## **Editorial Introduction to Special Issue on Trauma**

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Social work has always served society's most vulnerable individuals and groups and it is difficult to think of an area of practice where one could avoid working with clients who have not been traumatized in some way. Although the field of traumatology initially evolved in response to soldiers and veterans who were shell-shocked in the World Wars, it has progressed beyond reductionist thinking that post-traumatic stress disorder is a pathology to an understanding of the significance and impact of trauma experiences in our lives. We now know that over one-third of adults are exposed to significant trauma as children and that the effects of these experiences are cumulative, complex, and often lifelong. Repeated exposure significantly increases the potential for negative outcomes including depression, alcohol and drug use, obesity, sexually transmitted diseases, smoking, cancer, chronic heart and lung disease, and early mortality (Centers for Disease Control, 2014). Even before we are born, in utero exposure to maternal stress can cause epigenetic changes that negatively affect development and contribute to poor health by compromising the immune system and reducing the capacity to stave off disease (Teicher, Andersen, Polcari, Anderson, & Navalta, 2002). Contextual factors such as age, gender, ethnicity, and socioeconomic status including historical and cultural trauma exacerbate the negative outcomes associated with trauma exposure and further increase the risk of retraumatization; creating a vicious cycle that can persist through generations.

Over the past 35 years, our courage, compassion and skill in listening to the stories of our clients, bearing witness to unspeakable cruelties, assuring safety, restoring hope and demanding justice has begun to coalesce into a cohesive body of knowledge and empirically-tested interventions that promote healing (Allen & Wozniak, 2014; Najavits, 2002). Further, recognizing that to work effectively with traumatized clients practitioners must "face human vulnerability in the natural world and ...the capacity for evil in human nature in order to bear witness to horrible events" (Herman, 1999, p. 7). We have pioneered new understandings in compassion fatigue, vicarious trauma and secondary stress (Figley, 2002). We have developed prevention and early intervention strategies such as stress inoculation and self-care techniques to help mediate negative outcomes and to promote the well-being of providers. Moreover, as new models of care, best practices, assessment tools and empirical studies emerge, we have adapted trauma-informed treatments for traumatized individuals to whole communities and most recently to agencies and institutions in order to develop trauma-informed systems of care (Strand, Popescu, Abramovitz, & Richards, 2015).

Many agencies now recognize and promote trauma-based principles as a key component of interventions for complex psychological and social problems. SAMHSA (2015) has funded the National Child Traumatic Stress Network (NCTSN, n.d.) for almost 20 years and recently endorsed principles and practices for trauma-informed systems.

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Beginning with early work in child welfare, the Children's Bureau initiated a focus on trauma-responsive child welfare systems (2017). Twelve schools of social work receiving traineeships through the National Child Welfare Workforce Institute (NCWWI, n.d.) now include a trauma lens in their child welfare courses. In 2012, CSWE released its standards for advanced social work practice in trauma and many schools of social work now offer concentrations, specializations, or certificates in trauma-based care. A joint initiative between CSWE and the National Center for Social Work Trauma Education is scheduled to publish a curriculum guide for Specialized Practice in Trauma by the end of 2017.

This special issue of Advances in Social Work recognizes the increasing role and importance of integrating trauma-informed care into our practices and into our educational programs. The issue presents 25 trauma related articles starting with conceptual and foundational articles, followed by empirical studies suggesting best practices, and culminating with articles describing emerging approaches in integrative and holistic care.

Beginning with two articles that explore integrating trauma-related content into curricula and pedagogy, the issue then provides an overview of the literature related to creating trauma-informed communities. We then present research that explores traumainformed interventions with specific populations including infants and toddlers, refugees, survivors of interpersonal violence, and male survivors of sexual abuse. The next section presents program and agency-based case studies that describe various strategies for implementing trauma-informed care such as staff training, learning collaboratives, interprofessional teams, and infrastructure development. Empirical studies testing the effects of trauma-based care or curriculums follow and include one study evaluating outcomes for the Core Concepts in Child Trauma for Child Welfare curriculum utilized in a Title IV-E university partnership, and another that assesses the effectiveness of a multiphase intervention with Latino youth. Additional studies describe the role that child attributes play in mediating the effects of trauma exposure and the relationship between Adverse Childhood Experiences (ACE) and youth arrested for sexual offenses. The issue concludes with articles describing innovative approaches in trauma therapy including work with children in a bereavement camp and an overview of equine-assisted psychotherapy for trauma survivors.

We received a generous response to the initial call for papers for this special issue, which extended the anticipated timeframe for publication. We thank all of the authors and reviewers for their patience in working with us throughout the publication process. We would also like to thank Margaret Adamek, Kadie Booth, Valerie Decker, and Michael Hernandez for their help in bringing this issue to press. Although we were unable to include all of the submissions in this issue, we were impressed with the scope of work being done in this field as well as the compassion, creativity and dedication of individuals working in this area. We look forward to the continuing evolution of our understanding of trauma and effective ways of addressing trauma and hope that this issue contributes to that process.

Respectfully, Karen Allen and Virginia Strand

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