

# **Trauma 101**

## **The Impact on Communities of**

## **Color**

### **Trainer's Guide**

National Resource Center for Reaching  
Underserved Victims

Men of Color Expert Working Group

## **Overview**

The use of the MOC Working Group materials are intended to create discussion on the trauma and victimization of men and boys of color and ways to better serve them. It's important to remember your goal is to get people to talk about trauma, victimization, and healing as opposed to debating how the problem is perpetuated. The information in this presentation may be new to a lot of people or extremely basic to others. In mixed groups of both, the conversation that happens among the audience provides for the best type of learning. But this can also mean conflict. While conflict is not a bad thing, and can lead to learning, facilitators must be skilled at managing it.

## **Learning Objectives**

- To understand trauma and its affects
- To understand how trauma affects people of color today
- To identify ways to address trauma in our service delivery

## **Goals**

The goal of this training is to understand trauma and the impact on an individual as well as barriers to seeking services for men of color within institutions. This presentation is intended to provide an overview of trauma, ways we experience trauma, and how socioeconomic factors play a significant role in communities of

color--communities of color face many more obstacles than most dominant culture counterparts. The purpose of the training is to create understanding as to why men of color may feel more pressure, anger, or frustration but not know why due to these circumstances, with the intent of helping men move forward by being able to identify the problem. We will also create an understanding of how institutions can re-traumatize people by limited service, stringent requirements, or functions that benefit the institution rather than the individual. Finally, we will end with discussing ways to make institutional change and ways we can be helpful in healing.

## **Duration of Training**

This training can be from 1 hour to 1.5 hours. The facilitator can choose how long activities will take and if they want to present all slides.

## **Intended Audience**

- Practitioners working with boys and men of color
- Boys and men of color

## **Essential Knowledge of Trauma**

In general, trauma is defined as a psychological, emotional response to a deeply disturbing or distressing event. This can be anything from losing a loved one, to being in an accident, being attacked verbally or physically, witnessing violence, or experiencing things like war or major natural catastrophe.

Not all people react the same to an event or a similar situation. Additionally, people are subject to various levels of traumatic events frequently and this can desensitize them to such incidents and condition their response. Two people can be in the same car wreck caused by icy roads and one becomes fearful of driving in those conditions while the other is not fazed by it. When you live in violent neighborhoods you are conditioned to believe this is the way things are, but if someone had moved into that neighborhood from a rural area it would be a huge shock and potentially overwhelming should they witness violence.

## **Trauma Symptoms<sup>1</sup>**

Often, shock and denial are typical reactions to a traumatic event. Over time, these emotional responses may fade, but a survivor may also experience reactions long-term. These can include:

- Anger
- Persistent feelings of sadness and despair
- Flashbacks
- Unpredictable emotions
- Physical symptoms, such as nausea and headaches
- Intense feelings of guilt, as if they are somehow responsible for the event

<sup>1</sup> "What is Trauma?" The Center for Treatment of Anxiety and Mood Disorders

- An altered sense of shame
- Feelings of isolation and hopelessness

Because there are such a wide range of responses to traumatic events there are multiple categories to distinguish between the different types. Among them are complex trauma, post-traumatic stress disorder (PTSD), and developmental trauma disorder.

## **Complex Trauma**

Complex trauma happens repetitively. It often results in direct harm to the individual. The effects of complex trauma are cumulative. The traumatic experience frequently transpires within a particular time frame or within a specific relationship, and often in a specific setting.

## **Post-Traumatic Stress Disorder (PTSD)**

Post-Traumatic Stress Disorder (PTSD) can develop after a person has been exposed to a terrifying event or has been through an ordeal in which intense physical harm occurred or was threatened. Sufferers of PTSD have persistent and frightening thoughts and memories of their ordeal.

## **Developmental Trauma Disorder**

Developmental trauma disorder is a recent term in the study of psychology. This disorder forms during a child's first three years of life. The developmental trauma that results from abuse, neglect, and/or abandonment in those first three years, interferes with the infant or child's neurological, cognitive, and

psychological development. It disrupts the victim's ability to attach to an adult caregiver.

An adult who inflicts developmental trauma usually doesn't do it intentionally – rather, it happens because they are not aware of the social and emotional needs of children.

For this guide we are mostly looking at the connections between trauma and violence and how that impacts communities of color. We have external stressors as well as internal stressors. Fighting off the stigma related to racial bias while simultaneously fighting against the internalization of those beliefs and practices which can manifest in mental health issues, substance abuse, etc. These issues have serious consequences on individuals, families, communities, and society.

While the individual reaction and resilience to traumatic events will vary based upon coping mechanisms and support systems, all people of color are affected by racial bias. We operate differently in the world depending on our surroundings and level of safety.

Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (e.g., smoking, excessive alcohol use, and taking drugs), mental health conditions (e.g., depression, anxiety, or PTSD), and other risky behaviors (e.g., self-injury and risky sexual encounters) have been linked with traumatic

experiences. Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing<sup>2</sup>.

This presentation is intended to provide an overview of trauma to develop an understanding of how institutions can re-traumatize people, and finally end with discussion on ways we can be helpful in healing.

## **Bibliography**

“Adverse Childhood Experiences (ACEs)”

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html>

“Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol” Roger D. Fallot, Ph.D. and Maxine Harris, Ph.D. July, 2009

“Emotional and Psychological Trauma: Healing from Trauma and Moving On” Lawrence Robinson, Melinda Smith, M.A., and Jeanne

<sup>2</sup> “Trauma and Violence” Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.samhsa.gov/trauma-violence>

Segal, Ph.D. <https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm/>

“Improving Cultural Competence: A Treatment Improvement Protocol, TIP 59” SAMHSA

<https://www.ncbi.nlm.nih.gov/books/n/tip59/pdf/>

“Social Determinants of Health \_ Healthy People 2020”

<https://www.cdc.gov/socialdeterminants/index.htm>

“Trauma-Informed Care in Behavioral Health Services, a Treatment Improvement Protocol, Tip 57” Chapter 3, Understanding the Impact of Trauma, SAMHSA

<https://www.ncbi.nlm.nih.gov/books/NBK207191/>

“Traumatic Stress Dealing with Trauma After a Disaster or Disturbing Event” Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D.

<https://www.helpguide.org/articles/ptsd-trauma/traumatic-stress.htm/>

# **PRESENTER WALK-THROUGH**

**Material:** video, computer with LCD projector and screen with PowerPoint capabilities, and loose leaf paper.

## **Welcome and introductions:**

When getting started naturally you want to get everyone's attention before you welcome them and thank them for coming. Briefly state who you are and your connection with addressing trauma. Then ask each person to introduce themselves. If it's a smaller group you can add an introduction question, i.e. "State your name and what interested you about this presentation?" or one of the alternative questions.

## **Alternative questions:**

- What's your definition of trauma?
- What are ways people are traumatized?
- Why should we address trauma?

## **Overview:**

You may read the following overview or paraphrase it using your own words to describe what will be covered today.

"Today we will be talking about trauma and how it impacts individuals and communities. This presentation is intended to provide an overview of trauma, ways we experience trauma, to develop an understanding of how institutions can re-traumatize

people, and finally end with discussion on ways we can be helpful in healing."

# Building Trust: Engaging Communities of Color

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Trauma 101: Men of Color and the  
Anatomy of Healing



# Workshop objective

- To understand trauma and its affects
- To understand how trauma affects people of color today
- To identify ways to address trauma in our service delivery

# The ACE's effect

- **The Adverse Childhood Experiences Study:**  
Epidemiological study involving more than 17,000 individuals. Analyzed the long-term effects of childhood and adolescent traumatic experiences on adult health risks, mental health, healthcare costs, and life expectancy. (CDC, 2013)

# 10 question quiz



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This is the Adverse Childhood Experience ten-question quiz ( quiz questions are on the following slide). We begin with it to get the audience in the right mindset to engage in the material that will follow.

"The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a relationship between ACEs and negative health and well-being outcomes across the life course."

In this ten-question quiz, participants will be asked about their personal experiences of different types of abuse, neglect, and other hallmarks of a rough childhood. According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for later health problems. If you've had more of these adverse experiences in childhood it will shape and affect how you interact, usually in unhealthy ways, for example in conflict resolution or self-regulation.

## Prior to your 18<sup>th</sup> birthday:

- Did a parent often or very often swear, insult, made you afraid that you'll be hurt?
- Did a parent often or very often push, grab, slap, or hit you?
- Did an adult or person older than you ever touch or fondle you or have you touch them, or have oral, anal, or vaginal intercourse with you?
- Did you often or very often feel that no one in your family loved you or your family didn't look out for or support each other?
- Did you often or very often feel that your parents were too drunk or high to take care of you?

# Prior to your 18<sup>th</sup> birthday: (continued)

- Were your parents ever separated or divorced?
- Was your mother often or very often physically abused or battered?
- Did you live with a someone who was chemically dependent?
- Was a household member depressed or mentally ill, or did a household member attempt suicide?
- Did a household member go to prison?

**Now add up your “Yes” answers: \_\_\_\_\_ This is your ACE Score**

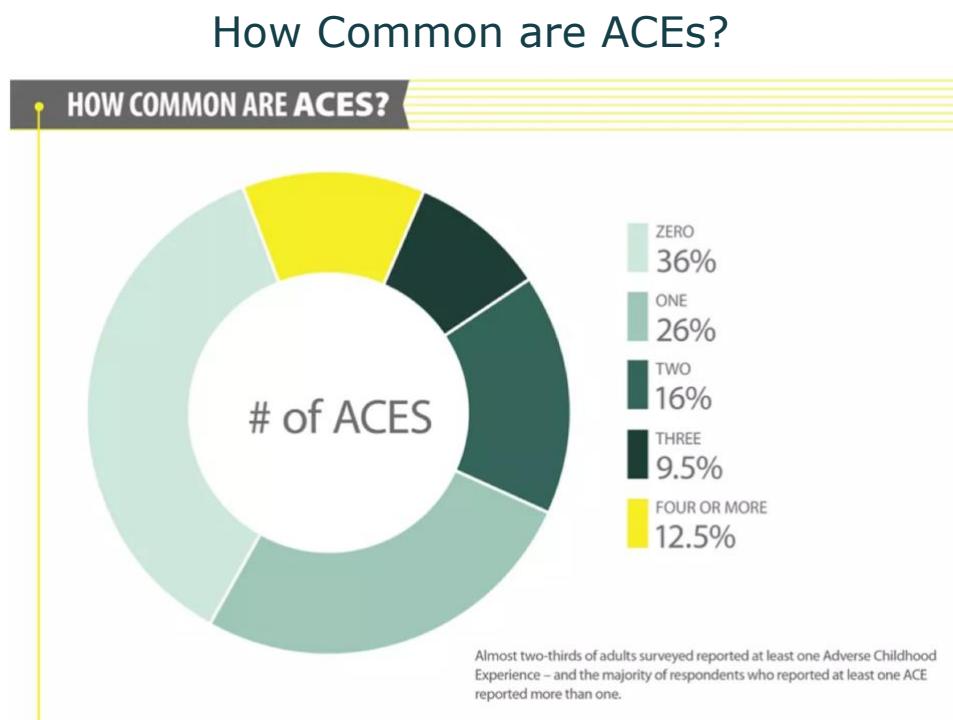


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**Quiz:** Go through each question and have audience members tally privately. After this you can ask audience members to raise their hands to the following: How many people have found themselves having 3 or more? How many people have 5 or more? How many people have 7 or more?

Then you can have people reflect and discuss what it was like to grow up with these experiences and how they managed it, if they're willing to share. Then end with the following discussion questions: What did we learn from this? What does ACE tell us

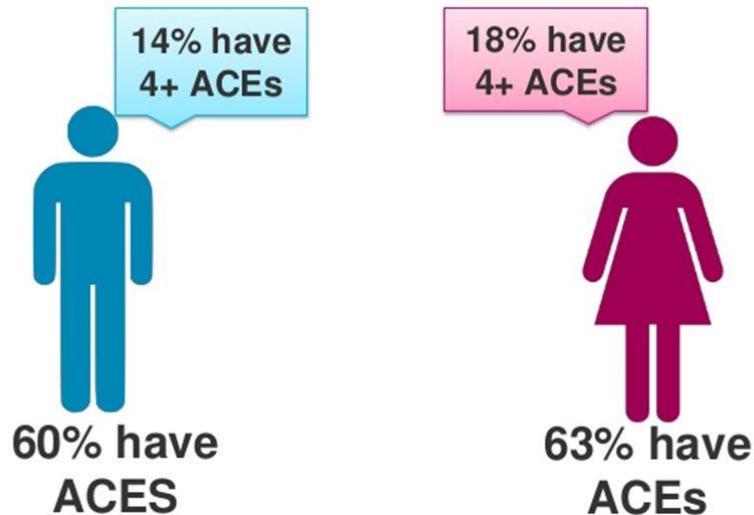
about our communities? What does it bring up for you personally? What actions can be taken?



Almost 2/3 adults surveyed reported at least 1 Adverse Childhood Experience (ACE) and the majority of respondents who reported at least one ACE reported more than one. 7

The next few slides will be looking at the results of the CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, including the number of people who have taken or responded to the test and the demographic of the study.

# ACEs and Gender

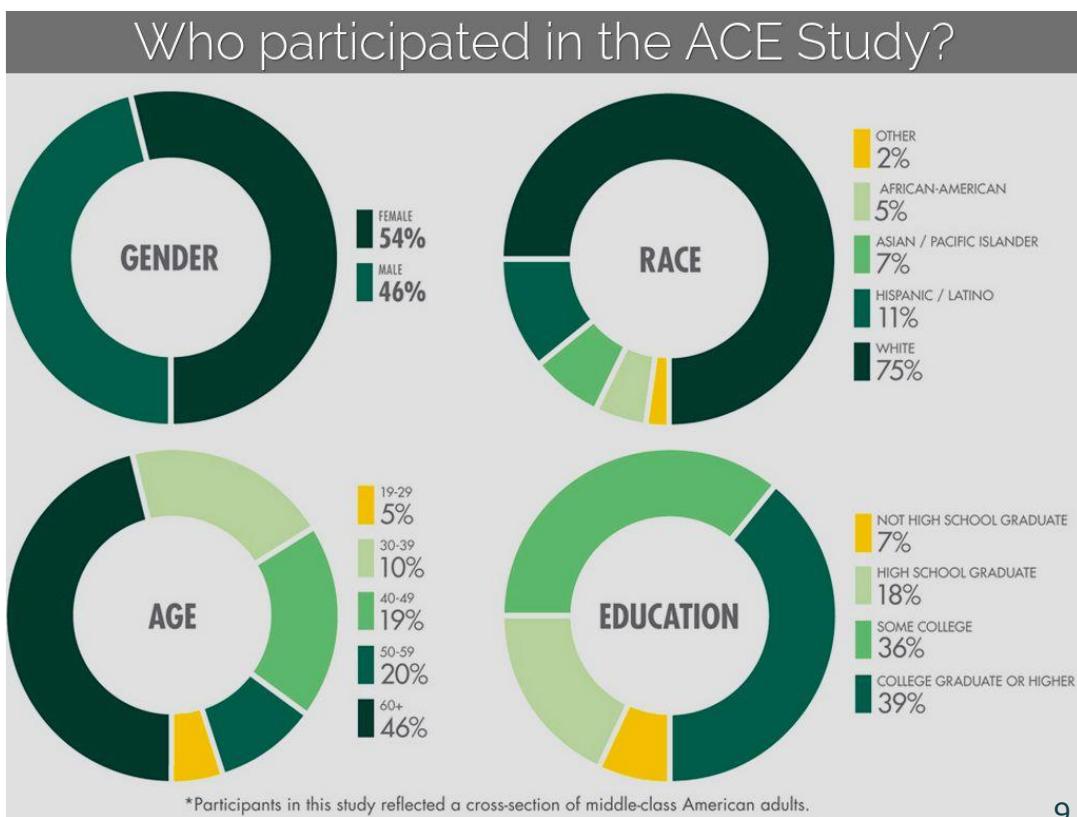


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What are the impacts of gender? What are difference experiences of boys and girls? We know in communities of color a lot of sexual assault happens in both boys and girls, but often happens more to girls and is repeated over time.

## Who participated in the ACE Study?



Look at the demographic. What do you see in the demographic? 75% of those who participated are white. How could this affect the outcome? Discuss.

# So what does that mean for Communities of Color?

- What does the ACE survey tell us about our communities?
- How are our communities handling this trauma?
- What concerns does this bring up for you around boys and men of color?
- What additional actions can we take?



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# What is trauma?

- American Psychological Association defines trauma as an emotional response to a terrible event like an accident, rape or natural disaster.
- An intense and overwhelming experience that involve serious loss, threat or harm to a person's physical and/or emotional wellbeing.



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Now she shift away from ACE and begin to talk about trauma.  
Here are definitions of trauma.

# Effects of trauma

- Overwhelms a person's coping resources. Leads the person to find a way of coping that may work in the short term but may cause serious harm in the long term.
- Can lead to a sense of vulnerability and/or fear.



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# Symptoms of trauma

- Reliving the experience
- Avoidance and emotional numbing
- Hyper vigilance

# Reliving the experience

- Intrusive thoughts, images, perceptions
- Recurring nightmares/ lack of sleep
- Dissociative experiences
- Exaggerated physical and emotional reactions



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# Avoidance & emotional numbing

- Detachment- people, things, etc.
- Lack of emotions, flat affect



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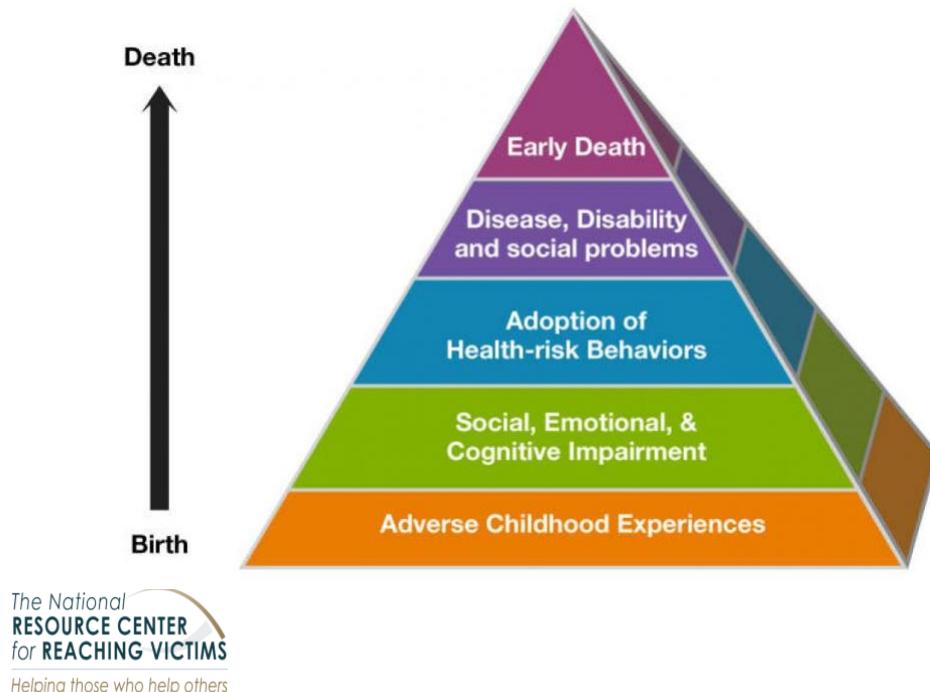
# Hypervigilance

- Exaggerated startle response
- Being on guard at all times
- Distrustful of certain environments



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# ACE's Pyramid



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The ACES pyramid show what Adverse Childhood Experiences can lead to. A lot of the trauma an individual experiences impacts social, emotional, and cognitive development.

It reminds us of Maslow's Hierarchy of Needs. If one's basic needs are met, you can build upon them and reach self-actualization. In comparison, when you must build a life upon negative experience, you have a less positive and unfortunate outcome. When someone has to deal with uncertainty, poverty, separation, etc. you have more challenges and become focused on survival, which can lead to negative health outcomes.

# Philadelphia ACE study questions

## Conventional ACEs

- Physical, Emotional, and Sexual abuse
- Emotional & Physical neglect
- Domestic violence
- Household substance abuse
- Incarcerated care provider
- Mental illness in the home

## Expanded ACEs

- Witnessing violence
- Living in unsafe neighborhoods
- Experiencing racism
- Living in foster care
- Experiencing bullying



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# Boys and men of color & trauma

- Most recognize trauma as involving violence, abuse, or a disaster.
- Often factors such as poverty, racial discrimination, and incarceration are not recognized as potentially being equally traumatic.
- Many fail to accurately respond to the trauma boys and men of color experience.



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# Social Determinants of Health



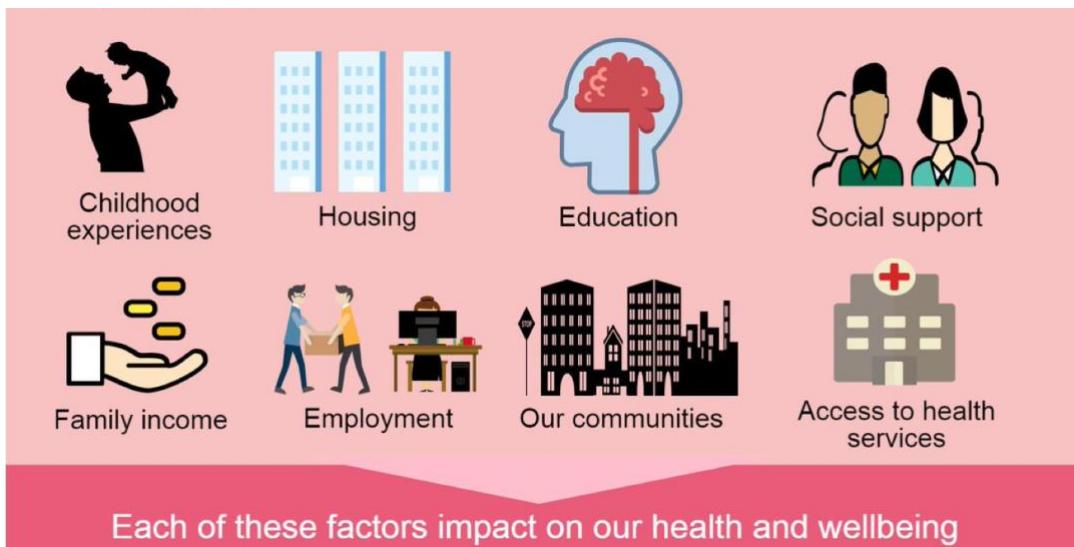
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This illustration shows five different social elements that determine health.

It shows what social environment someone needs to thrive. Economic stability gives you footing to move forward. If you live in a neighborhood that has a safe environment, you feel secure. If you are in good health or have healthcare you will be able to address physical or mental issues. Social and community context, if you have a strong community you will have a sense of belonging, which is important because we are social people. Having a strong social context disrupts feelings of isolation.

Education and knowledge, with this, you have opportunities to learn new skills to secure better employment.

## Factors that impact health

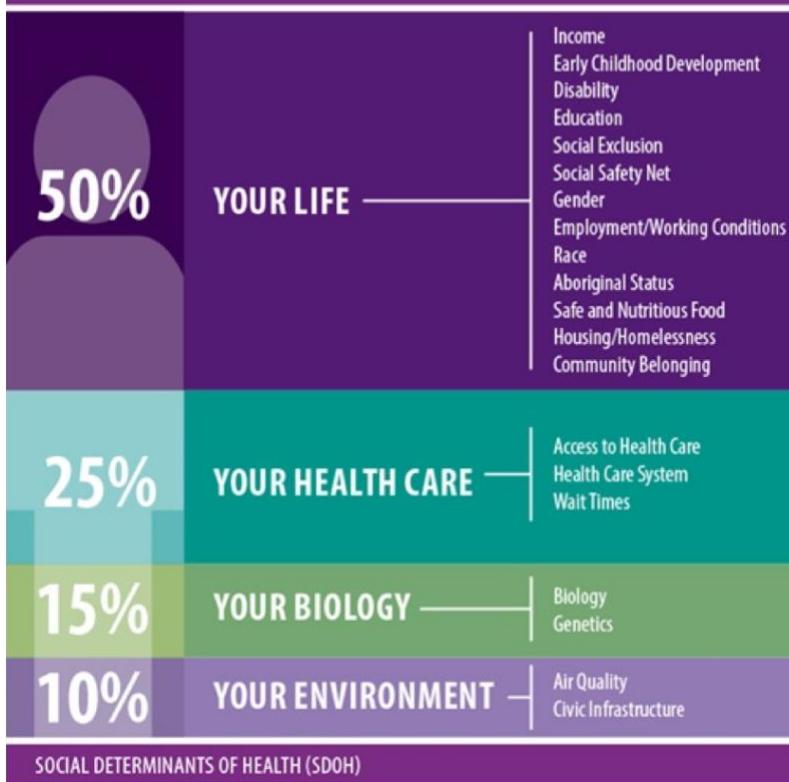


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This shows more factors that impact health and wellbeing.

## WHAT MAKES PEOPLE SICK?



What makes people sick?

[Social Determinants of Health What makes people sick? infographic](#)

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Most of the things that do make individuals sick stem from experiences during childhood and are less about the environment.

# Culture: Cross-Cutting Factors

- **Language & Styles of Communication:** verbal and nonverbal
- **Geographic Location:** rural, urban, region
- **Worldview, Values, & Traditions:** ceremonies, subsistence way of life, collective vs. individualistic
- **Family & Kinship:** hierarchy, roles, rules, traditions, definition of family
- **Gender Roles & Sexuality:** Gender norms, attitudes toward sexuality, and sexual identity.



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# Culture: Cross Cutting Factors (2)

- **Socioeconomic Status & Education:** Access and ability to use resources and opportunities, such as healthcare, schools, neighborhood, employment
- **Immigration & Migration History & Patterns:** seasonal, refugees, legal status, current generation in country
- **Cultural Identity & Degree of Acculturation**
- **Heritage & History:** Cultural strengths, traditions, generational wisdom, historical trauma
- **Perspectives on Health, Illness, and Healing Practices**



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# What is racial trauma?

- Physical and psychological symptoms POC experience after exposure to particularly stressful experiences of racism
- A cumulative experience, where every personal or vicarious encounter with racism contributes to chronic stress



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“Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche.”

Kenneth V. Hardy



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# Racism is trauma

- Negative, rejecting, and/or demeaning societal messages that undermine self-esteem
- Internalized racism is where people accept the negative messages about themselves and to reflect that negativity in their behavior
- Links to hypertension, cardiovascular disease, diabetes and infant mortalities



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# What is historical and generational trauma?

- Multicultural trauma experienced by a specific cultural group cumulative and collective and can manifest itself emotionally and psychologically
- The expanded ACEs pyramid accounts for oppression and historical trauma where the cumulative impact is fundamentally life-altering



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## Racial Socialization Experiences



For many people of Color, early racial socialization experiences often include listening to their parents' and grandparents' stories of living through different periods of racial tension in the U.S., including the Civil Rights movement, Jim Crow laws, and for some slavery.



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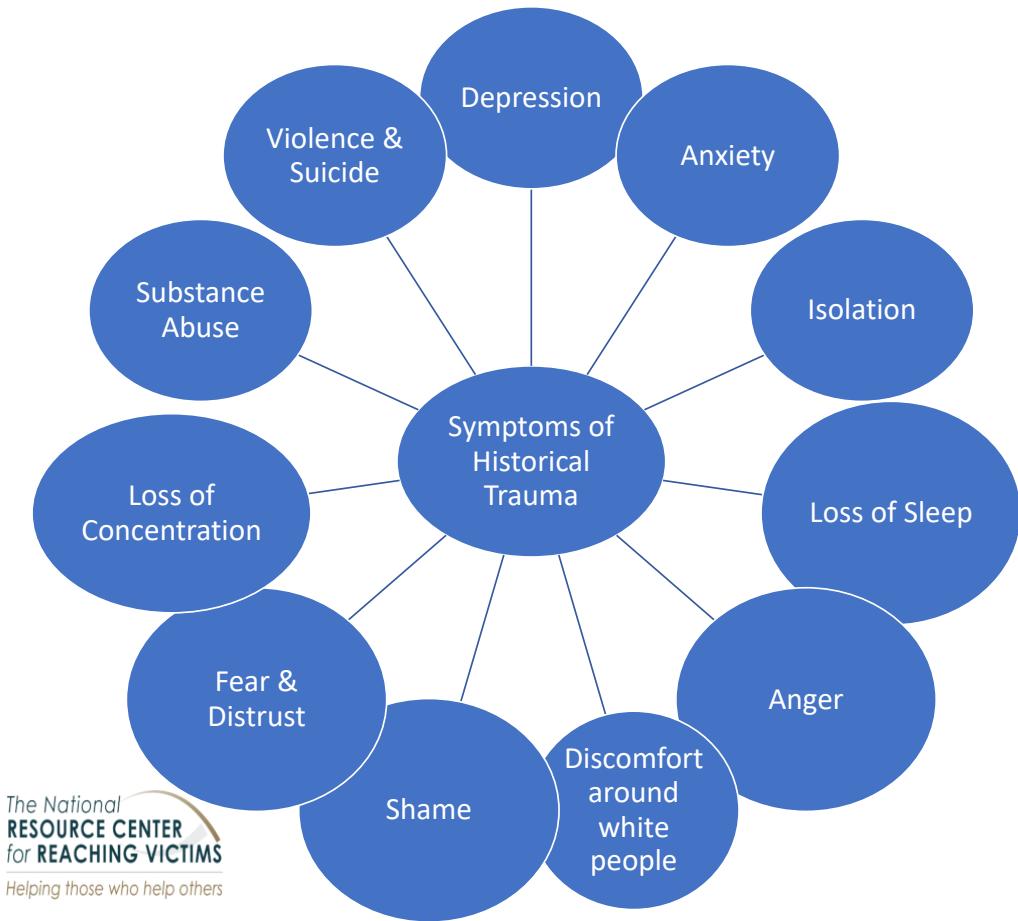
# Carrying Trauma

Educating and socializing the younger generation about race and racism is essential, yet racial trauma is often carried across multiple generations and Intergenerational trauma can lead to higher rates of mental health and physical health issues.



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This chart lists symptoms of historical trauma: depression, anxiety, isolation, loss of sleep, anger, discomfort around white people, shame, fear and distrust, loss of concentration, substance abuse, and violence and suicide.

# Organizational and Institutional Trauma



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# Institutional trauma

- We live in the world where human frailty and pathology is viewed in individual terms. When we see sickness we imagine that the person must have some weakness in biology, faith, or behavior
- Research suggests environmental response to an individual's trauma experiences may be a determining factor in whether PTSD or chronic traumatic reactions form



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"Institutional action and inaction that exacerbate  
the impact of traumatic experiences..."

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Smith and Freyd 34

Institutions are set up to manage large volumes of people. Their efficiency is based largely on specialization (DMV, criminal court, civil court, family court, all the separate departments of social services, and community based human services like domestic violence shelters, fatherhood programs, etc.) and their effectiveness is largely based on producing the same outcome no matter who comes into the program. The challenges with "evidence-based practices" is that institutional practice becomes static, and must remain static in order to maintain model fidelity to prove the practice is successful. The cost of this is depriving

the individual the opportunity to gain help with acquiring needs unaddressed in that model.

## Trauma informed care systems

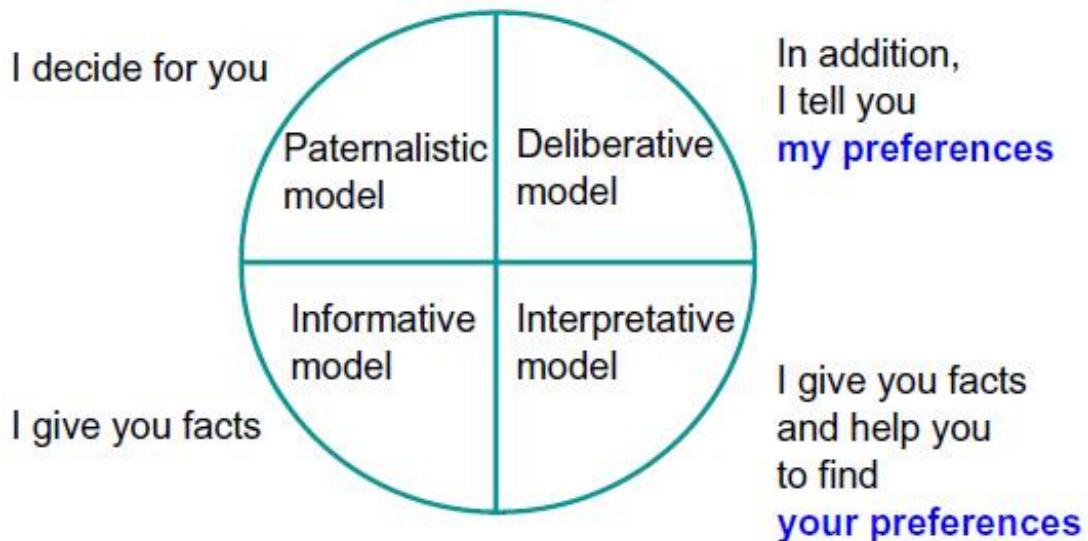
### Systems without Trauma Sensitivity

- Misuse or overuse displays of power – keys, security, etc.
- Higher rates of staff turnover and low morale
- Disempowering and devaluing consumers
- Consumers are labeled and pathologized
- Focused on what's wrong with the victim



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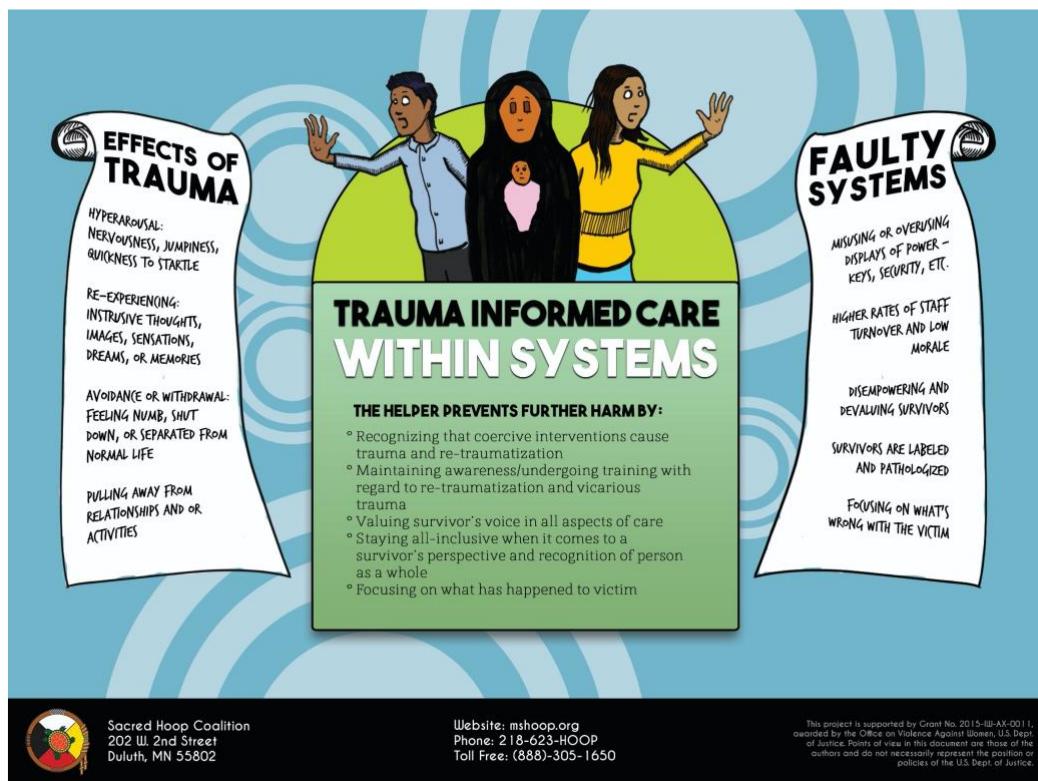
On this slide, we look at four different common ways professionals approach their work and provide information; the interpretative is most helpful.



- **Paternalistic Model:** A professional decides what is best for the client. They have a vision of what should happen to their client and what choice and action they should take.
- **Informative model:** A professional makes recommendations without knowing about the patient's reality, and this leads to incidents where recommendations can't be taken within reason. For example, a professional recommends attending weekly sessions when the patient lives over 20 miles away and can't do it. Just giving facts is unhelpful.

- **Interpretive model:** A professional gives them information about what they know, and then asks about the patient's life to see what is reasonable for them to achieve.

**Deliberative model:** A professional gives the patient facts and tells them the patient their preferences.



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Poster created by the Sacred Hoop  
Coalition, Minnesota

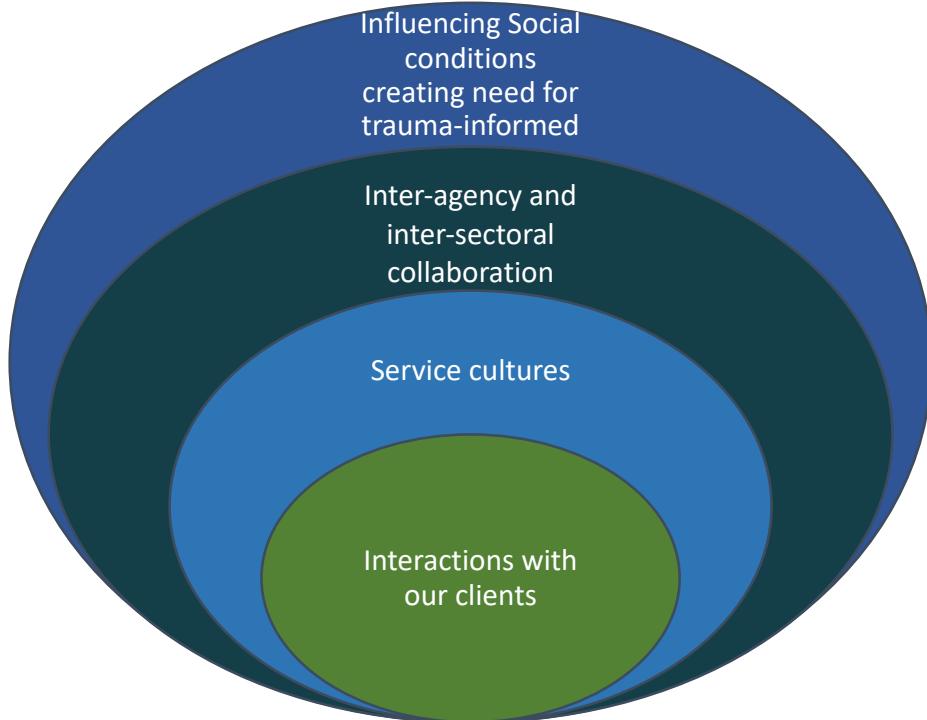
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This illustrates how professionals using trauma informed care protect victims from effects of trauma and faulty systems.

## Institutional advocacy: polices and practices

Trauma-informed practice and policy are relevant at all of these levels.

NS TIC Practice Brief, 2015



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Institutions need to change the way they do work to incorporate trauma-informed care, and it needs to be practiced at all levels within an institution, as illustrated by this chart, beginning with client interactions.

# What do Trauma Informed Policies look like in:

- Advocacy Programs
- Shelters
- Law Enforcement
- Jails
- Prosecution
- Courts
- Probation



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# Impact of trauma on boys and men of color

- On average have fewer sessions and terminate services earlier than European Americans
- Safety and coping
  - Often times self-medicate to cope with their traumatic experiences.
  - Can reinforcement stigma that they are drug seeking.
  - Validating resilience is important even when past coping behaviors are now causing problems



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# Masculinity and trauma

- Ideas about masculinity have an effect on how and when boys and men of color access health care.  
Mostly seen as a weakness
- When men do seek trauma support services they often find providers who are unsympathetic or unfamiliar with the issues they face



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# Supporting boys and men of color in their healing journey

- As with other forms of trauma, we ask the wrong question about struggling youth of color. Instead of asking “What is wrong with them?” we need to ask the trauma-informed question, “What has happened to them?”
- Building trust is the first step to creating healthy relationships and can significantly impact treatment outcomes.



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# Provide culturally relevant services

- To understand how trauma affects an individual, family, or community, you must first understand that individual's life experiences and cultural background.
- Staff should receive appropriate training to ensure that they are providing culturally relevant interventions



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# Issues that impact participation in therapy

- Racial similarity
- Perception of provider competence
- Perceptions of the quality of the services



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# Conclusion

- Comments
- Questions



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## Closing

Thank participants for attending and sharing their thoughts and ideas. Ask people if they have anything they would like to say or comments about the training overall. We recommend having some type of closing activity like a circle, song, or prayer to end on a positive note and send people off in a good way.