MODULE 6
What Is the Influence of Culture?

The Influence of Culture on Trauma

Social and cultural realities strongly influence children’s risk for—and experience of—trauma.

- Children and adolescents from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.

- Lesbian, gay, bisexual, transgender, or questioning (LGBTQ) adolescents contend with violence directed at them in response to suspicion about or declaration of their sexual orientation and gender identity.

- Immigrant and refugee families often face additional traumas and stressors related to migration and/or traumas in country of origin. One of the most harmful post-migration conditions for youth is undocumented status (McGuire & Georges, 2003; Pérez-Escamilla, Garcia, & Song, 2010; Suarez-Orozco, Bang, & Kim, 2011).

- In addition, children’s, families’, and communities’ responses to trauma vary by group.

Many children who enter the child welfare system are from groups that experience:

- Discrimination
- Negative stereotyping
- Poverty
- High rates of exposure to community violence

Social and economic marginalization, deprivation, and powerlessness can create barriers to service.

These children can have more severe symptomatology for longer periods of time than their majority group counterparts.

People of different cultural, national, linguistic, spiritual, and ethnic backgrounds may define trauma in different ways and use different expressions to describe their experiences.

Child welfare workers’ own backgrounds can influence their perceptions of child traumatic stress and how to intervene.
Assessment of a child’s trauma history should always take into account the cultural background, its influence on child development expectations and relationship patterns, and its influence on the modes of communication of both the assessor and the family.

Some components of trauma response are common across diverse cultural backgrounds. Other components vary by culture.

The necessity to respond to trauma is universal in terms of the physiological (i.e., alterations in brain functioning) and the social (universal tendency to seek healing or reparation after trauma) responses.

Strong cultural identity and community/family connections influence the way a child perceives and reacts to trauma. Cultural beliefs and values can contribute to strength and resilience in the face of trauma or can reinforce the child’s trauma-related distortions.

For example, shame is a culturally universal response to child sexual abuse, but the victim’s experience of shame and the way it is handled by others (including family members) varies with culture.

**The Influence of Culture on Shame**

Fontes has described the various components of shame that are affected by culture:

- Responsibility for the abuse
- Failure to protect
- Fate
- Damaged goods
- Loss of virginity
- Predictions of a shameful future
- Revictimization
- Layers of shame

(Fontes, 2005)

**Racial Disparity and Disproportionality**

Racial disparity refers to racial differences in children’s or families’ experiences with the child welfare system and their access to care, service utilization, or quality of care (American Public Human Services Association, 2010).
Racial disproportionality refers to the overrepresentation of children of color in foster care, and disparate outcomes such as longer stays in out-of-home care and lower rates of reunification and adoption (American Public Human Services Association, 2010).

- African-American and American Indian/Alaskan Native (AI/AN) children are three times more likely to be in foster care than Caucasian children.
- Latino/Hispanic children are overrepresented in the child welfare system in 10 states.
- African-American children stayed in foster care for an average of nine months longer than their Caucasian counterparts (McRoy, 2008).

**Trauma and Immigration**

Many immigrant children and families are exposed to traumatic events prior to, during, and after migration and are at risk for PTSD.

Sources of stress for immigrant families include:

- Traumatic and stressful events (including family separation) during the migration process
- Post-migration/resettlement stress
- Acculturation stress, i.e., the stress of adapting to a new culture:
  - This can be accentuated in families when family members adapt at different rates. Children often begin to identify with the host culture more quickly than parents or grandparents due to exposure through school and media.
- Deportation and fear of deportation
- Domestic violence
- Poverty
- Social marginalization and isolation
- Inadequate housing
- Changes in family structure and functioning

(Cohen, 2010)

**Refugee Families and Trauma**

Traumatic experiences in the child’s or family’s country of origin may include:

- Violence (as witnesses, victims, and perpetrators)
- Ethnic cleansing
- Historical trauma
- War
- Lack of food, water, and shelter
- Physical injuries, infections, and diseases
- Torture
- Forced labor
- Sexual assault
- Lack of medical care
- Loss of loved ones

During displacement, families may experience additional stressors, including:
- Living in refugee camps
- Separation from other family members
- Loss of community
- Loss of language
- Loss of professional and socioeconomic status
- Uncertainty about the future
- Harassment by local authorities
- Traveling long distances by foot
- Detention
- Human trafficking for purposes of sexual or labor exploitation

(Cultural Trauma)

Cultural trauma is an attack on the fabric of a society, affecting the essence of the community and its members. The impact of this kind of trauma can be felt across generations; when trauma is not resolved, it is subsequently internalized and passed from one generation to the next (Brave Heart-Jordan, 1995; Brave Heart, 2000).

Cultural trauma can create a legacy of poverty, poor mental and physical health, and a pervasive sense of hopelessness. This legacy can be perpetuated by ongoing racism, prejudice, discrimination, and health disparities.
**Historical Trauma**

Historical trauma is a type of cultural trauma that can be defined as the collective and cumulative emotional wounding across generations that results from massive cataclysmic events, i.e., historically traumatic events (HTE), for example, genocide.

Historical trauma involves cumulative exposure to traumatic events that not only affects an individual, but continues to affect subsequent generations.

The trauma creates psychological injury that is held personally and transmitted over generations. Thus, even family members who have not directly experienced the trauma can feel the effects of the event generations later.

**Historical Trauma and Loss**

Historical losses include:

- Loss of land
- Loss of language
- Loss of culture and traditional spiritual ways
- Loss of family ties

Emotional responses to losses include:

- Sadness, depression
- Anger
- Anxiety
- Shame
- Fear, distrust

(Whitbeck, Adams, Hoyt, & Chen, 2004)

**Indian Child Welfare Act (ICWA)**

The ICWA is a federal law passed in 1978 to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. § 1902).

It provides minimum federal standards for the removal and placement of American Indian children in foster or adoptive homes. The law regulates states regarding the handling of child abuse, neglect, and adoption cases involving native children while affirming and supporting tribal jurisdiction in child welfare proceedings.
Foster placement preferences for American Indian children:

1. With a member of the child’s extended family
2. In a foster home licensed, approved, or specified by the child’s tribe
3. In an Indian foster home licensed or approved by an authorized non-Indian licensing authority (such as the state or a private licensing agency)
4. In an institution for children approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the child’s needs

Adoptive Preference Placements (when parental rights have been terminated or relinquished) for American Indian children are:

1. With a member of the child’s extended family
2. With other members of the child’s tribe
3. With another Indian family

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What can a child welfare worker do?

- Understand that social and cultural realities can influence children’s risk, experience, and description of trauma.
- Recognize that strong cultural identity can also contribute to the resilience of children, their families, and their communities.
- Assess for historical trauma: ask about traumas and losses experienced by family members and ancestors and their impact on the child and family.
- Assess for traumatic events that may have occurred in the family’s country of origin and during the immigration process.
- Work with qualified interpreters and allow families to choose to have an in-person or telephone interpreter based on their preference.
- When working with refugee families, assess for core stressors such as traumatic stress, resettlement stress, acculturation stress, and isolation stress.

(National Child Traumatic Stress Network [NCTSN], 2012)
Seek information about different cultural and refugee populations:

- Center for Applied Linguistics website: http://www.cal.org/
- Bridging Refugee Youth and Children’s Services website: http://www.brycs.org/

Make a special effort to integrate cultural practices and culturally responsive mental health services.

Ensure that referrals for therapy are made to therapists who are culturally and linguistically responsive.

Promote protective factors from various cultures that prevent families from needing out-of-home placement.

When it is necessary to arrange out-of-home care, work to locate a resource (kinship/foster/adoptive) family that embraces the child’s cultural identity and has the knowledge, skills, and resources to help the child.

Consider how your own knowledge, experience, and cultural frame may influence your perceptions of traumatic experiences, their impact, and your choices of intervention strategies.

Be aware of how culturally based parenting and intergenerational differences in acculturation impact family functioning and behavior.

Utilize resources the family trusts to supplement available services (e.g., bringing in a priest or healer).