



# Trauma

## What is Historical Trauma?

Historical trauma is multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans. While many in such a group will experience no effects of the historical trauma, others may experience poor overall physical and behavioral health, including low self-esteem, depression, self-destructive behavior, marked propensity for violent or aggressive behavior, substance misuse and addiction, and high rates of suicide and cardiovascular disease. Acute problems of domestic violence or alcohol misuse that are not directly linked to historical trauma may be exacerbated by living in a community with unaddressed grief and behavioral health needs. Parents' experience of trauma may disrupt typical parenting skills and contribute to behavior problems in children. Compounding this familial or intergenerational trauma, historical trauma often involves the additional challenge of a damaged cultural identity (Sotero, 2006).

Clinical social workers first described historical trauma among descendants of the Holocaust and the children of Japanese Americans interned during World War II (Barocas and Barocas, 1979, Nagata et al 1999). The children and grandchildren of survivors commonly experience attachment issues and isolation by their parents (Danieli, 1980). Considerable work has also been done with communities of Native Americans, who experienced repeated massacres and the forced removal of children to federal and mission boarding and day schools (Brave Heart, 2003). From her work with tribal communities, clinician and researcher Maria Yellow Horse Brave Heart describes historical trauma as the "cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma experience." Similarly, African Americans experienced generations of slavery, segregation, and institutionalized racism that has contributed to physical, psychological, and spiritual trauma (DeGruy, 2005). For members of any of these communities, daily reminders of racial discrimination can exacerbate individual responses to trauma. An understudied group who has experienced historical trauma is the disability community. In the recent past, people with disabilities have been subjected to biases and misrepresentations about their capabilities and lived experiences (Miller and Levine, 2013). Attempts to eradicate people with disabilities have included eugenics campaigns, compulsory sterilization, forced psychiatric treatment, and the institutionalization of people with intellectual disabilities.

## Why the Concept of Historical Trauma is Important for Human Services Agencies

Human services programs are provided to a wide range of individuals including members of groups who may experience historical trauma. By being mindful of unresolved grief and distrust of majority groups or government programs, human service providers can more readily deliver programs to reduce family stress, child abuse and neglect, substance misuse, mental health challenges, and domestic violence. Human services providers and staff can better understand present day reactions to events in the context of individual trauma narratives. Because trauma-related events have occurred in the context of service provision, it is also important to be mindful of a potential lack of trust in government-funded services, in research, and in health and mental health care. To build trust, providers can be respectful, cognizant of different reactions to traumatic events within communities, and focus on community strengths and resilience. With the understanding that all communities are unique with distinct cultural norms and belief systems, human services personnel are in a good position to support to members of the community with whom they are working.

## Relevant Interventions and Approaches

Research is still emerging on the effectiveness of treatment methods for individuals experiencing historical trauma. Treatment approaches are grounded in traditional healing methods and ceremonial practices of communities. For example, Dr. Brave Heart has developed psychoeducational group interventions delivered at geographic locations that are sacred to members of tribal communities that involve ceremonies reinforcing cultural identity. Although even top researchers in this field acknowledge the literature about historical trauma is controversial, there is an important emphasis on the healing process, and overcoming the barriers to resolving grief.

## Key Concepts

- Historical trauma is intergenerational trauma experienced by a specific cultural group that has a history of being systematically oppressed.
- Current lifespan trauma, superimposed upon a traumatic ancestral past creates additional adversity.
- Historical trauma can have an impact on psychological and physical health.
- Historical trauma is cumulative and reverberates across generations. Descendants who have not directly experienced a traumatic event can exhibit the signs and symptoms of trauma, such as depression, fixation on trauma, low self-esteem, anger, and self-destructive behavior.
- People coming into systems of services and support from communities who have been subjected to historical trauma may believe the systems do not support them. They may experience triggers that are re-traumatizing.
- Human services providers working with members of underserved cultural groups can help by gaining a fuller understanding of clients' historical and community context. Providers can also seek and build alliances with local, respected individuals such as pastors and community leaders.
- Providers should recognize that cultural, racial, and ethnic groups are heterogeneous, and not every member of a group has the same response to a current or past traumatic event.
- It is helpful to be open to traditional ways of healing and acknowledge community resilience.

## Resources for Further Learning

- US Department of Health and Human Services, Substance Abuse and Mental Health Administration (2014). *Tips for Disaster Responders: Understanding Historical Trauma when Responding to an Event in Indian Country* [↗](#)
- The National Child Traumatic Stress Network (2013). *Conversations about Historical Trauma*
  - *Conversations about Historical Trauma: Part One* [↗](#)
  - *Conversations about Historical Trauma: Part Two* [↗](#)
  - *Conversations about Historical Trauma: Part Three* [↗](#)
- Indian Health Service (2013). *Historical Trauma Series* [↗](#)
- Michaels, C. (2010). *Historical Trauma and Microaggressions: A Framework for Culturally-Based Practice* [↗](#)
- Georgetown University Center for Child and Human Development's National Technical Assistance Center for Children's Mental Health: *Trauma-informed Care Perspectives and Resources* [↗](#)

## References

- Miller, P.S. & Levine, R.L. (2013). *Avoiding Genetic Genocide: Understanding Good Intentions and Eugenics in the Complex Dialogue Between the Medical and Disabilities Communities*. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3566260/> [↗](#)
- Maria Yellow Horse Brave Heart (2003). "The historical trauma response among natives and its relationship to substance abuse: A Lakota illustration." *Journal of Psychoactive Drugs* [↗](#) 35(1)
- Barocas, H., & Barocas, C. (1979). Wounds of the fathers: the next generation of Holocaust victims. *International Review of Psycho-Analysis*, 5, 331-341
- Danieli, Y. (1980). Families of survivors of the Nazi Holocaust: Some long- and some short-term effects. In Milgram, N. (Ed.), *Psychological Stress and Adjustment in Time of War and Peace*. Washington, DC: Hemisphere Publishing Corps.
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- Nagata, D. Trierweiler, S. & Talbot, R. (1999). Long-term effects of internment during early childhood in third generation Japanese Americans. *American Journal of Orthopsychiatry*, 69(1), 19-29.
- Sotero, MM (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.

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