

## Behind the Term: Trauma

*Related terms: complex trauma, historical trauma, human-caused trauma, naturally caused trauma, trauma, PTSD, re-traumatization, secondary trauma, traumatic stress*

### What Is Trauma?

The term “trauma” can mean different things, depending on the context. Semantically, trauma refers to an experience or event; nevertheless, people use the term interchangeably to refer to either a traumatic experience or event, the resulting injury or stress, or the longer-term impacts and consequences (Briere & Scott, 2006).

When medical doctors talk of trauma, they mean the sudden and severe bodily wounds that result from physical injury, ranging from the minor cuts and bruises sustained after an accidental fall to the life-threatening lacerations and bone fractures resulting from a car crash. Similarly, the recently modified federal legal definition of trauma is “an injury that results from exposure to either a mechanical force or another extrinsic agent, including an extrinsic agent that is thermal, electrical, chemical, or radioactive” (Improving Trauma Care Act of 2014).

Behavioral health professionals more broadly define trauma as resulting “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” (Substance Abuse and Mental Health Services Administration [SAMHSA], 2012, p. 7). This is sometimes referred to as “psychological trauma” to distinguish it from other types of trauma.

The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), which is used by psychiatrists to diagnose behavioral conditions, is even broader. *DSM-5* expands the definition of trauma to include vicarious exposure:

Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or

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threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (p. 271).

However, as Briere and Scott (2015) pointed out, despite its breadth, the *DSM-5* definition is limiting because actual or threatened death, serious injury, or sexual violence need not occur for people to perceive an event as traumatic. Furthermore, as SAMHSA observed, trauma is subjective. “A particular event may be experienced as traumatic for one individual and not for another” (SAMHSA, 2012, p. 8).

## Forms and Types of Trauma

SAMHSA’s *Trauma-Informed Care in Behavioral Health Services* (2014) provides an overview of forms and types of trauma – that is, traumatic events and experiences. It distinguishes between natural (a.k.a., acts of God) and human-caused traumas, both of which can be further distinguished between traumas involving individuals and groups.

### Naturally Caused Trauma

Individuals or groups can be traumatized by any of the following potentially cataclysmic natural events: tornadoes, lightning strikes, wildfires, avalanches, physical ailments or diseases, fallen trees, earthquakes, dust storms, volcanic eruptions, blizzards, hurricanes, cyclones, typhoons, meteorites, floods, tsunamis, epidemics, famines, and landslides or fallen boulders (SAMHSA, 2014, p. 35).

### Human-Caused Trauma

Unlike natural disasters, human-caused traumas are either the result of accidental or intentional acts. Accidental acts include train derailment, roofing fall, structural collapse, mountaineering accident, aircraft crash, car accident due to malfunction, mine collapse or fire, radiation leak, crane collapse, gas explosion, electrocution, machinery-related accident, oil spill, maritime accident, accidental gun shooting, and sports-related death. Intentional acts include arson, terrorism, sexual assault and abuse, homicides or suicides, mob violence or rioting, physical abuse and neglect, stabbing or shooting, warfare, domestic violence, poisoned water supply, human trafficking, school violence, torture, home invasion, bank robbery, genocide, and medical or food tampering, harassment, street violence, and bullying (SAMHSA, 2014, p. 35).

## An Evolving Understanding of Trauma

The behavioral health field’s understanding of trauma (that is, psychological trauma) as a discrete symptomology is evolving (Briere & Scott, 2015). For example, posttraumatic stress disorder (widely recognized by its initialism, PTSD) only first appeared in the *DSM* (*DSM-3*) in 1980. Back then, it was considered an anxiety disorder. The authors of the newest version, *DSM-5*, reorganized all trauma- and stress-related disorders, grouping them together, and

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updated the diagnostic criteria. Now, PTSD falls under the trauma- and stress-related disorders category, along with reactive attachment disorder, disinhibited social engagement disorder (new diagnosis), acute stress disorder (also previously considered an anxiety disorder), and adjustment disorders, as well as other specified trauma- and stressor-related disorder and unspecified trauma- and stressor-related disorder (*DSM-5*, 2013).

The behavioral health field's understanding of how trauma can be inflicted is also evolving, and since the classification of PTSD over 30 decades ago, other forms of trauma and traumatic stress reactions have been identified and researched.

Furthermore, researchers continue to learn more about the effects of traumatic stress on the brain. Studies involving neuroimaging – such as magnetic resonance imaging, diffusion tensor imaging, and positron emission tomography – have revealed that traumatic stress can have lasting structural and functional effects on the parts of the brain implicated in the stress response (Bremner, 2006).

### **Complex Trauma**

Experts now recognize complex trauma and its pathological correlate, complex PTSD. People with complex PTSD often experienced chronic, prolonged, and cumulative childhood maltreatment – such as psychological maltreatment, neglect, physical and sexual abuse, and domestic violence – the inescapable exposure to which led to subsequent or repeated trauma exposure later in life (National Child Traumatic Stress Network, 2013; Maggiora Vergano, Lauriola, & Speranza, 2015).

Complex PTSD is not currently included in the *DSM-5* and transcends the PTSD criteria, in that complex PTSD involves emotion dysregulation, the loss of self-integrity, and disturbances in the ability to relate to and be intimate with others (Herman, 1992; Courtois & Ford, 2013). Such symptoms may also fall under “disorders of extreme stress not otherwise specified”; some have proposed a diagnosis of “developmental trauma disorder” for children and adolescents who experience chronic traumatic events (National Center for PTSD, 2015).

### **Historical Trauma**

While some researchers are focused on how traumatic experiences early in life can have an effect later on in the form of complex trauma, others are looking even further back, generations ago. Originally introduced to describe the residual impact of the Holocaust on the children of survivors, scholars have documented the phenomenon of historical trauma as “the cumulative emotional and psychological wounding, as a result of group traumatic experiences, which is transmitted across generations within a community” (SAMHSA, 2015).

Historical trauma affects entire communities and is frequently associated with ethnic or racial groups – particularly, American Indians and Alaska Natives (Brave Heart, 1998) – that have

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experienced profound intergenerational suffering, loss, and cultural suppression. SAMHSA recognizes several other population groups that experience historical trauma, including immigrants, people of color, and families experiencing intergenerational poverty.

## Re-traumatization

Behavioral health experts have also observed that victims of trauma can be re-traumatized as a result of multiple exposures to traumatic events (Duckworth & Follette, 2011). This may include instances during the course of therapeutic treatment, in which a clinician can inadvertently trigger a memory of the traumatic event or a flashback. According to SAMHSA, which considers re-traumatization a system-oriented trauma:

Re-traumatization occurs when clients experience something that makes them feel as though they are undergoing another trauma. Unfortunately, treatment settings and clinicians can create re-traumatizing experiences, often without being aware of it, and sometimes clients themselves are not consciously aware that a clinical situation has actually triggered a traumatic stress reaction (2014, p. 45).

That said, some behavioral health experts argue that the field should stop using the term re-traumatization. Schein and colleagues (2006) admitted confusion in trying to understand the concept because of the variety and ambiguity of conceptual and operational definitions in the published research literature on trauma.

## Trauma-Related Terms

The following trauma-related terms sometimes appear interchangeably or in relation to one another in the behavioral health literature on trauma:

- **Trauma** ≈ psychological wounding, emotional trauma, psychological trauma, victimization, traumatic stress, psychological stress reaction, traumatic stress reaction, prolonged stress reaction, physical stress reaction, trauma symptoms, psychotrauma
- **Historical trauma** ≈ historical grief, historical unresolved grief, transgenerational trauma, intergenerational trauma, multigenerational trauma, survivor's guilt, survivor's syndrome, secondary traumatization, epigenetics, psychological wounding, collective trauma, social determinants of health, structural violence, historical loss, sociocultural stress, indigenous child trauma, community trauma
- **Complex trauma** ≈ complex PTSD, developmental trauma disorder, victimization symptoms, poly-victimization, multiple trauma, chronic trauma, serial trauma, disorders of extreme stress not otherwise specified, developmental trauma disorder, cumulative trauma, sanctuary trauma
- **Secondary trauma** ≈ compassion fatigue, vicarious traumatization

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- **Traumatic stress** ≈ PTSD, traumatic stress reaction, psychological stress reaction, prolonged stress reaction, trauma symptoms, distress symptoms, psychotrauma
- **PTSD** ≈ railway spine, traumatic war neurosis, stress syndrome, shell shock, battle fatigue, combat fatigue, posttraumatic stress syndrome
- **Re-traumatization** ≈ re-victimization, trauma re-exposure, serial exposure, sequential trauma, traumatic distress reactivation, sanctuary harm, system-oriented trauma

The following trauma-related terms sometimes are nested within other terms in the behavioral health literature on trauma:

- **Trauma- and stress-related disorders:** PTSD, partial PTSD, reactive attachment disorder, disinhibited social engagement disorder, acute stress disorder, adjustment disorders, other specified trauma- and stressor-related disorder, unspecified trauma- and stressor-related disorder
- **Anxiety disorders:** PTSD, acute stress disorder

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