

UNDERSTANDING TRAUMA IN THE CONTEXT OF MARGINALIZED COMMUNITIES

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Overview

- Define health inequity, marginalized communities and historical trauma.
- Discuss the relevance of historical trauma, disproportionate poverty, stress & community violence observed in marginalized communities for traumatic stress.
- Responsiveness to the needs of marginalized communities.

What Are Disparities?

Differential morbidity, mortality and health-related well-being and quality of life among populations:

- Disease/Illness – Specific, objective symptoms with a biological basis;
- Health behaviors (diet, physical activity, smoking);
- Healthcare (access, treatment).

What is Health Equity?

- Assurance that all members of society have the opportunity for health – a sense of well-being and the ability to lead full, productive life-
- Regardless of SES, Race/Ethnicity, Gender, Sexual Orientation, etc. or other social factors that might contribute to inequity

Understanding Health Inequity

- Health inequities have historically existed in certain groups.
- Healthcare access factors alone do not account for disparities.
- Systemic issues;
 - Complex interaction of factors affect groups to create the conditions that lead to difference in risk for a number disorders, including trauma.
- Illuminate how disparities in disorders develop and steps that we need to take in care and treatment to address these.

Marginalized Communities

- ethnic
- racial
- refugee
- immigrant
- linguistic groups
- religious groups
- gender and sexual orientation
- able-bodiedness
- socio-economic status
- geographic status



Diversity



Social Context and Well-being

Mental health difficulties experienced by many marginalized groups are related to a social context of oppression.

Oppression can lead to social alienation, low self-esteem, and symptoms of psychological distress.

Experiences of insecurity & hopelessness, risks of violence & poor physical health increase vulnerability to mental disorders.

Historical Trauma (Brave Heart & DeBruyn, 1998, p. 60)

- Native American loss of population;
- 1883 federal law prohibited Native Americans from practicing traditional ceremonies (Brave Heart, Chase, Elkins, & Altschul, 2011).
 - American Indian Religious Freedom Act, 1978
- Indian Removal Act of 1830, forced relocation of 100,000 Native Americans.
 - Loss of land never restored.
- Feelings of shame, powerlessness and subordination.
(Brave Heart & DeBruyn, 1998).

Historical Trauma

- Slavery, history of segregation, & racism are important factors in the history of African American.
 - 1st entered the US in **1619** as indentured servants.
 - **Slavery** became a way of life in the late 17th century.
 - **The 1863 Emancipation** of slaves.
 - 1883 the US Supreme Court declared the **Sumner Act 1875**, which had given African Americans equal rights to public accommodations & transportation, unconstitutional.

Historical Trauma

- **Late 1800's Jim Crow laws created.**
 - Southern states ignored the 14th & 15th amendments that gave African Americans citizenship & the right to vote; black codes instituted.
 - **1896 Plessy vs. Ferguson** the Supreme Court made separate but equal the law.
 - **1954 Brown vs. Board of Education Topeka, KA**

Hate Crimes 2013

- 5,922 single bias incidents:
 - 48.5%, race
 - 20.8%, sexual orientation
 - 17.4%, religion
- 3,407 single-bias, racially motivated hate crimes:
 - 66.4%, anti-black or African-American bias,
 - 21.4% anti-white bias.
- 1,402 sexual orientation hate crimes:
 - 60.6% anti-gay (male) bias.
- 6,933 hate crime offenses:
 - 63.9% intimidation, assaults, rapes, murders, etc.
 - 35% property crimes (destruction/damage/vandalism)

Discrimination as a Unique Stressor

- Racism and stressful life events were significant predictors of PTSD symptoms, suggesting the importance of life context.
- Discrimination has been associated with psychiatric symptoms.
- There is empirical support for racism as a separate and unique source of stress for minorities.
 - Higher impact of discrimination scores than European Americans.
 - No gender or ethnicity differences in daily stress or the number of racial incidents reported.

Thompson, V. L. S. (1996). Perceived experiences of racism as stressful life events. *Community mental health journal*, 32(3), 223-233.

Klonoff, E. A., Landrine, H., & Ullman, J. B. (1999). Racial discrimination and psychiatric symptoms among Blacks. *Cultural Diversity and Ethnic Minority Psychology*, 5(4), 329.

Thompson, V. L. S. (2002). Racism: perceptions of distress among African Americans. *Community Mental Health Journal*, 38(2), 111-118.

Marginalized Identities

- Many stigmatized identities generate experiences of discrimination.
- 53% of participants in one reported some experience with discrimination.
 - Most frequent sources: mental disability, race, sexual orientation, physical disability.
 - Areas of discrimination: employment, housing, and interactions with law enforcement and did not differ among groups.

Current Population Survey (CPS), 2015 Annual Social & Economic Supplement (ASEC)

- Official poverty rate in 2014, 14.8%; which is up from 13.2% in 2008;
- 2014, 47.7 million people in poverty, up from 39.8 million, 2008.
 - 4th consecutive year people in poverty and poverty rate remained essentially unchanged (increased 2008-2010).
- Between 2008 and 2010, 2012, 2014 the poverty rate increased for:
 - Non-Hispanic Whites, 8.6%, 9.9%, 11.6, 10.1%
 - American Indians/ Alaska Natives, 27% (2012)
 - Blacks, 24.7%, 27%, 25.8, 26.2%
 - Hispanics, 23.2%, 26%, 23.2, 23.6%
 - Asians, 12.1, 12 %, not statistically different from the 2008 rate, 11.7%.[1](#)

Social Issues and Context

- Stigma of Being Poor:
 - Insufficient resources for necessities,
 - Urban areas characterized by high density poverty,
 - Diminished resources,
 - Poor education,
 - Lack role models for college, occupational striving,
 - Shame,
 - Negative attributions (worthless, unintelligent, poor work ethic).

Addressing the Issues

- A person may be at greater risk because of their social position and context but the identity is not the cause.
 - Must avoid pathologizing and further stigmatizing groups of people.
 - Take advantage of strengths that can assist in resilience.
- Ability to discuss trauma in the context in which it occurs.
 - Acknowledge micro-aggressions that are a part of living with marginalized identities.
 - Ability to acknowledge and fully address racism, discrimination in its full historic context for the person and the group if needed and desired.
 - Ability and willingness to address the social situations and contexts that place people at risk of trauma – poverty, crime, etc.

Questions

