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on mental and physical health. When asked about some of the symptoms of stress, particularly nervousness, restlessness, and psychological distress, adults in poor families and those with low educational achievement were more likely than adults in nonpoor families and adults with bachelor's degrees or higher to report those feelings (CDC, 2014).

As was discussed in Chapter 9, health disparities between those living in poverty and those with more financial resources have been noted for many years. Although a number of causes for health disparities have been suggested, ongoing stress from structural causes, such as poverty and oppression, must be noted among them. This type of stress is often chronic, meaning it recurs over long periods of time. Research demonstrates that stress from living in poverty or being a member of an oppressed group has a negative impact on health and well-being across the life span (Abdou et al., 2010). Similarly, as discussed in Chapter 10, structural or societal issues can increase the risk of mental illness, including stress experienced due to poverty and oppression. Being oppressed and living in poverty mean extreme exposure to a variety of social stressors (Sanders-Phillips, Settles-Reaves, Walker, & Brownlow, 2009). There are ongoing societal conditions, viewed by many as "normal," that cause ongoing stress for members of oppressed groups. These include living in high-crime neighborhoods; lack of adequate preventative health care; unequal access to education; and discrimination in housing, employment, and other realms. This chronic stress offers one explanation for higher levels of mental illness among people of lower socioeconomic status. Stress is a critical area that warrants social work attention. One specific form of stress that has received public attention and may be on the increase is post-traumatic stress. This problem is discussed in the following section.

Trauma

Trauma is categorized by the *DSM*-5 (APA, 2013) as witnessing or experiencing an event that involves actual injury, death, or serious physical danger, or the threat of such. Trauma often precipitates stress, as discussed earlier. Although there is clearly overlap in the occurrence of stress, disasters, and trauma, the key variable in understanding trauma is that it is the tendency for traumatic events to have a deep impact that is a threat or feels like a threat to one's survival.

People experience many types of trauma in their lives. Some trauma is confined to a single individual or family. Examples of this could be a house fire that threatens the lives of a family, a serious car accident, domestic violence, or a robbery where a person or group of people is threatened at gunpoint. Other traumas affect larger groups of people. Thousands of people are traumatized during natural disasters such as hurricanes, cyclones, or earthquakes. Similarly, large numbers of soldiers and civilians experience trauma during wars. Many members of communities around the United States experience trauma from persistent violence in their communities.

The extent of trauma in society is difficult to gauge. Trauma can be experienced in many ways, including through domestic violence and child maltreatment, school violence, natural disasters, witnessing violence in communities,

and personal medical traumas and grief. The most comprehensive national study (National Comorbidity Study, 2007) found that the indicator of severe stress, which is the diagnosis of post-traumatic stress disorder, affects almost 7 percent of the population. Women are more likely than men to experience severe trauma, almost 10 percent compared to 4 percent for men. Overall exposure to trauma is much greater, with a number of life events that could be witnessed or experienced by people. Traumatic events include seeing someone injured or killed, being involved in a disaster, physical attack, rape, sexual molestation, and physical abuse or neglect. Estimates place the exposure to trauma at 50 to 60 percent of the population (National Comorbidity Study, 2007). (Consider the impact of national trauma, as discussed in Box 14.2).

Box 14.2 More About...Trauma A Unique Approach to Recovery from Trauma

Trauma can affect entire communities or nations: Legalized racial segregation, known as apartheid, was the practice in South Africa from 1948 to 1994. Under the early apartheid system, South Africans were classified into three racial groups: black, white, and colored (people of mixed race), and racial discrimination was institutionalized. Whites held all the official power under the apartheid system, and they created a series of race laws that touched every aspect of a person's life. These laws banned interracial marriage, created white-only jobs, and formed the foundation of a separate and very unequal education system for black and colored residents. In the early 1950s, the apartheid government created a series of homelands. All black South Africans were assigned to a homeland, where they had voting rights. After being assigned to a homeland, they were stripped of their South African citizenship. Although the government said that the homelands were independent states, the white South African government sill maintained the ultimate authority over what happened there. The homelands were in the most barren and resource-poor parts of the country. Nine million South Africans were assigned to homelands, and thus lost most of their rights in South African society. Those fighting against the apartheid system were treated harshly. Killings, long prison terms, rape, and torture became common, and mistreatment of the black population increased over the years as the government fought to maintain power.

Forty-six years of the brutal apartheid system created community-wide trauma in South African society. The first truly free elections were held in 1994, and the majority black population elected a National Unity Government, with the country's first black president. One of the early decisions made by the new government was to establish the Truth and Reconciliation Commission (TRC). The government noted that extreme human rights violations had been committed by people on all sides of the conflict during apartheid. If the country were to move forward in a unified way and avoid repeating the violence and abuses that had occurred, the trauma that many had experienced needed to be addressed in an official way, which is the goal of **truth and reconciliation** interventions. The TRC gave the many victims of trauma an opportunity to face those who had harmed them and talk about what had happened to them. The belief was that remembering what happened was important and that truth was the path to healing, reconciliation, and possibly even forgiveness. This approach may offer interesting insight to social workers and others who deal with the aftermath of trauma and attempt to avoid additional trauma in the future. As one of the staff members of the commission stated:

> South Africans face the challenge of how to embrace the past without being swallowed by the tide of vengeful thinking. The Truth and Reconciliation Commission was a strategy not only for breaking the cycle of politically motivated violence but also for teaching important lessons about how the human spirit can prevail even as victims remember the cruelty visited upon them in the past. If memory is kept alive in order to cultivate old hatreds and resentments, it is likely to culminate in vengeance, and in a repetition of violence. But if memory is kept alive in order to transcend hateful emotions, then remembering can be healing. (Gobodo-Madikizela, 2003)