

Culture and Trauma Brief

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Promoting Culturally Competent Trauma-Informed Practices

The National Child Traumatic Stress Network promotes culturally competent trauma treatments and practices for children and adolescents exposed to trauma, and disseminates its findings through factsheets, culture and trauma briefs, and reports.

“I have a hole in my roof, but I have a bigger hole in my heart, because no one is looking out for the kids.”

--School Teacher in Mississippi in the aftermath of Hurricane Katrina

The National Child Traumatic Stress Network: Who We Are

The mission of the NCTSN is to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. Promoting treatments and services that are culturally competent and trauma-informed is essential to meeting our mission. Treatment centers from all over the United States have come together to form a coalition, the National Child Traumatic Stress Network (NCTSN). The Network, which is currently comprised of over 40 centers, is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services through a Congressional initiative, the Donald J. Cohen National Child Traumatic Stress Initiative. This Congressional initiative recognizes the profound, destructive, and widespread impact of trauma on American children's lives. Its purpose is to improve the quality, effectiveness, provision, and availability of therapeutic services delivered to all children and adolescents experiencing traumatic events.

The Impact of Trauma and Culture on Children and Adolescents

Research indicates that children and adolescents from minority backgrounds are at increased risk for trauma exposure and development of Posttraumatic Stress Disorder (PTSD).^{1,2} For example, African American, American Indian, and Latin American children are overrepresented in reported cases of child maltreatment, and in foster care.³ Further, research indicates that disasters pose particular burdens in mental health for ethnic minority and developing country populations, especially for children, due to social, economic, and political marginalization, deprivation, and powerlessness.⁴ Consequently, minority children fare worse in the aftermath of trauma, often experiencing more severe symptomatology for longer periods of time, than their majority group counterparts.^{5,6,7}

The National Child Traumatic Stress Network Core Data Set

Over 25 sites in the NCTSN are currently participating in the NCTSN Core Data Set, which is the largest data collection effort on prevalence and treatment of trauma among children, to date. The tables below summarize data collected on 1,330 children and adolescents across the nation, as of November 2005. The majority of the sample are racial/ethnic minorities and/or refugees between the ages of 5-18 with public insurance or no insurance. The data indicate that there are significant differences between racial, ethnic, and refugee/non-refugee groups on lifetime exposure to trauma for at least 9 different trauma types.

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“People who lose everything that they have... the most important thing to them is their dignity. The extent to which we don’t allow them to speak to the re-building process erodes the dignity that they have... and therefore they need to be at the table at every phase of the recovery efforts.”
 --Russell Jones, PhD, Psychologist

Table 1. Demographic Characteristics of Youth Enrolled in the NCTSN Core Data Set (n=1,330)

Mean Age (at NCTSN treatment entry)	10.1	Race/Ethnicity	
Age groupings		White	51.8%
0-4	12.9%	African American	41.0%
5-12	53.6%	American Indian	4.0%
13-18	32.4%	Asian	2.9%
19+	1.1%	Hispanic	17.9%
Sex		Non-Hispanic	82.1%
Female	49.5%	Refugee	14.4%
Male	50.5%	Insurance Status	
		Public Insurance	51.4%
		Private Insurance	15.1%

Table 2. Trauma Exposure*

Trauma Type Experienced	Overall	White	Black	American Indian	Asian	Hispanic	Significant Differences Between Groups
Physical Abuse	26%	33%	23%	24%	15%	33%	Yes ($X^2=17.3$, $p<.01$)
Sexual Abuse	27%	38%	19%	28%	3%	29%	Yes ($X^2=59.9$, $p<.001$)
Emotional Abuse	33%	42%	26%	18%	21%	42%	Yes ($X^2=32.8$, $p<.001$)
Neglect	27%	33%	27%	15%	6%	27%	Yes ($X^2=20.7$, $p<.001$)
Domestic Violence	40%	49%	35%	46%	30%	53%	Yes ($X^2=23.1$, $p<.001$)
Loss	38%	43%	40%	26%	9%	42%	Yes ($X^2=19.5$, $p<.001$)
Impaired Caregiver	36%	43%	32%	37%	18%	47%	Yes ($X^2=20.4$, $p<.001$)
Community Violence	12%	8%	16%	11%	6%	22%	Yes ($X^2=16.9$, $p<.01$)
Complex Trauma (2+ types)	60%	69%	58%	54%	39%	72%	Yes ($X^2=23.7$, $p<.001$)

Note: The NCTSN trauma exposure questionnaire within the Core Data Set inquires about lifetime exposure to 18 specific types of trauma. This table includes only those trauma types that were reported for at least 10% of the overall sample.

Table 3. Trauma Exposure for Youth Whose Families are Refugees

Trauma Type Experienced	Non-Refugee Youth	Refugee Youth	Significant differences between groups?
Physical Abuse	29.8%	12.3%	Yes ($X^2=21.63$, $p<.001$)
Sexual Abuse	30.8%	6.1	Yes ($X^2=42.9$, $p<.001$)
Emotional Abuse	38.9	17.8	Yes ($X^2=27.2$, $p<.001$)
Neglect	30.4	11.0	Yes ($X^2=26.2$, $p<.001$)
Domestic Violence	45.3	20.3	Yes ($X^2=36.1$, $p<.001$)
Loss	44.7	20.9	Yes ($X^2=32.8$, $p<.001$)
Impaired Caregiver	41.7	24.5	Yes ($X^2=17.3$, $p<.001$)
Community Violence	12.5	13.5	No
War Trauma	1.1%	20.3	Yes ($X^2=137.0$, $p<.001$)
Forced Displacement	1.4%	14.8%	Yes ($X^2=76.2$, $p<.001$)
Complex Trauma (2+ types)	66.4%	40.5%	Yes ($X^2=40.0$, $p<.001$)

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For further details regarding the information presented in this brief, or to join the NCTSN Culture Listserv, please contact Susan Ko, PhD at sko@mednet.ucla.edu, or by telephone at (310) 235-2633 x234.

Adopting a Broader View of Culture

While culturally competent trauma treatment and practices are increasingly recognized as a necessity for quality care, there remains a gap in available data on trauma exposure among children from diverse cultural groups. The little research that exists tends to focus on ethnicity and race. The NCTSN has adopted a broader view of culture in trying to understand the impact of trauma on diverse cultural groups. It is important that race and ethnicity do not become proxy terms for other variables related to culture, such as socioeconomic status and acculturation. The NCTSN's initiatives on cultural competence, therefore, include representation of other populations who are often excluded from discussions of race and ethnicity, such as immigrant and refugee youth, disabled youth (e.g., deaf and hard of hearing), homeless youth, lesbian, gay, bisexual and transgendered youth, religious/spiritual youth, and youth living in rural areas.

The Availability of Expertise in the National Child Traumatic Stress Network

The NCTSN includes professionals who have developed treatments for children and families of diverse cultural groups, adapted treatments to account for the important role of culture, and who have conducted cultural competence trainings nationally and internationally. Most importantly, the NCTSN is comprised of experienced and expert practitioners who work directly with children and families from diverse cultural groups in their communities, each and every day. We have established the NCTSN Culture Consortium as a mechanism to continue to promote culturally competent trauma-informed trauma treatments and practices. We have also created a culture listserv to provide a forum for engaging in this important discussion about the fusion of culture and trauma, and also for obtaining consultation and recommendations for resources. For more information about these initiatives and/or to join the NCTSN culture listserv, please email Susan Ko, PhD at sko@mednet.ucla.edu.

References

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For more information about the National Child Traumatic Stress Network, go to www.NCTSN.org.