

CULTURE AND TRAUMA

Trauma always happens within a context, and so does healing. To understand the impact of trauma means being acutely sensitive to the environment—to the conditions under which people grew up, to how they live today, and to the journeys they have taken along the way. This chapter provides basic information about how cultural considerations impact the meaning we make of our experiences and can affect both the experience of trauma and the development of peer support relationships.¹ We hope to help you become aware of ways in which your own cultural experience may affect your attitudes and behaviors towards others. We will also explore how assumptions about others can affect peer support, and how services sometimes fail women of color, refugees and immigrants, people who live in rural areas, and women viewed as “different” because of sexual orientation, religion, or other cultural factors.

Racism and Cultural Biases

Culture affects every aspect of a woman’s life and identity. Culture determines views about seeking help: where to go, who to see, what is helpful. The assumptions made about culture can become barriers to working effectively in peer support relationships. For example, race can be the most recognizable aspect of a woman’s cultural heritage and can set the stage for how people work together, but many times the assumptions we make about race are wrong.

We don’t see things as they are,
we see things as we are.

– Anais Nin

As a peer supporter, it is important to look at your own attitudes and behaviors. We all have stereotypes and misinformation about groups different from our own. It is common for these stereotypes to influence the work we do and the judgments we make about people.

¹ Many of the concepts in this chapter are drawn from work by Cathy Cave of Advocates for Human Potential, Inc.. Some of her work can be found at <http://www.unlimitedmindfulness.com/>

IN THIS GUIDE, WE USE THE FOLLOWING DEFINITION OF “CULTURE:”

“The shared values, traditions, arts, history, folklore, and institutions of a group of people that are unified by race, ethnicity, nationality, language, religious beliefs, spirituality, socioeconomic status, social class, sexual orientation, politics, gender, age, disability, or any other cohesive group variable.”

– N.N. Singh, 1995

If asked, most people would not identify themselves as racist or as participants in discrimination. However, they may tolerate existing disparities or be passive when witnessing injustice. Recent research suggests that about 85% of European Americans hold unconscious “aversive biases” toward people of color, even though they do not hold overtly prejudiced beliefs.² These unconscious beliefs and feelings may affect your relationships and interactions with your peers, who may pick up these feelings even if you don’t!

Similarly, in the United States, European Americans and men experience “white privilege” and “male privilege”—benefits and advantages that result strictly from their social status. In her article, “White Privilege: Unpacking the Invisible Knapsack,” Peggy McIntosh identifies over twenty ways in which she has benefited from white privilege. Regardless of your cultural background, you may have benefited from an education, from having a steady job, or from having other forms of advantage. People who have always been in a favored position—whether it comes from gender, race, education, money, high-status jobs, or position within a group—may assume that they can do what they want without interference, and that the systems, structures, and rules of society are there to support them. Most people have some mix of privilege and disadvantage.

² Brown, L.S. (2009). Cultural competence. In C.A. Cortois & J.D. Ford (Eds.), *Treating Complex Traumatic Stress Disorders. An Evidence Based Guide*. New York, NY: Guilford Press.



LAVERNE'S STORY

I am sure that the constant bullying I experienced in elementary and junior high school had something to do with the onset of my depression. I was part of the first group of African American students to be “bussed out” to predominantly white schools. I was placed in classes for the intellectually gifted and was almost always the only brown face in the class. I felt so isolated. The white kids did not want to sit next to me and often made remarks about the color of my skin while the African American students called me an “Oreo.” I was frequently harassed and beat up on the bus. Things got so bad that at the age of 8, my parents and I decided it would be safer for me to take public transportation to and from school. This only added to my isolation and increased the bullying. I became increasingly isolated, and I don’t think that my parents or the schools knew how to support me. I gave up trying to get protection from the bullying and retreated into my own little world. I think that’s when I first started to think that the world would be better off without me, and starting thinking the dark thoughts that would become full blown depression in college. Healing from bullying has been an ongoing process. I still sometimes feel out of place, regardless of where I am or who I am with. Reading about others who have overcome adversity and writing poetry were very healing. I learned that I was not alone and that there were other ways to connect with my thoughts and feelings. Finding a peer group has also been important. The unconditional love and support I get from my peers has made me feel more accepted. They reach out to me even before those dark periods come—several peers just check in knowing that I am very unlikely to check in with them when I get down.

– LaVerne Miller, Esq.

Often, because people have grown up with certain advantages, they forget that they have them.³ Our position—in groups and in society—can create “filters” that determine how we see the world.

Acknowledging your own advantages and recognizing racial or other cultural biases may be difficult or feel shameful, but having honest conversations about these issues can help you to build effective peer support relationships. This is particularly important when working with trauma survivors, who are often skillful at detecting dishonesty and who have good reason to be attuned to issues of power and authority. Also, it is essential that you recognize any areas that create a sense of powerlessness in you, whether they are related to trauma or to discrimination. Topics that touch on your own history with oppression can be particularly challenging.

As a peer supporter, failure to recognize when you are acting from a position of power, or feeling powerless even though you have authority, can make you ineffective and may cause you to do harm to others in your peer support relationships. Your anger, frustration, or hurt may affect your ability to think clearly, stay respectful towards others, and act within

the guiding principles of peer support. It is important to be able to say, “I can’t do this right now,” and just as important to return when you can to discuss the challenge.

Community Perspectives

We know from the research discussed in Chapter 1 that the impact of trauma and toxic stress accumulate over time, affecting every aspect of an individual’s life. Violence and trauma have similar effects on communities. In order to understand the experience of the women you support, it is critical to understand the communities they grew up in, as well as the communities they currently call home.

Historical Trauma

Maria Yellow Horse Brave Heart, a pioneer in the field, defines historical trauma as: “Cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma.” As a peer supporter, it is important to recognize that the people you work with may carry deep wounds from things that happened to their people, rather than or in addition to what happened to them as individuals.

³ Robinson, M. Frost, D., Buccigrossi, J., & Pfeffer, C. (2003). *Gender, Power and Privilege*. Rochester, NY: wetWare, Inc.

Many groups have a legacy of historical trauma. In addition to Native Americans, families of Holocaust survivors, and descendants of enslaved Africans, many cultural groups carry historical trauma—either from violence in their home countries or from what happened to them when they arrived here. For example, there are 24 Asian and 19 Pacific Islander ethnic groups in the United States, each with a unique history. Southeast Asians often arrived as refugees; Japanese-Americans may have been incarcerated in internment camps during World War II; Hawaiians and Pacific Islanders were colonized by the United States. Similarly, Latinos/Latinas in the United States trace their origins to 20 Latin American and Caribbean countries, Spain, and Portugal; their presence predates the Pilgrims and their history is replete with oppression and trauma. Members of many religious groups have also suffered persecution. Historical trauma, coupled with present-day racism, creates the context for many groups.

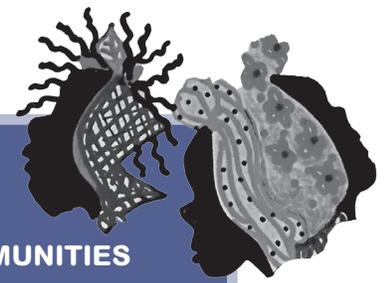
Historical trauma has a particularly devastating impact on women and children. Historical trauma, racism, and poverty combine to create health disparities and may contribute to high rates of interpersonal violence. For example, American Indian/Alaska Native women experience intimate partner violence at twice the rate of any other group, they are raped or sexually assaulted 2.5 times as often as others, and the suicide rate among children and youth is almost 300% higher than that of whites.⁴

Some people assume that the impact of historical trauma is largely in the past. But reactions to trauma and violence often become embedded in social behavior, while their original context may be forgotten. A parent who uses harsh child-rearing practices may be unaware that she is acting from a historical legacy, either from her culture or from her family. Similarly, “helping systems” that may seem benign to the dominant group may be deeply re-traumatizing to groups that have been persecuted in the past.

Gender, Culture, and Sexual Orientation

Women often face “multiple oppressions,” such as gender discrimination compounded by discrimination due to their racial or ethnic group, religion, sexual orientation, or poverty, as well as living with ongoing violence. While many of us may think of extreme violence as an aberration, for some women, violence is the norm. Hate crimes, racial profiling, and

⁴ Substance Abuse and Mental Health Services Administration (SAMHSA) (2009). *American Indian/Alaska Native Communities' Trauma Informed Care Work Group Report*.



HISTORICAL TRAUMA IN AMERICAN INDIAN/ALASKAN NATIVE COMMUNITIES

This agency forbade the speaking of Indian languages, prohibited the conduct of traditional religious activities, outlawed traditional government, and made Indian people ashamed of who they were. Worst of all, the Bureau of Indian Affairs committed these acts against the children entrusted to its boarding schools, brutalizing them emotionally, psychologically, physically, and spiritually . . . The trauma of shame, fear, and anger has passed from one generation to the next, and manifests itself in the rampant alcoholism, drug abuse, and domestic violence that plague Indian country . . . Poverty, ignorance, and disease have been the product of this agency’s work. And so today I stand before you as the leader of an institution that in the past has committed acts so terrible that they infect, diminish, and destroy the lives of Indian people decades later, generations later. These things occurred despite the efforts of many good people with good hearts who sought to prevent them. These wrongs must be acknowledged if the healing is to begin.

– Kevin Gover, Asst. Secretary for Indian Affairs, Dept. of Interior, on the 175th anniversary of the founding of the Bureau of Indian Affairs, Sept. 8, 2000

gender-based violence are still far too common. If the people you work with seem to be in a constant state of hyper-vigilance, remember that they may live in a state of chronic stress, which is itself a profound source of trauma.

Refugees, immigrants, and others who have been displaced face the additional stress of cultural dislocation, which can be severe. Women and girls from countries involved in war are likely to have significant violence in their backgrounds. Women and children now make up over 80% of all war casualties. Women are at high risk for torture, rape, and gender-based violence during war, migration, or in refugee settings. They may have experienced violence and trauma in their home countries, and the violence



often does not end at resettlement.⁵ For some refugee women, the stress of being in a new country—and not knowing if they might at any moment be sent back—is more traumatic than the violence they originally fled.

However, it is important not to assume that women are always victims. Many women overcome the most severe forms of violence and trauma with courage and strength, going on to become leaders in their communities. Sometimes women are reluctant to disclose the violence in their background because they fear that their identity will be overwhelmed by a pervading sense of “victimhood.” As a peer supporter, you can help overcome this fear by consistently responding to and acknowledging the personal strengths and the cultural identity of the women you support.

As a person, I have membership in many cultural groups, and while none is more important than another, because they all contribute to the whole, one may have greater momentary significance in my healing and recovery. One identifier does not overpower or negate the existence of other cultural connections and no one else can determine the value of my connections. I am always African American, always a woman, always a survivor, always a parent, always a partner, always spiritual.

– Cathy Cave

Unfounded fear and misinformation about sexual orientation is another source of potentially traumatizing discrimination, overt hostility, and violence. The Urban Justice Center reports that 30% of lesbian, gay, bisexual, transgender, queer or questioning, intersex, and two-spirited (LGBTQI2S) youth experience abuse or neglect from their families of origin; almost that many are forced to leave their families; and 100% of LGBTQI2S youth in NYC group homes report being verbally harassed.⁶ LGBTQI2S youth may also engage in high-risk behaviors known to be associated with

⁵ Blanch, A.K. (2010). *Understanding refugee trauma; and, Innovative program approaches to refugee trauma*. Chapters in S.A. Estrine, H.G. Arthur, R.T. Hettenbach, & M.G. Messina (Eds.), *Service Delivery for Vulnerable Populations: New Directions in Behavioral Health*. New York, NY: Springer Publishing.

⁶ Urban Justice Center (2001). *Justice for All? A report on LGBTQ youth in the NY Juvenile Justice System*. New York, NY. Available at www.urbanjustice.org.

trauma: They are twice as likely as straight youth to report bingeing on alcohol, smoking cigarettes, or using marijuana. They also are three times more likely to try other drugs (cocaine, inhalants, hallucinogens, depressants, stimulants), to have eating disorders, or to attempt suicide. Unlike many other cultural groups, LGBTQI2S women also risk losing contact with their family and support systems when they “come out.” For a woman of color, there will likely be support from her community to address race-based violence. But if she is a lesbian, she may quickly lose that support, leaving her isolated. For peer supporters, it is important to consider these aspects of oppression and talk with each woman about her experiences.

Culturally Relevant Healing and Support

Cultural competence involves using information from and about individuals and groups to transform our skills and behaviors to match the health beliefs and practices of the people we support.⁷ One of the most basic ways of providing culturally responsive healing and support is to ensure that the individual can interact in their language of choice. People have a legal right to an interpreter provided at no charge—a right that sometimes gets forgotten in peer support environments.⁸ It is important to be sure women know they have that right and to make it possible for them to participate in their own language. The United States Department of Health and Human Services’ Office for Minority Health’s Culturally and Linguistically Appropriate Services Standards and the website for the National Center for Cultural Competence can be helpful.

There are an infinite number of cultural considerations that can affect an individual’s identity and outlook. It may be where she is from that is most important: rural or urban, north or south, east coast or west coast. It may be her spirituality, values about education, or her ability to parent children. It could be that what is important today may be more or less important next time you meet. One vital thing you can do as a peer supporter is to assume nothing and to create space in your conversations for each woman to explore and define her own cultural identity.

⁷ Davis, King (1998). *Race, health status and managed health care*. In Brisbane, F. L. & Epstein, L. G. (Eds.), *Special Collaborative Edition CSAP Cultural Competence Series (7) (145-163)*. Rockville, MD: SAMHSA, Center for Substance Abuse Prevention.

⁸ *National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care*, <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

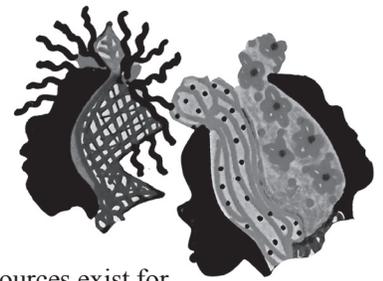
It is important for peer supporters to stay open and curious about someone else’s culture and experiences and to develop a habit to “check in” about cultural considerations regularly as part of developing peer support relationships. Staying curious allows for exploration of what has happened, what it means to the individual’s grieving, and what healing approaches make the most sense. Any “facts” you think you know about a cultural group should be checked with the person you are working with to see if they apply to her life. Most people are happy to tell you about their cultural experiences, beliefs, and values when you become a trusted support.

For example, in some cultures, the good of the family or the community is considered a higher value than the good of the individual. For people whose culture values individual empowerment, it may be challenging to remain nonjudgmental and supportive when women embrace values that appear not to be in their individual best interest. Finding a way to honor and respect the women you support, despite apparent differences, is fundamental to your role.

As a peer supporter, it is also part of your role to help women connect to culturally relevant supports and healing resources in the community. In your community, you may find resources that attract specific groups. For example, perhaps there is a women’s center, a community center that provides services for women and their children, or maybe a housing program for people who are homeless that offers a monthly Native American Healing Circle. Several of the Peer Recovery Centers mentioned in Chapter 3 serve a majority of people of color. These programs often incorporate healing rituals and social norms that are important to the community, like hospitality and authenticity. One program described their emphasis on learning how to be honest with each other, noting that “truth telling” might not have been the norm for some people during the time when they were actively misusing substances.

In remote rural areas, community resources may be scarce and hard to access. Women may live in isolated settings without access to transportation or to the Internet, confidentiality and anonymity may be difficult to maintain, and the impact of labeling may be magnified. Often, the general healthcare practitioner plays a key role as confessor, counselor, and problem-solver. Faith communities may play a significant role in organizing social, as well as spiritual, activities. In these situations, it is particularly important to offer

opportunities for people to come together through safe, less stigmatizing activities such as art, writing, wellness, or children.



In some communities, specific resources exist for refugees and immigrants. There are close to a hundred ethnic community-based organizations called Mutual Assistance Associations (MAAs), in 25 states. MAAs are self-help groups that assist refugees in a variety of ways, providing cultural preservation and social activities, religious services, resettlement and social services, business and economic development, and advocacy and political action.⁹ All build on a mutual support model, connecting people with their peers, sharing resources and information, and encouraging integration and self-sufficiency.

NEW YORK ASIAN WOMEN’S CENTER (NYAWC)

NYAWC was founded in 1982 by a group of volunteers from the Asian community who recognized that Asian immigrant women had nowhere to turn when faced with domestic violence. They work to overcome violence and trauma by empowering women to govern their own lives. Currently NYAWC includes a multilingual hotline (with 11 different languages), shelter services, advocacy, a children’s program, and public awareness.

One special focus is on helping survivors of human trafficking to regain their freedom and recover from trauma. Project Free coordinates with law enforcement and legal services and provides emergency shelter, trauma counseling, and case management.

Human trafficking—modern day slavery—is the fastest-growing criminal industry in the world. An estimated 17,500 foreign nationals are trafficked annually in the United States, many of them forced into the sex trade. The majority of victims of human trafficking are women and young girls from Central American and Asian countries.

**For more information, see:
www.nyawc.org**

⁹ Ranard, D.A. (1990). *Mutual assistance association: Refugee self-help groups play key role*. In *America: Perspective on Refugee Resettlement*, March, 1990.



In many communities, cultural healers are highly valued: shamans, natural healers, herbalists, medicine men, “curanderos” (folk healers), or others to whom people turn in the context of their own culture for help and healing. Music, dance, storytelling, and art may be deeply healing, helping people to reconnect with their own cultural traditions. You can also add a cultural dimension by encouraging the women you work with to learn more about their own history. Maria Yellow

Horse Brave Heart and the Takini Network¹⁰ have developed an intervention to heal historical trauma by working through four stages: 1) Confronting the trauma and embracing history, 2) Understanding the trauma, 3) Releasing the pain, and 4) Transcending the trauma. In this model, understanding one’s history is a key to healing, because it helps people to become aware of

¹⁰ Brave Heart, M.Y.H. (2005). *From intergenerational trauma to intergenerational healing*. Keynote address at the Fifth Annual White Bison Wellbriety Conference, Denver, CO, April 22, 2005.

GRANDMA ETTA’S STORY

As a child, I frequently dodged the bricks thrown by my elderly great-grandmother, a small, dark, wiry woman, as she guarded her front porch. By professional standards, Grandma Etta was probably mentally ill, suffering from extreme paranoia and an intense hatred of white people. On the days that I could get close to her, I could hear her muttering about blue-eyed devils, and her favor target of attack was a blond-haired, blue-eyed teacher who frequented my family’s restaurant, which unfortunately was attached to her house. In her mid-seventies, my great-grandmother was moved to a nursing home after it was determined that she was completely blind (and probably had been for some time). She died less than two weeks after being admitted to the nursing home. Her death did not surprise me because I could not imagine her being contained in any space that she did not control.

I was young then, wrapped up in my own life and struggling with the embarrassment I felt when people made fun of Grandma Etta by calling her “crazy.” It was years later that I began to look through boxes of family pictures and see the world of rural Missouri where she grew up. I really thought about the fairness of my grandmother’s skin and wondered if there was some connection with my great-grandmother’s hatred of “blue-eyed devils.” I visited her hometown many years later—afraid to get out of my car in this rural, white world—and wondered how her “paranoia” may have kept her safe in this hostile territory.

I start with my grandmother’s story because it reminds me of the importance of understanding a person’s history before judging behavior. Context is everything, and that is a poorly understood principle in the history of psychiatric treatment. Grandma Etta escaped the oppression of a psychiatric label and the treatments that are frequently imposed after the labeling process. Other members of my family, myself included, were not so lucky. I offer libations to Grandma Etta for escaping the bonds of psychiatric labeling and to my sister, Michelle Yvette Jackson, who was not so lucky and who committed suicide in June 1984 after a four-year struggle with depression and life.

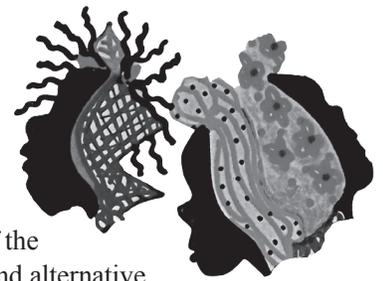
– Vanessa Jackson, *Introduction to In Our Own Voice: African American Stories of Oppression, Survival and Recovery in Mental Health Systems*

Discussion Question

1. Discuss the various forms of trauma that occur in this story. How many of them were labeled as trauma?
2. Do you think Grandma Etta was paranoid? Mentally ill? Why do you think she might have hated the “blue-eyed devils” so much?
3. How did Grandma Etta’s experience affect her children, grandchildren, and great-grandchildren?

unconscious sources of grief and anger. This model also encourages the use of traditional mourning and grieving ceremonies. The western concept of “trauma” may not make sense in all cultures, but every culture has ways of handling loss and suffering. Reclaiming these rituals and ceremonies can be deeply healing.

Common Cultural Mistakes in the Trauma Field



Below is a chart showing some of the most common cultural mistakes and alternative responses to the same situation. Read through the chart and consider how you can make your own peer support relationships more culturally sensitive. Notice that using these “alternative” responses can help you be more trauma-informed in your interactions with all the people you work with, not just those from other cultures.

COMMON CULTURAL MISTAKES ABOUT TRAUMA	MORE CULTURALLY SENSITIVE APPROACH
Assuming everyone who has experienced violence needs professional help	Assuming people are resilient and giving them many opportunities to tell you if they need help
Focusing on the most extreme instances of violence as the most damaging	Allowing the individual to define what aspects of her experience have been most traumatic and recognizing that this may change over time
Assuming that violence is unusual, an aberration, and generally perpetrated by individuals	Recognizing that violence is perpetrated by groups and institutions, not only individuals, and may be so common that people become desensitized to it
Applying norms and standards of behavior without considering political and social context	Recognizing that political and social oppression may affect priorities and values; allowing the individual to define the meaning of what she has experienced
Relying on DSM diagnoses or lists of trauma “symptoms”	Recognizing that trauma responses are varied and that different cultures express grief and loss and understand trauma differently; learning how this person and her culture expresses distress
Assuming that one woman’s story represents the “typical” story for the group	Recognizing that “one woman’s story is just one woman’s story”
Inadvertently highlighting the stories of women that fit cultural stereotypes	Providing opportunities for many women to share their stories, and noticing what is unique; making sure many points of view are represented
Assuming that if people speak English, you don’t have to worry about an interpreter or translated documents	Recognizing that some topics are very difficult to talk about in anything other than your first language; knowing and acting within the law about provision of language assistance services
Assuming that people always (or never) want to tell their stories and that if people want help they will ask for it	Being aware that self-disclosure and help-seeking vary widely across cultures and may be dependent upon whether a woman feels safe with you; learning from each woman what her cultural norms and expectations are



CHAPTER SUMMARY: KEY POINTS

- Culture affects every aspect of a woman's life and identity, shapes how she makes meaning of her experiences, and often determines her view about seeking help: where to go, who to see, what is helpful.
- Acknowledging your own racial or cultural biases and having honest conversations about these issues is particularly important when working with trauma survivors.
- Historical trauma, coupled with ongoing racism and poverty, has a devastating impact on women and children.
- Women often face "multiple oppressions:" gender bias compounded by discrimination due to their racial or ethnic group, religion, sexual orientation, poverty, or conditions of ongoing violence.
- One important thing you can do as a peer supporter is to assume nothing and to create space in your conversations for each woman to explore and define her own cultural identity.
- As a peer supporter, it is also part of your job to connect the women you support to culturally relevant supports and healing resources in the community.

RESOURCES

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- Project SOAR's Guide to Ethnic Community-Based Organizations, www.ethniccommunities.org
- Substance Abuse and Mental Health Services Administration (2009). *American Indian/Alaska Native Communities' Trauma Informed Care Work Group Report*.
- Southerners on New Ground, <http://www.southernersonnewground.org/>
- The Male Privilege Checklist, http://sap.mit.edu/content/pdf/male_privilege.pdf