INDIVIDUAL AND COMMUNITY TRAUMA: INDIVIDUAL EXPERIENCES IN COLLECTIVE ENVIRONMENTS

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Abstract: Trauma, which refers to an emotional response from circumstances deemed as harmful, can have negative, long-term impacts on an individual's mental and physical health. This article examines the literature on how trauma experienced at the individual-level is influenced by trauma experienced at the community-level and summarizes how each is typically defined and addressed. While much of the focus has been on addressing trauma at the individual level, trauma at the community level directly impacts individual experiences. The Social Ecological Model indicates individual trauma cannot truly be addressed without also addressing community-level factors, including housing, education, and employment opportunities.

Introduction

Trauma is an emotional response from an event, series of events, or circumstances that are interpreted as harmful or life threatening and have the potential to result in lasting negative effects on one's physical, mental, social, emotional or spiritual well-being.[1] Traumatic experiences can impact an individual's health and well-being. However, traumatic experiences also may be collectively experienced, affecting a broader scope of individuals. The Social Ecological Model, adapted from Urie Bronfenbenners's Ecological Framework for Human Development, highlights the hierarchical, interactive effects of different personal and environmental factors on human behavior and helps conceptualize how trauma may be collectively experienced (*Figure 1*).[2] The model suggests that behaviors and experiences can be shaped by individual characteristics, relationships, community, and society.

Figure 1
The Social Ecological Model
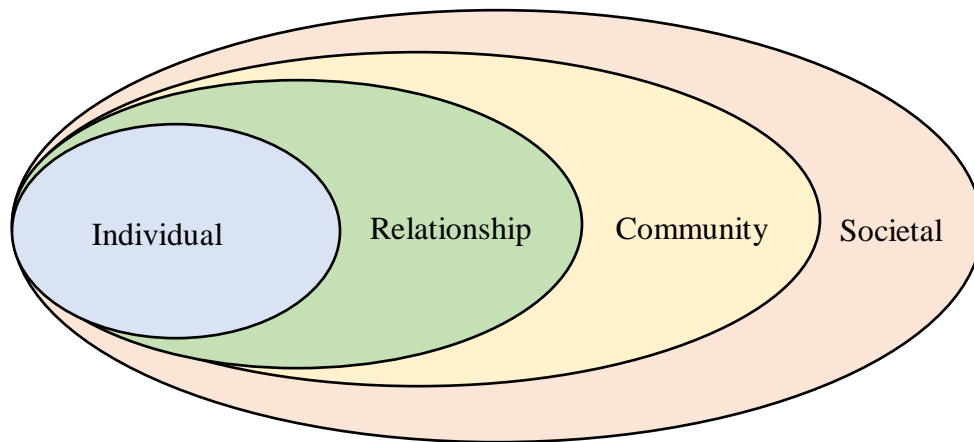
Adapted from: Centers for Disease Control and Prevention. (2019). *The social-ecological model.* https://bit.ly/2TSj86I

Individual Trauma

Trauma can be succinctly defined through the "three E's:"

- **Event** that is emotionally painful or distressing.
- **Experienced** as abnormally intense or stressful.
- **Effects** physical and mental health which are adverse and lasting.[3]

Because individuals who experience such events do not perceive or react to them in the same way, trauma may not always be the result. Individuals may experience potentially traumatic events (PTEs) without suffering trauma.[4] Also, research suggests that with appropriate supports, *positive* personal growth can arise from events perceived as traumatic.[5] This experience is referred to as post-traumatic growth and possible manifestations include, but are not limited to, increased appreciation for life, increased personal strength, spiritual change, altered priorities, and more meaningful interpersonal relationships.[6] However, some studies suggest that the construct of post-traumatic growth may not be accurate, finding that measures of the construct do not measure actual growth, but rather a self-reported perception of growth.[7]

Traumatic events can be singular, repeated, or chronic.[8] Traumatic experiences can include physical injuries, job-related events (e.g., first responders and military personnel), interpersonal violence (e.g., intimate partner violence), political terror or war, and adverse childhood experiences (ACEs).[9] Research suggests that effects from individual trauma can be passed throughout generations, a phenomenon referred to as intergenerational transmission of trauma.[10] A review of research on war survivors noted that a majority of studies examined found negative behavioral effects on the children of survivors, suggesting a transmission of trauma from parent to child.[11]

Adverse Childhood Experiences

ACEs refer to occurrences within the first 18 years of an individual's life that fall into three categories:[12]

- **Abuse** that is emotional, physical, and/or sexual.
- **Household challenges,** such as violence in the home, substance misuse and/or mental disorders in the household, parental separation or divorce, or an incarcerated household member.
- **Neglect** that is emotional and/or physical.

ACEs can have a negative, long-term impact on the health and well-being of individuals.[13] Research has linked exposure to ACEs to physical health issues (such as obesity), mental health issues (including depression), and substance misuse, into adulthood.[14] ACEs are relatively common— research has found that roughly half of all children in the United States have experienced at least one ACE and roughly 22 percent of adults in Illinois have experienced at least one ACE in their lifetimes.[15] Research also indicates ACEs tend to occur together. One study found that between 65% and 93% of individuals experienced ACEs in two categories and between 40% and 74% experienced ACEs in three or more categories.[16]

Reactions to Individual Trauma

Individual reactions to PTEs can vary. Previous life experiences, familial/ peer supports, personal coping skills, family histories, and community reactions are just some of the factors that can influence individual responses to traumatic events.[17] *Table 1* depicts common experiences that an individual may have after an event deemed traumatic, organized across by developmental domain impacted. The experiences listed are not exhaustive but illustrate the potential diversity in responses to trauma.

Table 1
Potential Reactions Following Trauma

Developmental Domain	Reaction
Emotional	Difficulties regulating emotions such as anger, anxiety, shame, and sadness.
	Numbness, or detaching emotions from thoughts, behaviors, and memories.

Physical	Bodily symptoms or dysfunctions that result from emotional distress, also referred to as somatization.
	Changes in the brain development and neurological functioning.
	Hyperarousal, including issues such as muscle tension, lower threshold for a startle response, and difficulties sleeping.
Cognitive	Feeling alienated, shameful, and different from others.
	Triggers, or a stimulus that sets off a memory of trauma.
	Flashbacks, or reexperiencing a traumatic event.
	Dissociation, depersonalization, and derealization. These experiences all help distance the individual from distress they are experiencing.
Behavioral	Reenactment, by which survivors relive and recreate a past trauma in their present life.
	Self-harm and self-destructive behavior.
	Substance use.
	Avoidance of people, places, or situations that elicit anxiety or fear.
Interpersonal	Pulling away from loved ones.
	Difficulty trusting others or forming supportive relationships.

Adapted from Substance Abuse and Mental Health Services Administration. (2014). *A treatment improvement protocol: Trauma-informed care in behavioral health services.* https://bit.ly/2r4ibw0.

Most individuals that suffer trauma do not experience long-term effects; however, some individuals experience serious, debilitating physical and psychological issues. Diagnoses of disorders are based on clinical criteria defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association (APA).[18] In 2013, the APA created a category for trauma- and stressor-related disorders. The most common mental disorders within this category are acute stress disorder (ASD) and post-traumatic stress disorder (PTSD).[19] ASD and PTSD are very similar; however, ASD begins immediately following a traumatic event and lasts up to one month, whereas PTSD begins at least one month following a traumatic event and lasts for longer than one month.[20]

Symptoms of ASD and PTSD include intrusive thoughts, negative mood, dissociation, avoidance, and arousal (e.g., insomnia).[21] Long-term physical impacts can also result from trauma. In the case of a physical trauma, long-term impacts may include disabilities, loss of employment, and decreased quality of life.[22] Research has linked PTSD and negative physical health outcomes, such as arthritis, sleep disorders, asthma, cardiovascular disease, and autoimmune disease.[23]

Addressing Individual Trauma

Addressing trauma is important for comprehensive health service delivery.[24] Frequently, trauma is addressed in the behavioral health care system through mental health or substance use disorder treatment; however, health care is not the only space in which trauma can be addressed. Many programs and services, including medical providers (e.g., primary care physicians, nurses, hospital staff), have begun to recognize the benefits of trauma-informed care for clients.

Trauma-informed care, or services that recognize the impact of trauma on an individual and their development, has become regarded as essential to serving individuals that have experienced trauma.[25] Furthermore, trauma-informed care is provided through all aspects of an organization and each interaction between clients as the organization seeks to encourage recovery and reduce the risk of re-traumatization.[26] The Substance Abuse and Mental Health Services Administration (SAMHSA) notes that trauma-informed care is grounded in six principles:[27]

- **Safety:** The organization, staff, and clients feel physically and psychologically safe.
- **Trustworthiness and transparency:** Operational decisions are transparent as a way to build and maintain trust with clients and staff.
- **Peer support:** Support from peers who have also experienced trauma.
- **Collaboration and mutuality:** Recognition that everyone in an organization, from clerical staff to administrators, has a role in providing trauma-informed care.
- **Empowerment, voice, and choice:** Building on individuals' strengths and experiences and empowering them to self-advocate as well as determine their own plan of action.
- **Cultural, historical, and gender issues:** Services are provided in a way that are responsive to racial, ethnic, and cultural needs.

Community Trauma

Trauma also impacts the broader community. Community trauma, also referred to as collective trauma, is defined as "an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences."[28] The definition for "community" can vary. "Community" can be defined geographically (e.g., a neighborhood), virtually (e.g., shared identity), or organizationally (e.g., a place of worship).[29]

> "The symptoms of community trauma are the product of decades of economic, political and social isolation, a lack of investment in economic development and for the maintenance and improvement in the built environment, the loss of social capital with the flight of middle-class families, and the concentration of poverty and exposures to high levels of violence."
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> Source: Pinderhughes, H., Davis, R. A., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Prevention Institute.

The causes of community trauma vary; however, research suggests that it is typically rooted in social inequities such as racism, poverty, oppression, and erasure of culture/communities (e.g., the forced assimilation of the Native American people by the United States, with the end goal of eradicating Native American traditions and beliefs).[30] Just as adverse childhood experiences are understood as a part of individual trauma, adverse community environments/experiences have

become recognized as a part of community trauma. Adverse community environments refer to community-level inequities (e.g., limited economic opportunities, lack of social services, poor housing conditions, systemic racism, and prevalent violence) that traumatize entire communities.[31]

Community trauma disproportionately impacts minority communities, as they are more likely to be impacted by violence, historical discrimination, oppression, and poverty.[32] Ellis and Dietz (2017) developed The Pair of ACEs Tree, which illustrates the interconnectedness between adverse community environments and individual experiences affecting individuals adversely during childhood, a particularly influential developmental stage (*Figure 2*).[33]

Figure 2

The Pair of ACEs Tree
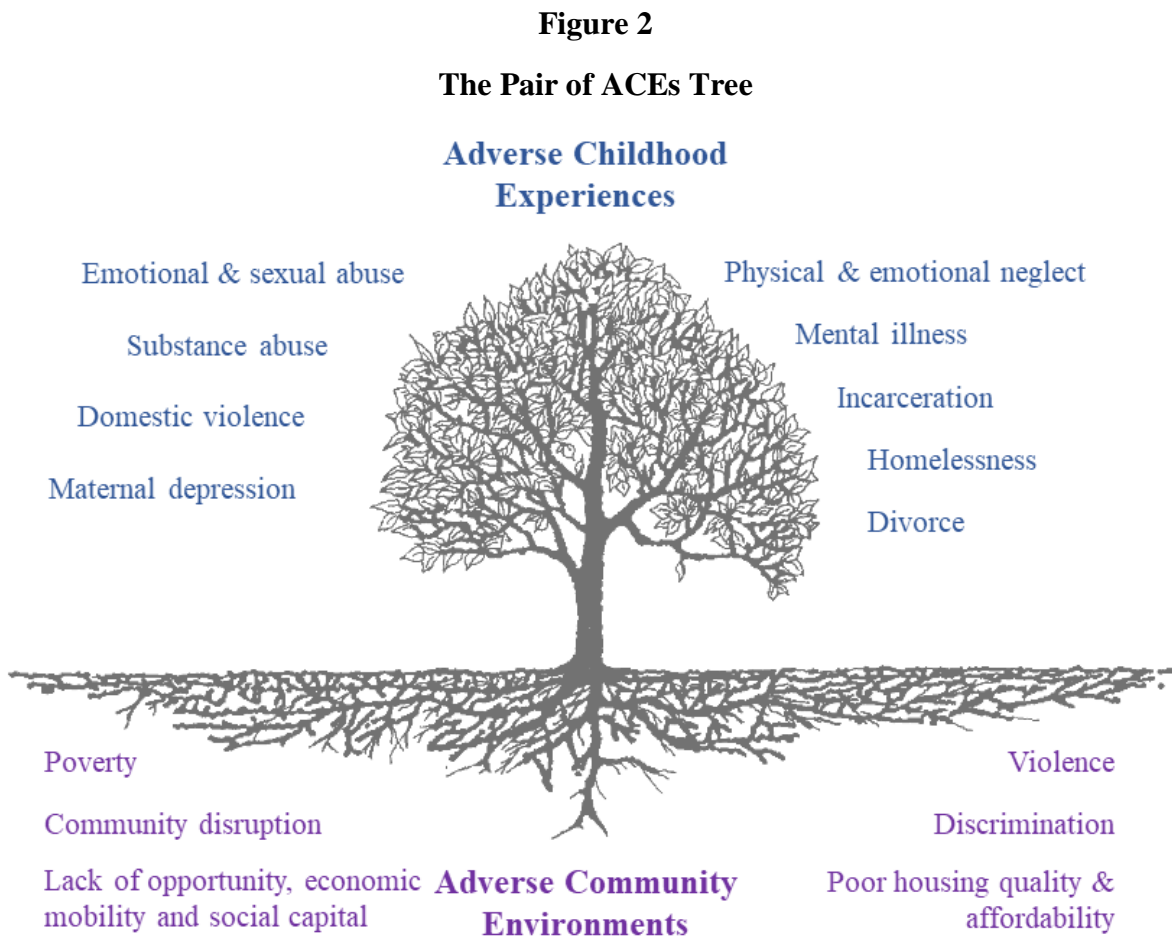
Source: Ellis, W. & Dietz, W. (2017). A new framework for addressing adverse childhood and adverse community experiences: The Building Community Resilience Model. *Academic Pediatrics, 17*(7S), S86-S92.

Adverse community experiences have a negative impact on community well-being, defined by Wiseman and Brasher (2008) as the "combination of social, economic, environmental, cultural, and political conditions identified by individuals and their communities as essential for them to flourish and fulfill their potential."[34] Individuals living in adverse environments are disadvantaged by conditions that contribute to individual-level traumas and hamper the ability to effectively address trauma when it occurs. It is likely that community-level trauma also may be

transmitted through generations. As Lehrner and Yehuda (2018) acknowledge, "at the community level, the transmitted effects [of trauma] may be less about the event itself than about the resources (cultural, political, spiritual, etc.) of the community to absorb, make sense of, respond to, and heal from the trauma."[35]

Reactions to Community Trauma

Much like individual trauma, reactions to PTEs vary between communities based on a community's resilience (or ability to recover and/or succeed in the face of adverse conditions) and protective resources (e.g., access to after school activities or faith-based organizations,[36] availability and continuity of social support).[37] Research suggests social support after a PTE decreases the likelihood of PTSD development.[38]

Symptoms of community-level trauma can be categorized as follows:[39]

- **Physical:** Symptoms include deteriorated/unhealthy public spaces and the unavailability of healthy products.
- **Social-cultural:** Symptoms include damaged social relations/networks, elevation of destructive social norms, a low sense of collective political and social efficacy, and widespread sense of fear and shame.
- **Economic and educational:** Symptoms include intergenerational poverty, long-term unemployment, business/job relocation, limited employment opportunities, and overall community disinvestment.

Many symptoms of community trauma can themselves become traumatic, blurring the distinction between underlying conditions and symptoms, suggesting an unfortunate cycle of PTEs. For example, crime, struggling neighborhood economies and job markets, and lowered collective efficacy (defined as neighbors' willingness to intervene for the common good along with cohesion among neighbors) are deeply interconnected.[40] Research indicates locations with higher levels of crime are less likely to have successful businesses existing nearby and are less attractive to businesses looking for a new location.[41] Lower collective efficacy has also been linked to increased neighborhood crime rates.[42] Collective efficacy can serve as a form of informal social control for behavior within a neighborhood, thus reducing crime and antisocial behaviors.[43] Further, research demonstrates areas with more locally owned businesses have stronger local economies[44] and that small businesses increase collective efficacy in their communities.[45] This web of relationships ultimately suggests the absence of jobs and locally owned small businesses are factors in a weak local economy, widespread unemployment, and fractured collective efficacy – all contributors to community trauma. However, there are many unanswered questions. Additional research is necessary to understand the direction of the relationships between causes and symptoms and to fully explain the means by which these factors link to community trauma.

Addressing Community Trauma

Community trauma can be challenging to address, due in part to the lack of evidence behind possible solutions. Further, over time, adverse environments can erode a community's resilience, collective efficacy, and capacity to address issues.[46] Many of the systems impacting community trauma, such as systemic racism, have operated over decades and even centuries. Addressing these systems and their harms will require a considerable commitment of resources, time, and effort.

> "To build collective resilience, communities must reduce risk and resource inequities, engage local people in mitigation, create organizational linkages, boost and protect social supports, and plan for not having a plan, which requires flexibility, decision-making skills, and trusted sources of information that function in the face of unknowns."
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> Source: Norris, F. H., Stevens, S. P., Pfefferbaum, B., Wyche, K. F. & Pfefferbaum, R. L. (2008). Community resilience as a metaphor, theory, set of capacities, and strategy for disaster readiness. *American Journal of Community Psychology, 41*(1-2), 127-150.

While community trauma is recognized as an issue across the United States, most efforts to address trauma focus on the individual.[47] To successfully address trauma, trauma-informed interventions should occur at both the community and individual levels.[48] Individual-level intervention typically occurs post-traumatization. Addressing trauma at the community-level calls for an additional focus on primary prevention—by developing healthy communities, traumas can be prevented before PTEs occur.[49] Applying both prevention and intervention techniques offers the most holistic approach to addressing trauma. Pinderhughes et al. (2015) offer strategies for communities to prevent and address trauma, noting that "the most effective strategies build on indigenous knowledge, expertise, and leadership to produce strategies that are culturally relevant and appropriate," (*Table 2*).[50]

Table 2
Potential Strategies to Reduce Community Trauma

Setting	Overall Goal	Strategies	Potential Application
Physical	Safe spaces with cultural expression, quality housing, and availability of healthy products.	Reclaiming, improving, and maintaining the physical space of the community.	Physically improving outdoor spaces and buildings.
		Creating safer public spaces.	Increasing and maintaining parks, quality housing, and reliable public transportation.
Social-Cultural	Counter community trauma symptoms, support connection and healing, and establish	Rebuild social relationships, social networks, and social support.	Utilizing restorative justice within the community.

	norms that encourage healthy behaviors.	Promote social norms that encourage healthy behaviors.	Implementing positive youth development programming.
		Encourage collaboration and community-level solutions.	Encourage relationships and communication between community organizations.
		Provide community members a voice and restore/promote a sense of cultural identity.	Organize regular, positive community activities.
Economic and Educational	Living wages, local wealth, and quality education.	Support individuals to pursue educational and economic opportunities.	Partner with local Big Brother, Big Sister programs to provide mentoring and guidance to at-risk youth.
		Develop strategies to improve the employment skills, capacity, and readiness of community members.	Implement workforce development within the community.
		Connect individuals with job opportunities, specifically those with a living wage.	Work with workforce intermediaries that help to connect individuals with job opportunities.
		Increase wealth and resources within communities.	Promote economic opportunity, develop the workforce, and create a safe space for business relocation.

Adapted from Pinderhughes, H., Davis, R. A., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma.* Prevention Institute.

Conclusion

While much of the focus has been on addressing trauma at the individual level, trauma at the community level directly impacts individual experiences. The Social Ecological Model indicates individual trauma cannot truly be addressed unless community-level factors, such as housing, education, and employment opportunities are addressed. Pinderhughes and colleagues (2015) offer a framework of strategies to address trauma at the community level, but little is known about best practices for addressing community trauma. However, many of the concepts indicated in the framework are measurable and offer promise for the possibility of further research.

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