



Historical Trauma is a Community Health Concern

“Let’s Talk About It: A Conversation with Community and Family”

Community Wellness Institute’s (CWI) mission is to generate scholarly social science research that answers questions pertaining to the factors and indicators that support resilient communities. We seek to synthesize our research findings and other data into principles, best practices, and innovative models, and then partner with other community builders to support the resiliency and healing of target communities. There are known risk factors we should consider in developing community health and wellness models identified as social determinants of health. Social determinants of health include exposure to crime and violence, residential segregation, concentrated poverty, stress, public safety, and structural systems that encompass racism and discrimination. Racism and discrimination fall under Social and Community Context, one of the five domains of social determinants of health. A key finding of CWI’s first study investigating prevalence and transmission of historical trauma among contemporary African Americans found prevalence and suggests hearing family narratives of ancestor experiences of slavery and racism is a transmission mode. We argue these key findings indicate historical trauma as race-based, and therefore, a social determinant of health.

HISTORICAL TRAUMA AND COMMUNITY HEALTH

Historical trauma is theorized by Brave Heart & DeBruyn (1998) and conceptualized by other researchers (Sotero, 2006; Whitbeck et al., 2004). Further it has also been used interchangeably with intergenerational trauma, post-traumatic slave syndrome and cultural trauma (Degruy, 2005; Taylor et al., 2019). Historical trauma is most often associated with mass atrocities such as slavery on African Americans, colonization of American Indians, and the Holocaust. An emerging body of research findings are substantiating Brave Heart’s & DeBruyn’s (1998) theory. (Whitbeck et al, 2004; Williams-Washington & Mills, 2018; Palmer, Rogers, & Wilkins, 2019).

“Racism and discrimination fall under Social and Community Context, one of the domains of social determinants of health... historical trauma is race-based...thus, it’s a social determinant of health.

- Palmer, Rogers & Wilkins (2019)

Studies also suggest a range of biopsychological and sociocultural outcomes as a result of historical trauma (Sotero, 2006; Palmer, Rogers & Wilkins, 2019; Taylor et al., 2019). For example, in Palmer et al. (2019) study, findings showed 36.4% of the respondents' scores indicated they likely have PTSD based on the symptomology criterion. Further, a moderate correlation between PTSD and historical trauma was found.

However, when African Americans are assessed in practice settings, race-related psychological or sociocultural factors are currently not part of standard assessment procedures or rarely discussed.

Importantly, the Diagnostic and Statistical Manual (*DSM-5*) does not recognize race-based discrimination such as historical trauma as a psychological or sociocultural determinant that is linked to, but distinct from, the more general category of PTSD (Coleman, 2016; Williams, 2013; Palmer, Rogers, & Wilkins, 2019). This lack of acknowledgement among scholars and clinical practitioners is one aspect of the challenges with addressing historical trauma .

However, while we are not denying that work must be done at the clinical level, CWI will concentrate on using the data at this time to address the concern at the local community level. The following thesis statement frames our work:

Historical trauma is meaningfully different than individual trauma; It is communally experienced and transmitted - thus we are: a) engaging in informing the community about historical trauma and its effects; and 2) asking the community to do its part in addressing this concern as well.



KEY FINDINGS OF CWI'S STUDY

- ⇒ **Prevalence** – Conceptualized as perceived loss along with associated symptoms (Whitbeck et al., 2004), historical trauma (HT) was found to be prevalent among the respondents (N=129) where 97% self-identified as African American or Black
- ⇒ **Frequency** – The highest percentages of reported perceived losses (HT) were loss of languages (34%), loss of spiritual ways (33%) and loss of land (31%); The highest percentages of HT associated symptoms reported were fearfulness (38%), anger (37%), and discomfort around perceived suspicious people (31%).
- ⇒ **African Americans & HT** – Findings indicated there was a low positive correlation ($r = .18$), between HT and African Americans.
- ⇒ **Post-traumatic stress disorder (PTSD)** - Thirty-six (36%) reported they could have PTSD based on the symptomology criteria; A positive correlation was low at ($r=.29$) between PTSD and HT. An association is not uncommon when trauma is experienced, particularly among combat veterans
- ⇒ **Transmission mode of HT** – Fifty-three (53%) of the respondents reported they heard family stories of ancestor slavery and racism experiences. A moderate correlation ($r = .56$) was found between HT and hearing family stories of ancestor slavery and racism experiences.

WHAT CAN YOU DO?

- Specifically we are asking for community members, organizations, businesses, faith-based ministries and others to sign off on our campaign: ***“Historical Trauma: Let’s Talk About It”*** ...A Conversation with Community and Family.
- Make time for us to come to your space and hold informative conversations on historical trauma
- Ask community members to check on family members and others, have their own conversations, understand untreated and unaccepted trauma (e.g. based on help-seeking behavior); and
- Allow us to leave resources at your facility for staff, volunteers and other stakeholders

If you are interested in having us come out, please call us at (773) 716-4960 or email us at: communitywellnessinstitute@gmail.com

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REFERENCES

- Brave Heart, M.Y. & DeBruyn, L.M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60-82.
- Carter, R. T. (2007). Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress. *The Counseling Psychologist*, 35(1), 13-105.
- Coleman, J.A. (2016). Racial differences in posttraumatic stress disorder in military personnel: Intergenerational transmission of trauma as a theoretical lens, *Journal of Aggression, Maltreatment & Trauma*, 25(6), 561-579.
- DeGruy, J. (2005). *Post Traumatic Slave Syndrome*. Milwaukie, Oregon: Uptone Press.
- Palmer, G., Rogers, T., Wilkins, N. (2019) *Exploring historical trauma among Black/African Americans: Implications for academia, practice and community wellness*. Manuscript submitted for publication.
- Sotero, M.M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.
- Taylor, J., Doswell, W., Tull, E., Fapohunda, A., Braxter, J., Matambabanadzo, A., & Tillotson, M. (2019). *Post-traumatic cultural disorder (PTCD): Toward a theory of costs and remedies*. Manuscript submitted for publication.
- Whitbeck, L.B., Adams, G.W., Hoyt, D.R. & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3/4), 119-130.
- Williams, M.T. (2013). Can racism cause PTSD? Implications for DSM-5 Racism itself may be a traumatic experience. *Psychology Today*, Retrieved from <https://www.psychologytoday.com/us/blog/culturally-speaking/201305/can-racism-cause-ptsd-implications-dsm-5>
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine* , 32, 20-47.
- Williams-Washington, W. K. N., & Mills, C. P. (2018). African American historical trauma: Creating an inclusive measure. *Journal of Multicultural Counseling & Development*, 46(4), 246-263 Retrieved from <https://doi-org.ezproxy.adler.edu/10.1002/jmcd.12113>