TRAUMA AND POSTTRAUMATIC STRESS DISORDER IN ECONOMICALLY DISADVANTAGED POPULATIONS

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Common Types of and Prevalence Estimates of Exposure to Traumatic Stressors

- Globally, approximately 900 million people live in extreme poverty (income < $1.90/day) and more than two billion are impoverished (income < $3.10/per day).
- Exposure to trauma is directly related to socioeconomic status (SES) in a dose response manner such that lower income is associated with increased traumatic exposure. This increased risk cuts across multiples types of trauma exposure from residential fires and motor vehicle accidents to natural disasters and firearm-related injury and death. Further, poverty is related to increased risk for exposure to multiple types of traumatic events and repeated exposure to traumatic events, leading to an overall increased cumulative burden of trauma.
- Lower SES is associated with increased risk of multiple types of interpersonal violence including childhood maltreatment (Sedlak et al., 2010) and witnessing/experiencing physical and sexual assaults (Santiago, Kaltman, & Miranda, 2013).
- Poverty is associated with a disproportionate risk of living in geographic regions (e.g., flood prone) and types of residences (e.g., vulnerable home construction) that make individuals more prone to be exposed to and suffer the impact of natural disasters. This increased risk may become more exacerbated in the future. Analyses of the impact of global warming suggests that, worldwide, impoverished populations will be the most impacted by natural hazards associated with climate change by the year 2030 (Santiago et al., 2013).

Behavioral and Physical Health Impact of Trauma on Economically Disadvantaged Individuals
Economic Disadvantage

- Because economic disadvantage is associated with increased risk for experiencing trauma, repeated trauma and trauma beginning in early life, it is associated with increased risk for developing posttraumatic stress disorder (PTSD) and other trauma related psychological problems including depression and anxiety.
- Specifying the association of economic disadvantage and trauma related psychological symptoms is particularly difficult given the interconnectedness of economic disadvantage and other social factors. However, many studies do find an association between economic disadvantage and PTSD/other trauma related psychological symptoms. A few examples are provided below:
    - A study of lower Manhattan residents several years following the September 11th attacks showed that both income and education were inversely related to PTSD symptoms, with those earning <$25,000 per years being four times more likely to have probable PTSD than those earning $100,000+ per year (McLaughlin et al., 2013).

    - Research on the cumulative burden of lifetime trauma and adversity on mental health status in a sample of low income African American and Latino men and women found that level of lifetime exposure to trauma was related to increased risk for symptoms of PTSD, depression and anxiety/somatic concerns across all participants in the study (Myers et al., 2015).
    - Data on trauma exposure and PTSD in a U.S. national sample of adolescents showed that lower SES predicted decreased likelihood of recovery among those adolescents who developed PTSD following trauma exposure (DiGrande et al., 2008).
    - Longitudinal research following a sample of more than 1,000 adults in Timor-Leste, a South Asian nation which has for many years been exposed to recurrent and ongoing conflict, violence and other adversities, showed that poverty was a factor predicting risk for persistent psychological symptoms, both PTSD symptoms and general distress symptoms such as depressed mood and anxiety (Tay et al., 2016).
- This risk conferred by increased level of trauma exposure compounded by concomitant increased levels of other types of stressors and environmental hazards, which are associated with poverty.
- Because economic disadvantage is associated with other types of social disadvantage, it is also associated with increased risk for experiencing multiple types of discrimination and marginalization including sexism, racism, homophobia and sociopolitical violence.
- Economic disadvantage is also associated with lack of access to other types of resources needed to support resilience and recovery in the aftermath of trauma exposure (e.g., insurance for residences, vehicles and other belongings that may have been damaged or lost in the trauma, paid medical leave or time off from work, safe schools).
- Lack of access to resources not only increases risk for developing psychological problems in the wake of trauma exposure, but it may also translate to a longer or more severe course of symptoms.

New Developments in Research on the Impact of Trauma on Economically Disadvantaged Individuals

- Children who grow up in economically disadvantaged families and communities are at increased risk for what is referred to as a "toxic stress response."
    - This occurs when, over the course of childhood mental and physical development, a child experiences frequent, repeated, ongoing and severe adversity, in the absence of adequate family and community support to mitigate these stressors.
    - In response to these chronic stressors there is increased risk for a maladaptive activation of the child's stress response system, which negatively disrupts developmental processes, including the development of brain architecture and hormonal response systems.
    - The child's biological, cognitive, and psychological development is impacted such that it increases the risk for delayed development and lifelong risk for emotional and physical health problems.

- Economically disadvantaged individuals families and communities often have limited access to such treatment. Even when treatment is available there are often social and structural barriers to engaging in treatment, which can lead to underutilization of available mental health care.
- Research points to a bi-directional relationship between trauma exposure and economic disadvantage. In economically disadvantaged populations the relative lack of needed recovery resources and increased risk for psychological and physical health symptoms following trauma leads to increased likelihood that individuals with lower levels of income and other economic resources may experience increased levels of worsening poverty following trauma.
    - They may become homeless, lose employment or have medical bills that they are unable to pay. This, in turn, can further risk for additional trauma exposure.
- The largest limitation of the extant research is related to the interconnectedness of economic disadvantage, trauma exposure and trauma related health and mental health problems. As a result in most research, it is difficult to examine the differential and interactive impact of multiple relevant variables.

Clinical Considerations for Practitioners Treating Traumatized Economically Disadvantaged Individuals

- Economically disadvantaged adults, children and families may be more likely to be seen in primary care clinics, emergency rooms and community social service agencies than to seek mental health treatment. Implementing screening for traumatic experiences in these settings will increase identification of need for and referral to trauma informed care.
- Assessment and treatment for PTSD and other trauma related psychological problems should include a focus on economic circumstances of the individuals and families being treated as well as other experiences of social marginalization.
- Clinical providers, agencies and programs providing mental health treatment to economically disadvantaged populations need to assess not only for trauma but also for trauma related psychological problems. Although progress has been made, individuals with PTSD and other trauma related psychological problems are often misdiagnosed. For example, traumatized economically disadvantaged children who have problems in school are often identified as oppositional/defiant or unwilling to learn rather than as suffering from the impacts of traumatic experiences and toxic stress.
- Because of the logistical barriers faced by economically disadvantaged individuals who seek treatment, engagement in mental health services may be improved by providing needed resources such as transportation, childcare, care outside of typical business hours and providers who speak the primary language of those needing care.
- Treatment considerations for economically disadvantaged individuals may need to include a focus on barriers to engagement in treatment (e.g., transportation, time availability, childcare needs). It is important carefully assess the sources of low engagement in treatment including missing scheduled appointments. Such assessment may reveal that a car is shared among family members with competing needs or that work schedules are frequently changed with little notice.

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- When supporting the recovery of low SES individuals who have experienced trauma, it is important to be familiar with available social/economic resources. Examples of these types of resources are programs that provide assistance in paying bills, domestic violence shelters, crime victim compensation and victim advocacy programs, processes for applying for disability and resources available for specific groups of trauma survivors (e.g., veterans, refugees, members of the LGBT community).
- Individuals in groups are risk for poverty may have other reasons to avoid medical and mental health providers. These may include past experiences of discrimination in healthcare settings and fears of being reported by health care providers to child welfare agencies, criminal justice systems or immigration authorities. They may also have concerns about being stigmatized for receiving mental healthcare.
- For these reasons, alternative approaches to providing care may be indicated. Examples would be providing trauma-related treatment in other settings. One approach is the integration of mental health treatment into primary care and other medical clinics such as obstetrics and gynecology clinics. It may also include providing services in non-health care based settings such as community centers, schools or religious communities.
- Other alternative approaches may include community-based recovery programs and intervention provided by peers.
- Economic disadvantage and trauma often intersects with social disenfranchisement and systematic marginalization. Interventions focused on social justice, empowerment of individuals and communities, and giving voice to silenced and marginalized perspectives are needed.

Information for Families and Friends of Traumatized Economically Disadvantaged Individuals

- Listen. Allow people to talk about their experiences. Tell them that you are available to talk with them and that you want to support them but don't pressure them talk or provide specific details or information about their experiences.
- If they do want to talk about their traumas, let them direct and guide the discussion. Even when exposed to the same or similar types of traumas, people have different experiences and may want to talk about different aspects of their experiences
- Validate. Don't try to minimize experiences or make judgments about their reaction to traumatic experiences. In economically disadvantaged populations, people feel that they should not "complain" about their traumas because they are aware of others who have had similar or "worse" experiences.
- Encourage them to engage with supportive people and communities but do not pressure them. People may not respond to initial encouragement to seek support or engage with others. However, they may eventually be ready to engage with steady non-pressuring, non-judgmental encouragement.
- Educate yourself about trauma and its impact. This is website for the U.S. Department of Veterans Affairs' National Center for PTSD which provides educational information: http://www.ptsd.va.gov/public/index.asp
- Given them information about trauma and the impact of trauma including information about

recovery including treatment and crisis resources. In addition to the above link to the National Center for PTSD, below are links some additional resources.
  - Suicide Prevention Hotline: http://www.suicidepreventionlifeline.org
  - SAMSHA Treatment Finder: https://findtreatment.samhsa.gov
  - National Center for PTSD Coach: http://www.ptsd.va.gov/public/materials/apps/PTSDCoach.asp
- Be aware of some of the logistical and financial barriers to recovery and help them identify available resources. One source of information is the United Way 2-1-1website, which connects to directories in local communities: https://www.unitedway.org/our-impact/featured-programs/2-1-1

Resources for Professionals Seeking More Information about Traumatized Economically Disadvantaged Individuals

- National Center for PTSD website with information for professionals: http://www.ptsd.va.gov/professional/index.asp
- Harvard University Center for the Developing Child Website: http://developingchild.harvard.edu
- Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., … Thompson, E. (2010). Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Baltimore, MD: Family Informed Trauma Treatment Center. http://nctsn.org/nccts/nav.do?pid=ctr_rsch_prod_ar or http://fittcenter.umaryland.edu/WhitePaper.aspx
- World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014.
- William T. Grant Foundation • 2015 • Disparities in child and adolescent mental health and mental health services in the U.S. https://philanthropynewyork.org/sites/default/files/resources/Disparities_in_child_and_adolescent_health.pdf

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