



SYSTEMS OF TRAUMA | Racial Trauma

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This issue brief will explore how racial trauma intersects and exacerbates trauma caused by family violence. In order to do so effectively, the brief will review issues of structurally embedded inequalities, individual actions that cause racial trauma, the effects of racial trauma on communities of color, and strategies for individuals, communities, professionals and organizations to prevent and mitigate race-based traumatic stress. Accompanying resources for this issue brief are available at www.fact.virginia.gov/systems-of-trauma

What is Racial Trauma?

Racial trauma, also known as race-based traumatic stress, refers to the stressful impact or emotional pain of one's experience with racism and discrimination. Common traumatic stress reactions that reflect racial trauma include increased vigilance and suspicion, increased sensitivity to threat, sense of a foreshortened future, and maladaptive responses to stress such as aggression or substance use. Further, racial trauma can have a negative impact on individuals' physical and mental health, including negative mood and depressive symptoms, and hypertension and coronary heart disease.¹

Stress is the body's physiological and cognitive response to situations perceived as threats or challenges. It is a normal and natural response. Most stress individuals encounter on a day-to-day basis is tolerable, because individuals have coping skills and supportive relationships to help them endure it. However, exposure to stressful and adverse experiences over a long period without positive mitigating factors can become toxic.²

When an individual hears or sees a threat, the brain's limbic system, or "survival brain", sends out a red alert signal that releases stress hormones. This response is the normal physiological reaction that keeps humans and animals alive; however, when individuals experience toxic stress, there is a constant stream of stress hormones to remain hyper-vigilant to their unpredictable and sometimes dangerous environment.³ Because of the prevalence of racial discrimination, being a racial minority generally leads to greater stress. Further, simply anticipating

racist events will switch on the body's stress response systems. Systemic racism, everyday racial discrimination, and the fear of racist events can cause people of color to live in a constant state of red alert. This toxic stress increases wear and tear on the body--the sustained release of stress hormones can lead to multiple health issues including high blood pressure, high glucose levels and a weakened heart and circulatory system.^{4,5,6}

Many researchers have noted the link between racism and trauma.⁷ For example, Comas-Diaz and Jacobsen (2001) state, "Exposure to racism can result in psychological affliction, behavioral exhaustion and physiological distress."⁸ Scurfield and Mackey (2001) argued "Exposure to race-related trauma, in and of itself, may be the primary etiology factor in the development of an adjustment or stress disorder."⁹ Racial trauma does not occur in a vacuum and therefore is worsened by the cumulative impact of multiple traumas, such as community violence, victimization, and combat. For example, a study of PTSD among Asian veterans found that race-related stress was a strong and significant predictor of PTSD and stated that "the stressful effects of exposure to combat and racism could be additive and that cumulative racism can be experienced as traumatic."¹⁰

Racism and the trauma that results from racism exist at interpersonal, environmental, institutional, and cultural levels, thus affecting the physical, social and psychological health of individuals and communities.¹¹ Eliminating racism and racial trauma will require interventions at all levels, from individuals



to the family, community and nation. It is important for practitioners to understand how racial trauma affects their clients and use that as a lens for trauma-informed practice; however, it is also crucial to implement policy changes that work towards ending structural racism in our communities. The following sections specify some structurally embedded inequalities and individual inequalities that cause racial trauma.

Historical Trauma

Historical trauma is a form of trauma that affects entire communities. It refers to cumulative emotional and psychological harm, as a result of group traumatic experiences, transmitted across generations within communities and families. Racial and ethnic population groups that have suffered major losses and assaults on their culture and well-being experience historical trauma. For example, the legacies from the enslavement of African Americans, displacement and murder of American Indians, and devastation and decimation of Jews in the Holocaust have been transferred to current descendants of these groups and others.^{1,12}

Historical trauma is constructively viewed from a public health perspective, as it has implications for the physical, psychological and social health of individuals and communities. Patterns of managing stressful life events are highly influenced by the environment that shapes individuals, families and communities. When caregivers' environments have been shaped by perceived and actual threats to their safety due to past traumatic experiences perpetrated against members of their community, they transmit implicit and explicit social messages to their children in an attempt to ensure their safety. Social messages imparted range from preparing children for discriminatory experiences to bolstering their pride in their ethnic/racial identity.¹

Furthermore, experiences of historical trauma within a community, coupled with individual traumatic experiences can contribute to survival strategies that both reflect a community's resilience in the face of continued difficult life circumstances and heightened risks for experiencing community-level stressors (such as community violence).¹ For example, the adaptive and flexible nature of African American family structures (i.e., extended family and kinship networks) that emerged out of chattel slavery was (and remains) essential for survival during times of adversity. Conversely, the same

close-knit extended family structure promotes a sharing of income that can mitigate African American professionals' ability to save and build generational wealth. Tech professional Sheena Allen coined this the "Black Tax" when she tweeted: "Many Blacks in my peer group are making good money but because they're the first person in their family to "make it", they are still living paycheck-to-paycheck because their money isn't just their money. Their money is mom's light bill money, little bro's football money, etc."¹³ Historical trauma provides a context for understanding some of the stress responses that individuals from historically oppressed communities use to cope with difficult situations.

Historical Trauma in the United States

The United States is among the most diverse democracies in the world.^{14,15} However, much of its history includes systems of violence and discrimination that have not only had traumatic consequences for those directly affected, but affect future generations and communities. The following section highlights just a few examples of communities that experience historic trauma in the United States. Further reading can be found at www.fact.virginia.gov/systems-of-trauma/

American Indians

The colonization of the Americas introduced a chain reaction of incidents that had traumatic consequences for American Indians for generations, some of which are outlined in the paragraphs below.

Treaty promises, made by the United States government, were broken by deceptive language designed to extricate valuable lands from American Indians. Aggression and violence often accompanied the rapid expansion of colonization. Calculated introduction of alcohol and disease, together with the slaughter and abuse of innocent individuals, caused deep and lasting traumatic wounds to American Indian individuals and families and allowed no time for the necessary mourning, regrouping, and restructuring of American Indian societies. American Indians were relegated to reservations, restrictive environments that destroyed many aspects of societal health that had been supported through intra- and intertribal relations.^{16,17, 18, 19}

One example of an institutional governmental tool of racism is the initial creation of the Bureau of Indian Affairs (BIA), that was established as a subdivision of the Department of War in 1824. This



agency was given the task of controlling American Indians. A primary role of the BIA was to provide education for American Indians with the ultimate goal of “civilizing” them according to the prevailing standards of European American culture (BIA, n.d.).

A key strategy to doing so was the establishment of BIA-operated Indian schools that were reservation-based day schools. However, it rapidly became apparent that attempts at assimilating native children to European American culture were impeded by parental influence. Therefore, in 1876, the federal government decreed that all American Indian children must be removed from their families and confined in boarding schools. This legislation mandated that children be forcibly, if not voluntarily, removed from the care of their own relatives to be brought up within the confines of boarding schools. In 1892, the Commissioner of Indian Affairs, Thomas Jefferson Morgan, called for coercive enforcement of mandatory boarding school attendance through the restriction of food to those “barbarians and semi-savages” (parents) who were discovered to be in contempt.¹⁷

Between the late 1800s and mid-1900s, the United States government mandated that all American Indian children between the ages of 5 and 18 attend boarding school. By severing children from the nurturing and protection of their parents, school authorities were implicitly granted license to use and abuse children according to whatever exploitive, punitive, and perverse treatment they deemed advantageous to their fundamental mission of stripping the children of their natural beliefs and attachments.¹⁷

Consequences of Historical Trauma on American Indians

The current social-environmental, psychological and physiological distress in American Indian communities is a result of the historical losses this population has suffered over time. For example, the removal of American Indian children into boarding schools left generations of American Indians subjected to prolonged institutionalization, void of positive models of family life and family discipline and disconnected from the aspects of their culture that were critical for resiliency. Those factors can have a significant effect on individuals’ ability to function as parents and partners within families. To that end, domestic violence and physical and sexual

assault in American Indian communities are 3.5 times higher than the national average. However, the actual number may be higher, as many assaults are not reported. Further, American Indian children are one of the most overrepresented groups in the foster care system.^{17,20,21}

Federal and state efforts to increase recognition of tribal sovereignty and acknowledgment of historical trauma are widely seen as positive efforts to increase healing and resiliency. On individual and community levels, American Indians have shown to be resilient to historical and current trauma especially when focusing on cultural practices. For example, among American Indian youth living in urban areas, gathering with other American Indians, learning about their history and reconnecting with their tribal culture helped decrease alcohol and other substance use and misuse, as well as depression, anxiety, suicidality and feelings of hopelessness.^{22,23}

African Americans

Slavery in the United States spanned from the 1600s to the mid 1800s. It is estimated that six to seven million enslaved Africans were imported to the United States during the 18th century alone. The rapid expansion of the cotton industry in the late 1700s and early 1800s made Southern States dependent on slavery for their economy.^{19, 24} Virginia was the second largest state for the importation of enslaved Africans and the number one state for the domestic slave trade, and, Richmond, Virginia was the epicenter of that trade. Richmond’s economic success in the antebellum is largely due to the impact of the slave trade as a commercial enterprise. In fact, “In the 1850s, Richmond’s biggest business by dollar volume was not tobacco, flour, or iron, but slaves.”^{27,28}

Enslaved individuals were denied the opportunity to learn to read or write and were prohibited from associating in groups (with the exception--in some cases--of religious meetings). Beatings and murder of enslaved persons were allowable if the enslaved person was “resisting” or if done “under moderate correction.” Rape and sexual abuse of enslaved women were common, and families were regularly separated when children and spouses were sold.^{19,24}

Although chattel slavery in the United States created horrific intergenerational trauma in and of itself, it was followed by a series of laws and policies that



supported the powerlessness of African Americans and expanded the legacy of historic traumas against African Americans in the United States. One example of such legacies is the Jim Crow Era, which spanned from the 1880's to 1965, post emancipation in the American South. Jim Crow laws supported race-based segregation and resource attainment in public and private domains. This formal codified system of racial apartheid affected almost every aspect of African Americans' daily life, mandating segregation of schools, parks, libraries, drinking fountains, restrooms, buses, trains, housing and restaurants. "Whites Only" and "Colored" signs were constant reminders of the enforced racial order.^{19,24,25} Civil Rights activist Diane Nash stated: "Travel in the segregated South for Black people was humiliating. The very fact that there were separate facilities was to say to Black people and White people that Blacks were so subhuman and so inferior that we could not even use the public facilities that White people used." Diane Nash was a member of the Freedom Riders, a group of civil rights activists who rode interstate buses in the south to challenge bus segregation. It took several decades of direct action such as the Freedom Riders Movement, as well as legal action, to end Jim Crow Laws in the American South.²⁵

Consequences of Historical Trauma on African Americans

For African Americans who are descendants of enslaved Africans, the dynamics of slavery itself; the institutionalized segregation and violence that followed emancipation, and ongoing struggles for racial justice continue to have a multi-faceted impact on African American Life.²⁴

After studying PTSD in African Americans, Joy DeGruy, PhD, developed the theory of post traumatic slave syndrome which takes into account the development of survival adaptations necessary for enduring the hostile slavery environment, and how these adaptations, both positive and negative, continue to be reflected in African Americans' behaviors and beliefs. Dr. DeGruy theorizes that some of the violence in African American communities as well as patterns of behavior such as vacant self-esteem, ever-present anger and racist socialization are born out of a very violent past--specifically the unresolved and unaddressed trauma from slavery. Dr. DeGruy's theory also acknowledges the resilience and resourcefulness that made it possible for individuals and families to survive slavery, such as strong family relationships, community, and faith within African American communities.²⁶

Current Systems of Racism

Policies and practices entrenched in established institutions that harm certain racial groups, and help others create systemic racism. Systemic racism has roots in historic racism; however, it is reinforced by contemporary environmental, institutional, and cultural structures. The following section outlines several examples of current systems of racial oppression that can cause and add to racial trauma.

Nationally, people of color are more likely to live in poverty than their White peers. Eight percent of White Americans live in poverty, while 20% of Black, 16% of Latino, and 22% of American Indian and Alaska Natives live in poverty.²⁹ Families of color are also between two and four times more likely than white families to live in areas of concentrated poverty, exacerbating the effects of poverty and impeding access to opportunity.³⁰ This wealth gap can be attributed to a myriad of societal structures, one of which is racial

Systemic racism has roots in historic racism; however, it is reinforced by contemporary environmental, institutional, and cultural structures.



discrimination in mortgage lending.

Racial discrimination in mortgage lending in the 1930s shaped the demographic and wealth patterns seen in American communities today. The federal Home Owners' Loan Corp (HOLC) created maps in which neighborhoods were graded based on their credit risk and ethnic demographics. Neighborhoods predominately made of African Americans, as well as Catholics, Jews, and immigrants from Asia and southern Europe were deemed undesirable to lend to and marked on HOLC maps with a red outline. Loans in redlined neighborhoods were unavailable or very expensive, making it more difficult for low-income minorities to buy homes and setting the stage for the United States' persistent racial wealth gap. Three out of four neighborhoods "redlined" on government maps 80 years ago continue to struggle economically today.^{31,32}

Furthermore, African Americans are incarcerated at more than five times the rate of Whites. Though African Americans and Latinos make up approximately 32% of the United States population they comprised 56% of all incarcerated people in 2015. More African American adults are under correctional control today—in prison or jail, on probation or parole—than were enslaved in 1850, a decade before the Civil War began. The mass incarceration of people of color is a big part of the reason that African American children born today are less likely to be raised by both parents than African American children born into slavery. One in nine African American children has a parent in prison, against one in 56 White children. These stark racial disparities cannot be explained by rates of drug crime; studies show that people of all colors use and sell illegal drugs at remarkably similar rates.³³

Beyond the separation of families, the over incarceration of African Americans has negative economic impact on families and communities of color. Over-criminalization substantially reduces an individuals' chance of reaching middle class status by middle age and men who have been imprisoned are significantly less upwardly mobile than those who have not.³⁴

Xenophobia

The United States has been known throughout its history as a nation of immigrants; however, the United States also has a long history of xenophobia, or the dislike, prejudice and/or intolerance of immigrants. Today in the United States, immigration has become a focal point of heated national debates. Immigrants are repeatedly and incorrectly associated with the declining economy, overpopulation, pollution, increased violence, depleted social resources, erosion of cultural values, and terrorism; and immigrants are often portrayed as criminal, poor, violent, and uneducated.³⁵

White western Europeans, who colonized the Americas, as well as individuals from many other nations, moved to the United States relatively freely and in great numbers until the early 1900s. In 1921, the United States Congress passed the Quota Act, which established a new system of national origin restrictions, favoring northern European immigrants over those from other regions of the world. In 1924, the Johnson-Reed Act further reduced the quota and created the United States Border Patrol. Subsequent immigration policies continued to be guided by race and social class-based policies (e.g., Chinese Exclusionary Act, the Alien Land Act, the McCarran-

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Examples of Microaggressions

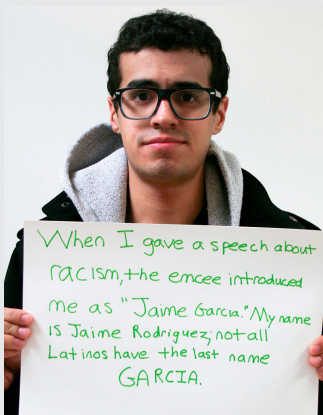
Photographer Kiyun Kim asked her friends at Fordham University to “write down an instance of racial microaggression they have faced”, all photos can be found on Kim’s website, nortonism.tumblr.com:⁴³



Cesca - "What are you?' Human. Being biracial doesn't make me a 'what'."



Courtney - "Courtney I never see you as a Black girl' #swerve #OPENYOUR EYES!"



Jaime - "When I gave a speech about racism, the emcee introduced me as 'Jaime Garcia.' My name is Jaime Rodriguez; not all Latinos have the last name Garcia."

Walter Act) that denied entry or the right to citizenship to non-White immigrants. Non-White immigrants were first able to become naturalized citizens only in 1952, whereas this privilege had been granted to the majority of White immigrants since 1790.^{36,37} In 1965, the Immigration and Nationality Act abolished quotas that favored Europeans. This policy resulted in significant demographic shifts in the immigrant population, with nearly 50% of documented immigrants entering the United States from Latin America and the Caribbean, 25% from Asia, and less than 15% from Europe by the year 2000.^{36,38}

Even greater diversity resulted from the ratification of the U.S. Refugee Act in 1980, which opened borders to several million refugees who then resettled across the country.^{36,39} In the late 1990s, the number of resettled refugees approached 130,000 a year. Recently refugee resettlement has been restricted by the United States government based in part on the inaccurate fear that refugee status would be used as a basis for entrance by criminals and terrorists.^{36,40}

As this brief history reveals, immigrants coming to the United States have often been met by discriminatory policies coupled with prejudice and distrust from their host communities. Restrictive and punitive immigration measures have specifically targeted immigrants because of their race and social class. Because of xenophobia, many immigrants experience the interpersonal racism and racial trauma outlined in the sections below.³⁶

Interpersonal Racism

Events that cause racial trauma occur in many different forms, and may be direct or subtle and ambiguous. Although most racial encounters occur on an interpersonal level, they are usually the effect of structural or systemic racism like the examples listed above. Examples of interpersonal racism include (but are not limited to) physical and verbal assaults against a person of color, treating a person of color as a stereotype, such as assuming a person of color is criminal or dangerous.^{41,42}

Microaggressions

Psychiatrist and Harvard University Professor Chester M. Pierce first proposed the term racial microaggressions in the 1970s, to describe insults and dismissals which he regularly witnessed non-Black Americans inflicting on African Americans. Since Dr. Pierce’s work, many psychiatrists and social scientists have advanced the concept. For example, Stanford University psychology professor Claude Steele conducted a study that found that African American women performed worse on academic tests when primed with stereotypes about race or gender. Additionally, several studies have demonstrated that many well-intentioned Whites who consciously believe in and profess equality unconsciously act in a racist manner, particularly in ambiguous circumstances. In experimental job interviews, for example, Whites tend not to discriminate against Black



candidates when their qualifications are as strong or as weak as Whites'. However, when candidates' qualifications are similarly ambiguous, Whites tend to favor White over Black candidates.⁴⁴

Microaggressions are brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults toward people of color. While individuals may not openly discriminate against people of color, they may engage in microaggressions such as avoiding eye contact on the street or making assumptions about someone's intelligence or mental state. Microaggressions are sometimes conscious and intentional, however on many occasions, the perpetrator may not be aware of the harmful effects of their behavior. Research on microaggressions provides strong evidence that these small slights accumulate over time and negatively affect people of color's mental and physical health such as elevated levels of depression, trauma and heart disease. Additionally, the ambiguous and subtle nature of microaggressions makes them especially frustrating for victims, since they may be unsure how to respond.⁴²

How does racial trauma affect individuals?

Although not everyone who experiences racism and discrimination will develop symptoms of race-based trauma, individuals experience and react to racial trauma in a myriad of different ways. Repeated exposure may lead to the following symptoms according to a report on *The Impact of Racial Trauma on African Americans* by Dr. Walter Smith:⁴⁵

- **Increased vigilance and suspicion** – Suspicion of social institutions (schools, agencies, government), avoiding eye contact, only trusting persons within our social and family relationship networks
- **Increased sensitivity to threat** – Defensive postures, avoiding new situations, heightened sensitivity to being disrespected and shamed, and avoid taking risks
- **Increased psychological and physiological symptoms** – Unresolved traumas increase chronic stress and decrease immune system functioning, shift brains to limbic system dominance, increase risks for depression and anxiety disorders, and disrupt child development and quality of emotional attachment in family and social relationships
- **Increased alcohol and drug usage** – Drugs and

alcohol are initially useful (real and perceived) in managing the pain and danger of unresolved traumas but become their own disease processes when dependency occurs

- **Increased aggression** – Street gangs, domestic violence, defiant behavior, and appearing tough and impenetrable are ways of coping with danger by attempting to control our physical and social environment
- **Narrowing sense of time** – Persons living in a chronic state of danger do not develop a sense of future; do not have long-term goals, and frequently view dying as an expected outcome

Family Violence and Racial Trauma

The following examples identify and illustrate how racism and racial trauma impact human service systems that address family violence.

Child Welfare System

Research has shown that some children are disproportionately likely to become engaged with child welfare services based on their racial identity. A 2014 study found African American youth were overrepresented in foster care at a rate 1.8 times their rate in the general population in the United States—whereas White children were underrepresented in foster care at 0.8 times the rate in the general population.⁴⁶ Furthermore, racial disparities exist at various decision points in the child welfare involvement process. Compared to White and Asian children, African American and multiracial children are more likely to be removed from their homes, spend longer time in foster care, and are less likely to be adopted or reunited with their families before aging out of care compared to other racial groups. African American boys in particular are more likely to be placed in institutional settings; experience more placement moves; and are more likely to age out of care compared to the general population of children.^{47, 48}

Not only are children of color overrepresented in child welfare, but they also experience inequity in the quality of care provided. Contact with child protective services has been described by families of color as invasive, disruptive, unjust, and unsafe. For many families, this may lead to a general distrust of child welfare services, which limits collaboration between families and communities to promote the safety of all children.^{49, 50}

Domestic Violence System



Domestic Violence occurs among all races, ethnicities and socio-economic classes; however, for women of color, high rates of poverty, poor education, limited job resources, language barriers, and fear of deportation increase their difficulty finding help and support services. Although there are unique circumstances within the context of a particular community of color, common factors and considerations exist which may account for the under-reporting of domestic violence and failure to seek appropriate help services by this group. Some commonalities include:⁵¹

- Patriarchal elements to familial structure (e.g. women's role as wife, mother and homemaker)
- Fear of isolation and alienation
- A strong loyalty to both immediate and extended family
- Distrust of law enforcement and fear of police brutality and violence
- Skepticism that shelter and services are culturally and linguistically competent

Some reasons for not reporting domestic violence are more specific to individual communities. For example, as a result of historical and present-day racism, African American women may be less likely to report their abuser or seek help because of African American men's vulnerability to police violence. African American victims may want the abuse to stop, however they may be hesitant or unwilling to call the police because they don't want their partner to be killed. Similarly, immigrant and undocumented women may not seek help due to fear of their or their partner's deportation and/or separation from children.⁵¹

Implications for Practice

With increasing recognition of trauma-informed care across social systems and raised awareness of the historic and contemporary structural racism across the United States, it is imperative that sensitivity to racial trauma be included in all trauma-informed strategies. Trauma-informed care involves understanding, anticipating, and responding to the impact that trauma can have and increasing awareness about how to address existing trauma and prevent re-traumatization.⁵² When applied to racial trauma, the overarching tenets of trauma-informed care remain the same.⁵³ However, individuals, communities, professionals and organizations must also consider the tenets through a lens of racial equity informed by historic and contemporary systems of oppression. The following section outlines

the tenets of trauma-informed care through a lens that is sensitive to racial trauma.

- **Trauma Awareness:** An understanding of trauma including the types of trauma endured and how it affects a person's physical and mental health. Trauma awareness when addressing racial trauma may include:
 - **Education-** Learning about the impacts of systemic racism and white supremacy and how it causes racial trauma provides context when working with people of color with trauma symptoms.¹
- **Safety:** Trauma survivors often feel unsafe and may be in danger (e.g. victims of racial violence). A trauma-informed approach works towards building physical and emotional safety. Safety when addressing racial trauma may include:
 - **Physical Safety-** create and support environments where people of color feel safe. Consider and acknowledge how those environments may be different to people of different races and cultures (e.g. police presence in an organization may provoke a trauma response in populations who disproportionately experience police brutality.)¹
 - **Emotional Safety-** create and support environments where people feel safe to discuss emotionally charged issues such as racism and white supremacy.¹
- **Respect-** People of color are often stigmatized and disrespected due to racism. It is therefore crucial to uphold the trauma-informed tenet of respect. Respect when addressing racial trauma may include:
 - **Authenticity-** it is natural to worry whether you are saying "the right thing," but respectful authenticity is the cornerstone of honest, albeit hard, conversations about racism.¹
 - **Difference-** honor and respect differences in perspectives and emotional responses.¹
 - **Empathy-** offer empathy and understanding to people who express distrust or distress as these emotions are key to acknowledging past hurt.¹
 - **Validation-** validate and honor people's experiences and emotions rather than trying to convince them that they no longer have a rational reason to feel that way.¹
- **Control & Choice-** Because control is often taken away in traumatic situations, and because racism is disempowering in and of itself, it is important to honor people of color's control and choice. Control & Choice when addressing



racial trauma may include:

- **Avoid prescriptive solutions**- Ask individuals what they need to solve or improve their problem instead of relying on a prescriptive solution that may center the dominant culture.¹
- **Strengths-based approach**- Trauma-informed care is strengths based rather than deficit oriented. Rather than focusing on real or imagined limitations, a trauma informed approach focuses on skills building and resilience.
- **Re-channel emotion**- Support activities and organizations that foster leadership skills through action and activism. Make sure activities are truly led by people of color and offer space, resources and/or support.¹
- **Representation** – Recognize that no one is more of an expert on racial trauma than those affected by it and intentionally hire people of color, listening and looking to them for their expertise.¹

Spotlight: Southside Trauma-Informed Community Network

Petersburg, Colonial Heights, Hopewell, Emporia, Dinnwiddie, Prince George, Surry, Greensville and Sussex

The Southside Trauma-Informed Community Network (STICN) is a multi-agency and multi-disciplinary group of organizations and individuals working together to collaborate in creating a more trauma-informed and resilient Southside region. The STICN serves the cities of Petersburg, Colonial Heights, Hopewell, and Emporia and the counties of Dinnwiddie, Prince George, Surry, Greensville and Sussex.

The communities the STICN serves have unique sets of challenges rooted in historic and systemic injustices. For example, when Petersburg's largest industry and employer Brown and Williamson left the city nearly 30 years ago, access to jobs and opportunity drastically decreased, forcing many individuals and families to leave the city along with deterring new residents from moving there. Since then, Petersburg has experienced significant economic decline, which coupled with substantial turnover in city government has made it hard for the city to bounce back. Further, the Southside Regional Dump, which happens to be one of the city's largest employers, stands larger than most buildings in Petersburg creating unpleasant smells and unhealthy pollution from methane gas.

With the Crater Health District as a Backbone and administrative support from the United Way, the STICN employs ACEs Connection's Building Community Resilience 2.0 Model (illustrated below).

The STICN **educates** through ACEs, Trauma-Informed Care and Resilience Workshops and a Community Learning Collaborative. The STICN **engages** through regular community network meetings where members are encouraged to use their lived experience and expertise to inform the larger network on the unique issues affecting their communities. The STICN **activates** by working with Voices for Virginia's Children to inform trauma-informed policy and amplify their efforts through train-the-trainer workshops on ACEs and trauma-informed care. Finally, the STICN **celebrates** through an annual Beyond ACEs, Building Community Resilience Summit that focuses on the impact of race, culture and poverty on Adverse Childhood Experiences as well as a Healing Arts Program, which uses art to help youth overcome obstacles and adversities.

The STICN consists of a diverse group of people coming from nine localities, with members that are grandmothers, political officials, clinicians, ministers, counselors, educators, and other community members. Typical meetings start in a circle process where members of each community share the challenges affecting their area. Because the STICN covers a large area and members come from many different professions, races, ethnicities, and walks of life the STICN strives to gain insight from all of the unique backgrounds of STICN members and to be multicultural in their approach to educating members on trauma.





Spotlight: Just Neighbors

Northern Virginia, the Virginia Eastern Shore and parts of the I-81 corridor

Immigrants may be more vulnerable to domestic violence because they are often isolated due to language barriers and remoteness from family and friends. They may also come from countries where there are no laws or no enforcement of laws against domestic abuse. For some, the cultural norms for their home country don't protect victims from this type of abuse. The abusers often hold the survivors' dependence on the marriage for immigration status as tool of power and control.

Just Neighbors provides immigration legal services to low-income immigrants and refugees of all faiths and nationalities, especially those who are most vulnerable. In 2018, 34% of Just Neighbors clients were domestic violence survivors whose abusers where their avenue to obtaining legal residency. The Violence Against Women Act (VAWA) allows domestic violence survivors to file separate conditional status for residency from the dependence on their marriage (with some conditions).

Just Neighbors' staff and volunteer force has representation and speak the languages from many of the countries of origin of the immigrants they serve. They also have access to interpreter services for all client interactions if needed. This representation coupled with training gives staff context for cultural differences around domestic violence in many of their clients' country of origin. For example, clients coming from South America are often leaving countries where domestic violence is very common due to a culture of machismo (strong or aggressive masculine pride), and a lack of enforcement or protection against domestic violence.

Conclusion

Individual and systemic racism is woven into the customs, laws and traditions of the United States and continues to be endemic in all aspects of American life. As such, people experience the effects of racism in every social, professional and political realm of their lives. Experiencing racism across the spectrum, from frequent ambiguous microaggressions to blatant hate crimes can cause racial trauma, which can have a profound impact on an individual's mental and physical health.

Despite these injustices, people of color have consistently and continually shown resilience in the face of racial trauma. Strong community and familial bonds and cultural identity and pride not only increase people of color's protective factors against the negative outcomes of racial traumatic stress, but also empower communities of color to advocate against the systemic injustices affecting them. Human service professionals have the opportunity and responsibility to foster the resilience of individuals and families of color by infusing racial equity informed by historic and contemporary systems of oppression in all of their trauma-informed work.

Resources

Additional Information

Links to resources accompanying each section of this brief are available at www.fact.virginia.gov/systems-of-trauma

Facebook

Keep up with new information related to trauma and family violence on FACT's Facebook page: www.facebook.com/FACTVA/.



Endnotes

- National Child Traumatic Stress Network, Justice Consortium, Schools Committee, & Culture Consortium. (2017). *Addressing Race and Trauma in the Classroom: A Resource for Educators*. Los Angeles, CA, & Durham, NC: National Center for Child Traumatic Stress.
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