The previous 13 chapters demonstrate that social workers are found in every area of human services. Some are in unexpected places, such as legislative advisors in state capitols and even mortgage lenders working with community banks, but most are in social service settings. What all these positions have in common is the need for social work practitioners with knowledge and understanding of human behavior and a skill set that enables them to help empower clients. Social and behavioral concerns cut across all areas of social work. For example, Chapters 12 and 13 discussed substance abuse and violence, two problems that can be found in every social work practice setting. This chapter covers another problem that is found in all fields of social work practice: dealing with the effects of trauma.

The previous chapter discussed the impact of trauma for victims of crime, and in Chapter 7 the trauma of abuse and neglect for children and families was analyzed from a strengths-based perspective. Dealing with the impact of trauma on the individual level is a significant part of social work intervention. Schools in this country have been the site of numerous tragedies, some nationally known, such as the fatal shooting of 20 children and 6 teachers in 2012 at Sandy Hook Elementary School. But many schools face the loss of students' lives in less public ways, such as from suicides or drug overdoses. In response to this reality, the School Social Work Association of America, the national organization that represents those social workers employed in school systems, has developed numerous resources "to assist you in working with students, schools, families and communities following a heartbreaking event" (see http://www.sswaa.org/?page=663).

In response to the growing need for social workers trained in trauma work, two schools of social work in New York City, Fordham University and Hunter College, together developed the National Center for Social Work Trauma Education and Workplace Development. This center includes an interactive resource database of evidence-based trauma treatments and programs for children and adolescents that is publicly available. The approach being used today is often referred to as ***trauma-informed practice.***

Trauma-informed practice is newly evolving and does not necessarily center only on response to traumatic events. Being trained in trauma-informed intervention means that social work practitioners are sensitive to the possibility that a client might be a survivor of trauma, and thus the social worker is sure to create a safe environment where clients can focus on managing stress and develop healthy skills for day-to-day living while acknowledging there may have been trauma in their lives (Levenson, 2017). Generally there are four principles for trauma-informed practice. The social worker normalizes and validates what clients are feeling and have experienced; guides clients in gaining understanding of how such trauma has impacted their lives; facilitates clients taking control of their current lives; and helps clients gain insight into how past victimizations may challenge them today (Knight, 2015). Applying these skills in a large-scale crisis, trauma, or disaster is not always covered in social work training. However, nothing calls for social work skills and abilities more than the need to help empower people and communities who have been victimized on more macro levels by crises, trauma, or disasters. This chapter explores a variety of contexts in which trauma can occur, on macro and micro levels, including natural and human-made disasters; and provides an overview of the roles social workers play in these situations.

What Do We Mean By Crisis, Trauma, and Disaster? LO 1, 2

Chapter 6 discussed the role of social workers in crisis intervention. As a practice method, it emphasizes assisting victims and survivors to return to precrisis levels of functioning. Therefore, a **crisis** is an event that disrupts a person's equilibrium, the person's usual ways of coping fail, and there is evidence of distress and impairment of functioning (Roberts, 2005). Personal crises can result from life events such as divorce or death of a loved one. Community crises can result from violent acts or natural disasters such as hurricanes or floods. "The main cause of a crisis is an intensely stressful, traumatic, or hazardous event" (Roberts, 2008, p. 485). In many ways, crisis is the overall framework under which several types of events fall: stress, trauma, and disasters. All of these can be regarded as crises.

A **trauma** can be defined as "an injury to the body or psyche by some type of shock, violence, or unanticipated situation" (Barker, 2014, p. 436). And a **disaster** is "an extraordinary event, either natural or human-made, concentrated in time and space, that often results in damage to property and harm to human life or health and that is disruptive of the ability of some social institutions to continue fulfilling their essential functions" (Barker, 2014, p. 120). **Stress** is typically part of all of these events. It is characterized by a physiological response to a real or perceived threat, and leads to anxiety, which is the physical discomfort experienced because of the increased production of stress hormones (Scaer, 2005).

It is difficult to separate these types of events. For example, consider a soldier returning from the war in Afghanistan. After serving months and months in a hostile region of the world, where every move could end in injury or death, the soldier returns to the United States, where life is relatively peaceful and safe. It is very difficult to simply turn off the state of readiness and alarm that the soldier has been living under for the previous year. First, the soldier served in a very traumatic environment, with crises or unexpected hazardous events occurring regularly. Second, over time, the pressure caused continuous levels of stress. Third, in some ways the destruction and turmoil reflects a disaster, albeit human-made as opposed to natural. The end result is that the returning soldier is experiencing stress because of crisis, trauma, and disaster.

> On May 14, 2008, Sergeant Travis N. Twiggs, 36 years old, led police on a 130-mile vehicle pursuit. In the end, he killed his brother, who was traveling with him, and then turned the gun on himself and committed suicide. Sergeant Twiggs was a Marine and had served four tours of duty in Iraq and Afghanistan. He was placed on several medications after he developed post-traumatic stress disorder. He wrote about his struggles in "PTSD: The War Within" in the *Marine Corps Gazette*. His wife described him as a great father and husband who needed help, not just medication. (Galvin, 2008). (Consider the questions posed in Box 14.1).