**Historical Trauma and Social Work: What you need to know**
*New Social Worker Online (In press)*
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In order to be effective in the work that we do as social workers at all levels, it is important to understand ecological and social context. One such context, the historical realm, in particular can provide further depth in appreciating antecedents to social and behavioral problems that impact our communities and clients. A previous article on trauma informed care highlighted that social workers often work with individuals who may have complex histories of abuse and violence alongside their biopsychosocialspiritual needs (Kawam & Martinez, 2017). Individual trauma histories are encapsulated within a larger trauma narrative; over time this narrative may accumulate into a multigenerational shared account of events that have harmful effects on functioning and quality of life. This notion of a shared story over time is deemed historical trauma (Mohatt, Thompson, Thai, & Tebes, 2014). Important to illustrating sources of risk and markers of reduced health/mental health, historical trauma places importance not just on the individual but the communities' experience of a negative event or events (Sotero, 2006). Subsequently, this article defines the concept of historical trauma, discusses historical trauma as a framework, and outlines implications for social work.

**Historical Trauma**

Those with individual histories of trauma may be more likely to experience negative behavioral health outcomes as well as decreases in daily functioning and quality of life.  Compounding individual trauma is that of historical trauma defined as the "cumulative psychological and emotional wounding across generations…[emanating] from massive group trauma" (Brave Heart, Elkins, & Altschul, 2011, p. 283). Starting in the 1960's, historical trauma emerged from the stories of those who endured the Holocaust and its impact on subsequent generations as well as the experiences of Japanese Americans placed into internment camps after World War II (Evans-Campbell, 2008; Sotero, 2006). Finding that these two groups of people had endured persistent mass trauma and that their children's mental health was impacted was groundbreaking at that time and built the foundation for historical trauma research in the present today. A study on Lakota elders, it was found that both individual and family wide mental health was impacted. Elders reported experiencing depression, difficulty showing emotion, shame, over dependence, isolation, anxiety, sadness, avoidance of culturally significant places, loss of concentration, constant thinking about historical loss (i.e. language, indigenous land, etc.), and how alcoholism was impacting the community (Whitbeck, Adams, Hoyt, & Chen, 2004a). This research provided rich qualitative evidence of the long-term impact that historical trauma had on the psychological and emotional wellbeing of the population effected.

Populations that have historically experienced mass trauma tend to have higher prevalence of chronic disease several generations later (Sotero, 2006). Generally, historical trauma consists of three elements: 1) a traumatic event; 2) the shared experience by a group of people of the trauma; and 3) the multigenerational impact of such (Mohatt et al., 2014). Together, historical trauma is described as collective trauma that is inflicted on a group of people based on their identity or affiliation related to ethnicity, religious background, and nationality (Evans-Campbell, 2008). Some examples of collective/mass trauma include indigenous boarding schools, forced relocation of people, enslavement, biological warfare, ethnic cleansing, incarceration, and genocide (Evans-Campbell, 2008; Mohatt et al., 2014; Sotero, 2006). These experiences can be damaging on a physical and/or emotional level for the group/community and can then be transmitted epigenetically to future generations, especially if descendants strongly identify with their family culture/heritage (Evans-Campbell, 2008).

**Historical Response and Loss**

Although many conceptualizations of trauma in general have focused on the individual effects, namely the micro and mezzo levels, historical trauma originates as a macro-level concept for investigating how a population exposed to long-term mass trauma is effected over time and generation (Sotero, 2006). Historical Trauma Response (HTR), refers to the reactions that individuals and communities experience as a result of such long term oppressive events. Some HTR's include survivors guilt, depression, intrusive thinking about past events/loved ones, emotional numbing, dissociation, as well as unpleasant thoughts/nightmares (Evans-Campbell, 2008).

Most historical trauma research/prevention work over the past two decades has focused on Native populations, although the concept has been applied to groups of people that have historically been oppressed including Armenian refugees, African Americans, and Palestinian youth as a few examples (Mohatt et al., 2014). In the Native American context, historical trauma is usually associated with the experience of mass genocide/forced relocation inflicted by white colonists (Brave Heart et al., 2011). Historical loss in this regard is one way that historical trauma is measured/assessed, specifically the loss of life and culture/language. A previously mentioned study by Whitbeck and colleagues (2004) found that individuals who were many generations removed from the mass trauma still showed intense emotional suffering.

Recent research has been helpful in assisting with the conceptualization, measurement, prevention, and treatment of historical trauma in profound and culturally specific ways. As an example, recent research has found that the presence of historical trauma and HTR are linked to a greater lifetime experience of *interpersonal* traumatic events. In this sense, interpersonal trauma can be thought of as an HTR. Often co-occurring with alcohol and substance use, the presence of past and current trauma can mean worsened mental health most notably in the areas of PTSD, depression, unresolved and/or prolonged grief, chronic disease, and premature and/or violent death (Brave Heart et al., 2011).

## Individual, Family, and Community Level Effects

Historical trauma occurs at all levels: individual, family, and community. Although each level is distinct, they are all interrelated. Individual responses to historical trauma are influenced by the experiences/responses of family members; individual and familial experiences coalesce to make up the collective community response. Thus, actions at the individual and familial level reinforce the way that the community responds (Evans-Campbell, 2008). The multidirectional impacts of historical trauma at the familial level include reduced family functioning and increased parenting stress.  Likewise, community level responses can include the cessation/loss of traditional culture including loss of cultural values, traditional rites of passage, high rates of chronic disease, and high rates of alcoholism (Evans-Campbell, 2008).

Although empirical evidence is not yet available, it is thought that community level responses to historical trauma include the weakening of social structures, alcoholism, and suicide. Historical trauma has a pervasive impact on individuals, families, and communities, underscoring the need for trauma informed work with populations at risk. In the 1990's, Brave Heart and colleagues (2011) developed interventions to address historical trauma in Native populations through the processing of unresolved grief via the reincorporation of traditional practices/customs, traditional healing approaches, and peer group support (Whitbeck et al., 2004).

In addition to group work, working with individuals and families is also critical in addressing past trauma and its impact on a community. Protective factors that have been identified in helping individuals, families, and communities process and heal from past historical trauma include having a strong connection to family/community, integration of spirituality/traditional healing practices, and strengthening individual/cultural identity (Walters, Simoni, Evans-Campbell, 2002).

## Conclusion

Historical trauma has emerged as a critical area of study in understanding and addressing long-term health problems in communities. It can be thought of as a macro level factor that has direct implications for micro and mezzo level processes. Although most trauma intervention models are deficit based, current efforts explore how communities maintain wellness after experiencing trauma. These efforts focus specifically on how communities have been resilient despite the experience of mass trauma (Evans-Campbell, 2008; Walters et al., 2002).

Specific to Native communities, there is a renewed focus on the positive aspects of recapturing lost culture in addressing historical trauma. A goal of these efforts is to promote psychological well-being and the ability to process and share accounts of past trauma. Through this process individuals become more attuned to their past, present, and future, thereby developing a sense of self and cultural continuity as a result (Mohatt et al., 2014). Similarly, a prominent protective factor is the engagement of those in the community in rebuilding and helping others heal; the impact of the collective in this sense cannot be emphasized enough (Mohatt et al., 2014).

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