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THE ROLE OF HISTORICAL TRAUMA IN ANXIETY FORMATION IN LATINX COMMUNITY MEMBERS

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THE ROLE OF HISTORICAL TRAUMA
IN ANXIETY FORMATION IN LATINX COMMUNITY MEMBERS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Victor Manuel Luna

May 2021

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ABSTRACT

Historical trauma has its roots in the plights of indigenous people years after the initial incident of colonization and has had lasting effects on them. The Latinx community is made up of all the groups of people, many different racial, ethnic groups, and nations, that make up Latin America. This group is connected by a similar history of colonization, slavery, war, and migration. Within the United States, the Latinx community can be further connected by the rhetoric and policies that have been used against them.

The purpose of the study was to explore how historical trauma played a role in the Latinx community. Particularly this study examined how historic trauma was related to anxiety related symptoms and anxiety disorders in this community. This study used an online survey design through the use of three different scales including the Historic Loss Scale (HLS), Historical Loss Associated Symptoms Scale (HLASS), and Beck's Anxiety Inventory (BAI). Thirty Latinx respondents participated in the study.

The study found that there was a strong positive relationship between historical trauma and its associated symptoms in this community. However, the study also revealed that there was no connection between historical trauma and anxiety symptoms. The study found that many of the participants showed distrust and being uncomfortable around white people.

It is recommended that social workers and mental health practitioners need to aware that historical trauma is playing a role in this community and there

are associated symptoms with that as well. Thus, they need to address the ramifications of historical trauma with their clients by using culturally competent interventions, addressing power dynamics, empowering clients, and making proper diagnoses in context of the historical trauma.

Keywords: Historical Trauma, Latinx, and Anxiety

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	ix
CHAPTER ONE: INTRODUCTION	1
Problem Formulation.....	1
Purpose of the Study	2
Implications for Social Work Practice.....	3
CHAPTER TWO: LITERATURE REVIEW.....	6
Historical Trauma a Concept	6
Racial and Ethnic Reach.....	6
Mental Health Ramifications	7
Studies Focusing on Historical Trauma	8
Theories Guiding Conceptualization	9
Summary	11
CHAPTER THREE: RESEARCH METHODS.....	12
Introduction	12
Study Design	12
Sampling.....	13
Data Collection and Instruments.....	13
Quantitative Research Methods.....	13
Procedure	15
Protection of Human Subjects	16
Data Analysis.....	16

Summary	17
CHAPTER FOUR: RESULTS.....	18
Introduction.....	18
Descriptive Statistics.....	18
Age.....	18
Gender and Sex.....	19
Ethnicity/Nationality.....	19
Variable Results.....	21
Measure Analysis.....	21
Bivariate Analysis.....	25
Summary	26
CHAPTER FIVE: DISCUSSION	27
Introduction.....	27
Discussion	27
Limitations.....	29
Recommendations and Implications	29
Conclusion.....	31
APPENDIX A: DEMOGRAPHIC DATA	33
APPENDIX B: HISTORICAL LOSS SCALE	35
APPENDIX C: HISTORICAL LOSS SYMPTOMS SCALE.....	37
APPENDIX D: BECK’S ANXIETY INVENTORY.....	39
APPENDIX E: CONSENT FORM.....	41
APPENDIX F: DEBRIEFING STATEMENT.....	43
APPENDIX G: IRB APPROVAL.....	45

REFERENCES..... 48

LIST OF TABLES

Table 1. Demographic Characteristics of the Participants	20
Table 2. The Loss of Self-respect from Poor Treatment by Government Officials	22
Table 3. The Loss of Trust in White People Due to Unjust People	22
Table 4. Fearful or Distrust in the Intentions of White People.....	23
Table 5. Uncomfortable Around White People When You Think of These Losses.....	23
Table 6. Fear the Worst Happening.....	24
Table 7. Nervous.	25

CHAPTER ONE

INTRODUCTION

Problem Formulation

Historical Trauma is defined as the passing of trauma through generations, usually dealing with an initial cataclysmic event that has affected an entire group of people or community (Braveheart, Chase, Elkins, and Altschul, 2011; Estrada, 2009). As such the very nature of this trauma-based reaction is intergenerational vs individual as is the case with PTSD and other trauma-based disorders (Estrada, 2009). Historical trauma has been used to help explain the disparity in health-related concerns for both Holocaust survivors and Indigenous people, yet in more recent years this has come to include other vulnerable populations, including Black Americans and Mexican Americans (Estrada, 2009; Williams-Washington and Mills, 2016). Both physiological and psychological negative impacts have been linked to historical trauma: including but not limited to higher numbers of obesity, diabetes and higher rates of depression and suicidality (Braveheart et al., 2011). One of the symptoms that has been linked to historical trauma is anxiety and symptoms of anxiety (Beltran, Chae, Duran, Evans-Campbell, Mohammed and Walters, 2011). This is especially important to recognize because according to the Anxiety and Depression Association of America (ADAA) anxiety disorders are one of the most common mental illnesses in the United States today, with almost one in five people being diagnosed with one (Facts and Statistics, 2017).

Now as more research has been done on the connection between historical trauma and its negative health impacts, so too has it been further clarified for specific marginalized groups: Black Americans, Holocaust survivors, Indigenous people, and Middle Eastern and North Africans (Awad and Kia-Keating, 2019; Braveheart et al., 2011; Williams-Washington and Mills, 2016). Yet, very little research has been done on the Latinx community and the role historical trauma has played in this group (Estrada, 2009). This is especially important due to the high prevalence of anxiety and anxiety related symptoms in the Latinx community. With Latinx community members coming in second behind White Americans on two related diagnoses, Generalized Anxiety disorder and Panic disorder, coming in on a close third on another two, Social Anxiety Disorders and PTSD (Asnaani, Dimaite, Hinton, Hofmann and Richey, 2010). Taking into account the fact that Latinx or Hispanic people make up 18% of the U.S. population, almost a fifth of the population is second in Anxiety related disorders and amongst the various reasons for this development, historical trauma could be one of the factors related to this (<http://census.gov>).

Purpose of the Study

The purpose of this study is to take a closer look at the potential connection that exist between anxiety symptoms and historical trauma, specifically as it relates to the Latinx community. It is a well-known fact that there is no singular cause or factor for mental health concerns or mental illness. Rather it can be a myriad of many different factors and influences coming together. In

the case anxiety disorders and anxiety related symptoms this is very much true. Yet, research has shown that one of those causes in some groups like holocaust survivors and indigenous people, is historical trauma (Walters et al., 2016, Whitbeck et al., 2004). Therefore, it is important to seek if this relationship holds true for Latinx populations as well; due to the fact that being able to establish that the relationships exist will have real life ramifications, which will be explored further in the following section. As such the main purpose of this study is help further explore historical trauma in the Latinx community and how it has contributed to the formation of anxiety and anxiety related symptoms in this community. That is why a mixed methods approach will be taken for this study, as this will allow for not only for the relationship to be explored numerically but also for an interview to further explore the relationship, should there be one.

Implications for Social Work Practice

Historical trauma is what could be having an impact in the micro sphere of social work due to the fact that it can be affecting the working relationship between the mental health provider and the service seeker. It can already been seen that historical trauma can have an effect on the clinician client dyad as stated by Danzer, Cort, Rieger, and Schubmehl (2016), where historical trauma played out a role in the relationship between white psychologist and black clients. This very well could be happening in the relationships between Latinx clients and the social work providers. Therefore, without establishing whether historical trauma is playing a role in the anxiety development of Latinx clients, there can be

consequences of conflictive relationships in the therapeutic relationship and even a complete disregard for potential treatment options for these clients.

To discover unique link between historical trauma and anxiety disorders or anxiety related symptoms in the Latinx community can have a huge impact on the micro level practice of social work. This is because to establish a link between these two concepts can mean the entire reframing of how social workers would need to help address anxiety related disorders in Latinx communities; as less of an individualized concern and as more of a legacy of trauma that has been experienced by a group. To help establish this link could mean an increase in the cultural competency that social workers practice. Furthermore, as Danzer et al. (2016) clearly showed that if the psychologist is aware of the effect that historical trauma is having on the client-clinician relationship they can better navigate it and better address the concerns of the anxiety disorder with the client.

To further understand the connection that historical trauma plays in the Latinx communities would mean that not only would social worker and mental health professionals would be better equipped to work with the Latinx community. Establishing the link for one specific subset of disorders like anxiety related disorders could also open the possibility for further research on other effects that historical trauma has had on Latinx communities and its mental health concerns. As such the question for this research is what role does historical trauma play in

the development of anxiety and anxiety related disorders in the Latinx
Community?

CHAPTER TWO

LITERATURE REVIEW

There has been much research on the term that has come to be known as historical trauma. Yet, these studies have not looked in depth, if at all, at the role that this form of trauma can play in the Latinx community. Therefore, this literature review will look at some of the literature that exist on this term and attempt to relate it the Latinx community. As well as taking a deeper look at the way these studies were done and even at the guiding theories that will help with the conceptualization of this term that is historical trauma.

Historical Trauma a Concept

Historical trauma as a concept has been around since at least the 80s when newer ways of thinking about the indigenous people's health concerns started to come about. The concept of historical trauma has far reaching ramifications because it encompasses many ethnic and racial groups. With many symptoms falling under, both physiological and psychological spheres.

Racial and Ethnic Reach

Historical trauma as a concept has been used on a variety of racial and ethnic groups. It first started as an exploration of disparity experienced by indigenous and Native Americans (Braveheart et. al., 2011). As well as an exploration of the mental health symptoms experienced by the children of holocaust survivors, from there it has come to encompass many other marginalized groups. When it comes to Black Americans historical trauma is

attached to slavery and segregation, with Middle Eastern people it is attached to the constant state of displacement and war in home countries, and with Mexican Americans it similar to those experience by indigenous folks (Awad and Kia-Keating, 2019; Braveheart et al.,2011; Estrada, 2009; Williams-Washington and Mills, 2016).

Mental Health Ramifications

As previously stated, historical trauma has ramification on both the physiological and the psychological: with many being on the psychological side. Some of the mental health ramifications seen are an increase of depressive and anxiety related disorders and symptoms, higher suicidality and increased substance use (Brave et.al., 2011). Therefore, historical trauma has dangerous end results for the people that experience it. With the potential for those living and experiencing historical trauma to develop increasingly adverse mental health related effects, such as those previously mentioned: increased suicidality, increased drug and alcohol dependence, and increased clinically diagnosable anxiety.

There is also the potential for historical trauma to affect the relationship between provider and services seeker. As stated Danzer et al (2016) the relationship can be adversely affected to the point that service seekers would feel less inclined to open up with providers that are white due to the lack of trust due to the historical trauma that can be associated with marginalized groups and white oppressors.

Studies Focusing on Historical Trauma

There is a lot of research on what it is that historical trauma is, and since the term has come into common vernacular it become studied extensively especially in connection with Native and Indigenous Americans. With much of the research talking about how historical trauma is a factor in many of the social inequalities and disparities experienced by ethnic and racial minorities in health-related spheres (Mohatt, Thompson, Thai, and Tebes, 2014). With historical trauma being discussed as being passed down through coping mechanisms, learned behavior and even with the potential of there being considered an epigenetic cause (Estrada, 2009). Sotero (2006) goes on to define the evolution and concept of historical trauma as being the product of an initial incident that is cataclysmic to the group being affected, entirely changing their way of life, continue through constant retraumatizing practices, such as discriminatory practices and structural barriers as well as the narrative that has now become part of the group.

Methodologically the studies the have been conducted have all mostly been qualitative in nature, due to how Estrada (2009) states the inherent qualitative nature of historical trauma and the lack of quantitative measures. This is to say that there been very few quantitative studies on historical trauma, and this can very clearly been seen in the various studies taken for this Literature review where most of the methods include interviews, assessments, and other qualitative measures (Awad and Kia-Keating, 2019; Braveheart et al.,2011;

Williams-Washington and Mills, 2016). That is if they do not completely avoid methods and take a theoretical perspective as is the case in Estrada (2009).

In the case of many of the research communities taken for the studies many have been done almost all other communities except the Latinx with very little research having been done at all on them (Estrada 2009). Therefore, there is a deficit of research on a group that has seen some if not all cataclysmic events that have incited historical trauma in other groups. That being exactly what makes historical trauma so interesting in Latinx communities, as they stand in the intersection of colonization, slavery, immigration, and states of warfare. Any one of these could be considered an inciting event that would drastically change an entire community; how all this combine in the Latinx community to create historical trauma is something that has not been studied.

Theories Guiding Conceptualization

There are two theories that drive the framework that is historical trauma first is Person in Environment and the next one is the Narrative Approach.

Person in environment is the approach taken in social work studies that a person is much more than just the individual themselves, every person has larger systems at work in their environment (Green and McDermont, 2010).

These larger structures can and do include everything from relationships that are navigated (family and friendships), to large agencies (schools and jobs), to even entire structures (governments and countries). This is especially important in the conceptualization of historical trauma because as Sotero (2006) states the

process of historical trauma goes beyond the initial incident of trauma that affects the community but also includes the continuous acts of larger agencies or structures that continue to enact discriminatory practices or retraumatizing acts. In other words, as the individual interacts with their environment, as is the cornerstone of the Person in Environment paradigm, the person is likely to come across agencies and structures that act to propagate the traumatization.

On a smaller scale or in a smaller environment; family is one of the systems that plays a role on the person and much of what influences a person is their family. From their family a person can learn coping skills and behaviors, and some of those behaviors can be negative. In the case of historical trauma where a person can learn the use of substances or unhealthy coping mechanism as traditional coping mechanisms have been lost due to colonization or other inciting events (Braveheart, et.al., 2011).

Narrative theory is based on the idea that the stories we tell about ourselves are important and relevant to understanding ourselves and in fact our reality as individuals is entirely constructed by these stories (Beaudoin, 2005). This is especially important when it comes to the way historical trauma is passed down and propagated, with many times the problem saturated narrative being passed down through generations (Mohatt, Thompson, Thai, and Tebes, 2014). Mohatt et. al. (2014) goes further on to talk about how when a narrative that starts with a catastrophic event, like is the act of colonization, it influences of the narrative ensuring that it is problem saturated and negative. Narrative therapy

therefore is a good approach to take to tackling historical trauma, as helping to take control of a new and empowered narrative is the purpose of narrative therapy (Beaudoin, 2005). Taking it a step further, it is possible that taking a narrative approach can help those communities affected by historical trauma, above just working with the individual client.

Summary

Historical trauma as it stands is a framework that has helped understand the realities of mental health disparities in many different marginalized communities. Yet, it this framework has been little used to with or applied to the Latinx community. Which is unfortunate since historical trauma as a perspective can be used to further understand mental health in the Latinx community. Especially when taken under a theoretical perspective of either person in environment or narrative approach, as these can help further explore how historical trauma has affected the Latinx community. As such historical trauma should be further explored in its connection to the Latinx community and its lasting impact on the group.

CHAPTER THREE

RESEARCH METHODS

Introduction

The purpose of this chapter will be to discuss and expand on the methodology that was taken part of this study. Such things that will be discussed include, the study design, sampling, data collection, procedures, and protection of human subjects. That is to say that this chapter will seek to expand on how each of these are important and a necessary aspect of the research study being conducted.

Study Design

The purpose of the research design was descriptive in nature, this having to do with the fact that there is already quite a bit of research on the topic of historical trauma. Meaning that while the groundwork of the research has already been established the purpose of this research study was to further describe the relationship that can exist between anxiety symptoms in Latinx clients and the historical trauma that they have experienced. The study will therefore take a quantitative method approach to help describe the relationship, if any, that exist between historical trauma in the Latinx community and anxiety symptoms experienced. The study used three quantitative measures to first measure if there is to be a relationship between the independent variable of historical trauma, and the dependent variable of anxiety symptoms.

The strengths of this study design are such that it allowed for there to be a gathering of quantitative data that can be used to explore the relationship in a numerical fashion. That is to say that a quantitative portion of study was useful in helping in looking at the statistically important relationship between the variables. Limitation wise, the study suffered from having a small sample size in that the larger a study the more comparable it can be made to the general population, yet due to time constraints and COVID-19 specific guidelines a larger study was not possible.

Sampling

Since this study required a specific population, this being the Latinx population, as such Latinx community members that could be reached readily were used. This form of sampling is known as non-probability sampling, more specifically it is convenience and judgment sampling. The study was comprised of a total 30 research participants. The participants were reached through online postings, emails, or even through snowball sampling, word of mouth, as it was difficult at the current moment to gather participants due to current pandemic guidelines.

Data Collection and Instruments

Quantitative Research Methods

The quantitative aspect of the study were more able to directly seek to explore the relationship between historical trauma and anxiety as such for this

study there will be one independent and one dependent variable. The independent variable in this study was the presence or absence of Historical trauma or as Whitbeck, Adams, Hoyt, and Chen (2004) put it historical loss. The dependent variable therefore was the anxiety symptoms, whether they are present or absent after having established the presence of historical trauma and loss.

The three instruments that were used to gather the pertinent information for both variables are as follows: The Historical Loss scale, the Historical Loss Associated Symptoms scale, and the Becks Anxiety Inventory (BAI). The historical loss scale was used for the independent variable and to establish the presence of historical trauma. This scale had been chosen due to its high internal reliability as stated by Whitbeck et al (2004), with a Cronbach's alpha coefficient of .92. As well as having been one of the few scales that could effectively quantify historical trauma. This scale was of course be adjusted to be more culturally appropriate for the Latinx community as this scale was created by Whitbeck et al. (2004) for working with indigenous communities in the United States; while both communities have faced similar experiences there are some differences that needed to be accounted for in the scale. The next two scales were for measuring dependent variables in the study which is the presence of anxiety related symptoms. The two scales being used are the Historical Loss Associated Symptoms scale and Beck's Anxiety Inventory. The Historical Loss Associated Symptoms scale gathers information on various symptoms that have

been connected to historical trauma, not just anxiety. Yet, it did allow for the researcher to gather more large-scale effects of historical trauma on the research participants along with the anxiety. Also, according to Whitbeck et al. (2004), the creators of the scale, the scale has a high internal reliability with a Cronbach's alpha coefficient of .89. The Beck's Anxiety Inventory is a 21 questions inventory scale that is used to determine level of severity of anxiety symptoms. This scale was useful in this study to gather the appropriate level of anxiety as it related to historical trauma. Furthermore, as stated by Beck, Brown, Epstein, and Steer (1988), BAI has high reliability and good internal consistency with a Cronbach's alpha coefficient of .92. As well as having high test-retest reliability with an $r(58) = .75$. Lastly BAI also has a good validity especially in contrast to other similar scales such as Hamilton Anxiety Scale ($r=0.51$), the STAI ($r= .47-0.58$) and the anxiety scale of the Symptom Checklist ($r=0.81$) (Beck and Steer, 1991). Therefore, all these scales had been evidence proven to measure what was needed for this study.

Procedure

Due to the restrictions that were in place for in person interactions as they pertain to Covid-19 and CDC guidelines, most of the study needed to be conducted through tele communicative means. This meant that the scales that were used for the study needed to be made into an electronic medium, such as creating an online poll that could gather the data. Timewise the study conducted per participant was broken down as such, the 3 scales being used would only

need approximately 10-15 minutes to be completed. Most of research participants were sought out through email and social media as it was the best means to recruit participants for this study.

Protection of Human Subjects

As this research study did deal with human participants, there were precautions that need to be made to ensure that the participants safety and anonymity was protected. First and foremost, very little personal information was gathered; identifying information that was gathered was race/ethnicity, gender, and age. A consent and disclosure were given to participants before the study to ensure that the participants are informed about the study, their participation in it and their rights as they pertain to the study.

Data Analysis

Since the study was quantitative in nature it was split into having an independent and a dependent variable. The independent variable for this study was the presence of historical trauma, which was measured by the Historical Loss scale, with respondents rating their responses on a scale from six to one. With six being thinking about a historical loss several time and one being never thinking about them. At the end, an overall score was taken for scale with higher scores meaning higher instances of historical loss/trauma. The dependent variable was measured by two scales, one being the Historical Loss symptoms scale and the other being the Beck's Anxiety Inventory. The former measured

many different symptoms of historical loss/trauma, one being anxiety which was used for purpose of this study. Yet, the other symptoms were taken as well to be used to understand the gravity of historical loss on other aspects of life for the respondents. The measure was scaled from one to five; with a one being never to a five being always. Higher score means more self-reported anxiety, as such this measure will be used to establish the presence of anxiety in respondents. The Beck's Anxiety Inventory was used to further explore the presence of anxiety in the respondents, with the scale measuring the severity of anxiety and anxiety related symptoms. The scale falls on a range between a zero through three, with a zero meaning not experiencing the symptoms at all and a three experiencing the symptoms severely. At the end of the scale the total score was taken and used to measure the severity of anxiety and anxiety symptoms. This measure was important to further qualify the presence of anxiety in the respondents and then to go a step further and measure the level of it.

Summary

This chapter expanded on the methods that were being used in the study of Latinx community members and anxiety symptoms. The study used non-randomized sampling due to the nature of the participants being sought. The study being a quantitative study meant that there were 3 scales used to measure both the independent and dependent variables for the study. There was, therefore, considerations to take for procedure and protection of human subjects as discussed due to COVID guidelines.

CHAPTER FOUR

RESULTS

Introduction

This chapter presents the findings based on the analysis of the data that was collected during the course of the study. The first portion of this chapter describes the demographic characteristics of the participants including gender, sex, age and ethnicity. The next portion of this section describes the relationship between the variables that were being assessed for in this study: historical trauma, historical associated symptoms and lastly presence of anxiety.

Descriptive Statistics

There are 30 participants in the study. Descriptive statistics were used to describe demographic variables including the variables of age, sex, gender, and ethnicity. Each of these will be discussed in terms of how each of these presents in the study sample population.

Age

As can be seen in table 1, the ages of the participants ranged from 18 years to the 44 years. This speaks to the fact that the study had a range of 26 and a wide diversity of ages. The most common age of participants was 25 with 5 respondents being that age. The next most disclosed ages were 26, 27, and 23 all having 4 responses each.

Gender and Sex

Sex and gender are concepts that tend to be conflated as one, but for the purpose of this study data was collected on both. Starting with gender there were options to self-identify from multiple option, such as cis gender male or female, transgender male or female, gender nonconforming, etc. From what can be seen from table 1, nearly two thirds of the participants (64.3%) self-identified as cis gender female, while 17.9% of the participants self- identified as cis gender male with smaller populations of gender variant/gender conforming, not listed, and prefer not to state.

Sex was another descriptor that was gathered for the purpose of the study. There were four main options to choose from for this category. These options were: male, female, intersex, and prefer not to state. Similar to the previous stated category of gender, 70% of the participants were female, 26.7%, and 3.3% preferred not to state his/her gender. It is worth of note that the intersex sex category did not receive any respondents.

Ethnicity/Nationality

Due to the fact that the specific population being sampled was of the Latinx/e population, the study asked the participants to self-identify with one of the many nations and countries of Latin America. It is worth mentioning that respondents were allowed to answer as many nationalities they identify with, as many may be able to identify with more than one. As such the totality of response in this category is larger the total sample size of thirty. As can be seen from table

1, the majority of the sampled participants (93.3%) was comprised of Mexican identified individuals. The rest the sample was comprised of individuals that identify as Guatemalan, Peruvian, Salvadorian, Argentinian, and other not listed.

Table 1. Demographic Characteristics of the Participants

Variable	Frequencies (n)	Percentages (%)
Gender:		
Cis Gendered Male	5	17.9
Cis Gendered Female	18	64.3
Gender variant/ Gender Nonconforming	2	7.1
Not Listed	2	7.1
Prefer not to State	1	3.6
Sex:		
Female	21	70.0
Male	8	26.7
Prefer not to say	1	3.3
Age:		
18 years old	1	3.6
21 years old	1	3.6
22 years old	1	3.6
23 years old	4	14.3
24 years old	2	7.1
25 years old	5	17.9
26 years old	4	14.3
27 years old	4	14.3

Variable	Frequencies (n)	Percentages (%)
29 years old	2	7.1
30 years old	2	7.1
34 years old	1	3.6
44 years old	1	3.6
Nationality/Ethnicity:		
Argentinian	1	3.3
Salvadorean	1	3.3
Guatemalan	2	6.7
Mexican	28	93.3
Peruvian	1	3.3
Other not listed.	1	3.3

Variable Results

Measure Analysis

The frequencies of the individual measures were taken to see the individual items of the measures and how they were rated by the participants of the study. The measure that was looked at was the Historical Loss scale (HLS). In the HLS, there are 12 items and the items included asking participants how often they thought about the loss of our land, loss of our language, losing our traditional spiritual ways, loss of family ties because of deportation, and other issues. As can be seen in tables 2 and 3, two items in the HLS had a tendency to be rated higher than the other items: the loss of self-respect from treatment by government officials and the loss of trust in White people due to

unjust people. More than half of the respondents reported that they had thought about the loss of self-respect from treatment by government officials weekly or more often. Similarly, the majority of the participants (66.7%) indicated that they have thought about the loss of trust in White people due to unjust people at least weekly if not more often. This is especially important when taken into account the responses from the Historical Loss Associated Symptoms scale.

Table 2. The Loss of Self-respect from Poor Treatment by Government Officials

Variable	Frequencies (n)	Percentages (%)
Several times a day	5	16.7
Daily	10	33.3
Weekly	3	10.0
Monthly	4	13.3
Yearly or at special times	4	13.3
Never	4	13.3

Table 3. The Loss of Trust in White People Due to Unjust People

Variable	Frequencies (n)	Percentages (%)
Several times a day	6	20.0
Daily	8	26.7
Weekly	6	20.0
Monthly	5	16.7
Yearly or at special times	2	6.7
Never	3	10.0

Frequency distributions on the 12 items of the Historical Loss Associated Symptoms scale (HLASS) were conducted. This is of note as the two highest rated items in the HLASS were two that pertained to the respondent's symptoms in relation to "white people." Both of these items, as can be seen in tables 4 and 5, had more than half of the respondents stated that they had the stated symptom sometimes or more often.

Table 4. Fearful or Distrust in the Intentions of White People

Variable	Frequencies (n)	Percentages (%)
Never	3	10.0
Seldom	7	23.3
Sometimes	8	26.7
Often	9	30.0
Always	3	10.0

Table 5. Uncomfortable Around White People When You Think of These Losses

Variable	Frequencies (n)	Percentages (%)
Never	5	17.2
Seldom	3	10.3
Sometimes	8	27.6

Variable	Frequencies (n)	Percentages (%)
Often	10	34.5
Always	3	10.3

Frequency distributions on the items of the Beck's Anxiety Inventory were conducted. As seen in tables 6 and 7, two items were rated higher than the rest of the item: "fear the worst happening" and "nervous." "Fear of worst happening" is the item with the most respondents rating that they have had this anxiety symptom severely (see table 6). Being "nervous" as an anxiety symptom is the only item that is rated either moderately or severely by more than half of the respondents (see table 7).

Table 6. Fear the Worst Happening.

Variable	Frequencies (n)	Percentages (%)
Not at all	6	20.7
Mildly, but it didn't bother me much	9	31.0
Moderately-it wasn't pleasant at times	7	24.1
Severely- it bothered me a lot	7	24.1

Table 7. Nervous.

Variable	Frequencies (n)	Percentages (%)
Not at all	6	20.7
Mildly, but it didn't bother me much	5	17.2
Moderately-it wasn't pleasant at times	13	44.8
Severely- it bothered me a lot	5	17.2

Bivariate Analysis

The independent and dependent variables of this study were historical trauma, measured by the Historical Loss Scale, and anxiety, measured by the Beck's Anxiety Inventory (BAI) and the Historical Loss Associated Symptom Scale. In order to fully capture the relationship between these variables, the totals were taken from each of these scales per individual and Pearson's correlational tests were conducted among the variables.

The first test to be taken was on the relationship between the Historical Loss scale and the Historical Loss Associated Symptoms scale using a Pearson significance test. This test showed that there was a strong positive significant relationship between Latinx/e historical trauma and associated symptoms ($r = .641, p = .001$). It appears that the more the participants thought about historic loss on various issues, the more symptoms they felt.

Another Pearson's correlations significance test was conducted to assess the relationship between Latinx/e historical trauma (the measures of HLS) and

anxiety symptoms (BIA). This test showed that there is no significant relationship between the two variables as the Pearson's r is .111, which can be defined as a weak relationship and therefore of no significance.

Summary

This chapter presented the demographic characteristics of the participants and described the characteristics of the items of the major instruments, the Historic Loss Scale (HLS), the Historical Loss Associated Symptoms scale (HLASS), and the Beck Anxiety Inventory (BAI) using descriptive statistics. Pearson's correctional test was conducted to assess the relationships between Latinx/e historic trauma (HLS) and associated symptoms (HLASS). Another Pearson's correlational test was conducted to examine the relationship between Latinx/e historic trauma (HLS) and anxiety symptoms (BAI).

CHAPTER FIVE

DISCUSSION

Introduction

This chapter presents the discussion of the results taken from the previous chapter and the hypothesis stated of whether historical trauma plays a role in anxiety formation for Latinx community members. This chapter will then go on to explore the limitations of the study as well as what the implications and recommendations that can be taken from this research.

Discussion

From what can be gleaned from the results presented in the previous Chapter, it should be stated that there was some interesting data that were recovered from the actual exploration of the study. This study found that there is a strong positive relationship between experiences of historic trauma and associated symptoms in this Latinx sampled participants. It means that there are Latinx/e individuals that are experiencing historical trauma and are experiencing the associated symptoms as well. This is important to note as there is no studies that either qualify or quantify this experience for Latinx/e individuals. Estrada (2009) theorizes about the possibility of historical trauma in the Mexican American community but does not put forth any measures or evidence of this being a reality for this community. In fact, many studies on historical trauma in general do not use quantitative measures in their studies and therefore, there are

very few measures that quantify this experience as stated by Estrada (2009). As such it is of note that not only is this study one of the few that has taken a look at this specific population but has also used quantitative measures to explore it as well.

However, this study revealed that there was a weak relationship between experiences of historic trauma and anxiety symptoms. Thus, the overall hypothesis of the relationship between historical trauma and anxiety symptoms was not supported by the data in the study. This can be due to the fact that historical trauma may not manifest itself in this symptomology in this community but rather in different symptoms. As can be gleaned from the highest rated items in the HLASS, this community presents with symptoms that show a general distrust of White individuals.

As stated previously, the study also found that more than half of the respondents reported that they had thought about “the loss of self-respect from treatment by government officials” and “the loss of trust in White people due to unjust people” weekly or more often. The study also indicated that more than half of the participants had felt “fearful or distrust in the intentions of White people” and “uncomfortable around White people when you think of these losses” more often than other issues. These findings were of importance due to note only the fact that more respondents tended to respond higher on them, but also to the nature of which they deal with. This means that those items taken from both the Historic Loss Scale (HLS) and Historic Loss Associated Symptoms Scale

(HLASS) mainly had to do with White people and the response symptoms they had of them. Mainly this shows that by majority that respondents seem to feel at least uncomfortable around White people. The implications of this will be further explored in the recommendations and implications portion of this chapter.

Limitations

The most prevalent limitation to this study is the small sample size, to truly grasp the possible and far reaching effects of historical trauma in the Latinx/e community, it would be preferable to conduct the study on a larger sample population. Furthermore, it needs to be noted that two other issues could have affected the sample to skew in two very specific directions. One issue is that female participants are overrepresented, and another issue is that Mexican Americans are overrepresented in the study. This is to say that the population that made of the sample was made of majority of these specific populations which can skew data or at the very least not provide us with the wider picture that may be needed for study such as this. It is also worth mentioning that due to COVID-19 pandemic there were considerable restrictions to research being conducted, such as all research studies had to be conducted electronic and virtual means.

Recommendations and Implications

There are many implications and recommendations that can be taken from the research results from this research study. First and foremost, this study

leaves fertile ground for further research into the historical trauma in the Latinx/e community. It is hoped that this study opens the door to potential questions about the how historical trauma is presenting in the Latinx/e community that may need further insight. It is recommended that future research shall attempt to gather a wider range of Latinx/e participants to further gain insight into the intricacies of this phenomenon.

On the micro/individual level of social work, this study presents many interesting opportunities for learning and growth. Firstly, as it can be seen in Danzer et. (2016), White mental health practitioners need to be aware of the racial aspect in historical trauma and how it can play out in the therapeutic relationship. This study found that many of the participants showed distrust and may have felt uncomfortable around White people. This may also be true for Latinx/e community members that are in a therapeutic relationship with a White mental health practitioner. This can mean that White mental health practitioners may need to be aware of this distrust and address as needed in their therapeutic relationships with this community.

It is important to note that social workers who work with Latinx clients need to be aware that historical trauma is playing a role in this community and there are associated symptoms with that as well. Thus, mental health practitioners and social workers may need to be available and ready to help in addressing the ramifications of historical trauma with their clients. This can be done in many different forms such as using culturally competent interventions,

addressing power dynamics as they pertain to the therapeutic alliance, empowerment of the client, and diagnosis in context of the historical trauma.

On the Macro/Community level the implications take on a more political aspect due to the inherited nature of historical trauma. Sotero (2006) stated that in order for historical trauma to transmit and propagate, the continual oppression of the affected group through unjust policies and discourse is needed. In such a context, in order to accomplish an alleviation or even a cessation of the effects of historical trauma, the political oppression of the Latinx/e community must be addressed. As such social workers can take the opportunity to work with the NASW code of ethics, more specifically the social justice tenet, and enact policies to help address the oppression of and advocate for this group.

Conclusion

There were many important and relevant finds that were found through the course of the study that have important ramifications for the field of social work. One of the starkest findings being that there is an association between historical trauma and its associated symptoms in the Latinx/e community. As well as that some of the most rated items pertained to relationships between this community and what is considered the White community. Which stands in contrast to the low association between historical trauma and anxiety related symptoms.

These findings are of note as they have implications for how social workers and in fact all mental health practitioners can and should interact with the Latinx/e community. From being culturally aware and bring that to the types of interventions used in practice, to the power dynamics that may need to be addressed in the therapeutic relationships. Not to mention to larger implications for society at large in the political context of this community's trauma. As such social workers need to aware of historical trauma and how it will affect their role when it comes to working with the Latinx/e community.

APPENDIX A
DEMOGRAPHIC DATA

Demographic Data

<i>Age</i>	_____
<i>Sex</i>	Male Female Intersex Prefer not to State
<i>Gender</i>	Male Female Transgender Female Transgender Male Gender variant/ Gender nonconforming Not listed_____
<i>Ethnicity/Nationality</i>	Prefer not to State Argentinian Belizean Brazilian Costa Rican Salvadorean Guatemalan Mexican Honduran Nicaraguan Panamanian Bolivian Chilean Colombian Venezuelan Dominican Puerto Rican Cuban Haitian Uruguayan Paraguayan Surinamese Peruvian French Guinian Guyanese Other not Listed: _____

APPENDIX B
HISTORICAL LOSS SCALE

		Several times a day	Daily	Weekly	Monthly	Yearly or only at special times	Never
A	The loss of our land	6	5	4	3	2	1
B	The loss of our language	6	5	4	3	2	1
C	Losing our traditional spiritual ways	6	5	4	3	2	1
D	The loss of our family ties because of deportation	6	5	4	3	2	1
E	The loss of families from the community to government detention	6	5	4	3	2	1
F	The loss of self-respect from poor treatment by gov. officials	6	5	4	3	2	1
G	The loss of trust in whites due to unjust policies	6	5	4	3	2	1
H	Losing our culture	6	5	4	3	2	1
I	The losses from the effect of alcoholism on our community	6	5	4	3	2	1
J	Loss of respect by our children and grandchildren for elders	6	5	4	3	2	1
K	Loss of our people through early death	6	5	4	3	2	1
L	Loss of respect by our children for cultural ways	6	5	4	3	2	1

APPENDIX C
HISTORICAL LOSS SYMPTOMS SCALE

	Feeling	Never	Seldom	Sometimes	Often	Always
A	Sadness or depression	1	2	3	4	5
B	Anger	1	2	3	4	5
C	Anxiety or nervousness	1	2	3	4	5
D	Uncomfortable around white people when you think of these losses	1	2	3	4	5
E	Shame when you think of these losses	1	2	3	4	5
F	Feel isolated or distant from other people when you think of these losses	1	2	3	4	5
G	A loss of concentration	1	2	3	4	5
H	A loss of sleep	1	2	3	4	5
I	Rage	1	2	3	4	5
J	Fearful or distrust the intentions of white people	1	2	3	4	5
K	Feel like it is happening again	1	2	3	4	5
L	Feel like avoiding places or people that remind you of these losses	1	2	3	4	5

APPENDIX D
BECK'S ANXIETY INVENTORY

	Not at all	Mildly, but it didn't bother me much	Moderately-it wasn't pleasant at times	Severely- it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky/unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint/lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot/ Cold sweats	0	1	2	3

APPENDIX E
CONSENT FORM

APPENDIX F
DEBRIEFING STATEMENT

Study of The Role of Historical Trauma in Anxiety Formation in Latinx Community Members

This study you have just completed was designed to investigate historical trauma's role in the Latinx/Latine community. Specifically, as it pertains to anxiety and anxiety related symptoms. In this study two variables were measured: the presence of historical trauma and anxiety. The surveys completed seek to establish both the presence of historical trauma and the level of anxiety. We are particularly interested in whether there can be any established relationship between these two variables when it comes to the Latinx/Latine community.

Thank you for your participation. If you have any questions about the study, please feel free to contact Victor Luna or Professor Dr. Janet Chang at (909)537-5184. If you would like to obtain a copy of the group results of this study, please contact Professor Dr. Janet Chang at (909) 537-5184 at the end of Spring Semester of 2020.

Understandably some of the questions asked in this study can be quite hard and triggering. If you are in need of any resources or help, please look at the provided list of resources below:

Resources

Crisis text line: Text CONNECT to 741741 to chat with a counselor

SAMHSA's National Helpline 1-800-662-HELP (4357) or 1-800-487-4889

Suicide Prevention Lifeline at 1-800-273-Talk (8255) or dial 911.

APPENDIX G
IRB APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-100

Janet Chang Victor Luna
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Janet Chang Victor Luna:

Your application to use human subjects, titled “The role of historical trauma in anxiety formation in Latinx community members” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.

- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-100 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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