

Education

Unearthing Historical Trauma to Advance Health Equity for Survivors of Human Trafficking

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Abstract

Description

In the last decade, the public health field has grown a strong interest in responding to issues related to human trafficking. This specific concentration in healthcare has made efforts to ensure this work includes culturally appropriate tools to serve patients. While curricula to guide health professionals in areas such as cultural competency, cultural responsiveness, or cultural humility exist, historical trauma is not often integrated in the understanding of health outcomes for patients experiencing human trafficking. This paper asserts that advancing health equity for these patients necessitates a deeper historical perspective.

Keywords

historical trauma; indigenous peoples; culturally responsive care; human trafficking; human trafficking/ethnology; health equity; trauma-informed care; cultural humility

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Introduction

"Beloved community is formed not by the eradication of difference but by its affirmation, by each of us claiming the identities and cultural legacies that shape who we are and how we live in the world."

~bell hooks, *Killing Rage: Ending Racism*

As healthcare systems continue to develop tools to serve trafficked populations, there is growing acknowledgment that culturally appropriate policies and procedures are inherent components of equitable patient care. Strategies to cultivate a health equity approach often include ongoing organizational discussions on concepts such as cultural competency, cultural responsiveness, or cultural humility. Unfortunately, for many organizations, this translates to education for healthcare staff limited to specific topics, such as language access. While this topic is important, it isn't enough. Advancing health equity necessitates a deeper histor-

ical perspective. Educators must address how historical trauma affects the health outcomes of patients, especially those who are marginalized. Not only will this improve patient care for all, but particularly for those who are most vulnerable to abuse, neglect, and violence, including human trafficking.

Supporting patients who are affected by human trafficking requires critical education that problematizes the formation of social inequalities and the marginalization of peoples. If a health professional understands that social disparities are both socially constructed and ongoing consequences of historical factors—colonization, slavery, or war, for example—this creates an opportunity to empathize with patients on a deeper level. Considering the intersections of cultural histories and individual experiences of violence is imperative to designing patient care plans that anticipate culturally specific needs. This consideration is also crucial in recognizing barriers patients face in fleeing violence, seeking treatment, linkages to supportive services, and healing.

To explore connections between historical trauma and human trafficking, this paper offers an invitation to contemplate three introductory questions. First, what are the origins of historical trauma studies, and how does this field apply to contemporary discussions on human trafficking issues in the United States? Second, how do consequences of historical trauma perpetuate inequalities in communities at risk for human trafficking? Finally, how might uncovering wounds from historical trauma through the approach of healing-centered engagement improve healing for trafficking survivors? As a precursor to assessing patients' needs, these three inquiries encourage health professionals to understand the current state of human trafficking, and situate what they witness in healthcare settings in a global historical context.

Historical Trauma Studies and Contemporary Discussions on Human Trafficking

The focus of this section is narrowed to look selectively at the origins of historical trauma studies and contemplate how they apply to contemporary topics surrounding human trafficking issues in the United States. Before engaging in this endeavor, it is crucial to define historical trauma.

When discussing the concept of historical trauma, it must first be understood that current definitions of trauma, traumatic stress, and trauma treatment are conceptualized through a European lens.¹ Cultural knowledge within communities of color, however, reaches beyond Western ideologies. To make sense of collective trauma experienced by marginalized groups, and to apply cultural considerations to patient care, requires a perspective that is culturally humble. With this acknowledgment that trauma interventions have generally been studied and practiced through Eurocentric understandings of the world, we can begin the work of reformulating knowledge structures to be more inclusive of cultural wisdom birthed within communities of color. To help inspire this reformulation, Teresa Evans-Campbell, a social work scholar and one of the earlier subject matter experts on historical trauma and indigenous populations, summarizes the idea of historical trauma as:

"a collective complex trauma inflicted on a group of people who share a specific group identity or affiliation—ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events."²

Evans-Campbell's theorizing of historical trauma provided space for the development of concepts such as cultural trauma, racial trauma, and other historicized analyses of the psychological harms of oppression.

Building on scholarship in the 1960s seeking to understand the traumatic experiences of Holocaust survivors, a wave of literature on historical trauma emerged in the 1990s as a response to the high rates of mortality, violence, and abuse among American Indian communities. Scholars Maria Yellow Horse Brave Heart and Lemyra M. DeBruyn, for example, led the way in coining the phrase *historical unresolved grief*:

"We suggest these social ills are primarily the product of a legacy of chronic trauma and unresolved grief across generations. It is proposed that this phenomenon, which we label historical unresolved grief, contributes to the current social pathology, originating from the loss of lives, land, and vital aspects of Native culture promulgated by the European conquest of the Americas."³

While much of this wave of literature in the 1990s concentrated on American Indian and Native Alaskan communities, discussions investigating intergenerational traumatology also spurred reflections on other marginalized groups. Several works, for example, were published to demonstrate the intergenerational effects of Japanese internment and analyzed cases of post-traumatic stress among Southeast Asian refugees settled in the United States.^{4,5}

Professionals currently in the counter-trafficking field may relate to these earlier works in historical trauma studies that brought concerns of violence within American Indian

communities to the forefront. In recent years, the urgency to respond to the sex trafficking of women and girls in North American Indigenous communities has intensified.⁶⁻⁸ While human trafficking encompasses the issues of both labor and sexual exploitation, much of the mainstream narrative focuses on sex trafficking and concludes that it disproportionately impacts women and girls of color.^{9,10}

Given that communities of color, including Indigenous communities, experience human trafficking at such an alarming rate, we must place contemporary discussions on trafficking and advocacy for survivors in the larger scope of historical trauma. By historicizing collective experiences of human trafficking among communities of color, we chip away at the roots of vulnerabilities and conditions that are responsible in the creation of trafficking situations. Histories of colonization, systemic racism, homophobia, and other social problems have all contributed to the landscape of violence, disparity, and exclusion witnessed today. These historical factors continue to shape systems and policies that maintain inequalities and perpetuate cycles of violence.

Taking from the works of Evans-Campbell, Brave Heart, and DeBruyn, what we see unfolding in the present day is deeply connected to the past. Social inequalities are consequences of collective traumatic experiences and have rendered communities of color especially at risk for human trafficking. To more accurately assess what patients experiencing this form of physical and psychological violence need, health professionals must consider how historical trauma and the consequences it carries prevent communities of color from reaching their full health potential.

Identifying Generational Consequences of Trauma and Rethinking Culture

Historical trauma theory argues that the effects of psychological trauma are transmitted through generations, which results in intergenerational cycles of trauma responses.¹¹ Through this perspective, trauma is a methodical component in the subjugation and marginalization of a people. Public health scholar Michelle Sotero illustrates that this process of oppres-

sion requires at least four main elements: (1) overwhelming physical and psychological violence, (2) segregation and/or displacement, (3) economic deprivation, and (4) cultural dispossession. These acts of subjugation can be manifested through means such as genocide, ethnic cleansing, military force, incarceration, and/or enslavement.¹¹ The project of colonization has also resulted in disease, poverty, and displacement from land, culture, and resources.¹² Not only does the trauma experienced in these events impact the physical and psychological health of individuals, but it also directly and indirectly transmits to following generations.

Literature on historical trauma has uncovered the longitudinal destruction that violence inflicts. The human cost can be analyzed through the transmission of trauma at an interpersonal or societal level.² On an interpersonal level, children who experience vicarious trauma through familial storytelling, for example, are impacted directly. Indirectly, children may experience negative effects of poor parental mental health caused by trauma. On a societal level, when communities are severely traumatized and parental figures are unable to fulfil their roles in childrearing, abuse and neglect are likely to occur.² Furthermore, evidence shows that disrupted attachment can be passed down from survivors of violence to their children:

"Disrupted attachment refers to a disruption in parent-child relationships that support regulatory processes, including thermoregulation, food intake, tactile stimulation, imitation, and emotional attunement."¹²

This multigenerational view of collective complex trauma is a reminder to health professionals that the ways in which patients present in our hospitals, especially patients who are experiencing abuse, neglect, or violence, such as human trafficking, is only one part of their story. While communities of color are identified as at-risk for trafficking, it's crucial to understand that these various cultural groups are not somehow inherently vulnerable to trafficking situations. Rather, it is societal factors and experiences of historical trauma that created the vulnerability. Though quantitative data is difficult to gather in the counter-trafficking field, it is undeniable that human trafficking dispro-

tionately impacts people of color. We cannot afford to miss the opportunity to explore why.

Compounding the effects of generational trauma, individuals impacted by violence generally suffer from physical and/or psychological symptoms. More specifically, it has been documented that patients experiencing human trafficking suffer from acute health problems. In 2014, Laura J. Lederer and Christopher A. Wetzel concluded in a study involving survivors of sex trafficking that 91.7% of respondents suffered neurological issues during their time of victimization.¹³ Nearly 70% experienced physical injuries, most often to the head or face, and more than half suffered symptoms related to cardiovascular/respiratory, gastrointestinal, and/or dental health. Lederer and Wetzel's findings also illustrate that almost all respondents experienced psychological concerns during and after victimization. The majority struggled with depression, flashbacks, shame/guilt, post-traumatic stress disorder, and attempted suicide. To reiterate, people of color are disproportionately suffering these realities. Health professionals have the opportunity to ask, what has occurred historically to make communities of color more vulnerable to these catastrophic experiences?

In trainings that prepare health professionals to serve marginalized populations through culturally responsive approaches, culture must be understood as a historical process that embodies power relations, rather than static norms, values, and belief systems. Sociologist David Swartz summarizes culture using the framework of cultural capital, which was developed by French sociologist Pierre Bourdieu:

"Culture provides the very grounds for human communication and interaction; it is also a source of domination. The arts, science, religion, indeed all symbolic systems—including language itself—not only shape our understanding of reality and form the basis for human communication; they also help establish and maintain social hierarchies. Culture includes beliefs, traditions, values, and language; it also mediates practices by connecting individuals and groups to

institutionalized hierarchies. Whether in the form of dispositions, objects, systems, or institutions, culture embodies power relations."¹⁴

Swartz's articulation of culture as it relates to social inequalities presents the opportunity to dispel any notion that cultural groups are monolithic. Therefore, rather than outlining specific instructions on how to interact with particular populations, education related to topics of culture would benefit from more emphasis on empathizing with historical events that have shaped cultural knowledge and experience. What types of oppressions have communities lived through and how might people make sense of these realities differently?

One dangerous risk to also consider when excluding historical context is the unintended consequence of bias. Practitioners understand that vulnerability can lead to at-risk behaviors, which could then result in trafficking situations. However, while women and girls of color are more vulnerable to sex trafficking, for example, this does not mean communities of color are somehow innately dysfunctional or devalue women and girls. Without a historical analysis that examines the root of why and how women and girls of color are vulnerable to trafficking, there is room to reduce the statistics to stereotypes. Many of these damaging stereotypes have been produced over time through colonial narratives.

Historical trauma theory and rethinking concepts of culture build a wider scope to empathize with patients. Being humble and open to the life stories of each patient, and the communities from which they come, results in health professionals having clearer insight into how they can support patients.

Empowering Patients Through a Healing-Centered Approach

Trauma-informed care (TIC) has been foundational in professions caring for individuals impacted by violence. However, a newer approach to serving those affected by trauma, healing-centered engagement (HCE), challenges us to have a more holistic view of healing from trauma.

HCE posits that trauma is a collective experience rather than an isolated individual encounter.¹⁵ What's more, this approach views culture, spirituality, civic action, and collective healing as core ingredients to radical healing. Education and African American Studies scholar Shawn Ginwright's work with youth exposed to trauma inspired his decision to practice HCE. In his work on the ground, he observed limitations within the TIC paradigm and suggests the following:

"...trauma-informed care requires that we treat trauma in people but provides very little insight into how we might address the root causes of trauma in neighborhoods, families, and schools. If trauma is collectively experienced, this means that we also have to consider the environmental context that caused the harm in the first place. By only treating the individual we only address part of the equation leaving the toxic systems, policies and practices neatly intact."¹⁵

Ginwright acknowledges the importance of TIC approaches but finds it necessary to welcome the new learnings from HCE. Describing HCE as a strength-based approach, which moves away from deficit-based mental health models, Ginwright further advocates moving beyond questioning what happened to you to what's right with you. A powerful and core component of HCE envisions communities and individuals exposed to trauma as agents in restoring their own well-being. Ginwright writes:

"This subtle shift suggests that healing from trauma is found in an awareness and actions that address the conditions that created the trauma in the first place... When people advocate for policies and opportunities that address causes of trauma, such as lack of access to mental health, these activities contribute to a sense of purpose, power and control over life situations. All of these ingredients are necessary to restore well-being and healing."¹⁵

Tying Ginwright's words back to our earlier discussion on human trafficking in indigenous

communities, what would it look like to acknowledge historical pain with the intention of building more inclusive and supportive systems conducive to healing? How might empathizing with the traumatic history of the Carlisle Indian School and similar institutions that separated children from their families, for example, create more welcoming spaces in healthcare settings? To validate pain felt by communities of color, while empowering them to help shape better institutions for healing and beyond, holds possibilities for improving the care of all patients.

Borrowing from both the TIC and HCE paradigms, health professionals have a unique opportunity to reinforce that patients affected by human trafficking have the right to, and the power of, self-determination. We must remember to empower patients as navigators of their own healing journey. Within the counter-trafficking field, it is crucial that programs serving individuals fleeing violence center on the voices of those with lived experience. Not doing so results in immeasurable harm. More specifically, programs that are not survivor-informed run the risk of creating disempowering environments that mirror controlling components of trafficking situations, rather than offering a safe pathway to resiliency.

In organizations such as CommonSpirit Health, efforts to respond to human trafficking issues are led and informed by survivors of sex trafficking and labor trafficking from all walks of life. CommonSpirit's Human Trafficking Response Program (HTRP) not only recognizes the importance of incorporating knowledge from experts with lived experience but also humbly acknowledges the need to continue crafting strategies that better serve patients from all cultural backgrounds experiencing violence. As Ginwright writes, another important facet of HCE is that practitioners utilize culture as a tool to foster a sense of meaning, self-perception, and purpose.¹⁵ Because healing is a collective experience, it is also a cultural access point to a larger sense of belonging among shared identities that have been historically shaped. The HTRP is committed to fostering that sense of belonging and ensuring that education on topics related to human trafficking aligns with guiding principles of health equity advocacy.

Conclusion

Looking deeply into the reasons why patients experience violence can guide health professionals in understanding the roots of vulnerability, to self-reflect on unconscious bias, and address societal traumas. To succeed in overcoming the challenges in responding to violence, including human trafficking, implementing culturally sound policies and procedures is imperative. In order to achieve these goals, we must incorporate historical trauma into our perspectives.

Advancing health equity requires the collective belief that everyone has the right to safety and healing. As professionals in the healthcare space, we can manifest this belief by continuing to dismantle barriers that prevent our communities from living free from violence, whether those barriers were constructed in the past or present.

Conflicts of Interest

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