



## ***Podcast Transcript***

### **The tragic effects of structural violence & community trauma**

*Featuring Dr. Howard Pinderhughes, UCSF*

Hey, welcome to Code WACK!, a podcast on America's "wack" healthcare system, how it hurts us and what we can do about it. I'm your host Brenda Gazzar.

How does structural violence, including police aggression and poor health care, contribute to trauma in a community? What kinds of subcultures arise out of the daily experiences of community trauma? We recently spoke to Dr. Howard Pinderhughes, a sociology professor at the University of California San Francisco and vice chair of the Prevention Institute's board of directors about his groundbreaking work on violence prevention and trauma.

#### **Welcome to Code WACK! Dr. Pinderhughes**

**Pinderhughes:** Thank you very much.

#### **Q: If you can tell us a little bit about yourself. Who are you and what do you do?**

**Pinderhughes:** I'm a professor in sociology in the Social Behavioral Sciences Department at UCSF and I do a lot of work on violence, youth violence, violence prevention and trauma and then a lot of work also on health equity and health inequality (and) health disparity.

#### **Q: *What personal experiences drew you to this work?***

**Pinderhughes:** I grew up in Roxbury, which is part of Boston and in 1957, when I was born, my parents moved there. It was a middle class income, mixed race neighborhood with a few Black folks moving in. That was one of the few places that they allowed Black people to move into in Boston. Through the next 15-20 years, my childhood and adolescence, it went from being that mixed race, mixed income neighborhood to a neighborhood of entrenched intergenerational

poverty. By 1991, Boston was the youth murder capital of the United States and so I watched as capital and businesses fled and poverty went up and the neighborhood deteriorated and was neglected.

We had riots first in 67 after a woman was brutalized at the welfare office, which was about four blocks away from me. For four days, Roxbury had an insurrection and the whole economic business corridor was burned out. I watched the flames from my bedroom and from then on, it was very, very economically, not just depressed...it was really just devastating... Couple that was going from a very safe neighborhood to when I was 6 years old, I can remember walking out of our house to go to church on Sunday morning, looking across the street and there was a black plastic bag underneath the mailbox and we didn't think anything of it. When we came back, the police were all around, the area was cordoned off. It turned out that that was one of my six-year old neighbors who was in that plastic bag.

**Q: Oh my gosh!**

**Pinderhughes:** And that was kind of the first of a series of situations and violent events that transformed the nature of the neighborhood, accelerated not just White flight, but Black middle-class flight. And so I watched as the neighborhood went from one, which was very vibrant and a wonderful place to grow up, to one that was very dangerous, had a lot of violence, a lot of poverty...obviously that goes with deterioration in health outcomes for the vast majority of folks in Roxbury. That really informed kind of what I wanted to concentrate on in terms of my sociological research as well as work as well as policy work as well as community work.

**Q: I see. The terms trauma, healing and resilience are used to describe both individual and community experiences. Can you talk about why it's important to understand and distinguish between individual and community level experiences of violence and trauma?**

**Pinderhughes:** Through my work with the Prevention Institute here in Oakland, we developed this framework called "adverse community experiences," which really for me was rooted in what I experienced and saw happen to Roxbury growing up and how structural forces and factors and systems and institutions essentially destroyed a vibrant neighborhood and placed the vast majority of people in Roxbury in harm's way – harm from what we have come to understand now as structural violence and that's ranging from everything to police surveillance and aggression to poverty, to disinvestment, to unemployment, to poor health care, to poor schools – the whole range of social determinants of health, which I watched in Roxbury go from one where it supported a vibrant community to one that really helped produce the trauma that a lot of individuals, families, and even the whole community was subject to.

**Q: Uh-huh. Got it. How did the relationships between trauma, childhood and community experiences even begin to be studied?**

**Pinderhughes:** It took us a long time just to even understand the nature and depth of individual trauma in everyday life for particularly underserved, under-resourced and oppressed marginalized community and through the nineties and through the ACEs framework and all the literature that came out of that – adverse childhood experiences – we came to understand, and also through the realization of the impacts of war on veterans, returning from war, we came to understand the importance of understanding and treating individual trauma. And over the last 15 to 20 years, we've come to understand, okay, it's not just veterans coming back from war who are exhibiting these symptoms, we have young people and families and adults who are subject to that in their own communities. And in fact, what we understand is post traumatic stress disorder cannot be called post because it's a persistent everyday experience of danger and of exposure and victimization. And so that began to really resonate through the work I was doing with young people.

It wasn't just at the individual level, but at the community level and this was something that I certainly without really naming it kind of saw and started to understand all the way back when I was 7 years old and my neighbor was murdered.

It had a ripple effect on the community. The emotional impact it had on the community, the shift and change from the perception of our community as a safe place to live, work, play, and pray to a community that was dangerous and that you had to watch your back, and as Roxbury transformed from a vibrant community to one that had a reputation that nobody wanted to move there or even travel through enough so that they moved out of Roxbury. So those were all parts of what I experienced growing up.

Working with the team at the Prevention Institute in particular, Rachel Davis, who's now executive director, we came up with this framework for community trauma and part of the reason, part of the backstory on that is that we did a study in Northern California funded by Kaiser to look at a number of the different Kaiser community benefits districts. We looked at San Francisco and we looked at Oakland. We looked at Stockton and we looked at Richmond and we looked at Sacramento and we interviewed folks all around there.

And we were reporting to Kaiser about our findings and it actually occurred to me in that meeting, that Kaiser was the partner on the adverse childhood experiences. And that there was a way to understand community trauma from the standpoint of a framework that connects it up to adverse childhood experiences, and also provided us with a way to understand that it's a systemic and institutional problem of structural violence that results in community trauma. And so that's essentially kind of how that framework was developed. We worked with it and still work with it with communities and public health departments across the country as ways to understand how to engage issues of violence prevention.

**Q: *Wow, that's amazing. You mentioned when you were young, the young boy that was murdered. Do you have a more recent example of how adverse childhood experiences contribute to community trauma?***

**Pinderhughes:** I've got too many to name, but what one that that comes to mind or that I actually write right about in my forthcoming book is there was an 18-month old named Baby Hiram in west Oakland who caught a stray bullet from a street shooting and ended up at Children's Hospital here in Oakland on life support and I was going down to west Oakland several times a week and seeing what the community went through as that baby struggled for life, and then had to be pulled off of the life support.

And the feelings that they went through was really indicative of a lot of what that community trauma is all about. It increases the hyper vigilance that folks have. It impacts their ideas of possibilities and opportunities. It creates a situation where as a community, there's just a narrative that gets developed where there's the expectation of violence. It's the expectation of trauma.

**Q: *Ahh, that's heartbreaking.***

**Pinderhughes:** And there's really the belief that there's not much they can do about it. And it doesn't help when law enforcement is part of that trauma. And it doesn't help when you seek health care and have experiences that further inflict trauma, and part of what the adverse community experience framework that we came up with was a concept called synergistic trauma. I came up with it as a way to understand the multiple sources of trauma that individuals, as well as communities are, are subjected to, and that's it's historical and intergenerational trauma – that's trauma from violence, community violence and interpersonal violence, and it's trauma from structural violence, which all intersect at a community level to impact the range of different things that go on. So that part of what we experienced then are cultural norms and ideas that get adopted and internalized by the range of people in our community.

**Q: *And what about the impact on young people? What have you learned about that?***

**Pinderhughes:** I specifically work with young people so they're self destructive at best and outwardly reproductive of violence and trauma as well. So you have things like subculture and pimp culture that evolve out of community trauma, out of the daily experiences of hearing about somebody in your neighborhood who gets killed, the daily experience of walking down your block and seeing the next altar that has sprung up because somebody had been shot on that part of the street, the gunshots you hear at night, or even in the daytime. All of these pieces become a part of the persistent traumatic stress that happens on a daily basis. And the thing that I've always pointed to is you have that on top of – I want to bring the ACEs study back into this.

The ACEs study was done among 10,000 middle-class, mostly White members of Kaiser San Diego and they found that four or more exposures to adverse childhood experiences results in increased likelihood of chronic disease or emotional or psychological problems as an adult. For the young people I'm dealing with, or even the range of people in the life course. The question is not what happens with four or five that you've had as a child, but what happens if you have all nine of them on the daily and it then becomes a whole different question of what does healing mean within that context? And how do we try to engage that? And part of understanding the role of communities is that communities, healthy communities should be the fabric and foundation of resilience, people who are subjected to individual trauma. But in the case of communities with community trauma, it's the opposite. They exacerbate them. There's one of the sources of the synergistic trauma that people have, and it makes it very, very difficult to heal and maintain a healthy space and a healthy body.

**(5-second stinger)**

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