Addressing Identity Disruption and Displacement Through a Culturally Responsive Ecological Model of Trauma Assessment

NaKita W. Scott

Abstract: *Identity is complex and embodies cultural, social, and place identity. These three parts of identity connect to an individual's sense of belonging in the world. Identity disruption or identity displacement can occur when trauma happens related to one's culture. Current methods of assessment fail to recognize the role of disruption or displacement among marginalized populations. Furthermore, current validated trauma assessments are often not generalizable to racial and ethnic minorities. The primary aim of this conceptual paper is to provide guidelines for the inclusion of identity-based factors in culturally responsive trauma assessment. The secondary aim is to discuss culturally responsive trauma assessment approaches, which include an exploration of identity disruption and displacement as a dimension of adverse experiences. A culturally responsive, ecological approach to trauma assessment is then introduced with implications for social work education, practice, policy, and research.*

Keywords*: Identity, trauma, displacement, disruption, assessment*

Identity is multidimensional, as an individual can be connected to and comprised of multiple identity classifications. Examples of personal or cultural identity include gender, race, ethnicity, religion, sexual orientation, migratory status, and ability (physical and intellectual). Influences from one's environment (e.g., school, family, church, home, community, country of origin) define social identity, which connects to one's sense of belonging. Identity encompasses culture as well as a variety of other aspects of who an individual is personally, such as their gender identity, level of education, religion, sexual orientation, and many others (Bryant-Davis, 2005). Individuals can hold several identities, based on membership with diverse groups, which allows them to be affected by many diverse cultures (Bryant-Davis, 2005). Understanding the identification of a client helps the therapist make more accurate assumptions about the significant cultural influences in that person's life (Hays, 2008), yet how therapists assess cultural identity through a trauma lens is limited.

Additionally, current models of biopsychosocial assessment fail to include questions that explore identity and how experiences with trauma impact identity. The purpose of this paper is to explore the role of identity in relation to trauma, identify assessments and screening processes that address identity-based trauma experiences rooted in sociocultural and place identities, and offer an ecological model of culturally responsive trauma assessment. In actively exploring these matters, social workers can better equip themselves to understand how culture and identity impact clients' experiences of trauma and to provide culturally appropriate, trauma-responsive interventions.

NaKita W. Scott, DSW, LCSW, Assistant Professor, Department of Social Work, Southeastern University Lakeland, FL.

Literature Review

An Ecological Perspective of Identity and Trauma

A variety of interactions across system structures, including those in the family, cultural, social, political, and psychological domains, impact human development and mold one's behavior, life choices, and well-being over a lifetime (Backonja et al., 2014). Bronfenbrenner's Ecological Theory strongly emphasizes how interactions between people and their surroundings can influence human development (Keenan et al., 2016).

Bronfenbrenner's ecological systems theory of identity states there are five interrelated environmental systems known as microsystem, mesosystem, exosystem, macrosystem, and chronosystem that help to support and guide human growth and development (Bronfenbrenner, 1994). According to Bronfenbrenner's ecological systems theory, these interrelated environmental systems, ranging from a person's immediate surroundings (such as their family) to more general social structures (such as culture), have an impact on how an individual develops and is influenced by cultural factors like socioeconomic status, wealth, poverty, and ethnicity (Bronfenbrenner, 1994). Consequently, people's views and perceptions about themselves, their identities, and how things are in the world may be influenced by the culture and contexts in which they are raised (Bronfenbrenner, 1994). For example, experiences of poverty and homelessness may impact a child's access to quality education, thereby impacting their ability to engage in classroom learning. Social influences from families, friends, communities, and cultural norms, play a role in identity formation as individuals are influenced by both their innate characteristics and the social and communal environments in which they are raised (Hoare, 2009; Keenan et al., 2016).

Trauma and Identity

Trauma is broadly defined as experiences or situations that cause long-lasting negative impacts while also being physically, emotionally, or life-threatening to the individual (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014b). It is characterized by a Eurocentric, monocultural bias, even in the face of a professed dedication to cross-cultural collaboration (Craps, 2014). The ecology of an individual's trauma is shaped by the interrelationship of the individual and their community, as the environment can influence an individual's health and resiliency (Harvey, 1996). This can directly impact identity formation. Traumatic events can disrupt one's identity by altering one's values and beliefs of the world around them. Due to the relationship between identity and trauma, identity can impact posttraumatic distress or posttraumatic growth (Berman, 2016; Berman et al., 2020). Consequently, identity can impact the way the individual perceives, interprets, and experiences traumatic events (Berman, 2016). Identity, non-identity, or pre-identity traumas, like parental abandonment and traumas caused by nature, can result in such cumulative trauma disorders (CTD) when experienced concurrently or consequentially by an individual (Kira et al., 2011).

Identity, Trauma, and Culture

The emotion, expectation, and belief that one fits in the group and has a place there, as well as a sense of acceptance by the group, all contribute to a person's well-being, sense of belonging, and identity (McMillan & Chavis, 1986; Scannell & Gifford, 2016). The development of a person's connection to a place is a dynamic, multi-layered process based on the articulation of at least three dimensions: subjective (a person's perceptions of a place), social (relationships with the local population), and physical (the surrounding environment; Luci, 2020). Positive emotional connections that form between individuals and their surroundings are usually understood as place attachments (Jones & Walker, 2023; Lewicka, 2008; Scannell & Gifford, 2016). Gender, race, ethnicity, social status, sexual orientation, age, physical or intellectual ability, and religion/spirituality shape how individuals experience life, as they intrinsically link with one another (Alessi & Martin, 2017; Yakushko et al., 2009).

Person-environment interactions are supported by psychological ties to locations (Jones & Walker, 2023; Lewicka, 2008). As children learn to distinguish themselves from, yet still be connected to, their physical environment, they begin to acquire a sense of what many researchers refer to as place identity (Hauge, 2007). Place identity is a component of social identity involved in self-categorization and social comparison and may include a connection or attachment to specific geographical locations or types of places such as beaches, mountains, urban areas, liberal cities, etc. (Bernardo & Palma-Oliveira, 2013; Lewicka, 2008). It can also be described as the characteristics of a region—its people, inhabitants, and culture—that set it apart from others (Paasi, 2003). Like how gender and social class are substructures of self-identity, place identity is made up of perceptions and understandings of the environment (Hauge, 2007). These perceptions and conceptions can be divided into two categories of clusters: the first category includes memories, thoughts, values, and settings, while the second category includes the interaction between various settings (Hauge, 2007; Proshansky et al., 1983).

Group membership in these identities may cause individuals to become marginalized and more prone to identity-based victimization or hate-based violence (Allwood et al., 2021). Hate crimes are becoming more common in the United States (Federal Bureau of Investigation [FBI], 2019). In 2021, 7,287 offenses in the United States were perpetrated against individuals based on their membership in a marginalized identity group (FBI, 2022). A single trauma occurring once in a lifetime is unusual among cultural, refugee, and minority communities (Kira et al., 2011). Those who are marginalized or who experience stigma and discrimination, disabilities, homelessness, political repression, communal/societal violence (including gang, military, and paramilitary conflict), forced immigration (refugees, and asylum seekers), interrogation and torture, terrorism, genocide, and major disasters are especially vulnerable to experiencing traumatic stressors and developing posttraumatic stress disorder (PTSD) and related disorders (Ford et al., 2015).

Identity threats are defined as events that highlight a tension between a person's current setting and a marginalized identity they possess (Slepian & Jacoby-Senghor, 2021). Hays (2008) discusses the concept of insidious trauma, a term developed by Maria Root. Insidious trauma refers to the traumatogenic repercussions of oppression that harm the soul

and spirit but are not always openly violent or harmful to one's physical well-being at the time and is based on the characteristics of an individual's identity that is devalued by the dominant culture (e.g., race, gender, sexual orientation, disability; Hays, 2008; Root, 1992). It can also include the intergenerational transmission of trauma based on the traumatic experiences of one's ancestors such as the Holocaust, loss of sacred lands experienced by Native Americans, and slavery (Hays, 2008).

People who have directly or indirectly experienced identity-based trauma or hate-based violence may exhibit PTSD or complex PTSD symptoms, such as flashbacks, avoiding reminders of the event, and maintaining a mental state of high vigilance or being on guard out of concern for future acts of violence (Bryant-Davis et al., 2017). These symptoms are similar to those included in the diagnostic criteria for posttraumatic stress disorder (American Psychiatric Association [APA], 2022).

The trajectory of identity development and its behavioral outcomes are determined by how the emerging identity responds to stressful or threatening internal and external stressors and traumas (Kira, 2019). Whether the attacks constitute a risk to one's life or physical integrity, non-life-threatening prejudice and discrimination events can be perceived as traumatic assaults on an individual's identity (Bryant-Davis & Ocampo, 2005).

Trauma can be understood in the context of identity disruption and displacement. Identity disruption occurs when a major life event, such as trauma, occurs and disrupts normal identity development, thereby altering one's self-view (Brown & McGill, 1989; Vartanian et al., 2022). The incongruence of social behavior causes disruption based on cultural expectations (Boyle, 2017). Disruptive occurrences might cause people to reevaluate their identities considering the new circumstances, forcing them to do so (Mitchell et al., 2020).

An individual's identity formation may be significantly impacted by an experience of displacement, which can also cause feelings of loss, disorientation, and a sensation of being out of place. Multiple levels of trauma, loss, and transformation are present during the experience of displacement (Odiaka, 2022). Discrimination, marginalization, and communal exclusion can all be part of the displacement experience (Odiaka, 2022). As people navigate various levels of identity, including their cultural, social, and personal identities, identity development after disruption or displacement can be difficult (Odiaka, 2022).

Conceptualizing Trauma in Assessment

The concept of trauma in assessment is often measured in terms of adversity. Adversity is a broad concept that covers a variety of situations or occurrences that seriously jeopardize someone's physical or psychological health (Dym Bartlett & Sacks, 2019). Early adversity may interfere with one's sense of self because these early experiences are invalidating or because people are denied experiences (such as positive relationships with caregivers) that support identity development (Vartanian et al., 2022). Thus, exposure to adversity can lead to trauma. The variability of adversity often makes it

difficult to conceptualize and measure in research studies (Berman et al., 2022). In the past, measuring adversity in childhood has either used a specificity method or a cumulative-risk approach. Approaches to conceptualizing adversity later included dimensional models (Berman et al., 2022; Gizdić et al., 2023; McLaughlin et al., 2021).

The impacts of personal adversity, such as physical abuse, sexual abuse, neglect, parental death, parental divorce, and persistent poverty, are the focus of specificity models and the research they inspired (McLaughlin et al., 2021). Specificity models ignore the co-occurrence of adversity and fail to recognize that some pathways may be similar for many forms of adversity that share similar characteristics; for instance, physical abuse and witnessing domestic violence may raise the chance of anxiety through comparable mechanisms involving altered threat-related processing (McLaughlin et al., 2021). Cumulative risk models address the issue of co-occurrence adversity (McLaughlin & Sheridan, 2016; McLaughlin et al., 2021). Without considering the kind, diversity, duration, or intensity of the experience, cumulative risk calculates the total number of adversity exposures and experiences to get a risk score based on the assumption that all adversities have a comparable effect on human growth (Berman et al., 2022; Gizdić et al., 2023; McLaughlin et al., 2021).

The dimensional model of adversity provides an alternative approach to the specificity and cumulative risk models of adversity (Berman et al., 2022; Gizdić et al., 2023; McLaughlin et al., 2021). Dimensional models are predicated on the idea that it is feasible to pinpoint fundamental aspects of environmental experience that are consistent across a wide range of adversities and have similar characteristics (Berman et al., 2022; Gizdić et al., 2023; McLaughlin et al., 2021). Different approaches to quantifying and comprehending the impact of adversity on evolutionary development and subsequent health and well-being have been suggested by dimensional models (Berman et al., 2022; McLaughlin et al., 2021). Smith and Pollak (2020) disagree with the dimensional idea of conceptualizing adversity through categories due to their seemingly overlapping and vague distinction qualities. They suggest using a typological approach to conceive children's experiences from a more integrative, wide, and still biologically reasonable perspective (Smith & Pollak, 2020).

Dimensions of Adversity

Dimensional models of adversity mainly focus on dimensions of threat, deprivation, maltreatment, harshness, and unpredictability. Additional but not widely used dimensions of adversity include household or family dysfunction and peer victimization. All experiences, both inside and outside of the home that constitute a threat, involve either direct harm to the child, failure to protect a child from harm because the caregiver is endangered (e.g., exposure to domestic violence), or socio-contextual harm (e.g., being exposed to acts of community violence, being directly harmed due to racism, or being harmed by peers) because the caregiver is exposed to one of these experiences (McLaughlin & Sheridan, 2016; McLaughlin et al., 2021; Narayan et al., 2023). Deprivation experiences entail a developing child's input, resources, or basic needs being diminished, limited, or absent (Berman et al., 2022; McLaughlin & Sheridan, 2016;

McLaughlin et al., 2021; Narayan et al., 2023). In some dimensional models, maltreatment is seen as partially overlapping with both threat and deprivation (McLaughlin & Sheridan, 2016; McLaughlin et al., 2021; Narayan et al., 2023). Neglect, defined as the lack of intellectual and social stimulation during childhood, institutionalization, and a lack of committed caregiving because of caregiver absence (such as incarceration, abandonment, or death), scarce resources, or caregiver competence, are also evaluated in this category (Berman et al., 2022; Narayan et al., 2023). Losing one's home in the case of homelessness in childhood is also considered a form of deprivation (McLaughlin & Sheridan, 2016; Narayan et al., 2023).

Harshness is often coupled with the dimension of threat and includes external causes of morbidity and mortality (Berman et al., 2022). Unpredictability includes a lack of temporal stability in caregiving and other facets of the early environment and is more difficult to evaluate due to less consensus on how to do so (Berman et al., 2022). The dimension of family or household dysfunction covers five situations that expose the child to conflict in their surroundings without endangering them directly: exposure to domestic abuse, parental separation or divorce, and substance abuse, mental illness, or incarceration in parents or family members (Sayyah et al., 2022). Peer victimization, characterized by relational victimization (being left out or excluded), physical victimization (being pushed or hit), and verbal victimization (being called names or made fun of), can also be seen as a potential dimension of childhood adversity (Finkelhor et al., 2015; Sayyah et al., 2022). Although each dimension represents a threat to the individual's physical and psychological well-being, they still neglect to address adversity from a cultural and identity perspective.

Socio-Ecological Approaches to Assessment

Early perspectives erroneously assumed that psychological tests and assessments were objective and culture-free, even though most tests were standardized, validated, and found reliable primarily with White, middle-class, English-language samples (Olmedo, 1981). Identity with respect to assessment is typically addressed from a demographic standpoint. Some researchers will utilize demographic analysis (the examination of a population based on variables including sex, age, and race) to comprehend mental health issues among the general public (Kim & Kim, 2017). Ecograms and genograms have offered valuable ways to comprehend families in their surroundings by outlining connections between individuals or systems inside the microsystem as well as the nature of these interconnections (Yasui, 2015). Congress (1994, 2005) recognized the importance of incorporating culture into education and created the culturagram, a tool for family assessments that looks at the sociocultural background of the family in ten specific areas. The Cultural Ecogram (CE), in contrast to the ecogram, genogram, or culturagram, is a visual aid that uses a variety of pictorial signals to help the client recognize certain cultural and ecological influences and barriers that form their attitudes, beliefs, and behaviors in raising their child (Yasui, 2015). While these assessment tools address aspects of experience with respect to culture and identity, they are limited to their focus on the family context.

Culture and Identity in Trauma Assessment

Attention has been given to the need to address culture and identity in trauma. The Harvard Trauma Questionnaire (HTQ) has been used to validate trauma assessments in a variety of languages and cultural contexts (Bryant & Njenga, 2006). In some instances, identity-related trauma has been evaluated with identity-specific scoring systems such as the Adverse Childhood Experiences-International Questionnaire (ACE-IQ), the Gender and Minority Stress and Resilience Measure, and the Race-Based Traumatic Stress Symptom Scale (RBTSSS). Kira's (2001) taxonomy of trauma matrix allows for the assessment of cultural and place identity in terms of personal and collective traumas, interdependence, or disconnectedness (social and place identity), survival traumas, historical traumas, and multigenerational transmission of structural violence.

Kira's (2001) taxonomy of trauma matrix includes two classifications of trauma-subjective experiences and objective characteristics of traumatic events. Subjective experiences include five categories of trauma, one of which includes identity trauma. The second classification includes factitious, indirect, and direct traumas. Kira's (2001) matrix allows for assessing individual, cultural, social, and collective trauma experiences across the lifespan. Pamela Hays' (1996, 2008) ADRESSING framework is an approach for arranging and methodically considering the many cultural elements in counseling. The framework lists nine cultural influences of the ADRESSING model that social workers and counselors must consider when collaborating with clients, the corresponding marginalized group impacted, and the biases of power each marginalized group may encounter. These cultural influences include age, disabilities (developmental and acquired), religion and spirituality, ethnicity and race, social status, sexual identity and orientation, Indigenous identity, national origin, and gender identity (Hays, 1996, 2008). In addition to drawing attention to the diversity among ethnic minority cultures, the ADRESSING model emphasizes the commonalities between cultural aspects of an individual's identity (Hays, 1996, 2008).

Literature Gaps

Numerous studies have shown that people whose identity is described as marginalized can suffer from a variety of detrimental effects such as deficient performance, a loss of interest in the field, and worse health and well-being (Slepian & Jacoby-Senghor, 2021). Although the literature supports an intersection between trauma and identity, trauma assessments rarely include questions that account for threats to identity (Berman et al., 2020; Ford et al., 2015). While the literature regarding trauma recognizes sociocultural and systemic factors such as those experienced by ethnic and gender minorities, refugees, or low-income populations, this recognition has not yet yielded appropriate cultural-ecological assessments (Hoshmand, 2007). Assessments such as the Gender and Minority Stress and Resilience Measure, the Race-Based Traumatic Stress Symptom Scale (RBTSSS), and the Harvard Trauma Questionnaire (HTQ) tend to assess trauma based on one aspect of identity or ethnic minority. Trauma assessments often overlook the cultural experiences of healing and resilience because ethnic communities' experiences of trauma are not often addressed (Garrow & Wimsatt, 2021). Place identity frequently goes

unquestioned until there is change, like that caused by migration (Akesson et al., 2017). Although it may not be an aspect of identity typically explored within social work practice, it clearly represents an essential dimension of an individual's environmental sources of and cues of strength, resilience, and safety. Current policies in working with specific populations preserve the fundamental idea that different identities should be conceived of and seen as distinct elements rather than as forces that overlap inside each person (Yakushko et al., 2009). By investigating identity threats encountered in daily life across many marginalized identities, a fresh approach can be taken to address this crucial focus in trauma research (Slepian & Jacoby-Senghor, 2021).

Rationale to Address Literature Gap

Identity stressors and traumas are components of the identity development equation and serve as both a context for and a prerequisite to identity development (Kira, 2019). Culture, ethnicity, gender, sexual orientation, and disability are all possible identity sources of resilience, but they can also result in long-term stressors including social oppression, prejudice, and stigma, which can worsen psychological trauma and PTSD (Ford et al., 2015). A person's gender, color, ethnicity, socioeconomic status, sexual orientation, physical ability, and religion or spirituality are all unquestionably interconnected and do not exist in isolation (Yakushko et al., 2009). The coexistence of racism, sexism, heterosexism, ageism, classism, religious intolerance, transphobia, and/or xenophobia can all be considered forms of intersectional oppression (Bryant-Davis, 2019).

The cultural context of trauma is a crucial component because the meaning of trauma varies depending on the culture (Van Der Kolk et al., 1996). Religious and social rituals related to loss and disaster play a significant healing role in both individual and collective trauma (Van Der Kolk et al., 1996). Place attachment, similar to interpersonal attachment, offers a sense of safety and security (Scannell & Gifford, 2016). Place identity can strengthen individual and collective identity that is simultaneously rooted in the unique cultural, historical, and political influences of one's home, country, or region of origin (Akesson et al., 2017).

An ecological approach to trauma assessment should be considered based on the ecological nature of trauma, the reciprocal impact of identity and trauma, and the potential for identity-based trauma to result in symptoms of PTSD and other mental health disorders. Therefore, this work will offer recommendations for developing an ecological approach to culturally responsive trauma assessment that includes understanding the impact of identity displacement and identity disruption.

Advancing Social Work Clinical Practice

Literature and practice agree that identity and trauma are intertwined and that questions regarding identity threats and a sense of belonging are rarely included in trauma assessments (Berman et al., 2020; Ford et al., 2015). All clients' identities and how the therapist's and the client's identities interact will inevitably facilitate assessment and therapy (Hays, 2008). Although the literature on trauma acknowledges the role of

sociocultural and structural issues, such as those encountered by low-income communities, refugees, and members of ethnic and gender minorities, proper cultural-ecological assessments have not yet resulted from this acknowledgment although attempts have been made (Hoshmand, 2007). One such attempt was the Cultural Formulation Interview (CFI)- a 16-item, structured interview questionnaire that was released as part of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; APA, 2013). As part of the diagnostic and therapeutic process, this semi-structured interview tackles the patient's beliefs, customs, and identity while considering the patient's social and cultural background (Brand et al., 2024).

Considering what identities might be pertinent for a particular client is the most fundamental level of attention in an initial assessment (Hays, 2008). Expanding on current models of cultural assessment creates an approach to framing questions from an ecological perspective. Practice guidelines for a proposed ecological model of culturally responsive trauma assessment (CRTA), as shown in Table 1 and Table 2, involve client self-report of identity demographic information, adding the dimension of identity disruption and identity displacement to a dimensional model of adversity, incorporating elements of Kira's (2001) taxonomy of trauma matrix to include individual, cultural, social, and collective trauma experiences and Hays' (1996, 2008) ADRESSING framework to address trauma experiences unique to identity, cultural influences, and minority groups.

Strategies for an Ecological Model of CRTA

The proposed practice guidelines for an ecological model of CRTA, embedded into any clinical assessment, allow the therapist to engage with clients using a cultural humility lens and allow clients to tell a story about their identity. The model, along with training in cultural competence and cultural humility, can aid clinicians in building and enhancing the therapeutic relationship by creating a safe space where clients feel empowered to discuss the multiple elements of their identity as they relate to their trauma experiences.

Trauma-Informed and Trauma-Responsive Principles

Trauma-informed care includes the principles of safety, trustworthiness, peer support, collaboration, empowerment, and consideration of cultural, historical, and gender issues (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014a). Presenting issues are seen by a trauma-informed approach as dysfunctional coping (SAMHSA, 2014a). Trauma is understood not as a discrete occurrence but rather as a framework for comprehending experiences that can define and profoundly impact an individual's fundamental identity (SAMHSA, 2014a). Apart from maltreatment during early childhood and dysfunctional families, children can face traumatizing events like illness, bullying, the death of a family member, being placed outside the home, and poverty (Levenson, 2017). Additionally, historical traumas like discrimination or systemic oppression are common for minority groups (Levenson, 2017). A trauma-informed strategy integrates essential trauma principles into the framework of organizational culture while also embracing trauma-specific therapies, such as assessment, treatment, and recovery supports (SAMHSA, 2014a, 2014b). When a system, program, or organization framework

is trauma-responsive, it incorporates trauma knowledge into all aspects of its operations, procedures, and practices (SAMHSA, 2014a, 2014b).

Trauma-informed treatment principles view trauma through a sociocultural lens from the context of the client's environment (SAMHSA, 2014b). Using the healing value approach of traditional cultural connections, an organization's framework actively becomes trauma-responsive when it moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.) (SAMHSA, 2014a). It provides access to gender-responsive services; integrates policies, protocols, and processes that are responsive to the racial, ethnic, and cultural needs of individuals served; and acknowledges and addresses historical trauma (SAMHSA, 2014a). Developing an ecological model of trauma assessment that is both trauma-informed and trauma-responsive requires integrating key components. There are multiple ways in which an individual can experience trauma based on multiple identity factors and the ability for those trauma experiences to formulate across historical and generational influences and the individual's lifespan.

Table 1. *Identity Demographics*

Client Self-Reported Identity Demographics	

• Age
• Developmental Disabilities
• Disabilities acquired (physical, cognitive, psychological)
• Religious/Spiritual Orientation
• Ethnic/Race Identity
• Social status:
  ○ Highest level of education achieved
  ○ Current occupation
  ○ Work status in the last 12 months
  ○ Current income level
  ○ Current community habitat (rural, urban, suburban)
	• Sexual Orientation
	• Indigenous Heritage (Indigenous, Aboriginal, Native, Non-native)
	• National Origin
	• Gender Identity
	  ○ Preferred Pronouns
	• Relationship Status (single, married, divorced, widowed, other)
	• Military Affiliation (active, veteran, spouse, dependent)
	• Political/Civic Affiliations
	• Other Identity Factors Not Otherwise Included

Note. This table demonstrates an ecological approach to capturing identity demographics. Elements of the Pamela Hays ADRESSING framework and the Adverse Childhood Experiences International Questionnaire (ACE-IQ) have been incorporated into this approach.	

Identity Demographics

Assessments generally include questions regarding client demographic information as part of the intake but not the assessment process. Demographic survey questions provide researchers with information on the subjects of research studies (Moreira et al., 2023). However, the quality of the questions posed will determine the caliber of information they acquire (Moreira et al., 2023). When elements of an individual's identity are not accurately represented in assessment data, it might cause unnecessary psychological suffering and further alienate them from research and treatment (Moreira et al., 2023). Table 1 demonstrates elements of Hay's (1996, 2008) ADRESSING framework to provide a model for clinicians to capture and assess identity in a more culturally appropriate approach. It

allows for the inclusion of multiple sociocultural and place identity elements that can be shared by the client and addressed by the clinician throughout the assessment process, thereby enhancing the client-clinician relationship. An ecological approach to identity demographics allows for an expansion of demographic data to include both sociocultural and place identity elements.

Table 2. *Expanding Dimensions of Adversity With the Addition of Identity Disruption and Displacement*

Dimensions of Adversity	**Recommended descriptions of trauma experiences to address under each dimension**
Threat	physical abuse, sexual abuse, emotional or verbal abuse, peer victimization or bullying, domestic or intimate partner violence, community violence, collective violence [wars, terrorism, political or ethnic conflicts, genocide, repression, disappearances, torture & organized violent crime such as banditry & gang warfare], or natural disasters
Deprivation/Maltreatment	caregiver absence; physical, medical, or emotional neglect; social isolation; lack of basic needs being met by primary caregivers; poverty; homelessness; peer isolation or rejection; being institutionalized
Household/Family Dysfunction	exposure to domestic violence; caregiver divorce; caregiver or family member incarceration; exposure to caregiver or family member physical illness, mental illness, or death
Identity Disruption & Displacement	
a. Have you ever experienced discrimination, oppression, exclusion/isolation based on elements of your identity?	i.e., age, developmental or acquired disabilities, religion or spiritual orientation, social status, sexual orientation, Indigenous heritage, national origin, or gender identity
b. Have you ever experienced abuse (verbal, emotional, physical, or sexual) based on elements of your identity?	i.e., age, developmental or acquired disabilities, religion or spiritual orientation, social status, sexual orientation, Indigenous heritage, national origin, or gender identity
c. Are there any historical events inflicted on a group that you identify or affiliate with on elements of your identity?	i.e., age, developmental or acquired disabilities, religion or spiritual orientation, social status, sexual orientation, Indigenous heritage, national origin, or gender identity
d. Have you ever experienced forced evacuation or migration due to poverty, community/economic development, policies meant to suppress or oppress marginalized groups, collective violence, or natural disaster?	
e. Have you ever experienced the destruction of your home due to poverty, collective violence, or natural disaster?	
f. Have you ever been forced or felt compelled to hide or denounce elements of your identity due to fear of oppression, discrimination, physical harm, or death?	i.e., age, developmental or acquired disabilities, religion or spiritual orientation, social status, sexual orientation, Indigenous heritage, national origin, or gender identity
Note. This table demonstrates the inclusion of identity disruption & displacement as a dimension of measuring adversity. The Dimensions of Threat, Deprivation/Maltreatment, & Household/Family Dysfunction are not expanded due to the availability of various assessments on these dimensions. Elements from the Pamela Hays ADDRESSING framework, & the Adverse Childhood Experiences International Questionnaire (ACE-IQ) have been included when formulating the questions related to identity disruption & displacement.	

Expanding the Dimensions of Adversity in Trauma Assessment

The more common dimensions of adversity utilized in trauma assessment include threat, deprivation, maltreatment, and household or family dysfunction (Berman et al., 2022; McLaughlin & Sheridan, 2016; Narayan et al., 2023; Sayyah et al., 2022). While the threat dimension can include socio-cultural wounds, some trauma assessments still discount psychological experiences of identity-based trauma represented by oppression, discrimination, marginalization, repression, and displacement (Ford et al., 2015). Other trauma assessments focus on single aspects of identity, such as race, ethnicity, or gender. Adding a dimension of identity displacement and disruption to trauma assessment allows for a comprehensive evaluation of various components that comprise one's sociocultural and place identities that could be a source of both trauma and resiliency. It also highlights the complex, overlying cultural influences, identities, and minority groups that have been historically disregarded, minimized, or overlooked by the counseling profession and the prevailing Euro-American culture (Hays, 1996). Table 2 demonstrates a model for expanding the dimensions of adversity, including identity disruption and displacement. The recommended questions are meant to be used in a narrative approach during assessment to encourage client discussion and engagement in a conversational approach.

Practice Guidelines for CRTA

Therapists can implement the following practice guidelines to ensure trauma-informed and trauma-responsive care to provide a safe space for clients to feel comfortable sharing and addressing their trauma experiences within their unique sociocultural perspective. Therapists can provide transparent and open communication about confidentiality, organizational policies, the therapeutic process, and expectations of services. Peer support should be a welcome part of the therapeutic process and based upon the client's needs and preferences. Therapists can demonstrate collaboration and client empowerment by recognizing clients as the expert in how they define their identity and how their identity has shaped or has been shaped by their traumatic experiences. Therapists should address the unique treatment needs of clients from diverse identities by including considerations of historical and systemic oppression and integrating gender-affirmative care.

This model allows clients to define their own identities by expanding standard demographic questions in assessment. By implementing this model, therapists can use open-ended questions that allow clients to share how they define their identity versus imposing identity labels or categories. Therapists can demonstrate cultural humility by avoiding stereotypes, using inclusive language, and using the client's preferred terminology for their identity, thereby creating an atmosphere of collaboration, support, and empowerment. A narrative approach using storytelling can encourage clients to explore the various layers of their identity and examine how their identity has developed and changed over time. Therapists can use a strengths-based approach to encourage clients to explore how their identities have influenced their values, traditions, behaviors, health, and relationships; shaped their resiliency; and enhanced their well-being. This model can be used to acknowledge identity as a multifaceted concept, thereby ensuring that key dimensions of identity are not overlooked. The expanded identity demographics can be

used to adapt and apply treatment interventions that are personalized, culturally relevant and align with the client's values and worldview. The model should be reviewed and updated to reflect current understandings of identity and to ensure that it remains inclusive and applicable for diverse populations.

Implications for Social Work Practice

The person-in-environment principle of social work practice creates the foundation for ecological assessment and intervention. This principle can be expounded in social work education to include the broader context of cultural, social and place identity factors within ecological systems theory and how they can be applied to diverse populations. Social work education can expand trauma theory and practice by incorporating trauma-informed care and trauma responsive approaches within practice, clinical, and field education courses. Diversity courses can promote both cultural competence and cultural humility by expanding training on cultural identity development, the intersectionality of identity, and the systemic oppression that impacts marginalized identity groups. Social work education can also enhance learning on comprehensive biopsychosocial-spiritual models of assessment that consider clients cultural and spiritual values in holistic treatment planning.

The development of culturally sensitive diagnostic and treatment protocols can be improved by incorporating the trauma-informed principle of cultural, historical, and gender concerns in evaluation. Providers could improve their cultural competence and cultural humility, reduce bias, and create a trauma-informed environment by allowing clients to interpret their trauma events through their unique ecological perspectives (Wylie et al., 2018). By utilizing the CRTA model, practitioners can collaborate with clients to explore the meaning behind the person-specific, place-specific, and culture-specific facets of the client's identity and how the meaning of these facets impacts or is impacted by trauma experiences. Social workers and other mental health practitioners can also use the model to challenge their own biases, raise awareness of their own inexperience with and ignorance of diverse cultures, increase their awareness of specific cultural influences and minority identities that they may have failed to notice, gain an understanding of his or her own cultural heritage and identity, and become comfortable with discussing cultural issues with clients (Hays, 1996).

By concentrating only on the psychological level of the individual, it ignores the structural factors—such as racism, economic dominance, or political oppression—that made the traumatic abuse possible (Craps, 2014). Social problems that are fundamentally economic or political are medicalized, and those who are affected by them are pathologized as helpless victims with a psychologically treatable sickness (Craps, 2014). Thus, the focus remains on individual psychological healing instead of the reform of a damaged political, social, or economic system if these issues are not placed in their larger historical context (Craps, 2014). A culturally relativistic perspective contends that, at its most extreme, culture acts as a mediating factor in the definition and expression of all pathology, making culture fundamental to our understanding of psychopathology (Patel & Hall, 2021).

The utilization of an ecological model for trauma assessment could facilitate the investigation of cultural perspectives on mental health issues and the creation of a cultural

framework for diagnosing criteria that apply to all circumstances and experiences that affect mental health (Wylie et al., 2018). Improved screening and assessment procedures can result in more successful and culturally sensitive treatment plans for individuals with culturally diverse identities dealing with mental health issues when transcultural approaches are used and where practices are guided by this more comprehensive sociocultural assessment (Wylie et al., 2018). Subsequently, future research could focus on the development of a socio-ecological trauma assessment tool and culturally modified applications of current evidence-based trauma interventions. Research can also focus on the psychological impacts of displacement on mental health, identity formation, and social integration across various cultural groups; the impacts of historical trauma and intergenerational trauma on personal and collective trauma experiences; how place identity impacts vulnerability to trauma, resiliency, posttraumatic growth, and mental health; and how intersectional oppression (i.e., racism, sexism, ableism, ageism) compound trauma experiences. Additional research could focus on exploring identity-based trauma as a dimension of adversity and refining dimensional models of adversity to include identity disruption and sociocultural factors into measurements of adversity.

Conclusion

To effectively address the wounds caused by interpersonal trauma, it is necessary for both the survivor and those providing support to genuinely bear witness to the traumatic experiences that occurred within the survivor's cultural context (Bryant-Davis, 2005). To aid clients in their healing journey from trauma, it is crucial to recognize and honor the humanity and violation of another person by allowing for the strong influence of cultural traditions, experiences, and beliefs—influences that shape a person's identity and sense of place in the world (Bryant-Davis, 2005). Earlier models of identity have previously focused on single social identities (Ferguson, 2007). In doing so, they exclude experiences related to the merging of multiple identities within one individual (Ferguson, 2007). The same is true for trauma assessments that focus on trauma through the lens of a single aspect of the client's identity. Developing an ecological model for CRTA provides the opportunity to expand the provider's ability to understand, navigate, and treat the complex intersection of trauma and the potential for multiple factors that comprise a client's identity. The proposed model does not encompass all potential identity elements; however, it provides one approach to navigating identity in the assessment process and allows clinicians to expand their view of trauma to include sociocultural and place identity aspects. Furthermore, this model can take into consideration the impact of trauma experiences across the lifespan.

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Author note: Address correspondence to NaKita W. Scott, Department of Social Work, Southeastern University, Lakeland, FL 33810. Email: nwscott@seu.edu