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EXPLORING THE CATEGORIES AND TYPES OF TRAUMA: TRAUMA-INFORMED CARE IN THE U.S. MEDICAL-SOCIAL SERVICES

Problem statement. Many individuals, seeking treatment in behavioral health settings, bear the significant weight of past trauma, often without fully understanding how deeply these experiences influence their lives. For some, it can be challenging to connect their trauma histories to the obstacles they encounter, while others may feel reluctant to address such sensitive topics altogether. Medical-social services and treatment providers on the other hand, may overlook essential questions that could illuminate a client's trauma background, feel unprepared to confront trauma-related issues, or struggle to manage traumatic stress effectively due to limitations within their programs, the clinical focus of their services, or directives from their agencies.

By acknowledging the complex and profound link between traumatic experiences and behavioral health challenges, medical-social professionals and community-based programs can foster a genuinely trauma-informed environment throughout the continuum of care. This transformative journey entails meeting clients' needs in a safe, collaborative, and compassionate manner while actively preventing treatment practices that might inadvertently retraumatize those seeking help. Additionally, it empowers

clients by building on their inherent strengths and resilience, drawing from their unique environments and communities.

To achieve this aim, medical-social agencies must fully embrace trauma-informed principles through thoughtful support, insightful consultation, and dedicated staff supervision, thereby creating a healing space where every individual can flourish.

Analysis of recent research and publications. While psychologists often associate trauma with specific, objectively identifiable events, such as a soldier losing their legs in a bomb explosion, it is essential to recognize that the experience and impact of trauma are fundamentally subjective. The term “trauma” captures the personal effects it has on individuals, akin to the concept of a “wound” or “hurt” as articulated by the ancient Greeks (Gayraud & Auxéméry, 2022). A distressing event that profoundly traumatizes one individual may leave another relatively unaffected. This varied response is influenced by numerous factors, including age, gender identity, resilience prior to the event, prior trauma experiences, the duration of the traumatic event, family history of trauma, ongoing life stressors, available social support systems, and

the individual's cultural, spiritual, or religious beliefs regarding adversity.

This subjectivity has sparked a vigorous and ongoing debate within the scientific literature, as scholars seek to establish a universally accepted theoretical framework for understanding trauma. Both theoretical and empirical research have played significant roles in shaping this discussion. Recently, there has been a growing momentum to reevaluate and expand our understanding of trauma, emphasizing the importance of adopting a more holistic perspective that acknowledges its complexity and individuality (Krupnik, 2019; Bonanno & Mancini, 2012; Joseph & Murphy, 2014).

J. Seon argues that trauma elicits a profound emotional and psychological response to distressing events that can overwhelm an individual's ability to cope. Its effects extend well beyond immediate discomfort, significantly impacting mental health in a variety of ways. The range of traumatic experiences is extensive, with their effects differing greatly based on the type of trauma, its duration, and the personal circumstances surrounding the individual (Seon, 2024). Trauma is typically classified into three main categories: acute, chronic, and complex, each exhibiting distinct characteristics that can lead to varying mental health outcomes. Understanding these complexities fosters greater empathy and insight into the challenges faced by those dealing with the aftermath of trauma. Additionally, trauma can profoundly shape an individual's perspective on the future. This change may stem from various factors, including a loss of hope, reduced expectations for life, fears of premature death, and the belief that normal life experiences may never unfold as previously anticipated (American Psychological Association, 2022).

Traumatic experiences are often part of the human journey and typically do not result in long-term impairment for the majority of individuals. Encountering such events is a natural aspect of life, and it is remarkable how individuals, families, and communities often rise to the occasion with resilience.

The purpose of the study. This article aims to delve into the essential characteristics

of traumatic experiences while exploring the diverse categories and types of trauma recognized by behavioral health professionals in their trauma-informed practices.

Research methods. Employing rigorous research methods, the study includes an analysis and synthesis of scientific literature to illuminate key concepts, systematic organization to identify existing scientific approaches to addressing these challenges, and theoretical generalization to draw meaningful conclusions.

Presentation of the main material. The distinction between natural and human-caused trauma is vital in determining how individuals and communities respond to these events, as well as the types of assistance mobilized during recovery. Natural traumas, including tornadoes, lightning strikes, wildfires, earthquakes, volcanic eruptions, hurricanes, meteorites, floods, tsunamis, epidemics, and landslides, can affect a small number of individuals or entire communities and are often unavoidable. In contrast, human-caused traumas can be categorized into two primary types:

1. Accidents and Technological Catastrophes – roofing failures, structural collapses, radiation leaks, gas explosions, electrocutions, machinery-related accidents, maritime disasters, accidental gun shootings, and sports-related fatalities, all of which arise from lapses in safety measures or systemic failures.

2. Intentional Acts – deliberately harmful actions, including arson, terrorism, assault, abuse, neglect, violence, homicides, suicides, rioting, warfare, human trafficking, torture, bank robbery, and genocide. These acts inflict suffering intentionally and can leave lasting psychological scars on affected communities (Center for Substance Abuse Treatment, 2014).

While natural traumatic events can have wide-ranging effects, reaching both local and global populations, human-caused traumas are often rooted in human malfeasance or negligence, adding an additional layer of distress. The perception of intent behind a trauma amplifies its impact significantly. Events that are viewed as intentionally harmful not only disrupt the sense of safety and trust within communities but also

deepen the emotional wounds experienced by survivors. Responses to natural traumas often depend on the extent of devastation, the level of personal and community loss, and the time it takes to restore normalcy in daily activities and services. Additionally, the effectiveness, accessibility, and duration of relief services play critical roles in influencing the length of traumatic stress reactions and shaping the recovery process. Timely and adequate support can make a substantial difference, determining whether individuals experience prolonged suffering or can swiftly regain their resilience.

In addition to disrupting daily routines, the presence of community members or outsiders in affected areas can significantly intensify stress and lead to traumatic experiences. As a result, the challenges faced by individuals and communities extend beyond the initial natural disaster or event. Often, it is the aftermath and the responses of those around them, both within and outside the community, that determine whether survivors are driven away from effective coping strategies or steered toward resilience and recovery.

Human-caused traumas differ markedly from natural disasters; they may be intentional or unintentional, and the reactions to them can vary based on their nature. Survivors often channel their anger and blame toward specific individuals or groups. For instance, in cases of unintentional trauma, survivors may feel a deep sense of anger and frustration due to a perceived lack of protection or care from responsible parties or government agencies, especially if there is a clear failure to act. Conversely, after intentional human-caused traumas, survivors frequently struggle to comprehend the motives under these acts, whether they are planned or random, as well as the psychological profiles of the perpetrators involved.

Trauma-informed medical-social service providers recognize that the effects of trauma are influenced by a multitude of factors. It is not solely the event itself that dictates recovery; rather, the surrounding context and the complex interactions across systems also play critical roles in shaping outcomes.

The Substance Abuse and Mental Health Services Administration (SAMHSA), a key agency within the U.S. Department of Health and Human Services, is committed to advancing public health initiatives in the realm of behavioral health. To fulfill this mission, SAMHSA has developed comprehensive treatment improvement protocols designed to support individuals and communities on their journey toward healing (Center for Substance Abuse Treatment, 2014). These protocols are meticulously developed through comprehensive analysis of relevant clinical and health services research, implementation experiences, and the specific needs of healthcare providers. The treatment improvement protocol serves as an essential resource for behavioral health service providers, prevention specialists, and program administrators – those directly engaged in the care of trauma survivors across various behavioral health settings. It also encompasses primary care professionals, such as physicians, as well as teams working with clients and communities affected by trauma, including individuals within the criminal justice system.

These treatment improvement protocols delineate key concepts that empower behavioral health service providers to: recognize the significant impact of trauma on individuals, families, and communities; evaluate and effectively use appropriate screening and assessment tools related to trauma; implement interventions based on a collaborative, strengths-based approach that acknowledges the resilience of trauma survivors; master the core principles and practices that define Trauma-Informed Care; anticipate and develop specific trauma-informed treatment strategies that facilitate individual recovery; reduce the risk of inadvertent retraumatization resulting from standard organizational policies and procedures when engaging with individuals who have experienced trauma or encountered secondary trauma; assess and foster a trauma-informed organization and workforce that prioritizes the well-being of all.

Through an in-depth review of the various forms and types of trauma *individuals, groups, and communities* may encounter, these treatment improvement protocols ensure that medical-social

workers are well-equipped with a comprehensive understanding of trauma, enhancing their capacity to provide effective care and support. When exploring the significant impact of trauma and the various responses it elicits, it is vital to recognize the specific context in which the trauma occurs. Trauma may affect an individual and their family, such as in instances of a tragic automobile accident, sexual or physical assault, or a life-threatening illness, or it may arise within a group setting, where first responders or military combat veterans experience shared challenges. Additionally, trauma can resonate within a community, as seen in cases of gun violence, or be influenced by broader cultural factors and large-scale disasters, such as hurricanes or terrorist attacks. The context not only shapes how individuals experience shame but also dictates the type and extent of support they receive, influencing whether their experiences are validated or dismissed and determining the resources available to aid their healing and coping processes.

(1) *Individual Trauma*. Individual trauma refers to experiences that impact one person directly. This can manifest as a single catastrophic event, such as a mugging, rape, or physical assault, or as a series of prolonged challenges like a life-threatening illness or repeated sexual assaults. While the immediate effects are felt by the survivor alone, emotional repercussions can extend to family and friends, who may struggle with feelings of disbelief, regret over past interactions, and anxiety about their own susceptibility to such events. Survivors of individual trauma often find themselves isolated, lacking the robust support and empathy typically offered to individuals in collectively traumatized groups or communities. This isolation frequently leads to a reluctance to disclose their experiences or seek validation. Moreover, the burden of shame can distort their perception of responsibility for the trauma they suffered. Understanding and addressing these dynamics is essential for facilitating healing and recovery.

Many survivors of individual traumas, especially those who have kept their experiences concealed, encounter significant difficulties

in obtaining the comfort and acceptance they urgently need from others. These individuals often grapple with unjust feelings of responsibility for their trauma, for instance, a young woman who may believe she is to blame for a sexual assault. Such internal conflicts can lead to profound isolation and increase the likelihood of experiencing further trauma, perpetuating a cycle of victimization.

When counselors work with clients who have a history of individual trauma, it is essential to consider the following key points:

- Empathy – truly understanding and sharing in another person's experience holds far greater power than sympathy, which merely conveys sorrow for someone else's situation.

- For many clients, briefly recounting their traumatic experiences is crucial, especially during the early stages of recovery. Techniques that involve revisiting the trauma, uncovering associated emotions, and bringing past experiences to the forefront should only be employed when trauma-informed treatment planning and services are available.

- In the early phases of recovery, it is vital to educate clients about trauma-related symptoms and to normalize their experiences. Establishing a safe treatment environment is paramount, as is addressing how these symptoms can hinder their current lives.

- It is important to examine how past trauma affects an individual's willingness to seek substance abuse and/or mental health treatment, as well as their recovery from trauma itself. This includes recognizing barriers that may limit their participation in group counseling and other supportive services.

- By identifying and leveraging the client's inherent strengths, counselors can empower them to apply these resources effectively, enhancing their ability to face challenges and thrive in the present.

With understanding and appropriate support, counselors can help survivors reclaim their narratives, healing and empowerment.

(2) *Group trauma*. The term "group trauma" describes the profound and often devastating impact of traumatic experiences that affect specific

communities. Treatment improvement protocols intentionally distinguish group trauma from mass trauma to emphasize the unique experiences and emotional reactions that arise within smaller, cohesive groups. These groups typically share a strong sense of identity, a common history, and similar missions, which can both strengthen and challenge their members. First responders, such as police officers, emergency medical technicians, disaster management personnel, rescue teams, medical and behavioral health professionals, journalists, and volunteers, serve as prime examples of these groups. Other examples include military personnel, lifeguards, and clergy who often operate in high-stakes, emotionally charged environments.

Survivors of group trauma often have distinct experiences and reactions that set them apart from survivors of individual or mass traumas. For instance, military personnel and first responders frequently confront repeated exposure to trauma, leading to a complex web of emotional challenges. They may feel compelled to confine their experiences within their close-knit communities, believing that those outside their group cannot fully comprehend their struggles. This perception can foster a view of outsiders as intruders in their shared narrative. Moreover, members of these groups may encourage one another to suppress emotional responses and repress traumatic memories, driven by a collective understanding that such repression may be necessary to effectively execute missions or prioritize the urgent needs of others in the moment. Understanding the nuances of group trauma is essential for providing effective support and treatment.

Group members must acknowledge the importance of seeking help and actively encourage one another to do so, without the fear of bringing shame to the group. Considering assistance from outside sources, such as counselors, to be a breach of confidentiality undermines the collective well-being.

Group members who have experienced trauma in the past should recognize the critical need to support colleagues facing similar issues. Ignoring these challenges out of fear

only perpetuates a cycle of repressed emotions. It is essential for groups to provide adequate resources for support in order to cultivate a strong and resilient environment for addressing subsequent traumas. The presence of these key features within a group significantly influences both short- and long-term adjustments, particularly in reducing traumatic stress symptoms connected to mental health and substance use disorders.

(3) *Trauma affecting communities and cultures.* Trauma that affects communities and cultures is a pressing concern, involving various forms of violence and atrocities that fundamentally erode the sense of safety within neighborhoods, schools, towns, and reservations. This includes physical and sexual assaults, hate crimes, robberies, gang-related violence, threats, shootings, and stabbings. Moreover, trauma can stem from actions that seek to dismantle systemic cultural practices and identities. Indifference or insufficient responses to the needs of specific communities in crisis exacerbate these issues. Cultural traumas, whether intentional or unintentional, must be acknowledged and addressed. Prejudice, disenfranchisement, and health inequities, such as delayed prenatal care, unaffordable medications, limited access to culturally appropriate health education, and inadequate medical services, pose significant threats to the heritage and stability of cultures. It is imperative that we confront and address these challenges thoughtfully and decisively.

Historical trauma, commonly referred to as generational trauma, involves significant events that resonate across an entire culture. The effects of these events can be so profound that they extend beyond those who experienced them directly, influencing many future generations. Mass traumas or disasters impact large groups of people, either directly or indirectly, and an individual's response to such trauma is often shaped by their ability to process one traumatic event before confronting another.

In the wake of mass traumas, the initial catastrophe can inflict considerable destruction, leading to consequential traumas and an increase in distressing events. This sequence of challenges

heightens the need for adaptability among survivors, first responders, and disaster relief agencies. However, amidst the turmoil, a strong sense of community can emerge – many find themselves “in the same boat”, which diminishes the feelings of isolation that often come with other types of trauma. In such instances, individuals can acknowledge shared struggles and receive support from others, sometimes even strangers, making it easier to seek help since the blame tends to be externalized.

In contrast, interpersonal traumas occur between individuals who usually maintain close relationships, such as spouses or parents and their children. These traumas can take various forms, including physical and sexual abuse, sexual assault, domestic violence, and elder abuse.

Intimate partner violence, often labeled domestic violence, manifests as a pattern of actual or threatened physical, sexual, and emotional abuse by current or former spouses, boyfriends, or girlfriends. Unlike isolated incidents of simple assault, this form of violence is frequently characterized by repeated episodes, where the perpetrator is often intimately connected to the victim. The trauma associated with intimate partner violence is typically ongoing, with victims often remaining in contact with their abuser, enduring continuous distress even as they seek treatment and support.

Developmental traumas comprise significant events or experiences that occur during critical stages of development, profoundly influencing an individual’s ability to grow, adapt, and maintain overall physical and mental health. While these traumas are often linked to adverse childhood experiences, they can also stem from unforeseen tragedies that disrupt expected life phases, such as the heartbreaking loss of a child before a parent or the sudden diagnosis of a life-threatening illness in young adulthood. Additionally, these traumas can arise at any point in life, leading to substantial loss and wide-reaching consequences, such as the grief of losing a beloved partner in later years, which can cause the surviving partner to feel displaced.

Adverse childhood experiences can cast a long shadow, negatively affecting a person’s

well-being into adulthood. Whether these experiences occur simultaneously, are brief, or recur over time, they often set the stage for heightened vulnerability to physical health issues, mental health disorders, and substance use problems, increasing the likelihood of enduring trauma throughout one’s life. The effects of childhood abuse, in particular, are closely associated with major depression, suicidal thoughts, PTSD, and dissociative symptoms, creating a complex landscape of challenges that may persist for years.

Child neglect, a subtle but damaging form of trauma, occurs when a parent or caregiver, capable of providing care, fails to meet a child’s essential needs according to their age. This neglect can manifest in various ways, including inadequate nutrition, clothing, or shelter. It may also involve denying a child necessary medical or mental health care and failing to administer prescribed medications. Furthermore, neglect can encompass the child’s education, such as preventing them from attending school or accessing crucial special education services. Each of these behaviors can have a profound impact on a child’s development and future, emphasizing the need for nurturing and supportive caregiving. Neglect refers to exposing a child to dangerous environments, such as the distressing presence of domestic violence. It can manifest as inadequate supervision, including placing a child in the care of someone unable to provide appropriate support. Neglect may also involve abandoning a child or forcibly removing them from their home. The lack of psychological care, such as emotional support, attention, or love, represents a significant form of neglect, and it remains the most commonly reported type of abuse to child welfare authorities.

The impact of political terror and war is profound, often leaving lasting scars on survivors. Any threat to the existence, beliefs, well-being, or livelihoods of a community is to be felt as a deep trauma by its members. Counselors working with immigrants should strive to understand local events and histories, acknowledging the possibility that their clients may carry the burdens of past traumas.

Terrorism stands as a particularly malevolent form of man-made disaster. Its primary aim is to instill a widespread sense of uncertainty, anxiety, and fear within a community, leading to emotional distress among those exposed to the event, whether directly or indirectly. The effects of terrorism are uniquely different from those of other disasters, encompassing stark reminders of the unpredictability of such attacks, the introduction of increased security measures for the public, heightened suspicion toward specific groups or cultures, and a general rise in emotional vigilance among those affected (Danieli et al., 2005).

Refugees are individuals who are forced to flee their homes due to persecution or a legitimate fear of it. In contrast to immigrants, who leave their homelands voluntarily in search of better opportunities, refugees often embark on their journeys amid profound desperation and trauma, typically coming from war-torn countries where they have faced significant persecution or torture. This increased exposure to trauma prior to migration frequently leads to considerable challenges related to their adjustment and psychological well-being after relocation. The process of assimilating into a new country can be fraught with obstacles as refugees navigate unfamiliar cultures and societies. Furthermore, their new environment may introduce additional hardships, including the risk of further trauma and feelings of social isolation (Steel et al, 2009). These factors significantly shape the refugee experience, affecting not only their ability to adjust but also the development of mental health issues, such as PTSD, as well as the likelihood of substance

use disorders. The support they receive is crucial; the openness and receptiveness of the local community, along with access to social support and culturally sensitive services, can serve as vital resources that help them heal and flourish in their new lives.

Conclusions and prospects for further research. Trauma-informed medical-social service providers understand that many influences shape the effects of trauma among individuals and communities, it is not just the event that determines the outcome, but also the event's context and the resultant interactions across systems. The Substance Abuse and Mental Health Services Administration, a key agency within the U.S. Department of Health and Human Services, is committed to advancing public health initiatives in the realm of behavioral health. To fulfill this mission, SAMHSA has developed comprehensive treatment improvement protocols designed to support individuals and communities on their journey toward healing. These protocols are meticulously developed through comprehensive analysis of relevant clinical and health services research, implementation experiences, and the specific needs of healthcare providers. The treatment improvement protocol serves as an essential resource for behavioral health service providers, prevention specialists, and program administrators – those directly engaged in the care of trauma survivors across various behavioral health settings. It also encompasses primary care professionals, such as physicians, as well as teams working with clients and communities affected by trauma, including individuals within the criminal justice system.

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Бартош О. П., Тафій І. Я. Категорії та види травм: травмоінформована допомога в медико-соціальних службах США

Мета статті – заглибитися в основні характеристики травматичного досвіду, досліджуючи різноманітні категорії та типи травм, які визнають фахівці у травмоінформованій практиці. Застосовані методи дослідження – аналіз і синтез наукової літератури для висвітлення ключових концепцій, системний аналіз для визначення існуючих наукових підходів до вирішення проблем, що розглядаються в статті, та теоретичне узагальнення для отримання висновків. Визнаючи складний і глибокий зв'язок між травматичним досвідом і проблемами психічного здоров'я, медико-соціальні фахівці та впроваджувані ними у громаді програми можуть сприяти створенню травмоінформованого середовища протягом усього періоду догляду. Медико-соціальні установи впроваджують травмоінформовані принципи через продуману підтримку, консультування та цілеспрямований нагляд, створюючи тим самим простір для зцілення. Медико-соціальні фахівці розуміють, що багато факторів впливають на наслідки травми, а результат визначає не лише сама подія, але й контекст події та взаємодія між системами. Класифікація травми як природної чи спричиненої людьми може суттєво вплинути на те, як люди реагують на неї, та на види допомоги, що мобілізується після виявлення її наслідків. Протоколи покращення надання медико-соціальних послуг, що розроблені Службою з питань зловживання психоактивними речовинами та психічного здоров'я у США, розглядають форми та типи травм, з якими може зіткнутися окрема особа, група чи громада.

Ключові слова: травмоінформована практика, види травм, протоколи покращення лікування, медико-соціальні послуги.

Bartosh O. P., Tafii I. Y. Exploring the categories and types of trauma: trauma-informed care in the U.S. medical-social services

The article aims to delve into the essential characteristics of traumatic experiences while exploring the diverse categories and types of trauma recognized by behavioral health professionals in their trauma-informed practices. Employing rigorous research methods, this study includes an analysis and synthesis of scientific literature to illuminate key concepts, systematic organization to identify existing scientific approaches to addressing these challenges, and theoretical generalization to draw meaningful conclusions. Individuals seeking treatment in behavioral health settings bear the significant weight of past trauma, often without fully understanding how deeply these experiences influence their lives. By acknowledging the complex and profound link between traumatic experiences and behavioral health challenges, medical-social professionals and community-based programs can foster a genuinely trauma-informed environment throughout the continuum of care. Medical-social agencies embrace trauma-informed principles through thoughtful support, insightful consultation, and dedicated staff supervision, thereby creating a healing space where every individual can flourish. Trauma-informed behavioral health service providers understand that many influences shape the effects of trauma among individuals and communities, it is not just the event that determines the outcome, but also the event's context and the resultant interactions across systems. The classification of a trauma as natural or caused by people has a significant impact on the ways people react to it and on the types of assistance mobilized in its aftermath. Treatment improvement protocols, developed by The Substance Abuse and Mental Health Services Administration review various forms and types of trauma that an individual, group, or community may encounter with the intent to give a broad perspective of various categories and types of trauma to behavioral health workers who wish to be trauma informed.

Key words: trauma-informed practice, types of trauma, treatment improvement protocols, medical-social services.

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