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PRESENTATION
The #Hashtag Age of Trauma
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Anika N. Carter • April 2017
The #Hashtag
Ages of Trauma
This video was intended to evoke the emotions that occur when one watches the slain and murder of individuals who look like them everyday. The consistent exposure to these atrocities and the feelings that most of you may have felt is the mood and lens that I will be presenting from.

So I’m presenting my ideas to bring to light the atrocities African Americans and all those throughout the African diaspora experienced and the ways that these effects have left their footprint. I am passionate about supporting those recovery and better cope with the traumas and pain that is felt within my communities and ways that I can in turn empower and uplift.
#Hashtag so I know it’s real

Social media has become a portable and instant platform for consumers to receive information about current events. In light of the recent killings of people of color and the cycling of videos and images of their slain bodies, brings forth the question,
“Is the dissemination through social media of such traumatic experiences resulting in an increased prevalence rate of PTSD-like symptoms in the individuals who are exposed to them?”
What is Trauma?
Trauma is...

An emotional response to a real or perceived experience including:

Death

Serious Injury

Personal Integrity

Witness

First and Second Hand Experience
Typical Responses to Traumatic Experiences:

- Hopelessness
- Heightened sense of fear
- Physiological reactions
- Withdrawal
Post-Traumatic Stress Disorder

a serious condition that can develop after a person has experienced or witnessed a traumatic or terrifying event in which serious physical harm occurred or was threatened.
DSM-V Diagnosing Criteria

Individual must experience the following for at least **one month**:

- Experience significant stressor directly or indirectly
- Experience at least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms
In the new age of technology and social media, traumatic experiences are more frequent and more accessible to be seen throughout media and are often sensationalized and hyper-exposed.

Although the onset of these symptoms do not occur first hand, people of color have a “cultural knowledge of these sorts of events happening, which then primes [these communities] for this type of traumatization”

(Corley, 2005).
The #Hashtag Effect

➢ In the first year of Facebook live at least 50 acts of violence were streamed

➢ Historical and Cultural Retraumatization

➢ Overexposure to traumatic events

➢ Secondary and Vicarious Trauma
THE GREAT DEBATE

“Should Media Outlets display violent acts that could result in traumatizing reactions?”
• Responsibility of the media and journalist to show things good or bad
• Increased chance of desensitization and a lack of physiological responses
• Provides opportunity to reclaim self-narrative and reduce/eliminate manipulation of facts and information
• Primes violent acts, especially when there are no repercussions on violent offenses
This picture is of the transatlantic slave trade. This was the beginning of Africans in America being subjected to trauma simply on the precedent of their racial and ethnic background. This was the beginning of documentation, in the Americas, that continues to manifest to present day that contribute to this phenomenon of race-based trauma.

As we reflect on the lineage of generational trauma that Africans in the Americans have endured include: Transatlantic Slave Trade, Separation from Country and Family, lynching, Jim Crow laws, Prison Industrial Complex, etc.
The Sankofa Effect

- Racial victimization can activate a historical traumas

- Develop a cross-generational vulnerability to emotional and spiritual distress

- The effects of racism on its victims include health problems, psychological disturbances, spiritual injuries on communities of color.
In order to understand the **complexity** of trauma in the lives of African Americans we must **understand** the history, learn from the past and work toward **healing** the historical wounds.
Racism

● System of violent oppression and a systematic process that categorizes individuals as less than the dominant group.

● Racism is displayed both overtly and subliminally

● Macro, Messo and Micro.

● Power to shape and form as the purpose changes through time.
Race-Based Trauma
Racial trauma refers to the events of danger related to real or perceived experiences of racial discrimination, threats of harm and injury, and humiliating and shaming events, in addition to witnessing harm to other ethnoracial individuals because of real or perceived racism (Diaz, 2016)
The constant exposure to traumatic experiences “can be psychologically damaging and lay the foundation for future mental health problems and behaviors symptomatic of PTSD” (Carter, 2007)
ADVERSE CHILDHOOD EXPERIENCES

ACEs are childhood experiences that can have negative and lifelong effects on adult functioning
Race based encounters are often subtle ambiguous and complex and may be difficult for those not subjected to such experiences to recognize. (Carter, 2007)
RACIAL/ETHNIC BIAS AT THE CULTURAL, INSTITUTIONAL AND INTERPERSONAL LEVEL

Lifetime Exposure to Racism → Schemas: Racial Identity, Relational Schemas → Acute Race-related Maltreatment

Burdens Cognitive Flexibility

Elicits Negative Appraisals/Affect

Rumination

Daily Negative Mood → Depressive Symptoms

Activates Schemas

Disruptions in Interpersonal Relations

Figure 5.1. A model of the social-cognitive pathways leading from racism to depression.
Life Time Exposure

Generational trauma

Community Violence

ACEs
Schemas

Reshaping of Reality, Experience and Self
Acute: Race-Related Maltreatment

Racial Salience and Discomfort

Unequal treatment throughout systems
Negative Appraisal/Affect

Negative emotional Response to an event/experience
Rumification

Fixation of negative event

Constant revisualization and reevaluation
Daily Negative Mood

Mistrust

Hypersensitivity
Depressive Symptoms

Social Isolation

Decreased Energy

Lack of interest

Irritability
Figure 5.1. A model of the social-cognitive pathways leading from racism to depression.
Gaps in Research and rigid criteria for diagnosis
Symptoms of PTSD are often dismissed due to the stressor not being deemed catastrophic enough to meet DSM requirements for diagnosis.

Clinicians who ignore these factors risk underdiagnosing race-related stress and racial trauma
Lack of inclusiveness creates additional stigma and reduces participation in MH services
Clinicians Introspection
Prior to addressing the different methods we can use to support our clients, we must look within ourselves and identify our own baggages. Because mental health is heavily stigmatized it can increase our client’s likelihood of resistance and fear of presenting their whole truths and narratives. This process becomes easier through rapport building; however it is critical that we, as clinicians, understanding our personal opinions when it comes to trauma, especially race-based trauma.
Explore and acknowledge your personal perspectives, biases and traumas

“Clinicians can engage in racial microaggressions” (Diaz, 2010)
Listen intently, openly and empathetically

“Clinicians must hold a space that is safe, understood and validating”
Understand culture and historically trauma in relation to race and relations

“Clinicians’ lack of awareness of cultural competence to speak the client’s language and the client’s fear and mistrust of treatment (Carter, 2007)
Interventions
Clinicians’ introspection to the points previously discussed can create ineffective support for the client which is why it important to do personal exploration within ourselves. As social workers it is imperative that we are aware of the biopsychosocial aspects that can affect human behavior and emotion.

Clinians play a critical role in supporting clients in their efforts toward recovery. We, as clinicians, must be able to divulge in conversation and empathetically understand the vast effects of trauma and the symptoms they may elicit.
Trauma-Informed Care

➢ Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma.

➢ Emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

Methods

Cognitive Behavioral Therapy (Beck, Shaw, 1988):

Eye Movement Desensitization and Reprocessing (Shapiro, 2001)

Cognitive Processing Therapy

Narrative Therapy

“There is a growing body of research demonstrating that the harmful effects of racial discrimination on mental health may be buffered by active coping strategies”
I chose this picture because to me it encapsulates the emotional components of trauma that are transmitted through constant visual reminders. We are never able to GET OUT of the constant barrage of traumatic triggers that are present from the moment we log onto our social media account or turn on the television. Considering the progressiveness of technology and a majority of consumption of information deriving from media outlets it is imperative how understand how we are susceptible to virtual traumatic experiences.
As social workers striving for social justice, cultural competency and humility it is important to expand our view on what trauma is, understand the effects trauma, both first and second-hand, and healthy coping mechanisms and interventions to support these experiences.

It is imperative to be able to identify these experiences and learn healthy ways to cope in this new age of digital trauma and provided the best, informed care to our clients.
#ThankYou