The Intersection of Culture and Trauma

Common Traumatic Stress Reactions in Response to Racial Trauma **

Trauma symptoms	Historical and race-based trauma symptoms
F **F**rets and **F**ear; chronic fear; anxiety	Fear that trauma and loss will continue for self and for future generations Internalized feelings of fear engendered by elders' stories
R **R**egulation difficulty: lack of self-regulation; emotional and behavioral dysregulation	Self-destructive behavior Self-hatred resulting from assaults on one's sense of self Hypersensitivity to threat, even to minimal threat Increased vigilance and suspicion Rage Violent behavior
A **A**ttachment challenges	Negative cognitive frames about relationships with people outside own racial group General mistrust
Y **Y**elling and **Y**awning; **Y**ucky feeling	More pervasive irritability, oppositional behavior, sleep problems, somatic concerns
E **E**ducational and developmental delays, impaired learning and thinking	Erosion of personal identity and cultural identity
D **D**efeated, **D**issociating, or **D**epressed feeling	Sense of a foreshortened future General loss of both meaning and sense of hope Despair Perceiving the world as a hostile place Internalized devaluation and voicelessness Poor or altered sense of self

MIST: The Threats in the Air That Can Trigger Traumatic Stress **

Threat in the air	Description	Examples
Microaggressions	The term *microaggressions* describes the everyday experiences of discrimination, racism, and hassles targeting individuals from specific racial, ethnic, and other groups. Microaggressions can be verbal or nonverbal, interpersonal or environmental, intentional or unintentional. They communicate hostile, derogatory, or harmful messages to targeted people, based on their marginalized group membership.[27] These frequent or chronic experiences can perpetuate historical trauma.	Pathologizing cultural values such as communication styles (white culture is the ideal in this scenario). Examples include asking a Latino person, "Why are you so quiet?" or a Black person, "Why are you so loud?" Saying things such as "Mail is all right to get unless it is blackmail." Changing behavior according to a presumption that a Black person is dangerous or violent. One example is moving away or grabbing one's purse or wallet.
Implicit bias	The unconscious attitudes or actions taken in response to stereotypes and our own experiences with a particular group (social, ethnic, or cultural) that reinforce the associations made about this group's qualities, abilities, traits, or other attributes	Studies in pediatric emergency departments have demonstrated racial and/or ethnic disparities in analgesic management for children presenting with acute abdominal pain and appendicitis. Assuming a child or caregiver is exaggerating symptoms on the basis of their socioeconomic status or ethnic-racial background.
Stereotype threat	The risk of confirming a negative stereotype about an individual's racial, ethnic, gender, or cultural group[35]	In one study, Black college students performed worse on standardized tests than their white peers when they were reminded, before taking the tests, that their racial group tends to do poorly on such exams. When their race was

Threat in the air	Description	Examples
		not emphasized, Black students performed like their white peers.[36]
Targeted identities	Social and cultural identities associated with historically less power and less access; individuals who belong to or identify with a specific social, ethnic, or cultural group that is underprivileged regarding power, resources, and access[37]	Redlining, the longtime discriminatory practice of banks and lenders approving various amounts of credit on the basis of ethnic factors versus economic ones; denies specific groups equal access to buying homes in desirable neighborhoods with better schools, more parks, and more upward mobility

Strategies to Build TRUST **

		Establishing trust
T	**T**houghtfulness	Offering predictable compassionate availability in a culturally responsive way means collaborating with patients and families to integrate their culture into their care. Children and families need to encounter people who focus on safety, offer predictable compassionate availability, "hold their mind in mind," and act as "emotional containers."
R	**R**eassurance of safety, **R**outines, and **R**egulation (See Chapter 11, Pediatric Management.)	*Reassurance of safety:* If we have created a health care setting that is culturally welcoming to the population(s) we serve, we affirm and validate trauma reactions as normal responses to abnormal experiences and emphasize culture as a healing base. *Routines:* Help reestablish or adapt family and traditional cultural routines, including protective factors, to promote security and healing. Familiarity and routines provide comfort and evoke a sense of safety. *Regulation:* Culturally appropriate approaches to self-soothing and calming; naming emotions; and teaching skills to self-soothe and name emotions. For example, for some Native Americans, the self-regulating construct has a collective rather than individual focus, balancing one's culture, community, and self.[40]
U	**U**nderstanding	Pediatricians can ask questions and use reflection to gain understanding of • The context in which trauma occurred or occurs (eg, historical trauma, racial trauma) • The basics of the culture(s) of the population(s) we serve, so we can identify cultural references that resonate with our patients • Our connection to the communities we serve • How our helping role is perceived and the cultural and family dynamics of decision-making • Ourselves and our own beliefs, biases, privileges, and responses and how these may affect our perceptions
S	**S**afety	Safety is the fundamental and primary ingredient of building trust. To Reassure safety (from the 3Rs mentioned above), we need to establish a sense of cultural safety by creating a space for culture within the pediatric setting and acknowledge power imbalances and inequities.[41] Remember that for young children, perception of safety is strongly connected to the perceived safety of their caregivers. Keep in mind that the default mode for children and adults

		Establishing trust
		exposed to trauma is to look for and expect danger in everyday situations. Identify triggers and minimize or avoid them.
T	**T**end to culturally attuned, attentive listening	Culturally attuned, attentive listening can help us understand complex interactions between families, health care systems, and providers. It takes time to develop trust in any relationship. It takes longer when there are cultural barriers and even longer when there has been historical trauma or racial trauma. While pediatricians may not always agree with the beliefs and customs of the families they are working with, it is critical that we respect their choices, culture, and values. Over time, the family will hopefully perceive our interest and will, in return, be more willing to engage with us.

** Reference: Childhood Trauma & Resilience. Heather Forkey, MD, Jessica Griffing PsyD, Moira Szilagyi, MD.