Taiwanese indigenous peoples are part of the larger fabric of indigenous groups across the Pacific region. Although indigenous communities in the Pacific region possess enormous diversity in their cultures and political histories, one unfortunate commonality is significant health inequalities in comparison with non-indigenous counterparts. In Australia, for instance, the life expectancy of Aboriginal and Torres Strait Islander people has been shown to be 17 years less than that of the non-indigenous populations (Pulver et al., 2010). In New Zealand, the average life expectancy for Māori people was 7.3 years lower than for non-Māori populations in 2010 to 2012 (Statistics New Zealand, 2013). Similarly, indigenous peoples of Taiwan have experienced significant health inequalities in comparison with their non-indigenous counterparts, the Han population. In Taiwan, indigenous peoples have a higher mortality rate than the majority Han population, with a life expectancy that is 8.7 years lower than the national average (Council of Indigenous Peoples, 2011). Additionally, Taiwan Indigenous Health Report of 2011 indicated that alcohol-related chronic liver disease/cirrhosis and accidental injuries are among the 10 leading causes of death among indigenous communities. Indeed, alcohol use has become one of the highest-priority concerns for Taiwanese indigenous communities.

Recent research has explored socioeconomic, family-related, and biological determinants of alcohol use among indigenous Taiwanese, but few studies have explored the influences of historical context and indigenous cultural practices on alcohol use. In contrast to Taiwan, study of the indigenous communities in the United States, New Zealand, and Canada has focused on the historical and cultural determinants of indigenous health. Recently, American Indian and Alaska Native (AIAN) scholars have explored health disparities using a historical trauma framework (Brave Heart, 2000, 2003; Whitbeck, Adams, Hoyt & Chen, 2004) and the Indigenist Stress Coping Model (Walters & Simoni, 2002). The historical trauma framework hypothesizes that contemporary AIANs’ health outcomes (e.g., substance use) are the long-reaching effects of historically traumatic events due to colonial oppression. The Indigenist Stress Coping Model underscores indigenous culture as supplying protective mechanisms that buffer the negative influences of historical and lifetime trauma on indigenous health outcomes. The overall goal of my dissertation research is to use a historical trauma framework and the Indigenist Stress Coping Model to provide empirical evidence regarding the influence of historical trauma on alcohol use and the protective roles of indigenous cultural practices among Taiwanese indigenous communities. My dissertation project includes three over-arching aims which are accomplished by the following three papers. The three aims are: (1) to offer an alcohol-use determinant framework among indigenous peoples of Taiwan by including historical and cultural determinants; (2) to measure historical trauma by developing historical trauma-related scales relevant to Taiwanese indigenous communities, with special focus on Truku tribe; and (3) to determine whether indigenous culture and traditions act as protective factors that can interrupt the negative effects of historical trauma on alcohol use disorder among Truku tribal communities.
The first paper, *A Systematic Review of Determinants of Alcohol Use Among Indigenous Peoples in Taiwan: Taking Account of Historical and Cultural Influence*, provides an alcohol-use determinant framework among indigenous peoples in Taiwan that includes historical and cultural factors. To achieve this aim, I conducted a systematic review to assess the state of the field regarding the determinants of alcohol use among Taiwanese indigenous communities. Then, to expand from the systematic review, I implemented a thematic analysis of qualitative data (30 in-depth interviews with Truku tribal members) to provide qualitative evidence regarding the influence of historical trauma on alcohol use and the health-protective and health-promotive roles of cultural strengths among Taiwanese indigenous communities.

The second paper is titled *Measuring Historical Trauma: Development and Validation of Historical Trauma Scales Among Truku Tribal Communities*. In this paper, I developed historical trauma/historical loss scales relevant to Taiwanese indigenous communities and assessed the psychometric properties of the scales among 250 indigenous Truku tribal members across 14 Truku tribal communities in Taiwan. To accomplish this, I conducted a sequential exploratory mixed-methods study consisting of two phases. In the first phase, I implemented a directed content analysis of qualitative data with 30 Truku tribal members to explore their perspectives regarding historical trauma and the influence of colonial oppression on their tribal communities. From the qualitative findings, I developed Truku-specific historical trauma/historical loss scales. In the second phase, I conducted a cross-sectional quantitative survey, the Kmbiyax Project, among Truku tribal community members. The data were used to evaluate internal consistency reliability, test-retest reliability, criterion validity, and construct validity.

The third paper, *Culture Matters: The Protective Role of Cultural Practices in the Relationship Between Historical Trauma and Alcohol Use*, assesses whether cultural factors (e.g., engagement in traditional hunting practice, participation in traditional ceremony, and ethnic identity) can mediate or moderate the negative impacts of historical trauma on alcohol use disorder among indigenous people in Taiwan. To achieve this aim, I conducted a data analysis using a cross-sectional data set from the Kmbiyax Project. First, I conducted bivariate analyses to examine the relationship between historical trauma and alcohol use as well as the relationship between cultural factors and alcohol use disorder. Then, I used structural equation modeling to investigate whether cultural factors act as mediators or moderators that can mitigate the negative influence of historical trauma on alcohol use disorder.

Collectively, my dissertation research enriches the understanding of the influence of historical trauma and cultural strengths on indigenous health through providing both qualitative and quantitative evidence. Furthermore, given that the existing historical trauma literature has focused considerably on indigenous communities in the Pacific Northwest and South Pacific, this study broadens the current scholarship to include indigenous communities of the Asia Pacific region. Additionally, most indigenous communities of the Pacific region reside in settler colonial states, in which the settler population is in the majority, and settler institutions dominate. The experiences of colonial oppression have resulted in devastating impacts on health among many indigenous communities of the Pacific region. This study’s empirical findings regarding cultural strengths should facilitate the development of culturally grounded interventions to promote global indigenous health, and especially to defend against the damaging legacy of colonization facing indigenous communities of the Pacific region.