

TRAUMA NEWSLETTER

Black History Month

**BLACK
HISTORY
MONTH**



These high rates of mental illness and low rates of receiving care can be traced back to significant historical traumas that black populations have faced. Black individuals have been repeatedly subjected to historical trauma, that is, the emotional and psychological wounding that impacts entire communities due to shared traumatic experiences. These communities have been subjected to slavery, oppression, colonialism, racism, segregation, discrimination, and prejudice. These traumas do not come without consequence.

Historical Trauma in Black Populations

A survey was conducted in May of 2017 in the Child and Adolescent Psychiatry Clinic to assess trauma-informed practices. In the survey, clinicians reported lacking understanding of how cultural differences impact how people understand and respond to trauma. With this data and with February being Black History Month, the goal of this newsletter is to facilitate education on how historical trauma hugely impacts black populations, and how this can inform understandings and responses to trauma within these communities.

When working with black clients, it is necessary to understand the significance and impact of historical trauma on each client's perception of trauma and how this impacts their ability to seek mental health services. **Black individuals are 20% more likely than the general population to experience serious mental health problems, yet only 25% seek mental health care compared to 40% of whites.**

**Historical Trauma:
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The History of Historical Trauma in Black Populations

The historical trauma faced by the black community can be traced back to the slave trade, in which black individuals were subjected to violence and cruelty for over four hundred years. Even after slaves were freed, they remained social outcasts, often being forced to live in the poorest neighborhoods, segregated in housing, employment, and educational opportunities by other members of society. Due to the impoverishment faced in these neighborhoods, rates of crime, domestic violence, and drug use soared. Blacks experience historical trauma in the segregation and poverty they faced and continue to face, but also through cruel treatment of community members in medicine.

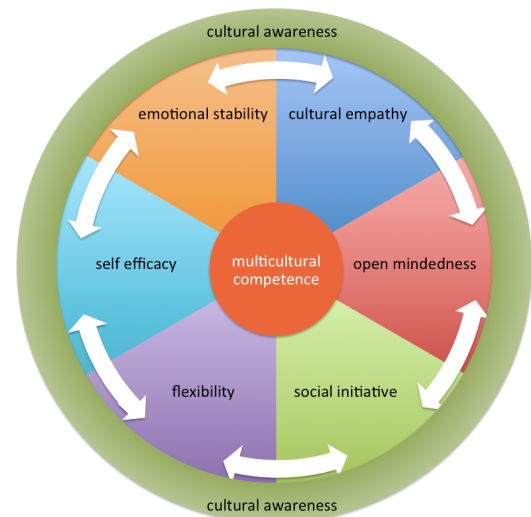
One of the many cruel experiments performed on black individuals was the Tuskegee Experiment, occurring from 1932-1972. For the experiment, nearly four hundred black men with syphilis were recruited for treatment. The men were never given treatment for their disease, even after penicillin was introduced as a treatment for syphilis in 1947. Rather than offering the men the effective drug, researchers withheld the medicine to track the disease's full progression. The experiment caused the deaths of over one hundred men, forty spouses who contracted the disease, and nineteen children born with congenital syphilis.

The Impact

Despite many black individuals not having lived the experiences of slavery or events such as the Tuskegee Experiment, these events have lingering effects on the discrimination faced by members of the black population today. Discrimination and prejudice are interwoven into all of the social systems in the United States, as shown by the statistics below:

- **Blacks are incarcerated at more than 5 times the rate of whites**
- **Blacks and whites use drugs at similar rates, but the imprisonment rate of blacks for drug charges is almost 6 times that of whites**
- **Despite only comprising 15% of the child population, black children represent 36% of the foster care population**
- **The infant mortality rate is 2.2 times higher in black populations than white populations**
- **Black moms are 3 times more likely to die in childbirth than white moms**
- **The HIV infection diagnosis rate is 9 times higher in black women**

When considering the low rates of mental health treatment in the black community, it is impossible to ignore historical traumas and its impact on the mistrust of healthcare professionals and increased stigma in these populations. Moving forward, it is necessary that clinicians become culturally competent by understanding the longstanding history of historical traumas and how these uniquely shape each individual's understandings and perceptions of their own trauma(s). Additionally, clinicians need to be aware of their own biases that lead to a feeling of distrust in African American clients and can lead to misdiagnosis and inadequate treatment.



Additional Resources

- Increasing cultural competency in social work: <http://www.socialserviceworkforce.org/resources/standards-and-indicators-cultural-competence-social-work-practice>
- Working with African American/Black patients: <https://www.psychiatry.org/psychiatrists/cultural-competency/treating-diverse-patient-populations/working-with-african-american-patients>
- Understanding racism: <http://www.charisbooksandmore.com/understanding-and-dismantling-racism-booklist-white-readers>
- Historical trauma: <https://www.extension.umn.edu/family/cyfc/our-programs/historical-trauma-and-cultural-healing/>