



njcoalition
against sexual assault

UNDERSTANDING TRAUMA
A Guide for Practitioners

NEW JERSEY COALITION AGAINST SEXUAL ASSAULT

INTRODUCTION

UNDERSTANDING TRAUMA

About this Toolkit

Understanding Trauma: A Guide for Practitioners was created for advocates, clinicians, and others working directly with survivors of sexual violence. It is crucial for those working with survivors to understand the nuances of how trauma manifests, how it can impact survivors through the lifespan, and the ways it can intersect with presenting issues and lived experiences. Having a robust understanding of trauma in its many forms can increase our overall capacity to effectively support all survivors.

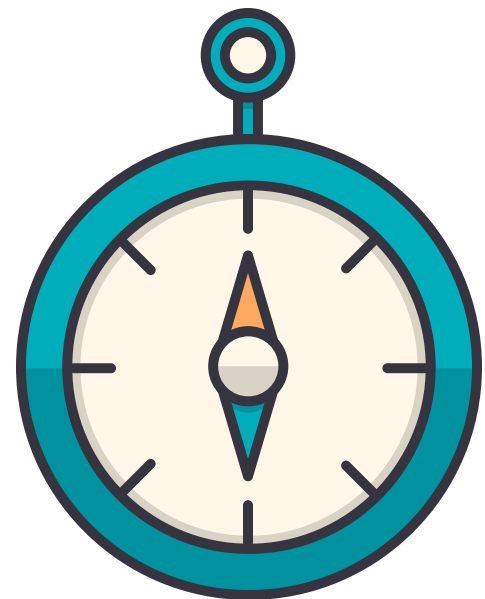
What's available?

This toolkit is divided into four sections:

- Trauma 101
- Neurobiology of Trauma
- Adverse Childhood Experiences (ACEs)
- Community and Historical Trauma

Each section includes:

- An in-depth look at the topic
- Key takeaways
- An accompanying webinar



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The New Jersey Coalition Against Sexual Assault (NJCASA) is the statewide organization representing 21 county-based rape crisis centers and Rutgers University New Brunswick Office for Violence Prevention and Victim Assistance. NJCASA elevates the voice of survivors and service providers through advocacy, training, and support for efforts to create safer communities for all.



TRAUMA 101

UNDERSTANDING TRAUMA

What is trauma?

The term “trauma” can have different definitions depending upon the context in which it is used. In the context of sexual violence, trauma can occur “from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”¹

Survivors of sexual violence often experience short- and long-term effects after their experience. It’s important to note that survivors do not all respond in the same way. What may have been traumatic for one person may not affect another person in the same way. While there may be some commonalities, a survivor’s response is as unique as their experience. Understanding the full breadth of responses a survivor may experience can help inform our advocacy and approach each survivor with compassion and empathy.

Short-Term Responses

Immediately after an experience, a survivor may respond in several different ways. Some psychological responses immediately after experiencing sexual violence may include:

- Shock
- Fear
- Withdrawal
- Confusion
- Distrust of others
- Shame and/or guilt
- Anxiety

Additionally, survivors may start to immediately experience symptoms of post-traumatic stress disorder (PTSD). This can look like emotional detachment, disturbances in sleep, involuntary flashbacks to the experience, or mentally replaying the incident.²

¹ Substance Abuse and Mental Health Services Administration National Registry of Evidence-based Programs and Practices. (2016). Behind the Term: Trauma. Retrieved from https://nrepp.samhsa.gov/Docs/Literatures/Behind_the_Term_Trauma.pdf

² Centers for Disease Control and Prevention. (2018). Sexual Violence: Consequences. Retrieved from <https://www.cdc.gov/violenceprevention/sexualviolence/consequences.html>

Long-Term Consequences

Sexual violence can impact a survivor in the long-term and can show up as a physical, psychological, and/or social response. Psychologically, a survivor may experience:

- PTSD
- Depression
- Suicidal ideation
- Anxiety
- Diminished interest in sex
- Self-blame

Survivors may experience physical responses that are not a direct result of injury from the physically violent experience. Rather, the physical responses a survivor may face can be manifestations from the stress and trauma in the aftermath:

- Chronic pain
- Genital injuries
- Cervical cancer
- Pregnancy
- Gastrointestinal disorders
- Sexually transmitted infections or diseases
- Gynecological complications
- Migraines and/or other frequent headaches

Survivors can also experience an impact on their social life. This can include:

- Isolation from family, friends, loved ones, and others
- Emotional detachment from loved ones
- Strained relationships with family, friends, intimate partners, and others
- Decreased contact with loved ones
- Less emotional support from loved ones

Some survivors may experience additional or other responses that are not listed, however that does not make the impact of the trauma any less real. Each person's response and coping mechanisms to a traumatic event are unique and valid.³

³Centers for Disease Control and Prevention, 2018.



Coping Responses

Survivors may cope with the trauma in a wide range of ways. Some of these coping behaviors may serve as an attempt to numb the emotions and feelings of the responses to trauma and/or regain a sense of control over their body. This can manifest as:

- Drug and alcohol abuse
- Avoidance of sex or an increase in sexual activity*
- Eating disorders
- Criminal behavior
- Avoiding safety measures (such as not wearing a seat belt while driving)

These reactions to trauma are not always identified as being related to trauma exposure. As overt manifestations, these reactions are often seen as a primary issue to be addressed through other forms of intervention (i.e. drug/alcohol treatment, criminal justice involvement, etc.). This can delay or inhibit a survivor from identifying and being able to address the underlying root of these concerns – the traumatic event.⁴

*** Some survivors may experience a decreased interest in sexual activity, while others may increase their sexual activity and/or partners as a way to feel in control of their body and boundaries, and make decisions about who is and isn't allowed to touch their body.**

Triggers

Due to the long-term impact a sexually violent experience may have on a survivor, some experience triggers that bring back unwanted memories and emotions and can cause them to have an involuntary reaction. A trigger is a stimulus that is directly connected to a person's traumatic experience. For example, if a survivor heard a particular song during their experience, hearing that song again can bring up memories and emotions of the event. While triggers are unique and specific to each survivor, some common triggers have been identified:

- Songs
- Loud or abrupt noises
- Aggressive behavior
- Bright lights OR darkness
- Small spaces
- Requests to repeat their story
- Victim blaming/not being believed
- Anniversary of the experience
- Tone of voice
- Scents or odors

Just as survivors experience a wide range of responses to the trauma, triggers are just as unique and specified. They can include many, one, or none of the common triggers, and/or have a specific trigger that is not listed.

⁴ Centers for Disease Control and Prevention, 2018.

Additionally, responses to triggers are unique to the survivor as well and may not be outwardly noticeable that someone is having a trauma-related response. When a trigger is activated, it can span the range of emotional, physical, behavior, and cognitive responses. The survivor may experience:⁵

- Fear
- Anxiety
- Restlessness
- Unresponsiveness
- Forgetfulness
- Inability to focus and concentrate
- Feelings of lightheadedness
- Idling of breath
- Headaches
- Nausea
- Sweating
- Trembling
- Increased heart rate and/or breathing
- Crying
- Anger and/or argumentative behavior

Triggers and their responses are not voluntary but can help be managed through counseling or therapy.

⁵ Safe Place. Triggers and Dissociation. Retrieved from https://safesupportivelearning.ed.gov/sites/default/files/09_NCSSLE%20SafePlace_Handout_Triggers.pdf

KEY TAKEAWAYS

- **Trauma** is an event or series of events that adversely impact a person's ability to move comfortably in day-to-day life and their mental, physical, social, emotional, or spiritual well-being.
- Survivors of sexual violence experience short- and long-term effects that impact their physical, mental, social, spiritual, and emotional well-being.
- Trauma responses, including coping mechanisms and triggers, are unique to each survivor; there is not a one-size-fits-all response.
- **Triggers** are stimuli that are directly connected to a person's traumatic experience and can result in involuntary flashbacks of the experience. (Example: If a survivor hears a particular song during their experience, hearing that song again can bring up memories and emotions of the event.) It is not always obvious that a person has been triggered.
- Reactions to trauma are not always identified as a link to the trauma (such as drug and alcohol abuse).

NEUROBIOLOGY OF TRAUMA

UNDERSTANDING TRAUMA

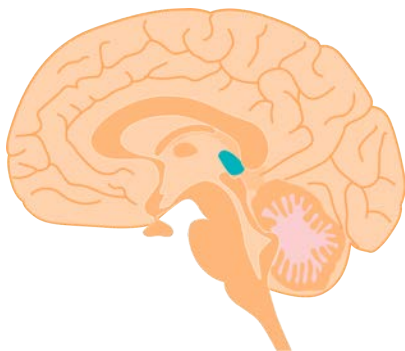
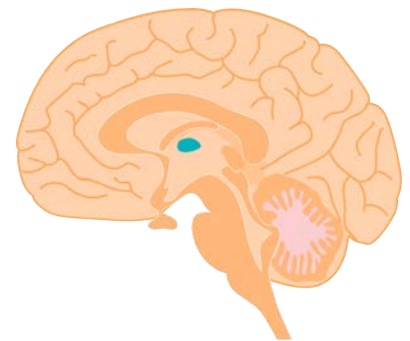
Trauma has a long-lasting impact on survivors of sexual violence. In our advocacy for survivors, we should continue to strive for trauma-informed practices. Understanding the neurobiology associated with trauma can provide us with deeper insight into the physical and technical manifestations of a traumatic incident on the brain.

The Brain

Before diving into the specifics of how the brain reacts during and after a traumatic experience, we must understand specific areas of the brain and how they function. This baseline knowledge will help build a deeper understanding for how exposure to trauma impacts a person's memory, behavior, and decision-making processes. Without this knowledge, it is common for these reactions to be misinterpreted and responded to in ways that could further harm the survivor.

AMYGDALA

When the brain senses a dangerous situation, the amygdala is the first to notice. The primary responsibility of the amygdala is to emotionally process events. It works with the **hippocampus** to attach emotions to the memories being processed.

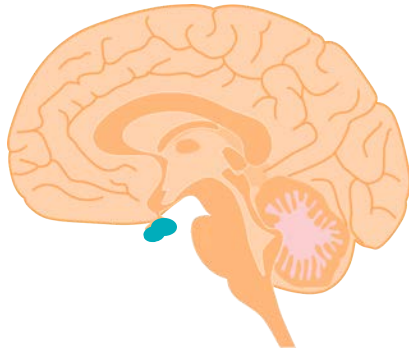
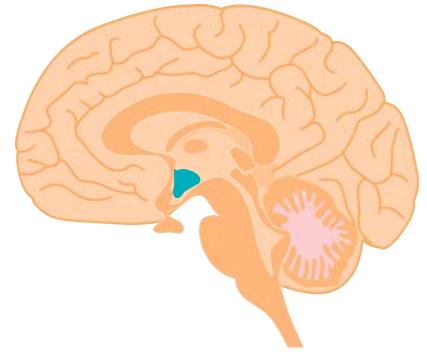


HIPPOCAMPUS

The hippocampus is responsible for processing the available information and developing the information into memories. To do this, the hippocampus picks up all of the available sensory details and categorizes them into the appropriate area of the brain to be stored for future reference.

HYPOTHALAMUS

The primary purpose of the hypothalamus is to communicate to other structures in the brain and the body. It delivers messages to these other structures to dictate what needs to happen. One of the areas the hypothalamus contacts during a traumatic event is the **pituitary gland**.



PITUITARY GLAND

During a traumatic event, the pituitary gland controls the adrenals in the body. The hypothalamus tells the pituitary gland that something is occurring and the body needs to handle it. At that point, the pituitary gland sends the signal to the adrenals to release specific hormones that help the body deal with the traumatic incident.

Hormones

As mentioned, the pituitary gland is responsible for signaling to the adrenals to release hormones that assist the body in dealing with the traumatic event.

CATECHOLAMINES

Catecholamines is a fancier word for adrenaline. This hormone is released in the event that the body is going to “fight” or “flee” the traumatic situation.

ENDORPHINS

Endorphins are the body’s natural morphine. During a traumatic experience, endorphins are released to help deal with any physical and emotional pain that may be occurring.

CORTISOL

This hormone assesses the amount of energy the body has available to fight or flee the situation.

OXYTOCIN

In addition to endorphins, oxytocin is released alongside the body’s natural morphine to assist with managing the emotional pain of the situation. Oxytocin’s primary responsibility is to increase positive emotions and feelings.

The Brain During Trauma

During a traumatic event, the amygdala is the first to sense a threat. It sends a signal to the hypothalamus that something dangerous is occurring, which then notifies the pituitary gland of the occurrence. At that point, the pituitary gland triggers the adrenals to release hormones that help the body cope with what is happening.



Tonic immobility, or the "freeze" reaction, is a third outcome in the "fight or flight" response.

Catecholamines (adrenaline) and endorphins (natural morphine) are released at very high levels, while cortisol levels decrease. These high levels of hormones impair the brain's ability to think rationally, which explains why someone may not respond in what is commonly thought as "rational," such as fighting or fleeing the situation. The low levels of cortisol contribute to the body's lack of accessible energy. The combination of these hormone levels result in **tonic immobility**, or a "freeze" reaction, instead of fight or flee.

Immediately after the traumatic experience, the survivor may be emotionless, flat, and not responsive due to the high levels of endorphins released. This can be confusing for those interacting with the survivor after the incident because the survivor may not be visibly upset. In addition to being emotionless or flat, survivors may present with other emotions and reactions such as anger and laughter as a result of the increased hormone levels.

The Brain After Trauma

In addition to the physical responses that can be observed, a traumatic event can also affect the brain in the short-term and long-term. The increased level of hormones affects the brain's ability to think rationally, but also impairs the way the hippocampus stores information. Instead of its usual organized categorization, the memories are developed and stored in other random areas of the brain and are not as accessible as memories that are processed without trauma. This explains why it may be difficult for a survivor to identify details in sequential order when recounting the experience. The survivor may remember seeing an orange chair, but cannot remember larger details that could be helpful for an investigation.

In the long-term, a survivor may experience heightened amygdala sensitivity in day-to-day life. The amygdala becomes more focused on survival and self-protection. It wants to ensure the body can recognize when another threat might be present. Because the brain attaches the emotions of the trauma to the memories that are processed and stored, a survivor may react to certain stimuli as a potential threat, thereby signaling to the rest of the brain and body to react as such. This can explain why a survivor may be involuntarily triggered by hearing a song that was playing during the traumatic event.

Reference - Campbell, Rebecca. (2012). "The Neurobiology of Sexual Assault" (National Institute of Justice – Presentation). Retrieved from <https://nij.gov/multimedia/presenter/presenter-campbell/Pages/welcome.aspx>

KEY TAKEAWAYS

- The way in which the brain responds during a traumatic response is **not voluntary**.
- **Freeze** is a third potential reaction in the fight or flight response. This response can often be overlooked.
- Immediately after a traumatic experience, the survivor's affect may be flat, emotionless, unresponsive, or experience reactions such as anger or laughter, or a combination of these emotions. These reactions are caused from the high levels of hormones released during the traumatic experience and are not voluntary.
- Memories are not stored in the correct parts of the brain during a traumatic event, which can cause the survivor to **have trouble recalling all details** of the experience in sequential order. Details may be recalled days, weeks, months, or even years after the event. This can cause confusion with law enforcement and other systems trying to work with the survivor. It can also contribute to a delay in reporting or seeking support services.
- After a traumatic experience, the brain can become more sensitive and focused on survival and self-protection. When triggered, this can cause **involuntary reactions** from the survivor such as sweating, trembling, anger or argumentative behavior, unresponsiveness, and more. (See: Trauma 101 - Triggers)



ADVERSE CHILDHOOD EXPERIENCES

UNDERSTANDING TRAUMA

Understanding the impact trauma has upon an individual requires an understanding of how childhood experiences impact a person across the lifespan. Experiences early in life, both positive and negative, can shape how a child develops and grows, and impact their quality of life in adulthood. It is estimated that approximately one in four children experience abuse or neglect at some point in their life.¹ Adverse Childhood Experiences (ACEs) have been linked to chronic health conditions, early death, and increased criminal activity, among other outcomes.²

History of the Study

Between 1995 through 1997, the Centers for Disease Control and Prevention (CDC) partnered with Kaiser Permanente, a health management organization in California, to study the adulthood outcomes of early childhood experiences. The project surveyed over 17,000 adults on their current mental, physical, and emotional wellbeing as well as their experiences during childhood.

The study concentrated on three areas of ACEs:

- Childhood abuse (including emotional, physical, and sexual abuse)
- Neglect (including physical and emotional neglect)
- Household challenges (including growing up in a household where there was mental illness, substance abuse, violence against mother or stepmother, parental separation/divorce, or has a person in the household go to prison)

Participants received an ACE score between 0 and 10 depending upon their responses. The higher the number, the more ACEs a person experienced.

¹ Finkelhor D, Turner HA, Shattuck A, Hamby SL. Prevalence of childhood exposure to violence, crime, and abuse: Results from the National Survey of Children's Exposure to Violence. *JAMA Pediatr.* 2015;169(8), 746-754.

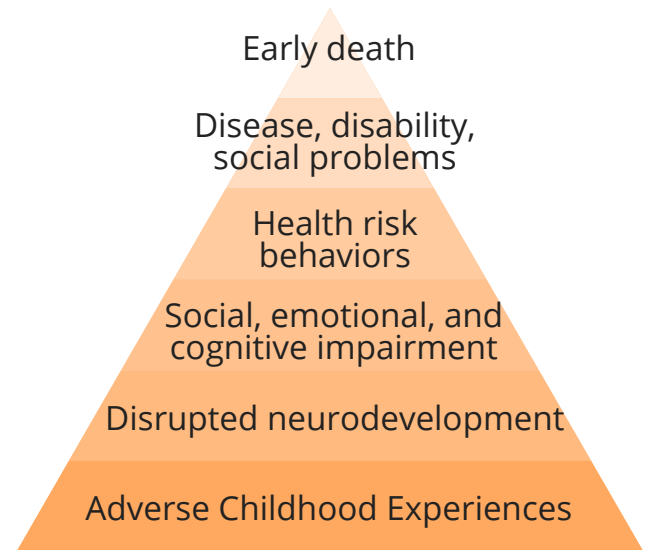
² Child Welfare Information Gateway. (2013). Long-term consequences of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.

Since the initial study, states across the country have been collecting additional information on ACEs through the Behavioral Risk Factors Surveillance System (BRFSS), an annual, state-based randomized telephone survey that collects data from non-institutionalized adults on their current health conditions.³

Outcomes

Child abuse and neglect impacts the health and well-being of the individual, but also the health of the community at large.

The ACE pyramid is a conceptual diagram used during the ACE studies. The pyramid is a visual example of how negative experiences in childhood can lead to risk factors for other health issues later in life. The more ACEs a child experiences, the higher the likelihood that the child will develop and experience negative outcomes, including social, emotional, and cognitive impairment, harmful coping skills (health risk behaviors), disease and chronic health conditions, social issues, and early death.



The estimated economic cost associated with child maltreatment is higher than the cost of the top two health concerns: stroke and type 2 diabetes.⁴

³ Centers for Disease Control and Prevention. (2018). About the CDC-Kaiser ACE Study. Retrieved from <https://www.cdc.gov/violenceprevention/acestudy/about.html>

⁴ Child Welfare Information Gateway. (2013).



Outcomes of ACEs can show up in many ways throughout the lifetime. Each response is unique to the person. These responses may not be directly connected to an injury from a physically violent experience. Rather, the responses a child may face throughout their lifetime can be manifestations from the stress and trauma.

PHYSICAL

- Impaired brain functioning (may affect cognitive, visual, motor, and language abilities)
- Heart disease
- Cancer
- Liver disease
- High blood pressure

PSYCHOLOGICAL

- Depression
- Anxiety
- Suicidal ideation
- Eating disorders
- PTSD
- Conduct disorders
- Difficulty learning and being attentive
- Memory difficulties

BEHAVIORAL

- Alcohol and drug abuse
- Smoking
- Lower academic achievement and not finishing high school
- Criminal behavior
- Violent crime
- Abusive behavior
- Unplanned pregnancy
- Difficulty establishing and maintaining healthy relationships

Some of these overt reactions may not be identified as being related to ACEs. Someone may seek support for drug addiction without addressing the underlying trauma that may be contributing to their addiction. This can hinder healing and reduce the effectiveness of treatment.⁵

Child abuse and neglect also has a negative impact on public health. The estimated lifetime cost of nonfatal child abuse and neglect per victim is \$210,012. This includes the costs of childhood healthcare, adult medical care, special education, criminal justice services, child welfare services, and loss of productivity.⁶

⁵ Finkelstein N, VandeMark N, Fallot R, Brown V, Cadiz S, Heckman J. Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment. National Trauma Consortium. June 2004. Retrieved from <https://www.samhsa.gov/sites/default/files/wcdvs-article.pdf>

⁶ Fang X, Brown DS, Florence CS, Mercy JA. The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse Negl. 2012;36(2), 156–165.

The findings of the ACE study demonstrate the importance for practitioners in a variety of sectors and disciplines to have a comprehensive understanding of the impact of trauma in order to effectively address an individual's presenting concerns. For example, an individual entering addiction treatment, psychiatric services, cardiac care, etc. will likely benefit from being assessed for how trauma may be affecting their overall well-being. By addressing ACEs, we can contribute to the overall wellness of the community.

KEY TAKEAWAYS

- Adverse Childhood Experiences (ACEs) negatively impact health and wellbeing in adulthood.
- The risk of experiencing negative health impacts increases with the number of ACEs to which a child exposed.
- Overt reactions to ACEs, such as drug and alcohol addiction, high blood pressure, impaired brain functioning, conduct disorders, criminal behavior, etc. may not always be identified as directly linked to the ACE(s).
- Reactions and outcomes are unique to each person.
- ACEs have a negative impact on individual health and the overall health and wellness of a community.
- Evaluating for an individual's exposure to ACE's enhances overall healthcare practice, and allows for a comprehensive understanding of a person's well-being.



COMMUNITY & HISTORICAL TRAUMA

UNDERSTANDING TRAUMA

Many discussions about trauma focus on the experiences of an individual and how it manifests in each person. However, in order to effectively address trauma and support survivors, it is important to acknowledge the trauma experienced at a community level.

The combination of individual and community trauma manifests in unique and complex ways which can impact healing and the ability to support a survivor. Children who experience exposure to multiple forms of violence and crime simultaneously and/or throughout their lifetime (poly-victimization) are more likely to suffer from what is known as 'complex trauma'. This can result in anxiety, hyper-arousal, aggression, and mental illness.¹ Understanding historical and community trauma enhances the capacity to serve all survivors and provide comprehensive, trauma-informed services.

What is historical and community trauma?

HISTORICAL AND TRANS-GENERATIONAL TRAUMA

One of the ways in which trauma can impact whole communities is when events and experiences have negatively impacted a collective group of people over a period of time. Such negative impacts have even been shown to be transferred to future generations within the group.²

Some examples of historical trauma include (but are not limited to):

- Planned violence or segregation, such as genocide, massacres, or mass imprisonment
- Mass enslavement of a specific group of people
- Preventing a group's ability to practice their cultural or spiritual beliefs through forced assimilation
- Harmful environmental decisions that impact the geographical area of a specific group of people

¹ Finkelhor D, Turner H, Hambsy S, & Ormrod R. (2011, October). Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. National Survey of Children's Exposure to Violence.

² University of Minnesota Extension Children, Youth, & Family Consortium. (2010, October). Historical Trauma and Microaggressions: A Framework for Culturally-Based Practice (C. Michaels MPH, Ed.). University of Minnesota, St Paul.

COMMUNITY TRAUMA

Community trauma refers to the adverse experiences of whole communities which results in widespread trauma across the group.³

Community and historical trauma are unique experiences, but they can also be related to one another. While historical trauma can often result in community trauma, it is not necessarily a precursor for all manifestations of community trauma.

Supporting survivors must include an understanding community and historical trauma in order to effectively support each survivor's unique needs and intersections of trauma.

For example, events that cause historical trauma can lead to community trauma due to lack of government support with the physical environment and economic opportunity, erasure of the community's cultural practices resulting in low social cohesion, high levels of individual chronic stress, and more. However, community trauma can exist on its own without historical context.

There are many intersecting components that impact the overall trauma of a community: the physical environment (buildings, sidewalks, streets, etc.), the socio-cultural environment (the people), and the available economic and educational opportunities in the community.⁴

PHYSICAL ENVIRONMENT

- Exposure to pollutants such as lead, asbestos, contaminated drinking water, etc.
- Dilapidated and unsafe buildings
- Deteriorated roads
- Limited or lack of public transportation
- Easy accessibility to harmful products such as alcohol and drugs

SOCIO-CULTURAL ENVIRONMENT

- High population of individuals suffering from individual trauma
- Damaged social relations within families (i.e. related to higher rates of incarceration)
- Low levels of social cohesion and connectedness
- Harmful social norms that promote/normalize violence and other unhealthy behaviors
- Low levels of collective political and social access and efficacy

AVAILABLE OPPORTUNITIES

- Relocation of jobs and businesses
- Low accessibility to income and employment
- Little to no government support
- Intergenerational poverty
- Little to no investment in or support for education

³ Pinderhughes H, Davis R, Williams M. (2015) Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma. Prevention Institute, Oakland CA.

⁴ Pinderhughes H, et al. (2015).

When community trauma intersects with a survivor's individual trauma, healing processes can prove difficult. It is important for the practitioner to appreciate the role of community trauma. The research on addressing community and historical trauma on an individual level is limited. However advocates, clinicians, and other direct service providers should be mindful of these intersections while supporting survivors who are experiencing multiple forms of trauma simultaneously.



THE ROLE OF OPPRESSION

Historically marginalized communities are disproportionately affected by trauma on the community level. Systemic oppression often forces the oppressed communities into areas where resources are scarce, the physical location is damaged and not maintained, and pushes the members to assimilate to the dominant culture.

We know that supporting survivors individually must come from an anti-oppression framework. Understanding community trauma as a manifestation of oppression is crucial for ensuring all survivors are supported.

Addressing and Preventing Community Trauma

The emerging trends and strategies to address and prevent community trauma are based on the expertise, knowledge, and leadership of Indigenous peoples.⁵ As advocates, we can support the existing efforts to address community trauma while also being mindful of the intersections that affect survivors. Just as individuals have resilience and can heal from traumatic experiences, communities can tap into their own resilience and strengths to promote community-wide healing.⁶

PHYSICAL ENVIRONMENT

- Reclaim and improve existing public spaces that reflect the community's culture
- Increase availability of public transportation
- Fix and rebuild damaged buildings, housing, and roads

AVAILABLE OPPORTUNITIES

- Increase opportunities for education and employment
- Strengthen job training
- Ensure employees are paid a livable wage
- Invest in restorative justice policies that promote conflict resolution
- Increase community resources
- Support and invest in existing businesses

SOCIO-CULTURAL ENVIRONMENT

- Rebuild family relationships
- Strengthen and promote pro-social norms that encourage healthy behaviors
- Organize and support regular, healthy community activity
- Revitalize damaged social networks
- Change the narrative about the community and its people
- Rebuild and support connections to cultural identity

Addressing and preventing community trauma must be done alongside anti-oppression work.

⁵ Pinderhughes H, et al. (2015).

⁶ Pinderhughes H, et al. (2015).



KEY TAKEAWAYS

- **Historical trauma** refers to traumatic events and experiences that have negatively impacted a collective group of people and are transferred to future generations.
- **Community trauma** refers to the adverse experiences of whole communities which results in widespread trauma across the group.
- While historical trauma often results in community trauma, it is not necessarily a precursor for all manifestations of community trauma.
- Community and historical trauma are inherently linked with oppression and power imbalances, which reinforces the need for an anti-oppression framework for our advocacy.
- Community trauma manifests when the physical environment, the social environment, and the available economic opportunities are negatively impacted.
- Some symptoms of community trauma include low social cohesion, dilapidated buildings, low accessibility to education and employment, minimal availability of public transportation, lack of support services, and harmful social norms that support violence, among others.
- When individual trauma and community trauma intersect, it can create an added barrier to healing.
- Historical and community trauma can be addressed and prevented. Communities can tap into their resilience and strengths to promote community-wide healing.
- Community trauma can be addressed by rebuilding social networks; improving buildings, housing, and roads; changing the narrative about the community and its people; increasing opportunities for employment that pay livable wages; increasing availability of public transportation; promoting pro-social norms that mitigate harmful norms; and more.