MAKING THE CASE

Addressing and Preventing Trauma at the Community Level

Young people are powerfully affected by the environments they grow up in, and this has implications for preventing violence. In many neighborhoods across the U.S., entire communities experience traumatizing events and conditions. UNITY Project Director Rachel Davis interviewed Professor Howard Pinderhughes of UNITY and the University of California at San Francisco, about community-level trauma and what can be done about it. The following narrative is excerpted from their conversation during a UNITY webinar in April 2013.

Rachel Davis: You work with cities all over the country to prevent violence, such as through the work you do with us on UNITY. You take on the issue of trauma in your forthcoming book; how did you arrive on that topic?

Howard Pinderhughes: “Dealing with Danger: How Inner-City Youth Cope with the Violence that Surrounds Them” focuses on my work over the last 15 years—research in San Francisco, Oakland and Richmond, California, as well as violence intervention and prevention policy work in those communities and with cities around the country. I was researching how youth experience, understand and construct violence, and how they make decisions about whether to use violence or not.

At first, I was shocked at the number of young people who reported being victims of violence in the street, in their homes, and in their relationships. Violence was a huge problem and incredibly prevalent in their lives, but it was also a basis for their shared sense of what their lives were about and what their communities were about.

I worked through a school-based health center in San Francisco where we would see 60 to 70 kids a week with headaches and stomach pain and who had trouble sleeping. These physical symptoms were tied to their...
experiences with violence. I started concentrating on the severe emotional, psychological and physical toll on young people in these communities, and making sense of all this through the concept of trauma.

...on traumatic stress

RD: Before we go further can you define trauma for us?

HP: Trauma is the effect of experiences or situations that are emotionally painful. Being the victim of violence or witnessing violence has a psychological and emotional impact on people, but we’re also talking about chronic adversity. Being exposed to discrimination, to racism, sexism, heterosexism, to poverty and to oppression also impacts emotional and psychological well-being, particularly among the young people I’ve worked with.

RD: What are the implications for inner-city youth exposed to violence?

HP: We’ve come to understand the issue of trauma and violence in the inner city is through the lens of Post-Traumatic Stress Disorder (PTSD). PTSD was identified in the late ’70s and early ’80s among returning Vietnam War veterans who were re-experiencing trauma. Their trauma would be re-simulated by something that happened in daily life, raising their levels of anxiety and in effect re-traumatizing them. PTSD symptoms include emotional numbing, avoidance, increased arousal, and sleep disorders. Despite never having gone to war, inner-city children, adolescents and adults exhibit these types of symptoms because they’ve grown up in communities where there are high rates of violence. Young people understand that they live in a dangerous and violent
environment, and they take precautions and take steps to shape their lives around the existence of violence. They are at constant readiness, and many have flat affect, and emotional numbing is part of how they cope. One example is when I was talking with a young man on a Monday, and he was describing how he and his friends were hanging out the Saturday before, drinking in a park at night, when somebody rolled up, got out of the car, and shot his friend in the face right next to him. He delivered his story in the same way I just told it, with no emotion. Flat affect and emotional numbing is also part of the symptomatology of post-traumatic stress.

RD: In PTSD, the P stands for “post,” and what we know is that there is no “post” right now in terms of what young people are experiencing. For them, the P is for “persistent” or “pervasive.” What are the implications of persistent traumatic stress for young people and the systems that serve them?

ADVERSE CHILDHOOD EXPERIENCES

The Adverse Childhood Experiences (ACEs) Study is one of the earliest studies on trauma and has been incredibly important in terms of our understanding of trauma, particularly in childhood. This study was a collaborative effort between the Centers for Disease Control and Prevention (CDC) and the Kaiser health plan’s Department of Preventive Medicine in San Diego. They surveyed a large number of their enrollees about childhood experiences, and their analysis identified nine different types of adverse childhood experiences that negatively affected physical health as well as psychological and emotional well-being. The adverse childhood experiences that they identified were:

- Recurrent physical abuse
- Recurrent emotional abuse
- Contact sexual abuse
- Having an alcohol or drug abuser in the household
- Having an incarcerated household member
- Having a household member who is chronically depressed, mentally ill, institutionalized, or suicidal
- Having a mother who was treated violently, such as witnessing your mother being a victim of domestic violence
- Having one or no parents, such as a parent who is out of the home either through death or through divorce, and
- Emotional and physical neglect

As a group, adults who had five or more of these experiences as a child had higher prevalence of chronic disease and poor mental health. People who experienced six or more ACEs died on average 20 years younger than those who had experienced fewer ACEs, so these kinds of experiences have a real impact on long-term health.

CDC and Kaiser studied a population of predominantly white middle-class adults, those with medical insurance through Kaiser. The study raised serious questions about the implications for inner-city communities, where young people are subject to many, if not all, of these ACEs on a continual basis.

—Howard Pinderhughes
TRAUMA-INFORMED CARE

Trauma-informed care is based on the understanding that violence and trauma are pervasive, and that trauma has a profound impact on young people’s ability to be successful in school, in work, and in life. It has a profound impact on their ability to form positive relationships, including romantic relationships, family relationships, relationships with peers, and relationships in a professional setting.

It’s important and necessary to create settings where the young people and adults who have been subject to trauma can get help and healing. These settings can include hospitals, community and wellness clinics, community mental health settings, in youth development programs, in schools and after-school programs through trauma-informed pedagogy, and in juvenile justice programs. We need to take into account the existence of trauma in their patients’ lives and concentrate on healing from trauma even as we’re trying to address people’s other needs.

There is a range of psychological approaches, strategies and treatments that can be utilized within the context of trauma-informed care. These include:

- Cognitive behavioral therapy
- Prolonged exposure therapy
- Eye movement desensitization and reprocessing
- Medications, such as selective serotonin re-uptake inhibitors

We’ve got a lot of tools in the psychology field for dealing with individuals who present with trauma. These tools are located specifically within an institution, and not all young people and not all adults are connected with these institutions. We also have to look at to what degree the tools are culturally-relevant, -sensitive and -appropriate for the population.

—Howard Pinderhughes

HP: What young people are experiencing in urban neighborhoods across the country can be understood as a persistent or chronic traumatic stress. Trauma is a consistent and constant thing that young people in some communities have to deal with on a daily basis, and they have to construct and shape their lives in ways to deal with the potential for violence, either to avoid it or to cope with it when it occurs.

One fact—they go to too many funerals. Among the 250 young people interviewed in my first study, one out of three had lost a close friend or family member to violence. A lot of young people have lost numerous friends or family members to violence. One out of two had a close friend or family member who had been severely injured by violence. Everybody knows somebody who has been killed. The impact of that is despair. You also get a culture that grows up around violence and loss. For example, the second a young person goes down due to an act of violence, the T-shirts come out, and there’s a whole ritual process around death, dying and loss due to violence.
...on how violence impacts communities

RD: There is growing awareness and attention to trauma and on mental health strategies that treat individual trauma. Clearly, this is an important development and critical area of focus. However, having worked in communities in which there is a high level of violence, we know this clearly goes beyond a few individuals we can identify and get into services. In talking with folks in the UNITY City Network, some have said they are working in places where the whole neighborhood is traumatized. How do we understand and analyze community trauma?

HP: Just as individuals are traumatized, communities are traumatized. A high incidence of violence impacts communities too. Violence affects the community’s social networks and connections, and the social norms that are prevalent or dominant in the community. An 18-month old baby was hit by a bullet in West Oakland a couple years ago, and Baby Hiram was kept on life support for about two weeks. The fact that this young child had been a victim of violence was a constant element of pain in that community. The community as a whole was victimized by that act.

In communities where there are high rates of violence, you see consistent and constant evidence of the violence there. Altars spring up where incidents of violence took place, and in the neighborhoods where I do my work, I see a new altar with every visit. On a regular basis, young people and other community members walk by murals and memorials that symbolize pain and loss. It’s a scar, a daily reminder of the community’s powerlessness, its inability to prevent these kinds of events, so in many ways acts of violence become traumatic events for the community as a whole.

I talk about synergistic trauma, experiencing multiple types of trauma. Synergistic trauma is the combination of different sources of trauma, including the trauma from structural violence. Exposure to structural violence very much happens at a community level and results in community trauma. The root causes of structural violence are inequality—racism, sexism, poverty, oppression, power dynamic, and heterosexism. The experience of the inequality of racism, for example, creates not just a sense of victimization, but causes injury and harm for individuals as well as communities. Thus, structural violence results in trauma at an individual level and a community level.

When public housing projects look like prisons, for example, the community environment becomes a factor that creates trauma.

— HOWARD PINDERHUGHES
UC SAN FRANCISCO

Photos: (Top) Lhoon, (Bottom) Ian Freimuth
of aggression and power are often used to promote cheap products with high alcohol content, and that imagery reinforces a lot of the dynamics of structural violence in the context of communities.

These root causes that I’m talking about shape the systems and institutions that we come in contact with in our society and in our communities. They shape our neighborhoods, our schools, our families and our peers. These are some of the ways in which trauma at a community level has an impact all the way down to the individual level. Community environments, social norms, local organizations and groups, and community residents are all affected by structural violence. As young people come up in communities, they experience poverty, racism, sexism, heterosexism, and all of the other types of structural violence, along with very concrete environmental and structural problems that increase the element of hurt, of violence. These kinds of conditions, combined with people being victimized by violence, create an enormous amount of trauma, both for individuals and for communities. And part of the nature of synergistic trauma and complex post-traumatic stress is the perception that there is no way out of the traumatic situation.

...on community-based healing

RD: So this is an emerging way to understand trauma, that it occurs at the community level and is transmitted through what’s going on in the community, such as through the root causes. And of course, it’s in the community where folks are working to prevent violence. What are some of the ways to deal with this and make sure that the work folks are doing in and with community are having the biggest impact?

HP: The work at the individual level needs to be linked to community-level strategies. There are community-based approaches, what I call indigenous community-based approaches to healing. These are ways in which the community uses its own strategies to engage people who have been traumatized as a result of the exposures to violence, and help them heal and thrive.

Given the prevalence of violence and the amount of trauma, one of the first things we need is healing. Healing circles help both individual victims and the community heal from emotional and physical wounds. Healing circles are critical for bringing people together and providing a way for people to start mending rifts in community connections, for example.

Restorative justice is another extremely important community-based model for dealing with violent incidents, as well as with any other conflict and problems within a community. The criminal justice system relies on a framework of punishment that often takes the form of revenge. Restorative...
justice provides a way for both the victim and perpetrator to reconcile and move forward in a more positive way and to engage in the healing process. That happens at an individual level, but it’s also a crucial part of dealing with community trauma, because this approach requires a different set of social norms. It presents a different way of dealing with the issue of violence and with victimization in our community, a different way of dealing with all of the members of our community who are connected to each other.

Another piece is community action, particularly around an incident of violence and around policy that will help to change the dynamics and change the environment in ways the prevent violence. These are all ways that help communities heal.

...on preventing trauma and building resilience

**RD:** How do we go about preventing trauma even when there is violence? We know that for individuals building resiliency can be protective against trauma even in the face of violence. How can we think about that on the community level, building up community resilience in the face of the root causes of violence?

**HP:** Restorative justice and healing circles are important from the standpoint of healing, but they’re also important from the standpoint of building resilience. One way to interrupt the cycle of violence is to build the capacity of individuals and communities to deal with a violent incident without it being a hurtful traumatic event. These strategies for building resilience establish a foundation for dealing with violence and other community problems.

In order to foster community resilience, it’s important to understand the elements of resilience in the environment. Ask yourself, “What is the community like? How does it contribute to the process of positive development, positive community relations, and positive community development? What are the dominant social norms? What is the level of social connections and networks?” This is an important factor because so many connections and networks have ruptured due to the structural violence that communities have to deal with.

We’ve reached a point where we are afraid of our young people, partly because these intergenerational connections and networks have been broken. The key is to build up the places and spaces where intergenerational connections still exist, and to make these types of relationships the dominant social norm within a community. For example,
how do we ensure that intergenerational connections within churches are positively influencing social norms? How can faith-based networks shape behavior on the street, in schools, and in other spaces and places of our community?

Organizing and promoting regular positive community activity is important. A community response after an incident of violence is necessary, but having regular community activities that are positive in nature and not organized around a traumatic event is critical to building positive social norms. There has to be consistency so the ways in which people experience the community starts to shifts on a daily basis and is sustained for a prolonged period of time.

...on community participation

RD: What about the strategy to provide more of a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors? That’s something we emphasize through UNITY and is so important.

HP: The basis of UNITY is to work together with cities and communities around the country to shift the nature of how policy is shaped, of how activity is organized, and how services are provided. Developing a truly collaborative way of engaging the problem of violence is difficult. How do we share power with the community and create a role for residents in the development of city and county strategies that deal with violence as well as with parks, school reform, social services, employment, and economic development? It’s critical that the process creates a substantive role for community folks in shaping the direction of the community and its development.

RD: UNITY emphasizes community engagement to make sure that the solutions are right for the community and so the community can insist that these strategies continue to be funded despite changes in the political administration. You’re describing community empowerment as a means to healing and resilience?

HP: Yes. Part of it is a question of capacity, of what the community is able to do on a policy level. That capacity-building is part of the work we all need to be engaged in. It can happen, but right now we don’t have the structures in place to facilitate that process among city government, county government, community, and community-based organizations. We need to provide the mechanisms and resources for consistent, positive and regular community action and participation. The community can organize around specific policies, as well as around a more comprehensive idea of what needs to happen.

RESEARCH ON VIOLENCE AND MENTAL HEALTH

Exposure to violence and fear of violence have known emotional and mental health consequences. For example, youth who have witnessed or been a victim of interpersonal violence have significantly higher risk for PTSD, major depressive episodes, and substance abuse or dependence. For more research on these connections, read the UNITY Fact Sheet: Links Between Violence and Mental Health, www.preventioninstitute.org/unitylinks.
RD: So that’s part of the work we all need to be engaged in.

HP: That’s right. For example, art is an expression of what’s going on in the lives of young people and adults in a community. As communities change their environments, we should see a shift in that art—from graffiti tags that dominate the landscape and indicate the prevalence of violence, to community-produced art that gives a different feeling and a positive understanding of what a community is about. With community art programs, communities are organized around changing the physical environment, coming together to create more beauty and to create more productive public spaces that bring people out of their homes and in contact with each other. Those connections are part of moving beyond trauma and toward a healthy community.
RD: Overall, it sounds like you are talking about a tipping point where a community could go from despair to hope.

HP: There are places and spaces where hope exists, and positive work is going on in many communities. There are many organizations and people trying to create communities where everyone can thrive—young people, working people, people who are elderly, and the whole community. The most influential voices should be these institutions, norms and individuals in a community who are engaging in that work. That is the goal and the vision for how you move beyond community trauma into a thriving community.

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**Urban Networks to Increase Thriving Youth (UNITY)** builds support for effective, sustainable efforts to prevent violence before it occurs, so urban youth can thrive in safe environments with ample opportunities and supportive relationships. A Prevention Institute initiative, UNITY is funded by the U.S. Centers for Disease Control and Prevention, and in part by The Kresge Foundation. For more information, visit www.preventioninstitute.org/unity.