by Native Hawaiians (Liu & Alameda, 2011). Examples of the ongoing impacts of historical trauma include the challenges to protect Kānaka Maoli burial sites and Kānaka Maoli human remains (*iwi kūpuna*), to preserve sacred sites (*wahi pana*) and structures,

and to honor Hawaiian as an official language of the state of Hawai`i (Liu & Alameda, 2011; see also Hiraishi, 2018). Researchers in Hawai`i argue that acknowledging the social, historical, and intergenerational determinants of Native Hawaiian health shifts the focus from negative outcomes, risks, and trauma within individuals and families, and creates a genealogy of health and illness that is political, economic, and cultural (Liu & Alameda, 2011).

In spite of the prevalence of suicide among Native Hawaiians, and in spite of evidence pointing to overlaps with global trends of Indigenous suicide, current research and prevention efforts in Hawai`i may be failing to address critical aspects of suicide. Contextual factors, including historical and ongoing colonial traumas, need to be examined in relation to suicide rates and risks in Hawai`i among Native Hawaiians. Specifically, the examination of Historical Trauma (HT) theory, and the constructs from HT theory that have been empirically linked to suicide risk among global Indigenous populations, may provide valuable insight into the prevention and intervention of suicide with Native Hawaiians. With the intention of strengthening prevention and intervention efforts in the community, this dissertation seeks to examine the applicability of these frameworks in the understanding of suicide among Kānaka Maoli through the following specific aims.

### **Study Purpose and Specific Aims**

This dissertation explores the development of historical trauma-informed suicide prevention with Native Hawaiians through conceptual investigations of: 1) existing empirical measures of historical trauma; and, 2) theoretical constructs of historical trauma



that have been identified as mechanisms of risk for suicide among Indigenous communities, utilizing Native Hawaiian narratives about colonization and suicide. The objectives of the study fall broadly into three specific aims.

**Aim #1: To assess the relevance of an empirical measure of Historical Trauma as it applies to Native Hawaiian experiences.** Specifically, this aim examines the utility of the Historical Loss Scale (HLS) at capturing and measuring experiences of historical loss that emerge through narratives of colonization and suicide risk among cisgender/heterosexual and LGBTQM Native Hawaiians. Through a crossover mixed method, the following aspects were measured: 1) How much and how often do Kānaka Maoli endorse HLS items in qualitative narratives? 2) How do experiences of historical loss—as reflected in the pattern of endorsement of HLS items—differ between Native Hawaiians and baseline studies with American Indian communities? 3) How do experiences of historical loss—as reflected in the pattern of endorsement of HLS items—differ between cisgender/heterosexual and LGBTQM Native Hawaiians?

*Hypotheses related to Aim #1:* 1) There will be HLS items relevant to cisgender/heterosexual and LGBTQM Native Hawaiians. 2) There will be unique experiences described by LGBTQM Native Hawaiians.

**Aim #2: To understand how historical losses are uniquely experienced and described from cisgender/heterosexual and LGBTQM Native Hawaiian perspectives.** This aim examines the implementation of theoretical codes, and the further contextualization of HLS items within the Kānaka Maoli experience. Specifically, this aim seeks to understand the differences in definitions and interpretations of HLS items in the context of cisgender/heterosexual and LGBTQM Native Hawaiian experiences.

Additionally, this aim explores constructs that emerge inductively from Hawaiian perspectives, referred to as “Shadow Codes.”

***Hypothesis related to Aim #2:*** 1) There will be interpretations of HLS items that are unique to Kānaka Maoli experiences, broadly. 2) There will be interpretations of HLS items that are unique to LGBTQM Native Hawaiian experiences, specifically. 3) There will be themes that emerge outside of the HLS scale (“Shadow Codes”) that are uniquely relevant to cisgender/heterosexual and LGBTQM Native Hawaiians.

**Aim #3: To explore the benefits of measuring and contextualizing historical losses from a Native Hawaiian perspective to inform Historical Trauma theory.** This aim examines the utility of exploring and conceptualizing Native Hawaiian perspectives on historical loss in order to inform suicide prevention within Native Hawaiian communities. Historical Trauma (HT) theory recognizes historical loss as a stressor within Indigenous models of health, and thus an important mechanism of risk. To investigate this aim, Kānaka Maoli interpretations of historical loss were qualitatively networked with HT theory constructs, to determine the relevance of the constructs to one another. This aim explores whether Hawaiian conceptualizations of historical loss contribute to understandings of the constructs of HT (Individual Trauma, Collective Trauma, Cumulative Trauma, and Intergenerational Trauma).

***Hypotheses related to Aim #3:*** 1) The HLS with Native Hawaiians will align with the HT constructs; 2) The Shadow Codes will align even more closely with the HT constructs.

To accomplish these aims, this study utilized a qualitative dominant crossover mixed method to analyze qualitative narratives ( $n = 22$ ) from cisgender/heterosexual and

LGBTQM Native Hawaiians from a previous study (IRB # 816085-1; P.I. Antonia Alvarez, University of Denver) through the frameworks of Historical Trauma theory and Critical Suicidology. The examination of these aims produces greater understanding of Hawaiian conceptualizations of historical loss, and contributes to understandings of constructs of Historical Trauma theory (Individual Trauma, Collective Trauma, Cumulative Trauma, and Intergenerational Trauma) related to suicide risk among Indigenous populations. Recommendations are included for how service providers, policy-makers, and gatekeepers in the community can utilize these findings toward the development of historical trauma-informed suicide prevention with Native Hawaiians.

## CHAPTER TWO: THEORETICAL FRAMEWORKS

Every adult knows instinctively what he means by it: it is the act of taking one's life. But, in the very moment that one utters this simple formula one also appreciates that there is something more to the human drama of self-destruction than is contained in this simple view of it. (Shneidman, 1985, p. 6)

Considered the father of suicidology, Edwin Shneidman contributed to contemporary understandings of suicide through theoretical, observational, clinical, and community-based work (Leenaars, 2010). Shneidman explained suicide as a response to pain experienced by an individual, which he termed, “psycheache” (Shneidman, 1993). Additionally, and as evidenced by the quote above, Shneidman appreciated that a simplistic understanding of suicide does not encapsulate the complexity of the act of, or experience with, suicide. This dissertation utilizes two frameworks for approaching an understanding of suicide among Native Hawaiians that are distinctly complex.

Contemporary suicidology has largely relied upon indistinct and inconsistent understandings of distal and proximal risk factors as correlates of suicide behaviors. However, a recent meta-analysis determined that current understandings of risk neither predict suicide behavior, nor contribute to intervention or prevention at the clinical level (Franklin et al., 2017). Alternatively, the two frameworks explored throughout this dissertation challenge the assumptions of this approach to suicidology, including asserting that historical trauma may contribute to proximal risk, and that a definition of suicide as an individual experience of pain may obscure collective and community-level

risks. More research is needed to understand, predict, and ultimately, to prevent suicide, and the following theoretical conceptualizations challenge, sometimes contradict, and ultimately, forward the field of suicidology.

### **Theories of Indigenous Suicide: Beyond Contemporary (western) Suicidology**

Suicide among Indigenous communities (including, but not limited to Kānaka Maoli communities) needs to be examined in the social, cultural, historical, and political contexts of colonization (Andrade et al., 2006; Hatcher, 2016; Lawson-Te Aho, & Liu, 2010; Mayeda et al., 2008; Redvers et al., 2015; White, 2007). Rather than utilize a biomedical approach to understanding suicide, a more holistic view of health and wellness can facilitate an assessment of culturally-specific and society-level risks. This dissertation considers the application of two different theories to address the issue of Native Hawaiian suicide: Critical Suicidology and Historical Trauma theory. Critical Suicidology is an emerging theoretical framework that seeks social, cultural, and historical explanations of suicide. Historical Trauma theory emphasizes the impacts of colonization on the mental and physical health of generations of Native peoples. A brief overview of each theory will be provided, as well as a discussion of the possibilities and challenges of applying these theories to Native Hawaiian suicide.

### **Critical Suicidology**

Critical Suicidology is a developing theoretical framework for understanding suicide that has been conceptualized by a group of scholars who challenge dominant perspectives on suicide and suicide risk. Jennifer White, a self-proclaimed *suicidology misfit* (White, 2015), proposed what she calls “Critical Suicidology” (White, 2017, p.

473), as an approach to suicide rooted in compassion for the individual who is suffering, which simultaneously facilitates the interruption of structural, social, historical, colonial, and political violence that fosters inequity and vulnerability among certain populations. Emphasizing qualitative, community-based, and multidisciplinary research, Critical Suicidology is a departure from the quantitative, clinical focus of modern suicidology (Hjelmeland, 2016). Specifically, Critical Suicidology theory shifts from an individualized and problem-centered understanding of suicidality to a structural and social understanding of suicidality. With explicit connections to feminist, post-structuralist, anti-racist, postcolonial, and other critical theories (Kral & White, 2017), Critical Suicidologists utilize a structural analysis that challenges oppression and oppressive frameworks. As such, Critical Suicidologists argue that Indigenous suicide must be understood within the cultural and community context in which it is occurring (Kral & Idlout, 2016; Wexler & Gone, 2016), and researchers should utilize culturally grounded approaches to understanding the etiology and interventions for suicidality. Emphasizing qualitative, community-based, and multidisciplinary research, Critical Suicidologists are calling for a departure from the western, clinical focus of modern suicidology research (Hjelmeland, 2016).

One such departure is the assertion that underlying assumptions about suicide in contemporary western suicide research may not be culturally congruent within Indigenous communities. There are socially produced and culturally maintained perspectives of risks and protections from suicide within Indigenous communities that need to be taken into consideration when preventing and, arguably, understanding suicide (Wexler & Gone, 2016). Specifically, Critical Suicidology argues that the assumption

that suicide comes from individual agency is based on an assumed “objective truth” of individual existence that is not determined by social, cultural, historical, and familial circumstance (Marsh, 2016). Indigenous world views, however, while varied and diverse, often share a common perspective of relational self-hood (Wilson, 2008), within which the community, family, and culture inform the individual identity. In the Kānaka Maoli worldview, for example, interdependence within the community and the environment is the basis of an individual’s existence (Meyer, 2013). For Kānaka Maoli, there are believed to be physical connections to the material and spiritual worlds through the *triple piko* (Pukui et al., 1972a), umbilical cords that connect an individual to past and future generations. The *piko* of the head connects the person to the ancestors never known who are spirit-gods for the family, the *ʻaumākua*; the *piko* of the naval and umbilical cord connect the person to their own parents and children; and the *piko* of the genitals connects the person to the future generations and offspring (Pukui et al., 1972a, p. 294). With this understanding, the importance of relationships and connections to community (both living and past), deeply impacts the health and well-being of a Native Hawaiian individual. Further, the core values and morals that inform the identity of a Native Hawaiian are centered on their contributions to the community throughout their lifetime (Meyer, 1998) and across generations (Martin, 1996). Critical Suicidology can help inform an understanding of Native Hawaiian suicide that is dynamic—potentially even divergent from other understandings of Indigenous suicide—culturally meaningful, contextually-driven, and that creates new knowledge to guide prevention efforts.

Critical Suicidology challenges dominant, positivist approaches to research, and, ultimately seeks both reflexivity from the researcher and transformation on behalf of the

participant/community. From a Critical Suicidology perspective, approaches to suicidality that are rooted in the medical model have the potential to re-traumatize and recolonize the individual (Wexler & Gone, 2016). Through the pathologizing of identity-related experiences of pain and discomfort, the decentering of Indigenous beliefs and values, and elements of social norming/control that place the power of diagnosis, treatment, and healing on clinically trained “experts,” the medical model is highly reminiscent of other colonial tools. Critical Suicidology is an anti-oppressive framework (Reynolds, 2016) wherein a death that is ruled suicide is situated in the context of structural, social, and emotional violence and oppression. From a Critical Suicidologists perspective, Indigenous suicide must be understood within the cultural and community context in which it is occurring (Kral & Idlout, 2016; Wexler & Gone, 2016), and researchers should utilize culturally grounded approaches to defining the risks for suicidality.

Marsh (2016), for example, asks us to consider the ways that we talk about, construct, and respond to suicide, in order to understand the political, material, and observable effects of these assumptions and conceptualizations on both macro/structural levels, and micro/individual levels. He challenges a number of assumptions that dominate suicide research, including that suicide is pathological and rooted in mental illness; that suicide is best understood through the tools of western medical science; and that suicide is an individual act (Marsh, 2016; March 2010). The assumed pathology of contemporary suicide ignores the historical conceptualizations of suicide that determined suicide to be sinful and criminal, long before it was assumed to be psychiatric (Marsh, 2016; March 2010). The observation of mental illness in many suicides does not explain the fact that the majority of people with mental health issues will not die by suicide. Marsh rejects the



narrow definitions of scientific inquiry that dominate suicidology, including positivistic, quantitative approaches to suicide that do not allow for nuanced, non-linear, contextually-rooted and historical understandings of suicide. Finally, the individual focus of suicidology (even the definition, wherein suicide is the deliberate act of taking one's own life), can obscure the social, cultural, and environmental risks that may have proximal, rather than distal impacts on an individual's mental health (Marsh, 2016).

**Culture and Critical Suicidology.** Assumptions about suicide may not be culturally congruent within Indigenous communities. There are socially produced and culturally maintained perspectives on both risks and protections from suicide within Indigenous communities that need to be taken into consideration (Wexler & Gone, 2016). For example, some Indigenous youth consider suicide an acceptable demonstration of distress in the context of familial and interpersonal conflict (Kral & Idlout, 2016). Wexler and Gone (2016) call for three primary strategies to respond more effectively to suicide issues in Indigenous communities. First, they implore suicide prevention professionals to consider that suicide can be an expression of personal and social suffering. An examination of the community, family, and social context that surrounds a suicide is a necessary step in Indigenous communities. Second, they challenge the assumption that medical, clinical approaches to healing, prevention, and intervention are the only and/or most effective forms of treatment. Rather, suicide-related interventions with Indigenous communities should be relational, and grounded in interpersonal and social prevention strategies, rather than solely based in clinical approaches to treatment. And lastly, they argue that contemporary suicidology should strive not to recolonize and retraumatize Indigenous community members through rapid, clinical responses to suicide crises

(Wexler & Gone, 2016). Instead, efforts to prevent suicide in Indigenous communities should be driven by the sovereign, decolonial needs and desires of the communities themselves. Each of these strategies will be taken into consideration throughout the current examination of suicide among Native Hawaiians.

**Methods and Critical Suicidology.** Critical Suicidology argues that there is a need for qualitative research on suicide to produce knowledge that is new and that is practical, creative, and person-centered, and also that qualitative methods have to be rigorous and scientific (Hjelmeland, 2016). The analytic methods must be included in qualitative reporting, and data must be rigorously analyzed. Qualitative research must consider the sociocultural context and, specifically, how that context affects what we know of risks and protections (Hjelmeland, 2016). Further, some Critical Suicidologists argue that suicide cannot be entirely contained by language, and should be explored through poetry and resonance rather than through causality (Jaworski & Scott, 2016). Jaworski and Scott (2016), for example, analyze three poems to examine how poetry contributes to our understandings of suicide, and the ways that resonance (especially emotional resonance) can contribute to those understandings. They argue that poetry is a response towards others that can help us be thoughtful in how we approach grieving and, in particular, how we understand the finality of suicide (Jaworski & Scott, 2016). Narrative practices, too, have shed light on the politics and socio-historical elements of suicide, including the impacts of colonization on Indigenous life and death; the ways that language is used with and around suicide; and how to tell the end of someone's story (Sather & Newman, 2016). Critical Suicidologists argue that narrative allows for diversity in language, nuance, and a simultaneous collectivizing of experience through

recognition of similar emotional responses (Sather & Newman, 2016). For example, Sather and Newman gathered stories from therapists and community practitioners in New Zealand, Australia, South Africa, Nigeria, Canada, and the U.S., about how people they are working with (and themselves) make sense of suicide, share the news of suicide, and work with survivors of suicide loss, as well as how communities have dealt with the loss, and what cultural and social considerations have been made (Sather & Newman, 2016). The goal of sharing the stories is to create and document the skills and knowledges that have been developed by people surviving suicide losses, and that offer generative approaches to honoring and remembering those who have been lost (Sather & Newman, 2016).

**Pathology and Critical Suicidology.** Many statistics present an incorrect and irresponsible (and often, tacit) causality between LGBT identity and suicide, and Critical Suicidology posits that the "vulnerabilization" (Cover, 2016, p. 190) of queer youth needs to be called into question. Cover (2016), for example, argues that the social pathology that surrounds queer youth suicide includes formations of risk for queer youth that are normalized to the point of suicide's being an almost expected outcome. He cites Shneidman (1985), and the understanding that suicide is an escape from pain that is intolerable, which is one formation of queer youth suicide: a melancholia that leads queer youth to an expected (fatal) outcome (Cover, 2016). Durkheim's (1952) "egoistic suicide" is also part of the formation of queer youth suicide, in which a queer youth is not integrated into society and becomes too individuated. An underlying assumed integration versus isolation binary may oversimplify the experiences of sexual and gender minorities in society. While a complex, holistic understanding of suicide risk is part of the

underlying framework of Critical Suicidology (see, Reynolds, 2016), an uneven application of that framework (for example, with LGBTQM communities solely), can contribute to the pathologization of social identities.

### **Historical Trauma Theory**

Another theoretical model that can contribute to filling some of the gaps of understanding in contemporary suicidology is Historical Trauma theory. Historical Trauma theory is based on the understanding that the trauma from catastrophic events has ramifications over the lifetime and across generations, with both individual and intergenerational implications (Brave Heart & DeBruyn, 1998; Duran & Duran, 1995). The earliest literature about historical trauma draws from research with the children of Holocaust survivors, and makes connections between the colonization of Indigenous people in the U.S. and Canada (Brave Heart & DeBruyn, 1998). Colonization is an example of a community-level trauma that affected and continues to impact Indigenous communities. Through explicit policies for social control (Brave Heart, 2010; Fast & Collin-Vézina, 2010), economic and political marginalization (King, Smith & Gracey, 2009; White, 2007); forced assimilation and conversion to Christianity (Else & Andrade, 2008; Kral & Idlout, 2016), outlawing of language, spirituality, and other cultural practices (Else et al., 2007; Evans-Campbell, 2008), and seizure of traditional lands and land rights (Andrade et al., 2006; Liu & Alameda, 2011), Indigenous people and Indigenous cultures have been traumatized, and in some cases, decimated. Demonstrating the links between colonial trauma and health and mental health disparities among

Indigenous communities is paramount to the process of healing from these traumas (Duran & Duran, 1995; Duran, 2006a; Walters, et al., 2002).

The primary components of Historical Trauma theory are that the colonial trauma produces experiences of unresolved grief among Indigenous peoples, this trauma can then be transmitted to future generations, and then can affect the bio-psycho-social-physical well-being of individuals (Evans-Campbell, 2008; Gagne, 1998; Palacios & Portillo, 2009). These colonial traumas create health disparities with community-level consequences (Brave Heart, 2010; Evans-Campbell, 2008); family-level consequences (Evans-Campbell, 2008; Evans-Campbell, Lindhorst, Huang, & Walters, 2006); and ongoing, daily consequences (Whitbeck, Adams, Hoyt & Chen, 2004). Some Indigenous health scholars use the term *soul wound* (Duran & Duran, 1995; Duran, Duran, Brave Heart, & Yellow Horse-Davis, 1998; Duran, 2006a) interchangeably with the term *Historical Trauma* in the context of Native American trauma related to colonization, to demonstrate the deep and lasting impacts of colonization on their lives. In research with global Indigenous communities, the soul wounds that result from colonization have been found to manifest as physical health outcomes (Palacios & Portillo, 2009), depression/anxiety (Whitbeck, et al., 2004), alcohol/substance abuse (Walters et al., 2002), self-destructive behaviors (Sotero, 2006), feelings of worthlessness and helplessness (Bagilishya, 2000), and suicide (Brave Heart, 2010).

**Measuring Historical Trauma.** Empirically, Historical Trauma theories have been tested in a number of ways. Walters, Simoni, and Evans-Campbell (2002) proposed an Indigenist perspective on historical trauma with the Indigenist Stress-Coping (ISC) Model. In the ISC model, the relationships between traumatic stressors, negative health

outcomes (and, specifically substance use outcomes), and protective factors are theorized. The ISC model describes pathways among social, psychological, and community factors that impact health outcomes, including HIV risk and morbidity, alcohol and drug use/abuse and dependence, and mental health issues, including PTSD/anxiety and depression (Walters et al., 2002). The following factors are described as the primary buffers to the traumatic stressors: identity attitudes; enculturation; spiritual and traditional healing practices (Walters & Simoni, 2002). The latter could be measured through self-concept and ethnic identity development (for example, with the Urban American Indian Identity Model, Walters, 1999) or through enculturation and the level of identification with cultural norms, values and beliefs (Walters et al., 2002). The ISC model has been used with numerous studies and interventions, including, to understand HIV/AIDS among American Indians (Duran & Walters, 2004; Walters, Simoni & Harris, 2000), Native women's health (Walters & Simoni, 2002; Evans-Campbell et al., 2006), and, to examine place-based and land loss among Two-Spirit populations (Walters et al., 2010).

In a conceptual framework of the three phases of Historical Trauma, Sotero (2006) delineates a number of losses that Native American's suffer/ed through mass Historical Trauma experiences, including displacement, violence (physical and psychological), economic impacts (legal and financial), and cultural losses (including language, religion). These *historical losses* were quantified by Whitbeck and colleagues (2004), who empirically demonstrated the connections between historical losses and associated symptoms. The Historical Loss Scale (HLS) assesses the prevalence and urgency of thoughts of historical losses, while the Historical Loss Associated Symptoms Scale (HLASS) identifies the feelings associated with thoughts or reminders of historical

losses (Armenta, Whitbeck & Habecker, 2016; Whitbeck et al., 2004). In an assessment of the measures, both the HLS and the HLASS were completed by American Indians who were part of an ongoing longitudinal study. About one third of the sample had thoughts of historical losses at least once daily (Whitbeck et al., 2004). When the HLASS was administered with the sample population, the most frequently reported symptoms of historical loss were anger (23.8% always or often), sadness or depression (15.7% always or often), discomfort around white people (21.4% always or often), and being distrustful and fearful of the intentions of white people (15.7% always or often) (Whitbeck et al., 2004).

**Impacts of Historical Trauma.** On an individual level, colonization produces feelings of unresolved grief. Eduardo Duran, an Indigenous scholar and clinician, describes the feelings of helplessness and dread that his Indigenous clients experience, and the many who say they have “pain in their heart that will not go away” and pain that has “been there as long as they can remember” (2006a, p. 82). *Brave Heart* (2010) describes the outlawing of traditional Lakota practices in 1881 and the compounded trauma and grief that resulted from the tribal members’ inability to process, externalize, mourn, and complete the “wiping of the tears” (p. 290) after the death of their tribal members, specifically, after the massacre at Wounded Knee. After witnessing the mass murders, the survivors of the trauma were left only to hold and hide their grief, which contributed to physical expressions of psychological pain, including depression, and self-medication with alcohol (*Brave Heart*, 2010). On the family level, colonial practices often included the removal of Indigenous children from their families of origin through residential schooling, or fostering of Indigenous children with non-Indigenous families.

Forced removal of Indigenous children resulted in collective trauma, fractured relationships, childhood physical and sexual abuse, and loss of language and culture (King et al., 2009; Kirmayer, Brass & Tait, 2000). Residential schools, in particular, had devastating effects on Indigenous children, who were unable to develop a sense of tribal and familial belonging, had poor self-esteem and negative associations with an American Indian identity, and were ill-prepared to parent their own (future) children (Brave Heart & DeBruyn, 1998; see also: Duran & Duran, 1995; Elias et al., 2012). Additionally, Elias et al. (2012), found that adults with intergenerational exposure to residential schooling (but who had not attended residential schools themselves) were twice as likely to have a history of lifetime abuse, and that abuse history paired with intergenerational exposure to residential schooling signaled significant increases in suicide thoughts and suicide attempts. In fact, among the older generation of participants in the study (45+ years-old) with an abuse history, a history of suicide attempts was seventeen times more likely than among younger participants with no history of abuse (Elias et al, 2012).

On a community level, colonization affects Indigenous people and their relationships not only with one another, but also with the land (Wilson, 2003). Environmental degradation and exploitation, for example, is viewed by Indigenous communities as a physical assault that directly impacts the individual as well as the community (Albrecht et al., 2007; Walters et al., 2010). Many Indigenous peoples view themselves not only as interconnected relatives but also as caretakers of the Earth (Duran, 2006a), and can experience pain, shame, and guilt due to the environmental harms of colonization (Albrecht et al., 2007; Trask, 1996).



## **State of the Theory in Native Hawaiian Suicide**

There are limitations in the ways Historical Trauma theory has been applied in the understanding of Native Hawaiian suicide, including the lack of Historical Trauma analysis in Hawai`i specifically, and the lack of intersectional Historical Trauma research related to suicidality among LGBTQM Indigenous populations broadly. While Kānaka Maoli scholars have written about the impacts of historical and colonial trauma on the Kānaka Maoli people (Liu & Alameda, 2011; Mayeda et al., 2008; Trask, 1996), and argued for the importance of research that directly connects those traumas to suicide rates (Hishinuma et al., 2018), few studies have done so (see, Andrade et al., 2006; Else et al., 2007; Yuen et al., 2000 for examples of studies that have considered Native Hawaiian suicide in the context of colonial trauma). Overall, there is a lack of connection to the complex, historical, sociostructural impacts of Historical Trauma on the life (and death!) of Kānaka Maoli people. This dissertation integrates and applies these two frameworks, Critical Suicidology and Historical Trauma theory, in an effort to address these gaps.

## **Critical Suicidology and Native Hawaiian Suicide**

The utility of applying Critical Suicidology theory to Native Hawaiian suicide to inform social interventions centers on several primary benefits. These are: the potential for understanding the implications of power dynamics in research, and accounting for both methodological and measurement bias; the critical analysis of the impacts of oppression on suicide; the examination of the impact of a collectivist rather than an individualistic identity on suicide risks and protections; and, the potential for developing more effective approaches to prevention and intervention in Kānaka Maoli communities.

**Power and bias in research among Indigenous people.** Critical Suicidology is a useful framework for discussing historical power abuses in research with Indigenous people, and the ways that measurement and methodological biases inform the knowledge base on which this research exists. First, Critical Suicidologists describe the need for a power analysis in research, and for the application of critical reflection and reflexivity in order for the researchers to become aware of biases, assumptions, and language that affect their analysis (White, 2007). When working within Indigenous communities, specifically, there are high levels of distrust, suspicion, and even trauma related to harms that have been done within Indigenous and marginalized communities in the name of “research” (see, for example Millum, Mamotte, Koen, Essack, & Jimenez-Santos, 2008). Methodologically, Critical Suicidologists call into question the application of knowledge derived from primarily quantitative studies conducted in non-Indigenous contexts. The quantitative methodological bias of the majority of contemporary suicidology research assumes that suicide risks are stable, measurable, and meaningful when applied to new and different contexts (Hjelmeland, 2016; Marsh, 2016). The lack of cultural relevance (and perhaps even the implicit bias), and the oppressive frameworks embedded in some of the tools for measurement negate the effectiveness of this approach for understanding Indigenous and Kānaka Maoli suicide. For example:

...relevant literature [on psychological assessments] is filled with studies showing cultural bias and outright racist practices, yet researchers continue to use the same racist tools to evaluate the psyche of Native American peoples. The very essence of western science as applied to psychology is permeated with biological determinism that has as its sole purpose the demonstration of white superiority. (Duran & Duran, 1995, pp. 18-19)

Measurements of suicide from contemporary suicidology rely largely on epidemiological and autopsy data from coroners', which may produce biases in the research, particularly among communities with high levels of stigma and shame.

**Oppression and suicide among Indigenous populations.** An additional utility of a Critical Suicidology framework in understanding Native Hawaiian suicide is the contention that oppression, trauma, and social suffering create the risk for suicide. Critical Suicidologists take social injustice, political violence, resistance, and even “vulnerabilization” into consideration when examining suicide among marginalized populations, and, reject the pathologization, distancing, and individualization of the risk factors in a way that is distinct from contemporary suicide. For example, Reynolds (2016) calls for the interrogation of the assumption that suicide occurs in an apolitical, ahistorical context. She argues that the language of suicide incorrectly and uncritically provides collective comfort and an answer to the loss of lives that are marred by exclusion, hate, and isolation. Reynolds aligns with Marsh (2010) and the rejection of the reliance on individualistic understandings of suicide. Instead, the analysis of a suicide has to be structured to interrogate the context of social injustice in which the person lived (Reynolds, 2016). Through locating suicide only in the mind of individuals, research on suicide can replicate oppression, blame, and trauma (Reynolds, 2016). Instead, through a critical, structural analysis, research on suicide can consider resistance to experiences of oppression as a potential cause (Reynolds, 2016). Further, Reynolds calls for a critical engagement with the language of suicide, declaring that, “whenever people are oppressed, they resist, and the language of suicide lies about that” (p. 172). Among Indigenous communities specifically, Reynolds argues that the “language of suicide”

obscures the immense, and ongoing detriments of colonization, residential schooling, and genocide, as well as persistent and ongoing resistance (see also, White, 2007).

**Collectivist identity and suicide risks and protections.** Critical Suicidology argues that the assumption that suicide comes from individual agency is based on an assumed objective truth of individual existence that is not determined by social, cultural, historical, and familial circumstance (Marsh, 2016). In Aboriginal views of health and wellness, alternatively, individual mental well-being cannot be separated from family, community, cultural, and spiritual well-being (Strickland, Walsh, & Cooper, 2006). For Māori, individual and tribal well-being are interconnected through *whakapapa*, the understanding of kinship (Lawson-Te Aho & Liu, 2010). Indeed, measures of community awareness (Wexler & Gone, 2012), cultural continuity (Allen et al., 2009), and collective responsibility (Chandler et al., 2003), are protective factors against suicidality among Indigenous populations. While this communal understanding of identity is typically presented as a strength and a positive quality of Indigenous world view, it can also demonstrate that if there are negative experiences on the community level, it will affect the individual as well. Haunani-Kay Trask, a Native Hawaiian nationalist, activist, and scholar, describes the personal and collective impact of environmental harm: “When Hawaiian land is destroyed by development, by resort complexes, by military installations, it is *our* family, *our* history, *our* past, and *our* future that are destroyed” (1996, p. 912, emphasis in original).

Overall, Critical Suicidology requires the reconfiguration of suicidology research to ensure that dynamic and even divergent experiences of suicidality can be understood, and that culturally meaningful, contextually-driven research can create new knowledge

toward understanding suicide. Critical Suicidology is a useful framework that can add to our understanding of Kānaka Maoli suicide, as well as contributing to the field of suicidology as a whole.

### **Historical Trauma Theory and Native Hawaiian Suicide**

The utility of applying a Historical Trauma framework to Native Hawaiian suicide is that it has the potential to inform social interventions by way of understanding the impacts of colonization, religious domination, and internalized racism, and, conversely, sovereignty and cultural continuity on Native Hawaiian people. Each aspect will be discussed in more detail in the context of Native Hawaiian suicide.

**Colonization and religious oppression.** Historical Trauma theory explains high rates of Indigenous suicide as direct outcomes of colonization and religious domination. For one, the process of colonization involves loss of power, autonomy, and memory, which can be summarized as a loss of sense of belonging (Hatcher, 2016). Thwarted belongingness is posited as one of the three main constructs (with perceived burdensomeness and acquired capacity) that interact to result in suicidal behavior (Joiner, 2007; Van Orden, 2010), and has been linked to the disintegration of cultural and community connectedness experienced by Indigenous communities through colonization. For example, feeling "uncomfortable in *Pākehā* [New Zealand European] social surroundings," which is theorized to be due to exposure to racism and discrimination, was found to be a risk factor for suicide attempts among Māori youth (Clark et al., 2011). Additionally, school connectedness, which is understood to be a protective factor among high-risk (non-Indigenous) populations (Marraccini & Brier, 2017), was not protective

for Māori youth. This finding might point to the discrimination Māori youth experience at schools and is demonstrative of a high level of discomfort in *Pākehā* dominant cultural settings, which creates added risk for Māori youth (Clark et al., 2011).

**Assimilation and internalized racism.** For Indigenous peoples, the effects of historical trauma have become embedded in their worldview, and they accompany a learned helplessness that is facilitated by assimilation as well as resistance to assimilation (Wesley-Esquimaux, 2008). In Canada, for example, promotion of the assimilation of Aboriginal peoples was the explicit rationale for the removal of Indigenous children to residential schools, where their culture was not only denigrated but actively suppressed (Kirmayer et al., 2000). Feelings of grief, shame, powerlessness, and inferiority—as well as the internalized oppression and self-hatred brought on by the totality of colonization—impact Indigenous well-being as a result of these practices (Brave Heart & DeBruyn, 1998). Even the construction of an individual identity can be influenced by colonization, and these “legacies” are carried forward not only by colonizers, but by Indigenous peoples themselves (Halualani, 2002, xvi).

Wesley-Esquimaux (2008), too, argues that the ways that Indigenous communities remember and interpret their past contributes to their health and self-perception. In this way, it is not only the direct traumatic experience that has an impact, but the present understandings and interpretations of it that affects the community today. For example, Brave Heart (2010) describes the high rates of suicide among the Lakota people as negative coping strategies to process the grief and pain of surviving and witnessing colonial genocide. Alternatively, reframing an event or incident that happened in the past, and placing it in a new context, or understanding it with a new lens, may be an important

tool for Indigenous healing from historical trauma (Duran, 2006a). For example, rather than remembering the genocide of Native peoples with a sense of shame, when the massive depopulation of Indigenous communities is reframed as an impossible battle against murder and diseases for which they had no antidote, the community members who remain can experience a sense of resilience that their ancestors survived at all (Wesley-Esquimaux, 2008).

**Sovereignty and cultural continuity.** The impacts of Historical Trauma experienced by Indigenous communities are also rooted in the loss of connection with the land and with cultural practices. Kral and Idlout, who are Critical Suicidologists, describe Indigenous suicides in Arctic Canada as specifically postcolonial disorders, due to the disruption of social and cultural systems that came with government and colonial intervention (Kral & Idlout, 2016). Disconnection, a loss of a sense of belonging, and poor communication are believed to fuel Indigenous suicides in these regions, and are understood as both social and spiritual problems (Kral & Idlout, 2016). Indigenous models of healing rest “...on the importance of extended kin networks which support identity formation, a sense of belonging, recognition of a shared history, and survival of the group” (Brave Heart & DeBruyn, 1998, p. 66). Indigenous communities need culturally responsive treatments and, specifically, counseling that understands their worldview and beliefs about health and wellness. Lacking this, Indigenous community members will typically report very low interest in and success with treatment modalities (King et al., 2009).

**Historical Trauma-informed interventions.** There are examples in the literature that show how Historical Trauma theory can be used as the basis for social interventions.

Duran, for example, emphasizes unique and specific cultural practices that have had success assisting in treatment and recovery from Historical Trauma. He describes seeing a reduction in symptoms associated with depression, anxiety, substance abuse, and interpersonal violence, among other mental health concerns (Duran, 2006a). Through traditional practices, the natural struggles of life can be discussed and demonstrated, and the suicidal person can begin to “meaning-make” about their challenges and pain. For example, Duran refers to suicide and suicidal ideation as "the spirit of transformation" (Duran, 2006a, p.99), and asks the patient to make an offering to the spirit. The patient will be encouraged to have a conversation with the spirit of suicide, and to ask what the spirit wants from them. Afterward, the offering is a sign of gratitude for the learning that the individual can gain from this "visit" from the spirit of suicide (Duran, 2006a). Duran describes the changed relationship that a patient has to their suicidal thoughts after the experience has been framed in this way, and states that it empowers the patient in future moments of suicidal ideation to think about what they can learn and how they can transform from these thoughts (Duran, 2006a). Ceremony and ritual (and even therapy can be considered a ritual) root the healing process in tradition, and can create connections between cultural healers and non-Native therapists who call on them for their expertise (Duran & Duran, 1995).

Indigenous cultural continuity, and Indigenous sovereignty, in particular, has been found to be protective from suicidality among Indigenous communities (Chandler et al., 2003). In a longitudinal study with 196 tribes in Canada, for example, the presence of cultural continuity factors indicated lower levels of youth suicide (Chandler & Lalonde, 2008). The suicide risk among youth was reduced by 85% if the tribe had self-



government, and there was 52% less risk if the tribe controlled educational services, 41% less risk if they had rights to traditional lands, 29% less risk if they controlled the health services, 23% less risk if there was a community-based cultural facility, and 20% less risk if they controlled the police/fire departments in the community (Chandler et al., 2003).

Currently, scholars of Historical Trauma are calling for new definitions of trauma that recognize the social and structural levels of trauma to which Indigenous peoples have been exposed. Interestingly, the Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V), provides an expanded definition of trauma (American Psychological Association, 2013; Jones & Cureton, 2014). The new definition of trauma explicitly includes sexual violence and vicarious trauma (repeatedly witnessing or hearing stories about trauma experiences) as core causes for trauma, as well as including specific diagnostic criteria for children under six years old who have been exposed to trauma (Jones & Cureton, 2014). Further, the World Health Organization International Classification of Diseases and Related Health Problems [WHO ICD-11], includes a diagnosis for complex-PTSD (WHO, 2019), which includes features similar to Historical Trauma responses and symptoms (Braveheart, 2017). While this broader, more inclusive categorization may provide treatment opportunities for Indigenous people who have experienced historical trauma, an explicit link to (and validation of) colonial trauma has yet to be included.

### **Limitations and Areas for Development**

Despite their contributions, there are challenges to applying Critical Suicidology and Historical Trauma theory to the understanding of Native Hawaiian suicide. One of

the major limitations of Critical Suicidology is that it is a relatively new voice in the field, and the contributors to the framework are not wholly unified in their approaches. Some Critical Suicidologists critique macro concepts of contemporary suicidology, including the assumptions made and the over-reliance on quantitative methodology, and other scholars focus their critique on micro concepts, such as the gendered discourse of female depression (Jaworski, 2010; Kral & White, 2017). The lack of cohesion, which in many ways might be a strength of a critical approach, is at the same time a potential stumbling block for creating a firm theoretical base. Also, while the movement toward Critical Suicidology is bringing together activists, scholars, practitioners, community members, and individuals who have struggled with suicide, these scholar-activists are not necessarily integrated within mainstream suicidology, making it harder for their voices to be heard.

Additionally, the lack of an intersectional analysis is a major concern. For example, while Critical Suicidologists apply a decolonial lens to the understanding of Indigenous suicide (Kral & Idlout, 2016; Wexler, 2009, White, 2007), there is no explicitly decolonial approach to understanding LGBT suicide within Indigenous communities. Specifically, the impacts of religious oppression on the health and mental health of LGBT Indigenous communities are left largely unexamined by Critical Suicidologists. An intersectional lens is imperative, and the overlaps of colonization and Christianity cannot be ignored.

There are similar limitations in the ways Historical Trauma theory has been applied in the understanding of Native Hawaiian suicide, including the limited research on Historical Trauma based in Hawai`i specifically, and the lack of intersectional

Historical Trauma research related to suicidality more broadly. Even when there is a focus on suicide risks related to acculturation rates of Kānaka Maoli people (Yuen et al., 2000), there is an important missed step of understanding the specific experiences with and prevalence of Historical Trauma among Kānaka Maoli. For example, the question of whether Kānaka Maoli not living in Hawai`i experience the same symptoms of Historical Trauma and loss as those living in Hawai`i has not been addressed in the literature to date.

These limitations, however, point more to gaps in the research than conceptual deficits. Ultimately, both Critical Suicidology and Historical Trauma theory contribute new knowledge about suicide risks and protections among Native Hawaiian communities, and both have potential to inform culturally relevant, social interventions in this area of research. Critical Suicidology and Historical Trauma theories inform this dissertation, and provide frameworks for the critical exploration of historical losses among Native Hawaiians and the potential implications for suicide prevention efforts.

## **CHAPTER THREE: METHODS**

Using qualitative secondary data that explored the impacts of colonization on Native Hawaiian cultural identity and suicide risk, this dissertation pursues the development of historical trauma-informed suicide prevention with Native Hawaiians through conceptual investigations of existing measures of historical trauma, and theoretical constructs that have been identified as mechanisms of risk for suicide among Indigenous communities. The purpose of this chapter is to introduce the research methodology for this qualitative dominant crossover mixed analysis of qualitative data. This chapter describes the rationale for the methodology; the research design for the current study, including the qualitative coding and quantitative measurement approaches; an overview of the secondary data, including participants, sampling, data collection process, IRB protections, and preliminary findings; and, data analysis procedures as they align with the study's specific aims. The conclusion summarizes the chapter and contextualizes the upcoming chapters.

### **Methodology: Qualitative Dominant Crossover Analysis**

In the implementation of quantitative items as qualitative codes, the research methodology is a qualitative dominant crossover mixed analysis (Frels & Onwuegbuzie, 2013). This technique is used in mixed research for a number of purposes, including the reduction, comparison, and integration of qualitative and quantitative data (Johnson &

Turner, 2003). The use of items from a quantitative scale as qualitative codes aligns with a Level One complexity of a crossover analysis (Onwuegbuzie, Leech & Collins, 2012), wherein the qualitative philosophical assumptions and beliefs remain centered, and the quantitative information provides descriptive detail that aids in answering the research questions (Frels & Onwuegbuzie, 2013). In this case, the qualitative codes can be converted into numeric codes (for example, 1 = present, and 0 = absent), and can be represented through frequencies or other descriptive statistics (Onwuegbuzie & Teddlie, 2003). This approach allows the researcher to identify and examine the scale items that are most relevant and resonant for Kānaka Maoli in narratives about suicide and colonization, while simultaneously tracking the responses that emerge inductively outside of the framework of the scales.

Measurement and documentation of experiences with historical losses in Hawai`i can provide insight into the context-specific impacts of Historical Trauma on Kānaka Maoli people. However, the direct, quantitative implementation of the HLS with Native Hawaiians does not align with relational, community-driven, culturally informed values of research within which the researcher is positioned (as described in Chapter One). Instead, and in alignment with the qualitative methodology used by Whitbeck et al., (2004) to develop the HLS, narratives from Native Hawaiian participants were analyzed through the lens of Historical Trauma, to explore the relevance of the framework. By comparing the parent study's qualitative data with codes from the Historical Loss Scale (HLS), this dissertation illuminates the ways that historical losses are discussed by Kānaka Maoli participants, particularly in relation to suicidality. Integration of the Native Hawaiian-specific codes that emerge outside of the HLS framework can also inform the

future development of a measure of historical loss that is specific and responsive to Native Hawaiian and LGBTQM Native Hawaiian experiences with historical losses.

Additionally, the crossover implementation of a scale developed with and for American Indians, such as the HLS, applied to narratives from Native Hawaiian people provides the opportunity to consider differences and similarities between the two Indigenous communities. This comparison addresses a critical gap, given that Kānaka Maoli and Pacific Islanders are often aggregated with data on Asian and Asian American populations, in spite of different experiences with acculturation, colonization, and migration (Else et al., 2007). This aggregated approach can conceal subgroup differences among these populations (Islam et al., 2010), and limits meaningful interpretation of risks and protections (Wyatt et al., 2015). In addition to sharing similar colonial histories, American Indian and Native Hawaiian communities also demonstrate holistic and community-inclusive understandings of health, the importance of relationships, and strong connections to their physical environments (Else et al., 2007). Additionally, through honoring the empirical tools created by Indigenous researchers in North America and utilizing their scales to better understand this Hawai`i-specific qualitative data, this project aligns with an Indigenist approach that centers Indigenous voices and contributions to the research.

### **Research Design: A Crossover of a Quantitative Measure and Qualitative Coding**

The application of a quantitative scale to qualitative data is akin to theoretical coding of qualitative analysis, wherein deductive codes derived from the literature are searched for in the qualitative analysis (J. DeCuir-Gunby, personal email communication,

10/01/2018). For the purposes of this qualitative dominant crossover analysis, the first phase of theoretical coding consisted of items from the quantitative scale rooted in historical trauma theory, implemented as deductive, theoretical codes. However, based on the understanding that the scale is only one measure of historical trauma (Walls & Whitbeck, 2012), and that it might not capture the complexity and nuance of the experiences described by Kānaka Maoli, an iterative process of theoretical coding was also applied. In this process of analysis, the HLS codes were contextualized within Hawaiian epistemology and social/cultural norms, and were (re)interpreted to best align with or capture the experiences described in the qualitative narratives. Through this iterative process, additional codes—which the researcher termed “Shadow Codes”—were inductively identified within the narratives, and were contextualized within Hawai`i’s socio-historical-political context. A third and final round of theoretical coding was implemented to assess the alignment of the HLS items and the “Shadow Codes” with four specific constructs of Historical Trauma theory.

Analytic memos and process notes were used throughout the data analysis process to: (M)ap research activities, (E)xtract meaning, (M)aintain momentum, and (O)pen communication between researcher and committee members (Birks, Chapman, & Francis, 2008). Specifically, the researcher utilized the analytic memos and process notes to track and monitor decisions made throughout the crossover implementation, including to inform interpretations of HLS items from a Kānaka Maoli perspective. These analytic memos and process notes also formed the conceptual basis for the development of the Shadow Codes, and prompted questions and discussions with committee members and other content experts. Additionally, the analytic memos and process notes provided

structured opportunities for the researcher to reflect on her own perspectives and reactions to the data, which is a critical element of qualitative-dominant analyses (Saldaña, 2013).

Each element of the design will be described in detail below, before moving into the specific data analysis procedures used.

**Quantitative measure: The Historical Loss Scale (HLS).** Whitbeck and colleagues (2004) created the Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS) to empirically demonstrate the impacts and experiences of historical losses among American Indians, and the connections between historical losses and associated symptoms. Specifically, the HLS assesses the prevalence and urgency of thoughts of historical losses, while the HLASS identifies the feelings associated with thoughts or reminders of historical losses (Armenta et al., 2016; Whitbeck et al., 2004). The scales were developed through a qualitative protocol with American Indian tribal elders to identify the kinds of losses associated with historical traumas, or historically traumatic events, and the kinds of feelings elicited by those losses. Each scale was then approved by the tribal elders and Historical Trauma experts/scholars, and subsequently included in a longitudinal study with American Indian families. Whitbeck and colleagues (2004) study found that roughly one third of the sample had thoughts of historical losses at least once daily. The authors argued that those who reflect on historical losses at least once a day might be more susceptible to proximal, daily stressors as they interact with historical traumas (Whitbeck et al., 2004).

The Historical Loss Scale (HLS) consists of twelve items (A-L) that capture thoughts and ruminations related to historical losses, including loss of land, loss of



language, and loss of culture. Each item is measured by frequency, specified as, 1 = several times a day, 2 = daily, 3 = weekly, 4 = monthly, 5 = yearly or at special times, and 6 = never (Whitbeck et al., 2004). In a factor analysis of the HLS scale, loss of culture (.86), loss of traditional spiritual ways (.84), and loss of language (.82) have the highest factor loadings, and are thus most strongly associated with the underlying latent historical loss construct (Whitbeck et al., 2004). Whitbeck and colleagues (2004) found that historical loss thinking was indeed significantly associated with the historical loss-associated symptoms. As the seminal work empirically measuring historical loss, the Whitbeck and colleagues' 2004 study is used as a baseline comparison for the crossover analysis with Native Hawaiian participants. An additional study, conducted by Ehlers, Gizer, Gilder, Ellingson and Yehuda (2013), used the HLS (and other assessments) with a sample of American Indians as part of a study of risk factors for substance abuse within the community. In a comparison between the Whitbeck et al. (2004) and the Ehlers et al. (2013) studies, there were similarities in how frequently their respondents thought about the losses each day, but in the later study the weekly and daily thoughts were less frequent (Ehlers et al., 2013; also, Walls & Whitbeck, 2012). Ehlers et al. (2013) suggest that the difference between the findings indicates the importance of recognizing variation in the ways that historical losses impact the communities (Brown-Rice, 2013; Ehlers et al., 2013). While a number of other studies are implementing the HLS, some with inter-tribal and other Indigenous communities (see Walls & Whitbeck, 2012 for a comprehensive summary of unpublished work), none have published prevalence data of the scale items to date. Given this, the Ehlers et al. (2013) study was deemed to be a

useful additional baseline for understanding prevalence of historical loss among American Indian communities.

It is important to note that although the HLASS provides valuable empirical data about the relationships between historical loss and symptoms that could be relevant to Kānaka Maoli communities, the simultaneous implementation of the HLASS was determined to be outside the scope of this current study. The potential relevance and utility of the HLASS with Native Hawaiians is discussed in the Recommendations for Future Research section of this dissertation found in Chapter Six.

**Qualitative coding: Item interpretation/reinterpretation.** The second phase of theoretical coding was for the researcher to revise and examine the HLS codes in the specific context of the data (DeCuir-Gunby et al., 2010). For example, Item *(G) The loss of trust in whites from broken treaties*, might be described by a Native Hawaiian using language other than “treaties” to the contracts, agreements, or promises they were made. Consequently, each code was examined in the broad socio-historical-political context of Hawai`i, through examination of Hawaiian epistemologies (see Meyer, 1998; and also Martin, 1996), comparisons to historical (for example, Pukui et al., 1972a and 1972b; Pukui, 1983) and modern texts (Kauanui, 2018; Teves, 2018), as well as to federal and local policy documents (e.g., Ching, Holmes, et al., 2018; Sugimoto-Matsuda et al., 2018; U.S. Department of Hawaiian Homelands, 1921 & 2019; U.S. Department of the Navy, 2018). The researcher then amended the code definitions based on context, and documented the item interpretation in terms of how it would be applied to Native Hawaiian narratives.

**Qualitative narratives.** The quotations from the qualitative narratives with cisgender/heterosexual and LGBTQM Native Hawaiians were analyzed within the framework of the HLS items. The quotations that endorsed the HLS items were further compiled and organized into themes, which formed the subthemes within each item. For example, in item (B) *Loss of language*, some participants described the fear that their families experienced when the Hawaiian language was outlawed, and the ways that fear contributed to their own language loss. Other participants expressed a feeling of contempt toward the Hawaiian language, and the lack of usefulness and purpose for it in modern Hawai`i. The qualitative narratives provided in that section provide first-hand account of those experiences, and begin to depict the complexities and nuances of Kānaka Maoli experiences with historical loss.

**Shadow Codes.** An additional level of measurement that emerged through the iterative theoretical coding process described above was the inductive identification of concepts that existed beyond the HLS item codes. The researcher coined the term, “Shadow Codes” to identify these concepts as a way of metaphorically referring to what emerges after a light is shined on something that was obstructing it from view (in this case, the HLS item). These Shadow Codes were concepts that sometimes aligned or endorsed an HLS code, but also, often described something uniquely different within the Kānaka Maoli experience.

**Historical Trauma theory constructs.** The final phase of the theoretical coding process was to assess the alignment of the HLS items and inductive Shadow Codes with salient constructs from Historical Trauma (HT) theory. The purpose of this process of analysis was to identify which, if any, of the core concepts from HT theory were

measured through the crossover implementation of the HLS with Native Hawaiian narratives. The Shadow Codes were also examined in relation to the HT theory constructs, and were compared and contrasted to the HLS-related findings. The four core concepts from HT theory utilized in this process were: Individual Trauma, Collective Trauma, Intergenerational Trauma, and Cumulative Trauma. Each construct is described and contextualized below.

*Individual Trauma.* Profound trauma and cultural disruption can manifest in an individual as chronic physical illness (diabetes), mental health issues (depression), internalized oppression, and/or substance use (Braveheart & DeBruyn, 1998; Chandler & LaLonde, 2008; Walters et al., 2011). There can be significant impacts on family communication, guilt, anxiety, depression (Evans-Campbell, 2008; Walters et al., 2010; Whitbeck et al., 2004).

*Collective Trauma.* When traumatic events impact the larger community, the impacts of the trauma often reach across generations (Braveheart & DeBruyn, 1998; Walters et al., 2011), and affect community-level variables that impact on the individual level as well, including loss of language, traditional practices and spiritual ways (Evans-Campbell, 2008). Examples of community-level variables that have been assessed as markers of cultural continuity or discontinuity include: self-governance, control over traditional lands, education, health and police that are controlled by the local community, and community-based measures of cultural preservation (Chandler & LaLonde, 2008).

*Intergenerational Trauma.* Trauma and the impacts of trauma that are transmitted to future generations through social, physiological, and environmental pathways (Evans-Campbell, 2008; Braveheart, 2003; Braveheart et al., 2011; Walters, Beltran, et al.,

2011). Complex trauma histories, including family separation, alcoholism, mental health and PTSD symptoms, poor parenting (Evans-Campbell, 2008); physical and sexual abuse exposure, and suicide behaviors (Elias et al, 2012), can be transferred to future generations through environmental exposure, story-sharing, direct replication of the trauma, and/or biologically/physiologically (Brown-Rice, 2013).

*Cumulative Trauma.* Accumulative, additive, and chronic effects of social, physical, and psychological distress across and within generations affected by Historical Trauma, and evidenced by health disparities that are population-specific (Braveheart et al., 2011; Sotero, 2006). Current exposure to discrimination has been found to trigger historical traumas that affect people on individual and collective levels, and has been described and measured as Colonial Trauma Response (Evans-Campbell & Walters, 2006).

### **Secondary Data: Phenomenology**

The original study, *“Towards liberation, kuleana and hope: Native Hawaiian perspectives on colonization and suicidality,”* (IRB # 816085-1; P.I. Antonia Alvarez, University of Denver) was a qualitative phenomenology designed to capture Native Hawaiian lived experiences with colonization, and perspectives on the impacts of colonization on LGTBQM Native Hawaiians. Exploration of the risks and protective factors for suicide of cisgender/heterosexual Native Hawaiian and LGTBQM Native Hawaiians was a secondary focus. Findings from this study have been presented at national social work conferences (Alvarez, 2016, 2017), as well as in a manuscript currently under review (Alvarez, under review).

The following sections will describe the participants and procedures of the study, the methods of data collection, and a brief summary of the preliminary<sup>2</sup> findings.

### **Participants and Characteristics**

The data for the secondary analysis consisted of a combination of interviews and focus groups with cisgender/heterosexual Native Hawaiian, LGBTQM Native Hawaiian, and service providers living in Hawai`i ( $n = 30$ ). The study was piloted in November and December 2015 ( $n = 6$ ), and, after receiving grant funding to expand the study, a second round of participants were recruited and interviewed between September 2017 and March 2018 ( $n = 23$ ) on the Hawaiian Islands of O`ahu, Maui, and Hawai`i, with a single interview conducted outside of Hawai`i ( $n = 1$ ). For the secondary data analysis, the inclusion criteria were to be of Native Hawaiian descent, and to be living in Hawai`i, which excluded eight of the total participants.

The sample demographics were as follows. All of the included participants identified as Hawaiian or part-Hawaiian ( $n = 22$ , 100%). The majority of the participants ( $n = 18$ , 82%), identified lesbian, gay, bisexual, transgender, queer, or *māhū*, and a small portion as cisgender and heterosexual ( $n = 4$ , 18%) The majority of the participants ( $n = 19$ , 86%) also identified as female or *wahine* (female) or *māhū wahine* (female-identified *māhū*), whereas few participants ( $n = 3$ , 14%) identified as male. The sample was fairly evenly split between participants from three defined generation groups, 20-35 years old ( $n = 6$ , 27%), 35-50 years old ( $n = 8$ , 36%), and 50 years old or above ( $n = 8$ , 36%).

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<sup>2</sup> The researcher has completed iterative segments of the Findings, and acknowledges that additional iterations may be necessary further the understanding of the data.

## **Sample and Sampling Procedures**

Participants were recruited through the researcher's existing relationships with members from Native Hawaiian and LGBTQM Native Hawaiian communities, including colleagues from suicide prevention, mental health, HIV/AIDS prevention, and bullying prevention organizations throughout the state of Hawai'i. The researcher contacted potential participants directly through email and follow-up phone calls. After completion of an interview or focus group discussion, the researcher sought referrals from members of the communities for additional respondents. Due to the unique population of respondents and the sensitivity of the subject matter, and in following recommended protocols for gathering data with Indigenous, marginalized, or otherwise "hard-to-reach" populations, a snowball sample was conducted (Shaghghi, Bhopal & Sheikh, 2011). Participants were asked if they were willing to share the researcher's contact information (as well as the recruiting email) with any other community members who might be interested in participating, and several respondents brought in new participants.

Additionally, through the implementation of the talk-story approach (described below), on several occasions the primary respondent invited a second (or multiple) respondent(s) to join them in the interview. A large-group talk-story focus group was recruited through an Indigenous field worker (IFS) sampling process, where a trained, local expert with privileged access to the community members of interest reached out to other the potential participants of the study (Platt, et al., 2006). In these instances, data collection occurred in community-based settings, and the effectiveness of the recruitment was largely determined by the trust built between the Indigenous field worker and the researcher (Platt et al., 2006).

## **Data Collection Process**

The data collection process consisted of semi-structured interviews and focus group discussions, which were guided by a qualitative protocol with additional prompts and follow-up questions (see Appendix B for the qualitative Interview Protocol and Focus Group Protocol). Based on the inclusion criteria for the secondary data analysis, the study includes narratives from ten individual interviews and two focus groups (FG1,  $n = 2$ ; FG2,  $n = 10$ ).

A small number of the interviews were conducted on the phone ( $n = 3$ , 13%), and the remainder of the data collection occurred in-person ( $n = 9$ , 87%). All interviews were audio recorded using an Olympus WS-853 Digital Voice Recorder<sup>TM</sup>. Three of the interviews and one focus group were transcribed by the researcher, while the remaining were transcribed by a professional transcription service. Each interview and focus group that was transcribed externally was cleaned, edited, and de-identified by the researcher before being analyzed. Completed transcripts were sent to participants for review upon request, and feedback or corrections were integrated through discussion with the researcher.

Consent was obtained from the participants on site/online before the interviews or focus group discussion commenced. If the interview was to occur on the phone, an email of the consent form was sent a week prior to the interview, and respondents were expected to return the signed form (scanned or photographed and emailed) before the start of the interview. The interviews and the focus group discussions lasted for approximately 1 hour and thirty minutes each. Each participant received food and



beverages, and a \$15 gift card in the first wave of data collection, and \$25 gift cards during the second wave of data collection (based on different funding availability).

In a response to direct and indirect requests from participants for a “talk-story”<sup>3</sup> format for some of the interviews, the IRB was amended, and “talk-story focus groups” were added to the qualitative methodology. *Talk-story* is an approach to conversational storytelling that is an important aspect of local and Hawaiian culture (Kahakalau, 2003; Kanaiaupuni & Kawai`ae`a, 2008; Kaomea, 2004). The researcher was first introduced to this approach by Braddah Josh, Uncle Frank, and Aunty Honey Girl while working at the Moloka`i Youth Services Center, and has since had discussions about it as a research methodology with Tracey Wise, Joanne Balberde-Kamali`i, Dr. Jane Chung-Do, and Dr. Deborah Goebert. In one such discussion during data collection, the participant added to the consent form stating: “In honor of our culture, we would like to utilize the talk-story approach to be interviewed. I feel more comfortable and prefer to be interviewed with my colleague and friend [name redacted]. Thank you for honoring my request” (anonymous participant, 2016). Kovach describes conversational approaches to story-sharing within Indigenous research methodologies as “dialogic participation that holds a deep purpose of sharing story as a means to assist others” (2009, p. 40). In these talk-story interviews, more than one person responded to the interview questions, and very often the participants would respond to one another in addition to responding to the interviewer. Each talk-story session was rooted in the relational protocols of Kānaka Maoli culture,

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<sup>3</sup> Brant (1990) defines *talking story* as “non-judgmental listening and non-interference” (cited in Wilson, 2008, p.100), and it is an important aspect of local and Native Hawaiian culture.

including the presentation of a gift for the participant(s), the sharing of food, and some informal story-sharing between the participants and researcher alike.

In these semi-structured interviews and focus groups, participants were asked to describe their earliest experiences with colonization, and how they remember learning about it. They were asked to describe their most recent experiences with colonization, and to reflect on how they have been impacted by these experiences throughout their life. Participants were then asked to describe acts of resistance to colonization that they have either engaged in or witnessed from other members of the community, and to reflect on the impact of seeing/engaging in those acts of resistance. Each participant was also asked to describe their cultural perspectives on suicide, including definitions of and experiences with suicide that they have had in the Native Hawaiian community broadly, and LGBTQM Native Hawaiian communities, specifically. They were asked directly about the role that colonization might play in Native Hawaiian and LGBTQM Native Hawaiian suicide. Lastly, each participant was asked to describe strategies that their community has used to reduce the suicide risk among Native Hawaiians and LGBTQM Native Hawaiians.

### **IRB Protections and Approval**

Risks for the initial qualitative phenomenology were minimal, and deemed exempt by the University of Denver IRB. The primary risk for the participants was the potential for emotional reactions to the questions about suicide. This risk was minimized through several measures. Participants were not asked to share personal experiences with suicide, but instead to define it from a cultural standpoint, as well as to identify risk

factors for suicide among their community. Additionally, the majority of the participants had an existing relationship with the researcher, and have established trust and rapport. If they were uncomfortable or wanted to discontinue the interview or focus group discussion, they were encouraged to do so (although no one did). Also, at the time of the interviews and focus groups, the researcher was a licensed mental health professional who had worked in the field of suicide prevention for more than eight years in Hawai`i. With an established reputation, and clinical training, the researcher was prepared to respond if any unforeseen risk arose. As an additional preventive measure, a handout, “Resources for Suicide Prevention,” was provided to all participants after the interview or focus group discussion. Most participants also reflected on the process after the close of the interview. In an analytic memo after one talk-story session, the researcher described a reflection that the participants had shared:

Participant 3 expressed some hesitation about saying what she said about Native Hawaiians and Hawaiian culture, because she knew that some people in the community would disagree. Still, she felt that it was important to say what she had said because she knows that it is true. Both participants expressed gratitude for the process and for what they learned from each other. (Researcher, *Memoing/Process notes*, 9/26/2017, Hawai`i).

Risks for the secondary analysis of this data were minimal, as well, and the dissertation project was determined to be exempt by the University of Denver IRB in September 2018.

## **Preliminary Findings and Future Directions**

The guiding research question of the qualitative phenomenology was, *How do Native Hawaiian and LGBTQ Native Hawaiian adults living in Hawai`i define and describe their experiences with colonization?* From this research, three main constructs emerged: *risks*, *rites*, and *resistance*. Using the language of the participants, these constructs gave way to three overarching themes that encompass much of the meaning and lived experience that the stories told. These findings will be briefly presented.

**Risks: “It depends on the family.”** Participants described the great importance of their immediate family on decisions, perspectives, and even the kinds of questions they could ask. Complicated and often mixed messages about race and skin color, gender and sexuality, and suicide were woven through every interview. Many participants described maintaining close—if conflicted—relationships with their family members as their highest priority.

**Rites: “Making a kīhei.”** A *kīhei* is a traditional cloth draped and tied over one shoulder. It is typically worn at graduations and other ceremonies, and the patterns are infused with good intentions, important connections, and deep meaning. The theme of the *kīhei* was used to describe the intentional and often ritualistic process that participants engaged in to (re)connect to Hawaiian culture. Through collaboration with colonization (one participant described having a “colonized mind”), or as the result of heteronormative beliefs and practices reinforced by churches and other institutions, many participants were not able to see their roles in modern day Kānaka Maoli culture until they understood it as their rite. Several described the exclusion of LGBTQM Native Hawaiians from

Native Hawaiian cultural spaces as increasing the sense of disconnection from their cultural rites and, potentially signaling erasure from Native Hawaiian history.

**Resistance: “The return of Lono.”** *Lono* is the Native Hawaiian god of growth, healing, agriculture, and abundance (Pukui et al., 1972). He is heralded by dark clouds, parched fields. “Give life to the land, the burden is lifted,”<sup>4</sup> it is said in a poem for *Lono*. Called upon when the hard work of planting and farming has been done, *Lono* is welcomed home by the *Makahiki* festivals, which are times of peace, rest, fertility, and harvest. One participant described it as “a Native Hawaiian free for-all!” The return of *Lono* is a powerful demonstration of and metaphor for the resurgence of cultural practices, intersectional belonging, and the affirmation of Kānaka Maoli sexuality that each participant hoped to see on the horizon.

At the conclusion of the qualitative study, there was a demonstrated need for deeper exploration into suicide and suicidality in and among cisgender/heterosexual Native Hawaiian and LGBTQ Native Hawaiian communities. Specifically, the researcher argued that the risk and resiliency framework, as a way of understanding suicide and suicidality among Native Hawaiians, needed to be examined and reconsidered through the lens of historical trauma. These preliminary findings led to the secondary examination of this data through the lens of the current study.

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<sup>4</sup> A prayer for abundance; Pule Ho‘ūluulu ‘Ai From *Hawaiian Antiquities* by Davida Malo, [http://www.kumukahi.org/units/ke\\_ao\\_akua/akua/lono](http://www.kumukahi.org/units/ke_ao_akua/akua/lono)

## Data Analysis Procedures

The procedures for data analysis were based on the three specific aims of the study. To address each aim, several approaches to the analysis were undertaken. All of the analysis was conducted using ATLAS.ti Version 8.4.0 (922) (Scientific Software Development, 2019).

Using a Code-Document Table in ATLAS.ti (See: ATLAS.ti Research Blog, Jan. 11, 2019), the researcher compared frequencies of codes and code groups by document (in this case, the qualitative transcripts of Native Hawaiian narratives). The Code-Document Table was created using the HLS items as the *y-axis*, and document subgroups (transcripts of cisgender/heterosexual Native Hawaiian participants, compared with transcripts from LGBTQM Native Hawaiian participants), along with an additional column for totals, as the *x-axis*. The Code-Document Table includes absolute, relative, and normalized frequencies, and also provides previews of the quotes/endorsements, so that the data stay close at hand. Based on the Code-Document table, the researcher conducted two separate analyses—a person-centered analysis, and a discourse-centered analysis. Person-centered analyses are increasingly used to define and understand subgroups within populations otherwise assumed to be homogenous (Howard & Hoffman, 2017). In this case, performing the person-centered analysis enabled a broad comparison of Native Hawaiian experiences to the experiences of American Indian communities, and also compared subgroups within the Native Hawaiian community, cisgender/heterosexual Native Hawaiians, and LGBTQM Native Hawaiians. Discourse-centered analysis is used in some clinical and social sciences, and examines the ways that language is used. As a standpoint, discourse-centered analysis posits that culture is

created and re-created by the people within the culture, and especially in the interactions between those people (Farnell & Graham, 2015). Here, discourse-centered analysis provided a structure to examine the ways that one individual's narrative contributed to the overall context of the data. The inclusion of the discourse-centered analysis added nuance and complexity within the findings, and documented some of the differences in the intensity of the ruminations on the topics discussed in the narratives. Each analytic process will be discussed in more detail to follow.

**Person-centered analysis.** The Code-Document Table with row-relative frequencies informed the person-centered analysis, which examines what percentage of quotations endorsing each item came from each document group. Through this analysis, the researcher could compare the total percentage of Native Hawaiian participants ( $n = 22$ ) who endorsed each HLS item, with the baseline studies of the HLS with American Indian communities (Ehlers et al, 2013; Whitbeck et al., 2004). Subgroup differences within the Native Hawaiian participants (cisgender/heterosexual and LGBTQM) were also compared. For example, for item (*L*) *Loss of respect by children for traditional ways*, we can see that two cisgender/heterosexual Native Hawaiians (67%,  $n = 3$ ) and two LGBTQM Native Hawaiians (22%,  $n = 18$ ) endorsed the item, which is an overall endorsement by 33% of the total group. This finding is significantly different than the prevalence reported in either baseline study with American Indians, wherein Whitbeck and colleagues (2004) reported 88.1% ( $n = 143$ ), and Ehlers and colleagues (2013) found that 81% ( $n = 306$ ) of participants endorsed the item.

Interestingly, when this item is examined through the discourse-centered analysis, it is clear that there were only two quotes endorsing this item from LGBTQM Native

Hawaiians (one quote each from two participants), out of 202 total quotations from this subgroup, suggesting a low relative importance of the topic to LGBTQM Native Hawaiian participants.

**Discourse-centered analysis.** Using the Code-Document Table with column-relative frequencies, the researcher examined how much, or how often, each subgroup of Native Hawaiian participants endorsed each code. Subsequently, the researcher created a transcript-by-transcript Code-Document Table, depicting the endorsement of each HLS item within every individual transcript, allowing a more accurate understanding of how often each HLS item was mentioned within each transcript. It is important to note that this level of analysis required a more detailed look at the talk-story focus group transcripts where multiple individuals might endorse (or not endorse) a particular code.

The transcript-by-transcript Code-Document Table depicts the absolute frequency, or how many times the code was mentioned per transcript, in addition to the row-relative frequency, which depicted what percentage of the total quotes endorsing the HLS item came from this particular individual. For example, in one transcript *Item (A) Loss of our land*, was only endorsed once (absolute value = 1), with a row-relative frequency of 2.86% of the 35 total endorsements of that item. A different transcript endorsed the same item *(A) Loss of our land*, six times (absolute value = 6), contributing to the 17.14% of the row-relative value of the item, or, almost 1/6<sup>th</sup> of the total endorsements. Through the discourse-centered analysis, each individual's contribution to the larger endorsement (or non-endorsement) of the item is considered.



**Specific Aim One.** *How effective is the HLS at capturing and measuring examples of historical losses described within Native Hawaiians narratives of colonization and suicide? What kinds of losses do Native Hawaiians describe? How often/much do Native Hawaiians describe those losses? Are there differences in the frequency and magnitude of discussion of historical loss between cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians?*

To investigate this aim, each item from the HLS (12 in total) was created into a code, and examples from the scale development literature informed code definitions. In light of the fact that theory-driven codes need to be iterative in process (DeCuir-Gunby, Marshall & McCulloch, 2010), the researcher cycled iteratively between the raw data and HT theory to ensure a deep understanding. These items were applied to the qualitative narratives by Kānaka Maoli participants as deductive codes. To further this investigation, the item prevalence and rankings based on person-centered analysis between Native Hawaiians and baseline studies with American Indians were compared. The total percentage of Native Hawaiian participants, and of Native Hawaiians divided by subgroups (cisgender/heterosexual or LGBTQM Native Hawaiian) who endorsed each HLS item, were compared to the prevalence found in the baseline studies with American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). To further investigate this aim, the item rankings and group differences based on discourse-analysis were compared between cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians.

Endorsement of an item, while interpretable in many different ways, was captured in this research in one of two ways: 1) at least one participant directly discussed the loss,

and, 2) in group settings, an item was considered endorsed if other participants verbally affirmed the direct comment (“Mmm hmmm!” or, “yes, I know!” for example).

The person-centered analysis is presented in Appendix C, Table C1, which show the percentages of the participants (divided by subgroup) that endorsed each HLS item, and is one way of understanding the relevance of the HLS with this community.

Relatedly, Appendix C, Table C2 depicts the HLS item rank of importance by group according to the person-centered analysis. The total participants ( $n = 22$ ), cisgender/heterosexual Native Hawaiian participants ( $n = 4$ ), LGBTQM Native Hawaiian participants ( $n = 18$ ), and the prevalence among the American Indian participants in Ehlers et al. (2013) and Whitbeck et al. (2004) are compared. The item discussed by the largest percentage of each group receives the highest rank (one is the highest ranking, and ten is the lowest), and those with the same number receive a tied ranking. These table shows unique differences between and within groups, and highlights important areas for future research.

Findings from the discourse-centered analysis are presented in Appendix C, Table C3. This table depicts the percentage of total quotations that endorsed the particular HLS item, and presents another way of understanding the relevance of the HLS within these Kānaka Maoli communities. The total quotations ( $Q^5 = 276$ ), cisgender/heterosexual Native Hawaiian quotations ( $q = 74$ ), and the LGBTQM Native Hawaiian quotations ( $q = 202$ ) are compared.

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<sup>5</sup> “ $Q$ ” is being used to represent the total number of quotations coded within the Native Hawaiian narratives. “ $q$ ” will be used to describe the quotations in the sub-groups of cisgender/heterosexual and LGBTQM Native Hawaiians.

Appendix C, Table C4 depicts the HLS item rank of importance by group according to the discourse-centered analysis. Rankings by the total participants ( $n = 22$ ), the cisgender/heterosexual Native Hawaiian participants ( $n = 4$ ), and the LGBTQM Native Hawaiian participants ( $n = 18$ ) are compared. The item discussed by the largest percentage of each subgroup receives the highest rank (one is the highest ranking, ten is the lowest), and the items with the same (column) relative percentage of quotations receive a tied ranking. These tables show unique differences between how often an item was discussed between and within groups, and may lead toward an interpretation of magnitude, intensity, or frequency of loss within these communities.

**Specific Aim Two.** *How are historical losses experienced and described from a Native Hawaiian perspective? What are the differences in definitions and interpretations of HLS items in the context of Native Hawaiian experiences? What additional themes emerge from uniquely Native Hawaiian perspectives?*

To investigate this aim, the items were iteratively re-defined and re-contextualized within the specific cultural, historical, and social context of Hawai`i.

Throughout the iterative coding process, *HLS items were interpreted and/or reinterpreted* in the context of the broader narratives in order to examine the utility and usefulness of the codes (DeCuir-Gunby et al., 2010). As the sole coder, the researcher was not concerned with interrater reliability. Instead, the researcher focused on the utility and implementation of the theory-driven codes. For example, in the Results section, each HLS item is defined as is presented in the literature (primarily by Whitbeck et al., 2004,

and other Historical Trauma/historical loss theorists). Then, the contextualized, utilitarian interpretation of the item is presented for use with Kānaka Maoli.

For example, Whitbeck and colleagues describe loss of our land as strongly associated with experiences of forced relocation and loss of physical property among American Indian tribes (Whitbeck et al., 2004). Among Native Hawaiians, while there have been incidents of displacement (see Trinidad, 2009) and relocation, the epistemological understanding of “land” or *`āina*, is much broader than of earth. Kānaka Maoli have meaningful relationships with the *`āina*, which is inclusive of not only the physical earth, but also the mountains, the beach, the water, and even the air above the land (Meyer, 1998; Halualani, 2002). Indeed, many American Indian tribes have similar conceptualizations of land (Walters et al., 2010), but these were not explicitly included in Whitbeck and colleagues’ initial implementation of the scale item.

Simultaneously, during this phase of the analysis a number of inductive themes were identified through iterative processes of reduction and comparison, and were formalized in conversations with experts from the Kānaka Maoli community. These themes were eventually reduced to four core concepts, eventually termed “Shadow Codes” by the researcher. The Shadow Codes were: *the Militarization of land in modern-day Hawai`i*, *the Adoption of Christianity by Native Hawaiian ali`i*, *the Overthrow of sovereign Native Hawaiian monarch*, and, *the Uniqueness of Māhū & LGBTQ Native Hawaiian perspectives*.

**Specific Aim Three.** *How can Native Hawaiian perspectives on historical loss contribute to understanding Historical Trauma theory constructs in order to inform Historical Trauma-informed suicide prevention?* To accomplish this aim, the codes were

contextualized within the broader framework of Historical Trauma (HT) theory. The codes (both deductive and inductive), were then qualitatively networked with constructs from HT theory to depict alignment and relevance within the theoretical foundation, as well as to gain understanding of the constructs within a Kānaka Maoli context.

In this final phase of the theoretical coding process, each HLS item (with the corresponding quotations that endorsed the item), and each Shadow Code (with the corresponding quotations that endorsed the Shadow Code) were qualitatively mapped into a Network Analysis in ATLAS.ti with the four HT theory constructs (Collective Trauma, Individual Trauma, Cumulative Trauma, and Intergenerational Trauma). Multiple iterations of the networks depict varying levels of alignment and endorsement of the four HT theory constructs through the use of this crossover analysis with Native Hawaiian narratives. Appendix D, Figure D1-Figure D8 depict the network analyses of the four HT theory constructs, the HLS items, and the Shadow Codes. These figures show important differences between how well the crossover analysis aligns with and captures the HT theory constructs, and help to identify important recommendations for future iterations of this work.

### **Summary**

This chapter sought to describe and define the methodological approaches that were utilized to answer research questions derived from three specific aims. Broadly, these questions were: *1) How effective is the HLS at capturing and measuring experiences of historical losses described within Native Hawaiians narratives of colonization and suicide? 2) How are historical losses experienced and described from*

*uniquely cisgender/heterosexual Native Hawaiian and from LGBTQM Native Hawaiian perspectives? And 3) How can Native Hawaiian perspectives on historical loss contribute to understanding Historical Trauma theory?*

In order to address these questions, a qualitative dominant crossover mixed analysis was implemented using secondary data originally collected by the researcher, and the Historical Loss Scale (HLS), developed by Whitbeck et al., 2004. This scale was designed to empirically measure experiences with historical loss among American Indian communities, and has never been utilized with Kānaka Maoli respondents. Through the crossover mixed methodology, the scale items were implemented as deductive codes within the qualitative analysis. Simultaneously, the use of Historical Trauma theory informed the development of inductive Shadow Codes, which encapsulate four unique themes that emerged from the Native Hawaiian narratives. The following chapters, Chapter Four, Results: Part One details the results of the crossover implementation of the HLS with Native Hawaiian narratives. Chapter Five, Results: Part Two describes the findings from the theory-driven analysis.

## CHAPTER FOUR: RESULTS PART ONE

### Part One: Results from the Crossover Mixed Analysis

This chapter presents the findings of qualitative interviews with Native Hawaiian participants using the Historical Loss Scale (HLS) as codes within a crossover mixed analysis. Each of the twelve HLS items is discussed in the order they appear in the HLS scale. For each item, a specific definition and interpretation is provided. The item definitions that are included were informed by several sources. Whitbeck et al. (2004) explicitly or implicitly (through examples and/or clear wording) defined the following items: *(A) Loss of our land, (B) Loss of our language, (D) Loss of our family ties because of boarding schools, (E) Loss of families from the reservation to government relocation, (G) Loss of trust in whites from broken treaties, (I) Losses from the effects of alcoholism on our people, (J) Loss of respect by our children and grandchildren for our elders, (K) Loss of our people through early death, and, (L) Loss of respect by our children for traditional ways.* Building on seminal work from Braveheart & DeBruyn (1998), Chandler et al., (2003), Duran & Duran (1995), Walters & Simoni (2002), the additional three items: *(C) Losing our traditional spiritual ways, (F) Loss of self-respect from poor treatment by government officials, and (H) Losing our culture,* have been defined as well. Item definitions and interpretations are followed by the quantitative descriptive statistics related to the item (prevalence, ranking, and group differences based on the person-

centered analysis and discourse-centered analysis), with exemplar quotes from the participant<sup>6</sup> interviews (“Native Hawaiian narratives”). Each item section concludes with the relevance of the finding in the context of Hawai‘i.

At the end of this chapter, a summary of the overall results of this analysis is presented, as well as discussion of the Shadow Codes, the inductive findings that emerged as unique to the Native Hawaiian experiences and beyond the scope of the items in the HLS.

### **Historical Loss Scale Item (A) The Loss of Our Land**

**Item definition.** Whitbeck and colleagues (2004) identified a strong sense of loss related to physical land lost in broken treaties and due to forced government relocation by American Indian tribes throughout the continental U.S. (see also, Brave Heart & DeBruyn, 1998).

**Item interpretation.** For Native Hawaiians, the loss of land and rumination of land loss must be interpreted differently. First, in Kānaka Maoli epistemology “land” must be understood as more than just the physical earth (Meyer, 1998; Trask, 1996; Halualani, 2002), and is understood to be inclusive of water, beach, mountain, and even the air above/around the land.<sup>7</sup> Further, Native Hawaiians did not believe that land was to be “owned” (Kame‘eleihiwa, 1992). While they did not experience the same forced government relocation as tribes experienced on the continental U.S., Native Hawaiians

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<sup>6</sup> Names of participants have been replaced with pseudonyms.

<sup>7</sup> It should be noted that similar understandings of land and connectedness exist in American Indian epistemologies (e.g., Walters, et al., 2010).



have experienced land losses that began in the late 1800s, including the *Māhele*,<sup>8</sup> which facilitated the introduction of private ownership of land and U.S. government control of Hawaiian lands, and displacement from lands where families had lived intergenerationally. These displacements have continued today.

**Item prevalence and ranking based on person-centered analysis.** Item (A) *The loss of our land*, resonated with the Native Hawaiian participants in a number of ways, and was endorsed by 75% of the total participants ( $n = 22$ ) (see Appendix C, Table C1 for item prevalence and subgroup differences found in the person-centered analysis with Native Hawaiians compared to the baseline studies with American Indians), which is closely aligned with the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). Item (A) *The loss of our land*, was ranked third highest (tied with Item (K) *Loss of our people through early death*) by the overall group of participants (see Appendix C, Table C2 for the ranking based on prevalence of each item compared by subgroups to the baseline studies).

**Group differences and ranking based on discourse-centered analysis.** This item was discussed more frequently by cisgender/heterosexual Native Hawaiian participants, with 16.22% ( $q = 74$ ) of quotations, than by LGBTQM Native Hawaiians with 11.39% of quotations ( $q = 202$ ) (see Appendix C, Table C3 for discourse-centered analysis comparing subgroups of Kānaka Maoli participants). Item (A) *The loss of our land*, was ranked fourth highest by cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiian participants based on the discourse-centered analysis (see

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<sup>8</sup> Signed in 1848 by Kamehameha III, the *Māhele* (division), disrupted the traditional system of land tenure and created a system for purchasing and leasing land. See, Alexander, 1891; Halualani, 2011; Kama`eleihiwa, 1992.

Appendix C, Table C4 for the discourse-centered ranking of each item compared by subgroups).

**Examples of HLS item in Native Hawaiian narratives.** In their qualitative narratives, participants described various impacts of land loss on their well-being, their ability to participate in subsistence living, fishing and hunting, growing their food, and even on their levels of Hawaiian cultural identification. Some of the losses that were described in the qualitative narratives included being forced out of properties that were purchased by the U.S. military, being priced out of prime areas on the islands, and losing access to valuable land and water-based resources (fishing areas, fruit and flower gathering areas). Prior to the *Māhele* land division, Hawaiian communities were reliant on each other to care for the land, and, through a systematic hierarchy, all members of society had access to the land (Kame'eleihiwa, 1992). Some participants described complicated feelings about having access to Hawaiian homestead lands, government-owned lands that are leased to Native Hawaiians for terms of 99 years (see Halualani, 2002 for further explanation of this process).

Others discussed the negative impacts of witnessing the historic live-fire training on the island of Kaho'olawe as well as on going destruction of the *`āina* (land) through military activities at the Pōhakuloa Training Area on the Big Island (see Letman, 2018), and navy sonar testing in the waters (see U.S. Department of the Navy, 2018, for further discussion). Kai, LGBTQM Native Hawaiian, 50+ year old, female, describes what it was like to grow up while Kaho'olawe was still an active site for military testing:

The joke was, um, the joke was "Oh, there are seven Hawaiian Islands and one is the bombing island." And we took it... It was just how it

was. Sometimes we'd be like, "You hear that? You hear that loud noise? They're bombing Kahoolawe." We'd just be like that.

It was just... That's how it was.

And I wasn't even sure who was bombing it. Then what I found was the navy. It was like, oh, the navy is bombing. You know, they just do that every once in a while.

Kai describes the sound of the naves dropping bombs on the Neighbor Island, Kaho`olawe, as loud enough for them to hear on a regular basis while she was growing up. It was such a common practice, she did not even reflect on it as strange, it was just part of life in Hawai`i during that time.

In fact, to this day, each Hawaiian Island has had different amounts property (land, air, and sea) annexed for military, industrial, and/or agricultural purposes since Hawai`i was annexed by the U.S. government. On O`ahu, for example, is Honolulu, the most densely populated city in Hawai`i, the State Capital, and also military bases for the Army, Navy, Marines, Air Force, and the Coast Guard (Hawai`i Life, 2013). Kānaka Maoli have a strong history of protesting, petitioning, advocating, and fighting these annexations (Kauanui, 2018; Mast & Mast, 1997; Silva, 2004), and have made tremendous efforts at recovering, repurposing, and healing the lands that have been lost and regained throughout their efforts. Still, there are areas on certain islands that are understood to be more or less westernized/Americanized (typically the more rural communities), as well as a belief that Neighbor Islands (Hawai`i Island, Maui, Moloka`i,

Lāna`i, Kaua`i and Ni`ihau) are less westernized/Americanized than O`ahu<sup>9</sup> (e.g., Trumbull, 1982).

One participant, Loni, describes her perspective on the different understandings of Native Hawaiian cultural practices and protocols that young people on O`ahu and Hawai`i island have. Specifically, Loni`s experiences with her nieces and nephews demonstrate her perception that Hawaiian cultural practices are stronger and more ingrained in daily life on Hawai`i Island than O`ahu:

My nieces and nephews on the Big Island, as far as their being Native Hawaiian is concerned, they`re much more concerned with... practices. You know, they have to learn these chants. These genealogy chants. There is much more cultural influence from an earlier age, I guess, to me, from the Neighbor Island kids as opposed to the O`ahu kids. The O`ahu kids, it`s kinda like an obligation. “Oh, you`re Hawaiian—sign up for Kamehameha Schools. Oh, you`re Native Hawaiian? Go to your hula class.” That kind of stuff. And so, to me, it`s like my nieces and nephews that are on the Big Island, like ... For them it`s not really— it`s not a cultural obligation. It`s just how... It`s just their way of life. (Loni, cisgender/heterosexual Native Hawaiian, 20-35 year-old female)

Although Loni is an O`ahu resident today, she goes on to describe areas of the island that she tries to avoid because the overcrowding. The increasing development reminds her of the loss of the “Hawaiian-ness” of the land. She says:

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<sup>9</sup> See Ambrose et al., (2012) for discussion of inaccessibility of medical resources and a shortage of Native Hawaiian physicians on Neighbor Islands due in part to less development, and the disproportionate negative health outcomes as a result.

So, a lot of my acts of resistance are very small.

For example, I don't go to Hawai`i Kai [neighborhood on O`ahu], unless I absolutely have to go there, because, to me, Hawai`i Kai is the symbol, it's the epitome of colonization in Hawai`i. It's predominantly white. It's predominantly gated communities. It's very insular... To me it's just, when I think about modern day colonization, I think about Hawai`i Kai.

So, for me, part of my resistance is that I don't visit places like Hawai`i Kai... Or Ala Moana Center [a large shopping mall], Waikiki... So, I do my best to not participate in colonization by staying away from it. And to me, staying away from it means staying away from those meccas of colonization.

Kekepania, an LGBTQM Native Hawaiian, 50+ year-old, female, describes the loss of land in terms of the impacts on her family, including their ability to honor their cultural practices, and to participate in subsistence living. In her narrative, Kekepania describes the way her family members were literally driven off military-owned land while they were gathering their traditional plants. For this participant and her family, flowers and plants are necessary elements of their traditional Hawaiian cultural practices, including hula and chanting. These flowers and plants also contributed to their well-being, as they could sell the lei that they made to support their families. Kekepania explains:

They [my family] enjoyed going out hunting, and fishing, and doing all those things. But, as time passed by, now these shorelines were being

bought by private property. “Private property: You can't fish here anymore, you can't gather here anymore.” I mean my aunties and stuff used to go up to [Army base, North Shore, Oahu]. Up in the hills, where you could gather flowers— *kukuna o ka lā*<sup>10</sup>—all along the riverside, you know... And they just couldn't do that anymore. Because the minute they went up there, then there would be this blazing truck coming down—military—to get them off. So, that whole thing, made it just difficult for them to survive. (Kekepania, LGBTQM Native Hawaiian, 50+ years old, female)

The loss of access to this part of the land and the plants that grew upon it impacted Kekepania's family culturally, as well as financially, and—in the way she later describes their reactions to it—emotionally.

Similarly, when asked to describe her experiences with and understanding of colonization while growing up in Hawai'i, Noe, a cisgender/heterosexual Native Hawaiian, 35-50 year-old female, describes how her grandfather would talk about the loss of land. Noe explains, “Well, he didn't say stolen, he said, ‘they took all the land.’ He didn't never use the word stolen, he just says, ‘Yeah, they take all da land, and what? What's left fo' da Hawaiians?’” This participant describes her Grandfather's deep sense of loss for Hawaiians, and later, an ongoing strained relationship that he had with white people, which Noe also understood to be a lasting effect of colonization.

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<sup>10</sup> *Kukuna o ka lā*, literally translates to “rays of the sun” in Hawaiian language, and is the calyx of a mangrove, a bright orange flower used in lei (Judd, Pukui & Stokes, 1995; ulukau.org accessed 3/19/19).

She says:

He did not like them because he felt like they were bossy, pushy, that they thought they were better than everybody... And that they stole our Hawaiian lands... You know, like, it's the same thing.... He didn't like their attitudes.

Harmony, an LGBTQM Kanaka Maoli, 35-50 year-old female describes growing up and noticing Hawaiian communities being impacted by development. She says:

...It wasn't that they were homeless. They chose to live in a way where they were self-sustaining, fishing, you know, going to the market, selling whatever they have. The same as Kalama Valley. They lived in that valley. They weren't financially rich, they didn't work for money, you know, they worked for food. Where they was going into the ocean in the day by Sandy Beach and Makapu`u and go fishing and then go back up in the valley.

These companies were coming and kicking them off the land.

That was my first awareness of that.

**Relevance.** Item (A) *The loss of our land*, is a deeply felt experience among the Native Hawaiian participants. Overall, participants described the displacement of Hawaiians as beginning with the arrival of westerners and epitomized by the overthrow of the sovereign ruler by American business men. One participant described it as being “dis-placed in place.” Through these processes of displacement, Hawaiians lost and continue to lose land and access to land in a variety of ways.

The repercussions of these many losses of land include negative impacts on Hawaiians' economic stability because of limited access subsistence lifestyles including fishing and gathering, affordable housing, and healthy food. The loss of land has also affected Kānaka Maoli on emotional and spiritual levels. Hawaiian cultural and religious practices have been challenged, reduced, and constrained due to loss of access to flowers, plants, water and sacred sites. Participants describe this kind of land loss as a “deep hurt” that affects Hawaiians multi-generationally, leaving lasting impressions of trauma, anger, heartbreak, and fear.

### **Historical Loss Scale Item (B) The Loss of Our Language**

**Item definition.** American Indian elders described the grief, guilt, and hopelessness due to native language loss and inability to communicate intergenerationally (Whitbeck et al., 2004).

**Item interpretation.** Kānaka Maoli spoke in similar ways about the loss of the Hawaiian language in their families and communities. The Hawaiian language was outlawed in 1896 (Silva, 2004). Since the publishing of the Hawaiian Dictionary (Pukui & Elbert, 1957), there have been numerous efforts to protect and reclaim the Hawaiian language. The benefits of the reclamation of the Hawaiian language varies depending on generation or age, with younger Hawaiians having the most access to language education. Despite these efforts, and in spite of a major resurgence of the language in the 1970s, Kānaka Maoli participants discussed the shame, frustration, and some guilt with regard to speaking the Hawaiian language.



**Item prevalence and ranking based on person-centered analysis.** Item (B) *Loss of our language*, was endorsed by 58% of the total participants ( $n = 22$ ) (see Appendix C, Table C1 for item prevalence and subgroup differences found in the person-centered analysis with Native Hawaiians compared to the baseline studies with American Indians). Although the item resonated with more than half of the Native Hawaiian participants, this percentage is lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). Item (B) *Loss of our language*, was ranked fourth highest by the overall group of participants (see Appendix C, Table C2).

**Group differences and ranking based on discourse-centered analysis.** Item (B) *Loss of our language*, was discussed significantly more frequently by cisgender/heterosexual Native Hawaiian participants, 17.57% ( $q = 74$ ) of quotations compared to 5.94% ( $q = 202$ ) by LGBTQM Native Hawaiians (see Appendix C, Table C3). This difference also emerges in the ranking of items where item (B) *Loss of our language*, was ranked second highest by cisgender/heterosexual Native Hawaiians and only sixth highest by LGBTQM Native Hawaiian participants (see Appendix C, Table C4).

**Examples of HLS item in Native Hawaiian narratives.** In their qualitative narratives, participants describe various multigenerational impacts of language loss, and many of the personal feelings that are directly and indirectly associated with the Hawaiian language, including shame, guilt, and fear. "...And here in Hawai`i, it's so sad, because even our language is dying. And unless you know it and you teach it, it will never grow" (Kalanie, LGBTQM Kanaka Maoli, 50+ years old, female). Cody, describes his family's fear of speaking Hawaiian language publicly. He explains:

My great grandma was full Hawaiian and she married a Portuguese man—full Portuguese, but then she used to speak it, and he used to understand it, too. Because it was different then. But it wasn't like they could learn it. They just spoke it with each other. She hid it. She was like, "Don't speak it at all." Kind of like, keep it under, like, bury it.

(Cody, cisgender/heterosexual Native Hawaiian, 35-50 year-old, male)

This participant describes that even though the older generation of his family—including the non-Hawaiian members of the family— spoke Hawaiian, it was shrouded in fear and the explicit message that the members of the younger generations should hide it. Neither Cody's parents nor he and siblings learned Hawaiian as he was growing up, although he explains that his sister learned the language in college as part of her connection to Kānaka Maoli activism.

Halia, a 20-34 year-old female, describes the disdain for Hawaiian language with which her and her husband grew up. They were taught that it was not a useful or relevant skill, and Halia's husband was resistant to the idea that their daughter would learn to speak Hawaiian. Halia explains:

You know, my husband doesn't speak any Hawaiian. He was like, "What? Who cares. She can go speak English, you know?" At some point it's like, it's not like you can get a job with the Hawaiian language. And that's not the point. It's just that she can have opportunities that I wish I had when I was younger. So, I'm proud that she has that part of it.

(Halia, cisgender/heterosexual Native Hawaiian, 20-34 years old, female)

Halia expresses regret over her own lack of exposure to Hawaiian language when she was younger, and feels prideful that her daughter would have the opportunity to learn Hawaiian language in school.

Many also link their family members' resistance to language learning for themselves and their children after (re)legalization due to fear, shame and cultural stigmas associated with the domination of the English language. Maile, an LGBTQM Native Hawaiian 20-34 year-old female described her family gaining higher status for not speaking Hawaiian. "They were given access to that tier of colonization. And definitely in exchange, gave up their cultural connections. The only one—the last person how spoke Hawaiian was my Great Grandmother."

Another participant, Kekoa, LGBTQM Kanaka Maoli, 20-34 year-old male, explains what it was like for him to start learning the Hawaiian language after his family had lost the language. He says:

One thing that we talked about was language. You know, like colonizers and the missionaries when they came in in the 1820's [they] were saying— "Hey, you cannot be speaking Hawaiian. Number one, we can't understand what you're saying, and, our language is better because everybody speaks our language— And so, you can't speak Hawaiian because it's not good enough."

And taking that away from them [Hawaiians].

My Grandfather never learned Hawaiian for that reason. The only way you could get ahead is if you learned English well. If you do like western, white culture... So, when my Grandfather was already

older and I was taking Hawaiian language classes, he was like, “Teach me Hawaiian!”

And it’s like—I’m teaching my Grandfather Hawaiian language—when it should be opposite. He should be teaching me Hawaiian language. And that was sad. He did not know Hawaiian language because of this whole... colonization, this whole thing.

**Relevance.** The Hawaiian language was banned and then outlawed in 1896 after the overthrow of the Hawaiian kingdom a few years earlier (Silva, 2004). After a social and political resurgence in the late 1960s and early 1970s, in 1978 the Hawai’i State Constitution was amended and Hawaiian was recognized as an official language of the state (‘Aha Pūnana Leo, 2015).

Interestingly, the large difference between the number of quotations about the loss of language among the cisgender/heterosexual Native Hawaiians compared to among the LGBTQM Native Hawaiians might have to do with the number of māhū and transgender cultural practitioners and *kumu hula* (hula teachers) among the participants. Cultural practitioners and *kumu hula* have additional opportunities to learn Hawaiian language through their roles as spiritual and cultural leaders. These practices are in alignment with the roles that māhū and LGBTQ people have traditionally held in Hawaiian communities (Pukui et al., 1972). Therefore, these participants may not prioritize or discuss loss of language because their context provides them opportunities to engage in language fluency.

## **Historical Loss Scale Item (C) Losing Our Traditional Spiritual Ways**

**Item definition.** Informed by previous work on historical loss and enculturation (Walters & Simoni, 2002), and healing from historical trauma (Duran, 2006a), this item can be understood as the loss of traditional spiritual ways, including the loss of ceremonies, sacred practices, traditional medicines and approaches to healing for American Indians.

**Item interpretation.** Among Native Hawaiians, item *(C) Losing our traditional spiritual ways*, was interpreted in a number of ways. Some examples of the types of traditional spiritual ways that were discussed include the roles and rights (and rites) of māhū, and the explicit conversion to Christianity in place of (or in addition to) Kānaka Maoli spirituality and religious practices, including hula, chanting, praying to numerous gods, asking gods and goddesses for protection/support, and using traditional medicines and healers.

**Item prevalence and ranking based on person-centered analysis.** Item *(C) Losing our traditional spiritual ways*, was endorsed by 83% of the total participants ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage aligns with the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). The item was ranked second highest by the overall group of participants (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** This item was discussed by cisgender/heterosexual Native Hawaiian participants less than by LGBTQM Native Hawaiians, with 16.67% of quotations ( $q = 74$ ) by cisgender/heterosexual Native Hawaiians compared to 19.80% of quotations by LGBTQM Native Hawaiians, ( $q = 202$ ) (see Appendix C, *Table C3*). This slight

difference also emerges in the ranking of items where (C) *Losing our traditional spiritual ways*, was ranked third highest by cisgender/heterosexual Native Hawaiians and second highest by LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Descriptions of item (C) *Losing our traditional spiritual ways*, emerged throughout the qualitative narratives by cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiians alike. Kekoa, a 35-50 year-old male describes the stigmatization and erasure of ancient roles and practices of *māhū* and *aikāne* (same-sex relationships with members of the *ali`i*, or ruling class) that were common among Kānaka Maoli prior to western contact. He explains:

Because trans people existed in Native Hawaiian times. And, when the colonizers came in and said that this is wrong—that you can’t have people who are presenting female but are born male, or the opposite.

When they’re telling you that you can’t have that as part of our religion, and then they keep pushing that into the minds of the people and saying,

“this is wrong,” it establishes that culture that this *is* wrong. (Kekoa,

LGBTQM Kanaka Maoli, 35-50 years old, male)

Kekoa describes the impact of the missionaries and western colonizers who disapproved of the roles and identities that *māhū* and *aikāne* relationships held within the Kānaka Maoli community, and that their message was eventually adopted by the Kānaka Maoli community themselves. Kekoa later discusses the importance of learning about and normalizing the long history of LGBTQM identities in Hawai`i when he was beginning his coming out process.

Kekoa, and several other participants, argued that education and training in Hawaiian ways of being and knowing would strengthen and heal the *keiki* (children) and *haumāna* (student) of Hawai`i, particularly those who identify as LGBTQM who could benefit from the historical and traditional contextualization of māhū and LGBTQ identities in Hawai`i. Tiare, a LGBTQM Native Hawaiian, 50+ year-old female shares how beneficial it was to her to learn about the histories of Hawaiian sexualities and identities. She says:

Oh my gosh, all this time, I thought māhū was a bad thing. And they [her mentors] said "No, that's why we're embracing it and that's why the word *māhū wahine* came about." They said "We need to reclaim that word again and not be ashamed of something that was never, wasn't thought of [negatively]. It wasn't a shame word. It was a respected word, and it was, we was, a part of the community. We were the hula dancers, we were the teachers, we were the caregivers, we were everything in the community." So to have these Westerners come in and then they change it and made it into such a bad, ugly name, it was like, for me, it was mind-blowing, and I was like "Wow, all this time, I didn't know."

And it was empowering. Yeah, it was. It was way back then that māhū was, you know, a powerful thing, a meaningful thing in society.

Relatedly, Noe describes the explicit influx of Christian religions and the erasure of Native Hawaiian sexualities and sexual practices. She talks about the experiences of young people who are LGBTQM and living in Christian, Native Hawaiian households:

I don't know how to say this, but usually if there's some kind of bible thumper—you know, whether could be Christian or Mormon—or, what's that other one..? I don't know. Whenever there's like a bible thumper sort of person in the family, that's when they're like most scared. That's when there like, they don't say anything. They don't wanna disappoint their family... they don't wanna be rejected... in some cases, the men you know, they get lickin's, cuz that's, you know, they don't want a māhū for a son...

*Antonia: Do you think, the 'Bible thumpers' that you're talking about, is that an influence of colonization?*

*Noe: Oh yeah, definitely! Oh, my god, before colonization it was like a free for all..! Man, they had like festivals, like, uh, what's the... Makahiki? When Lono comes? They used to have this one where they all used to go to the ocean and just go for it! (Noe, cisgender/heterosexual Native Hawaiian, 35-50 years old, female)*

Noe describes the LGBTQM youth as unable to disclose their identity to their religious family members in fear of rejection and even physical abuse. She also describes Hawai'i prior to western contact as much more open to sexualities and varied gender identities, referring to *makahiki*, a ceremonial time in Hawai'i known for feasting, celebration, fertility and heightened sexual activities.



As described, the losses of traditional spiritual ways coincided with the influx of Christian religions among many participants Hawaiian families, and they described Hawaiian methods of healing and worshipping being lost over the generations. Kekepania describes her grandmother's use of Kānaka Maoli healing practices, including prayer, plant-medicine, and the ocean, to straighten her legs when she was a child. Kekepania says:

I was one years old... I couldn't walk. So, what they did is they put casts on my legs. And then my legs was like horseshoe. It wasn't bow legged, it was horseshoe. By the time they took the casts off, then it was bow legged. Then they put the braces on... I had it up until I was five. I was still unable to walk straight.

Then the doctor said, "I am so sorry [grandmother's name]. But, this is all we can do. Your grandchild will be crippled for the rest of his [sic] life." My grandmother said, "Okay, take back all your stuff, thank you very much. Now I going show you my way."

And my grandmother took me down... We was living on Sand Island Beach. She dug the sand, stuck my legs in, packed the sand around my legs. Sat there, fished, caught *Manini* [fish], cooked it on the fire, and fed me. Every day, about two, three hours, I was in the sand. For about four months. At night she rubbed lotion... A coconut oil—whatever that she could get that was thicker—and pulled my legs straight. And that's how my legs actually came straight. Look at my legs. You can't even tell that I have had that. And she straightened my

legs. She said, "Now look, my grandson, walk straight tall that one."

And that ... I getting chicken skin right now.

Even in the retelling of the story, Kekepania felt the power of the practices, and the Hawaiian cultural knowledge that her grandmother held.

**Relevance.** Item (C) *Losing our traditional spiritual ways*, emerged as one of the most discussed, most endorsed items in the HLS by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians alike. Hawaiian spirituality is the foundation of Hawaiian culture. The connections between the spirit and the environment are paramount to Hawaiian beliefs (Martin, 1996), and inform the cultural practices and protocol. In the years following the introduction of Christianity in Hawai`i, serious changes occurred in the religious and healing/medical communities, specifically. *Hula*, chanting, and the practices of *ho`oponopono* (conflict management/resolution), *lomilomi* (massage), *lā`au lapa`au* (herbal medicine), and *kāhuna* (medicine practitioners/healers) became socially and in some cases, legally restricted, and many practitioners were forced to hide their practices (Gutmanis, 2013).

The consequences of Christianity for Native Hawaiians included not only adopting new beliefs and practices grounded in hetero/patriarchal world views, but also required the erasure of sacred practices and important aspects of Native Hawaiian life. "...To accept this new faith, the Hawaiian must not only disavow the *akua* or impersonal, powerful gods; he must also renounce those precious spiritual members of his *'ohana*, the *'aumākua*, or ancestor gods" (Pukui et al., 1972b, p. 298). Relatives and loved ones were erased and forbidden from Hawaiian remembrances, ceremonies, and daily rituals. Even Hawaiian names, *inoa*, were replaced by Christian names because they were "too closely

linked with ‘*aumākua*’ (Pukui et al., 1972b, p. 298). Hawaiian names carried great meaning for the person to whom the name was given, and each name also brought with it *mana* (spirit). The removal of Kānaka Maoli names was an action with reverberating consequences on an individual’s identity, beliefs about themselves, and even their history, as many names were tied to particular Kānaka Maoli legends and myths. The alternative, however, and finding ways to resist, were no more easily adopted. In her description of a Native Hawaiian who did not accept the new ways, Aunty Pukui argues that they would:

...become torn by conflicts. There would be increasing pressures to conform to the new values. There would soon be conflict between new, Christian-inspired laws and pre-Christian customs. Every Hawaiian, regardless of religious commitment, would be exposed to myriad judgements and opinions, and most of these would be adversely critical (Pukui et al., 1972b, p. 300).

The expectations of assimilation were strong from both outside and within the Hawaiian community, and created a deep imbalance for Kānaka Maoli.

Participants also discussed the explicit exclusion and erasure of māhū and LGBTQ identities and roles from Hawaiian history when it was being taught from a Christian lens (including at the Protestant-based schools for Native Hawaiian students, Kamehameha Schools). Others described the complicated ways that Native Hawaiians merged their traditional beliefs with Christian beliefs by invoking the name of Jehovah in a Hawaiian chant or *pule* (prayer). Connectedly, Meyer (2001), a prominent Hawaiian scholar and educator argues that some Kānaka Maoli people may demonstrate cultural alignment or have a strong cultural identity that is not truly grounded in the practices and values of Native Hawaiian culture (Meyer, 2001). Ultimately, loss of traditional spiritual

practices was described as an added risk factor for the Native Hawaiian community, affecting their physical, emotional, and spiritual well-being. It was also acknowledged that addressing this loss could become a unique opportunity for prevention and intervention within the Native Hawaiian community.

### **Historical Loss Scale Item (D) The Loss of Our Family Ties Because of Boarding Schools**

**Item definition.** American Indian elders described the losses of family and community-level relationships and kinship networks experienced by their communities due to the forced separation of children from their families and communities to attend residential boarding schools (e.g., Whitbeck et al., 2004).

**Item interpretation.** Kānaka Maoli children were not forced into English boarding schools by the U.S. government.

**Item prevalence and ranking based on person-centered analysis.** Item *(D) The loss of our family ties because of boarding schools*, was not endorsed by Native Hawaiian participants (0%,  $n = 22$ ) (see Appendix C, Table C1). This is significantly different than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item was unranked by Kānaka Maoli participants (see Appendix C, Table C2).

**Group differences and ranking based on discourse-centered analysis.** This item was not discussed by cisgender/heterosexual Native Hawaiians or by LGBTQM Native Hawaiians (see Appendix C, Table C3), and was therefore not ranked by either group of Native Hawaiian participants (see Appendix C, Table C4).

**Examples of HLS item in Native Hawaiian narratives.** No clear examples of this item emerged from the qualitative narratives.

**Relevance.** Kānaka Maoli children were not systematically or forcibly placed into boarding schools in Hawai`i, and thus this item was not endorsed within the qualitative narratives from Native Hawaiians. That being said, many Kānaka Maoli children are sent to Kamehameha Schools, which has both residential and non-residential options, and is specifically for children of Native Hawaiian descent. Some participants described strained family relations, isolation, and the intergenerational impact of family members attending Kamehameha Schools that affected them in negative ways. For some LGBTQM Native Hawaiian participants, attending Kamehameha Schools introduced additional challenges with regard to the Protestant faith that the school was founded in and the church's views on gender and sexuality. One LGBTQM participant explains:

And I'm not going to say that that's happening just in Hawaiians...

That's happening in my family.

Because they're being converted.

And they're beginning to read the bible as this is the law, and this is the way. And I'm like, well... Then what do you think about me?

These experiences were not captured by the item (D) *The loss of our family ties because of boarding schools*, when the original definition by Whitbeck and colleagues (2004) was considered. However, a revised item with a broader definition might allow for the experiences that Native Hawaiians have had with boarding schools to be represented without conflating their experiences with the traumas faced by American Indian communities in and with residential schools.

## **Historical Loss Scale Item (E) The Loss of Families from the Reservation to Government Relocation**

**Item definition.** American Indian elders described the losses of family and community-level relationships and kinship networks experienced by their communities due to the forced removal by the U.S. government of families and communities on their tribal lands to reservation lands (Whitbeck et al., 2004).

**Item interpretation.** Native Hawaiian families were not forced onto reservation lands by the U.S. government.

**Item prevalence and ranking based on person-centered analysis.** Item (*E*) *The loss of families from the reservation to government relocation*, was not endorsed by Kānaka Maoli participants (0%,  $n = 22$ ) (see Appendix C, *Table C1*). This is significantly different than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item was unranked by Native Hawaiian participants (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** This item was not discussed by cisgender/heterosexual Native Hawaiians or by LGBTQM Native Hawaiians (see Appendix C, *Table C3*), and was therefore not ranked by either group of Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** No clear examples of this item emerged from the qualitative narratives.

**Relevance.** Native Hawaiian families were not forcibly relocated by the federal government, and there are no reservation lands in Hawai`i. The item (*E*) *The loss of families from the reservation to government relocation*, was not specifically or directly

endorsed through the qualitative narratives of Native Hawaiians. However, many participants did share stories and reflections on their experiences with Native Hawaiian homesteads, and the ways that access to the lands increased tension and conflict in their communities. For example, as a result of the 1921 Hawaiian Homes Commission Act (HHCA), Native Hawaiian blood quantum levels were defined and measured (Halualani, 2002), which fueled divisions in communities around the state. Cody, for example, described the way that his family was judged or mistreated in the community where he grew up, because they were perceived to have an extremely valuable plot of Hawaiian homestead lands.

So we was like, poor, but it [our land] was very close to the beach, which was getting developed in Kona for all the big hotels and stuff. So, they were like wondering like, "How come these guys got this like choice area," but being so poor. And around us was like rich, like condos. Like really old retirees from the mainland...

This HLS does not directly align with Native Hawaiian experiences of historical losses, and there may be a similar item that would capture the Native Hawaiian experience with government-controlled land.

### **Historical Loss Scale Item (F) The Loss of Self-Respect from Poor Treatment by Government Officials**

**Item definition.** Building on work discussing internalized racism (Duran & Duran, 1995), American Indian elders described a sense of shame and loss of self-respect

when treaties were broken or they were otherwise mistreated by government officials, assigning themselves a level of blame for their own poor treatment.

**Item interpretation.** Although no participants directly reported losing self-respect due to a particular interaction with a government official, there were repeated discussions about the residual impacts of the overthrow of the sovereign Hawaiian monarch, Queen Lili`uokalani, and the blame that Hawaiians place on themselves for their collaboration in the westernization of Hawai`i and Native Hawaiian culture. Discussions of shame, internalized racism, and blame of self for the westernization of Hawai`i, and related to failed petitions for sovereignty and federal recognition of wrongdoing were interpreted as an endorsement of this item.

**Item prevalence and ranking based on person-centered analysis.** Item (*F*) *The loss of self-respect from poor treatment by government officials*, resonated with many Kānaka Maoli participants, and was endorsed by 50% of the total participants ( $n = 22$ ) (see Appendix C, *Table C1*). This number is lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). Although discussed by half of the participants, item (*F*) *The loss of self-respect from poor treatment by government officials*, was only ranked seventh (tied with item (*L*) *Loss of respect by children for traditional ways*), overall by Kānaka Maoli participants (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** Item (*F*) *The loss of self-respect from poor treatment by government officials*, was discussed almost equally by cisgender/heterosexual Native Hawaiian participants and by LGBTQM Native Hawaiians, with 2.7% ( $q = 74$ ) of quotations compared to 3.96% ( $q = 202$ ) (see Appendix C, *Table C3*). This slight difference is reflected in the ranking of items, as well,



where item (F) *The loss of self-respect from poor treatment by government officials*, was ranked seventh highest (tied with item (I) *The losses from the effects of alcoholism on our people*), by cisgender/heterosexual Native Hawaiians and eighth highest by LGBTQM Native Hawaiian participants (see Appendix C, Table C4).

**Examples of HLS item in Native Hawaiian narratives.** Descriptions of item (F) *The loss of self-respect from poor treatment by government officials*, emerged throughout the qualitative narratives by cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiians alike. For some, this experience of loss emerged most strongly when discussing the ways that Native Hawaiians lost governmental control during the overthrow. For some participants, it is understood that Native Hawaiians lost their culture because of how welcoming and embracing Native Hawaiians are known to be:

...I think it took a long time for Hawaiians to realize that they were losing. I, you know, like I think that they just felt like this was the next phase. Like okay, there's going to have all these people, but then they don't realize that the more of those kind of people, the less of your people are here, and they're just embracing everything, but they're not really keeping their own. (Halia, cisgender/heterosexual Kanaka Maoli, 20-34 year-old female)

Halia describes the fact that as newcomers were welcomed to the islands of Hawai`i, the Native Hawaiian culture became increasingly diluted or mixed, while other cultures continued to thrive and blossom. From her perspective, the loss of Native Hawaiian culture was preventable, and produces in her a sense of shame and loss.

For other participants, there was a deep identification with the cultural losses, to a point where the loss is understood to be part of the Kānaka Maoli cultural experience.

Kai, an LGBTQM Native Hawaiian, 50+ years old, female describes this resonance:

We only have Hawai`i. It's like, that's all we have. It's going every day.

Right? And we're reminded of that every day. So I just kinda feel like there's a little bit of that cultural trauma, that cultural loss that becomes part of how we see ourselves as Hawaiians.

For Kai, in addition to the historical losses, it is the cumulative aspects of the losses that continue to impact Native Hawaiians and Native Hawaiian cultural identity. She describes having to reexperience the cultural losses on a daily basis when living in modern-day Hawai`i, whether witnessing the development, the land loss, the tourism, or even the generational changes among families. Kai suggests that due to these historical and cumulative losses, shame and defeat have become engrained in Kānaka Maoli cultural identity.

Another participant, Maile, a 20-34 year-old female, describes her own internalization of shame and racism, and the ways that it distanced her from her Native Hawaiian identity. Maile describes her experiences attending a Native Hawaiian school and wanting to distance herself—both physically and emotionally—from her Native Hawaiian cultural identity:

I have recently identified this as internalized racism, but I had a lot of disdain for the *mokes* [slang for Native Hawaiian/local] and the slackers and the skaters and the surfers. And I was smarter than them and I was better than them. And, pushed me to [college on the continent], pushed

me to the Coast, and away from my cultural identity. (Maile, LGBTQM Native Hawaiian, 20-34 year-old, female)

Maile describes some of the stereotypes that are commonly expressed about Native Hawaiians, including that they speak pidgin, that they are not academically motivated, that they lack intelligence. She discusses her current understanding that these views became adopted internally as shame and racism, and drove her away from her own cultural identity.

**Relevance.** Participants described feeling shame for “losing” culture without realizing it while it was happening. A common perception is that Native Hawaiians are naturally friendly, accepting, curious, and that it made them vulnerable to defeat (Silva, 2004). Throughout the qualitative narratives, there were numerous indications of a loss of self-respect because of the residual trauma of the overthrow, in spite of the fact that thousands Native Hawaiians and Hawai`i residents participated in protests, and more than 21,000 Kānaka Maoli signed the 1897 antiannexation petition, disputing the overthrow of the sovereign nation (Silva, 2004). Assimilation to western culture was described as a failing of modern-day Native Hawaiians that many participants described as a necessary but shameful act of submission to the U.S. government. Additionally, many Native Hawaiians described the internalization of racist stereotypes about Native Hawaiians being stupid, lazy, child-like, and/or naïve, many of which may be rooted in shame over the loss of sovereignty (Silva, 2004), and further connected to the colonial project (e.g., *Brave Heart*, 1998 & 2010).

## **Historical Loss Scale Item (G) The Loss of Trust in Whites from Broken Treaties**

**Item definition.** This item centers on American Indian's association of white people and betrayal as a result of treaties that were created with the U.S. government then violated. This particular item is often associated with the loss of land as central to treaties were land agreements (Whitbeck et al., 2004).

**Item interpretation.** Among Kānaka Maoli participants, the quotations associated with this item did not refer to broken treaties, necessarily. In fact, in the years after the overthrow of the monarchy, the U.S. government (in collaboration with wealthy, white land/plantation owners in Hawai`i) did not break a treaty, but in fact formed one without Native Hawaiian consent (see Schamel, 1999). Nevertheless, some Native Hawaiian participants had family members who were involved in the Petition Against Annexation that was circulated in 1897 in protest of the U.S. annexation of the (at the time) Republic of Hawai`i, and some of the quotations describe their experiences of frustration with that time in history. More often, however, endorsement of this item came from narratives about historical and on-going negative feelings toward white people, due to their participation in the overthrow and the ongoing westernization of Hawai`i.

**Item prevalence and ranking based on person-centered analysis.** Item (*G*) *The loss of trust in whites from broken treaties*, resonated with many Kānaka Maoli participants, and was endorsed by 50% of the total participants ( $n = 22$ ) (see Appendix C, *Table C1*). This number is lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). Item (*G*) *The loss of trust in whites from broken treaties*, was ranked fifth overall by Kānaka Maoli participants (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** The item (G) *The loss of trust in whites from broken treaties*, was discussed significantly less by cisgender/heterosexual Native Hawaiian participants than by LGBTQM Native Hawaiians, with only 1.35% ( $q = 74$ ) of quotations by cisgender/heterosexual Native Hawaiians compared to 6.44% ( $q = 202$ ) of quotations by LGBTQM Native Hawaiians relating to this item (see Appendix C, *Table C3*). This difference shows in the ranking of items, as well, where item (G) *The loss of trust in whites from broken treaties*, was ranked only eighth by cisgender/heterosexual Native Hawaiians, but ranked fifth highest by LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Descriptions of item (G) *The loss of trust in whites from broken treaties*, emerged in complex and somewhat indirect ways throughout the qualitative narratives by cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiians. Many participants described anger, hatred, and blame towards white people due to the history of the colonial influence on the Hawaiian nation. Specifically, many described feeling angry at white people for the loss of the sovereign nation of Hawai`i and the overthrow of the Kānaka Maoli monarch.

Kapono, LGBTQM Native Hawaiian, 35-50 year-old male, describes learning about colonization from his family members when he was growing up, and having complicated feelings about the ways that white people were blamed. In this example, Kapono describes his family's anger and disdain for white people, which stemmed from the overthrow of the Hawaiian nation and the loss of land that ensued. He also describes the perspective that Kānaka Maoli were "very giving and very loving people," and that these cultural traits contributed to their manipulation (Silva, 2004).

Kapono says:

So, when I first heard about like colonizing everybody in Hawai`i, it's like a thing that I grew up with. My uncle talked about it—the overthrow. Then, my parents talked about it. About how the *haoles* (whites) are taking over. But it was difficult for me, being that I felt sometimes like *haole* people were kind of singled out. So, I kind of understood why a lot of my family members were like that, but I kind of felt like sympathy or empathy for the *haoles*. They took over and they were the bad people and they made us, you know, not speak our language. I kind of grew up around hearing about colonization all the time.

*Antonia: Do you think they ever used the word colonization?*

*Kapono: ...I think like doing studies now we get to make these nice words like colonization. You know? We had overthrow. They took over. Really like they tricked Hawaiians. Or the sense of like, seeing that Hawaiians are very giving and very loving people, the idea of somebody was trying to manipulate them. That's another word we used. Manipulate them. So, when it happened, it was because we were trusting. (Kapono, LGBTQM Native Hawaiian, 35-50 year-old male)*

Simultaneously, though, even as a child, Kapono remembers feeling empathy toward the white people that his family was blaming, in spite of understanding where the sense of anger and blame was coming from.

Similarly, another participant describes witnessing anger towards white people due to the trauma of historical losses, but also feeling empathy for the person on the other end of the hatred. Kekepania describes anger towards white people as a common outcome for Native Hawaiians, and that for some people that anger materializes as physical abuse, but she also condemns that behavior, and expresses concern—almost pity—for the white people who are being targeted.

There's trauma just everywhere in different places. It's who you're gonna project all that to. And poor ting it's the innocent people all the time. You know? I mean I see Hawaiians beating up on *haole* people all the time, but you know what? That *haole* person doesn't deserve to have all that drama either. You know what I mean? You know, you're angry, I get it. I understand. But poor ting that *haole* one... (Kekepania, LGBTQM Kanaka Maoli, 50+ years old, female)

Kekepania suggests a need for separation between the feelings of anger and blame towards whites and the targeting of random “innocent” white people.

Another participant describes the complicated concurrence in her family of participating in Christianity and not liking white people. During Kai’s childhood, although her grandmother was vocal in her family and community about not liking white people, she openly participated in religious services that were led by white missionaries to Hawai`i. Kai, LGBTQM Kanaka Maoli 50+ year-old female, says of her grandmother:

She didn't really like *haoles* and she talked about not liking *haoles*, but she was also a very devout Mormon. So, there was that juxtaposition, right, that most of the Mormons were either *haole* or Hawaiian. So, she

was both loyal to her Hawaiian identity and/but she was a very devout Mormon, too. (Kai, LGBTQM Native Hawaiian, 50+ years old, female)

For Kai, this tension is common among Native Hawaiians in Hawai`i, and contributes to a unique and complicated relationship with white people.

**Relevance.** Among Native Hawaiians, loss of trust in whites, fear of whites, and/or hatred of whites is often described in relation to white people's participation in the overthrow, take-over, and the religious conversion of Native Hawaiians and Native Hawaiian communities. Many participants discussed growing up hearing disdain for and sometimes even outright disrespect or fear of white people from their family members and community leaders. Whites were seen as taking and owning and wanting everything. There is a Native Hawaiian saying, "*Hana `i`o ka haole!*" ("The white man does it in earnest!") that is said to describe the different ways that whites understood ownership of land. For example, Native Hawaiians never regarded anyone as trespassers, but whites put up fences to keep Native Hawaiians out (Pukui, 1983, p.55).

In terms of group differences, the higher number of quotations from the LGBTQM Native Hawaiians seems particularly striking. Many of the LGBTQM Native Hawaiians described seeking out white gay and queer communities as sources of support throughout their lives, so perhaps the tensions around whiteness were particularly challenging for them to navigate within their own families and communities. Additionally, many participants showed great empathy—sometimes pity—towards white people in Hawai`i, and a desire for the violence and hatred towards the individual *hāole* to decrease.



## **Historical Loss Scale Item (H) Losing Our Culture**

**Item definition.** Building on work on cultural continuity and suicide risk (Chandler et al., 2003), the understanding of “losing our culture” could include many aspects of culture and cultural connectedness. An important aspect of cultural loss among American Indians has included a loss of a sense of belonging and the development of a strong cultural identity.

**Item interpretation.** Important aspects of Kānaka Maoli culture that were reflected upon as losses by the participants included cultural concepts and practices such as *mālama* (care), *pono* (righteousness), *ho`oponopono* (forgiveness), *aloha* (love); Kānaka Maoli arts and crafts; and fishing, picking fruit, living off the land (e.g., Pukui et al., 1972a, and Pukui et al., 1972b).

**Item prevalence and ranking based on person-centered analysis.** Item (*H*) *Losing our culture*, resonated widely with Native Hawaiians, and was endorsed by 100% of the total participants ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage is higher than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This was the highest ranked item (first of twelve) by the total Kānaka Maoli participants (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** Item (*H*) *Losing our culture*, was discussed relatively equally by cisgender/heterosexual Native Hawaiian participants, with 28.38% ( $q = 74$ ) of quotations endorsing this topic, and 32.18% of quotations ( $q = 202$ ) by LGBTQM Native Hawaiians (see Appendix C, *Table C3*). This item ranked first by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiian participants alike (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Descriptions of (*H*) *Losing our culture*, emerged throughout the qualitative narratives by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians. Some of the participants struggled to describe what a strong, clear sense of Native Hawaiian identity would be. Many describe feeling confused or frustrated by the fact that certain behaviors and aspects of life in Hawai`i that they reject are attributed to Native Hawaiian cultural identity—including abusing alcohol and engaging in violence. There is an overwhelming uncertainty about what constitutes Kānaka Maoli cultural identity. Halia, for example, a cisgender/heterosexual Native Hawaiian, 20-34 year-old, female, describes this tension in her own family:

Well again, with identity, it's like, I may feel myself like I am a proud, strong Hawaiian, but within my own family, I feel like we're a weak Hawaiian family, so there's definitely a difference, you know? But then when I'm with my aunties and uncles, I have those who are like very strong in their culture, and then I, you know, I have that feeling. And then I also have the other half of my family who's getting drunk or fighting or scrapping, and that's also a huge part of my culture, and so it's definitely identity crisis. Slash culture poorness. (Halia, cisgender/heterosexual Kanaka Maoli, 20-34 years old, female)

In this example Halia has a difficult time differentiating between negatively-perceived behaviors and actions that Kānaka Maoli are participating in—and sometimes even taking pride in—and aspects of Native Hawaiian culture that are rooted in tradition. She later describes practicing *hula*, using Hawaiian language, and cooking traditional foods as

some of the ways that she feels strong in her culture, but laments the opportunities to strengthen and grow those practices.

Similarly, many participants described specific Native Hawaiian cultural practices of fishing and hunting that have been lost over time, largely in accordance with increased access to western/American foods and resources. Kekepania, LGBTQM Native Hawaiian, 50+ year-old female describes the effort she makes to maintain her Native Hawaiian cultural practices despite the loss of them among her family members:

My brother is still fishing...catching fish. In my family it's kind of... the Hawaiian-ness sort of phased out you know? I teach hula. I go *ho`okahi* (to go alone) to Kaua`i, Big Island, you know, I go to places where the first Hawaiians was located...found, living in caves, stuff like that. I do those things. My brother and them don't do that. Their wives and everybody— it's the mall. You know we go to the mall... (Laughs). We go eat at restaurants. You know that kind of stuff. We don't do that [cultural stuff] anymore. (Kekepania, LGBTQM Kanaka Maoli, 50+ years old, female)

In this example, Kekepania is somewhat lighthearted about the increasing use of western resources—including going to the mall and eating at restaurants— but also talks about the work that she does to try to maintain the cultural practices in her own life. This is a tension that was common to the experience of many of the participants experience, and which represents an important challenge in Kānaka Maoli communities.

Additionally, many participants described the emotional impacts of culture loss, and the pain and hopelessness that the loss of culture can bring about. Kai, a 50+ year-old

LGBTQM Native Hawaiian female describes the emotional experience of losing aspects of Hawaiian culture:

It just creates, you know, huge pain. And I think it... the other thing is I think... I think a lot of us are very lonely. We're lonely for what we... you know, for the *kūpuna* that we never knew, we're lonely for the language that we never learned, we're lonely for place and land and... well, an ease of life that I think is just not possible anymore.

Kai describes the sense of isolation and loneliness that is created by the loss of Native Hawaiian culture, and the sense of longing that she and other Native Hawaiians are experiencing for that culture. She goes further to propose that the loss of culture and the pain of that experience becomes embedded in the bodies, and even the genetic coding, of individual Kānaka Maoli. Kai reflects on the losses and says, “And so, in a way, I feel like this is part of our DNA, you know, us Hawaiian people.” (Kai, LGBTQM Native Hawaiian, 50+ years old, female).

It is, however, important to note that a number of participants also described specific acts of resistance to the loss of Kānaka Maoli culture and identity. One participant talked about enacting *ho`okupu* (gift, offering) and cultural protocol whenever he is out in nature, offering an *oli* (chant) and a *pule* (prayer) as a way to ask for guidance, permission, and to honor the natural world. Kekoā, LGBTQM Native Hawaiian, 20-34 year-old male, explains:

Like, even when I go hiking—on my own—I still do protocol. You know, I do my *oli*, asking for safety and guidance, and things like that. I do that. I feel guilty going into the forest and not doing protocol. I

feel like I shouldn't be there, 'cuz something could happen. So, I do protocol still when I go hiking... Or in the ocean.

Another participant<sup>11</sup> described a group of local fishermen encountering a boat from a tour company who were over-fishing on the coast of one of the Neighbor Islands. The story told was that the fishermen climbed on board the tour boat to dump their fish and gear into the water. The participant says:

A friend of mine that was fishing along the coast here, then they encountered another crew, another tour boat from O`ahu that was like catching a lot of fish. So, you know [Neighbor Island] people are very like, if you're gonna come on this side and fish, in our territory, then you can only take so much. Cause it's not a food pantry.

So, basically, a bunch of [Neighbor Island] boys went on the boat dumped all their gear into the ocean and it was just a huge thing.

[Neighbor Island] people, like, really stood up, like us as a whole. It's like, you know, if you're raiding our reef here at [Neighbor Island] after you're just done raiding your own, like why should we let this go on? When they're emptying their own—and a lot of people really referred it to our frigerator, like this is our frigerator—and you come and take everything, what do we have to offer our own family?

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<sup>11</sup> This participant's demographic information is withheld to protect the identities of the people in the story.

So, you know, it's things like that. And those guys aren't activist guys, but they're guys that believed in Hawaiian culture and about taking what you need, not taking more than what is necessary.

The participant described the dumping of the fish as a cultural and a political act of resistance. Native Hawaiians have historically emphasized balance, biodiversity, and not taking more than what is needed through highly regulated approaches to fishing (see, McClenachan & Kittinger, 2012), and many local fisherman and women follow those cultural approaches to fishing. The fishermen in the story reacted to seeing the overfishing being done by the tour boat, and responded with this act of resistance.

Still another participant described her own māhū identity as an act of resistance and of reclaiming a cultural role and rite that māhū once had. Nalani, LGBTQM Native Hawaiian 50+ year-old female explains:

So, me as māhū, I will go in and step in and take care of my 99 year-old grandma, feed her, make sure she's okay...And that is totally fine, you know? But I have a role too in that culture too, and that is to take care of those that took care of me. You know, and that's in Hawaiian culture too.

**Relevance.** For Native Hawaiian participants, the loss of culture was the most discussed and most endorsed HLS item. Many participants described the ways that Kānaka Maoli cultural values, protocols and practices have been erased or pushed aside. There were noticeable generational differences in the ways that participants described cultural losses. From the older generation (50+ years old), participants mourned the losses and talked about the shame, stigma, and fear of honoring Kānaka Maoli cultural practices that

lingered since the time of their grandparents. Participants from the middle generation (35-50 years old) often shared experiences of finally being able to access education about Native Hawaiian culture as they entered college and learned “bits and pieces” of what it means to be Kānaka Maoli. Others from the younger generation (20-34 years old), described feeling a necessity for transformation, and an understanding that they needed to let go of or change certain aspects of their cultural identity in order to succeed and survive in Hawai`i today. All of these tensions were described with emotion, and many talked about the ways that the “colonized mind” can facilitate these losses.

These gains and losses of culture were of great importance to the Kānaka Maoli participants, and align with similar themes of tensions and ambivalence about loss of culture that have emerged among other Indigenous communities (Beltrán et al., 2018).

### **Historical Loss Scale Item (I) The Losses from the Effects of Alcoholism on Our People**

**Item definition.** Drugs and alcohol were described as negative/maladaptive coping strategies that were introduced by Whites and that have torn apart many American Indian families (Whitbeck et al., 2004).

**Item interpretation.** Participants described abuse of substances, including drugs and alcohol, and the losses in the Native Hawaiian community associated with these substances. Losses included deaths from overdoses, community members’ entering rehab, and lost relationships due to substance abuse.

**Item prevalence and ranking based on person-centered analysis.** Item (I) *The losses from the effects of alcoholism on our people*, resonated with the vast majority of

Native Hawaiian participants, and was endorsed by 75% of the total group ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage is, however, somewhat lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item was ranked sixth by Native Hawaiian participants, which is significantly different from the first-place ranking of importance found among American Indians (Whitbeck et al., 2004) (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** Item (*I*) *The losses from the effects of alcoholism on our people*, was discussed only half as frequently by cisgender/heterosexual Native Hawaiian participants, with 2.7% ( $q = 74$ ) of quotations endorsing this topic, compared to 4.95% of quotations ( $q = 202$ ) by LGBTQM Native Hawaiians (see Appendix C, *Table C3*). However, this difference did not significantly affect the comparative ranking of the item, which was only seventh highest for both cisgender/heterosexual Native Hawaiian participants (tied with Item (*F*) *The loss of self-respect from poor treatment by government officials*, for this group) and for LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Native Hawaiians described alcohol and drug abuse affecting themselves, their families, and their community more broadly on a number of levels. Many discussed the normalization of drinking and smoking among Kānaka Maoli community members through the constant presence of drugs and alcohol at family gatherings and events. Several participants described the pervasiveness of substance abuse as a direct strategy for coping among Kānaka Maoli. Kai explains:



I think for Hawaiians in particular, there's this... constant barrage and reminder about everything that we lost. And you have to be really out of it, or make yourself out of it in order to deal with it. I explain, you know, the high rates of... of drinking, drunk driving, drug use, I mean, poor performance on just almost anything, you know, high morbidity and mortality. I really believe it's kinda like, cannot deal. Cannot deal. Just cannot deal. Right? (Kai, LGBTQM Kanaka Maoli, 50+ year-old, female)

In this example, the participant explains substance abuse as a way of dealing with the historical—and ongoing— losses that Native Hawaiians have experienced. Others, too, described a sense of necessity, inevitability, and/or inescapability around using substances, and the ways they saw their community members trying to survive. The pervasiveness of drugs and alcohol in the community meant that many children were sent to be raised by other family members as *hānai* (foster) children. Nalani, LGBTQM Native Hawaiian, 50+ year-old, female, explains what it was like for her to be separated from her parents due to their substance abuse. She says, “I didn't care if they was drug addicts, I never care if they was alcoholics, I never care if they was irresponsible, I just wanted my mom and my dad.” [sic]

Another participant talked about the effects of drugs and alcohol on her parent as she was growing up. Maile, LGBTQM Native Hawaiian, 20-34 year-old, female, says:

My father has fallen off of that middle-class path, and now, has no [Native Hawaiian cultural] roots to fall back on. And I think that is a lot of what's caused his current... issues. And I would identify his

issues as depression, long-term drug abuse though he's not actively using... long-term economic problems...

Maile connects her father's lack of Native Hawaiian cultural roots to his on-going struggles with substance use, mental health, and financial stability.

Other participants, particularly members of the mähū and transgender communities in Hawai'i talked about drug and alcohol abuse becoming a serious problem in their community due to the lack of services available to mähū and transgender community members, specifically. Kekepania, LGBTQM Native Hawaiian, 50+ year-old female describes her own experiences with addiction and her difficulty getting treatment. She says:

I had a drug problem. I was transgender. My boyfriend could go to Salvation Army and get help for his drug addiction, and I learned my drug addiction from him (laughs). I never knew what drugs was. But I fell in love with him. But he taught me about drugs, meth, and all that stuff. So, he got addicted, then he wen fricken' couldn't handle and so he went into the drug treatment program and then I was like, "Oh can I go in?" And they was like, "Yeah. But you got to the female facilities." "I'm not a female." So, then they was like, "Oh no, we don't know where to put you. You cannot."

For a number of the mähū and transgender participants, including Kekepania, the lack of competent services and treatment options for their community created disproportionate levels of risk and exposure to risk. In this example, the Salvation Army (a religious-based organization) denied services due to Kekepania's gender identity, which inhibited her

ability to get support for her addiction. In fact, many participants argued that increasing LGBTQM and Native Hawaiian culturally competent services and treatment options was of utmost importance to strengthening and healing the māhū and transgender communities in Hawai`i.

**Relevance.** Losses from the effects of alcohol was endorsed by more than two-thirds of the participants, but was ranked only sixth in terms of overall importance within the narrative discussions. This is a noticeable difference in comparison to the baseline ranking among American Indians reported by Whitbeck and colleagues in 2004 when this loss was ranked first among all items. The lower ranking among Native Hawaiians is, however, more aligned with the fourth-place ranking found among American Indians in the later study (Ehlers et al., 2013), which suggests a possible consistency or alignment across groups, in that this item may have become less important relative to other community concerns across time.

Another important difference in the ways the losses from the effects of alcoholism were discussed among Native Hawaiians is the infrequency of commentary by cisgender/heterosexual Native Hawaiians. Although substance use and alcoholism were understood to be a common experience and, in fact, a regularly implemented coping strategy for dealing with stressors in modern-day Hawai`i, the majority of these participants did not spend much time talking about it. Among the LGBTQM Native Hawaiians, however, several participants disclosed their own substance abuse struggles and the disproportionately negative experiences they had due to the lack of resources available to their community. These experiences point to evidence of intersectional

stigma (see, Turan et al., 2019; Walters et al., 2000) facing the LGBTQM Native Hawaiian community and the potential negative impacts on their health and well-being.

### **Historical Loss Scale Item (J) Loss of Respect by Our Children and Grandchildren for Our Elders**

**Item definition.** This item is described as a lack of care for and respect for the older generations by the younger generations of children in the American Indian communities (e.g., Whitbeck et al., 2004).

**Item interpretation.** This item was interpreted in largely the same way with Kānaka Maoli, as a loss of respect for elders by younger generations.

**Item prevalence and ranking based on person-centered analysis.** Item (*J*) *Loss of respect by our children and grandchildren for our elders*, did not resonate with the majority of Native Hawaiian participants, and was endorsed by only 8% of the total group ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage is significantly lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item was ranked only eighth highest among Native Hawaiian participants (see Appendix C, *Table C2*), which is significantly different from the rankings of importance found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004).

**Group differences and ranking based on discourse-centered analysis.** Item (*J*) *Loss of respect by our children and grandchildren for our elders*, was discussed only rarely by LGBTQM Native Hawaiians with 0.5% of quotations ( $q = 202$ ) endorsing this topic (see Appendix C, *Table C3*), and no quotations from cisgender/heterosexual Native Hawaiians for this item. This difference is also reflected in the ranking of the item, which

was N/A for cisgender/heterosexual Native Hawaiian participants and only tenth for LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** The great majority of participants described the importance of respecting elders as paramount within the Kānaka Maoli community, rather than as an example of a cultural loss. Many described the ways that they were shown, told, and taught this value when they were children growing up in Hawai`i. Only one participant described a shift between this value and the ways that young people are being raised in Hawai`i today, suggesting that he had seen a loss of respect by children and grandchildren for their elders. Kapono, LGBTQM Kanaka Maoli, 35-50 year-old, male describes:

I always think like, you know, why what's happening with these kids nowadays, where was that loss? And I really think it's [because] we need to bring the foundation. How I kind of grew up with, like, I grew up with a standard structure, like you respect your elders even if they do treat you like shit. We just, we just did that. And I think doing something as simple as that may have become a bigger effect of my life than I actually knew it then, and then I notice now. And it might have been the same for other kids that that was taught.

It really taught me like... at the end of the day, I'm gonna have differences with people, I'm gonna feel a certain way. But at the end of the day I don't have to disrespect anybody. And that could be like disrespecting myself or leading to other things. So, I think that thinking has a bigger effect back then than now.

Interestingly, in this example Kapono suggests that the lesson he was taught as a child was that you had to respect your elders even if you were treated poorly by them, which could contribute to some risks and negative outcomes for a child. However, he also describes the positive impacts of this value on him as an adult, and that the message was that everyone deserves respect.

**Relevance.** This item, *(J) Loss of respect by our children and grandchildren for our elders*, was the item talked about the least of all items that were discussed, with only one quotation directly related to this loss. The participant who discussed this loss describes differences that he sees in the ways young people honor and respect their *kūpuna* (elders) in comparison to how he was raised.

### **Historical Loss Scale Item (K) Loss of Our People Through Early Death**

**Item definition.** Building on work about risk among the American Indian communities (Walters & Simoni, 2002), this item is understood as the loss of American Indian community members through early death.

**Item interpretation.** In the present study, participants described preventable health risks including diabetes and heart disease as leading to early death in their communities. Suicide, in particular, was identified as a risk for Native Hawaiians.

**Item prevalence and ranking based on person-centered analysis.** Item *(K) Loss of our people through early death*, resonated with all of the Kānaka Maoli participants, and was endorsed by 100% of the total group ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage is somewhat higher than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item ranked third

highest (tied with item *(A) Loss of our land*), among Kānaka Maoli participants (see Appendix C, *Table C2*), which differ from the rankings found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004).

**Group differences and ranking based on discourse-centered analysis.** Item *(K) Loss of our people through early death*, was discussed less frequently by cisgender/heterosexual Native Hawaiian participants, with 9.46% ( $q = 74$ ) of quotations endorsing this topic, compared with 13.86% of quotations ( $q = 202$ ) by LGBTQM Native Hawaiians (see Appendix C, *Table C3*). This difference is heightened in the ranking of the item, which was only sixth highest for cisgender/heterosexual Native Hawaiian participants, but third highest for LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Early death was discussed frequently throughout the qualitative narratives. Participants described the many ways that early deaths affect the Kānaka Maoli community, including through disproportionate exposure to preventable negative health outcomes from diabetes, obesity, cancer, and suicide. Some participants made direct connections between intergenerational exposure to negative health outcomes and the losses that Kānaka Maoli have survived. Kiara, LGBTQM Native Hawaiian, 35-50 year-old, female, explains:

Even for the Native Hawaiians who do struggle and strive to try to make a home for their self. They have to live on the west side of the island.

The hottest side of the island. Granted, there is some fishing area. But they don't provide stores with healthy food. They don't provide areas where people can afford. What they do, they provide them with fast food

restaurants, which get them sick with diabetes, high blood pressure, and it suppresses them, you know? Because they don't stay healthy, they don't get an education, they don't see what it's like.

And then it's generation after generation depending on the colonizers, the white man for wealth, for money, money, western food. They don't understand what it's like to fish when they know their waters are right there full of them. You know? You can talk about that too.

In her interview, Kiara describes the complex interaction between the loss of land, displacement, and lack of access to resources on the health and well-being of Native Hawaiians. She makes direct links between this exposure to risk, early death, and even mental health issues to the colonial occupation of Hawai'i by the western world. Several participants talked about the direct impacts of colonization on early death through the exacerbation of vulnerabilities and denial of resources like food and water. Many argued that through the colonial impacts related to land loss, dietary changes, and substance abuse, Native Hawaiians are exposed to increased physical and behavioral health risks.

Early death was also talked about through specific references to suicide and suicide risk. In the māhū and transgender communities, in particular, there were a number of conversations about their disproportionate exposure to trauma, abuse, discrimination, and ultimately, suicide. Emma, LGBTQM Native Hawaiian, 20-34 year-old, female describes her own exposure to trauma and abuse and how she became at-risk for suicide:

All my life I was bullied and you know, I was taken advantage of a lot. You know? I had no relationship with my parents whatsoever. There was a time where my mom used to think I was sick (crying) and you know,



when you're young and you um, (crying) you hear those things, you believe it. So, for years, I used to think something was wrong with me and I just didn't know what it was and (crying)... you know, it led to suicidal thoughts, I began cutting myself and you know, for years, it became like a drug to me, where I would get high off the pain because even though it hurt, it, it still felt good to not have to feel that [emotional] pain. It's as if, when you cut, each negativity you feel runs out (crying)... And being able to, to not feel, it was like my safe place.

Excuse me. (crying) I was 13 years old when I first started cutting and then what heightened it even more was a year later, I got raped. I became so angry at everybody... that I thought, "Hey, if I leave this Earth, I think it's just better for me." And you know, everything that people did to me and what I went through, I thought that, "If I, if I leave this Earth, I want them to feel exactly what I felt." So that was like my way of getting back to them. I wanted them to feel what, what it was like to be alone. (crying) (Emma, LGBTQM Native Hawaiian, 20-34 year-old female)

Through experiences of family rejection, sexual abuse, and discrimination, Emma describes turning to self-harm as a way to cope with the pain she was in. She later describes her desire to kill herself due to the trauma she had survived. Emma's story resonated with many participants in the māhū and transgender community who participated in the focus group. Several of the māhū and transgender participants offered their own similar experiences with trauma and suicide risk exposure. Tehani, LGBTQM

Kanaka Maoli, 35-50 year-old female, shares, "I've experienced three. I've experienced three suicides in in my life."

Later, Emma shares further:

Yeah so, you know, through my life there was experiences... I myself, even though I had support through sisters when I was young, I was at that place where I... there was a couple attempts... there are scars on my body that show those attempts when I was younger. (Emma, LGBTQM Kanaka Maoli, 20-34 year-old female).

Harmony, an LGBTQM Native Hawaiian, 35-50 year-old female, shares her story as a Survivor of Suicide loss. She says:

Okay, suicide ... Okay. I've been trying not to cry, (laughs) okay? 'Cause suicide... I experienced that personally because of my best friend and it was, it was shame. 'Cause I found out later—'cause I didn't understand why he committed suicide—it wasn't until we went to the hospital and they had done test work and they had found out that he was HIV positive.

So, I know that because we had a conversation a few days earlier... First, he said, "Let's go get tested," and I said, "Oh no, girl." 'Cause I never really get tested 'cause I was a prostitute at times and I was fearful I didn't know about it. So, I said, "Oh, no. I don't want to. Girl, just go on your own." And so, he did and it's like ... Then after he was like, "Oh, my gosh. If I come back positive, I would just kill myself if anything."

**Relevance.** Direct questions about this item, (*K*) *Loss of our people through early death*, and suicide loss, specifically, were central to the phenomenological inquiry from which the qualitative narratives were gathered. Unsurprisingly, due to the specified topic of the inquiry, this item was discussed by all of the Native Hawaiian participants. Many participants described suicide as historically and traditionally uncommon in Kānaka Maoli communities but linked it to high rates of depression and hopelessness that they see in their communities today. One participant even suggested that for some Kānaka Maoli suicide might even appear to be a way to “reclaim autonomy when you can’t reclaim it economically or socially.” In this way, suicide was described as an act of defiance or resistance against colonization (see Stoor et al., 2015 for a somewhat similar conversation held among members from an Indigenous community in Sweden).

Perhaps the most striking differences about the discourse about this item is that it was ranked much higher by the LGBTQM Native Hawaiians than among the cisgender/heterosexual Native Hawaiians. This points to the disproportionate risks related to suicide and self-harm facing members of the LGBTQM communities in Hawai`i (see Ching et al., 2018), and further highlights the risks of intersectional stigma (Turan et al., 2019). There is also reason to speculate that because the talk-story focus group was situated in a community-based setting, with mostly known peers with shared backgrounds, the LGBTQM participants were more likely to disclose suicide and suicide behaviors (Fulginiti & Frey, 2018).

## **Historical Loss Scale Item (L) Loss of Respect by Our Children for Traditional Ways**

**Item definition.** This item was interpreted as the loss of respect for traditional cultural practices, beliefs, and values by the younger generations (e.g., Whitbeck, et al., 2004).

**Item interpretation.** For this dissertation, this item was interpreted as children demonstrating a loss of respect for and honoring of Native Hawaiian cultural practices, beliefs, and values.

**Item prevalence and ranking based on person-centered analysis.** Item (*L*) *Loss of respect by our children for traditional ways*, resonated with one third of the Kānaka Maoli participants, and was endorsed by 33% of the total group ( $n = 22$ ) (see Appendix C, *Table C1*). This percentage is significantly lower than the prevalence found among American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). This item ranked seventh (tied with item (*F*) *The loss of self-respect from poor treatment by government officials*) among Native Hawaiian participants overall (see Appendix C, *Table C2*).

**Group differences and ranking based on discourse-centered analysis.** Item (*L*) *Loss of respect by our children for traditional ways*, was discussed significantly more frequently by cisgender/heterosexual Native Hawaiian participants, with 10.81% ( $q = 74$ ) of quotations endorsing this topic, compared to only 0.99% of quotations ( $q = 202$ ) from LGBTQM Native Hawaiians discussing it (see Appendix C, *Table C3*). Commensurately, this item was ranked fifth highest among cisgender/heterosexual Native Hawaiians and only ninth for LGBTQM Native Hawaiian participants (see Appendix C, *Table C4*).

**Examples of HLS item in Native Hawaiian narratives.** Item *(L) Loss of respect by children for traditional ways*, was described by some Native Hawaiian participants, and was often tied to differing generational experiences of growing up Native Hawaiian. For example, from an older Kanaka Maoli participant came the concern that her nieces and nephews would not learn and respect Native Hawaiian cultural practices because their parents were not teaching them. Kai, an LGBTQM Kanaka Maoli, 50+ year-old female, says:

You have to make sure all your support system around you believe it too, right? So, like I would never use this in my brother's children because he would the whole time be telling them, "Oh yeah, that's bullshit that Hawaiian stuff." Because I would have to remove them from him because he would undermine everything that we tried to do.

For Kai and several other Native Hawaiian participants, there was a strong desire to share Native Hawaiian traditions with the younger generations, but also fear that the traditions would not be respected or honored.

A participant from the middle generation (35-50 years old) explains that he feels like respecting the traditional Native Hawaiian cultural practices is not practical in current times. He discusses the ways that his generation has had to adjust to new ways of doing things, and to enact other forms of resistance. Cody, a cisgender/heterosexual Kanaka Maoli, 35-50 year-old male says:

And then with us older guys, we're kind of like, yeah, you know, you want to be part of it, but then it's like... we still living in the real world (laughs). We still got bills you know? We developed a certain like,

mixture of western and Hawaiian ways of doing it. It's, I mean, we'd like to be out there protesting every day, but it's like, wait, where is these guys getting the time and getting the time off with your job or whatever? Are they working? (Cody, cisgender/heterosexual Kanaka Maoli, 35-50 year-old male)

For Cody, loss of respect for traditional ways has been developed by his generation as a response to the modern-day experience of living in Hawai`i. He admits to wishing that he could participate in traditional cultural practices, and, specifically, in Native Hawaiian-grounded modes of protest and resistance, but cannot understand how to survive financially if he did.

Halia, a member of the younger generation (20-34 years old), describes her complicated understanding that some of her cultural values and beliefs are at odds with the ways that she, and her community need to live. She described wishing she could use more Hawaiian language, eat more traditional Native Hawaiian foods and ways of cooking them. She describes some of the compromises she and her family have had to make in order to live in today's Hawai`i. Halia, a cisgender/heterosexual Native Hawaiian, 20-34 year-old female says, "At some point, we need to move forward, you know? And then, am I dropping my culture because I feel that way? Or you know, is this now I'm Americanized? Like what, what does that make me?" In this example, Halia explains the ways that young people growing up in modern-day Hawai`i have had to make choices about their values and traditional beliefs and that it has made her question her Native Hawaiian-ness. In order to survive—and, perhaps, thrive—in the modern-day

Hawai`i, some Native Hawaiians have had to give up their beliefs in traditional cultural practices, and, perhaps, to sacrifice some of their own Native Hawaiian cultural identity.

**Relevance.** As explained, the item (*L*) *Loss of respect by children for traditional ways*, was discussed significantly less by Kānaka Maoli participants than by American Indians in the baseline studies (Ehlers et al., 2013; Whitbeck et al., 2004). Those participants who did discuss it described multigenerational differences in terms of expectations, exposure to traditional ways, and assimilation into western and/or American culture.

Notably, there were ten times more quotations about this loss from cisgender/heterosexual Native Hawaiians than from members of the LGBTQM participants. A potential explanation for this difference is that many of the LGBTQM participants are *kumu* (teachers, broadly, including, but not limited to *hula*) and cultural practitioners, and receive great respect from the children that they work with. One participant described working in a Kānaka Maoli charter school:

A teacher will walk in and there will be like ten kids offering to help, bringing those items to the classroom, opening up a door, saying good morning, good afternoon, have a good weekend. Respecting their teachers. (Kekoa, LGBTQM Kanaka Maoli, 20-34 year-old male)

The youth that attend schools with strong cultural curriculum are trained to respect their elders and to demonstrate that respect by following cultural protocols and practices.

Another participant described that she expects that her Native Hawaiian children “know how to act, you was raised right...” [sic]. These differences might point to the protective qualities of maintaining and sustaining cultural roles as teachers, care-givers, and

community memory holders for the LGBTQM Native Hawaiians (see Walters et al., 2010, for a conversation among American Indian two-spirit community members).

## OVERVIEW OF RESULTS

### Relevance of Historical Loss Scale Items among Native Hawaiians

Overwhelmingly, the items on the Historical Loss Scale (HLS) were mentioned in the narratives of the Native Hawaiian participants, and appear to have relevance to the Native Hawaiian experience. Eight of the twelve scale items were endorsed by half or more of the Native Hawaiian participants at least once, and two items in the HLS were endorsed by 100% of Native Hawaiian participants at least once: *(H) Losing our culture*, and *(K) Loss of our people through early death*. Indeed, there are powerful qualitative examples of the impacts of historical losses among Native Hawaiian individuals and communities that help explain the relevance of the HLS to understanding the Native Hawaiian experience with colonial trauma. Native Hawaiians describe numerous historical losses that are similar to the losses suffered by the American Indian communities with whom the HLS scale was developed.

There are also important differences between the prevalence of HLS items among American Indians (as reported in two separate studies by Ehlers et al., 2013 and Whitbeck et al., 2004) and the Kānaka Maoli participants in this study. Two items in the HLS were not endorsed by any Native Hawaiian participants, *(D) Loss of family ties because of boarding schools*, and *(E) Loss of families from reservation to government relocation*. One item was only endorsed by a single Native Hawaiian, *(J) Loss of respect by children and grandchildren for elders*.



Even among items that were endorsed by Native Hawaiians, there are important differences in the relative importance of the items in comparison to the American Indian baseline studies. For example, *(H) Losing our culture*, was the most endorsed and most discussed item for cisgender/heterosexual Native Hawaiian and LGBTQM Native Hawaiian participants, and comprised more than a third of the total quotations ( $Q = 276$ ). This item ranked first in both the person-centered and the discourse-centered analysis, but was only the fourth most commonly endorsed item among American Indians. On the other hand, *(I) The losses from the effects of alcoholism on our people*, was found to have the highest prevalence among the American Indians sampled by Whitbeck and colleagues, but was endorsed by only 67% of cisgender/heterosexual Native Hawaiians and 78% of LGBTQM Native Hawaiians. Additionally, item *(J) Respect by children and grandchildren for elders*, was only endorsed once by an LGBTQM Native Hawaiian participant (making up only 0.36% of the total quotations), but had the second highest prevalence among American Indians from both samples.

### **“Shadow Codes”: Beyond the Historical Loss Scale**

In the process of applying the HLS items as theoretical codes to the qualitative narratives, a number of unique aspects of historical loss emerged from within the text. These aspects of historical losses sometimes aligned with the scale items, and could be considered an endorsement of an experience captured “within” the HLS. Other times, the experiences described were definitively outside the scope of the HLS items, and can be considered “beyond” the HLS. In both cases, the researcher found that “Hawai`i is like... it is totally different.”

The following overview identifies four important examples of aspects beyond the scope of the HLS items: (1) *Militarization of land*; (2) *Adoption of Christianity by Native Hawaiian ali`i*; (3) *Overthrow of sovereign Hawaiian monarch*; and, (4) *Māhū and LGBTQ perspectives*.

**Militarization of land.** An example of an experience described in the qualitative narratives that at once endorsed an HLS item, and also contributes a unique perspective on the loss, is the discussion of the modern-day militarization of the land in Hawai`i. Many of the quotations about this subject ultimately did endorse the item *(A) Loss of our land*, but Kānaka Maoli have experienced historical and ongoing military expansion, testing, and various installations that have resulted in a unique and potentially expanded and physical reminders of loss. Kekepania describes the personal and cultural implications of some of the military testing that has been occurring in the waters around Hawai`i (considered the Hawai`i-Southern California Training and Testing Study Area). She says:

It's really personal. Just the other day when I was on Kaua`i they did the sonic testing. [A number of] whales beached themselves on Kaua`i. Hawaiian's ran out there, and they started grabbing all the vines and grass to build a *kaula* (rope) to- to bring them back into the ocean. They saved most of them except three died. Guess who got arrested—and the military was there—the people who saved the whales!

*Antonia: What did they say? I know that they brought cultural practitioners—there to talk about what was happening.*

*Kekepania*: Yes, because *they've* been saying for a long time that it's the sonic testing. And, the military keeps denying it, and denying it, but... what I know from the cultural practitioners is that they're like, “No, no whales are gonna do that, unless there's something...” (Kekepania, LGBTQM Kanaka Maoli, 50+ year-old female)

What Kekepania is describing is a complex, multilayered loss related not only to land and water due to the Naval sonic testing and the potential impacts on marine life, but also to the loss of respect for traditional cultural knowledge, practices and the roles of Kānaka Maoli cultural practitioners. She also talks about how deeply personal the deaths of the whales are to Native Hawaiians who believe in and nurture the interconnectedness of all things.

While this experience of militarization of the land and the numerous outcomes of this loss are not unique to Kānaka Maoli necessarily, it is an aspect of loss that is not explicitly captured within the items of the HLS.

**Adoption of Christianity by Kānaka Maoli.** The HLS item (C) *Losing our traditional spiritual ways*, was interpreted to include discussions of Christianity as a replacement for traditional Native Hawaiian spirituality, and was ultimately endorsed by the majority of Native Hawaiian participants. However, Native Hawaiians convey unique perspectives about the adoption of Christianity within their own communities, which may exist outside the confines of the HLS items.

Specifically, it was Kānaka Maoli leaders themselves who discarded the traditional spiritual *kapu* (sacred/taboo) system and eventually outlawed its practice.

Certainly, the influences of Christianity began in Hawai`i much earlier, with the arrival of

Captain Cook in 1778. Christianity was strengthened in 1819 when the monarch, Liholiho (Kamehameha II) and Ka`ahumanu, the *kuhina nui* (co-ruler), broke the Native Hawaiian *`ai kapu* (eating taboos) by sharing food together as a man and woman (Pukui et al., 1972). Thus, the Native Hawaiian religious system was already undergoing transformation when American Calvinist missionaries arrived in 1820, which facilitated the relatively quick adoption of Christianity. While the advent of missionaries in Indigenous communities is not unique to Hawai`i (see, Osorio, 2002; Silva, 2004), the conversion to Christianity in Hawai`i was largely facilitated by the *ali`i*, which affects Native Hawaiians in a noteworthy way. Tiare provides a provocative explanation:

So, our own people, our own people started this colonizing process and, people gonna buck me but I'm gonna put it on recording, because *ainokea* [I don't care], because I'm a practitioner today, and now I can say what I feel. [Ka`ahumanu] is, she, to me, she was the beginning—after Kamehameha— she was the beginning of this western process. She started this, you know? She was. And some people say it was for... women's empowerment, she did that. And it could have been, but we have not lived there, and we didn't live in that time, so we cannot really say.

But what happened, definitely what happened was that western theology came in at that time, and with that theology came the decimation of our culture. And the *ali`i* and the aristocracy at that time contributed to that process. So, we cannot, *we cannot* always blame the white colonizer. We cannot blame them all the time because they weren't

always to fault. It was our own people. (Tiare, LGBTQM Native Hawaiian, 50+ year-old female)

According to Tiare’s perspective, the collaboration of Kānaka Maoli in the adoption of Christianity requires some critical reflection, not only because of the historical implications, but also because of the current implications. The deep integration of the Christian faith and Native Hawaiian culture within Kamehameha Schools, for example, creates an ongoing tension among many Kānaka Maoli.

Founded in 1898 through an endowment by Bernice Pauahi Bishop, Kamehameha Schools (K.S.) is the largest independent school system in the U.S., and one of the largest private land-owners in the state of Hawai`i (Cooper, 2012). The K.S. system serves only children from Native Hawaiian ancestry, and boasts a culture-based curriculum dedicated to the “revitalization and perpetuation of Hawaiian culture” (<https://apps.ksbe.edu/admissions/>). The K.S. school system was formed on the basis of Pauahi Bishop’s devout Christian faith, and the religious education is a foundation of the schools’ curriculum. One participant described the tension of what she terms the “institutionalization of the Hawaiian culture” through the K.S. system, and describes discomfort with the conflation of Native Hawaiian cultural values and Christianity:

I have nieces and nephews that are graduating from Kamehameha, and [my mom], she's super proud of them, and she like, you know, loves that they have some culture in them. She just has her disagreements with the institutionalization of “Hawaiian” culture. You know? Like what they view as Hawaiian. (Halia, cisgender/heterosexual Kanaka Maoli, 20-34 year-old female).

Here again the complex impacts of colonization and historical loss come into play, as the extrication of religion from and culture becomes harder to achieve. This particular experience of historical loss is not encompassed within an item in the HLS.

**Overthrow of sovereign Native Hawaiian monarch.** In 1898, white business-owners working with the assistance of the U.S. military, formed a coup that overthrew the sovereign ruler of the Hawaiian Nation. This history impacts Kānaka Maoli perspectives on this loss in a number of ways. Native Hawaiian scholars have argued that the Native Hawaiian self-image was deeply affected by the western missionary presence, as Kānaka Maoli were perceived very negatively by the outsiders (see Pukui et al., 1972b). Simultaneously, however, Native Hawaiians were engaged in sophisticated, political, organized acts of resistance that had been largely ignored by Native Hawaiian history until relatively recently (see Silva, 2004). For some Native Hawaiian participants, understanding the social and political history of Hawai`i has strengthened their own Native Hawaiian identity. Kalanie explains:

At the time, I wish I knew what I do now. I loved the idea of knowing that we came from a kingdom, you know. Because, you know, we're queens. It's in our blood, you know? But to know that we came from a monarchy, a royal monarchy, it's amazing. (Kalanie, LGBTQM Kanaka Maoli, 50+ year-old female)

In this example, understanding the history of Hawai`i emboldened and empowered this Kanaka Maoli participant. We see the ways that the telling of history can impact the understanding of it, or, as Silva (2004) suggests, that: “language itself is important in the anti-colonial struggle” (p. 125).

As described in previous sections, some stories and reflections about the overthrow did endorse HLS items including item (F) *Loss of self-respect from poor treatment by government officials*, and item (G) *Loss of trust in whites due to broken treaties*. However, the history of, understanding of, and desired sovereignty for and among Native Hawaiians is worth considering more directly, which is not an element of the HLS as it is written.

**Māhū and LGBTQ perspectives.** As indicated previously, the māhū and other LGBTQ Native Hawaiian identities have been directly targeted by colonial and western influence (Kame`eleihiwa, 1992). Through exiling, outlawing, and, eventually, attempting the erasure of the roles, responsibilities, and unique positions of LGBTQM Native Hawaiians (Ikeda-Vogel, 2008; Odo & Hawelu, 2001), heteronormative and transphobic values were allowed to take hold. Still, these identities were not erased, and the voices have not been silenced. Transgender, māhū, and other LGBTQ Native Hawaiians have experienced intersectional stigmatization, and have in turn, developed strategies for resistance and survival that set them apart from other Native Hawaiians (Matzner, 2001; Odo & Hawelu, 2001; Teves, 2018). Harmony, an LGBTQM Native Hawaiian 35-50 year-old female, shares her perspective on the value of māhū identities in Hawai`i:

One thing I am glad about is our culture, and what these colonizers try to do is shame us. Us māhū, you know? And trying to tell our people that what we're doing is wrong, what we're doing with our body is shameful, you know. Our people enjoy our body. We're happy, you know? We're happy people. That doesn't mean we're stupid, you know? We're very

responsible. We know how to take care of ourself. [sic] We've traversed these oceans for many years. They're only realizing now how brilliant Polynesians were, you know?

So, for me, even when I think of my mom coming here, you know, I still feel Polynesia, I'm part of the whole Polynesia, yeah? Colonizers like to limit us, put us in boxes. "You are this, you are that." Not only with my race, but they like to do that with my sexuality, they want to do that with my gender. I have a small understanding about that stuff, where I can speak up for myself and say how I feel, you know?

(Harmony, LGBTQM Native Hawaiian, 35-50 year-old female)

The strength, uniqueness, and value of including māhū and other LGBTQ perspectives in conversations about colonization and historical loss in Hawai`i has been largely overlooked. Through endorsement of the HLS item *(C) Losing our traditional spiritual ways* and, indirectly through the lack of endorsement of item *(L) Loss of respect by children for traditional ways*, analysis of the particular experiences with historical loss described by LGBTQM Native Hawaiians has been facilitated. However, there are no items in the HLS that attend specifically to experiences of intersectional stigma, or that give voice to intersectional resistance.



## CHAPTER FIVE: RESULTS PART TWO

### Part Two: Results from Historical Trauma Theory-Driven Coding

This chapter will present the findings derived from the iterative theoretical coding of the qualitative narratives with Native Hawaiian participants. This analysis builds upon the crossover mixed analysis (found in Chapter Four: Part I), and uses the quotations from each item of the Historical Loss Scale (HLS) for the first round of the analysis. The four “Shadow Codes” described at the end of Chapter Four: Part I: *Militarization of land*, the *Adoption of Christianity by Native Hawaiian ali`i*, the *Overthrow of the sovereign monarch*, and the silencing and erasure of *Māhū/LGBTQ perspectives*, were identified as concepts that fell within or beyond the scope of the HLS, and were included in the iterative analysis process.

These findings show the results of mapping the quotations and “Shadow Codes” from the narratives onto four theoretical constructs of Historical Trauma theory (described below) to identify whether these aspects of the theory are captured by the scale and/or by the Shadow Codes, and how well they are captured.

The four constructs from Historical Trauma theory that were considered are: Individual Trauma, Cumulative Trauma, Collective Trauma, and Intergenerational Trauma. These originate from Historical Trauma literature as distinctive illustrations of experiences of Historical Trauma. An overall analysis of all four theory-driven constructs

and how they were endorsed or not endorsed by each of the HLS items and Shadow Codes is presented. Each construct is presented in turn, with examples from HLS items and Shadow Codes demonstrative of the construct.

### **Historical Trauma Theory Constructs and Qualitative Endorsements within Historical Loss Scale Items and Shadow Codes**

The constructs from Historical Trauma theory—Individual Trauma, Cumulative Trauma, Collective Trauma, and Intergenerational Trauma—form the basis of the theory-driven analysis, and served as theory-driven codes. Findings from this iterative process demonstrate strong representation of the Historical Trauma (HT) theory constructs in both the quotations endorsing HLS items, and the quotations endorsing the Shadow Codes found in the crossover analysis. Each HT construct was endorsed more than once by the HLS items when taken together, as well as by the group of Shadow Codes. Appendix D, Figure D1 depicts a network analysis of the HT theory constructs and quotations that endorse the constructs from the HLS items, as well as from the Shadow Codes.

Each of the HT constructs is endorsed by the quotations from the HLS items (see Appendix D, Figure D3 for a network analysis of the HLS items with quotations and how well they endorse the HT theory constructs). The majority of the quotations from the HLS items endorse Individual Trauma (40%,  $Q = 161$ ), Collective Trauma (30%,  $Q = 161$ ), and with the fewest direct endorsements of Cumulative Trauma (8%,  $Q = 161$ ).

Similarly, quotations from the Shadow Codes strongly endorse each of the four HT theory constructs, with a slight majority toward Individual Trauma (42%,  $Q = 161$ ),

and Collective Trauma (42%,  $Q = 161$ ). (See Appendix D, Figure D2 for a network analysis of Shadow Codes with quotations and how well they endorse HT theory constructs). Cumulative trauma was the least strongly endorsed by the Shadow Codes (12%,  $Q = 161$ ), but was still well-represented.

Interestingly, when the quotes are removed from the network and the HLS item and Shadow Codes are connected to the HT constructs with only a single line (is or is not associated with), some variation in the interpretation emerges.

Appendix D, Figure D4 shows a network analysis of the HT constructs with the HLS items and Shadow Codes presented without quotations. In this network, each HT construct is associated with each Shadow Code. However, as opposed to Individual Trauma and Collective Trauma, Intergenerational Trauma is the most endorsed construct from the HLS items, with ten of the twelve items found to be associated with the construct (83%,  $n = 12$ ). Collective Trauma and Individual Trauma is each endorsed by eight of the HLS items endorsed by Native Hawaiian participants (66%,  $n = 12$ ). Cumulative Trauma remains the least endorsed HT construct with only four HLS items determined to be associated with the construct (33%,  $n = 12$ ).

The following is an analysis of each HT construct presented individually to better describe the variations described above.

### **Individual Trauma within Native Hawaiian Narratives**

In HT literature, Individual Trauma is often expressed through symptoms affecting an individual's physical and mental health. These responses can include depression, guilt, anxiety, self-blame, and PTSD (Braveheart, 1998; Evans-Campbell,

2008). Some studies also point to domestic violence, child abuse, substance abuse (Braveheart, 1998), as well as internalized racism, and identification with the oppressor (Duran, 2006). Among Native Hawaiian participants, Individual Trauma was directly endorsed by quotations found within the HLS items as well as the Shadow Codes. 40% of the trauma-related quotations from within the HLS items ( $Q = 161$ ), and 42% of trauma-related quotations found within the Shadow Codes ( $Q = 161$ ) endorsed the Individual Trauma construct. Appendix D, Figure 6 depicts a network analysis of Individual Trauma and the endorsements from Shadow Codes and HLS items.

**Individual Trauma and quotations from the Historical Loss Scale.** The majority of the HLS items contain quotations that endorse Individual Trauma as an underlying construct. Specifically, items *(A) The loss of our land, (B) Loss of our language, (C) Losing our traditional spiritual ways, (F) Loss of self-respect from poor treatment by government officials, (G) Loss of trust in whites from broken treaties, (H) Losing our culture, (K) Loss of people through early death, and (L) Loss of respect for children for traditional ways*, were endorsed by quotations associated with individual experiences with loss. Suicide attempts, substance abuse, physical health risks including diabetes, hypertension, and depression; “dirty lickin’s” and other experiences with violence and abuse are other examples of experiences with trauma on an individual level that were described by Native Hawaiians. Kala described her history with violence at home and challenges with school and family relationships:

My mom used to try to defend me and protect me, but she used to get lickings too. Which made me get more lickins, so I ended up resenting my mom. Like, “stop trying to protect me. Just pretend I don't exist.”

And that wish came true. There came a time that I did not exist. Um, I tried to prove myself to my family. I played football. I played sports, I excelled in sports. I was left guard first string from ninth grade to the eleventh grade, I just dropped out. They never went to none of my football games, let alone my volleyball games. None of my track meets.

(Kala, LGBTQM Kanaka Maoli, 50+ year-old female)

Kalanie, another LGBTQM Kanaka Maoli, 50+ year-old, female participant talked about the accessibility of drugs and alcohol in her community. “Where I come from, on that side of the island, drugs is right outside of your door [sic]. Addiction is just minutes away. So, it was scary.” In fact, almost all māhū and LGBTQ participants disclosed alcohol, substance abuse, and suicide risk due to their individual experiences of isolation. Tehani, an LGBTQM Native Hawaiian female, 35-50 year-old, said, “I’ve experienced three suicides in my life.” In terms of mental health and suicide, in particular, Angel described many of her friends and other members of the LGBTQM community in Hawai`i having mental health problems because of being excluded from their families. Here she describes individual outcomes related to a collective experience of heterosexism and/or transphobia in many Kānaka Maoli families. Angel said:

...and you know, a lot of, lot of these people who commit suicide, it's either shame because they don't want to tell their family that they're māhū, either māhū or that they want to be trans. It can also be 'cause they're so depressed because of the family that when, that just shunned them or just disowned them, you know? (Angel, LGBTQM Native Hawaiian, 35-50 year-old female).

Kiara explains how interconnected so many of the losses were for her. This excerpt is particularly demonstrative of the ways that the industrialization of the land affected traditional subsistence living, which affected rates of perceived houselessness, which affected individuals, including herself. She says:

I didn't feel as they [whites] were the ones who came and came to take over the land. I saw business try to do that. Construction companies, bigger companies, because they were kicking Hawaiians off land. That was upsetting for me when I was a teenager. Like, how can you do this to these people? How can you label them as homeless when they're living, they're, they're fishing, you know? We used to go on out there and fish. So how can you call these people homeless? Because they dress a certain way? Because they don't go to work? They fish and, um, grow plants for a living? That was upsetting. (Kiara, LGBTQM Native Hawaiian, 35-50 year-old female).

Other participants described having similar experiences of pain associated with these losses. Kai explained:

In a way there's a lot more pain. And pain that's very concretely embodied in the knowledge of the things that were withheld from you, and the things—the possibilities and the opportunities that were not afforded you—because you are Hawaiian. (Kai, LGBTQM Native Hawaiian, 50+ year-old, female).

The pain connected to Individual Trauma emerged throughout many of the Kānaka Maoli narratives.

### **Individual Trauma within the Shadow Codes from the qualitative narratives.**

Quotations from within each of the four Shadow Codes demonstrate an endorsement of Individual Trauma as a valuable theoretical foundation for understanding historical loss among Native Hawaiians. Many of the participants described the individual impacts, ramifications, and experiences of loss related to the *Militarization of land*, the *Adoption of Christianity by Native Hawaiian ali`i*, the *Overthrow of the sovereign monarch*, and of the silencing and erasure of *Māhū/LGBTQ perspectives*. These Individual-level impacts included economic stresses on the family due to limited access to fishing and gathering in military occupied spaces, shame and stigma associated with Native Hawaiian spiritual and cultural practices due to the conflicting values in Christian Native Hawaiian communities, and experiences with internalized racism and identification with the oppressor.

Kekepania talked at length about some of these losses and the impacts on her family's economic well-being, and on her individually. She explained:

Do you know that my grandfather them used to make all my mom them, "Come on, we're gonna go guava picking." And everybody's like, "What?" (laughing). So, we would get those five-gallon buckets, (laughs) and everybody would go climb the guava tree. 'Cause guavas was growing so wild. We would go and pick guavas. And it was a fun thing, family thing. You know, go pick guavas. And then they would make guava jelly out of it, and they would sell it.

And then we could have no access to the guava tree's anymore. It was all military base.

And then they bulldoze it all down, to build there. (laughs) You know their houses and stuff. And when you see that, “Why are they doing that?” And they have houses and we don't. You know, in our own land. So, it's that feeling, it's personal.

Kekepania went on to describe some of those tensions she has seen within the hula community and the ways that Kānaka Maoli traditional practices have been altered or changed in light of Christianity. Kekepania shared:

They've [even] changed the hula. They're like... they just do hand motions. Like for *Pue`e* (a hula dance). The step for *pue`e*—it's like a throbbing kind of type of *`ami* (hip rotation). It's almost like a sexual move... and, so when you look at that lot of times in the Christian belief system, they don't like.

Several Native Hawaiian participants described their own with internalized racism rooted in guilt and self-blame for the loss of the sovereign Hawaiian nation. Some participants described learning about colonization as a good thing, “I remember hearing it as like a religious point of view, like oh, it's when, white people wen came and brought Christianity!” [sic] For this participant, her family understood the influx of Christianity as a saving grace for Native Hawaiians. The activists from the Kānaka Maoli renaissance were regularly depicted by members of this generation as “crazy Hawaiians.”

Cody, a male cisgender/heterosexual Native Hawaiian, 35-50 year-old, described growing up on Hawaiian homesteads and being warned to stay away from Kānaka Maoli activists. He described his life as a child and the way that he remembers learning about colonization and the losses of land. Cody said:



But then they would be yelling at you know, government.

You know (laughs)... it would be like the kind of weirder ones. It would be like, "Stay away from that house."

But then, you know, some of the kids we'd be playing with would be spouting off some crazy stuff too. "You know, they took our land?" I was like, what? (laughs).

"This is our land over here." I was like, our land, what do you mean?

*Antonia: What did you think of that?*

*Cody:* I don't know, I just was like, you're getting that crazy stuff from your parents (laughs).

*Antonia: Did your parents engage in that at all or tell you anything?*

*Cody:* No, yeah, they would say, "Stay away from them." (Cody, cisgender/heterosexual Native Hawaiian, 35-50 year-old, male).

Kala, an LGBTQM Kanaka Maoli, and member of the older generation, shared some of her pain, as well as her hope:

But when it comes to helping māhū sister's, I am so for it. 'Cause I don't want nobody to feel the way that I'm feeling right now, which is suicidal. I have suicidal thoughts, um, nothing to live, not wanting to be here. I don't want my life to be like this.

But, today because I'm in recovery, it makes me want to fight for my life because where I was a year ago, [this] is better... It was

horrible compared to now. Right now, I have a roof over my head, I'm no longer wandering the streets. I'm not in active addiction. I'm not doing immoral acts that can catch me a disease or something. Or get me murdered. Or end up in jail. So, I'm very glad that I'm in a state of mind, and the position I am in today, even if it's not where I wanna be in life. It's better than where I was a year ago, so I'm very, very grateful to that. (Kala, LGBTQM Native Hawaiian, 50+ year-old, female).

Native Hawaiian experiences of Individual Trauma help contextualize types of historical losses that have impacted Native Hawaiians on individual and interpersonal-levels, through unique examples of loss from the Shadow Codes, as well as from within the framework of the HLS. These findings support the development of a clearer and deeper understanding of this construct and the individual and/or collective responses to the experience of Individual Trauma among cisgender/heterosexual and LGBTQM Native Hawaiians.

### **Collective Trauma within Native Hawaiian Narratives**

The collective or community-level impacts of Historical Trauma have been researched less than the other HT constructs, but still are an important consideration (Beltran & Begun, 2014; Evans-Campbell, 2008). Some of the collective responses to HT include impacts on cultural knowledge and cultural identity, including traditional health and healing practices, weakened bonds and strained relationships between family members and among community members (Evans-Campbell, 2008; Duran et al., 1998). Among the Native Hawaiian participants, this construct, Collective Trauma, was directly

endorsed by 30% of the trauma-related quotations from within the HLS items ( $Q = 161$ ), as well as by 40% of trauma-related quotations found within the Shadow Codes ( $Q = 161$ ). Appendix D, Figure D5 depicts a network analysis of Collective Trauma and the endorsements from Shadow Codes and HLS items.

**Collective Trauma and quotations from the Historical Loss Scale.** The majority of the HLS items contain quotations that endorse Collective Trauma as an underlying construct. Items *(A) The loss of our land, (B) Loss of our language, (C) Losing our traditional spiritual ways, (F) Loss of self-respect from poor treatment by government officials, (G) Loss of trust in whites from broken treaties, (H) Losing our culture, (K) Loss of people through early death, and (L) Loss of respect for children for traditional ways*, were endorsed by quotations associated with a collective understanding of trauma and loss. Displacement from land and traditional spaces, and legal restrictions on use of Hawaiian language and traditional spiritual practices were discussed frequently. Mechanisms were developed by Kānaka Maoli who had to survive these collective losses. One participant explained, “...my grandfather never learned Hawaiian for that reason. The only way you could get ahead is if you learned English well.” Another participant described losing Native Hawaiian culture and it being replaced with a “colonized mind.” Kekoa (LGBTQM Kanaka Maoli, 20-34 year-old, male) went on to explain:

When we talk about Hawaiian cultural things and, you know, like, for example, certain concepts that people come up with... you know like giving. Giving things. Like if I give something, like, if I give your family mango, because my tree has a lot of mango, I give your family

mango. And then the idea that, “oh, wait, you’re supposed to give me tangerines, because you have a lot of tangerines in your yard...” So, I’m giving mango, and you’re going to give me tangerines, you know that whole—now you have to give me something. That feeling that you’ve gotta go give them back something. That’s not Hawaiian.

Kekoa described the underlying Hawaiian cultural value of *aloha*, giving without expectation of receiving anything in return. To Kekoa, the expectation that you must give something back when you have been given something, or that there is a requirement for sharing does not align with the traditional cultural value, and is instead, evidence of a colonized mind.

Disproportionately high levels of poverty, unemployment, and housing instability are other illustrations of quotations that strongly endorsed a collective experience of loss among Native Hawaiian participants. During one of the talk-story focus groups, one participant called to another: “Like you said, none of us own houses!” and the group laughed and groaned and nodded, collectively endorsing the experience of being priced-out of their own homes. Another participant continued, expressing her belief that LGBTQM Native Hawaiians are expected to have negative outcomes, including, but not limited to, housing instability:

*Nanea* (LGBTQM Kanaka Maoli, 20-34 year-old female): That gets back to the narrative of risk, right?

*Kawena* (LGBTQM Kanaka Maoli, 20-34 year-old female): Mm-hmm, right (affirmative).

*Nanea*: Which is like the other option is that you fail. Like you wouldn't—shouldn't—be alive this long.

*Kawena*: Exactly. Right.

*Nanea*: Because nobody expects that you're gonna be healthy and happy.

**Collective Trauma within the Shadow Codes from the qualitative narratives.**

Similarly, quotations from within each of the four Shadow Codes demonstrate an endorsement of collective trauma as a valuable theoretical foundation for understanding historical loss among Native Hawaiians. Many of the participants described collective, community-level experiences of loss related to the *Militarization of land*, the *Adoption of Christianity by Native Hawaiian ali`i*, the *Overthrow of the sovereign monarch*, and of the silencing and erasure of *Māhū/LGBTQ perspectives*. For example, some participants described the divisions between and within groups of Native Hawaiians who experience the impacts of land occupation differently, and the community in-fighting that occurs regarding decisions about land and water-rights. For example, Loni describes this conflict in relationship to the Thirty Meter Telescope, which is a controversial large telescope project being constructed on sacred Native Hawaiian lands (for University of Hawai`i Research purposes). Loni (cisgender/heterosexual Native Hawaiian, 20-34 year-old, female) said:

We can help each other overcome our differences and try to marry our culture and our ethnic identity with the 21st century. And for that reasoning, that is why I am not fully against the Thirty Meter Telescope.

Because I do believe that there is a way to have a functioning, 21st century-and-beyond mentality, and still retain our cultural integrity.

Other participants described collective impacts on māhū and LGBTQ community members due to the strong influences of Christianity within their Kānaka Maoli families, and the stereotypes, stigmas and beliefs that affect the group as a whole. Regardless of gender or sexual orientation, many of the participants discussed witnessing rejections from families and communities, and denial of traditional cultural roles or rites in their families and communities. For instance, Halia (cisgender/heterosexual Native Hawaiian, 20-34 year-old female) describes the experience of her Aunt being disowned by the Aunt's family-of-origin after coming out as a transgender woman. Halia also describes how her own family intentionally included her Aunt in their family group after the nuclear familial rejection. Halia shared her Aunt's story with Cody, another participant, and the researcher:

*Halia* (cisgender/heterosexual Kanaka Maoli, 20-34 year-old female): I just know that her family totally left her. My family and, I guess again, goes back to that Hawaiian feeling of just come in and be part of the bigger group rather than just be alone.

I think that was a lot of had to do a lot with her healing and acceptance of herself. She started embracing hula and things like that. And now all of my siblings call her auntie and things like that, so that unity, sense of that belonging in part of the [family]... That was huge for her in you know... just not having suicidal tendencies.

*Cody* (cisgender/heterosexual Kanaka Maoli male, 35-50 year-old): You don't think if it wasn't for you guys she might have ...

*Halia*: I don't know. It might have helped that I was born a year later, and then I was named her god daughter (laughs). That's true. But I might have a little bias (laughs). I'm just joking.

*Cody*: Well you're her god daughter.

*Halia*: Yes, I'm her god daughter.

*Antonia*: *But that kind of gave her some responsibility, right?*

*Halia*: And, you know, a sense of purpose.

Another participant described some of the dissonance in Native Hawaiian Christian communities, “They're like, "What? Homosexuality?" You know. But it's been around for years.” For Maile, LGBTQM Native Hawaiian from the younger generation, discussed how powerful it was for her to learn about Native Hawaiian sexuality(ies) in pre-contact Hawai`i. Throughout her life, and through the Christian church, Maile was given the impression that only a monogamous, cisgender/heterosexual identity could exist within a Native Hawaiian cultural identity, rather than finding space for alternative identities within her Native Hawaiian cultural identity. This was a powerful turning point for her. She explained:

...Just that realization that my sexuality is so rooted in my culture that it becomes a part of my cultural identity.

*Antonia*: *Instead of being in opposition to your cultural identity?*

*Maile*: Yeah. Like, being polyamorous is part of being Hawaiian for me, because I think it honors how things were. And that's a huge

shift from how I experienced it growing up. (Maile, LGBTQM Native Hawaiian, 20-34 year-old female).

Others recounted the actions of their Native Hawaiian families, Native Hawaiian communities, and even of ancient Native Hawaiians that impact their social and emotional well-being on a collective level. Kai (LGBTQM Native Hawaiian, 50+ year-old female) explained some of the historical extant pressures pushing Kānaka Maoli families towards increasingly westernized ways. For instance, World War II increased the U.S. military presence in Hawai'i, which impacted the Native Hawaiian families and transformed the Hawaiian Islands in significant ways. She explained:

I didn't feel mad [about my family refusing our Hawaiian identity], I just felt like, that's how ingrained colonization was to my father, to my grandmother, that they just would not talk about it because it was just too big for them.

I think my age and my coming of age at the time that I did really influences how I understand colonization, right? Because... I just give much more grace, you know, to my *kūpuna* and people who came up—and even in my generation—I give all of us grace, because it was a time of severe and significant repression in order to show that we were real Americans. Because it was the aftermath of the war, right? So, I came of age right at the end of the war where my father served, my mother was a nurse, right? When it... Pearl Harbor, happened. So, their whole thing was, "Let's prove we're good Americans," right? And I understand why they did that. They did that for their own survival and the survival of our



family. This is how it was, right? (Kai, LGBTQM Kanaka Maoli, 50+ year-old female).

Native Hawaiian experiences of Collective Trauma help contextualize types of historical losses that have impacted Native Hawaiians on a community-level, through examples of loss from within the framework of the HLS, as well as from the unique Shadow Codes. These findings support the development of a clearer and deeper understanding of the Collective Trauma construct and the community-level responses to the experience of Collective Trauma among cisgender/heterosexual and LGBTQM Native Hawaiians.

### **Cumulative Trauma within Native Hawaiian Narratives**

Cumulative Trauma is understood as the experience of accumulative and everyday oppressions, including racism, internalized racism, institutionalized oppression (Braveheart & DeBruyn, 1998), which can become compounded with the historical losses and traumas to become one, connected trauma (Evans-Campbell, 2008; Walters, Beltran, et al, 2011). Among Native Hawaiian participants, Cumulative Trauma, was the construct least-frequently endorsed by quotations found within the HLS items as well as the Shadow Codes. It was endorsed across several participants but with less quotation frequency than other components of HT. Only 8% of the trauma-related quotations from within the HLS items ( $Q = 161$ ), and 12% of trauma-related quotations found within the Shadow Codes ( $Q = 161$ ) endorsed Cumulative Trauma. However, the depth and meaning of the quotations indicate that Cumulative Trauma is an important aspect of the Kānaka Maoli experience. Appendix D, Figure D7 depicts a network analysis of Cumulative Trauma and the endorsements from Shadow Codes and HLS items.

**Cumulative Trauma and quotations from the Historical Loss Scale.** Fewer items from the HLS contain quotations that endorse Cumulative Trauma experiences among Native Hawaiians. Only five items, *(A) The loss of our land*, *(C) Losing our traditional spiritual ways*, *(F) Loss of self-respect from poor treatment by government officials*, *(H) Losing our culture*, and *(K) Loss of people through early death*, were endorsed by quotations associated with a cumulative understanding of trauma and loss.

Among the quotations associated with Cumulative Trauma from within the HLS were examples of repeated reminders of land loss and displacement through the push-out of Native Hawaiians in particular areas of the islands. Some participants described avoiding commercialized, westernized areas of the islands to protect themselves from feelings of loss. “You know, I avoid Kailua... Waikīkī...” Still others talked about what they do *not* do to protect themselves from the losses. Harmony (LGBTQM Native Hawaiian, 35-50 year-old, female) admitted:

I don't care for what they did, I hate what they did. I'm not an activist.

Although I'd love to be and, you know, fight and, you know, do all of that, but I have to live my life, I have to provide for myself, I don't have the time. But that doesn't mean it doesn't affect me, you know? It still hurts.

Several people mentioned feeling drained—individually and collectively—by the losses that Native Hawaiians have suffered. One participant described the process of waiting for her wait-list number<sup>12</sup> to be called in order to apply for Native Hawaiian homelands as a

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<sup>12</sup> Hawaiian homestead lands are distributed through a wait-list with 44,429 applications statewide ([https://dhh1.hawaii.gov/wp-content/uploads/2017/05/2016-06-30\\_01-Oahu\\_Waitlist\\_168pgs.pdf](https://dhh1.hawaii.gov/wp-content/uploads/2017/05/2016-06-30_01-Oahu_Waitlist_168pgs.pdf)).

“reopening of a wound.” In describing the racism and stereotypes she faces every day, another participant described, “We're happy, you know? We're happy people. That doesn't mean we're stupid.” Kawena, an LGBTQM Kanaka Maoli, 35-50 year-old, female, described the cumulative impacts of the stereotypes of māhū Native Hawaiians in particular.

Kawena said:

What does society see us as mostly, as showgirls or hairstylists. They can't believe that we're, we're, we're lawyers, we're doctors, we're nurses, we're all doing all of these things. People get, they're like "Wow, you do what? Oh, I can't believe, oh, you're a lawyer? Really? Oh, I can't believe... Really?" You know, it's like, “Oh, I thought you was just a showgirl. Oh, thought you just do drag. Oh, I thought you're just a prostitute.” You know, that's all they think of us. When, when they find out we're doing all this amazing work or in this, in this high-profile jobs, it just amazes all these straight society... Like, “Wow, you're doing that? I can't believe it.” It's because they think all we are is prostitutes, showgirls, or hairstylists.

**Cumulative Trauma within the Shadow Codes from the qualitative narratives.** Quotations from within each of the four Shadow Codes demonstrate an endorsement of cumulative trauma as a valuable theoretical foundation for understanding historical loss among Native Hawaiians. Many of the participants described cumulative, combined, and triggering experiences of trauma related to the *Militarization of land*, the

*Adoption of Christianity by Native Hawaiian ali`i, the Overthrow of the sovereign monarch, and of the silencing and erasure of Māhū/LGBTQ perspectives.*

For example, more than one participant described the compounding impacts of the recent and on-going live-fire testing at the Pōhakuloa Training Area and the navy sonar testing. Live fire testing is particularly poignant for Native Hawaiians as the island of Kaho`olawe was used for bombing and live fire testing until, because of protests by Native Hawaiians, the U.S. government discontinued this practice in 1990 (see Mast & Mast, 1997). Currently, however, live-fire testing (including the use of depleted Uranium) continues at the Pōhakuloa Training Area, the largest military installation in Hawai`i (see Letman, 2018).

In the analytic memo that follows, the researcher described meeting with and learning from a Kanaka Maoli activist who has been organizing protests of the installation of the Thirty Meter Telescope (TMT) on top of Mauna Kea, a sacred mountain on Hawai`i Island, since 2015 (see: Herman, 2015; Overbye, 2018; Witze, 2018)). During the meeting, the live-fire testing of guns and other explosives from the military-owned Pōhakuloa Training Area (across the street from the *mauna*) continuously disrupted the conversation. Additionally, the activists explained that they were monitoring the chemicals in the air blowing over to us from the Pōhakuloa Training Area, and that they were timing our meeting to be within a safe level of exposure. From the researcher's analytic memos:

Honored to listen and learn from Aunty Pua Case, and to listen to the stories of Mauna Kea and her family's relations to it, their efforts to protect it. We chanted, prayed, left offerings, "*Kū Kia`i Mauna!*"

(stand guard for the mountain). We listened, horrified—traumatized—to the live fire from Pōhakuloa Training Area, drowning out the birds, the bugs, the winds. One of our people travelling with her baby left early—they showed us the levels of depleted Uranium present in the air we were breathing. They told the rest of us not to worry, they were timing our visit, monitoring safe levels of exposure. We were there to learn. (Researcher, *Memoing/Process Notes*, 4/20/2017, Hawai`i).

Another Neighbor Island resident expressed frustration over ongoing military and industrial expansions on the islands saying:

When this guy McAaffe moved Moloka`i and he was buying a lot of land and doing like little elements here and there. I went to this protest not knowing what it would be. The whole half of the island was there protesting it. About another man or another white person coming to Moloka`i trying to take over the land.

Vivid descriptions of microaggressions, bullying, physical abuse, and the institutionalization of heterosexism and transphobia in Hawai`i also point to the cumulative effects of trauma and loss on LGBTQM Native Hawaiian participants specifically. Tiare, an LGBTQM Kanaka Maoli female from the older generation, shared her experiences within her Christian church, and how negatively it impacted her individually and through her interpersonal relationships.

She explained:

I think for me, like... When you when you speak about religion... I've been going with my mom to, our family church for the past five years

now, and it was really good, and I always, always felt that I had that respect or, you know, they treated me as a female, and it wasn't until the SB01 bill [Hawai'i Marriage Equality Bill] came into effect that I saw the true colors of certain people in our church.

And it was ... It put a toll on me with my relationship with God because now, I had people telling me I shouldn't be protesting or you shouldn't be doing that because that's not what God wants you to do... Oh, it's okay for you to live like this but just know you're not gonna go to heaven like this.

I was like hurt, I was ... I was in ... I think, for a minute, I was in a dark place, because then, I started hating church. I started hating certain people in the church. I started having this dark feeling, and it wasn't until my pastor pulled my mom on the side because now I wasn't coming to church at all. And my pastor knew that this is affecting me, because I wasn't coming and, because I lashed out at one of the ladies. One of the ladies had told me—because I was supposed to get baptized in that church—she was telling me, "We can't baptize you, because of your lifestyle." And so that took me back and I just lashed at her and I told her it has nothing to do with my lifestyle. I believe in God, he is my savior, he is my Lord, and I just... I just... I went off. A lot of other words came out, I'm not gonna share, but it got really ugly.

Of course, my mom had spoke to my pastor and my pastor told my mom to please encourage me to come back, and they had spoken to

these church people and my pastor had actually had done a service about just us, embracing the Lord and it doesn't matter who we are, what color skin, what we do behind, you know, behind closed doors or anything, as long as we have that relationship and that faith in God.

And when my mom told me that, I was like a little bit relieved, but I felt guarded now, because everybody in that church didn't feel the way I felt about everybody, you know what I mean? It's like, it was that "Oh, good you came church!" you know? But it was like now... For me, I felt colonized. I was like "Oh my God!" here I thought I was safe at this church, because I loved this church, and then after that, after this whole SB01 [Hawai'i Marriage Equality Bill], I started seeing the true colors of my church, of other churches, and friends and all, you know, relatives.

You know, I had relatives telling me "Oh, I love you. Oh, cousin, you know I love you, yeah, but I just do not accept what you're doing with your life, by the way." Well, honest to God, I don't give a fuck what you think. As long as my mom accepts me and, you know, is okay with who I am, I don't give a shit what any of you guys think.

"Oh, no, cousin." I said "No, I'm just letting you know. I'm being real with you."

This additive experience affected Tiare's relationships with family, friends, the church, and God. She describes feeling anger, distrust, isolation, and, eventually, a sense of indignation towards her family views on her sexual orientation/gender identity.

These experiences describe cumulative aspects of loss for Native Hawaiians living in Hawai`i today. Although the evidence is somewhat more limited, Cumulative Trauma is still an important aspect of historical loss that has affected Native Hawaiians. Through unique examples of loss from the Shadow Codes, as well as from within the framework of the HLS, these findings support the development of a clearer and deeper understanding of this construct, perhaps through an additional mechanism or measurement tool, for use with cisgender/heterosexual and LGBTQM Native Hawaiians.

### **Intergenerational Trauma within Native Hawaiian Narratives**

The HT construct, Intergenerational Trauma, is described in the literature as the impacts of Historical Trauma that are felt by the descendants, decades and even several generations later (Braveheart & DeBruyn, 1998; Evans-Campbell, 2008). Trauma can be passed intergenerationally through either silence or explicit communication about the trauma experience, unresolved grief, substance abuse or exposure to other symptoms of HT, and even genetically (Evans-Campbell, 2008; Sotero, 2006; Yellow Horse Brave Heart, 1999). Among Native Hawaiian participants, Intergenerational Trauma, was directly endorsed by 20% of the trauma-related quotations from within the HLS items ( $Q = 161$ ), and 19% of trauma-related quotations found within the Shadow Codes ( $Q = 161$ ). Appendix D, Figure D8 depicts a network analysis of Intergenerational Trauma and the endorsements from Shadow Codes and HLS items.

**Intergenerational Trauma and quotations from the Historical Loss Scale.** The majority of the HLS items contain quotations that endorse Intergenerational Trauma as an underlying construct. Items (A) *The loss of our land*, (B) *Loss of our language*, (C)



*Losing our traditional spiritual ways, (F) Loss of self-respect from poor treatment by government officials, (G) Loss of trust in whites from broken treaties, (H) Losing our culture, (I) Losses from the effects of alcoholism on our people, (J) Loss of respect by children and grandchildren for elders, (K) Loss of people through early death, and (L) Loss of respect for children for traditional ways,* were endorsed by quotations associated with an Intergenerational experience of trauma and loss.

Loss of language, in particular, was described by several participants as something they witnessed even in their own lifetimes. Kai described her father refusing to use Hawaiian language in the home because of the fear and stigma associated with Kānaka Maoli identity. “My grandmother spoke Hawaiian, but she only spoke Hawaiian at home, and my father actually would scold her and say don't speak Hawaiian” (Kai, LGBTQM Native Hawaiian, 50+ year-old, female).

Halia, a cisgender/heterosexual Native Hawaiian, 20-34 year-old, female, described wanting to learn Hawaiian language when she was a child, but not having the support of her parents. Halia described the intergenerational impacts of the banning of the Hawaiian language on her parent’s generation, and how it was passed on to her:

With my family, to my parents, my grandparents spoke Hawaiian only. But not my parents. And so my parents were like, "Whatever, you can learn your Hawaiian history, but you're learning it from the white folk." (laughs). So, so they didn't really like [to talk about it]. One of my aunties, the youngest, she actually went to jail at four years old with my grandpa, because he scolded her in Hawaiian, and they were in jail all day. They were on the bus or something. They, they're from

O`ahu, and um, he scolded her in Hawaiian, and got taken to jail they spent the day there. And, and my mom was like, "Why learn it now?"

Kala, a Queen Mother from the older generation described the pain that her father passed on to her, and the ways that she is passing the pain on, too. Kala described feeling hardened and strengthened by her suffering, and the ways that her own past has informed the ways that she raises her drag and *hānai* (foster) children. This is particularly interesting because most of the Intergenerational Trauma literature discusses the impacts of trauma within the biological family, rather than through the lens of chosen family.

Kala, LGBTQM Native Hawaiian, 50+ year-old, female explained:

I tell my dad, I thank my dad, "Thank you for being evil to me because everybody else in the real world, no can touch me. They're not goin to hurt me. You hurt me already. You already hurt me and that's what..."

It's sad, but I'm grateful because I'm strong and I teach my girls the same thing too. I'm evil to them and I'm mean to them and I'm very blunt and brutal with them. And then they're like, "Why you gotta be like that? You know, I thought we're supposed to love each other."

And I said, "I am not coming from a place of hate or jealousy or brutality. I'm coming from a place of love. Obviously, you going through something right now and this is what you need to hear from me because when society does this to you, when you going to need to be strong, I just made you strong."

And a lot of them come back and thank me and they say, "You know, I really wen hated you when you told me that [sic]. But because

you did, when this motherfucker came to me at the job interview, I bounced it off and answered him with another question because I was like, my mom already said that to me. My queen mother already told me.” And I said, "You'll do it to your kids too because if you love them, you're going to have to make them strong. You're going to have to instill in them the you that you've always dreamed, like, all of the things that goes right.

Alternatively, several participants from the middle generation (35-50 years old) talked about their desire to break the cycles of loss and pain associated with Native Hawaiian identity passed on by the generations before them. Tehani, LGBTQM Kanaka Maoli, 35-50 year-old, female, described her determination to pass on a message of Native Hawaiian strength and resiliency, not only to her students but to her peers and colleagues that were sharing stories in the talk-story focus group session. Tehani shared:

One of my students in my hālau, she goes to therapy. Her mama passed away about three or four years ago, and she goes to her therapist. She's been depressed for a long time and so, as *Kumu hula*, I also become a therapist. Because, (laughs), you know, 'cause you have to deal with everybody's spiritual journey, you know? It's so important because you're carrying the weight, their weight on you, and so, when I talk to my students, I tell them, "You need to be resilient Kānaka. You need to be resilient Kānaka. You guys have to think you're in a time of modernity. You know? It's a modern time and you guys have so much pressures.

... I'm listening to everybody's stories, and mahalos for telling me all you guys' stories, that's great. You know? It's just amazing, and sharing these stories that are so intimate that they probably haven't been shared for years, yeah? It just brings me back to that. You know? That we can still, we can still be resilient and come back from an almost-death experience, 'kay? And move forward, you know?  
(Tehani, LGBTQM Native Hawaiian, 35-50 year-old, female)

Similarly, participants from younger generations expressed disillusionment and dissatisfaction with their parents' and grandparents' responses to the historical and ongoing losses. Younger participants discussed feeling blamed or shamed for breaking from their parents' or grandparents' approaches to some of these issues, feeling that they had to re-define what Kānaka Maoli can mean in the future. Loni, a cisgender/heterosexual Kanaka Maoli female, 20-34 year-old, shared:

This is what we can learn from the past... and how we can make it work better for us. You know, we're not looking at just the next hundred years... I mean, we're not looking at just the next ten years, we're looking at like the next hundred, hundred fifty years, to be realistic.

Two other participants discussed what they imagine Native Hawaiian culture used to be, and the ways they still feel it today. Through this narrative, Cody envisioned a *new* old Hawai`i, carrying forward (into the past) the lessons that he has learned. He described a Kānaka Maoli approach to working and talking, side-by-side rather than face-to-face, as an important facilitator of communication.

*Cody* (cisgender/heterosexual Native Hawaiian, 35-50 year-old, male): I would like to think that Native Hawaiian culture was more open.

*Halia* (cisgender/heterosexual Native Hawaiian 20-34 year-old female): Yeah.

*Cody*: Because I like to think that if someone was like working, you know, you get the *lo`i* patches there, there, *tapa* here... I think the kind of skills, like, talking and not facing each other—while we’re just, like, working on something... we're communicating much better. Shoulder-to-shoulder instead of like face-to-face.

**Intergenerational Trauma within the Shadow Codes from the qualitative narratives.** Quotations from within each of the four Shadow Codes demonstrate an endorsement of Intergenerational Trauma as a valuable theoretical foundation for understanding historical loss among Native Hawaiians. Many of the participants described intergenerational experiences of loss related to the *Militarization of land*, the *Adoption of Christianity by Native Hawaiian ali`i*, the *Overthrow of the sovereign monarch*, and of the silencing and erasure of *Māhū/LGBTQ perspectives*. For example, several Native Hawaiian participants talked about the impacts of the militarization of the land on their families and communities, including witnessing family members physically and verbally assaulting *haole* that they assumed to be members of the U.S. military. One participant took a rather light approach to reflecting on the experience, but also acknowledged that the experiences of the loss (the “tension” as she described it), may have been greater for previous generations than they are today.

Kekepania described:

My grandfather was one of those guys that you know, that you see military men walking down the street, or somebody that wasn't from here, they would go run out there and beat them up. And we would be like, "What the hell?" (laughs)

It was my grandfather and my uncles. You know, it was that whole tension that was ... It was more real for them than us right now.

(Kekepania, LGBTQM Kanaka Maoli, 50+ year-old, female).

The negative experiences with Christianity and the divisions religion created in their families was commonly discussed by the LGBTQM Native Hawaiian participants. "It's a fight between religion and people," one LGBTQM Native Hawaiian lamented. Several people talked about the ways that LGBTQM members of their families were silenced, isolated, or even abandoned because of their sexual orientation or gender identities and the impacts that had on the younger generations.

Through experiences and evidence of resistance as well as of ongoing impacts and effect, Intergenerational Trauma is relevant to Kānaka Maoli experiences with historical losses. Within the HLS framework and Shadow Codes unique to Native Hawaiians, Native Hawaiian perspectives can contribute value information to understandings of Intergenerational Trauma.

## **CHAPTER SIX: DISCUSSION AND IMPLICATIONS**

Through the implementation of a qualitative dominant crossover mixed analysis, informed by both Historical Trauma theory and Critical Suicidology, this dissertation sought to understand the experiences of historical losses of Native Hawaiians generally, as well as to explore potential sub-group differences between cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians. These aims were investigated through the implementation of the items from the Historical Loss Scale (HLS) as theoretical codes applied to qualitative narratives by Native Hawaiians. Across group comparisons explored the similarities and differences of the responses by Native Hawaiians compared to baseline studies conducted previously with American Indians (Ehlers et al., 2013; Whitbeck et al., 2004). Within-group differences were obtained through comparisons of responses from cisgender/heterosexual Native Hawaiians with responses from LGBTQM Native Hawaiians. Subsequently, the study aimed to explore the usefulness of historical loss as a framework for contextualizing and, ultimately, intervening in suicide risk among Native Hawaiians. This aim was examined through an iterative theoretical coding process wherein tenets of Historical Trauma theory were applied to the data to explore the relevance of the measure with Kānaka Maoli within the broader theory.

Taken together, these results provide support for each of three primary hypotheses, and point to the need for further investigation into the benefits of this analysis in suicide prevention work with Kānaka Maoli. Discussion, comparison, and contextualization of the results from this analysis will follow, and implications, limitations, and directions for future research will be noted.

### **Measuring Experiences with Historical Loss Among Native Hawaiians**

The crossover mixed analysis using the HLS items as codes provided a framework for understanding the experiences of historical loss that Native Hawaiian participants described, and explored the ability of the HLS to capture these experiences. This effort was effective for data reduction and comparison, both across and within groups. Two previous studies with American Indian communities approximated a baseline, although the different sample sizes and, of course, the methodological variation, are important considerations when comparing across these groups. Comparing the prevalence and rankings found among Native Hawaiians through the crossover analysis with the findings from the studies with American Indians allows for interpretation of potential trends, and points toward strategies for future research. Further analysis and implications of the findings are discussed below.

**Native Hawaiian endorsement of Historical Loss.** Overall, the findings from the crossover mixed analysis suggest that the HLS offers a reasonable framework for measuring Kānaka Maoli experiences with historical loss. Conducting a person-centered analysis allowed for an understanding of overall relevance of each item for each individual participant. Here we found that eight of the twelve, or two-thirds of the HLS



items, were endorsed by at least half of the twenty-two Kānaka Maoli participants. Two items were endorsed by 100% ( $n = 22$ ) of the Kānaka Maoli participants. Taken together, this suggests that the items on the HLS resonate among many Native Hawaiians, and that some of the items resonate more strongly. (See Appendix C, Table C1 and C2, for person-centered analysis of prevalence and HLS item ranking by Kānaka Maoli and, in comparison, the baseline studies with American Indians.)

The items with the highest prevalence among Native Hawaiian participants also had high levels of endorsement among the American Indian communities in the baseline studies. Items *(A) Loss of our land*, *(C) Losing our traditional spiritual ways*, *(H) Losing our culture*, and, *(K) Loss of our people through early death*, were the items ranked highest among Native Hawaiians, and range between 75%-100% endorsement among the total participants. Comparatively, although the relative importance of the items varies (Appendix C, Table C2, Item Ranking by group), each of these four items had commensurate levels of endorsement in the baseline studies. Relevance of each item within Hawai`i's social, historical, and political context was discussed in Chapter Four.

**Unique Native Hawaiian experiences of Historical Loss.** As hypothesized, Kānaka Maoli also described experiences with historical losses in ways that were distinctive from the ways that the losses by American Indians have been quantified through the HLS in previous studies. As mentioned in Chapter Four, there were two items on the HLS that were not discussed in the Native Hawaiian narratives at all, and a third item only endorsed by a single Native Hawaiian participant. (See Appendix C, Table C1 and C2, for prevalence and item ranking.) Each of these items will be discussed in greater

detail, and will be contextualized within the colonial history/present-day realities of Hawai`i.

The HLS item *(D) Loss of family ties because of boarding schools*, which was endorsed by 56% ( $n = 143$ ) and 50% ( $n = 306$ ) of the American Indians in the baseline studies, and ranked 10<sup>th</sup> and 12<sup>th</sup> in terms of overall prevalence (Whitbeck et al., 2004 and Ehlers et al, 2013, respectively), was not endorsed by any of the Native Hawaiian participants. As described in previous chapters, Native Hawaiians were not forced into government-run boarding schools in Hawai`i, which explains the lack of endorsement among this community. However, several participants did describe personal experiences with boarding schools in Hawai`i that impacted their families and family relationships. One participant described jealousy and judgments in her family based on whether or not a child was allowed to attend a boarding school when she was growing up, and the ways that access to these schools created strain and division in her community. Further, a number of the boarding schools in Hawai`i—and the schools that are for the Native Hawaiian community, in particular—are Christian-based, and one LGBTQM Native Hawaiian described additional strain on their identity development due to the explicit disapproval of LGBTQM identity from the school and school leaders. These experiences were not measured by the item *(D) Loss of family ties because of boarding schools*, as it exists in the HLS. A revision to the HLS item, or even to the item definition, could allow for Native Hawaiian experiences with losses related to attending boarding schools in Hawai`i to be understood more accurately.

The other HLS item that was not endorsed by any Native Hawaiians was item *(E) Loss of families from reservation to government relocation*. Comparatively, this item was

endorsed by at least 48% ( $n = 143$ ) and as much as 58% ( $n = 306$ ) of the American Indians in the baseline studies, and ranked eleventh in overall prevalence for each (Whitbeck et al., 2004 and Ehlers et al, 2013, respectively). In Hawai`i, while there are no Native Hawaiian reservations, there have been numerous incidences of relocation among Kānaka Maoli communities due to changes in government-owned land. Dating back as far as 1848, when Kamehameha III signed the *Ka Māhele* (division), ownership of the land (including the waterways and other resources within the plot of land) changed in Hawai`i from a feudal system of land tenure, to a division of land between the King and the government, to a system of leasing and purchasing lands (Alexander, 1891; Halaulani, 2011). By 1850, non-resident foreigners were granted the rights to purchase lands in Hawai`i, and the “land revolution” was underway (Greer, 1996, pg. 47). After the overthrow of the Hawaiian queen in 1893, lands were redistributed again, and the “Crown Lands” were divided between Bernice Pauahi Bishop (Kamehameha Estate) and the U.S. government (Halualani, 2002). These divisions did not align with Kānaka Maoli epistemology. “Āina is something that all Hawaiians need to live. How can it be divided for exclusive use? It is like dividing the air that we all breathe, or the water we all must drink” (Kame`eleihiwa, 1992, Chapter 8, “Mechanics of the Māhele,” para. 3).

Efforts to protect and preserve lands for Native Hawaiians were central to conversations during the early years of statehood. For example, in 1921, the Hawaiian Homes Commission Act (HHCA) established 200,000 acres (less than 5% of the total land), across the Hawaiian Islands for Native Hawaiian homesteads. As a result of the HHCA, Native Hawaiian blood-quantum levels were created “not less than one half” [Halualani, 2002, xiv]), and conflicts in the community were fueled. To access the

HHCA, Native Hawaiians were required to submit proof of their Native Hawaiian ancestry, and could then qualify to lease homestead lands for residential, pastor, and/or agricultural purposes for up to 99 years (amended in 1990 not to extend beyond 199 years) (U.S. Department of Hawaiian Homelands). These, and other experiences with government-controlled land, certainly contribute to Native Hawaiians' understanding of historical losses, but are not clearly measured by the HLS item *(E) Loss of families from reservation to government relocation*. Here again, a revision to the item would be an important consideration for the inclusion of Kānaka Maoli participants' experiences.

A third item was only endorsed by one Native Hawaiian participant, *(J) Loss of respect by children and grandchildren for elders*. This finding is, in some ways, more surprising than the differences noted above, due to the prevalence found among the American Indian communities surveyed in the baseline studies, and the fact that there is no obvious structural or societal difference that would account for the difference. Compared to the item prevalence among Kānaka Maoli (8%,  $n = 22$ ) with the lowest prevalence ranking, this item was endorsed by 91% ( $n = 143$ ) (Whitbeck et al., 2004) and 81% ( $n = 306$ ) (Ehlers et al, 2013) of the American Indians in the baseline studies, and ranked second highest in overall prevalence for each.

According to Native Hawaiian scholars, *kūpuna* (grandparents) and *hānau mua* (eldest member of the family) were loved and respected by Kānaka Maoli, and served important roles in Native Hawaiian families as holders of cultural knowledge, customs, and family histories (Pukui et al., 1972a). Culturally, Native Hawaiian genealogy is understood to be the root that connects Kānaka Maoli throughout time, and is deeply respected, even today (Teves, 2018). Genealogies in Hawai'i have been used socially and

politically to inspire activism, and resistance through “psychological reinforcement” (Kame`eleihiwa, 1992, para 10) of the idea that if the ancestors were great, so must be the descendants. Indeed, the quote that became the title of this dissertation, “*We were queens*,” emerged through a conversation about the pride and strength that the participant gained when she learned of Hawai`i’s past. It was an unambiguous example of the benefits that Native Hawaiians experience through knowledge of their genealogical lineage, both as individuals and as Kānaka Maoli. The finding that Native Hawaiians do not readily discuss or endorse the idea that there has been a loss of respect by children and grandchildren for elders suggests that perhaps this bedrock of Kānaka Maoli cultural identity has been preserved throughout time.

An adjacent, though not entirely alternative hypothesis might have to do with the intersectionality of identities represented in the Native Hawaiian sample. As stated earlier, the sample is heavily weighted toward LGBTQM Native Hawaiians, many of who are from older generations, and who hold significant roles within their respective communities. These *kūpuna* may not have experienced the role loss that is typical within other colonial acculturative settings (Alcantara & Gone, 2007; Hunter, 1997; Kral & Idlout, 2016). It is possible that through their roles as *māhū* and transgender Native Hawaiian leaders (Queen Mothers<sup>13</sup>, *kumu hula*, and cultural practitioners), these *kūpuna* were able to reestablish or reinforce respect from children and grandchildren that might have otherwise been lost through colonial processes. In this case, revisiting this item with

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<sup>13</sup> See Ikeda-Vogel (2008) for a discussion of the restorative and empowering practices of drag families, and the roles of drag houses—and Queen Mothers and Queen Fathers, specifically—in supporting the transgender and māhū communities in Hawai`i.

a less homogeneous group of Native Hawaiians might produce dissimilar results, and would warrant further investigation of the relevance of the item.

**Comparing cisgender/heterosexual and LGBTQM Native Hawaiian endorsements of Historical Loss.** Using a discourse-centered analysis allowed the researcher to observe the number of actual quotations relevant to each item that emerged through the crossover analysis. This approach facilitated the comparison between groups of participants—cisgender/heterosexual and LGBTQM, in this instance—and launches a conversation about measuring frequency and intensity of historical loss thinking. (See Appendix C, Table C3, and Table C4 for group differences based on discourse-centered analysis.)

Overall, the HLS was not a more or less effective measurement tool for either cisgender/heterosexual Native Hawaiians or LGBTQM Native Hawaiians. Five of the twelve items showed no significant variation within groups, including *(C) Losing our traditional spiritual ways*, *(F) Loss of self-respect from poor treatment by government officials*, *(H) Losing our culture*, *(I) The losses from the effects of alcoholism on our people*, and *(J) Loss of respect by children and grandchildren for elders*. Also, it is important to note that there were no variations within groups for the two items *(D) The loss of family ties because of boarding schools*, and *(E) The loss of our families from reservation to government relocation*, that were not endorsed at all by Native Hawaiians. The relevance of these items is discussed in detail throughout Chapter Four.

However, cisgender/heterosexual Native Hawaiians did describe some experiences with historical losses in different ways and with different frequency than LGBTQM Native Hawaiians, which is consistent with the study's second hypothesis.

Three items, (A) *Loss of our land*, (B) *Loss of our language*, and (L) *Loss of respect by children for traditional ways*, were discussed more frequently by cisgender/heterosexual Native Hawaiians. This suggests that these losses might be more relevant, or potentially, more intensely experienced by cisgender/heterosexual Kānaka Maoli than for LGBTQM Kānaka Maoli. Analysis and contextualization of the within-group differences for item (B) *Loss of our language* and item (L) *Loss of respect by children for traditional ways* are discussed in detail in Chapter Four. Although the prevalence for item (A) *Loss of our land* was different for cisgender/heterosexual Kānaka Maoli than for LGBTQM Kānaka Maoli, the item was ranked with the same importance for both groups. When viewed through an explicitly intersectional lens, one possible explanation for this variation is that many of the LGBTQM Native Hawaiians in the sample no longer live with or associate with their families of origin. Indeed, the transgender and māhū communities in Hawai`i have long histories of creating their own communities through drag or *hānai* families (Ikeda-Vogel, 2008; Matzner, 2001) and may, for that reason, reflect on or mourn the loss of land less than the cisgender/heterosexual Native Hawaiians. Interestingly, due to separation from families of origin, the LGBTQM Native Hawaiian community may have a more difficult time gaining access to Hawai`i homestead lands, which can be designated to children and grandchildren related to the lease-holder by birth or through legal adoption only (U.S. Department of Hawaiian Homelands, 2019). This potential challenge to land access could signal an increased resonance with item (A) *The loss of our land* by LGBTQM Native Hawaiians in a different sample.

The discourse-centered analysis also highlighted two items discussed more frequently by the LGBTQM Native Hawaiians than by the cisgender/heterosexual Native

Hawaiians. Specifically, items *(G) The loss of trust in whites from broken treaties*, and *(K) Loss of our people through early death*, received higher rankings and higher prevalence among the LGBTQM participants than among cisgender/heterosexual Native Hawaiian participants. The group differences found within item *(G) Loss of trust in whites from broken treaties*, were discussed in detail in Chapter Four, but item *(K) Loss of our people through early death*, can be further contextualized.

Research on suicide risk and exposure to other negative health outcomes for members of the LGBTQM communities in Hawai`i is increasing. In 2018, the state released a report on the health of Hawai`i's sexual and gender minorities, with a focus on transgender youth, which highlights the disparities facing LGBTQM youth in Hawai`i. The report differentiates between the disparities between LGB compared with heterosexual youth, and TG/GNC (trans/gender non-conforming) compared with cisgender youth. Overwhelmingly, the report documents tremendous physical, mental and behavioral health disparities (including going hungry, less physical activity, more unstable housing, exposure to sexual violence, use of injectable drugs, and reported suicide attempts) facing TG/GNC compared with cisgender youth in Hawai`i, and smaller, but still significant differences for LGB compared with heterosexual youth in Hawai`i (Ching et al., 2018). Although the report did not disaggregate racial data throughout, of the 38,580 total youth surveyed, 25.5% of the TG/GNC youth ( $n = 1, 260$ ) and 21.6% of the LGB youth ( $n = 4, 570$ ) were Native Hawaiian. The report calls for additional examination of these populations in Hawai`i, and significant efforts need to be made to understand the impacts of intersectional identities—in this case, LGBTQM and Native Hawaiian—to contextualize the risks. Recently there has been important research



addressing the gaps within literature discussing intersectional stigma (Turan et al., 2019). Globally, there are indications of related impacts of intersectional stigmas on health, including increased exposure to risks and risky health behaviors, as well as on coping and prevention. This research provides an important foundation for further exploration of the unique experiences of loss described by LGBTQM Native Hawaiians.

### **Considering Historical Loss as a Relevant Framework for Native Hawaiians**

#### **Theoretical coding and determining relationships between constructs.**

Through the iterative process of theoretical coding, the HLS items and the emergent Shadow codes were qualitatively networked with constructs from Historical Trauma theory to depict alignment and relevance within the theoretical foundation. The results of this process show strong alignment among the four constructs from HT theory—Individual Trauma, Collective Trauma, Cumulative Trauma, and Intergenerational Trauma—with both the deductive (HLS-derived) and inductive (Shadow) codes. Individual Trauma and Collective Trauma were the HT constructs most frequently endorsed by the narratives from both cisgender/heterosexual and LGBTQM Native Hawaiians, and Cumulative Trauma was the least frequently discussed. Discussion and contextualization of the results of this process follow, and Figures D1-D8 are integrative diagrams from the theoretical coding of the HLS and Shadow codes.

Of the sample of quotes pertaining to trauma, specifically ( $q = 125$ ), Individual Trauma was endorsed by 38% of the quotations ( $q = 48$ ), and Collective Trauma was endorsed by 29% ( $q = 36$ ). Intergenerational Trauma was endorsed less, but still had 22% ( $q = 27$ ), and Cumulative Trauma was the least endorsed at 11% ( $q = 14$ ) of the

quotations coded for trauma. Interestingly, in spite of receiving the second-lowest number of quotations, Intergenerational Trauma was endorsed by quotations from each HLS item and each shadow code, and was the only construct for which this was the case.

While it is true that 71% of the total quotes belonged to LGBTQM Native Hawaiians, it is interesting to note that of the quotes endorsing the trauma constructs ( $q = 125$ ), a disproportionate percentage of the quotes was from LGBTQM Native Hawaiians (79.2%) compared to cisgender/heterosexual Native Hawaiians (20.8%). In fact, all but Cumulative Trauma were discussed disproportionately more frequently by the LGBTQM Native Hawaiian participants, with the Individual Trauma construct at the highest percentage, where LGBTQM Native Hawaiians contributed 83% of the quotes ( $q = 48$ ). The narratives from the LGBTQM Native Hawaiians discussed trauma more frequently than the cisgender/heterosexual participants, and they described and/or experienced Individual Trauma, Collective Trauma, and Intergenerational trauma disproportionately more than cisgender/heterosexual Native Hawaiians. This might suggest higher exposure to trauma among LGBTQM Native Hawaiians, and points to a need for further investigation into the types and levels of trauma experienced by the members of this group in particular.

In sum, the implementation of the HLS with Native Hawaiians seems to be an effective way to measure core constructs of Historical Trauma theory, both on its own, and in combination with the Shadow Codes that emerged from the qualitative narratives. With the HLS as a framework, Kānaka Maoli experiences of Historical Trauma can be measured, and such an analysis could contribute to greater understanding of the impacts of losses experienced historically as well as over time, by individuals, communities, and

even throughout multiple generations. With the inclusion of Shadow Codes (and/or other codes derived inductively from the data), further contextualization of the measurement tool may differentiate the experiences within groups, and identify unique aspects of Historical Trauma affecting Native Hawaiians—cisgender/heterosexual and LGBTQM Native Hawaiians alike—in Hawai`i.

## **Implications**

**Practice/clinical implications.** There is a growing body of research arguing for multi-layered, culturally relevant, community-based responses to suicide prevention in Indigenous communities (Goebert et al., 2018; Hjelmeland, 2016; Kral & White, 2017; Kral & Idlout, 2016; Middlebrook et al., 2011). This dissertation study begins to address the calls for innovation, indigenization, and research rooted in the voices of the communities themselves (Goebert et al., 2018; Trinidad, 2009), and can lead to important changes in suicide prevention and intervention in clinical and community-based practice.

There are two main elements of the current study that have particularly clear practice/clinical implications. The first is the utilization of the framework of Historical Trauma to address suicide among Native Hawaiians. Through demonstrating the relevance of the HLS, and the specific constructs of HT theory, this study makes a strong case for further examination of the impacts of historical loss, and other aspects of Historical Trauma, on the health of Native Hawaiians. Other studies have explored benefits of raising young people’s critical consciousness about colonization and place-based education and decolonization in Hawai`i (Trinidad, 2009), and have documented important growth and movement toward health and healing among the young people. On

a community level, another study shows promising results for suicide prevention programs that are culturally and contextually adapted (Chung-Do et al., 2016). Specifically, researchers have recently argued that Kānaka Maoli suicide prevention and intervention efforts have to be grounded in and guided by Kānaka Maoli culture (Goebert et al., 2018).

One suggestion for how to do this is through iterative, community-based research and engagement. The Ripple Model (Chung-Do et al., 2016) describes how researchers can most effectively partner with Pacific Islander and Native Hawaiian communities. Researchers must work to combat the fractured communities that have been created through processes of colonization, through meaningful, reciprocal relationship-building, authentic engagement, and listening. The creation of the "Ripple Model" by the Ulu network partners demonstrates the gifts, connections, and resources that need to go into these relationships. It is important to note that the outcomes, not only the process, are relational. This work requires a paradigm shift and that health disparities are understood through a lens of social justice and prioritize engagement with the community beyond fears of bias or non-objectivity. Community partners need to be able to invest in themselves, to ask the research questions that matter to them, and to find research partners that are seeking wellness for the community.

The second element of the current study that has practice/clinical implications is the implementation of an intersectional lens throughout the analysis of the data. The clear differentiation between cisgender/heterosexual Native Hawaiian experiences with historical loss and the experiences described by LGBTQM Native Hawaiians provide unique and important insight into the perspectives and experiences of community

members who have often been excluded or ignored in the research. The inclusion of these voices facilitates a shift in the current paradigm where community members viewed as at-risk or marginalized can become sources of strength, leadership, and hope (Goebert et al., 2018; Trinidad, 2009). Additionally, the current findings point to high levels of suicide related disclosure among the LGBTQM Kānaka Maoli participants, which has been linked to lower levels of risk among other high-risk populations (Fulginiti & Frey, 2018). The destigmatization and support provided by LGBTQM Kānaka Maoli peers hearing stories of each other's suicide loss and suicide attempt survivorship may facilitate experiences of social connectedness not consistently maintained in the aftermath of suicide loss and/or behavior (Fulginiti, He, & Negriff, 2018). This may be a valuable area for additional research and investigation, particularly with this high-risk group.

**Policy<sup>14</sup> implications.** On a local/state level, the findings from this dissertation align with and support a number of important policy recommendations delivered in 2018 to the Hawai'i State Legislature in response to the House Concurrent Resolution (HCR) 66, H.D. 1, S.D. 1., which requests a plan to reduce suicides by the year 2025 by at least twenty-five percent. Specifically, *Strategy 4. Research and Evaluation*, aims to use research and evaluation to guide suicide programs and policies throughout the state. There are two goals within this strategy that call for research to which the findings from this dissertation could contribute. For example, *Goal 4.4: To support high-quality research and evaluation of endeavors which will contribute to our understanding of the role of culture in suicide and suicide prevention [emphasis added]*" (Sugimoto-Matsuda

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<sup>14</sup> "Policy" is interpreted here to encompass not only legislative change, but also organizational and community-based protocol and practices (see Sugimoto-Matsuda et al., 2018, for a similar interpretation).

et al., 2018, pg. 14), highlights the importance of better understanding of suicide in Hawai'i through the lens of culture in an effort to strengthen the suicide prevention efforts in the state. The examination of Native Hawaiian experiences with historical loss, and specifically the ways Native Hawaiians describe cultural losses (including language, spirituality, and other cultural practices), could contribute valuable knowledge to this goal.

Similarly, *Goal 4.5 "Pursue funding and partnerships to expand research opportunities, both local and national [emphasis added]"* (Sugimoto-Matsuda et al., 2018, pg. 14), calls for a broader scope for research on suicide, and could include efforts like this dissertation that include comparisons and modifications of existing tools used in other parts of the country with Indigenous communities. The implementation of the HLS and/or other empirical tools built with and for Indigenous communities throughout the U.S., and/or partnerships with groups who have implemented the tool could facilitate knowledge-acquisition and new directions for future research.

Additionally, and specifically with regard to the intersectional lens that has been implemented throughout this dissertation study, *Strategy 1. Hope*, of the Strategic Plan focuses on primary prevention, including increasing belonging, acceptance, and social supports on the individual level, and raising awareness on the societal and community levels. *Goal #1.5, "Increase knowledge of discrimination and stigma (in the context of mental health and suicide) with marginalized/vulnerable communities, including LGBTQ, those with mental illness, and others"* (Sugimoto-Matsuda et al., 2018, pg. 14). This goal could be addressed through a closer examination of the unique experiences of the LGBTQM Native Hawaiian community members in this study, and the development

of tools or awareness materials rooted in those experiences. Potentially, these tools could also contribute to *Goal 1.6*, "Develop resources to increase the number of suicide prevention trainings available, and to expand the menu of evidence-based trainings" (Sugimoto-Matsuda et al., 2018, pg. 14). Through developing training tools that are inclusive of diverse perspectives on and experiences with suicide, the gatekeepers and other potential helpers in the community can become more responsive to the unique needs of their community members, and particularly those who have been targeted and/or marginalized.

It is important to note that although it is beneficial to align the recommendations for policy within the current Hawai`i Suicide Prevention Strategy, since it may facilitate direct and specific opportunities for partnership in implementation of the recommendations, there are also limitations to operating within this strategy. For one, although the strategy is guided by four core cultural values that are important to the Kānaka Maoli community, *aloha* (love), *ola* (life), connectivity, and culture (Sugimoto-Matsuda et al., 2018), the strategy does not specifically call for Native Hawaiian-focused suicide prevention and intervention efforts. An effort is made to signal the unique risks and protective factors that exist within certain marginalized and vulnerable populations, including youth and the LGBTQM communities of Hawai`i, but the lack of racial/ethnic disaggregation of the data presented in the strategy conceals the need for additional targeting of the approach. Here, the findings from the current study could help facilitate an important conversation with local, community-based groups, including the Prevent Suicide Hawai`i Task Force, with regard to racial/ethnic and intersectional disparities related to suicide among Kānaka Maoli communities.

On a federal level, the findings from this study raise important considerations with regard to the impacts of the historical loss of sovereignty, in particular, on health. Specifically, it calls into question the ways that identity, culture and the establishment of a formal relationship with the U.S. Government relate to suicide among Kānaka Maoli. Research demonstrates various benefits for Indigenous peoples associated with sovereignty (Chandler & Lalonde, 2008), reconciliation (Goodkind et al., 2010), and enculturation (Walls, 2007). Chandler and Lalonde (2008) found evidence that Indigenous communities with high degrees of community control and sovereignty had low rates of youth suicide. Walls (2007) found enculturation and traditional spirituality to be negatively associated (protective) with suicide, especially if the cultural contact occurred in early adolescence (Walls, 2007). Goodkind and colleagues (2010) argue that the formal acknowledgment of Historical Trauma (and, in fact, a government-issued apology), can provide an important foundation for Indigenous healing, although they are careful to include that an apology cannot be a stand-alone effort, and must be part of a greater policy initiative to restore trust and increase healing among Indigenous communities. It is important to consider whether the recognition of the United States' colonial history in Hawai`i, and corresponding legislation to reinstitute a course for self-governance, has the potential to lay a foundation for healing and the reduction of health disparities in the Native Hawaiian community.

Federal recognition of the Native Hawaiian government would acknowledge the former sovereignty of the Hawaiian nation, the Indigeneity of the people, and the illegal overthrow and annexation of the nation. For reparations, reconciliation, or any level of restorative justice process, an acknowledgment of the harms done is a necessary first



component (Cunneen, 2005; Tsosie, 2007). Additionally, in Historical Trauma theory, the recognition of the mass harm and cultural genocide imposed by colonization sometimes precedes the necessary structural analysis that shifts the individual sense of guilt, shame, and failure to a more global, decolonial lens (Bryant-Davis, 2007; Duran & Duran, 1995).

In 2016, the Department of the Interior passed an Executive Rule called The Procedures for Reestablishing a Formal Government-to-Government Relationship with the Native Hawaiian Community (DOI-2015-0005). The DOI-2015-0005 rule “institutionalizes the tribe’s quasi-sovereign status” (DOI-2015-0005), which enables the reestablishment of a Native Hawaiian government, judiciary, and even the classification of Indigenous Native Hawaiian. This has the potential to re-empower members of the Native Hawaiian community who have been disenfranchised by the U.S. government for decades. Already delegates from the Native Hawaiian community have drafted (and passed), the Constitution of the Native Hawaiian Nation (2016), and a Declaration of Sovereignty of the Native Hawaiian Nation (2016). The ongoing rebuilding of the Kānaka Maoli community, and the protections this rule includes with regard to the preservation of culture, language, cultural artifacts, and history, has the potential to create spaces for enculturation and reconnection to Indigenous ways of being and knowing.

The Procedures for Reestablishing a Formal Government-to-Government Relationship with the Native Hawaiian Community (DOI-2015-0005), has the potential to address an important gap in a hundred years of legislation about the relationship between the U.S. government and Hawai`i. Through the establishment of formal procedures for federal recognition and Native Hawaiian self-governance, patterns of colonization and injustice can be disrupted. The strengthening of Kānaka Maoli

Indigenous identity has the potential to initiate healing from the Historical Trauma associated with colonization in the community, which can be a protective factor against negative health and mental health outcomes. Through a Historical Trauma-Informed lens, prevention and intervention programs can be designed to target the unique risks and protections that Kānaka Maoli are exposed to, and the disproportionate rates of suicide among Kānaka Maoli may drop. However, if the complexities and intersectional identities of the Kānaka Maoli people are not considered, the DOI-2015-0005 will not necessarily disrupt the inequities *between and among* Native Hawaiians. Although Native Hawaiians were historically more accepting of multiple genders and sexualities (Robertson, 1989; Odo & Hawelu, 2001), many gatekeepers of modern-day Native Hawaiian culture are rooted in Christian religions, which serves to further isolate and disenfranchise their people. In order for continued implementation of the DOI-2015-0005 to be successful, it is important to consider how representations of Kānaka Maoli Indigenous identity have come about, and the ways that subgroups of Kānaka Maoli are differently affected by sovereignty concerns. Ultimately, the implementation of the Procedures for Reestablishing a Formal Government-to-Government Relationship will be challenging due to the numerous community-level concerns related to the policy. Clear definitions and purposes of the policy, finding leaders and community “champions” who can win activists’ and citizens’ support, and monitoring the rule as it continues to gain ground will be critical at this juncture.

**Theoretical implications.** The findings from this study provide support for the theories that guided this study, and also contribute to ongoing conversations about new directions for each of the two theories. In many ways, this study facilitates a dialogue

between HT theory and Critical Suicidology, and asks what Historical Trauma-informed suicide prevention might be.

**Toward Historical Trauma-informed suicide prevention.** In recommendations to counselors working with American Indians through a Historical Trauma framework, Brown-Rice (2013) proposes the following steps: 1) Understand symptoms of historical losses as *collective* responses to Historical Trauma; 2) Recognize that racism, oppression, and discrimination have additive or *cumulative* effects on individual experiences with Historical Trauma; 3) Examine the ways that Historical Trauma can impact the *individual*; and, 4) Explore the interconnectedness of the impacts of Historical Trauma, throughout a person's life, and including *intergenerationally* (emphasis added).

Similarly, Walters et al., (2011) argue for the benefits of ecosocial (Krieger, 1999) frameworks for the linkage of Historical Trauma experiences and the health disparities found in American Indian communities. This approach integrates research on the social determinants of health with Historical Trauma theory, and considers the ways that poor health and mental health outcomes in Indigenous communities can be understood within the framework of Historical Trauma and Historical Trauma responses. In conceptualizing and utilizing this framework, Krieger also puts forth the powerful assumption that social justice should be the foundation of public health (Krieger, 1999). Moreover, the Indigenist Stress-Coping (ISC) Framework (Walters & Simoni, 2002), incorporates resilience, coping strategies, and strategies of resistance, to the understanding of the ways that Historical Trauma affects health and well-being of Indigenous communities. The ISC identifies protective factors that mitigate the impacts of Historical Trauma on health outcomes, including enculturation and traditional spiritual practices.

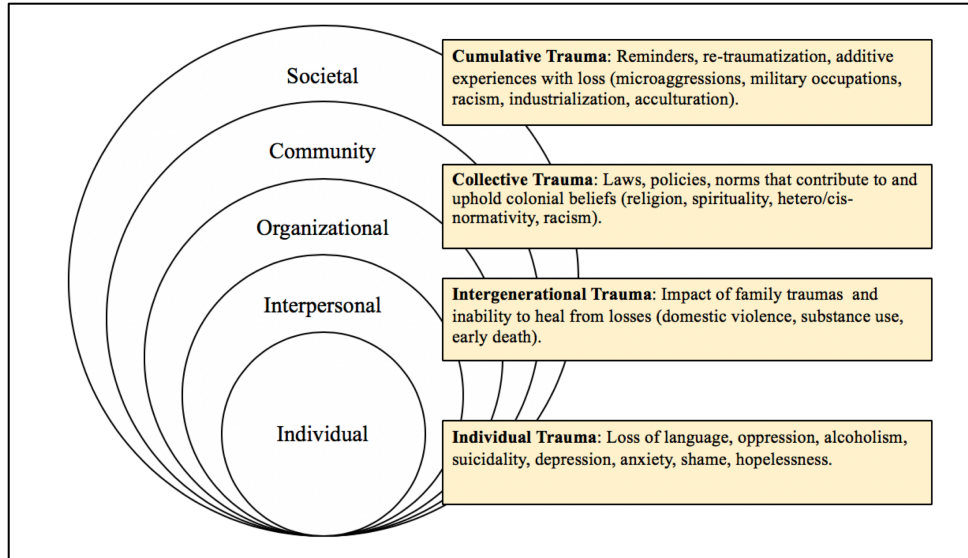
With a similar focus on healing and resilience since 1992 when her historic work on Historical Trauma theory began, Braveheart has continued to contribute through theoretical and clinical interventions. The Historical Trauma and Unresolved Grief (HTUG) Intervention (Braveheart, 2017; Braveheart, 1998; Braveheart, n.d.), provides a model for Historical Trauma-Informed care. The HTUG Intervention model recommends the following steps, delivered iteratively, in a circle: Confronting HT and embracing history; Understanding trauma; Releasing our pain; Transcending the trauma; and Returning to the sacred path (seeing strength in traditional practices) (Braveheart, 2017, p.27).

Historical Trauma scholars have called for additional research and development and mixed-methods testing of Historical Trauma measures in Indigenous populations (Elias et al, 2012), including specific exploration of experiences with historical losses and prevalence of historical loss symptoms (Brown-Rice, 2013). There has been some effort exploring the impacts of resiliency and cultural protections (Walters et al, 2011), but more research is needed to further discern the distal and proximal factors of Historical Trauma as they affect health and well-being (Walters et al., 2011). Current descriptions of and experiences with Historical Trauma, including mechanisms of intergenerational transmission of trauma in particular (Sotero, 2006), as well as the impacts of gender on experiences of Historical Trauma (Braveheart, 1998; Evans-Campbell, 2008), should be considered from an intersectional lens.

The usefulness of stress process models (including the Indigenist Stress Coping Model), depend upon the ability to capture and accurately measure exposure to stress (Walls & Whitbeck, 2012). For a theoretical model of stress among Native Hawaiians to

contribute in meaningful ways to programs designed to mitigate or interrupt the stress, there has to be an accurate measure of stress exposure first. To this end, this project sought to understand whether Native Hawaiian perspectives on historical losses contribute to the understanding of HT constructs, which can then inform a stress model that can be used to depict and model the prevention or interruption of negative outcomes. To date, Historical Trauma-informed interventions that address collective responses (Brave Heart, 2003) and generational transmission of trauma (Braveheart et al, 2011), cumulative and individual (Beltrán & Begun, 2014; Schultz et al., 2016), have shown to be promising in the reduction of risk and risk behaviors.

In following the above recommendations and calls for additional research, the current study proposes four constructs of Historical Trauma as the foundation for the development of a Historical Trauma-informed suicide prevention with Native Hawaiians. These four constructs—Individual Trauma, Collective Trauma, Cumulative Trauma, and Intergenerational Trauma—are tenets of Historical Trauma theory that have distinct impacts and can create pathways for targeted interventions. Simultaneously, these constructs align with the public health approach to suicide prevention and intervention that is defined in the Prevent Suicide Hawai`i Strategic Plan (2018), which make them applicable on practical as well as theoretical levels. A model of this framework is presented in *Figure 9*.



*Figure 9: Historical Trauma Constructs Mapped onto the Socio-Ecological Model.* Five levels of the Socio Ecological Model (Bronfenbrenner, 1979) depicted with four primary constructs of Historical Trauma Theory: Individual Trauma, Intergenerational Trauma, Collective Trauma and Cumulative Trauma.

*Figure 9*, depicts four constructs of HT theory—Individual Trauma, Collective Trauma, Cumulative Trauma, and Intergenerational Trauma—which, taken together, are understood to contribute to numerous risks and mechanisms of risk for suicide that can further our understandings of Native Hawaiian suicide. The *Figure 9* aligns these constructs with the five levels (Individual, Interpersonal, Organizational, Community, and Societal) of the Socio-Ecological Model (SEM) (Bronfenbrenner, 1979), which is the public health approach to suicide prevention and intervention that is utilized in Hawai‘i (Goebert et al., 2018; Sugimoto-Matsuda et al., 2018). In the SEM, efforts begin with the individual and move (iteratively) outward toward community and the broader society. Increased understanding of these four constructs (gained through the theoretical coding process described in Chapters Three and Four) contributes to the development of a theoretical model of Historical Trauma-informed suicide prevention.

*Figure 10*, depicts a proposed model of Historical Trauma-informed suicide prevention with Native Hawaiians, and draws on theoretical foundations from Braveheart’s seminal—and ongoing—work (2017; n.d.; 1998), as well as on the current Prevent Suicide Hawai`i Strategic Plan (Sugimoto-Matsuda et al., 2018). The primary categories were modified from Braveheart’s (2017) recommendations for HT-informed treatments with Native Veterans, not specific to suicide-prevention. This model also draws on the findings from the current dissertation study to provide nuanced, contextualized (although not exhaustive) recommendations. *Figure 10, Historical Trauma-Informed Suicide Prevention Interventions with Native Hawaiians*, depicts HT-informed intervention approaches that are targeted to address the HT constructs of Individual Trauma, Collective Trauma, Intergenerational Trauma, and Cumulative Trauma, as they align within the SEM approach to suicide prevention in Hawai`i. Each HT-informed intervention approach is listed below, in conjunction with the HT construct and the level within the SEM model wherein it exists.

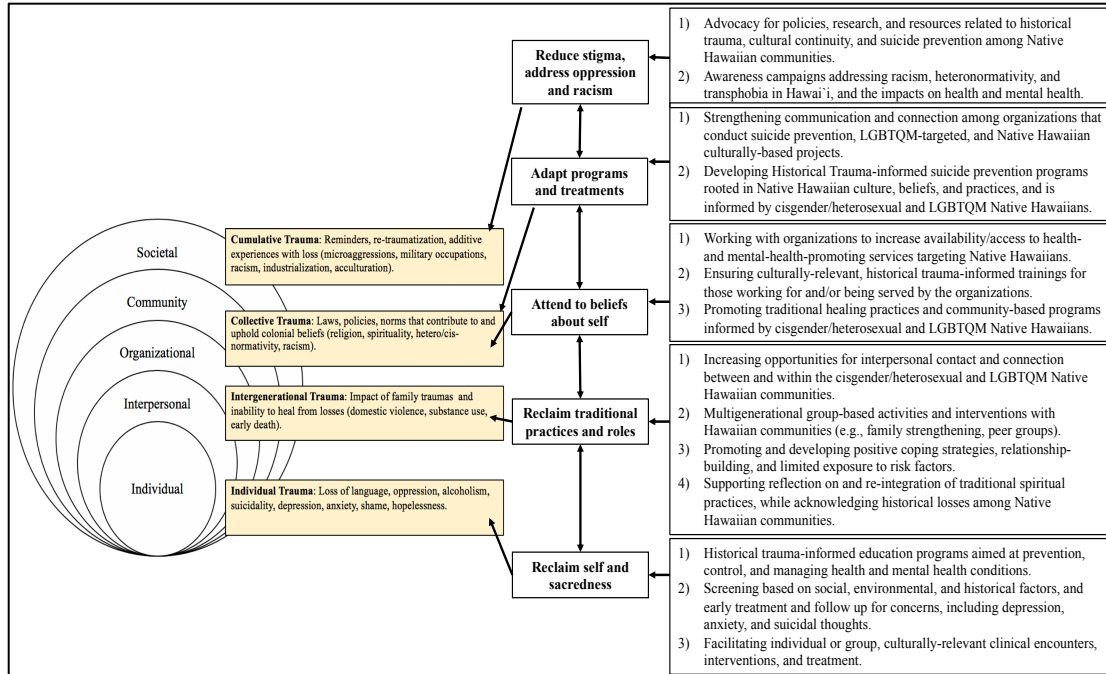


Figure 10: *Suicide Prevention Interventions with Native Hawaiians Informed by Historical Trauma Constructs*. Based on the example intervention approaches described within the five recommended levels of influence in the social ecological model (McLeroy, Bibeau, Steckler, & Glanz, 1988; Sugimoto-Matsuda et al., 2018), with categories for the five levels of the interventions adapted from Braveheart (2017).

**Reclaim self and sacredness.** The following proposed interventions target Individual Trauma, and are situated within the sphere of the Individual in the SEM. Reclaim self and sacredness in order to begin individual healing from Historical Trauma, through: 1) With community, developing Historical Trauma-informed education programs aimed at prevention, control, and managing health and mental health conditions. 2) Developing and conducting screenings for risk based on social, environmental, and historical factors, and providing early treatment and follow-up for concerns related to depression, anxiety, and suicidal thoughts. 3) Facilitating and/or coordinating individual or group culturally relevant clinical encounters, interventions, and treatment.



**Reclaim traditional practices and roles.** The following proposed interventions target Intergenerational Trauma, and are situated within the Interpersonal and Organizational spheres of the SEM. Reclaim traditional practices and roles in order to begin collective healing from Historical Trauma, through: 1) Increasing opportunities for interpersonal and multigenerational connection between and within the cisgender/heterosexual and LGBTQM Native Hawaiian communities; 2) Creating multigenerational group-based activities or interventions with Kānaka Maoli communities (e.g., family strengthening, peer groups); 3) Promoting and developing positive coping strategies, relationship-building, and limited exposure to risk factors; 4) Supporting reflection on and reintegration of traditional spiritual practices, while acknowledging historical losses among Native Hawaiian communities.

**Attend to beliefs about self.** The following proposed interventions target Collective Trauma, and are situated within the Organizational and Community spheres of the SEM. Attend to personal, spiritual, and cultural beliefs about identity, self-worth, and healing, through: 1) Working with organizations to increase availability/access to health- and mental-health-promoting services targeting Kānaka Maoli; 2) Ensuring appropriate, culturally relevant, Historical Trauma-informed training(s) for those working for and/or being served by the organizations; 3) Creating ongoing, iterative interventions to support, treat, and prevent additional/future negative outcomes, informed by the perspectives of cisgender/heterosexual and LGBTQM Native Hawaiians.

**Adapt programs and treatments.** The following proposed interventions target Cumulative Trauma, and are situated within the Societal sphere of the SEM. Adapt programs and treatments to be culturally informed, through: 1) Strengthening

communication and connection among organizations that conduct suicide prevention, LGBTQM-targeted, and Kānaka Maoli culturally-based projects; 2) Developing Historical Trauma-informed interventions rooted in Native Hawaiian culture, beliefs, and practices, informed by cisgender/heterosexual and LGBTQM Native Hawaiian communities.

**Reduce stigma, address oppression and racism.** The following proposed interventions further target Cumulative Trauma, and are situated within the Societal sphere of the SEM. Reduce stigma through the acknowledgement of ongoing and Historical Trauma, through: 1) Advocacy for policies, research, and resources related to Historical Trauma, cultural continuity, and suicide prevention; 2) Public awareness campaigns addressing racism, heteronormativity, and transphobia in Hawai`i, and the impacts on health and mental health.

### **Study Limitations**

There are a number of limitations to take into consideration when considering the results of this study. For one, the qualitative data from the phenomenology has methodological limitations that contribute to the limitations of the present study. The study had a relatively small (from a quantitative perspective) sample size, and due to the snowball sampling, was disproportionately comprised of LGBTQM Native Hawaiians, and included only Hawai`i-state residents. The inclusion of non-resident Native Hawaiians could contribute to an important understanding of the experiences of historical losses from diasporic communities, and would be interesting to consider in future work. Additionally, for the current study, the respondents who were not from Native Hawaiian

racial/ethnic backgrounds were excluded from analysis, in spite of their expertise.

Professionals and service providers working in Kānaka Maoli communities from different racial/ethnic backgrounds can contribute important knowledge and perspectives on this work (as seen in the seminal texts from Pukui et al., 1972), and their involvement would be an important consideration in future studies.

That being said, the researcher's own non-Native Hawaiian racial/ethnic identity should be taken into consideration as a potential limitation of the current study. As a non-Hawaiian language speaker, the researcher carefully researched and documented the Hawaiian words used throughout the narratives, so as to approximate clear and true understandings; however, the complexity of the Hawaiian language should not be underestimated (Pukui, 1983). To address this limitation, a Hawaiian language expert reviewed this text for accuracy and appropriate use of diacritical markings. Further, the researcher acknowledges that the interpretation and contextualization of Native Hawaiian experiences from the researcher's own insider (queer, hapa)-outsider (non-Hawaiian, non-local) lens contributes only one voice to what should be a larger conversation. Future studies with Native Hawaiian communities would be well-served to include co-researchers from Native Hawaiian racial/ethnic backgrounds, and to utilize community advisory boards with diverse, intersectional representation.

Additionally, the current study's crossover mixed design produces quantitative findings that are not generalizable to a broader population, due not only to sample size and sampling bias, but also due to the imprecision of the measurement interpretation. As a qualitative dominant mixed method, the subjectivity of the HLS measure and the subsequent contextual interpretations of the HLS items are central to the approach.

Considerations of Indigenous epistemological understandings of land, of culture, and other constructs that make up the HLS call the precision of the measure in for closer examination. Future studies with Native Hawaiian communities that are interested in quantitative results more comparable to baseline studies with American Indian communities should consider directly implementing the HLS scale with Native Hawaiian respondents. On the other hand, future studies with Kānaka Maoli communities interested in qualitatively understanding the interpretations of these constructs should consider focus groups or talk-story sessions to gain more insight into contextual and cultural interpretations of historical losses.

To this end, there are important considerations related to the qualitative findings from this study. Many decisions were made by the researcher when examining the quotations from qualitative narratives used to endorse scale items. For example, some Native Hawaiian participants discussed the impacts on themselves and their families as they have *gained* access to education in Hawaiian language, rather than reflecting specifically on the loss of Hawaiian language. The researcher had to decide if these types of quotations endorse the HLS item (in this case, *item (B) Loss of our language*), or if these quotations fall into another category. Is the loss of language the same thing as language regained? Through consultation with committee members, the researcher determined that a quotation could simultaneously endorse a scale item, and represent something else. This led to the conceptualization of “Shadow Codes,” which were interpreted to be qualitatively different than the HLS items, but still often contributed to the items’ endorsement. Deeper exploration of the constructs of historical loss—and

perhaps even of Historical Trauma more broadly—could address some of these questions and considerations.

### **Recommendations for Future Research**

In addition to addressing some of the limitations outlined in the previous section, there are a number of additional considerations for future research.

**Historical loss, Historical Trauma, and associated symptoms.** This study explored the evidence of historical losses in Native Hawaiian narratives about colonization and suicide. The findings point to the need to further explore historical loss and other mechanisms of Historical Trauma experienced by Native Hawaiians. Scholars have argued that the contextualization of historical loss as a stressor in the context of health and health risks can interrupt the pathologization and individualization of trauma that many conceptual models support (Armenta et al., 2016; Walls & Whitbeck, 2012; see also Walters et al., 2011).

Additionally, the inclusion of the constructs of HT theory examined in this study—Individual Trauma, Collective Trauma, Cumulative Trauma and Intergenerational Trauma—should be considered in future research about Kānaka Maoli suicide and suicide risk. The findings from this study suggest that the items most frequently endorsed by cisgender/heterosexual and LGBTQM Native Hawaiians (including HLS items and Shadow Codes), were strongly associated with the four HT theory constructs. These four constructs may contribute valuable frameworks, not only for understanding the impacts of Historical Trauma on Native Hawaiians, but also for developing effective prevention and intervention programs. For example, since Collective Trauma was the most endorsed

HT construct within both groups of Native Hawaiians, future research should explore what prevention or intervention programs target trauma on a collective level.

Furthermore, future research with the Native Hawaiian community could benefit from the implementation of the Historical Loss Associated Symptoms Scale (HLASS) in conjunction with the HLS, to explore the connections between historical loss and associated symptoms. The HLASS identifies the feelings associated with thoughts or reminders of historical losses including anxiety, depression or sadness, shame, loss of sleep, distrust and/or feeling uncomfortable around white people, loss of concentration, rage, avoidance, and feeling like it is happening again (Whitbeck et al., 2004). The HLASS has been used in American Indian communities to assess the relationships between historical loss and alcohol abuse (Whitbeck et al., 2004), anxiety (Armenta et al., 2016), affective disorders and substance dependence (Ehlers et al. 2013), disordered eating (Dorton, 2007), and sexual risk behaviors (Anastario, FourStar & Rink, 2013). Taking into consideration the fact that the HLS and HLASS were developed concurrently in American Indian communities, future work to apply or contextualize historical loss and Historical Trauma in Native Hawaiian communities would be well-advised to examine the associated symptoms in turn.

**Scale adaptation for use with Native Hawaiians.** Future studies should consider further contextualization of historical losses by Native Hawaiians in Hawai`i, whether through modifications of the HLS scale, or through a qualitative protocol to explore the underlying constructs of historical loss relevant for Native Hawaiians. Throughout Chapter Four, there are a number of recommendations for potential modifications to the HLS scale for Native Hawaiian communities. Specifically, future studies should consider

removing or re-framing items (D) *The loss of our family ties because of boarding schools*, and, (E) *The loss of our families from reservation to government relocation*, to more accurately align with Native Hawaiian historical contexts. The four Shadow Codes, *militarization of land; adoption of Christianity by Native Hawaiian ali`i; overthrow of sovereign Native Hawaiian monarch*; and, *Māhū and LGBTQ perspectives*, should also be taken into consideration for inclusion in a Native Hawaiian adaptation of the HLS.

In light of the findings from the theoretical coding of HT constructs, considerations for stronger measures of Cumulative Trauma, in particular, should be explored, either through further modification to the existing HLS, or through the use of supplemental subscales. For example, other studies of Native Hawaiian health have included items from the Oppression Questionnaire to assess perceived racism (racism directed toward the group and/or community of membership) and felt racism (individual and/or personal experiences of racial oppression), which may be manifestations of Cumulative Trauma. Two such studies have examined the relationships between perceived racism among Native Hawaiians and hypertension (Kaholokula, Iwane and Nacapoy, 2010), and perceived racism among Native Hawaiians and physiological stress (Kaholokula et al., 2012), and both studies point to strong associations between perceived racism and negative health outcomes among Native Hawaiians. It would be important to consider similar modifications or adjustments to the HLS in future research with Native Hawaiians.

Additionally, although the Shadow Codes in this dissertation study were unique to the experiences of Native Hawaiians, the methodology could be utilized with other qualitative research projects. Conceptually, a Shadow Code can be implemented to

identify codes beyond the current coding schema that might otherwise have been obscured. For example, before the Shadow Codes from this study were reduced and defined, the researcher questioned whether “language re-gained” would become a Shadow Code to item (B) *Loss of our Language*. Some of the Native Hawaiian participants were describing the impacts on them when they were able to learn Hawaiian language. After seeking consultation from several advisors, the researcher determined that re-gaining language does, in fact, imply the loss of language (which endorses the HLS item), but also describes something more than that. There is an element of empowerment, hope, and resilience and/or resistance in stories of traditional languages being learned and gained, which is not encapsulated in the HLS item about language loss as it stands. The nuance of these items and experiences of loss can, and should, be explored in the unique contexts in which they are administered.

**Suicide prevention and intervention in Hawai`i.** Findings from this study have implications for suicide prevention and intervention with Native Hawaiians in Hawai`i, and can contribute to the development of future research and action toward these goals. Specifically, referring back to the Hawai`i Suicide Prevention Strategy (2018), several goals from the Strategy can be achieved through the implementation of recommendations from the current study. In *Strategy 4. Research and Evaluation, Goal 4.5*, for example, suggests exploring new partnerships and funding opportunities on local and national levels (Sugimoto-Matsuda et al., 2018). The inclusion of diasporic Native Hawaiian perspectives on culture and suicide would be an entirely new approach for research in Hawai`i, and could contribute to this goal, while simultaneously addressing some of the limitations of the current study.



In alignment with *Strategy 3. Heal*, from the Hawai`i Suicide Prevention Strategic Plan (Sugimoto-Matsuda et al., 2018), future research efforts that stem from this dissertation could support the individuals who have been affected by suicide in Hawai`i. Specifically, Goals 3.1-3.3 identify the needs of Suicide Loss and Lived Experience Survivors for safe, facilitated, culturally competent, supportive ways to share their stories. Through the implementation of additional talk-story sessions with Native Hawaiians (and perhaps expanding the conversation beyond the racial sub-grouping, to be inclusive of broader experiences), “story-banks,” and other community-based infrastructures could be developed. These approaches have been found to address stigma and foster empowerment, and can interrupt pathologization of suicide and other stigmatized experiences (Broz & Münster, 2015). Further, with intentional training for mental health service providers, these stories can be heard and shared in safe, culturally responsive ways that protect and honor the protocols of Native Hawaiian (and other racial/ethnic) communities.

Additionally, in concord with *Goal 1.5 Addressing stigma*, and *Goal 4.5 Culture and diversity* (Sugimoto-Matsuda et al., 2018), future research should continue to explore how culture and diversity affect suicide and suicide risk in Hawai`i. The current study supports burgeoning research that LGBTQM and the experiences of other intersectional groups need additional exploration and examination in relation to suicide and suicide risk (Ching et al., 2018; Cover, 2016; Haas et al., 2011; Luo et al., 2017). The findings from this study also reinforce the need for the experiences and perspectives of Native Hawaiians to be a primary component of future research about suicide in Hawai`i.

## Conclusion

Examination of the data from this study has produced a greater understanding of the ways that colonization has impacted—and continues to impact—both the cisgender/heterosexual Native Hawaiian and the LGBTQM Native Hawaiian communities. It is clear that through divisive blood-quantum quotas, vague articulations of self-determination and sovereignty, and apologies without further action, the U.S. government has propagated social, spiritual, structural and physiological harm on the people of Hawai`i, and the researcher cannot take a neutral stance toward the rectification of these wrongs. It is imperative to practice research methods rooted in cultural, theoretical, and embodied knowledges, focusing on transformative visions for the future.

In response to the call from critical Queer Indigenous scholars that the interrogation of heteropatriarchy and heteronormativity from an Indigenous lens must be part of the decolonization project (Beltrán, Alvarez & Madrid, in press; Finley, 2011), this project emphasizes that suicide research in the Native Hawaiian community—and in LGBTQM Native Hawaiian communities, in particular—must be actively decolonial. Decolonial suicide prevention research needs to go beyond an Indigenous model of prevention that does not account for or interrogate the oppressive hetero-, homo-, and cis-normative mechanisms within the community that may be causing additional harm. In her writings on decolonization as an underpinning of critical epistemology, Smith states, “Decolonization is an act of resistance that must not be limited to rejecting and transforming dominant ideas, but also include recovering and renewing traditional cultural ways of learning” (Smith, 1999, p.3). As such, decolonial research on Native

Hawaiian suicide must be grounded in social justice and traditional culture knowledge, and must do more than reject dominant understandings of suicide risk, and instead, seek alternative ways of understanding and preventing these deaths. Perhaps, as the study participants suggested, suicide in Hawai`i can be viewed as a response to the colonization and commodification of Native Hawaiian culture—perhaps it is even an act of resistance. Prevention and intervention efforts that ignore this possibility may be missing a critical opportunity to intervene in the decision to end a life, and must be culturally re-centered and repositioned to respond to this risk.

### **Epilogue**

It seems fitting now for me to end with the beginning. I want to tell you three stories. Each story offers insight, context, and complexity to the ways that I have come to understand suicide in Hawai`i among Native Hawaiians. One story is about trauma, and the historical and on-going aspects of trauma that shape and bend the lives of Hawaiians today. The second story is about queerness, and the ways that LGBTQM Native Hawaiians have found resistant, resplendent, and sometimes risky ways to survive. And the third story is about my own experience, and the positioning(s) of myself as a social worker, and as a non-Hawaiian researcher living, working, and learning, in Hawai`i. Each story also contributes to the framework for understanding the ways that historical trauma, queerness, and self, have been conceptualized and actualized by this research on suicide in the Native Hawaiian community. The last story, in particular, illuminates the complicated positioning(s) of non-Hawaiian researchers, including myself, who have built relationships in community and the challenges and opportunities of those positions.

*One.* Ten years ago, I was presenting suicide risk data for youth in Hawai`i, a Family Court Judge Michael Broderick asked me how colonization impacted suicide risks for Native Hawaiian youth. I did not have an answer, and the question began to churn in my mind as I sought a response. Years later, after conducting an interview for this project, I found myself still struggling with this question. I wrote to myself:

...Seated at a table in the shade. Happy to be *pau* (done with) work, ready for some food and conversation. Comfortable, engaged, laughing. Flipping her very long hair. “What doesn’t kill us makes us stronger!” is playing on the radio.

Overall, lots of focus on her work, her clients, her experience. Some mentions of personal hardships—abuse, violence, childhood traumas, drug addiction. Comfortable; I know that she has told these stories many times. But there were a few—talking about her aunty/sister, talking about her grandmother—that were different. Chicken-skin. Openness. Beautiful.

As I’m driving home, her words and stories are circling, floating, sinking in. She mentioned childhood trauma and the take-over in the same breath, as if they were equivalent. Same-same. (Researcher, Memoing/Process Notes 09/19/2017, Hawai`i).

Native Hawaiians have experienced losses that echo through generations, and reverberate through genealogies. They have been systematically, institutionally excluded from the research, and the conversations that pertain to their own sovereign health. Their

collective pain and their individual pain are one and the same. Same-same. I feel certain that we need to ask better questions.

*Two.* Remembering, 2010. I receive a phone call from a prominent mental health service provider asking for a consultation. He is working with a 16-year-old Native Hawaiian male—presumed by the clinician to be gay—who had recently joined the football team and was being bullied by other players. The teen had spent previous years dancing hula, and because prominent nipples are valued among male hula dancers, he had pinched his own nipples regularly so that they would remain enlarged. Now in a mental health crisis, he had tried to cut them off completely. The service provider was seeking my advice—was this boy going to try to kill himself?

Although I could not completely assess his suicide risk, I understood that the intersections of his identities—real or perceived—were impacting his ability to thrive in his community. The interactions between culture, gender, sexuality, and suicide were too complex to assess in a heartbeat. How could we know what risks and protections this boy had access to without centering his own voice and experiences? How could we honor his strategies for healing and resistance, while simultaneously acknowledging the risks that those same strategies transposed? Our interventions, it seemed, had the potential to ignore and erase the complexities of life in the bodies that we are given.

*Three.* This year, my son and niece will be the ages of the youngest children typically assessed for suicide risk in the Hawai`i state hospital. I cannot hope that they will be sheltered from loss, or that they will be immune to risk. However, I believe in a Hawai`i that will support, honor, and *mālama* (care for) these children, and the lives that

they possess. I believe in enacting resistance through queer genealogies, and interventions of hope.

Each of these stories connects to the stories that I heard throughout the data collection process for this dissertation. These are stories of past harms, of current and recurring pain, and of a future that may hold something different. It has been a distinct honor to carry these stories, and to share them now, in the hopes of creating and contributing to a science that sees, hears, and heals our communities.

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## APPENDIX A. Glossary of Native Hawaiian Terms

Aikāne	same-sex sexual partner of <i>Ali`i</i> class
`Āina	land
Ali`i	ruling class, chiefs, NH royalty
Aloha	love, affection, unconditional love
`Aumākua	spirit-gods, ancestors, protectors of the family
Hale	house, building, structure
Hānai	Foster, adopt a child; non-birth child
Hānau mua	Eldest member of the family/clan
Haole	white person
Ho`okahi	to go alone
Ho`o kupu	ceremonial gift, offering
Ho`olokāhi	to reach in toward balance, <i>lokāhi</i>
Ho`oponopono	conflict resolution process, to make right, forgiveness
Haumāna	student
Iwi kupuna	Human remains, bones, considered sacred
Kahuna	medical healer, spiritual leaders
Kanaka Maoli	Indigenous Hawaiian; <i>kānaka</i> (pl.)
Kapu	taboo; sacred; forbidden; <i>`ai kapu</i> (eating taboos)
Kaula	rope, cord
Keiki	child, children
Kuhina nui	co-ruler within the monarchy; prime minister
Kupuna	elder, grandparent; <i>kūpuna</i> (pl.)
Kumu	teacher; <i>kumu hula</i> (hula teacher)
Lā`au lapa`au	herbalism, herbal medicine
Lōkahi	harmony, balance in all relationships
Lomilomi	ancient art of massage
Māhele	Division
Māhū	possessing male & female characteristics, often transgender/gay
Māhū wahine	Female-identified <i>māhū</i>
Māhū kane	Male-identified <i>māhū</i>
Makahiki	festival of harvest and abundance, honoring god <i>Lono</i>
Mālama	to care for; <i>malama `aina</i> (land stewardship)
Moke	slang for a local/Native Hawaiian/Pacific Islander male
Ola	Life, health, well-being
Oli	chant
Piko	umbilical cord and metaphorical connection to ancestors and predecessors
Po`okela	best, champion, exceeding, better
Pono	righteousness, balance
Pule	prayer
Wahine	woman, female; <i>wāhine</i> (pl.)
Wahi pana	legendary place, sacred sites and structures



## APPENDIX B. Qualitative Interview and Focus Group Protocol

**RESEARCH QUESTION(s):** *How do Native Hawaiian and LGBTQ Native Hawaiian adults living in Hawai`i define and describe their experiences with colonization? In what ways do they think that colonization impacts the risks and protective factors for suicidality among LGBTQ Native Hawaiians?*

### **INTERVIEW QUESTIONS:**

“Thank you for being willing to participate in this interview. I’d like to start by having you talk about your experience with race, ethnicity and identity living in Hawai`i.”

1. First, how do you identify racially/ethnically? How do you identify your sexual orientation and gender identity?
2. When do you remember first hearing about or learning about colonization? How old were you? Who did you hear it from? How was it described or explained?
3. When do you remember first identifying an aspect of colonization in your life? How old were you? Who were you with? How did you experience it? What impact did this experience have on you at that time?
  - [Optional prompt/probe] How have your ideas about this experience changed over time? In what ways have you made sense of this experience? What was the most valuable part of it?
4. What is a more recent experience with an aspect of colonization that you have had in your adult life? How recent was it? Who were you with? How did you experience it?
5. How have you been changed by these experiences? Do these experiences still influence you at present?
  - [Optional prompt/probe] What situations have influenced or affected your experiences with/of colonization? Has anyone or anything eased or somehow altered your experiences with/of colonization?
6. When you think about colonization, can you describe acts of resistance you have engaged in or witnessed? What tools were important in the acts of resistance? How did the act of resistance affect your experience, thoughts, or emotions?

“Shifting gears a little bit, I’d like to ask you about your perception of suicide and suicide risk.”

7. How would you define or describe suicide from a Native Hawaiian perspective?
  - Is there a different definition or description within the LGBTQ Native Hawaiian community?
8. What have you heard about suicide from/among LGBTQ Native Hawaiians? What influences their suicidality? Are there some members of your community that you perceive as being more susceptible to suicide? What makes them more at risk than other community members?
9. What role does colonization play in suicidality among Native Hawaiians? What role does colonization play in suicidality among LGBTQ Native Hawaiians?
10. Can you describe strategies that your community uses to lower or alter suicide risk among the Native Hawaiian/LGBTQ Native Hawaiian community? What are the outcomes of those strategies?

**APPENDIX C. Table C1**

*Item Prevalence based on Person-Centered Analysis: Historical Loss Scale Items Endorsed by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians Compared to Baseline Prevalence among American Indians.*

Historical Loss Scale (HLS) Items	Present study			Baseline studies with American Indians	
	Total endorsed % (n = 22)	Endorsed by cis/het NH (n = 4)	Endorsed LGBTQM NH (n = 18)	Prevalence (Whitbeck et al., 2004) <sup>a</sup> , (n = 143)	Prevalence (Ehlers et al., 2013) <sup>b</sup> , (n = 306)
A. Loss of our land	75%	100%	67%	74.8%	71%
B. Loss of our language	58%	100%	56%	88.1%	76.2%
C. Losing our traditional spiritual ways	83%	67%	89%	88.7%	75.6%
D. The loss of our family ties because of boarding schools	0%	0%	0%	55.7%	50.2%
E. The loss of our families from reservation to govt relocation	0%	0%	0%	47.8%	58.3%
F. The loss of self-respect from poor treatment by govt officials	50%	67%	44%	70.9%	69.1%
G. The loss of trust in whites from broken treaties	50%	33%	56%	71.3%	66.9%
H. Losing our culture	100%	100%	100%	89.4%	76.1%
I. The losses from the effects of alcoholism on our people	75%	67%	78%	92.5%	80%
J. Loss of respect by children and grandchildren for elders	8%	0%	11%	91.2%	81.3%
K. Loss of our people through early death	100%	100%	100%	90.6%	83.3%
L. Loss of respect by children for traditional ways	33%	67%	22%	88.1%	81%

<sup>a</sup> This prevalence comes from the findings presented in Whitbeck, Adams, Hoyt & Chen, 2004. Cumulative total % includes reflecting on loss yearly, monthly, weekly, daily, and/or several times/day. <sup>b</sup> This prevalence comes from the findings presented in Ehlers, Gizer, Gilder, Ellingson & Yehuda, 2013. Cumulative total % includes reflecting on loss yearly, monthly, weekly, daily, and/or several times/day.

## APPENDIX C. Table C2

*Item Ranking by Group based on Person-Centered Analysis: The Ranking of Historical Loss Scale Items by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians Compared to Baseline Prevalence among American Indian*

Historical Loss Scale (HLS) Items	Present Study			Baseline studies with American Indians	
	<i>Ranking by Total NH Participants (n = 22)</i>	<i>Ranking by cis/het NH (n = 4)</i>	<i>Ranking by LGBTQM NH (n = 18)</i>	<i>Ranking (Whitbeck et al., 2004)<sup>a</sup>, (n = 143)</i>	<i>Ranking (Ehlers et al., 2013)<sup>b</sup>, (n = 306)</i>
A. Loss of our land	3 ( <i>tie</i> )	3	4	3	8
B. Loss of our language	4	2	6	6	5
C. Losing our traditional spiritual ways	2	4 ( <i>tie</i> )	2	5	7
D. The loss of our family ties because of boarding schools	N/A	N/A	N/A	10	12
E. The loss of our families from reservation to govt relocation	N/A	N/A	N/A	11	11
F. The loss of self-respect from poor treatment by govt officials	7 ( <i>tie</i> )	6	8	9	9
G. The loss of trust in whites from broken treaties	5	7	5	8	10
H. Losing our culture	1	1	1	4	6
I. The losses from the effects of alcoholism on our people	6	6	7	1	4
J. Loss of respect by children and grandchildren for elders	8	N/A	10	2	2
K. Loss of our people through early death	3 ( <i>tie</i> )	5	3	7	1
L. Loss of respect by children for traditional ways	7 ( <i>tie</i> )	4 ( <i>tie</i> )	9	6	3

*Note:* The highest ranking is *one*, the lowest ranking is *twelve*. N/A signifies no endorsement of the item.

<sup>a</sup> This ranking comes from the findings presented in Whitbeck, Adams, Hoyt & Chen, 2004. <sup>b</sup> This ranking comes from the findings presented in Ehlers, Gizer, Gilder, Ellingson & Yehuda, 2013.

### APPENDIX C. Table C3

*Group Differences Based on Discourse-Centered Analysis: The Percentage of Quotations that Endorse Historical Loss Scale items by cisgender/heterosexual Native Hawaiians Compared to LGBTQM Native Hawaiians*

Historical Loss Scale (HLS) Items	Total Endorsed % (n = 276)	Endorsed by cis/het NH (n = 74)	Endorsed LGBTQM NH (n = 202)
A. Loss of our land	12.68%	16.22%	11.39%
B. Loss of our language	9.06%	17.57%	5.94%
C. Losing our traditional spiritual ways	17.39%	16.67%	19.80%
D. The loss of our family ties because of boarding schools	0%	0%	0%
E. The loss of our families from reservation to govt relocation	0%	0%	0%
F. The loss of self-respect from poor treatment by govt officials	3.62%	2.7%	3.96%
G. The loss of trust in whites from broken treaties	5.07%	1.35%	6.44%
H. Losing our culture	31.16%	28.38%	32.18%
I. The losses from the effects of alcoholism on our people	4.35%	2.7%	4.95%
J. Loss of respect by children and grandchildren for elders	0.36%	0.00%	0.5%
K. Loss of our people through early death	12.68%	9.46%	13.86%
L. Loss of respect by children for traditional ways	3.62%	10.81%	0.99%

### APPENDIX C. Table C4

*Item Ranking by Group based on Discourse-Centered Analysis: The Ranking of Historical Loss Scale Items by cisgender/heterosexual Native Hawaiians and LGBTQM Native Hawaiians Compared to Baseline Prevalence among American Indians*

Historical Loss Scale (HLS) Items	Present Study		
	Ranking by Total % (n = 276)	Ranking by cis/het NH (n = 74)	Ranking by LGBTQM NH (n = 202)
A. Loss of our land	3 ( <i>tie</i> )	4	4
B. Loss of our language	4	2	6
C. Losing our traditional spiritual ways	2	3	2
D. The loss of our family ties because of boarding schools	N/A	N/A	N/A
E. The loss of our families from reservation to govt relocation	N/A	N/A	N/A
F. The loss of self-respect from poor treatment by govt officials	7	7 ( <i>tie</i> )	8
G. The loss of trust in whites from broken treaties	5	8	5
H. Losing our culture	1	1	1
I. The losses from the effects of alcoholism on our people	6	7 ( <i>tie</i> )	7
J. Loss of respect by children and grandchildren for elders	8	N/A	10
K. Loss of our people through early death	3 ( <i>tie</i> )	6	3
L. Loss of respect by children for traditional ways	7	5	9

*Note:* The highest ranking is *one*, the lowest ranking is *twelve*. N/A signifies no quotations related to the item.

## APPENDIX D. Figure D1

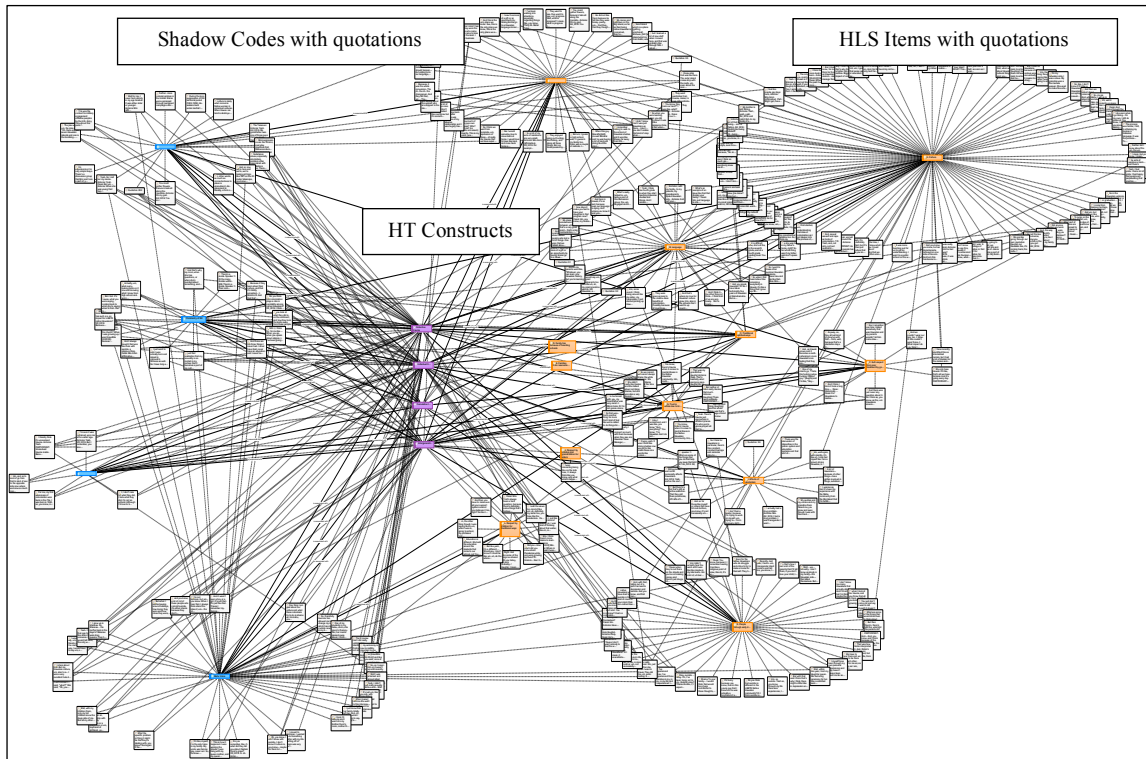
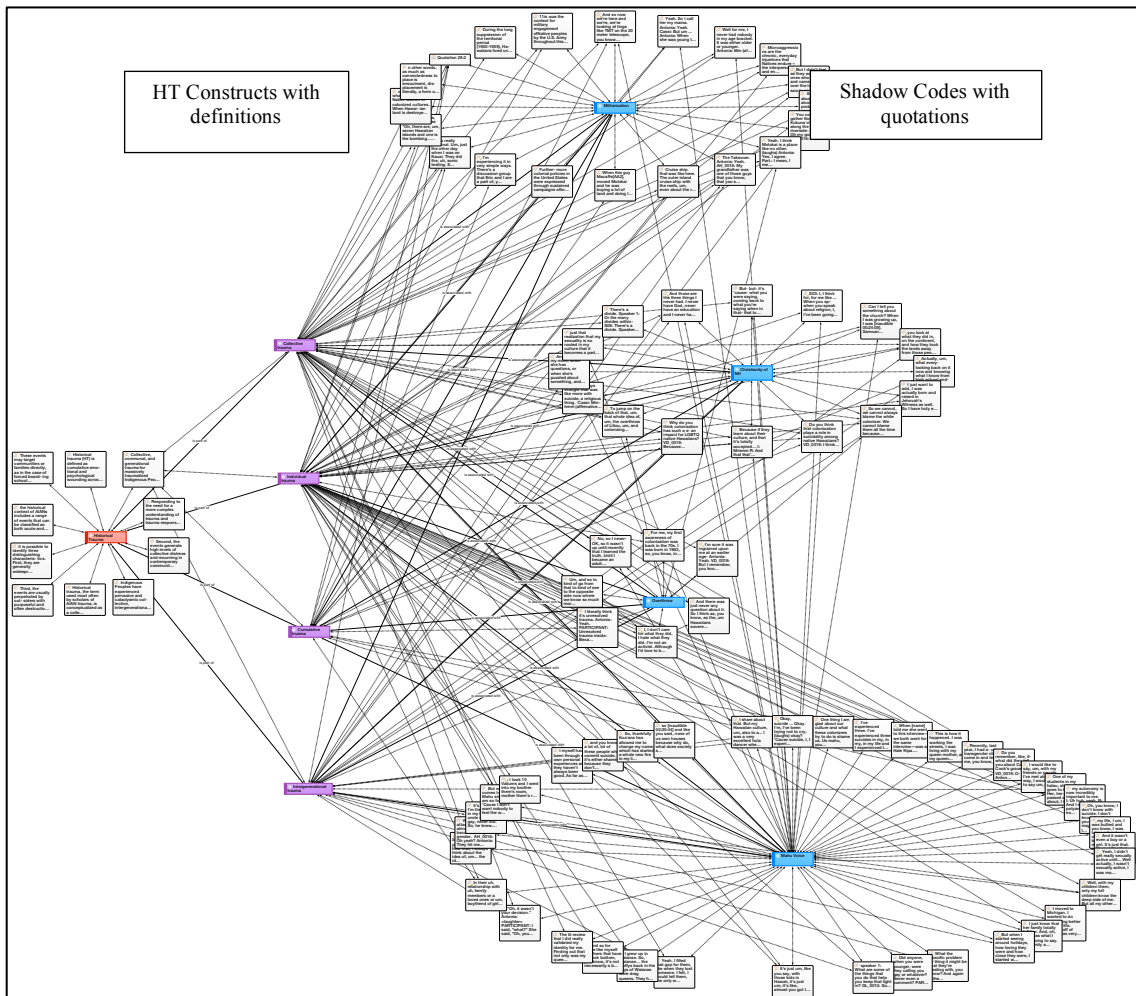


Figure D1: Historical Trauma Theory Network with Shadow Codes and HLS Endorsements from Quotations. Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangles are the HT Theory constructs: Collective Trauma, Individual Trauma, Cumulative Trauma, and Intergenerational Trauma. The blue rectangles on the left-hand side are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali`i*, Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective. Each Shadow Code is encircled by squares containing quotations from Native Hawaiian qualitative narratives that endorse the item. The Shadow Codes are connected to the HT Theory construct endorsed by the quotations found within the item. The twelve orange rectangles on the right-hand side represent each item of the HLS (*Items A-L*). Each HLS Item is encircled by squares containing quotations from Native Hawaiian qualitative narratives that endorse the item. The items are connected to the HT Theory construct endorsed by the quotations found within item.

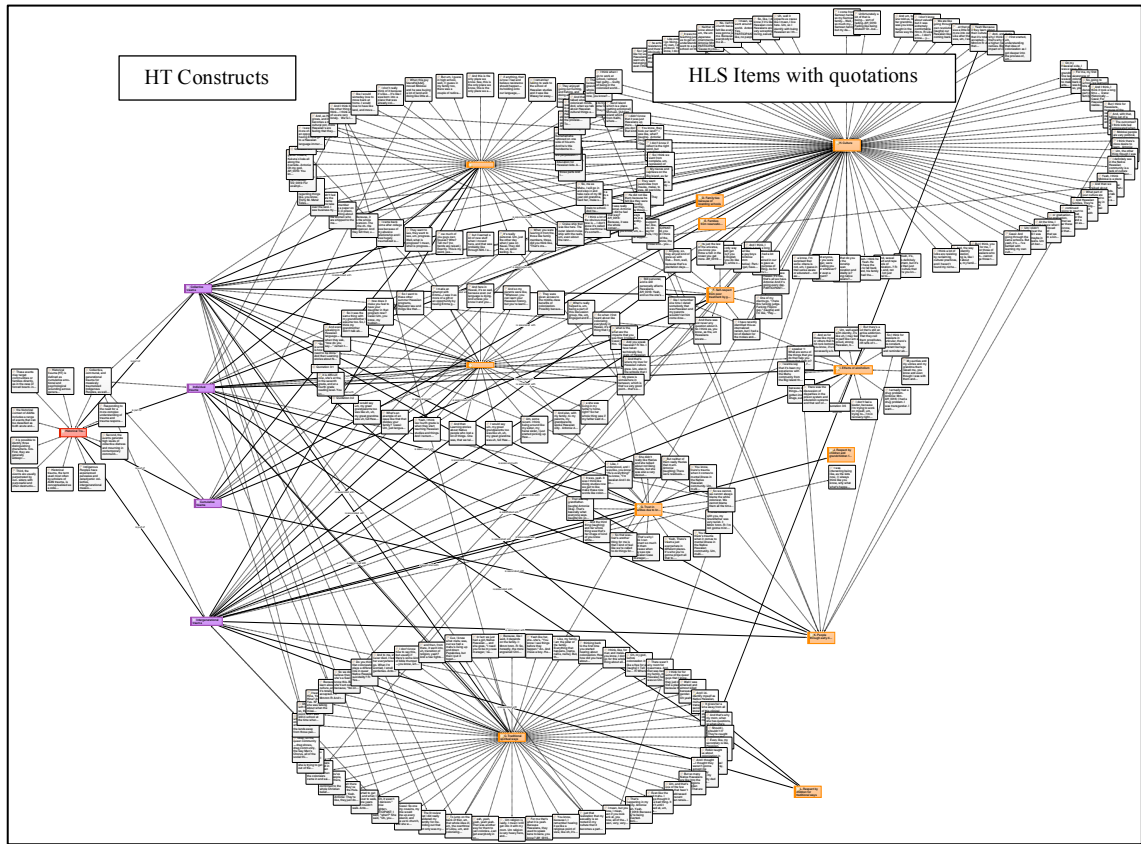
## APPENDIX D. Figure D2



*Figure D2: Network of HT Theory constructs and Shadow Codes.* Network analysis of the theoretical coding process applying the Shadow Codes from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The red rectangle on the left-hand side is HT Theory, which is connected to rectangles of definitions of historical trauma found in the literature. The four purple rectangles are the HT Theory constructs: Collective Trauma, Individual Trauma, Cumulative Trauma, and Intergenerational Trauma. The blue rectangles are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali`i*, Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective, which are connected to the HT theory construct(s) that they endorse. Each Shadow Code is encircled by squares containing quotations from Native Hawaiian qualitative narratives that endorse the item.



## APPENDIX D. Figure D3



*Figure D3: Network of HT Theory constructs and HLS Items.* Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The red rectangle on the left-hand side is HT Theory, which is connected to rectangles of definitions of Historical Trauma found in the literature. The four purple rectangles are the HT Theory constructs: Collective Trauma, Individual Trauma, Cumulative Trauma, and Intergenerational Trauma. The twelve orange rectangles represent each item of the HLS (A-L), which are connected to the HT Theory constructs they endorse. Each HLS item is encircled by squares containing quotations from Native Hawaiian qualitative narratives that endorse the item.

## APPENDIX D. Figure D4

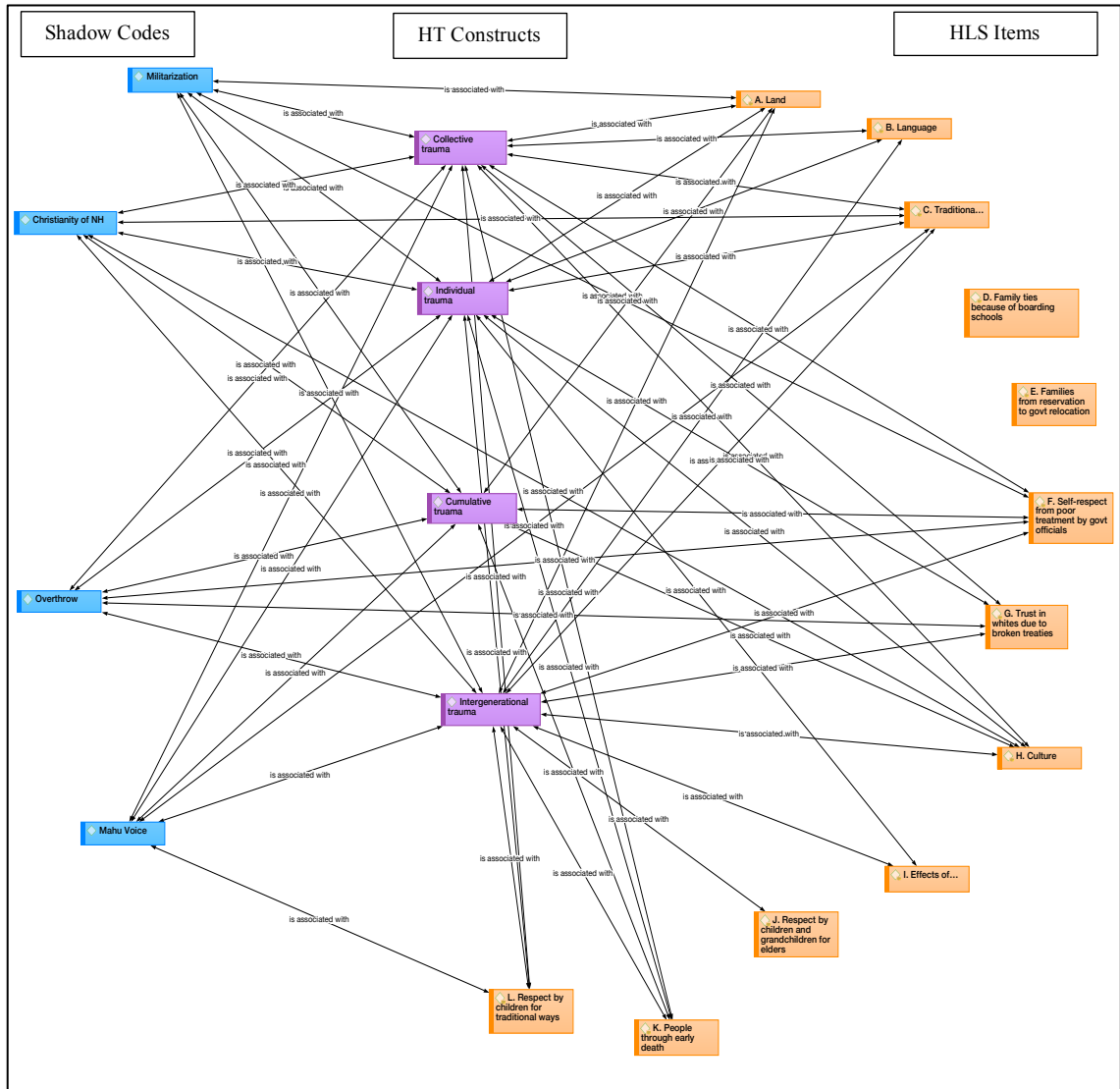
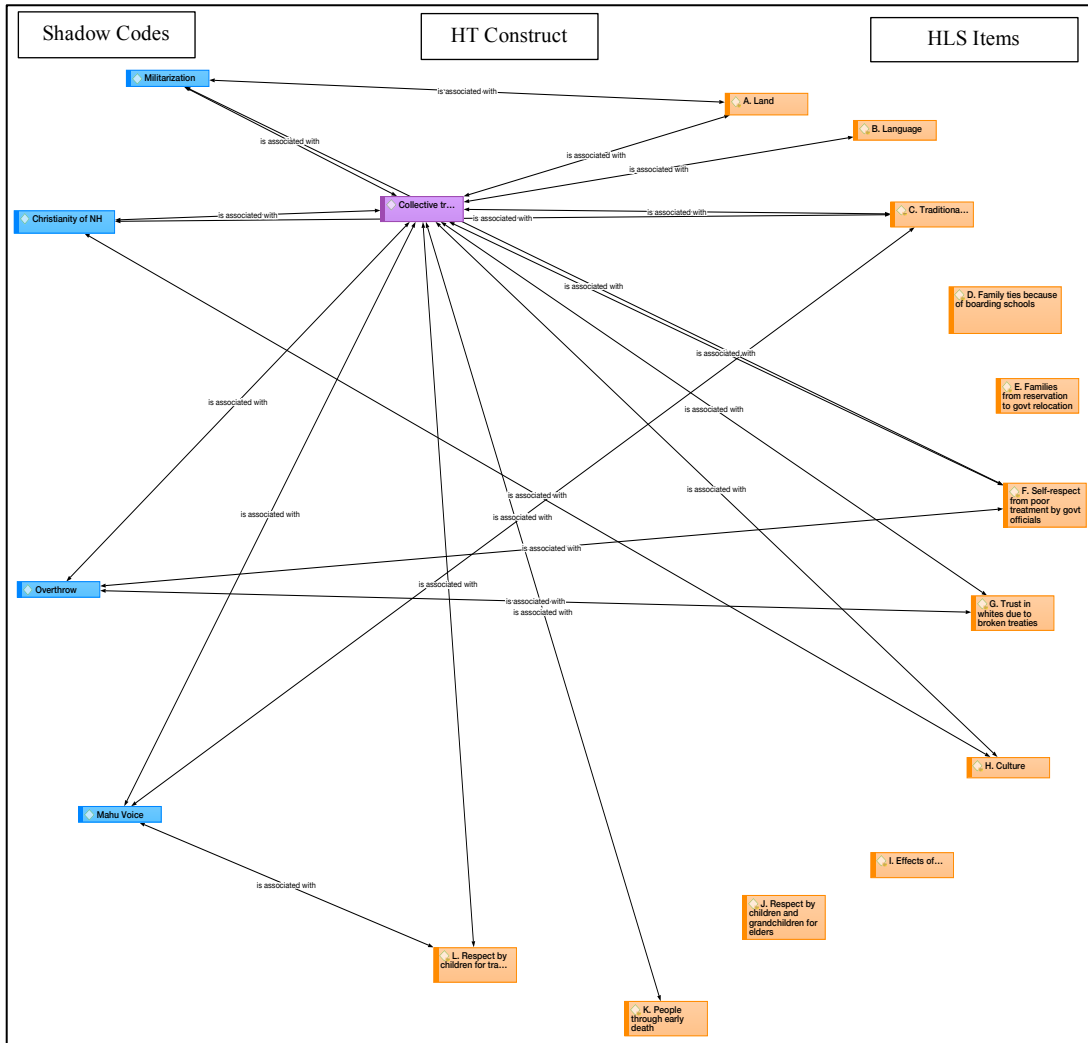


Figure D4: Historical Trauma Theory Network with Shadow Codes and HLS Endorsements. Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangle is the HT Theory construct: Collective Trauma, Individual Trauma, Cumulative Trauma, and Intergenerational Trauma. The blue rectangles are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali'i*, Overthrow of the sovereign Hawaiian monarch, and Māhū/LGBTQ Perspective. The Shadow Codes are connected to the HT Theory construct(s) if they were endorsed by the Native Hawaiian qualitative narratives. The twelve orange rectangles represent each item of the HLS (A-L). The items that are connected to the HT Theory construct contain quotations from Native Hawaiian qualitative narratives that endorse the item.

## APPENDIX D. Figure D5



*Figure D5: Collective Trauma Network with Shadow Codes and HLS Endorsements.* Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangle is the HT Theory construct: Collective Trauma. The blue rectangles on the left-hand side are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali ʻi*, Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective. The Shadow Codes are connected to the HT Theory construct if it was endorsed by the Native Hawaiian qualitative narratives. The twelve orange rectangles on the right-hand side represent each item of the HLS (A-L). The items that are connected to the HT Theory construct contain quotations from Native Hawaiian qualitative narratives that endorse the item.

## APPENDIX 6. Figure D6

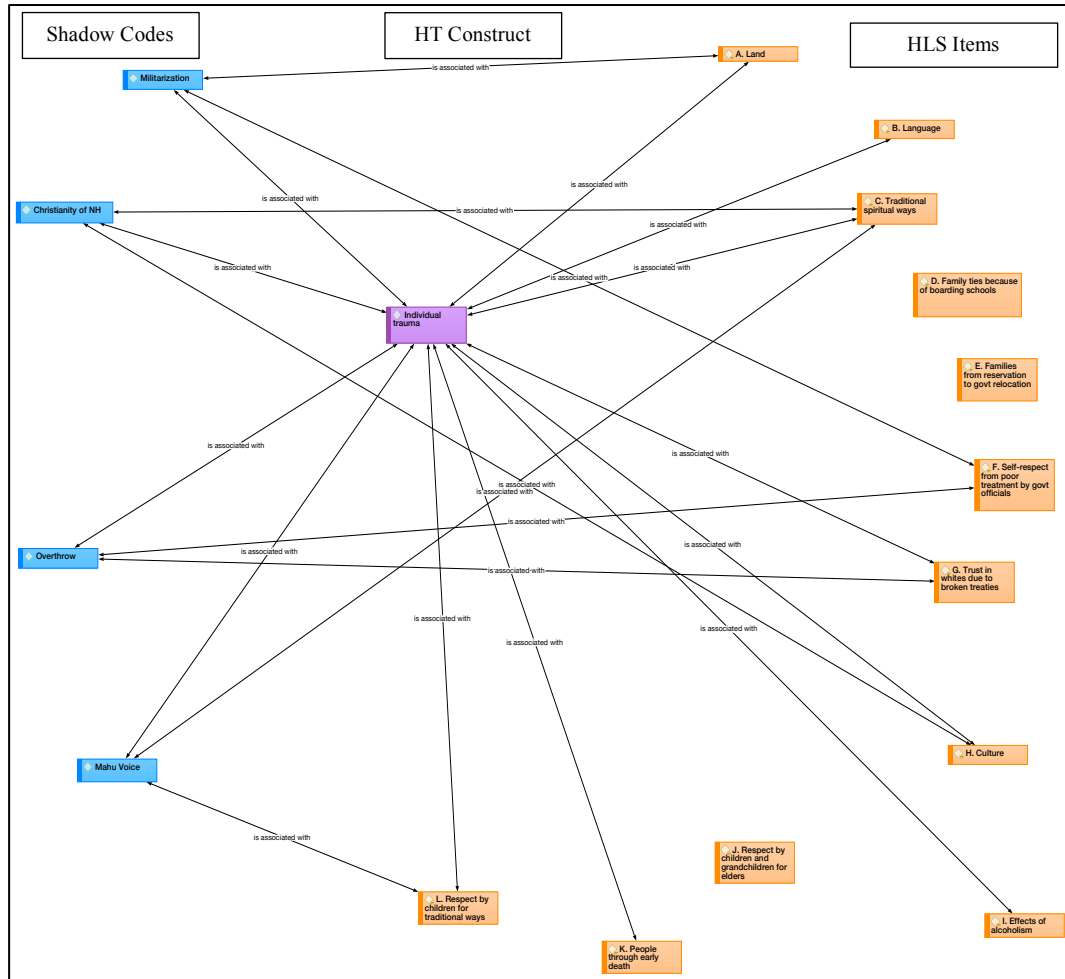


Figure D6: Individual Trauma Network with Shadow Codes and HLS Endorsements. Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangle is the HT Theory construct: Individual Trauma. The blue rectangles on the left-hand side are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali'i*, Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective. The Shadow Codes are connected to the HT Theory construct if it was endorsed by the Native Hawaiian qualitative narratives. The twelve orange rectangles on the right-hand side represent each item of the HLS (A-L). The items that are connected to the HT Theory construct contain quotations from Native Hawaiian qualitative narratives that endorse the item.

## APPENDIX D. Figure D7

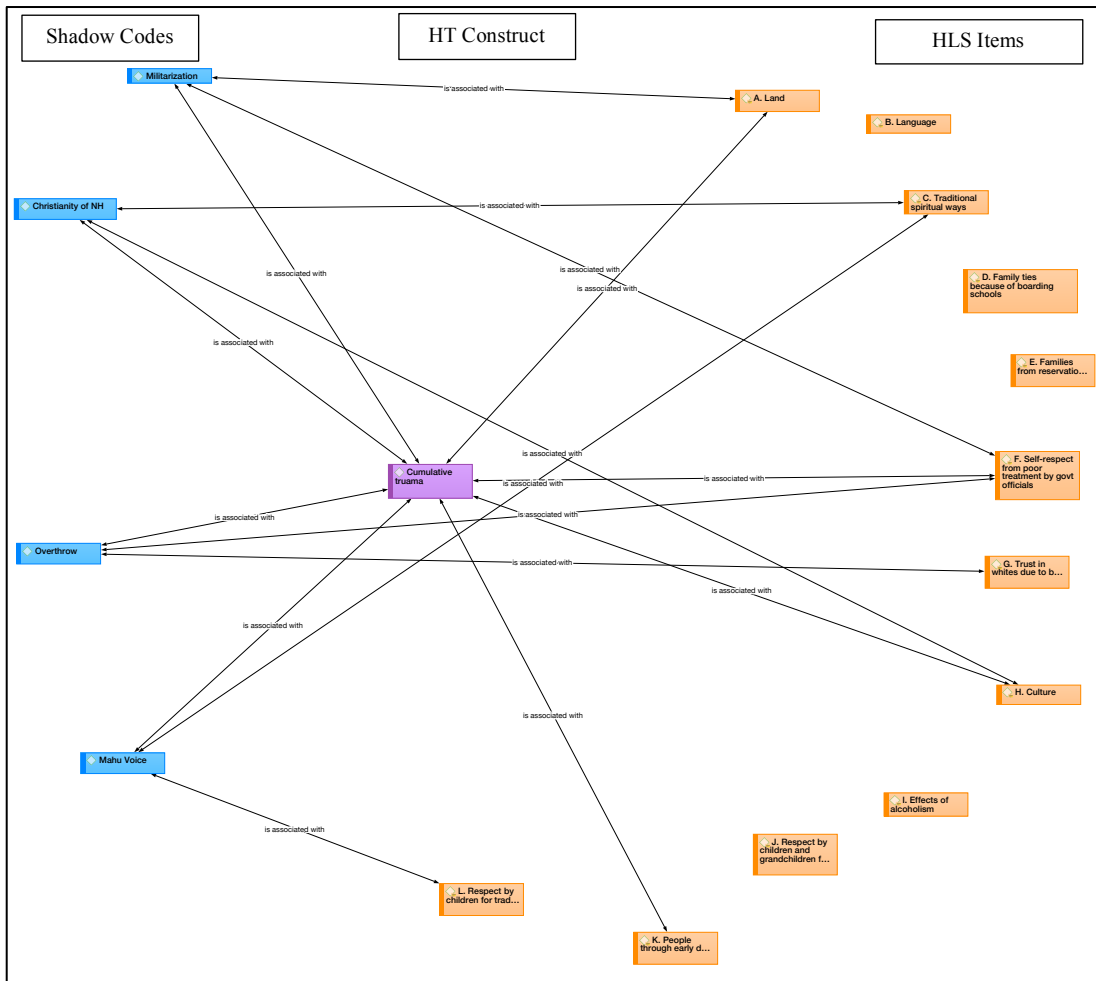


Figure D7: Cumulative Trauma Network with Shadow Codes and HLS Endorsements. Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangle is the HT Theory construct: Cumulative Trauma. The blue rectangles on the left-hand side are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali ʻi*. Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective. The Shadow Codes are connected to the HT Theory construct if it was endorsed by the Native Hawaiian qualitative narratives. The twelve orange rectangles on the right-hand side represent each item of the HLS (A-L). The items that are connected to the HT Theory construct contain quotations from Native Hawaiian qualitative narratives that endorse the item.

## APPENDIX D. Figure D8

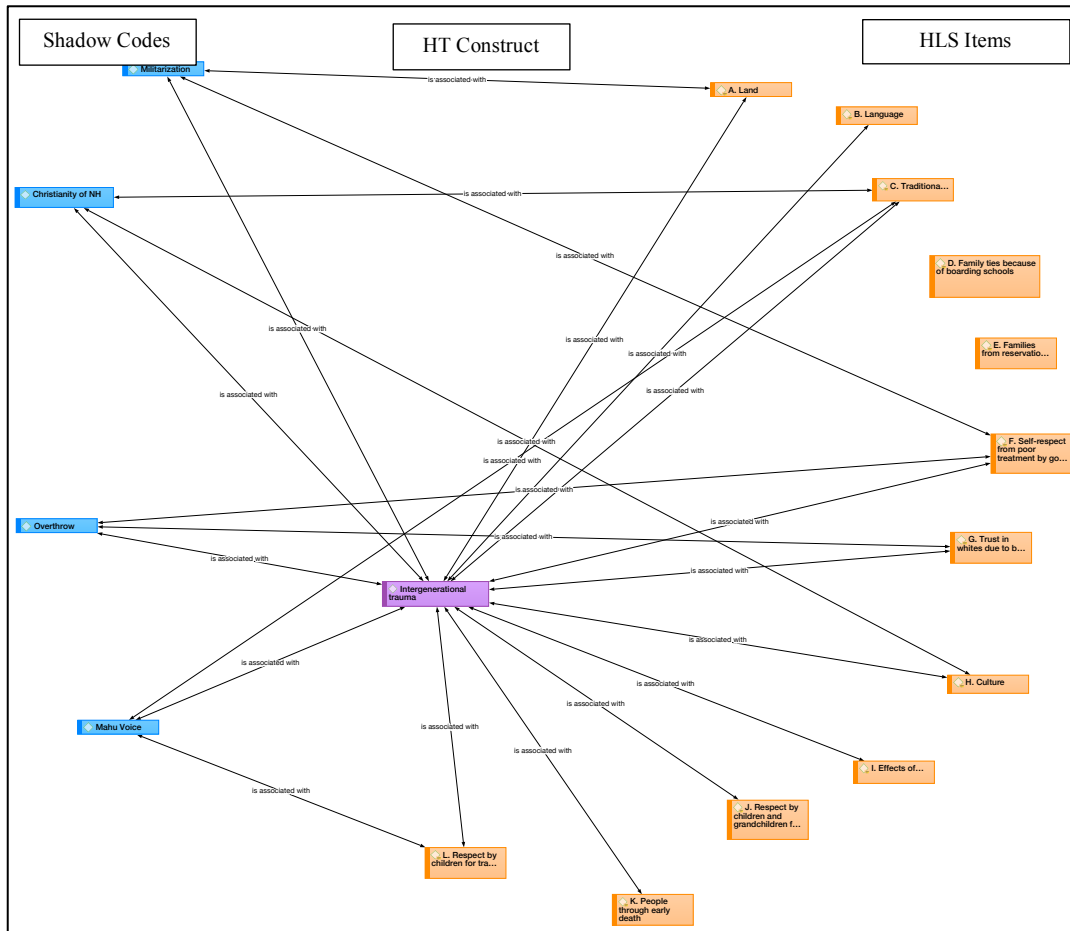


Figure D8: Intergenerational Trauma Network with Shadow Codes and HLS Endorsements. Network analysis of the theoretical coding process applying the Historical Loss Scale (HLS) Items with quotations from the Native Hawaiian qualitative narratives to Historical Trauma (HT) Theory constructs. The purple rectangle is the HT Theory construct: Intergenerational Trauma. The blue rectangles on the left-hand side are the four Shadow Codes identified in the Native Hawaiian qualitative narratives: Militarization of land, Adoption of Christianity by Native Hawaiian *ali'i*, Overthrow of the sovereign Hawaiian monarch, and, Māhū/LGBTQ Perspective. The Shadow Codes are connected to the HT Theory construct if it was endorsed by the Native Hawaiian qualitative narratives. The twelve orange rectangles on the right-hand side represent each item of the HLS (A-L). The items that are connected to the HT Theory construct contain quotations from Native Hawaiian qualitative narratives that endorse the item.