



Research Article

Investigating Historical Trauma Prevalence and Transmission Pathways among African Americans: Centering Community Wellness Practices

Geraldine L. Palmer^{*a}, Todd Rogers^b Nathaniel Wilkins^c

[a] Adler University, Chicago, USA.

[b] Adler University, Chicago, USA.

[c] Adler University, Chicago, USA.

Abstract

Existing historical trauma studies have advanced important theoretical frameworks for understanding biopsychosocial effects observed among children of Holocaust survivors and contemporary Indigenous Peoples. This study used an existing application of historical trauma conceptualized as historical perceived loss and associated symptoms of that perceived loss such as grief, anger, sadness and depression to determine prevalence and correlates of historical loss among 129 African Americans aged 18 to over 65 from Illinois and Florida in the United States. The respondents also completed a survey to identify potential historical trauma transmission pathways. The results indicated respondents reported they thought about historical losses such as land, language, and spiritual ways at least yearly or at special times and sometimes or more had feelings or associated symptoms of historical loss such as sadness or depression or being uncomfortable around White people. Bivariate and multivariate correlational analyses showed significantly statistical differences between age and historical loss and associated symptoms where younger respondents had more frequent thoughts about historical loss and experienced more associated emotions, which was unexpected. A correlation was also found between occasionally hearing family stories of enslavement and discrimination and thoughts of historical loss.

Keywords: historical trauma; African Americans; intergenerational trauma; community psychology praxis; community wellness.



Table of Contents

Method and Data Analysis

Results

Discussion

Limitations and future research suggestions

Conclusion

References

Psychological Thought, 2023, Vol. 16(1), 16-44, <https://doi.org/10.37708/psyct.v16i1.699>

Received: 2022-01-02. Accepted: 2022-07-30. Published (VoR): 2023-04-30.

Handling Editor: Marius Drugaș, University of Oradea, Romania *Corresponding author: at Adler University, Chicago, USA. E-mail: gpalmer@adler.edu



This is an open access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Over two decades empirical studies on historical trauma, its effects, and modes of transmission have primarily been conducted among Holocaust survivors and contemporary Indigenous Peoples (Danieli, 1998; Evans-Campbell, 2008; Sotero, 2006; Whitbeck et al., 2004; Yehuda & Lehrner, 2018) with only one known study exploring historical trauma among African Americans (Williams-Washington & Mills, 2018). Brave Heart and DeBruyn (1998) theorized that historical trauma theory is comprised of three major constructs: (1) the historical trauma experience, (2) historical trauma responses such as sadness and depression, anger, unresolved grief, and anxiety; and (3) intergenerational transmission of historical trauma. Similarly, Sotero (2006) offered three stages of historical trauma through their work that generated a conceptual model linking historical trauma to disease prevalence and health disparities through biopsychosocial pathways. Three stages identified were: 1) The group holding power-over executes mass trauma on an outgroup, resulting in social, economic and cultural disruption of that group; 2) mass trauma results in physiological, psychological and emotional responses to the trauma (e.g., pain, stress, depression, PTSD, grief, anger, and an overwhelming sense of loss); and 3) physiological, psychological, and emotional responses are passed down to future generations who are negatively impacted by the original trauma.

Historical or Racial Trauma and African Americans

Using historical trauma interchangeably with racial trauma, Helms et al., (2010) put forward that racial or historical trauma is composed of cumulative experiences of racism and has deleterious



effects on African Americans' psychological well-being. Hampton et al., (2010) concluded that a working definition for Black/African American historical trauma is "the collective spiritual, psychological, emotional, and cognitive distress perpetuated intergenerationally deriving from multiple denigrating experiences originating with slavery and continuing with pattern forms of racism and discrimination to the present day" (p. 32).

Research (Danzer et al., 2016) supported that African Americans are impacted by White racism which shows up as historical trauma, in ways that match the effects of other interpersonal traumas. The effects impact both individuals and groups, and White psychologists should consider these cultural disruptions as historical trauma and therefore a threat to the basic psychosocial safety and well-being of contemporary African Americans. Consistent with research on PTSD, Danzer et al., (2016) pointed out that modern-day African Americans experience more extreme violence, manifest more severe symptoms and more often meet the criteria for P.T.S.D (p. 356). Notably historical and modern-day African Americans also illustrate resilience and productivity in spite of historical and ongoing racial trauma (Utsey et al., 2007). These core strengths include resilience, resistance, family support, and spirituality which also have historical connotations, serving as resources and coping mechanisms among African Americans (Lum, 2003).

Existing Conceptual Frameworks

Seeking to substantiate Brave Heart's and DeBruyn's (1998) historical trauma theory, Whitbeck et al., (2004) conceptualized historical trauma as perceived historical loss and this proposal allowed for the ascertainment of prevalence and identified associated symptoms that correlated with the perceived losses. Using qualitative interview results from focus groups comprised of two North American Indigenous groups on two reservations, Whitbeck et al., (2004) hypothesized that present day Indigenous Peoples face historical loss in their daily lives from European domination of their lands, many living now on reservations, with losses of native languages, religious practices, and more. The research team's first step was to determine that historical loss was a part of present-day Indigenous Peoples' thinking and how frequent these thoughts were. These thoughts, then, were linked to visible emotions reported by the elders in the focus group (p. 121). Subsequently two Likert scales were designed. The 12-item Historical Loss (HL) scale enumerated perceived losses and frequency of thoughts about the losses. The Historical Loss Associated Symptoms (HLAS) scale focused on the negative feelings associated with the identified losses, specifically emotions such as grief, anger, anxiety, and feelings of

helplessness. The response categories on the HL scale ranged from 1 being several times a day to 6 being never. The response categories on the HLAS ranged from 1 being never to 5 being always. Both scales had high internal reliability. The Historical Loss Scale had a Cronbach's alpha coefficient of .92; the Historical Loss Associated Symptoms Scale a Cronbach's alpha coefficient of .89 (p. 124). Whitbeck et al. reported three important implications of their study: (1) prevalence among the contemporary Indigenous People which meant that the perceptions of historical loss are not confined to the more proximate elder generation but was very dominant in the minds of many adults in the current generation and (2) thoughts about the historical losses appeared to be correlated with symptoms of emotional distress.

An exploratory factor analysis (EFA) and a confirmatory factor analysis (CFA) were conducted on both scales. The results indicated for the HL scale, one factor (Perceived Loss) which accounted for 58% of the variance. Factor loadings ranged from .62 to .86. Two factors from the HLAS scales were obtained by plotting the eigenvalues of factors which showed the break. These two factors explained 56.5% of the variance and five items were dropped because of double or weak loadings on both factors. The factors were identified as Factor 1: General Anxiety/Depressed Affect Dimension and included the constructs of feeling anxiety or nervousness. Factor loadings ranged from .44 to .76. Factor 2: Anger/Avoidance included measures of anger, shame, and rage and loadings ranged from .55 to .76. A CFA was estimated consisting of the HL and HLAS scales and the three factors. The estimates of construct loading were consistent with the exploratory analyses and indicated the HL indicators had loadings ranging from .61 to .86. Five items on the HLAS had loadings of .57 to .76. The other seven indicators had loadings ranging from .59 to .80. Perceived loss was significantly associated with the constructs where the structural coefficients relating to historical grief to anger/avoiding was statistically significant where ($\beta = .31$) as was the estimate for the association with anxiety/depression ($\beta = .19$). For both dimensions of the historical loss associated symptom scale, the greater the perception of historical loss, the more likely were feelings of depression and anger. The two latent symptom constructs, anger/avoidance and anxiety/depression were significantly correlated as well, where ($\lambda = .21$) and revealed a good model fit.

During the write-up of this study, this research team became aware that [Williams-Washington and Mills \(2018\)](#) had conducted the first known empirical study investigating historical trauma

among contemporary African Americans using their newly designed African American Historical Trauma (AAHT) scale to increase our understanding of the prevalence and impact within an African American community (p. 252). Using the AAHT scale which consisted of 30-items designed to tap into a wide range of affective, cognitive, and attitudinal indicators of historical trauma, Williams-Washington and Mills (2018) surveyed 311 African Americans, 18 years of age and older. The 30-items exhibited adequate levels of internal consistency, with a Cronbach's α of .91 and a mean corrected item-total correlation of .49 (p. 262). An Explanatory Factor Analysis (EFA) was conducted using the principal-axis factoring method and the extracted factors were then rotated using the direct oblimin method ($\delta = 0$). A four-factor solution was retained accounting for 40.55% of the variance.

Items were rated on a 5-point Likert-type scale and ranged from 1 (typically never) to 5 (typically always). Scale scores showed that on average respondents ($N = 311$) reported that they were somewhere in the middle ($M = 3.46$) on a range of questions such as how often do you feel angry when African Americans say racism does not exist to how often do you believe that African Americans must take more responsibility for the future of the African American race? Seven analyses were conducted to determine any interactions with the study group's historical trauma and demographic data. Of all the comparisons, no differences were statistically significant except one self-report of respondents' perceived frequency of victimization by prejudice or racism. One of the limitations of the AAHT scale was its high level of missing data (33 items) which is not considered optimal for an exploratory factor analysis (Williams-Washington & Mills, 2018). Williams-Washington and Mills (2018) saw the scale as a first step in understanding historical trauma and characteristics among African Americans. They encouraged other researchers to further refine and perfect these scales in future research.

Transmission Pathways

Research concurs that trauma in general can be transmitted intergenerationally through several methods. This transfer could take place consciously or unconsciously, through learned behavior (e.g., aggression or violence) or manifest in clinical symptoms from hypervigilance or learned cognitive scripts (e.g., the world is a dangerous place), attachment disruption or even epigenetic transformations, myths or stories (which can lead to vicarious trauma), and embedded belief systems as well (Danieli, 1998; Daud et al., 2005; DeGruy, 2005; van der Kolk, 2014; Yahyavi et al., 2014; Yehuda & Lehrner, 2018). Some researchers have determined that trauma responses

may transmit through hypothalamic-pituitary—adrenal (HPA) axis changes in children and with mothers who have PTSD (Ahmadi et al., 2011).

Bessel van der Kolk (2014) in *The Body Keeps the Score* noted that traumatic experiences leave traces, whether individually, communally, or culturally, and is passed down through generations. van der Kolk explained that trauma effects “leave traces on our minds and emotions, on our capacity for joy and intimacy, and even on our biology and immune systems” (p. 245). Importantly, van der Kolk added that trauma not only affects those who are directly exposed to it, but also those around them. From a neuroscience perspective, our brain which is devoted to ensuring our survival is not particularly good at denial. Generations after the trauma occurs, the brain is easily reactivated at the smallest hint of danger resulting in brain processes that lead to stress hormones. In turn, negative physical sensations and psychological factors occur—namely, feelings of being out of control, grief, and overwhelming loss (p. 245).

Outside of biological mechanisms to explain reported findings of transmission pathways, it has been suggested that trauma survivors internalize their post-traumatic symptoms through nonverbal behaviors and unconscious reenactments of grief and fear, among other emotions (Barocas & Barocas, 1980; DeGruy, 2005; Kestenberg, 1980; Whitbeck, et al., 2004). Dr. Joy DeGruy (2005) argued for a psychosocial approach and posited trauma is transmitted through the parenting process which is passed down generation to generation. DeGruy made the point that children watched the horrors of the effects of enslavement, discrimination and racism on their parents. The witnessing of these horrors, influenced learning vicariously and triggered reenactments of the original trauma perceptions and emotions such as grief, anger, and rage (p. 102). Danieli (2007) argued that among the most crucial factors of assessing traumatic effects is the knowledge of the mechanisms of the transmission of trauma.

Family Communication and Stories

Duke et al., (2008) reported that studying the benefits of family communication which includes storytelling has revealed important correlations for psychosocial implications including lowered levels of anxiety and depression, and fewer behavioral concerns. Further, the researchers proposed that stories don't have to be all exultant and positive and that sharing stories depicting tough times can help children. Sharing stories can help increase resilience in children and there is a strong correlation between children knowing family history and feeling more secure and in control. Yet, the authors also suggest that cautiousness on sharing is important particularly how stories are approached with young adults and children.

Family storytelling is foundational in African American traditions and has been recognized as powerful healing mechanisms and intergenerational communication and connection (Fabius, 2016). Hamilton (2021) noted that stories grounded in the strong religious and spiritual culture of African Americans continue to be a significant strategy to manage stressful life events including life-threatening illnesses. Banks-Wallace (2002) offered stories can support the development of warm relationships among tellers and listeners by serving as touchstones. Bank-Wallace (2002) suggested that touchstones: “are things that remind people of a shared heritage and/or past. Certain stories bring forth a whole series of deep-seated memories about experiences that either cannot be or are not easily articulated” (p. 411).

Statement of the Problem

Historical trauma is frequently used to explain biopsychosocial effects among African Americans given their historical lived experiences of mass racial trauma (Administration for Children and Families, 2021; Graham et al., 2016; Institute of Family & Community Impact, 2021; National Child Traumatic Stress Network, 2016; Ortega-Williams et al., 2019). However the discourse primarily relies on data gathered from studies among the children of Holocaust survivors or Indigenous Peoples, and thus for African Americans dialogue is more theoretical than empirical. Therefore, because African Americans have distinct cultural nuances, even though mass racial trauma has commonalities, it is important to advance empirical studies among this population. Yet, there is only one known empirical study available in the literature (Williams-Washington & Mills, 2018). Notably in social sciences measuring latent variables like historical trauma is difficult, but more recently methods have been introduced such as factor analysis to better identify and measure these types of constructs (Bartholomew, 2001). Furthermore, now that we are better equipped to measure historical trauma, additional research is needed to help improve our understanding of transmission pathways (Sotero, 2006; Whitbeck et al, 2004; Yehuda & Lehrner, 2018). Increased knowledge on both prevalence and modes of transmission can help scholars and practitioners effectively inform educational pedagogy, community and clinical practice including intervention and prevention strategies for African American individuals, families, and communities.

Purpose of the Study

This purpose of this study was to: (1) investigate prevalence of historical trauma among contemporary African Americans to add to the paucity of empirical literature available and (2) assess whether frequently hearing family storytelling around enslavement and discrimination

might be a transmission pathway. Additionally, by using existing scales designed specifically for Indigenous Peoples, this study might be useful in determining cross-cultural validity. This is important in that it will help researchers and practitioners to understand the importance of recognizing and being responsive to the cultural nuances of given research and practice settings to promote cultural integrity.

Specifically, this study sought to answer the following questions:

RQ1 Can historical trauma (conceptualized as perceived loss) be found (prevalence) among the study group and are there associated symptoms (e.g., anger, grief, or flashbacks) accompanying the perceived loss?

RQ2 Does regularly hearing family stories of enslavement and discrimination have an association between perceived historical loss and/or associated symptoms?

RQ3 Is there a correlation between historical trauma as perceived loss and/or associated symptoms and age, education, and/or income?

This Study's Conceptual Framework

The major components of this research study are contemporary African Americans, presence of historical trauma among this ethnic group, and transmission pathways. The overarching goal of this study was to add an empirical study to the scarce body of literature to help substantiate the theory of historical trauma and its relationship to African Americans. In particular, with a better understanding of any identified negative effects and transmission pathways, with appropriate intervention strategies the fields of community psychology, clinical psychology, and/or social work may be in a better position to mitigate, if not end, these effects helping to create positive cultures of health for many contemporary African Americans and their communities. The mitigation of negative effects of racially based traumas is even more important in light of the world's most recent pandemic.

The variable in this study historical trauma has been conceptualized by [Whitbeck et al., \(2004\)](#) as perceived historical loss and then associated symptoms such as anger, grief, sadness and depression linked to thoughts of historical losses. Subsequently, if prevalence was found in this study, then, an important next step would be to ask questions regarding transmission, particularly around potential pathways outside of epigenetics. This study looked at family storytelling around enslavement and discriminatory practices as a potential transmission mode



because storytelling has long been a mechanism of consistent direct communication within African American families since enslavement. Stories helped those enslaved to carve out identities, pass on valuable information such as healing rituals, spiritual practices, hope, and leave a legacy for future generations.

Additionally, it was expected that older respondents would have more frequent thoughts about historical losses, therefore more frequent associated symptoms or emotions such as grief, anger or sadness and depression. Furthermore, it was also expected for those respondents with higher levels of income and education to have lesser or fewer thoughts about historical loss, and thus, less frequent emotions associated with that loss.

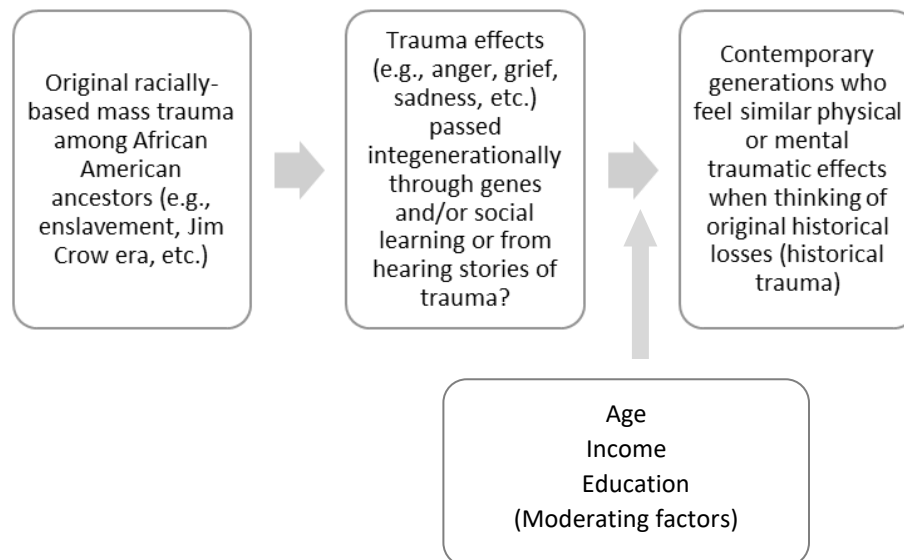


Figure 1. *Conceptual Framework*

Historical trauma refers to cumulative emotional and psychological wounds from an original traumatic event (e.g., enslavement) carried across generations (BraveHeart & DeBruyn, 1998).

Method and Data Analysis

To answer the research questions this study was guided by the conceptual framework and used a quantitative correlational approach consisting of two standardized measurement scales, the Historical Loss Scale (HLS) and the Historical Loss Associated Symptoms Scale (HLASS) (Whitbeck et al., 2004), along with a 17-question Community Wellness Survey (CWS) designed by this research team. The quantitative approach was selected based on Whitbeck et al., (2004)

study and is appropriate for determining frequencies and correlations. Additionally, the study sought to test an initial assumption that older respondents would have more frequent thoughts about perceived historical loss and thus have more frequent associated emotions. The CWS survey included questions on maternal and paternal lineage, geographic locations of birth, and whether the respondent heard family stories about enslavement and discrimination. The data was analyzed using SPSSI-25 software.

Participants

The research team recruited one-hundred and twenty-nine participants ($N = 129$) as a sample. Respondents were part of non-probability sampling that delineated they (1) must identify as Black/African American; and (2) they must be 18 years of age or older. Institutional Review Board (IRB) approval was received from Adler University, Chicago, IL in 2018. Participants signed an informed consent either online by indicating yes or by hard copy by checking yes; Respondents either took the survey in person or online. The respondents' self-reports regarding ethnicity were taken as valid but understood the risk of bias.

Ninety-seven percent (97%) of the respondents reported they identified as Black or African American; respondents ranged from age 18 to over 65, with 30% age 18 to 34, and over 24% of the respondents were 65% or older. The mean age was between 35 to 44 years, level of education mean was college graduates, and level of income mean was \$20,000 to \$30,000. Sixty-six percent of the respondents identified as female, where 35% identified as male and one respondent identified as gender queer. Interestingly, 71% of the respondents reported they had Indigenous Peoples ancestry. Incomes ranged from under \$10,000 to over \$100,000. Educational levels ranged from some high school to doctoral degrees. Thirty-eight percent (38%) of the respondents were from Illinois, 9% from Ohio, the remainder were from various other states, one was from British Columbia, and one reported they were from Jamaica.

Procedures

Recruitment of respondents began in September 2018 and included samples from six sites: online ($n = 57$), a social services agency Ford Heights Community Services Organization located in Ford Heights, IL ($n = 30$), a barbershop located on Chicago's south side ($n = 8$), Arthur Lockhart Institute on Chicago's Westside which serves United States veterans ($n = 24$) Florida ($n = 4$) and Evanston, Illinois' Vineyard Christian Church's Resource Connection ($n = 5$). Informed consent forms were signed before administering the surveys and data was collected



on different days and respondents were aware the study was voluntary, they could leave anytime, and whom to contact with questions and other information. Other than the first 41 respondents who agreed to help us evaluate and pilot the study without receiving a gift card, all other respondents received a \$10.00 gift card from Target or Amazon, either online or in person. Either the principal investigator and research assistants or trained administrators conducted the surveys at each site. The principal investigator and research assistants monitored the online surveys. Data were collected and stored in an appropriate locked container to secure and retain data integrity.

Instruments

Historical Loss (HL) and Historical Loss Associated Symptoms (HLAS) of Loss Scales (Whitbeck et al., 2004). Upon initial review of the Whitbeck et al., (2014) scales, the research team agreed they needed to be modified to be more specific to the African American experience. However, it was also important to leave as many items as possible to attempt to generalize Whitbeck et al., scales across cultures. For this study, Whitbeck's 12-item HL scale was modified and included the following changes: Question 4: the loss of our family ties because of boarding/residential schools was modified to *The loss of family ties in general*; Question 5: was modified from the loss of families from the reservation/reserve to government relocation to *The loss of family ties due to the Great Migration*; Question 7: the loss of trust in whites from broken treaties to *The loss of trust in whites in general*, and Question 9: was modified from the loss from the effects of alcoholism to *The loss from the effects of substance abuse and violence*.

Community Wellness Survey (CWS). A survey was designed by this research team and was comprised of 17-items. The items asked respondents to self-report on age, ethnicity, level of income, educational level, and birth state, birth states for mother, father and grandparents, and whether the respondent had (1) family stories that were passed down more recently about family members who were enslaved and/or discriminated against; (2) who lived in the household (e.g. grandparents or other relatives including children) that might be the storyteller or listeners, and (3) what were the frequencies or time intervals these stories were heard.

Reliability

Data was collected, coded and checked for errors in entry and conformity to assumptions of the tests conducted (e.g., normality, outliers). Missing data was managed by sorting. The data on

the HL scale was not normally distributed showing slight left skewness at $-.009$ and a positive kurtosis at $-.88$. The HLAS scale was left skewed at $-.70$ with slight positive kurtosis. This data was log-transformed before analysis. All scales were analyzed for reliability. After revision of 4 items on the HL scale, the Cronbach alpha coefficient was $.92$; and after revisions on the Historical Loss Associated Symptoms scale, the Cronbach alpha was $.90$ consistent with Whitbeck et al., (2004) original testing. The Community Wellness Survey (CWS) had a Cronbach alpha of $.55$, which could have been the result of not including enough questions on this survey or the lack of interrelatedness of the test items. We chose not to discard the test because there was more than one concept in the items such as demographics and hearing family stories.

Research Question One

To answer the question on whether historical trauma prevalence could be found among the study population we used the modified Historical Loss (HL) Scale. Based on directives from Whitbeck et al., (2004), the HL Scale was first reverse scored. Composite scores were then computed by summing and averaging across the responses to the items. Consistent with Whitbeck et al., (2004) findings, the respondents had thoughts about historical loss at least once per year and the loss of land (31.0%), loss of languages (34.1%) and loss of spiritual ways (32.6%) were the highest percentages. (See Table 1).

Table 1.
Percentage Frequencies of Historical Loss.

	Never	Yearly or special times	Monthly	Weekly	Daily	Several times a day	No Answer
Loss of land	19.4	31.0	12.4	6.2	10.1	1.6	17.8
Loss of language	20.9	34.1	8.5	4.7	11.6	3.1	14.7
Loss of traditional spiritual ways	20.9	32.6	9.3	4.7	15.5	4.7	10.1
Loss of family ties	21.7	22.5	10.9	10.9	14.0	6.2	12.4
Loss of families from the Great Migration	19.4	22.5	14.7	5.4	12.4	3.8	20.9
Loss of self-respect from poor treatment by gov.	15.5	16.3	10.9	14.0	20.2	8.5	10.9
Loss of trust in Whites	11.6	18.6	8.5	10.9	23.3	9.3	14.7
Loss of culture	14.0	15.5	9.3	13.2	19.4	10.1	10.9
Loss from the effects of substance use and violence	14.7	15.5	10.9	11.6	22.5	11.6	10.9
Loss of respect by children for elders	18.6	16.3	9.3	10.1	23.1	10.1	10.1
Loss of our people through early death	12.4	16.3	14.0	10.9	21.7	9.3	13.2
Loss of respect for traditional ways	16.3	16.3	11.6	10.1	26.4	6.2	10.9

Note. The results revealed that more respondents had thoughts of the loss of land, language, and traditional spiritual ways.

Historical Loss Associated Symptoms

The Historical Loss Associated Symptoms scale was administered directly after the Historical Loss (HL) scale and linked to the HL scale on emotion associated with perceived losses. Compared to Whitbeck et al., (2004) the scores were similar. In Whitbeck's study, on average, the largest percentage of respondents fell in the middle of the scale ranging from "Always" to "Never" indicating they "Sometimes" felt "sadness and anger" (44%); they "Sometimes" felt anger 38.1% and 25.6% reported they "Sometimes" had a loss of concentration. In this current study, the largest percentage of respondents (35.7%) reported they "Sometimes" felt sadness or depression while 37.2% reported they "Sometimes" felt anger, and 33% reported they sometimes felt mistrustful of the intentions of White/European Americans. Respondents who did not answer all questions ranged from 6.2% to 14% depending on the question. (See Table 2).

Table 2.
Frequencies of Historical Loss Associated Symptoms

	Always	Often	Sometimes	Seldom	Never	No Answer
Often feel sadness or depression	5.4	15.5	35.7	17.1	11.6	7.8
Often feel anger	9.3	17.1	37.2	16.0	6.2	7.8
Often anxiety or nervousness	3.1	14.7	24.8	21.7	24.0	6.2
Flashbacks	7.8	12.4	27.9	24.8	13.2	10.9
Uncomfortable around White people when you think of these losses	3.1	7.0	31.0	25.6	35.8	8.5
Shame when you think of these losses.	4.0	10.1	23.3	18.6	36.2	7.8
Helplessness	3.1	5.4	26.4	25.6	30.2	6.2
Loss of concentration	2.3	6.2	24.0	27.1	29.5	3.9
Nightmares	8	5.4	14.0	22.5	45.0	7.0
Feel isolated or distant from other people when you think of losses	2.3	5.4	20.2	25.6	35.7	7.0
A loss of sleep	3.9	7.0	14.7	22.5	39.5	8.5
Substance Reliance	.8	.8	8.5	16.3	55.0	13.2
Rage	2.3	3.1	10.9	27.1	39.5	8.5
Fearful or distrust the intentions of white people	4.7	15.5	32.6	16.3	16.3	8.5
Negative outlook	3.1	5.4	11.6	15.5	42.6	14.0
Feel like it is happening again	8.7	12.4	24.8	19.4	17.9	10.9
Feel like avoiding places or people that remind you of these losses.	4.7	8.5	20.2	20.2	31.8	9.3

The table indicates how often the respondents reported they felt the emotions of anger, grief, sadness and depression, and feelings of being uncomfortable around White people when thinking of historical losses.

Research Question 2 - Transmission Pathways

To investigate if there was a statistically significant association between respondents ($n = 59$) who reported yes to hearing family stories of racism and discrimination and perceived loss and/or associated perceived loss symptoms, a bivariate correlation was computed. The results indicated that out of the respondents who replied, 14% said they heard the stories weekly, with 12% reported they heard the stories daily, while another 12% reported they heard stories yearly or at special times. The computations indicated a positive correlation between the frequency of



being exposed to hearing family stories and historical trauma (perceived historical loss) such that $r(57) = .32, p = .013$. Interestingly, there was no association between exposure to hearing family stories and associated loss symptoms. (See Table 3).

Table 3.

Correlation of Frequencies Hearing Family Stories and Perceived Loss

		Perceived Loss Total	Frequency of stories
Perceived Loss	Pearson Correlation	1	.322
	Sig. (2-tailed)		.013*
	N	129	59
Frequency of stories	Pearson Correlation	.322	1
	Sig. (2-tailed)	.013	
	N	59	59

* $p < .005$ (2-tailed)

The table indicates that the respondents reported hearing family stories at an interval of time is positively correlated with thoughts of perceived loss.

Research Question Three - Correlates of HL and HCLASS

A multivariate correlation was computed to determine if there was any association between age, education, income and perceived loss and associated symptoms. Results indicated a negative correlation between both age and historical loss and age and associated symptoms of that perceived loss where $r(127) = -.31, p < 0.01$) and more frequent associated symptoms (e.g. feelings of sadness and depression, grief, anger, anxiety, and flashbacks) where $r(127) = .25, p < 0.01$). Table 4 and Table 5 show the correlations.

Table 4.

Correlation Table Between Age and Historical Loss

		Age	Family Stories	Historical Loss
Age	Pearson Correlation	1	.010	-.308**
	Sig. (2-tailed)		.914	.000
	N	129	128	129
Historical Loss	Pearson Correlation	-.308**	.054	1
	Sig. (2-tailed)	.000	.547	
	N	129	128	129

** $p < 0.01$ (2-tailed).

The direction of the correlation was negative, indicating that respondents who were younger reported more frequent thoughts about historical losses.



Table 5.
Correlation Table Between Age and Associated Symptoms

		Age	Family Stories	Associated Symptoms
Age	Pearson Correlation	1	.010	-.251**
	Sig. (2-tailed)		.914	.004
	N	129	128	129
Associated Symptoms	Pearson Correlation	-.251**	.027	1
	Sig. (2-tailed)	.004	.760	
	N	129	128	129

** $p < 0.01$ (2-tailed).

The direction of the correlation was negative, indicating that the respondents who were younger reported more emotions (e.g., sadness and depression) associated with the thoughts of perceived historical loss.

Results

Prevalence (Perceived Historical Loss)

Measuring historical trauma as frequent thoughts of perceived historical loss along with correlated associated symptoms, this study suggested prevalence. The data indicated respondents thought more frequently about the losses of land, language, and traditional spiritual ways (in that order) at least yearly or at special times. The HLAS scale showed the highest percentages of respondents reported sometimes having the following associated symptoms of thoughts of loss: anger, sadness and depression, and distrust of White people. These results among African American respondents were consistent with the [Whitbeck et al., \(2004\)](#) study among Lakota people. We also compared our results to [Williams-Washington and Mills \(2018\)](#) and found consistency particularly on the item of whether the respondents felt anger regarding losses. In their study, scale scores showed that on average respondents ($N = 311$) reported that they were somewhere in the middle ($M = 3.46$) on the question of how often do you feel angry regarding experiencing racism. Respondents reported they were somewhere in the middle on a similar question *how often do you feel angry when thinking of losses*, where 37.2% reported “sometimes” with a range of always to never.

Transmission Pathways: Carrying Resistance and Resilience

The results of a frequency analysis indicated that less than half of the respondents ($n = 59$) reported hearing family stories which could indicate not *all* African Americans are exposed to



stories of race and unfairness and *not all* African Americans experience historical trauma or its effects. Of those who heard family stories, a covariate analysis determined that there was a positive association between the frequency of those hearing family stories and perceived historical loss. However, it is important to note that the frequency of the stories resulted in higher levels of perceived historical loss, but not the symptoms associated with those thoughts of loss.

Age, Historical Trauma and Associated Symptoms

The findings of negative correlations between age and perceived loss and age and associated symptoms are compelling. These results are consistent with a later study conducted by [Whitbeck et al., \(2009\)](#) which showed Indigenous adolescents reported thoughts of loss happening daily or more at rates akin to their older female caretakers. [Kessler et al \(1995\)](#) offered that the rates of trauma and post-traumatic stress disorder (PTSD) among Alaskan Indian and Native American youth are not easy to understand because of the paucity of research conducted in this area and that some studies suggest that these youth are more likely to experience a traumatic event than the general population.

Discussion

While all items on the HL scale measuring thoughts of historical loss are important such as loss of language and traditional spiritual ways, thoughts of land loss responses brought up a specific postulation for this research team with respect to the long and storied history of African Americans and their relationship to land and actual land loss, particularly relative to their continued subordinate socio-economic status and quality of life in America ([Azzam, 2008](#); [Braveman, Cubbin, Egerter, Williams, & Pamuk, 2010](#)).

Historically, African Americans had gained a sizable portion of land in the deep south and were able to carve out sufficient livelihoods as farmers. Yet, as farmers, African Americans faced discriminatory federal policies, racism and anti-Blackness practices among their neighbors in the South. This social behavior often resulted in the violent taking of their land. An example of this insidious practice is found in the story of Anthony Crawford, a formerly enslaved African who owned a 437-acre cotton farm in Abbeville, South Carolina. Crawford was lynched by a White mob in 1916. This story is depicted in a documentary on HBO Max ([Oyer, 2020, para. 10](#)).

By 2002, African Americans owned less than 1% of the rural land in the United States and the total value of all of that land together was only 14 billion dollars, out of a total land value of more than 1.2 trillion dollars, while White people owned 96% of rural land, bringing their land's joint worth to just over one trillion dollars (Gilbert, Wood & Sharp, 2002). Reports show in 2017, African American farmers in 2017, accounted for less than 7% of agricultural producers in South Carolina (United States Department of Agriculture, 2017).

Notably the other side of wealth is poverty and there is a plethora of data on the linkage between poverty and biopsychosocial distress among African Americans (Samaan, 2020). This land loss among African Americans is important in that land ownership has been recognized as one of the easier ways to establish a type of wealth that generations can benefit from (Hanks et al., 2018). Moreover, if African Americans owned and farmed more land, it would impact them and surrounding communities by strengthening local economies, building more resilient communities, contributing to robust food systems, and helping to reduce suburban sprawl in rural areas (Burton, 2021, para. 24).

Land Loss, Policy Implications and Community Wellness

Healing for those of African descent may be found in some type of reparations program. For example, the City of Evanston, IL, where the principal investigator lives has initiated the *Commitment to End Structural Racism and Achieve Racial Equity* (City of Evanston, 2019, p. 1). During the summer of 2019, the Evanston City Council took action to address the historical wealth and opportunity gaps that African American/Black residents of Evanston have experienced. Led by Alderperson Robin Rue Simmons, the Council passed a resolution which resulted in a reparations program under which affordable housing and economic development was the primary focus (City of Evanston, 2019). In this case, reparations and restorative relief connected the harms imposed on African Americans by the City of Evanston, where evidence indicated African Americans had been discriminated against through early City zoning ordinances resulting in housing segregation and a loss of wealth generated through real estate. White owners who were able to purchase property along Evanston's prestigious lakeshore during the early 1900's now have homes appraising in the millions compared to neighborhoods where African an American homes *might* sale for \$200,000. Relative to land discrimination and land loss, this redlining and discrimination has been supported by policy, and in redress and healing, revising and enacting new policies is important. Evanston serves as a model for how

we might use policy to advance racial equity and mitigate the effects of historical trauma (City of Evanston, 2022).

Family Storytelling

The finding that there is a small linkage between family storytelling and thoughts of loss is not unusual. Good stories should make us think, even if it brings up thoughts of loss. Storytelling is rapidly becoming a healing tool for contemporary African Americans and may speak to the ways in which stories on enslavement and discrimination are becoming more balanced with the inclusion of resilience and resistance components illustrated by moving away from the “single story” (Adiche, 2009).

Adiche (2009) explored in a Ted Talk titled “*The Danger of a Single Story*” that a single story are stories that are told from one perspective and result in the hearers operating from that perspective. This communication can lead to default assumptions, conclusions, and decisions that prevent a more global perspective of the situation. This premise holds true as we are learning that most early stories in public discourse and educational arenas around Africans and enslavement and subsequent discrimination and racism were told from the White gaze or colonialism lenses. These stories resemble more mythologizing of the past, rather than stories balanced with resilience and resistance content. Further, Adiche argued for a linkage between single stories and the impact of power in our lives denoting that who tells the story, how and when, can impact situations in a monumental way. Adiche explained, that “power not only spreads a story, but also makes its ideas persist” (09:25). For example, the way the listener makes sense of the narrative may be harmful if not examined and rob people of their dignity and portray differences in a negative space. She used her own direct experience when a college roommate held a default position of well-meaning pity towards her due to what she describes as misconception but can also be intentional such that everyone from Africa comes from a poor, struggling background (04:49). The principal investigator of this study recalls in her elementary school students were taught Africa was the “dark continent” supported by colonialism ideologies that Africans were “uncivilized.” With only a single story it is easier to buy into myths, and thus move through life on this notion. This finding supports Adiche in declaring stories matter and when stories are transmitted as multi-dimensional or balanced, they can create space for healing.

African American Young Adults and Trauma

Among young adults in the African American or Black community, data regarding exposure to traumatic occurrences from gun violence or other structural factors such as police brutality and violence is staggering. Black males are disproportionately impacted and have by far the highest rate of gun death, twice as high (1.8x) as the second highest (and also disproportional) rate of gun death among American Indian/Alaska Native males ([Centers for Disease Control, 2021](#)). Importantly, [Kawaga et al., \(2022\)](#) added,

Gun violence leaves indelible marks on the memory that can alter the health, choices, and lifelong trajectory of children, young people, adults, and the collective community in serious and lasting ways (p.7).

Annette Bailey of Ryerson University ([as cited in Siegel, 2019](#)) has termed the prolonged exposure to the individual effects of gun violence *trauma-altered identity*. This term is useful for describing the cumulative impacts of individual, intergenerational, and structural violence. Through a series of in-depth interviews with young Black men, Bailey found that these various forms of violence combine to result in trauma. This trauma leaves them feeling trapped in the assumptions and biases of others and hamper their ability to chart a healthy course for themselves. Thus study's data suggest that many young African Americans, males in particular, are carrying cumulative weights that show up in their daily living and result in the rapid decline of biopsychosocial well-being of young African Americans, and demonstrate a powerlessness, a primary trait of traumatization ([van der Kolk, 2014](#)).

Community Wellness and Young Adults Healing

Studies on the healing of traumatized young adults ranging from trauma-informed practices including intervening at various entry points such as the emergency room where they are often seen with nonfatal injuries. Health care teams build knowledge about the impacts of trauma stress and tools for assessment, interventions, and preventions. Healing approaches include more than disseminating pamphlets to Black young adults and families, but also understand what it means to be an African American young person ([SAMSHA, 2012](#)). One intervention and prevention initiative designed and implemented by the principal investigator of this study who is also a community psychologist, targeted young adults of color to engage them in conceiving and painting a public art mural. Several of the young adults involved were managing traumatic occurrences both at home and in school and were slowly becoming involved with the juvenile justice system through the use of illegal "tagging" or graffiti art. Painting the mural helped the

team of counselors and educators to better understand the youth and subsequent evaluations noted one had gone on to attend the Art Institute of Chicago and others to other colleges. The project was successful at directing their attention to the positive use of their gifts and talents and away from using these gifts and talents where the odds were high this behavior was going to result in negative psychosocial outcomes.

Language Reframing

Also, community psychologists and other practitioners should begin to understand the importance of language reframing (Palmer, 2018) as a restorative practice promoting African American and other young adults' healing. For example, words or terms like 'dysfunction' or 'maladjusted' 'juvenile delinquent' or even 'at-risk youth' are not words or terms that promote health and wellness but are rooted in adultism and the promulgation of power imbalances. Bell (2018) denoted that,

To be successful in (our) work with young people, we must understand a particular condition among them: that young people are often mistreated and disrespected simply because they are young. The word *adultism* refers to the behaviors and attitudes based on the assumption that adults are better than young people and entitled to act upon young people without their agreements (p. 563).

We propose that language reframing and transforming how adults see young people may precipitate their healing from trauma. It is also worth noting that not all adults engage in what Bell terms "*adultist*" behavior (p. 563)

Overall Individual and Community Wellness

The same way that language reframing, balanced stories, and other trauma-informed approaches may foster healing, Henderson et al., (2021) concluded that the survival of African Americans beyond enslavement also have to do with adaptive mechanisms that allow for the transmission of healing to take place through spiritual pathways and social transmission (p. 769). Spiritual pathways include people serving as healers describing those innate abilities come directly from God (Fett, 2002, p. 53) and the role that ancestors play in transmitting healing in the spiritual dimension sometimes come from dimensions of knowledge such as dreaming (Henderson et al., 2021, p. 769).

Social transformation of healing [Henderson et al., \(2021\)](#) suggest has its roots in social processes that include direct instruction and social learning. [Henderson et al., \(2021\)](#) additionally offered that “intergenerational transmission of health and well-being was a conscious act with important cultural value for the African American family and community” (p. 769). Moreover, these transmissions of well-being didn’t just occur, but have their roots in survival during and after enslavement, and these cultural healing practices are available for future generations.

Limitations and future research suggestions

This study is not without limitations. Two described below are valuable for future studies. Firstly, scales were used that were designed for Indigenous Peoples (Lakota) who have some similarities within their lived experiences relative to historical trauma, but also have cultural differences. To this end, it is probably optimal to use scales designed specifically for use with African American populations, but we did not have this information at the time. It may have been optimal to use [Williams-Washington and Mills \(2018\)](#) AAHT scales to evaluate them and modify to see if we could achieve a model of good fit. However, our use of the HL and HLAS scales where an existing EFA and CFA showed a good model fit, and our Cronbach alpha’s were high on the slightly modified versions, added to conducting a quality study. [Williams-Washington and Mills \(2018\)](#) study scales is recommended for future research and/or researchers should design and test new ones specifically for use with African Americans.

Secondly, this study’s sample size was small ($N = 129$); therefore generalizability may be hindered. However, the respondents represented the broader African American population, where incomes ranged from none to over six-figures, educations ranged from not completing high-school to doctoral graduates, place of residencies included locations of affluence to lower income neighborhoods, and demographic questions indicated nearly all practiced some type of spirituality, and a good number of respondents reported their grandparents or great grandparents migrated to the north from the deep south. Therefore, we believe our results can be generalized to the larger population from which our sample was drawn.

Other limitations typically found in studies on historical trauma is the difficulty of ferreting out proximal from distal thoughts and patterns. [Whitbeck et al., \(2004\)](#) mentions this issue as well. Present day stressors for African Americans include current racism and anti-Blackness practices against them - which resemble historical practices as well. Moreover, self-reports are

always risky, and with some of the participants responding online, we had to rely that they were truthful in their reports on identifying as Black or African American.

Even with these limitations, consistent with [Whitbeck et al., \(2004\)](#) and to some degree with [Williams-Washington and Mills \(2018\)](#) this study demonstrated evidence for measurement validity and predictive usefulness of the HL and HLAS scales for studying historical trauma among African Americans. This study adds to a foundational body of literature as an empirical study that can inform interventions and prevention strategies promoting psychosocial well-being among African Americans. Moving historical theory forward among African Americans also continues to lay the groundwork for studies among combat veterans and their relationship to historical trauma. This group may have undisclosed historical trauma because prior to deployment or redeployment they are not assessed for it. Thus, they may be traumatized way before deployment and subsequent combat duty could easily be contributing to re-traumatization, severely impacting their service and reentry into the communities.

Conclusion

Concurring with [Whitbeck et al., \(2004\)](#), the findings of this study suggest that a type of “psychological enslavement” is not over for many contemporary African American adults and even more so for young adults, as a result of ongoing mass racial trauma and discrimination. In this study, a deficit or medicalized approach is not taken here, but a community psychology approach with the intent to draw more attention to the historical systemic issue of racism in America and its continued impacts often resulting in trauma and other deleterious biopsychosocial effects on African American individuals, families, and communities. Healing for many African Americans is taking place through storytelling that is balanced with resilience and resistance components, along with cultural restoration strategies such as types of reparations, trauma-informed strategies and other psychosocial initiatives such as conscious language reframing, addressing adultism, and through emancipation circles and other decolonial movements.

Funding/Financial Support

The authors have no funding to report

Other Support/Acknowledgement

The study was funded in part by Adler University Online Seed Grant, Council on Cultural, Ethnic and Racial Affairs (CERA) Social and Racial Justice Mini-Grant. CERA is a council of the Society for Community Research and Action (SCRA), Division 27 of the American Psychological Association, and Community Wellness Institute, LLC.

We also want to thank Dr. Les Whitbeck, Nebraska University, Dr. Jerome Taylor, Pittsburgh University, Dr. Bradley Olson, National Louis University, Dr. Peter Ji, Adler University and Dr. Lyuba Bobova, Adler University.

Competing Interests

The authors have declared that no competing interests exist.

References

- Adiche, C. (2009, October) *The danger of a single story*. [Video]. Ted Conferences. <https://www.youtube.com/watch?v=D9Ihs241zeg>
- Administration for Children and Families (2021). "Trauma: What is historical trauma?" <https://www.acf.hhs.gov/trauma-toolkit/trauma-concept>
- Ahmadi, K., Azampoor-Afshar, S., Karami, G., & Mokhtari, A. (2011). The association of veterans' PTSD with secondary trauma stress among veterans' spouses. *Journal of Aggression, Maltreatment & Trauma*, 20(6), 636–644. <https://doi.org/10.1080/10926771.2011.595761>
- Azzam, A. M. (2008). Neglecting higher achievers. *Educational Leadership*, 66, 90-92.
- Banks-Wallace, J. (2002). Talk that talk: Storytelling and analysis rooted in African American oral tradition. *Qualitative Health Research*. 12(3), 410-426. <https://doi.org/10.1177/104973202129119892>
- Barocas, H.A, & Barocas, C.B. (1980). Separation-individuation conflicts in children of holocaust survivors. *Journal of Contemporary Psychotherapy* 11, 6-14. <https://doi.org/10.1007/BF00946270>
- Bartholomew, D.J., (2001). *Factor analysis and latent structure: Overview*. In N. Smelser and P. Baltes (Eds) International Encyclopedia of the Social & Behavioral Sciences.
- Bell, J. (2018). Understanding adultism: A key to developing positive youth-adult relationships. In M. Adams et al. (Eds) *Readings for diversity and social justice*. Routledge.
- Brave Heart, M.Y. H., & DeBruyn, L.M. (1998). The American Indian Holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research*, 8(2), 60-82. <https://doi.org/10.5820/aian.0802.1998.60>
- Braveman, P. A., Cubbin, C., Egerter, S., Williams, D. R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health*, 100(S1). doi:10.2105/AJPH.2009.166082
- Burton, M. (2021, March). *The reality of Black land loss*. <https://www.upstateforever.org/blog/land-conservation/the-reality-of-black-land-loss>
- Centers for Disease Control (2021). *Gun violence*. <https://www.cdc.gov/violenceprevention/youthviolence/index.html>

City of Evanston, (2022, July 26). *Evanston Local Reparations*.

<https://www.cityofevanston.org/government/city-council/reparations>

City of Evanston, (2019). *A Resolution: Commitment to End Structural Racism and Achieve Racial Equity*.
City of Evanston.

<https://www.cityofevanston.org/home/showpublisheddocument/62674/637511531477970000>

Danieli, Y. (2007) Assessing Trauma Across Cultures from a Multigenerational Perspective. In: Wilson J.P., Tang C.S. (eds) *Cross-Cultural Assessment of Psychological Trauma and PTSD. International and Cultural Psychology Series*. Springer. https://doi.org/10.1007/978-0-387-70990-1_4

Danieli, Y. (1998). *Intergenerational handbook of multigenerational legacies of trauma*. Springer Science & Business Media.

Danzer, G., Rieger, S.M., Schubmehl, S., & Cort, D. (2016) White psychologists and African Americans' historical trauma: Implications for practice, *Journal of Aggression, Maltreatment & Trauma*, 25(4), 351-370. <https://doi.org/10.1080/10926771.2016.1153550>

DeGruy, J. (2005). *Post traumatic slave syndrome: America's legacy of enduring injury & healing*. Uptone Press.

Duke, M.P., Lazarus, A., & Fivush, R. (2008). Knowledge of family history as a clinically useful index of psychological well-being and prognosis: A brief report. *Psychotherapy (Chic)*, 45 (2), 268-272. [doi:10.1037/0033-3204.45.2.268](https://doi.org/10.1037/0033-3204.45.2.268)

Evans-Campbell, T. (2008). Historical trauma in American Indian/Native Alaska communities: A multilevel framework for exploring impacts on individuals, families, and communities. *Journal of Interpersonal Violence*, 23(3), 316–338. <https://doi.org/10.1177/0886260507312290>

Fabius, C. D. (2016). Toward an integration of narrative identity, generativity, and storytelling in African American elders. *Journal of Black Studies*, 47(5), 423–434. <https://doi.org/10.1177/0021934716638801>

Fett, S. M. (2002). *Working cures: Healing, health, and power on southern slave plantations*. University of North Carolina Press.

Gilbert, J., Wood, S. D., & Sharp. G. (2002). Who owns the land? Agricultural land ownership by race/ethnicity. *Rural America*, 17(4), 56-62.

<https://web.archive.org/web/20130628135832/http://www.ers.usda.gov/media/562463/>



- Graham, J. R., West, L. M., Martinez, J., & Roemer, L. (2016). The mediating role of internalized racism in the relationship between racist experiences and anxiety symptoms in a Black American sample. *Cultural Diversity and Ethnic Minority*.
- Hamilton, J. B. (2021). Storytelling: A cultural determinant of health among African American cancer patients. *Journal of Cancer Education*, 36, 211-213. <https://doi.org/10.1007/s13187-021-01978-4>
- Hampton, R. L., Gullotta, T. P. & Crowel, R. L. (2010). *Handbook of African American health*. Guilford Press.
- Hanks, A., Solomon, D., & Weller, Ch. (2018, February 21). Systemic inequality: How America's structural racism helped create the Black-White wealth gap. *Center for American Progress*. <https://www.americanprogress.org/article/systematic-inequality/>
- Helms, J. E., Nicolas, G., & Green, C. E. (2010). Racism and ethnoviolence as trauma: Enhancing professional training. *Traumatology*, 16(4), 53–62. <https://doi.org/10.1177/1534765610389595>
- Henderson, Z. R., Stephens, T. N., Ortega-Williams, A., & Walton, Q. L. (2021). Conceptualizing healing through the African American experience of historical trauma. *American Journal of Orthopsychiatry*, 91(6), 763–775. <https://doi.org/10.1037/ort0000578>
- Institute of Family & Community Impact (2020). *We shall overcome: Black history and historical trauma*. <https://familyandcommunityimpact.org/tag/historical-trauma/>
- Kawaga, (2022, January 23). *Invisible wounds: Gun violence and community trauma among Black Americans*. Everytown Research & Policy. <https://everytownresearch.org/report/invisible-wounds-gun-violence-and-community-trauma-among-black-americans/>
- Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C.B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Kestenberg, J.S. (1980). Psychoanalyses of children of survivors from the holocaust: case presentations and assessment. *Journal of American Psychoanalysis Association*, 28, 775-804. <https://doi.org/10.1177/000306518002800402>



- Lum, D. (2003). *Social work practice and people of color* (5th ed.). Wadsworth.
- National Child Traumatic Stress Network (2016). *Racial injustice and trauma: African Americans in the U.S.*
https://www.nctsn.org/sites/default/files/resources//racial_injustice_and_trauma_african_americans_in_the_us.pdf
- Ortega-Williams, A., Crutchfield J. & Hall, J.C. (2019) The colorist-historical trauma framework: Implications for culturally responsive practice with African Americans. *Journal of Social Work*. November 2019. <https://doi.org/10.1177/1468017319890083>
- Oyer, K. (2020). New documentary on wealthy SC Black cotton farm owner who was lynched for success. https://www.postandcourier.com/charleston_scene/new-documentary-on-wealthy-sc-black-cotton-farm-owner-who-was-lynched-for-success/article_7ce0fb88-1f94-11eb-ab94-fba480869e15.html
- Palmer, G. (2018). People who are homeless are “people” first: Opportunity for community psychologist to lead through language reframing. *Global Journal of Community Psychology Practice*, 9(2), 1-16.
- Samaan, R. A., (2020). The influences of race, ethnicity, and poverty on the mental health of children. *Journal of Health Care Poor Underserved*, 11(1), 100-110. [doi:10.1353/hpu.2010.0557](https://doi.org/10.1353/hpu.2010.0557)
- Siegel, K. (2019). Trauma runs through gun violence among Black youth, researcher says. *Juvenile Justice Information Exchange*. <https://jjie.org/2019/02/19/trauma-runs-through-gun-violence-among-black-youth-researcher-says/>
- Sotero, M. M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.
- Substance Abuse and Mental Health Services Administration (2012). *Trauma-informed care in behavioral health services. Treatment Improvement Protocol (TIP) Series, No. 57.* Center for Substance Abuse Treatment (US).
- United States Department of Agriculture (2017). *Census of Agriculture, South Carolina.* https://www.nass.usda.gov/Publications/AgCensus/2017/Online_Resources/County_Profiles/South_Carolina/cp99045.pdf
- United States Department of Agriculture (1997). *Civil Rights at the United States Department of Agriculture: A Report by the Civil Rights Action Team*, Washington.



- Utsey, S. O., Bolden, M. A., Lanier, Y., & Williams, O. (2007). Examining the role of culture-specific coping as a predictor of resilient outcomes in African Americans from high-risk urban communities. *Journal of Black Psychology*, 33(1), 75–93.
<https://doi.org/10.1177/0095798406295094>
- van der Kolk, B. (2014). *The body keeps the score. Brain, mind, and body in the healing of trauma*. Penguin Books.
- Whitbeck, L. B., (2009). *Mental health and emerging adulthood among homeless young people*. Psychology Press.
- Whitbeck, L.B., Adams, G. W., Hoyt, D. R., & Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian People. *American Journal of Community Psychology*, 33(3-4), 119-130. doi: 10.1023/b:ajcp.0000027000.77357.31.
- Williams-Washington, K. N., & Mills, C. P. (2018). African American historical trauma: Creating an inclusive measure. *Journal of Multicultural Counseling & Development* 46(4), 246-263.
<https://doi.org/10.1002/jmcd.12113>
- Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 17(3), 243–257. <https://doi.org/10.1002/wps.20568>

About the Authors

Geraldine Palmer earned her Ph.D. in Community Psychology from National Louis University, Chicago, IL and is currently an Assistant Professor at Adler University, Chicago, IL in the Department of Psychology and is the co-founder of Community Wellness Institute.

Todd Rogers earned his Master's in Industrial Psychology from Adler University, Chicago, IL. His background include project management with an emphasis on systems development, cross functional coordination, change management, training development and event coordination.

Nathaniel Wilkins earned his PsyD. from Adler University, Chicago, IL. He is currently serving as a Postdoctoral Clinical Psychology Assistant at Renown Behavior Health in Reno, Nevada.

Corresponding Author's Address ^[TOP]

17 North Dearborn Street

Chicago, IL 60602

Email: gpalmer@adler.edu