# Complex Trauma:

In Urban African-American Children, Youth, and Families

Krystal is a studious 18-year-old college freshman who plans to own her own business. Although she has been academically successful throughout her life she often appears tired because of chronic sleep difficulties. She also reports having very few emotions and struggles with a variety of medical ailments and pain, often without clear physical cause. From the age of four, Krystal witnessed multiple shootings and physical assaults. When she was six years old, her father was arrested on drug and weapons charges and spent two years in jail. Her mother was a participant in neighborhood fights. Krystal herself has also had contact with law enforcement: she was arrested and spent two hours in police custody after a brawl at her school, even though she was not involved in the fighting.

Mario is 11 years old. He struggles with frequent nightmares and depressive symptoms. He also has difficulty following rules and paying attention at school, which regularly leads to detentions or suspensions. During an assessment, clinicians discover that Mario and two other family members have been victims of shootings. One of the victims, an older cousin, died from his wounds. Mario was shot in the leg while standing on the sidewalk near a group of young men who were targeted by a shooter on a bicycle. He was 10 years old at the time. He now lives with his mother and three siblings and has only sporadic contact with his father. There were many episodes of domestic violence between his father and mother. Before they were separated, Mario witnessed these events when he was six and seven.
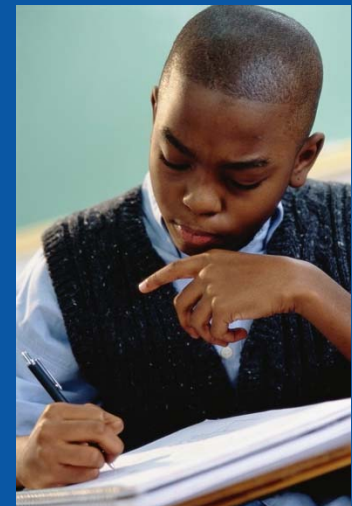
Takarra, an only child, is three years old. She has lived with her mother and maternal grandmother since infancy. When Takarra was two years old, her 19-year-old father was shot and killed. Her 20-year-old mother recently died in the hospital following an asthma attack. Takarra now struggles with severe separation anxiety and has difficulty calming down when something upsets her, often leading to long periods of crying. She and her grandmother have a very close relationship and her grandmother is deeply committed to taking care of Takarra. However, due to her own chronic health difficulties and deep grief over the loss of her daughter, she often finds it hard to leave the home.

> ### WHAT IS COMPLEX TRAUMA?
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> *The term complex trauma describes both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child's development and the formation of a self. Since these adversities frequently occur in the context of the child's relationship with a caregiver, they can interfere with the child's ability to form a secure attachment bond. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.*

All of the children described above have histories of complex trauma. Like Krystal, Mario, and Takarra, many children with complex trauma histories suffer "layers" of traumatic events, such as physical and sexual abuse, witnessing domestic and community violence, separation from family members, and revictimization by others. In fact, the initial traumatic events and children's responses to them can render them more vulnerable to being revictimized. Complex trauma can have devastating effects on a child's physiology; emotions; ability to think, learn, and concentrate; impulse control; self-image; and relationships with others. Across the life-span, complex trauma is linked to a wide range of problems, including addiction, chronic illness, depression and anxiety, self-harming behaviors, and reactive aggression.

When children live in family, home, and community environments that do not provide consistent safety, comfort, and protection, they may develop coping skills just to survive and function day-to-day. As described in the opening vignettes, children may be highly distrustful of others, shut down their ability to feel, or become very good at hiding their emotions from others. These kinds of adaptations make sense as self-protection in environments where physical and/or emotional threats are ever-present. In situations of relative safety, however, these adaptations may be counterproductive and interfere with the child's capacity to live, love, and be loved.

"RACE," STRUCTURAL VIOLENCE, AND COMPLEX TRAUMA

Urban African-American children are at very high risk for complex trauma exposure. Black children living in racially and economically segregated communities are more likely than children in other communities to live in poverty, to be placed in foster or substitute care, to be exposed to both familial and community violence, to lose a loved one to violent death, to have a family member incarcerated, to experience contacts with police and the justice system, or to become homeless. When children are physically injured, witness violent episodes, or have friends or loved ones who have been killed or injured, they must then every day navigate streets that are constant reminders of traumatic events.

Cases of individual exposure to trauma do not occur in isolation. In addition to the high rates of exposure to trauma and other types of adversities, African-American children and families must cope with the effects of historical trauma and the intergenerational legacy of racism. In spite of progress, the legacy of slavery can be found in many areas of American society.

Racial disparities still pervade American life, as seen with the disproportionate rates of incarceration and often lethal violence directed at African Americans by both law enforcement officers and civilians. For urban African-American children and families, traumatic events are born out of a vicious cycle of poverty, lack of access to resources, poor educational opportunities, and histories of abuse. There is increasing evidence that the direct experience of racism and race-based stressors is a strong predictor of emotional distress, psychiatric symptoms, and the development of PTSD.

CHALLENGES TO PROVIDING SERVICES

Despite an overwhelming need for mental health services, African-American families face barriers to obtaining these services. The Surgeon General's report, *Mental Health: Culture, Race and Ethnicity* (U.S. Department of Health and Human Services, 2001), identifies several factors that impede African American utilization of mental health services. In addition to a widespread lack of insurance coverage, culturally bound attitudes toward mental illness and mental health treatment lead to an underutilization of mental health services among African-American populations. According to the Surgeon General's report, African Americans are 2.5 times more likely to fear mental health treatment than their

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white counterparts. This fear has both historical and present-day origins. The African-American experience in America is, unfortunately, rife with "episodes of subjugation and displacement." This history of racism and oppression leads to a variety of race-based exclusions, including limited access to, and underutilization of, both primary and mental health care systems.

Trauma-informed resources are particularly lacking. Combined with other barriers, this often means that African-American children and youth, who are among the most likely members of our society to be exposed to trauma, are also among the least likely to receive the services that could prevent the development of trauma-related emotional and behavioral difficulties. Children's trauma-related struggles can be misdiagnosed, resulting in their receiving ineffective intervention or no intervention at all. All too often, rather than understanding children's behaviors as developmental adaptations to their traumatic circumstances, systems pathologize or criminalize their behavior, labeling them as mentally ill or having a conduct disorder. These labels, rather than helping youth to get the assistance they need, frequently have a detrimental impact, increasing the likelihood of negative outcomes.

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TIPS FOR OVERCOMING BARRIERS

Providers working with urban African-American children and families can build supportive relationships by attending to the following:

1. **Get to know the community you serve.** In order to understand children and families within their social and historical context, it is essential for providers to familiarize themselves with the issues facing their clients' communities. This is especially important if providers do not reside in the same community as their clients. Providers should learn what it feels like, from their clients' perspective, to live in that community; what stressors as well as resources youth encounter day-to-day; and what the racial history of the community has been.

2. **Prioritize engagement and earning trust as essential components of treatment.** Providers, particularly those of other races or ethnic backgrounds, should understand that African-American youth and families may approach services with healthy and often well-justified skepticism. They should be prepared to directly address and validate expressions of distrust as appropriate and understandable. Providers should allow for ample time to learn about not only how youth and families have coped with and overcome difficulties, but also to explore positive aspects of their lives and communities and their sources of support.

3. **Focus on what youth have been through rather than "what's wrong" with them.** Traumatized urban African-American children and youth may often be viewed by schools and other systems as having moral, intellectual, or behavioral deficits. Services should be viewed as supports to facilitate recovery from emotional and psychological injuries rather than as attempts to fix behavior or cure mental disorders. Thus, one of the most important things a provider can do is to reframe the question from "What's wrong with you?" to "What happened to you?"

4. **Normalize trauma reactions and provide practical tools for coping with them.** Youth who are experiencing trauma-related symptoms are often also facing ongoing stressors in their day-to-day lives. Providing simple ways to manage these symptoms and stressors early in your relationship will free up youths' internal resources for recovery and will facilitate development of a therapeutic alliance.

5. **Support, create, and build upon existing positive connections.** In order to counteract the effects of living in toxic systems, it is necessary to have connections to supportive individuals and systems. Working with urban African American youth who have experienced complex trauma requires going beyond the individual therapeutic relationship to strengthen and support relationships that can facilitate trauma recovery.

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