Intergenerational Trauma and Its Impacts

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Today’s Presenter

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- National Council for Mental Well-Being
Individual trauma results from an event, series of events, or set of circumstances that is experienced, by an individual as overwhelming or life-changing and that has profound effects on the individual’s psychological development or well-being, often involving a physiological, social, and/or spiritual impact.
Intergenerational (Historical) Trauma

“Cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences.”
Intergenerational/Historical Trauma Events

- Genocides
- Slavery
- Pandemics
- Massacres
- Prohibition/destruction of cultural practices
- Discrimination/Systemic prejudice
- Forced relocation
Epigenetics

Intergenerational (Historical) Trauma Effects

Symptoms of Historical Trauma

- Violence and Suicide
- Depression
- Anxiety
- Substance Abuse
- Loss of Concentration
- Fear and Distrust
- Shame
- Discomfort around white people
- Anger
- Isolation
- Loss of Sleep

Resilience.
This, too, shall pass.
Historical Trauma Perpetuated Today

Microaggressions are everyday experiences of discrimination, racism, and daily hassles that are targeted at individuals from diverse cultural groups (Evans-Campbell, 2008).

- Using endearments
- Same behavior, different description
- Benevolent Sexism
- Underestimating
- Attribution Bias

What is Implicit Bias?

Implicit Bias is...

Implicit bias is not intentional, but it can still impact how we judge others based on factors, such as:

- Race
- Ability
- Gender
- Culture
- Language

Attitudes, Stereotypes, & Beliefs that can affect how we treat others.
Automatic Associations

- Explicit Bias
- Attitudes and Stereotypes
- Prejudice
Real World Implications

- Negative Symbolic Attitudes
- Racial Inequality & Injustice
- Implicit Racial Bias
- Discrimination
- Prejudice & Racial Stereotyping
Behavioral Health Disparities for BIPOC Populations

• According to the Agency for Healthcare Research and Quality (AHRQ) racial and ethnic minority groups in the U.S. are
  • Less likely to have access to mental health services
  • Less likely to use community mental health services
  • More likely to use emergency departments
  • More likely to receive lower quality care

• African American consumers are diagnosed with psychotic disorders at a rate of 3 - 4 times higher than White consumers

• Latino American/Hispanic consumers are diagnosed with psychotic disorders on average approximately 3 times higher than White consumers
Implicit Bias in Daily Life: Gender
U.S. Life Expectancy by Race & Gender

Implicit Bias in Daily Life: Education

The U.S. Department of Education reports that black students are suspended or expelled at a rate three times greater than white students.

And, while Black students make up 18% of preschool enrollment, they represent 48% of the preschool students receiving at least one out-of-school suspension.
Implicit Bias in Daily Life: Employment

Racism in a resume

Job applicants with African American–sounding names got fewer callbacks.

<table>
<thead>
<tr>
<th>Resume quality</th>
<th>White names</th>
<th>African American names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Low</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>High</td>
<td>10</td>
<td>4</td>
</tr>
</tbody>
</table>

Average callback rate, %

Source: Bertrand and Mullainathan, 2004
Intersectionality
Important Definitions and Differentiation

- **Discrimination**: The unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

- **Prejudice**: Preconceived opinion that is not based on reason or actual experience.

- **Oppression**: Unjust treatment or abuse carried out by leadership to maintain power.

- **Racism**: One group having the power to carry out systematic discrimination through the institutional policies and practices of the society and by shaping the cultural beliefs and values that support those racist policies and practices.

- **Systemic Oppression (Trauma)**: The practices, laws and customs embedded within society’s institutions and upheld by police, government and society meant to keep certain social categories in power while unjustly restricting other groups based on difference.

- **Antiracism**: The policy or practice of opposing racism and promoting racial tolerance.
Barriers to Pursuing Mental Health Care

- Cost/Insurance
- Prejudice/Discrimination
- Structural Barriers
- Low Perceived Need
- Concerns Over Effectiveness

American Indian* (Low precision; no estimate reports)

Substance Abuse and Mental Health Services Administration, Racial/Ethnic Differences in Mental Health Service Use among Adults. HHS Publication No. SMA-15-4906. Rockville, MD: Substance and Mental Health Services Administration, 2015
Four Sources of Systemic Trauma

- Institutional Based
- Intergroup Conflict Based
- Social Structural Violence Based
- Globalization Based
Dynamics of Systemic Trauma

Social exclusion and rejection  Linear and Non-Linear Cumulative

Systemic Trauma

Intersectionality  Identity Annihilation Anxiety

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Determinants of Health

Clinical Care 10%
Access to Care 10%
Social & Economic Factors 40%
Physical Environment 10%

Traditional Mental Health & Addiction Discourse & Programming
Health Behaviors 30%
Health Outcomes
Symptoms of Systemic Trauma in Communities

Equitable Opportunity
- Economic and educational environment

People
- Social-cultural environment

Place
- Physical/built environment
### Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
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</tbody>
</table>

#### Health Outcomes
- Mortality, Morbidity, Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Figure 1

Number of Measures for which Group Fared Better, the Same or Worse Compared to Whites

<table>
<thead>
<tr>
<th>Group</th>
<th>Better</th>
<th>No Difference</th>
<th>Worse</th>
<th>Data Limitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>3</td>
<td>5</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>11</td>
<td>2</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>21</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>7</td>
<td>2</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>10</td>
<td>3</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Note: Measures are for 2018 or the most recent year for which data are available. “Better” or “Worse” indicates a statistically significant difference from Whites at the p<0.05 level. No difference indicates no statistically significant difference. “Data limitation” indicates data are no separate data for a racial/ethnic group, insufficient data for a reliable estimate, or comparisons not possible due to overlapping samples. AIAN refers to American Indians and Alaska Natives. NHOPPI refers to Native Hawaiians and Other Pacific Islanders. Persons of Hispanic origin may be of any race but are categorized as Hispanic for this analysis; other groups are non-Hispanic.
Effects of Systemic Trauma and Institutional Racism on Clients
Effects of Systemic Trauma and Institutional Racism on Staff

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2565803/

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Moral Injury

Shay definition: Moral Injury is 1) the violation of what is right by 2) someone in authority 3) in a high stakes situation. This kind of moral injury correlates to betrayal and rage and to higher rates of co-morbidity with PTSD (Jordan, 2017).

Brock Definition: Moral injury is a response to trauma when a person or group’s existing core moral foundations are unable to justify, process, and integrate trauma into a reliable identity and meaning system that sustains relationships and human flourishing. It results from:

A. Being betrayed by people and/or institutions that should have been trusted to be moral and do the right thing;

B. Committing, witnessing, imagining, or failing to prevent acts or events that can be judged as harmful or evil and that violate foundational social and ethical rules;

C. Being involved in events or contexts where violations of taboos or acts of harm leave one feeling contaminated by evil or “dirty;” or

D. Surviving conditions of degradation, oppression, and extremity.

Some Moral Emotions

- Guilt
- Shame
- Embarrassment
- Alienation
- Sorrow
- Remorse
- Outrage/Anger
- Disgust
- Contempt
- Revenge

Structural Inequities and Biases, Socioeconomic and Political Drivers

Transportation
Education
Employment
Health Systems & Services
Housing
Income & Wealth
Physical Environment
Public Safety
Social Environment

Social Determinants of Health

Fostering multi-sector collaboration
Increasing community capacity to shape outcomes
Healthier, more equitable communities in which individuals and families live, learn, work, and play
Making health equity a shared vision and value

Community-Driven Solutions

Source: National Academies Press- Communities in Action: Pathways to Equity
When you plant lettuce, if it does not grow well, you don't blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water or less sun. You never blame the lettuce.

-Thich Nhat Hanh
Protect All Voices
Cultural Safety

Cultural Safety 5 Principles

Protocols
Show respect — Ask permission/informed consent
Seek cultural knowledge — Ask questions
Demonstrate reciprocity — Learning goes both ways
Engage community accommodation

Process
Ensure equity and dignity for all parties
Negotiate goals and activities
Talk less, listen more

Partnerships
Engage in relational practice founded on authentic encounters
Share knowledge vs. “telling”
Collaborative problem solving vs. expert/authority
Strengthen mutual capacity vs. one-way delivery
Co-construct ways to move supports into place

Positive purpose
Build on strengths
Avoid negative labeling
Ensure confidentiality
Be accountable
Do no harm
Make it matter: Ensure real benefits

Personal knowledge
Hone critical consciousness of social location/powers
Who are you? Cultural affiliations, professional personas
Introduce yourself in terms of your cultural identities

5 Principles for Cultural Safety

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**Micro-affirmations**

*Implications for Action:*

- People can and should pay attention to the “small things”
- Principle of appreciative inquiry are relevant: “leading” rather than “pushing” building on strengths and success rather than first identifying faults and weaknesses
- Small things are especially important with respect to feelings
- Whenever a question is brought to us about how to change offensive behavior, own & teach the principles of changing behavior and explore options about how to do it

Excerpted with permission from an article by Mary Rowe: Micro-affirmations & Micro-inequities, Rowe, M. Journal of the International Ombudsman Association, Volume 1, Number 1, March 2008.
Cultural Adaptation of Interventions

- **Relevance**: Is this health topic relevant to the target population?
- **Evidence base**: What is the best intervention to address this health topic within this population?
- **Stage of Intervention**: What stage(s) of the intervention program should be adapted?
- **Ethnicity**: What elements of ethnicity are most important to consider for this population?
- **Trends**: What are the shifting trends within this population?
Principles of a Trauma Informed, Resilience-Oriented and Equity Approach

1. Safety
2. Trustworthiness & Transparency
3. Peer Support
4. Collaboration & Mutuality
5. Empowerment, Voice & Choice
6. Cultural, Historical & Gender Issues
If you are not activating engagement, you are probably accidently excluding:

- Build engaging habits
- The work demands support
- Mitigates risk of burn out and vicarious trauma
- Enhances the commitment of staff to the organization and the work
- Strengthens the competency of all
Cross-Cultural Communication

Ten Strategies for Effective Cross-Cultural Communication

1. Ask Questions
2. Distinguish Perspectives
3. Think Twice
4. Build Self-Awareness
5. Be Flexible
6. Be Honest
7. Recognize the Complexity
8. Avoid Stereotyping
9. Listen Actively
10. Respect Differences
Recognize our Humanity

We’re all just trying to survive

We frequently observe misplaced Coping Strategies

We are all part of the problem therefore we can all be part of the Solution
Questions