Unsilencing the Echoes of Historical Trauma: A Comparative Analysis

Lorinda Riley [1,*], Anamalia Suʻesuʻe [2] and Meldrick Ravida [1]

[1] Thompson School of Social Work and Public Health, Office of Public Health Studies, University of Hawaiʻi Mānoa, Honolulu, HI 96822, USA; meldrick@hawaii.edu

[2] Department of Psychology, College of Social Sciences, University of Hawaiʻi Mānoa, Honolulu, HI 96822, USA; suesuea@hawaii.edu

* Correspondence: lorindar@hawaii.edu

Abstract: Indigenous communities in North America have distinct colonial histories with their own story of how their ancestors were able to survive the mass effort to take their land, resources, language, culture, and sometimes even their lives. These stories have been passed down orally and through the DNA of the descendants of survivors via epigenetics. The Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS) are two validated scales that measure historical trauma among Native Americans. However, as different Indigenous communities have different colonial histories, it is critical to ensure that tools used to measure historical trauma are valid for that specific communities. When these scales are applied to Native Hawaiians, these measures may not provide an accurate picture of the historical trauma experienced by Native Hawaiians. As part of the effort to adapt the HLS for Native Hawaiians, we conducted a crosswalk analysis of the HLS and HLASS with a recent study on Native Hawaiian historical trauma (NHHT) to identify areas of overlap and divergence. We found that while there was significant overlap, several areas of divergence emerged likely stemming from the unique colonial histories of different Indigenous communities.

Keywords: historical trauma; collective trauma; loss; indigenous peoples

1. Introduction

Indigenous communities in North America have distinct colonial histories with their own story of how their ancestors were able to survive the mass effort to take their land, resources, language, culture, and sometimes even their lives. These stories have been passed down orally and through the DNA of the descendants of survivors via epigenetics. The Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS) are two validated scales that measure historical trauma among Native Americans. However, as different Indigenous communities have different colonial histories, it is critical to ensure that tools used to measure historical trauma are valid for that specific community. When these scales are applied to Native Hawaiians, these measures may not provide an accurate picture of the historical trauma experienced by Native Hawaiians. As part of an effort to adapt the HLS for Native Hawaiians, we conducted a crosswalk analysis of the HLS and HLASS with a recent study on Native Hawaiian historical trauma (NHHT) to identify areas of overlap and divergence. We found that there were several areas of divergence likely stemming from the unique colonial histories of different Indigenous communities, and there was significant overlap.

1.1. Historical Trauma Theory

Exposure to war and violence has detrimental impacts on people's lives, including economic, geographic, and social effects. In many cases, these impacts extend beyond the individual that directly experienced these mass trauma events and are transmitted to their offspring [1–3]. Indigenous historical trauma research developed out of research exploring

the impact of the holocaust on the offspring of survivors. In addition to additional stress and traumatic life events, offspring of survivors perceived their parents as unable to satisfy their needs and lacking emotional resources [4–6].

Historical trauma, as defined by Brave Heart, is the "cumulative and collective emotional and psychological injury both over the life span and across generations [7]", which emanates from massive group trauma [8]. She goes on to note that this trauma is derived from "cataclysmic, massive collective traumatic events, and the unresolved grief", impacting personally as well as intergenerationally [9–11]. Unlike intergenerational trauma, historical trauma operates on three levels: (1) Individual, which includes both mental and physical health; (2) Familial, which covers parental bonding and transferred trauma; and (3) Communal, which incorporates the breakdown of culture, high rates of mental ailments, and health disparities [12]. Individual responses include anxiety, post-traumatic stress, and depression, while familial responses can be seen in the increased interest of later generations in ancestral trauma, such that it becomes an organizing concept for family systems [13–15]. Brave Heart calls these responses "unresolved grief" that is exhibited across generations that can be seen in American Indian (AI) communities.

1.2. Historical Trauma among American Indians

American Indian tribal nations pre-exist the formation of the US. Prior to Western contact, tribal communities had strong social, political, and governing systems in place [16]. Although Indigenous communities did have some disease, the general level of health was quite high due to the nutrient-rich diet and active lifestyles of these societies [17,18]. As European settler–colonists began to entrench themselves into the "New World", they brought with them foreign diseases that disrupted Indigenous social fabric [19–21]. Epidemics swept through communities leaving no one to gather or hunt, resulting in diminished food supplies and a reduction in physical resilience of individuals, which, in many cases, lead to death [22,23].

As the Indigenous population declined, as did their relative power vis-a-vis European settlers [24]. Additional mass trauma events were perpetrated on Indigenous communities, including war, physical violence, and rape. Treaties were re-negotiated, as the power dynamic changed to favor the European settlers-colonists, requiring tribes to cede portions of their territory or agree to reside on reservations. As tribal nations continued to struggle for survival, the colonies, and, later, the US, began to unilaterally abrogate treaties, further casting aside what was once a diplomatic relationship [25].

The Reservation era (1850–1887), a period of US–tribal policy focused on assimilating Indigenous people, brought with it many programs, schools, and training programs that mandated farming arid reservation lands and homesteading skills [26,27]. Indians were deemed legally incompetent, requiring a white man to oversee their finances, which led to significant theft and corruption [28]. Throughout this era, tribal languages and cultures were minimized through indirect and direct means, including children being taken from their families and placed in boarding schools [29,30]. Despite the current US–tribal framework supporting self-determination, Indigenous people continued to distrust the US government, likely a result of the ethnocide committed by the ancestors of the modern-day settlers [31,32].

In addition to the pioneering work of Brave Heart, other scholars have furthered the research platform related to historical trauma, understanding the impact of mass traumatic events along with the degradation of resilience producing activities. Sotero articulated how secondary generations experience historical trauma, even though they did not experience the actual trauma event [33]. A significant number of studies have found associations between a higher presence of historical trauma elements and negative health outcomes [34], such as increased substance use among Native youth [35]. However, these studies have yet to develop into generalizable practice and policy standards.

Historical Trauma Measures—American Indians

Although historical trauma has received increasing attention in Indigenous communities, only two validated measures exist that purport to measure historical trauma [36]. The complex nature of historical trauma means that it encompasses historic, intergenerational, and present-day trauma. As the standard diagnostic categories, such as posttraumatic stress disorder (PTSD), used by psychologists and counselors, only capture some of the symptoms of historical trauma [12], scholars, such as Brave Heart, advanced a significant research agenda around historical trauma. Sotero's conceptual model of historical trauma described the mass trauma actions perpetrated by the settler population on Indigenous people that resulted in intergenerational historical trauma, especially as the collective historical trauma was passed from one generation to the next [33].

Under the weight of the colonization and assimilation of each generation of the Indigenous communities, they began to lose some of their traditional coping mechanisms that mediated the impact of the trauma [37]. Ultimately, the present generation carries not only current day racism and microaggressions but also the past lived experiences of their ancestors, resulting in intergenerational accumulation of trauma [38]. The increased health disparities that we see today among Indigenous people are, at least in part, the result of these traumas [39–42].

1.3. Historical Trauma among NHs

Similar to American Indians, NHs had a strong governing system that centered around resource management. For hundreds of years prior to sustained Western contact, NHs were governed under a land management system, which divided land in ahupua'a or areas of land starting from the top of a mountain and tracing down to the ridgeline to the ocean [43,44]. Konohiki (resource managers) would build expertise over their lifetime and often across generations to understand how to effectively manage resources to ensure that the community had sufficient amounts of food, clean water, proper housing, and safety [45]. This system of governance resulted in systems of abundance that Hawaiians lived under for centuries.

The arrival of Captain Cook marked the beginning of many changes for NHs. One of the most impactful changes was the mass adoption of Christianity, which was brought to Hawai'i by missionaries soon after contact [46]. Early missionaries embraced Hawaiian language and used it to convert Hawaiians [47]. However, later missionaries began to push for social changes such as a change in attire to support increased modesty, use of the English language, and other policies that supported the assimilation into Western culture [48,49].

Sustained Western contact ushered in a number of threats to the perpetuation of Hawaiian culture, ancestral knowledge, and customary practices. Taking place from the Kingdom era through to the aftermath of the illegal overthrow of the Hawaiian Kingdom by the US, these threats included the condemnation of hula as lewd and an abomination, prohibition of speaking Hawaiian in the school system, and the promotion of Christian names over Hawaiian naming practices [50–54]. Even schools that were meant to support Hawaiians operated using a deficit-based model, reinforcing the lower socio-economic status of Hawaiians and traumatizing Hawaiians [29,55]. In a matter of generations, Hawaiians went from the most literate nation in the world to having their government forcibly taken over by a group of non-Hawaiian businessmen with ties to the United States [56]. Hawaiians and scholars continue to debate the legality of Hawai'i's position as the 50th state in America. Unlike federally recognized Native American tribes, NHs lack official legal recognition and self-determination, which reinforces the continued colonial legacy.

Hawaiian scholar and psychologist Rezentes coined the term kaumaha to describe the deeply seated, heavy sadness that resulted from colonization [57]. Kaumaha, or historical trauma, thus has been identified in NHs and operates similarly [58–60]. In fact, the concept of historical trauma also resonates with Hawaiian cultural values placed on mo'okuauhau or genealogy, which encourages Hawaiians to know not only their genealogy, but the storied histories of their ancestors. When these stories hold negative power, it adds to the

emotional trauma experienced by later generations. The intergenerational nature of the effects of colonization can be seen through the disproportionate physical and mental health, education, and socio-economic outcomes experienced by NHs [57].

Historical Trauma Measures—Native Hawaiians

Currently, no measure specific to NHs exists to measure historical trauma. However, two studies did apply the HLS to NH. Pohkrel et al. applied the HLS to NH college students in a study focused on substance use among college students [61]. The study found an inverse association between historical trauma and substance use. The authors suggested that perceived discrimination mediated the effects of historical trauma and substance use. Five items were removed or modified in the Historical Loss Scale to better align with NH colonial experiences. Notable differences occurred when the adapted scale was applied to NH, including that NHs were more likely to report thinking about historical trauma on a yearly basis, but less likely to report thinking about historical trauma daily than AIs in Whitbeck's study [36].

Alvarez et al.'s findings were similar. However, this study focused on māhū, or the lesbian, gay, bisexual, transgender, or queer population [62]. Alvarez conducted a crossover implementation of the HLS by, first, reinterpreting each item of the HLS and then conducting both interviews and focus groups with 22 NH. After applying the reinterpreted items of the HLS to māhū NH, they found that certain items such as loss of land, language, culture, and early death were endorsed by all participants. However, other items related to boarding schools, government officials, respect of children, and trust in colonizers were less endorsed. Finally, certain scale items were removed completely, as they were deemed to be irrelevant [62].

Both studies recommended developing a scale specific for NHs in order to more accurately measure historical trauma among this population. A recent Native Hawaiian historical trauma study among Native Hawaiian juveniles reiterated this recommendation after identifying 8 themes and 35 subthemes related to the construct of historical trauma [63]. The unique colonial histories of American Indians and NHs necessitates the existence of some differences in how these populations experience and understand historical trauma. In this study, we seek to articulate the overlaps between the construct of historical trauma represented in the HLS/HLASS and Native Hawaiian historical trauma as identified in a recent study on Native Hawaiian historical trauma. After summarizing the HLS/HLASS, we provide a summary of the findings of the Ke ala i ka Mauliola or NHHT study, which sought to identify the construct of historical trauma for Native Hawaiian justice-involved and at-risk youth through talk story interviews. We then analyze the areas of overlap between the two scales and the NHHT study before discussing areas of incongruence. Our findings indicate that the construct of historical trauma for NHs incorporates several unique areas including environmental degradation, economic systems, and education, and there are significant areas of overlap. Finally, we note some theoretical differences in the HLS/HLASS and NH historical trauma research that warrant deeper reflection and inclusion of strength-based domains.

2. Methods

In order to determine whether NHs conceptualize historical trauma differently than other Indigenous communities, a literature search was conducted for any measures that have been used to quantitatively analyze Native Hawaiian historical trauma. Four scales or measures were identified that were applied to the Native Hawaiian population: (1) Historical Loss Scale (HLS); (2) Historical Loss Associated Symptoms Scale (HLASS); (3) Historical Oppression Scale; and (4) Oppression Questionnaire. Of these four, two (Historical Oppression Scale and Oppression Questionnaire) were generalized oppression scales that did not necessarily tie to status as Indigenous people. Therefore, this crosswalk analysis was limited to the remaining two scales, the HLS and the HLASS, as these two scales

incorporated concepts specific to Indigenous communities such as loss of land and loss of sovereignty.

The HLS and HLASS were both developed and validated among American Indians from the Plains region and applied among NH. Although no tool currently exists to measure historical trauma among NH, a recent study conducted among justice system-involved and at-risk Native Hawaiian youth found 8 themes and 35 sub-themes related to Native Hawaiian conceptualization of historical trauma. This paper conducted a crosswalk analysis of the NHHT study and the HLS/HLASS study.

The first step in conducting the crosswalk analysis was to translate the themes in the NHHT study to English. The original study articulated the themes in ʻōlelo Hawaiʻi (Hawaiian language) and used culturally grounded metaphors, language, and phrasing. To allow for a more direct crosswalk analysis, we revisited the themes to align with more pedestrian English language (See Appendix A (Table A1) for a table of translations). To ensure faithfulness of the original meaning and effect of the translations, we shared our translations with one fluent Hawaiian language speaker and three authors of the original study.

Next, the constructs in the HLS, HLASS, and NHHT study were identified and listed. There was overlap between the HLS and HLASS scales and constructs due to the development by the same research team. However, the NHHT study overlapped with the HLS and HLASS more broadly. The results of the crosswalk analysis were shared with three Indigenous trauma and wellbeing researchers to validate the results.

3. Findings

The HLS and HLASS are validated scales that purport to measure the construct of historical trauma and the symptoms of historical trauma, respectively, whereas the NHHT study sought to develop a better understanding of the construct of historical trauma among Native Hawaiian youth for the future scale development. Our crosswalk analysis shows that a significant number of elements in the HLS and HLASS can also be found in the NHHT study indicating significant overlap. However, a number of elements from the NHHT study were not identified in either the HLS or HLASS studies, suggesting that there are additional elements of historical trauma not yet identified, or the construct of NH historical trauma may incorporate additional elements.

3.1. Historical Loss Scale (HLS) and Historical Loss Associated Symptoms Scale (HLASS)

Indigenous communities inherently understood the concept of historical trauma [12] and supported the development of two scales to measure historical trauma: Historical Loss Scale and Historical Loss Associated Symptoms Scale [36]. A series of focus groups among American Indian elders were held by trained tribal members to identify types of losses associated with historical trauma and the emotions these losses elicited. These scales were developed and validated by a research team working in the Plains region but have since been used in other American Indian communities across various age groups [64,65].

The HLS was developed by a team of researchers out of the University of Nebraska-Lincoln. The scale consists of 12 items asking participants to recall the frequency of certain thoughts surrounding different losses. For example, respondents were asked how frequently they thought about "loss of our land"; "The losses from the effects of alcoholism on our people"; and "the loss of trust in whites from broken treaties". Response categories were based on frequency and included 1 = several times a day; 2 = daily; 3 = weekly; 4 = monthly, 5 = yearly or at special times; and 6 = never. See Figure 1 for a visual depiction of the HLS and HLASS scales.
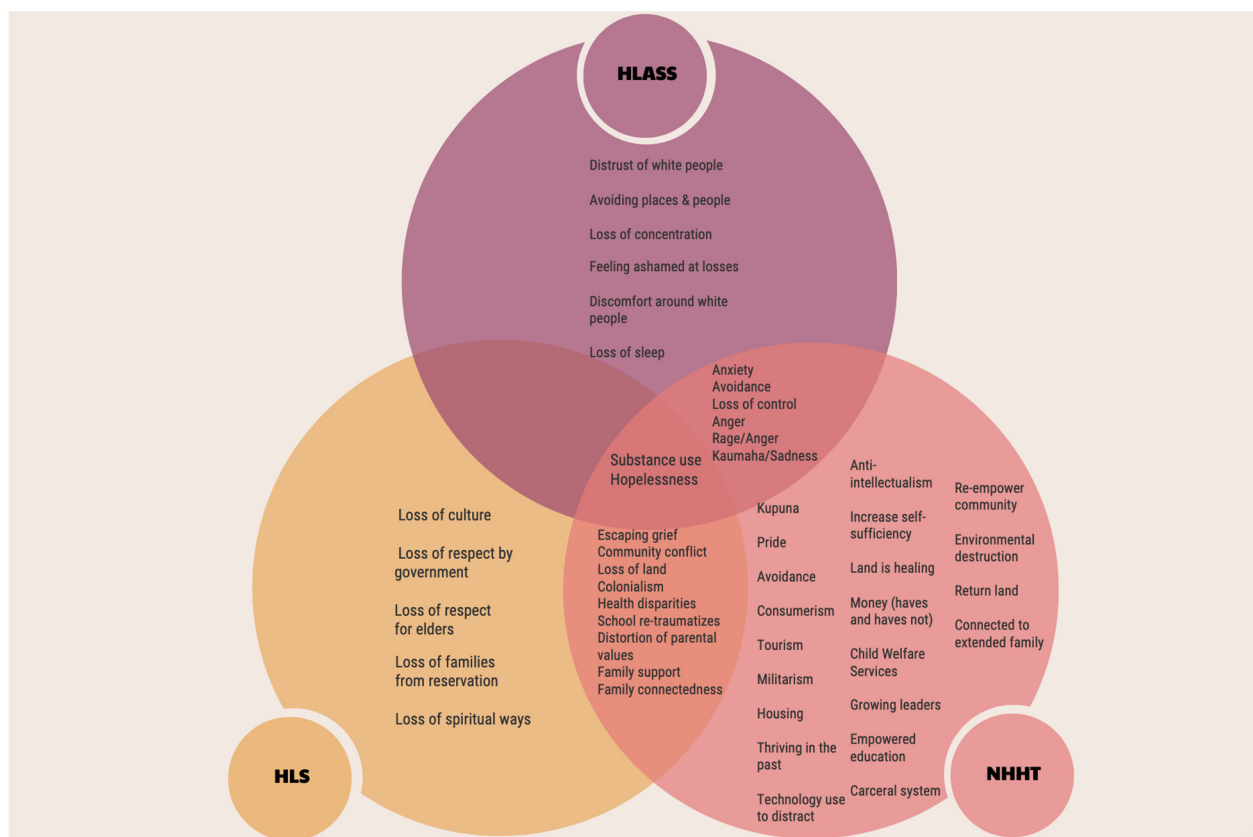
Figure 1. Comparison of historical trauma elements—HLASS, HLS, NHHT.

The HLASS speaks to the symptoms that many who participated in the HLS experienced. The scale consists of 12 items, representing a potential symptom identified during the scale development process. Sample symptoms include sadness or depression, anger, lack of concentration, loss of sleep, and anxiety or nervousness. These items align with the findings of other scholars such as Brave Heart. When presented with certain perceived losses, respondents were able to select from a Likert scale of 1–5, where 1 represented never and 5 represented always.

3.2. Native Hawaiian Historical Trauma Study

The NHHT study was conducted to better understand the construct of Native Hawaiian historical trauma in to order to develop a mechanism to measure that trauma. Recognizing that Native Hawaiian historical trauma may differ from American Indian historical trauma, the goal of this study was to identify additional or divergent elements that could be used to adapt the HLS and HLASS scales in the future. While this study focused on justice-involved and at-risk youth, adults working with these youth were also interviewed as part of the research design. Questions in talk story (semi-structured) interviews included: "Do you ever compare where you and your family are today to how your ancestors were before non-Hawaiians came to the islands and think that you would be better off if non-Hawaiians did not colonize Hawai'i?" Additionally, "What are some things that you, your parents, and even your grandparents have had to deal with that your Hawaiian ancestors from before contact did not have to deal with?"

After conducting interviews with 19 Native Hawaiian youths (age 15–24) and 15 service providers and legislators that work with the Native Hawaiian youth, 8 themes and 35 sub-themes emerged. The study presented the themes in 'ōlelo Hawai'i, which we translated into English to assist in the comparison process. One of the themes included six separate emotions as subthemes, including pain/sadness, anger, anxiety, and hopelessness. Other themes included loss of land, loss of family support systems, and escapism. Unlike

the HLS and HLASS, this study also asked respondents questions such as, "Have you ever participated in programs or services (whether through the Justice System, School, or Outside programs) that made your feelings of frustration or anger go away?" Additionally, "What are the largest barriers to policies addressing historical trauma and promoting Native Hawaiian health?" As a result, one of the themes (restoring balance) represented strength-based approaches to healing historical trauma in the Native Hawaiian community.

3.3. Crosswalk Analysis

The crosswalk analysis revealed that a significant number of elements from the HLS and HLASS scales were also found in the NHHT study. However, additional elements were identified in the NHHT study that did not appear in either the HLS or the HLASS scales.

3.3.1. Areas of Overlap

There are 17 overlapping elements: 8 elements of overlap between HLASS and the NHHT study; 11 elements of overlap between HLS and the NHHT study; with 2 elements that can be seen across all three. Substance use and a feeling of hopelessness are the two elements that can be seen across all three studies. Substance use and feelings of hopelessness and despair were associated in the HLS and HLASS studies. Quotes from participants articulated that these two elements related to loss of culture, which normally was a protective factor, but the recent cultural loss compounded these issues [36].

Between the HLS and the NHHT studies, 11 common elements exist. The loss of land was prominent in both studies, with the HLS study linking loss of land to experiences with broken treaties. While none of the participants of the NHHT study brought up broken treaties, they did discuss various forms of colonization and the differential power dynamic between the NH community and the settler nation. In addition, several participants discuss the lack of a treaty of annexation, which is the appropriate legal mechanism to have incorporated Hawai'i into the US after the overthrow of the Hawaiian Kingdom. The NHHT study participants also articulated the loss of access to land and the degradation of the environment in addition to the loss of actual land mass, which were concepts that did not appear in the HLS.

The HLS and NHHT study both had several elements associated with the family and community. The HLS included elements such as the "Loss of respect by our children and grandchildren for elders" and the "loss of our family ties because of boarding schools." One participant reminisced that people in their community used to visit each other, bringing their kids along to play. They continued by saying, "I do not see that anymore. Nobody visits." Similarly, the NHHT study included an entire theme on Family Connectedness, along with four subthemes. Participants discussed the importance of the family support system and the critical role that extended family and community played in the lives of NH youth. Participants also identified a distortion of NH parental values. Many of the youth discussed "lickins", or corporal punishment, as a Hawaiian child rearing practice, but older NH participants countered that this was not a traditional practice where children were considered sacred but one that was introduced by Christianity.

Another area of overlap revolved around health disparities. The HLS identifies loss of people through early death as one of the methods by which AIs experience historical trauma. The NHHT study also identified health disparities, especially related to the disparate impact of COVID-19 in the NH community. The final area of overlap, the impact of school systems, was very strongly present in the NHHT study, who shared that schools were often re-traumatizing both for NH youth and their parents. This had a compounding impact on participants whose parents were not as engaged in their education and who may not have valued Western education in the same way, in part because of their own negative experiences with education. The HLS also identified schools, specifically boarding schools, as a mechanism that tore communities apart, breaking bonds within families and having lasting impacts on the community.

The HLASS, which was developed synchronously with the HLS, focuses on the symptoms and feelings associated with historical trauma, of which the two primary feelings were anger and rage. Additional elements that overlap include anxiety, anger, rage, sadness, a feeling of loss of control, and avoidance. The HLASS participants articulated a range of negative feelings from anger to rage. One participant specifically discussed the impact that racism had on them, especially when directed at their kids and grandchildren. They shared that they were trying not to be angry, but when they thought about all the injustices that they and their ancestors experienced, it was a difficult process. Participants in the NHHT study articulated a variety of feelings related to anger. While the study did not distinguish between anger and rage, the study participants did express extreme anger, which could be classified as rage. These feelings often led youths to engage in inappropriate behavior to cope with their emotions.

3.3.2. Areas of Divergence
Elements Found in the HLS and/or HLASS Studies, However, Not the NHHT Study

There were several elements found in the HLS and HLASS that did not appear in the themes of NHHT study. Elders who participated in the focus groups from the HLS study discuss losses related to spirituality, loss of culture, loss of language, and loss of respect by the government. According to Whitbeck et al., "foremost among the cultural losses mentioned was the loss of language" [36]. Participants felt sadness that they no longer heard the language, grief that the language was gone, and guilt that they did not pass it down. This was not mentioned in the NHHT study. To the contrary, several participants did speak Hawaiian, went to Hawaiian language immersion schools, and articulated pride in their ability to speak Hawaiian. Another element that was unique in the AI context was a loss of respect by the government for Indigenous nations.

Similarly, the HLASS identified distrust of white people and discomfort around white people. Other symptoms that were associated with American Indian HT were the loss of sleep and lack of concentration. Neither of these were specifically identified in the NHHT study; however, the lack of concentration may be incorporated in the lack of engagement with school and overuse of technology such as iPhones that was identified by the NHHT study participants. Finally, the HLASS also identified being ashamed as an emotion that was associated with HT; however, participants did not identify being ashamed in the NHHT study. In the NHHT study, several service providers did share experiences with some parents of NH youth who they believed were ashamed of their ancestry. Instead, the NNHT participants specifically stated that they felt pride about their Hawaiian ancestry.

Elements Found in the NHHT Study, However, Not in the HLS and/or HLASS Studies

The NHHT study, which identified themes, articulated quite a few additional elements that were not identified in the HLS or the HLASS studies. Systemic issues such as militarism, tourism, the carceral system, and child welfare systems were all present in the NHHT study but did not appear in either the HLS or HLASS studies. Housing costs and environmental issues also were particularly prominent in the NHHT study. Finally, due to the different scope of the NHHT study, there were several strength-based elements focused on how the community should move forward. These largely revolved around empowering community, growing leaders, and indigenizing education.

One of the largest themes in the NHHT study was Confused/Messy System, which consisted of various sub-systems of oppression. Of the seven sub-systems that were identified, only schools and health were found in the HLS or HLASS studies. Sub-systems that the NH participants felt controlled their lives to some degree included militarism, tourism, the child welfare system, and carceral systems. Tourism, in particular, created internal and external conflict in the lives of participants. Several participants expressed resentment that so much land was being used for tourism and that the industry operated in an unsustainable manner that took resources out of the community without providing tangible benefits back to the community. In a similar vein, several participants expressed

resentment that tourists were polluting the land and then leaving. Thus, it was not just the loss of land but also the loss of access to land and the environmental degradation that played a role in the NH construct of historical trauma. Moreover, it was working and cultivating the land along with a connection to land that was attributed to healing from individual and historical trauma.

Many NHs work in the tourism industry, however, home ownership among NHs is low, with little hope among participants that they will be able to afford to purchase a home. Thus, these participants are not receiving salaries that allow them to individually benefit from the industry either. The hopelessness that many expressed about the cost of living in Hawai'i was most present when talking about housing and the many NH families that have relocated to the Continental US for economic reasons.

4. Discussion

The construct of historical trauma has been articulated across many Indigenous communities around the world. The HLS and HLASS, developed and validated among American Indians, measures loss associated with historical trauma. However, due to the differing colonial histories, the NHHT study identified several elements that were not included in the HLS or HLASS studies. Of these divergences, elements related to schools, environment, military, tourism, and housing are particularly interesting. Deeper exploration of these elements should be undertaken to determine whether the HLS and HLASS should be adapted by including these elements for the NH community.

4.1. Schools

The HLS includes items regarding boarding schools; however, Hawai'i did not have the same legacy with boarding schools as AIs in the Continental US. Post-contact education in Hawai'i was largely undertaken by the various missionaries that traveled to Hawai'i. This influx of non-Hawaiian teachers reinforced the colonization and assimilationist policies that applied first to NHs and later to waves of immigrant plantation workers [48,66]. As the Hawaiian Kingdom ruled post-contact, early colonization was much more insidious than on the US continent. NH youth were not forcibly removed from their families to attend school with the exception of those adjudicated or orphans, but, rather, they were encouraged to attend by church and other institutions.

Nonetheless, in May 2022, the US Department of the Interior released a Federal Boarding School Initiative Investigative Report, which identified seven schools in Hawai'i that they determined constituted boarding schools [29]. Many of these were run by missionaries, promoted Christian conversion, and restricted the use of 'Ōlelo Hawai'i in favor of English only. Kamehameha Schools, a school founded by Princess Bernice Pauahi for Native Hawaiian children, was identified in the DOI's report as an instrument of assimilation. As Kamehameha Schools was founded in 1887, over 28,000 Native Hawaiian children have graduated from this institution. Some schools utilized a military-style approach, whereas others incorporated disciplinary actions such as corporal punishment and food denial. The construct of historical trauma for NHs, such as AIs, incorporates the influence and impact of the school system, even though they may not perceive these schools as boarding schools. Deeper analysis of the impact of the educational system on NHs is needed to adapt this factor for a NH-specific measure.

As the American presence in Hawai'i began to increase, many of the practices at boarding schools soon became commonplace throughout the public school system. In the late 1800s, less than a fifth of NH children received instruction in 'Ōlelo Hawai'i [29]. Shortly after the overthrow of the Hawaiian Kingdom in 1893, 'Ōlelo Hawai'i was banned from public schools, a form of cultural bombing [67]. Three years later, over 200 English only schools were established in the Territory, carrying disciplinary action for use of 'Ōlelo Hawai'i. In fact, some posit that boarding schools in Hawai'i served as unique tools to leverage American control and power in the islands well before annexation and statehood [29,67]. Thus, while the HLS emphasizes the loss of family ties as a result of

the boarding school experience, an NHHT measure may focus on other areas more tightly connected to the schooling experience. The NHHT study clearly articulated the negative emotional trauma that NHs experienced in schools where their culture and language were constantly degraded and where the youth were seen as less competent. Any measure of NHHT will likely have to incorporate an adapted factor related to the school system to fully capture the experiences of NHs.

4.2. Housing and Reservations

Another key difference in the history of colonization between NHs and AI is the establishment of reservations. Similar methods of historical land dispossession exist in these two communities. For example, the Great Māhele in 1848 laid the groundwork for private land ownership in Hawai'i and later paved the way for non-Hawaiians to obtain land while leaving many NHs without claim to land. This can be compared to the General Allotment Act of 1887, which divided up reservation land among individual Indians breaking up familial kinship systems and allowing for the fee simple transfer of land ownership.

The HLS mentions losses associated with reservations; however, reservations were never established in Hawai'i and thus were not mentioned by participants in the NHHT study. However, the Hawaiian Homes Commission Act of 1921 established the Hawaiian Home Lands program, setting aside a portion of land for NHs while requiring "a blood quantum of at least 50 percent Hawaiian" [68]. While the Hawaiian Home Lands program still exists, extensive waitlists of NHs with some applicants never obtaining homestead land in their lifetime may serve as a further reminder of the loss of land.

4.3. Environment, Militarism, and Tourism

Indigenous populations throughout the world have a reciprocal relationship with the land [69,70]. For NH, caring for 'āina is of the utmost importance to ensure healthy communities in the present and for future generations. NH participants in the NHHT study, focused on present relationships with the 'āina, revealed several unique factors, all of which were related to colonization. Militarism, tourism, and a need for environmental sustainability impacted NH relationships with 'āina, highlighting Hawai'i's distinct history with US colonial powers and critical geospatial location as the most isolated archipelago in the world.

Militarism emerged in the NHHT study, often connected with the military's role in loss of land and ongoing environmental degradation in Hawai'i. Due to Hawai'i's strategic location for the US, 12 key military bases are currently operational in the state [71]. Participants in the NHHT study connected desired land to be returned to NHs along with the removal of military bases. In addition to the amount of land occupied by the military, NH participants also outlined the poor treatment of the land by the military, highlighting current environmental damage at Red Hill, with the US Navy having released over 244,000 gallons of jet fuel over the 67-year life of this refueling tank into the aquifer, causing significant health and safety issues to nearby residents [72]. This incident harkened memories of the use of Kaho'olawe, an island off the coast of Maui, as target practice by the US Navy in the 1960–1970s. Several participants in the NHHT study noted that the continued and overwhelming presence of the US military retraumatizes NHs.

In the same vein, tourism is perceived as taking large amounts of land away from NHs. Many participants in the NHHT study recognized that land was frequently bought by non-Hawaiians and used for vacation rentals, thus removing housing options for NHs and increasing market prices [73,74]. This cycle of land loss and skyrocketing housing costs effectively prices NHs out of Hawai'i, reflecting a system that prioritizes tourism and money over Indigenous people remaining in their ancestral home. The result is that there are currently more NHs living outside of Hawai'i, many of whom cite cost of living as one of the main reasons for moving [74].

In addition to the impact that tourism has on housing, many NHs point to the quantity of tourists that visit Hawai'i as a significant problem. Overtourism damages the sensitive ecosystem of these islands by bringing in new pests and disease that ravage our flora and by the overuse of trails and other areas used for subsistence and recreation [75]. Several youths in the NHHT study shared feelings of anger when tourists would behave badly, harassing sunbathing monk seals, littering, or using chemical sunscreen, which bleaches coral and reduces fish populations. Nonetheless, participants also felt resigned to the reality that the best paying jobs they could work towards would likely be in the tourism industry, but that it would still not be sufficient afford a home or live in the lifestyle that they desired.

While many AIs live off reservations, they tend to live in nearby communities. Similar to NHs who leave, these individuals often cite increased opportunities as a major reason for their decision to move. Similar to NHs, many tribal communities have multigenerational houses. However, whereas the reason for multigenerational living in Hawai'i is attributed to high cost, the reason is attributed to severely limited inventory on many reservations [76]. As federally recognized tribal nations have sovereignty, many of those with robust economic development programs have sought to increase housing inventory for tribal citizens. Similarly, tribal nations have often sought tourism as a viable economic development alternative [77,78]. However, one key difference is that they are able to control what tourism will look like because of their sovereign status, including imposing use limits in sensitive areas.

AIs such as NHs are overrepresented in the military, however, perhaps because of their longer history with this institution, many tribal nations have incorporated the military into their post-contact culture [79,80]. AIs who enter into the US military, "tend to think of themselves as warriors of an older, sacred tradition, but placed in a changed set of circumstances" [81]. This, and the fact that many tribal nations are not located near military bases, creates a vastly divergent experience with the military than NHs who have had to deal with numerous modern-day encroachments and environmental degradations such as Red Hill, Kaho'olawe, etc.

Over generations of pervasive colonial interference between NHs and their land, many forms of traditional, self-sufficient food production, such as sustainable fishing and farming, were replaced by importing food from the US continent. The dependence on imported food has contributed to a disconnect to 'āina among NHs and comes with the risk of food shortages, as seen recently through delays in California ports [76]. A strong call to return to traditional practices that were environmentally sustainable can be seen among many in Hawai'i [81–83]. Participants felt that a sense of pride and feeling of control would return by restoring sustainable NH food practices and connecting to 'āina that would, ultimately, result in healing some of the historical trauma that NHs are exposed to.

4.4. Healing and Strength-Based Approaches

Key themes found in the NHHT study emphasizing healing and restoration might signal a theoretical departure from the HLS, which centers around losses and symptoms associated with historical losses. The NHHT study theme of Ho'i i ka Pono or Return to Balance incorporated empowering education, re-empowering community, growing leaders, and increasing self-sufficiency to heal the effects of HT. These strength-based concepts are thought of in unison with other experiences of HT and align with the community's desire to refocus around strengths. Identifying and supporting community strengths serves to increase protective factors that NHs can turn to in times of stress and crisis, thereby furthering resilience and wellbeing. While HT is inherently negative, a measure need not necessarily be strictly deficit based. Indigenous advocates have called to move away from deficit-based approaches to health, which can be disempowering, fatalistic, and inaccurate [84,85]. Including items in a HT measure that capture resilience, relationality, and pride are important to fully understand how HT is conceptualized and experienced by Indigenous communities today.

5. Conclusions

NH historical trauma operates in methods similar to the AI population that was used to validate the HLS and HLASS studies. Historical trauma as a construct is highly complex and consists of multiple layers. However, the theoretical framework of historical trauma has been endorsed by numerous Indigenous communities globally. Additional research to home in on the cultural, geographic, and context-specific elements of historical trauma is critical to better understanding this complex overarching theoretical construct. The results of the NHHT study and differences in the historical context of NHs suggest that NH historical trauma incorporates additional elements. Thus, adapting and validating the HLS and HLASS scales in different communities and contexts is a key next step in being able to heal NH historical trauma.

Author Contributions: Conceptualization, L.R.; methodology, L.R.; formal analysis, L.R.; writing—original draft preparation, L.R. and A.S.; writing—review and editing, L.R., M.R. and A.S.; visualization, L.R. and M.R.; supervision, L.R.; funding acquisition, L.R. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: Not applicable.

Data Availability Statement: No new data were created or analyzed in this study. Data sharing is not applicable to this article.

Acknowledgments: This paper was supported by Ola HAWAII and the PIKO Project by providing capacity building and funding-aligned research.

Conflicts of Interest: The authors declare no conflict of interest.

Appendix A. Table of Alignment

Table A1. Alignment between the HLS and NHHT Study.

Historical Loss Scale	Ke ala i ka Mauliola
Loss of our land	Ka lilo ka ʻāina (Land Loss)
Loss of our language Loss of our traditional spiritual ways	Ka ʻehaʻeha ma ke kula (School Re-traumatizes) N/A
Loss of our family ties because of boarding schools	Kū i ka welo (Family Connectedness) Ka ʻohana (Family Support System) Ke kupuna (elders) Nā pilikia kaiaulu (Community Conflict)
Loss of our families from the reservation to government relocation	N/A
Loss of self respect from poor treatment by government officials	N/A
Loss of trust in whites from broken treaties	Ka pono waiwai haole (Colonialism and Other -isms)
Loss of our culture	N/A
Losses from the effects of alcoholism on our people	ʻAuana i ke kula ʻo Kaupeʻa (Escaping from grief) ʻAi lāʻau ʻino (Substance Use)
Loss of respect by our children and grandchildren for Elders	Ka hilihewa o ka makua i ke ʻano haole (Distortion of Parental Values)
Loss of our people through early death	Ke olakino kauʻwa (Health Disparities/COVID)
Loss of respect by our children for traditional ways	N/A
Historical Loss Associated Symptoms Scale	
Often feel sadness or depression	Ke kaumaha (Pain/Sadness)
Often feel anger	Ka huhū (Anger)
Often anxiety or nervousness	Ka hopohopoalulu (Anxiety/Fear)
Uncomfortable around white people when you think of these losses	N/A

Table A1. *Cont.*

Historical Loss Scale	Ke ala i ka Mauliola
Shame when you think of these losses	N/A
Loss of concentration	N/A
Feel isolated or distant from other people when you think of these losses	Ka hōʻalo (Avoidance)
A loss of sleep	N/A
Rage	Ka huhū (Anger)
Fearful or distrustful the intention of white people	N/A
Feel like it is happening again	Mānewanewa (Loss of Control)
Feel like avoiding places or people that remind you of these losses	N/A
Not included because of low factor loadings	
Like you are remembering these losses when you do not want to	N/A
A sense of weakness or helplessness	N/A
Bad dream or nightmares	N/A
Feel the need to drink or take drugs when you think of these losses	ʻAi lāʻau ʻino (Substance Use)
There is no point in thinking about the future	Pau ka pono (Hopelessness)

References

1. Dashorst, P.; Mooren, T.M.; Kleber, R.J.; de Jong, P.J.; Huntjens, R.J.C. Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms. *Eur. J. Psychotraumatology* **2019**, *10*, 1654065. [CrossRef] [PubMed]
2. Betancourt, T.S. The Intergenerational Effect of War. *JAMA Psychiatry* **2015**, *72*, 199–200. [CrossRef] [PubMed]
3. Fonagy, P. The Transgenerational Transmission of Holocaust Trauma. *Attach. Hum. Dev.* **1999**, *1*, 92–114. [CrossRef] [PubMed]
4. Kellermann, N.P.F. Transmission of Holocaust Trauma—An Integrative View. *Psychiatry* **2001**, *64*, 256–267. [CrossRef]
5. Baider, L.; Peretz, T.; Hadani, P.E.; Perry, S.; Avramov, R.; De-Nour, A.K. Transmission of Response to Trauma? Second-Generation Holocaust Survivors' Reaction to Cancer. *Am. J. Psychiatry* **2000**, *157*, 904–910. [CrossRef]
6. Adolescents' Attachment Representations and Developmental Tasks in Emerging Adulthood. Available online: https://psycnet-apa-org.eres.library.manoa.hawaii.edu/fulltext/2004-13591-009.html (accessed on 15 April 2023).
7. Brave Heart, M.Y.H.; Chase, J.; Elkins, J.; Altschul, D.B. Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *J. Psychoact. Drugs* **2011**, *43*, 282–290. [CrossRef]
8. Brave Heart, M.Y.H. The Return to the Sacred Path: Healing the Historical Trauma and Historical Unresolved Grief Response among the Lakota through a Psychoeducational Group Intervention. *Smith Coll. Stud. Soc. Work.* **1998**, *68*, 287–305. [CrossRef]
9. Brave Heart, M.Y.H. Gender Differences in the Historical Trauma Response Among the Lakota. *J. Health Soc. Policy* **1999**, *10*, 1–21. [CrossRef]
10. Brave Heart, M.Y.; DeBruyn, L.M. The American Indian Holocaust: Healing Historical Unresolved Grief. *Am. Indian Alsk. Nativ. Ment. Health Res.* **1998**, *8*, 56–78.
11. Brave Heart, M.Y.H. *Oyate Ptayela:* Rebuilding the Lakota Nation through Addressing Historical Trauma among Lakota Parents. *J. Hum. Behav. Soc. Environ.* **1999**, *2*, 109–126. [CrossRef]
12. Evans-Campbell, T. Historical Trauma in American Indian/Native Alaska Communities: A Multilevel Framework for Exploring Impacts on Individuals, Families, and Communities. *J. Interpers. Violence* **2008**, *23*, 316–338. [CrossRef] [PubMed]
13. Danieli, Y.; Danieli, Y. *International Handbook of Multigenerational Legacies of Trauma*; Springer: New York, NY, USA, 1998; ISBN 978-1-4757-5567-1.
14. Nagata, D.K.; Kim, J.H.J.; Wu, K. The Japanese American Wartime Incarceration: Examining the Scope of Racial Trauma. *Am. Psychol.* **2019**, *74*, 36. [CrossRef] [PubMed]
15. Wardi, D. *Memorial Candles: Children of the Holocaust*; Routledge: Oxfordshire, UK, 2014; ISBN 978-1-317-79955-9.
16. Wilkins, D.E.; Stark, H.K. *American Indian Politics and the American Political System*, 3rd ed.; (The Spectrum Series: Race and Ethnicity in National and Global Politics; 3rd ed.); Rowman & Littlefield Publishers, Inc.: Washington, DC, USA, 2011; ISBN 978-1-4422-0389-1.
17. Rieder, H.L. Tuberculosis among American Indians of the Contiguous United States. *Public Health Rep.* **1989**, *104*, 653–657.
18. Martin, D.L.; Goodman, A.H. Health Conditions before Columbus: Paleopathology of Native North Americans. *West J. Med.* **2002**, *176*, 65–68. [CrossRef] [PubMed]
19. Ehrenpreis, J.E.; Ehrenpreis, E.D. A Historical Perspective of Healthcare Disparity and Infectious Disease in the Native American Population. *Am. J. Med. Sci.* **2022**, *363*, 288–294. [CrossRef] [PubMed]

20. Ghio, A.J. Particle Exposure and the Historical Loss of Native American Lives to Infections. *Am. J. Respir. Crit. Care Med.* **2017**, *195*, 1673. [CrossRef] [PubMed]

21. Naranjo, P. Epidemic Hecatomb in the New World. *Allergy Asthma Proc.* **1992**, *13*, 237–241. [CrossRef]

22. Disease Has Never Been Just Disease for Native Americans—The Atlantic. Available online: https://www.theatlantic.com/ideas/archive/2020/04/disease-has-never-been-just-disease-native-americans/610852/ (accessed on 12 April 2023).

23. Taylor, J.F. Sociocultural Effects of Epidemics on the Northern Plains. Master's Thesis, University of Montana, Missoula, MT, USA, 1982.

24. Spirling, A.U.S. Treaty Making with American Indians: Institutional Change and Relative Power, 1784–1911: Treaty Making with American Indians. *Am. J. Political Sci.* **2012**, *56*, 84–97. [CrossRef]

25. Townsend, M. Congressional Abrogation of Indian Treaties: Reevaluation and Reform Note. *Yale Law J.* **1988**, *98*, 793–812. [CrossRef]

26. Hoxie, F.E. *A Final Promise: The Campaign to Assimilate the Indians, 1880–1920*; University of Nebraska Press: Lincoln, NE, USA, 2001; ISBN 978-0-8032-2323-3.

27. DiMatteo, L.A.; Meagher, M.J. Broken Promises: The Failure of the 1920's Native American Irrigation and Assimilation Policies. *U. Haw. L. Rev.* **1997**, *19*, 1–36.

28. Kelley, L. *The Guardian Program for Native Americans: A Historiographic Review*; Education Resource Information Center: Washington, DC, USA, 1993.

29. Newland, B. *Federal Indian Boarding School Initiative Investigative Report*; 2022. Available online: https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf (accessed on 12 April 2023).

30. Vana, G.; Lane, D. What Do American Indian Boarding Schools a Century Ago Have to Do with Dysregulated Children Today? *Psychiatr. News* **2021**, *56*, 26–27. [CrossRef]

31. Dennison, J. Relational Accountability in Indigenous Governance: Navigating the doctrine of distrust in Osage Nation. Available online: https://uhawaii-law.primo.exlibrisgroup.com (accessed on 12 April 2023).

32. Andersen, C.; Hokowhitu, B.; Larkin, S.; Moreton-Robinson, A.; Tuhiwai-Smith, L. *Routledge Handbook of Critical Indigenous Studies*; Routledge International Handbooks: London, UK; Taylor and Francis: New York, NY, USA, 2020; ISBN 978-1-138-34130-2. [CrossRef]

33. Sotero, M. A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *J. Health Disparities Res. Pract.* **2006**, *1*, 93–106.

34. Gone, J.P.; Hartmann, W.E.; Pomerville, A.; Wendt, D.C.; Klem, S.H.; Burrage, R.L. The Impact of Historical Trauma on Health Outcomes for Indigenous Populations in the USA and Canada: A Systematic Review. *Am. Psychol.* **2019**, *74*, 20–35. [CrossRef] [PubMed]

35. Brave Heart, M.Y.H.B. The Historical Trauma Response among Natives and Its Relationship with Substance Abuse: A Lakota Illustration. *J. Psychoact. Drugs* **2003**, *35*, 7–13. [CrossRef]

36. Whitbeck, L.B.; Adams, G.W.; Hoyt, D.R.; Chen, X. Conceptualizing and Measuring Historical Trauma Among American Indian People. *Am. J. Community Psychol.* **2004**, *33*, 119–130. [CrossRef]

37. O'Neill, L.; Fraser, T.; Kitchenham, A.; McDonald, V. Hidden Burdens: A Review of Intergenerational, Historical and Complex Trauma, Implications for Indigenous Families. *J. Child Adol. Trauma* **2018**, *11*, 173–186. [CrossRef]

38. Waite, R.; Nardi, D. Understanding Racism as a Historical Trauma That Remains Today: Implications for the Nursing Profession. *Creat. Nurs.* **2021**, *27*, 19–24. [CrossRef]

39. Gillson, S.L.; Hautala, D.; Sittner, K.J.; Walls, M. Historical Trauma and Oppression: Associations with Internalizing Outcomes among American Indian Adults with Type 2 Diabetes. 2022. Available online: https://journals-sagepub-com.eres.library.manoa.hawaii.edu/doi/full/10.1177/13634615221079146 (accessed on 12 April 2023).

40. Mohatt, N.V.; Thompson, A.B.; Thai, N.D.; Tebes, J.K. Historical Trauma as Public Narrative: A Conceptual Review of How History Impacts Present-Day Health. *Soc. Sci. Med.* **2014**, *106*, 128–136. [CrossRef]

41. Conching, A.K.S.; Thayer, Z. Biological Pathways for Historical Trauma to Affect Health: A Conceptual Model Focusing on Epigenetic Modifications. *Soc. Sci. Med.* **2019**, *230*, 74–82. [CrossRef]

42. Garcia, J.L. Historical Trauma and American Indian/Alaska Native Youth Mental Health Development and Delinquency. *New Dir. Child Adolesc. Dev.* **2020**, *2020*, 41–58. [CrossRef]

43. Himes-Cornell, A.H. *Fishing People of the North: Cultures, Economies, and Management Responding to Change*; Carothers, C., Criddle, K.R., Chambers, C.P., Cullenberg, P.J., Fall, J.A., Johnsen, J.P., Kimball, N.S., Menzies, C.R., Eds.; Alaska Sea Grant, University of Alaska Fairbanks: Fairbanks, AK, USA, 2012; ISBN 978-1-56612-171-2.

44. Tamashiro, T.N. Moloka'i: Resurrecting 'Aha Moku on the "Last Hawaiian Island" Comment. *APLPJ* **2010**, *12*, 295–330.

45. Steele, C. *He Ali'i Ka 'Āina; He Kauwā Ke Kanaka (The Land Is Chief; Man Is Its Servant): Traditional Hawaiian Resource Stewardship and the Transformation of the Konohiki*; University of Hawaii at Manoa: Honolulu, HI, USA, 2015.

46. Hawaiian Mission Children's Society. *Kōkua Aku, Kōkua Mai: Chiefs, Missionaries, and Five Transformations of the Hawaiian Kingdom*; Woods, T.A., Ed.; Hawaiian Mission Children's Society: Honolulu, HI, USA, 2018; ISBN 978-0-692-18268-0.

47. Kashay, J.F. "O That My Mouth Might Be Opened": Missionaries, Gender, and Language in Early 19th-Century Hawai'i. Available online: http://hdl.handle.net/10524/108 (accessed on 12 April 2023).

48. Kashay, J.F. From Kapus to Christianity: The Disestablishment of the Hawaiian Religion and Chiefly Appropriation of Calvinist Christianity. *West. Hist. Q.* **2008**, *39*, 17–39. [CrossRef]

49. Hegemony and Language Politics in Hawaii—KAWAMOTO—1993—World Englishes—Wiley Online Library. Available online: https://onlinelibrary-wiley-com.eres.library.manoa.hawaii.edu/doi/abs/10.1111/j.1467-971X.1993.tb00021.x (accessed on 12 April 2023).

50. Silva, N.K. He Kanawai E Ho'opau I Na Hula Kuolo Hawai'i: The Political Economy of Banning the Hula. Available online: http://hdl.handle.net/10524/347 (accessed on 12 April 2023).

51. Imada, A.L. *Aloha America: Hula Circuits through the U. S. Empire*; Duke University Press: Hauppauge, NY, USA, 2012; ISBN 978-0-8223-5196-2.

52. Nakata Language Suppression, Revitalization, and Native Hawaiian Identity. Available online: https://www.chapman.edu/law/_files/publications/2017-dsj/nakata.pdf (accessed on 12 April 2023).

53. Herman, R.D.K. The Aloha State: Place Names and the Anti-Conquest of Hawai'i. *Ann. Assoc. Am. Geogr.* **1999**, *89*, 76–102. [CrossRef]

54. Perkins, U. Negotiating Native Tenant Rights. *Haw. J.L. Pol.* **2021**, *3*, 117–140.

55. Kaomea, J. Education for Elimination in Nineteenth-Century Hawai'i: Settler Colonialism and the Native Hawaiian Chiefs' Children's Boarding School. *Hist. Educ. Q.* **2014**, *54*, 123–144. [CrossRef]

56. Chang, D.A. The Good Written Word of Life: The Native Hawaiian Appropriation of Textuality. *William Mary Q.* **2018**, *75*, 237–258. [CrossRef]

57. Rezentes, W.C. *Ka Lama Kukui: Hawaiian Psychology*; 'A'ali'i Books: Honolulu, HI, USA, 1996.

58. Kaholokula, J.K. Colonialism, Acculturation, and Depression among Kānaka Maoli of Hawai'i. In *Penina Uliuli: Confronting Challenges in Mental Health for Pacific Peoples*; University of Hawaii Press: Honolulu, HI, USA, 2007; pp. 180–195, ISBN 978-0-8248-3194-3.

59. Crabbe, K. Conceptions of Depression: A Hawaiian Perspective. *Pac. Health Dialog.* **1999**, *6*, 122–126.

60. Kaholokula, J.K.; Grandinetti, A.; Crabbe, K.M.; Chang, H.K.; Kenui, C.K. Depressive Symptoms and Cigarette Smoking among Native Hawaiians. *Asia Pac. J. Public Health* **1999**, *11*, 60–64. [CrossRef]

61. Pokhrel, P.; Herzog, T.A. Historical Trauma and Substance Use among Native Hawaiian College Students. *Am. J. Health Behav.* **2014**, *38*, 420–429. [CrossRef]

62. Alvarez, A.R.G.; Kanuha, V.K.; Anderson, M.K.L.; Kapua, C.; Bifulco, K. "We Were Queens." Listening to Kānaka Maoli Perspectives on Historical and on-Going Losses in Hawai'i. *Genealogy* **2020**, *4*, 116. [CrossRef]

63. Riley, L.; Su'esu'e, A.; Hulama, K.; Neumann, S.K.; Chung-Do, J. Ke Ala i Ka Mauliola: Native Hawaiian Youth Experiences with Historical Trauma. *Int. J. Environ. Res. Public Health* **2022**, *19*, 12564. [CrossRef] [PubMed]

64. Whitbeck, L.B.; Walls, M.L.; Johnson, K.D.; Morrisseau, A.D.; McDougall, C.M. Depressed Affect and Historical Loss among North American Indigenous Adolescents. *Am. Indian Alsk. Nativ. Ment. Health Res.* **2009**, *16*, 16–41. [CrossRef] [PubMed]

65. Armenta, B.E.; Whitbeck, L.B.; Habecker, P.N. The Historical Loss Scale: Longitudinal Measurement Equivalence and Prospective Links to Anxiety Among North American Indigenous Adolescents. *Cult. Divers. Ethn. Minor. Psychol.* **2016**, *22*, 1–10. [CrossRef]

66. Bastos, C. Plantation Memories, Labor Identities, and the Celebration of Heritage. *Mus. Worlds* **2022**, *8*, 25–45. [CrossRef]

67. Silva, N.K.; Basham, J.L. I Ka 'Olelo No Ke Ola: Understanding Indigenous Hawaiian History and Politics through Hawaiian Language Sources. Available online: https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.164.6154&rep=rep1&type=pdf (accessed on 12 April 2023).

68. Applying for Hawaiian Home Lands. Available online: https://dhhl.hawaii.gov/applications/applying-for-hawaiian-home-lands/ (accessed on 16 April 2023).

69. Lines, L.-A.; Jardine, C.G. Connection to the Land as a Youth-Identified Social Determinant of Indigenous Peoples' Health. *BMC Public Health* **2019**, *19*, 176. [CrossRef]

70. Salmón, E. Kincentric Ecology: Indigenous Perceptions of the Human–Nature Relationship. *Ecol. Appl.* **2000**, *10*, 1327–1332. [CrossRef]

71. Facilities and Personnel—Hawaii Defense Economy. Available online: https://defenseeconomy.hawaii.gov/facilities-2/#:~:text=There%20are%2012%20key%20military,combatant%20command%20headquartered%20in%20Hawaii (accessed on 15 April 2023).

72. U.S. Environmental Protection Agency. *Underground Storage Tank System Inspection Report Bulk Fuel Storage Systems Including Red Hill and the Airport Hydrant System Serving Joint Base Pearl Harbor-Hickam*; US Enviornmental Protection Agency: Washington, DC, USA, 2022.

73. High Cost of Living Continues to Drive More Native Hawaiians out of the State. Available online: https://www.hawaiinewsnow.com/2023/01/23/high-cost-living-continues-drive-more-native-hawaiians-out-state/ (accessed on 16 April 2023).

74. More Native Hawaiians Flock to Mainland Cities and Leave Hawai'i, Citing High Costs | Hawai'i Public Radio. Available online: https://www.hawaiipublicradio.org/local-news/2023-01-23/more-native-hawaiians-flock-to-mainland-cities-and-leave-hawaii-citing-high-costs (accessed on 15 April 2023).

75. Riley, L.; Dorios, S.; Hostetter, C.; Kehahio, W.; Lee, P.; Pantumsinchai, P.; Riley, K.; Tibbetts, K.; Watkins-Victorino, L. Much Needed Medicine: A Qualitative Study of Hawai'i Resident Views during COVID-19. *Hawaii J. Health Soc. Welf.* **2021**, *80*, 18–24. [PubMed]

76. Seltenrich, N. Healthier Tribal Housing: Combining the Best of Old and New. *Environ. Health Perspect.* **2012**, *120*, a460–a469. [CrossRef]

77. Full Article: Indigenous Tourism Research, Past and Present: Where to from Here? Available online: https://www-tandfonline-com.eres.library.manoa.hawaii.edu/doi/full/10.1080/09669582.2016.1189925 (accessed on 15 April 2023).

78. Project MUSE—More Like Ourselves: Indigenous Capitalism through Tourism. Available online: https://muse-jhu-edu.eres.library.manoa.hawaii.edu/article/388011 (accessed on 15 April 2023).

79. Holm, T. The Militarization of Native America: Historical Process and Cultural Perception. *Soc. Sci. J.* **1997**, *34*, 461–474. [CrossRef]

80. Consistent Honor, Persistent Disadvantage: American Indian and Alaska Native Veteran Health in the National Survey of Veterans. Available online: https://journals-sagepub-com.eres.library.manoa.hawaii.edu/doi/epub/10.1177/08982643211014034 (accessed on 15 April 2023).

81. Little, J.A. Between Cultures: Sioux Warriors and the Vietnam War. *Great Plains Q.* **2015**, *35*, 357–375. [CrossRef]

82. Hutchins, L.; Feldman, M. What Do Values Have to Do with It?: Resilience of Two Types of Farmers in Hawai'i to the COVID-19 Pandemic. *Front. Sustain. Food Syst.* **2021**, *5*, 685321. [CrossRef]

83. Kurashima, N.; Fortini, L.; Ticktin, T. The Potential of Indigenous Agricultural Food Production under Climate Change in Hawai'i. *Nat. Sustain.* **2019**, *2*, 191–199. [CrossRef]

84. Taira, B.W.; Maunakea, S.P. Ma Ka Hana Ka 'ike: Implementing Culturally Responsive Educational Practices. *Behav. Soc. Iss.* **2023**. [CrossRef]

85. Bullen, J.; Hill-Wall, T.; Anderson, K.; Brown, A.; Bracknell, C.; Newnham, E.A.; Garvey, G.; Waters, L. From Deficit to Strength-Based Aboriginal Health Research—Moving toward Flourishing. *Int. J. Environ. Res. Public Health* **2023**, *20*, 5395. [CrossRef] [PubMed]