

# Racial Trauma as a Diagnosis: Recognizing the Impact of Racial Violence and Discrimination on Mental Health

Myka Michelle Lee Ferrer  
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Faculty Adviser: Dr. Meiches

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## **Abstract**

During the Black Lives Matter Movement, many Black activists and allies have experienced direct and indirect forms of racial trauma and violence. Previous studies have shown that membership in a racial or ethnic minority group is associated with an increased risk for developing post-traumatic stress disorder (PTSD) and mood disorders such as depression due to exposure to trauma (López et al., 2017). However, although racial trauma could lead to a diagnosis of PTSD, racial factors that contribute to the trauma are often overlooked because of the limitations in what is defined as a traumatic event. In this paper, I will explore the issue of racial trauma and examine its role in diagnosing mental illnesses and the delivery of mental health services. To gain a deeper understanding of racial trauma, I analyzed existing studies on the history of racial trauma, its impact on mental health, and various social practices of recognition. The purpose of this study is to examine the effects of racial trauma on individuals in the Black community. How exactly have these experiences of trauma affected the mental health of Black community activists and allies? Do social factors such as stigmas influence the perception of racial trauma? Most importantly, what resources and solutions are available in addressing the interpersonal trauma that these individuals experience due to racial bias and discrimination. To answer these questions, I conducted qualitative interviews with 35 Black activists and allies who shared their experiences with protesting and their perception of mental health and racial trauma.

## **Introduction**

Racial trauma disproportionately affects people of color, especially in the Black community. Racial trauma or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters of racism such as racial bias, discrimination, and hate crime ("Racial Trauma"). In order to properly address the negative impacts of racial trauma on the mental health of racial minority groups, we first have to tackle the structures of societal and systemic racism that contribute to the trauma and stress that individuals in these groups experience. Racial trauma is evident in the continuous killing of unarmed Black individuals by police officers. Protests from different countries worldwide emerged to stand against the police brutality and systemic racism that the Black community faces. However, even with protests against these injustices, Black individuals continue to be killed and harmed. Black activists and allies that were fighting against these injustices experienced violence by the police. These continuous acts of violence and discrimination towards Black individuals further negatively impact their overall health specifically their mental health.

Although mental illness affects all people, African Americans significantly underutilize mental health services. In recent years, numerous studies have reported the underrepresentation of marginalized communities in seeking mental health services. The stigmatization of mental illness and mental health services is a significant barrier to psychological help-seeking behavior because of the double stigma that Black individuals experience as both a racial minority and a person suffering from a mental health issue (Taylor & Kuo, 2019). Normative beliefs, such as the expectation that Black people must be strong, imply that Black men and women are not supposed to show weakness or vulnerability by seeking these services. Previous research has also discussed the bias and discrimination in the experiences of Black individuals, such as the

misclassification of complaints, mental health symptoms, and misdiagnosis. As a result, the willingness to seek out help and the trust within these institutions is lower in Black communities.

These different experiences of Black individuals demonstrate the countless challenges they face in our society. However, due to the multitude of injustices they experience in their everyday lives, many may not recognize the trauma behind these experiences. In comparing the exposure of different racial groups and their risk for developing post-traumatic stress disorder, or PTSD, Robert et al. (2011) found that the lifetime prevalence of PTSD was highest among Black individuals, followed by Hispanics (2011). The impact of trauma is known to significantly harm and impair individuals, which is why we have the diagnosis of post-traumatic stress disorder to acknowledge the impact of these experiences. However, it is essential to understand that even though racial trauma and PTSD share many similarities in terms of symptoms, PTSD does not encompass or consider the racial factors involved in these traumatic experiences. This paper argues that the American Psychological Association should include racial trauma as a distinct diagnostic category in assessing post-traumatic stress disorder and other mental health problems. It is important to acknowledge racial trauma as its own diagnosis to highlight how various race-based stressors significantly affect marginalized groups. Moreover, it is particularly critical in the context of Black activists and allies who face more regular confrontations with the police.

## **Background**

### **Defining Racial Trauma**

Aggressive policing tactics and the excessive use of force occur in many urban areas, especially in communities predominately made up of people of color (Hirschtick et al., 2020). Bor et al. (2018) looked at the spillover effect of police killings on the mental health of Black Americans within the same state where these incidents occurred. Their study suggests an

elevated prevalence of depression and PTSD among these Black individuals. However, the impact of racial trauma extends beyond police violence. For many Black individuals, non-violent interactions with the police are associated with a greater risk for mental health issues.

Involuntary encounters, like getting pulled over by the police, are linked to threats of injury or even death. DeVylder et al. (2017) reported that even non-violent encounters result in harmful mental health consequences such as depression, anxiety, and trauma symptoms. This study also stressed that these outcomes were especially true for African American males and other minorities where racial profiling procedures were prevalent.

Dr. Hugh F. Butts (2007), who first drew attention to what is now known as racial trauma, wrote an article about the relationship between racial and ethnic discrimination and post-traumatic stress disorder. He emphasized that while there are similarities to PTSD, the response from African Americans to racial discrimination was not significant enough to merit a diagnosis. He also pointed out the lack of understanding of race-based stressors, which led to his work in defining the reaction to the traumatic act of discrimination. Although his work contributed to the mental health literature, the issues he brought up are still relevant today. In recent years, we have seen more studies examining the relationship between racial trauma and PTSD. However, racial trauma is still not properly recognized or considered a diagnosis in the mental health field. It is essential to understand that even though racial trauma and PTSD share many similarities in terms of symptoms, there are critical differences between them.

Racial trauma stems from racism and negative beliefs that influence the norms and practices that target people of color. These beliefs foster the idea that one group has superiority and control over other groups, which justifies degrading and devaluing specific racial groups' lives (Ponds, 2013). Many people usually perceive racial trauma as explicit acts against the

“other” groups, specifically people of color. However, racism extends beyond these acts. Defined as the “physiological, psychological, and emotional damage resulting from the stressors of racial harassment or discrimination,” experiences of racial trauma encompass various incidents beyond the direct experience of racial attacks (Ponds, 2013). Racial trauma includes experiences such as microaggressions, exposure to stereotypes, and racial bias. While being similar to PTSD in that racial trauma could also be an acute stress response, it could also emerge from the chronic condition of living in a racist society. Moreover, racial trauma is distinct in that the cumulative exposure of individuals and groups to these race-based stressors leads to further harm because of the constant re-exposure to these experiences (Comas-Díaz et al., 2019). The repeated exposure of Black individuals to discrimination leads to reactions such as increased vigilance which manifests in the lack of trust in other individuals. It leads to sensitivity to other perceived threats, leading to defensive behaviors and avoidance, which could hinder how they function in their everyday lives.

Many people in the United States stigmatize mental illness and mental health services. However, the problem is particularly prevalent for racial and ethnic minorities. Mental illness is often used to discriminate against certain racial groups, specifically the Black community. An example of this is the development of ideologies such as the Black Madness, which promoted the idea that Blackness is synonymous with madness or is the cause of madness (Pickens, 2019). This association of madness with race is detrimental because of the bias and prejudice that influence people’s perception of particular groups. Cannon and Locke (1960) examined the different census data to discuss the disparities between psychiatric treatments for White Americans and Black Americans. In looking at historical trends of mental illness, they found substantial differences in the patterns of institutionalization between White and Blacks. “... the

overall rate of institutionalization was 41 percent higher among Blacks than Whites, Blacks exceeded Whites in mental institutions by 52 percent; however, the excess of Blacks to Whites in correctional institutions was considerably greater” (Cannon and Locke, 1960). Moreover, African Americans were subjected to various unethical medical examinations without their consent, such as the Tuskegee experiments, drug experiments that included exposure to an untested smallpox vaccine, the use of their bodies for anatomy classes, and other forms of scientific racism (Washington, 2006).

It is vital to acknowledge the historical racism in the medical field. Psychology and psychiatry have pathologized Black communities and Black resistance. These fields of study have been historically complicit in slavery, segregation, and other racist actions (Waldron, 2020). It is imperative to understand racial trauma, but it is important to approach this issue in a way that prevents mental health services from reinforcing racist structures and beliefs.

### **Recognizing Racial Trauma**

In order to be diagnosed with PTSD, there are different criteria that an individual has to meet. Racial trauma may merit a DSM-5 diagnosis of PTSD when there is an identifiable index trauma (Criterion A), re-experiencing of the trauma (Criterion B), avoidance of trauma reminders (Criterion C), negative mood or cognitions (Criterion D), and hyperarousal (Criterion E). However, all symptoms of PTSD may be present due to racial trauma, even if a Criterion A event cannot be identified (American Psychological Association, 2019). In the current version of the DSM-5, traumatic experiences are limited to direct exposure to physical, sexual violence and actual death, repeated exposure to traumatic information in a work setting, and indirect exposure to news regarding a traumatic event involving a close friend loved one (American Psychological

Association, 2019). Due to these limitations, many experiences of racial trauma are often not recognized as traumatic events.

The issue of racial trauma goes beyond its consequences on an individual's health and well-being. This particular issue highlights a much broader problem in our society: the prevalence of racism in our community. Certain triggers of racial trauma, such as exposure to racial and ethnic stereotypes and witnessing racial abuse, demonstrate how one's racial identity is the basis of these negative experiences. The underlying bias in our society directly impacts practices and how institutions operate, which is one of the main influencing factors in the injustices and challenges that marginalized individuals face. Racial trauma is seen not just in the Black community but in communities of Indigenous and other people of color. Many marginalized communities face various forms and severity of racism. However, the experiences of activists and allies during protesting against racial injustice foster a more direct form of violence and trauma.

The mass protests for the Black Lives Matter movement gained international attention, with at least 40 countries across continents protesting alongside the hundreds of protests happening in the United States (Smith et al., 2020). Lynsey Chutel, a South Africa-based journalist stated, "There is a George Floyd in every country." In South Africa, protests emerged following the death of a boy of mixed heritage with Down syndrome. In Columbia, activists called for justice for Afro-Latino men killed by police after an alleged beating of a young Black man to death. Inspired by the message of Black Lives Matter in the U.S., many countries protested to speak out against the racial injustices and killings of individuals in the hands of their police force (Greene, 2020). Similar to the situation in the U.S., many activists and protests in

these countries were met with criticism and violence, which further escalate the trauma and its negative impact on the global mental health of different communities around the world.

According to a report from the Armed Conflict Location & Event Data Project, more than 93% of Black Lives Matter protests in the U.S. have been peaceful. Activists organized many of these protests to form solidarity with the Black community and acknowledge the violence and trauma they experienced. However, many people believed that these protests were violent due to the media's biased framing (Mansoor, 2020). As a result, many cities responded to the demonstrations by enforcing laws such as curfews, noise ordinances, and unnecessary force by the police. In many of these protests, police officers and departments met Black activists and allies with pepper spray, tear gas, and even rubber bullets.

Although the protests could have played a role in helping reduce tensions of racial trauma, activists suffered further trauma through violent interactions with the police. On top of the trauma in witnessing the arbitrary killing of Black Americans and persistent experiences of discrimination, activists suffered acute racial trauma because of direct and increased encounters with the police. However, many protesters did not have the resources to seek treatment or cope with these experiences. Police departments and city governments behind these forceful interactions did not provide resources to alleviate traumatic experiences that activists have endured. Additionally, the lack of access and the limitation of culturally designed mental health services served as a barrier in activists and allies seeking the help that they needed. These traumas often go unresolved, which only further increases their risk and susceptibility to psychological and physiological issues (Smith, 2010).

In this study, I will examine how these traumatic experiences affected the mental health of Black community activists and allies. I will also analyze how the mental health field

recognizes racial trauma and where it fits into our understanding of trauma, particularly within the post-traumatic stress disorder diagnosis. Lastly, I will be looking at the treatments and solutions available and analyzing how they help communities most affected by these racially traumatic experiences. Our understanding and knowledge of racial trauma will help inform and change the systems and practices in our society that are problematic to help and serve the people in our community, specifically those most affected by this issue.

## **Methods**

In this research study, I conducted qualitative interviews with 35 Black community activists and allies from three different non-profit organizations in Virginia. These activists were actively involved in the Black Lives Matter movement over the summer in other cities of Virginia. I asked the participants were asked questions regarding their experiences of protesting against anti-Black violence. In addition, to the impact of the protests on their overall well-being. They were also asked questions about their perception of mental health and the mental health resources available to them. These interviews offer valuable data for understanding how forms of racial trauma complicate political protests and the dire impacts they have on an individual and community.

## **Interviews**

### **Overall Impact of Protesting**

During the interviews, participants were asked how protesting impacted their overall well-being because of the protests, especially when met with resistance and violence, leading to various negative consequences of people's physical, mental and emotional health.

Responses primarily focused on the physical exhaustion that many activists felt during their time in the frontline of different protests. One individual, labeled as “A” for the purposes of

this study, recalled how protesting took such a significant toll on their physical health. They stated, *“I didn't understand the toll it would take... I was protesting every day, so I felt tired, and I lost a lot of weight from it.”* In combination with the physical exertion and conditions during the protests with COVID-19, the consequences of protesting on one's physical health were very apparent. Even though many protest groups enforced safety protocols during the protests, many individuals still had anxiety and fear over the possibility of catching COVID-19. An activist, labeled “Z”, also shared that they struggled with managing the workload that came with protesting and organizing different protests. Z shared how hard it was to balance schoolwork and the physical groundwork for the protests. *“It can be very draining mentally and physically, especially if you're doing physical groundwork. You're out under the sun, handing out food and you're out doing actual physical labor. I was also doing all of this while taking classes. It became very taxing.”* Respondents repeatedly emphasized the overall physical impact of protesting and the exhaustion that they felt from being active on the frontlines. Many expressed how draining it was and how protesting took a toll on their energy and their ability to do other work that they had in their lives.

Other elements of protesting undeniably impacted many individual's mental and emotional health as well. One individual, labeled “J”, talked about how even before they began protesting, they had to mentally, physically, and emotionally prepare themselves. They shared how they watched videos of other protests and read different information on what to expect and how to prepare. J stated, *“This was my very first protest, so my sibling and I were watching videos all week on what to take. We got these thick gloves and other stuff just in case someone throws tear gas at us. You never think you have to prepare for something like that.”* J recalled how it was a completely different experience witnessing the first-hand violence and the treatment

of protesters by police officers. Z also discussed feeling overwhelmed and needing a break from the exposure to these incidents. They voiced how mentally taxing it was to see how these injustices and killings of Black individuals were displayed, especially in social media. Z then explained how triggering it was for them because, from a young age, they were already aware of these traumatic experiences: *“It was very overwhelming, especially for Black people because it was all over social media. People were posting and sharing actual videos of people dying all the time without trigger warnings. It was very disheartening to see Black death on such display, everywhere and every corner. It is mentally draining.”* Z also recalled, *“I was in 5th grade when the killing of Trayvon Martin happened. Growing up with that when every month and every year a Black person was unjustly killed, it does take a toll especially at a young age.”*

On the other hand, this feeling both contradicted and reflected another individual’s thoughts, labeled as “B”, who vocalized how they almost felt desensitized to the general struggles of the Black community. *“For me, it was the idea that right after you do the protest, you are glad that you put in the work, and you did this for something that you care about. But then you remember the fact that issues like systemic racism will probably exist for a long time. Maybe it will even exist past my lifetime. It can be overwhelming in that regard because this is something that I’m glad that I put effort into, but it is mentally wary in that regard. Engaging the thing you’re protesting for, you gain desensitization. As a Black American, I gained desensitization to the general struggles that I see in the community.”* Both of these individuals’ feelings result from extensive and repeated trauma from the exposure to these incidents. However, the way that these individuals deal with trauma is very different. While one articulated that they struggled to process these events, the other expressed general desensitization to violence. Lastly, “A” also shared that they developed a traumatic response through protest.

*“Mentally, it was a lot of triggers that I didn't know I had. Someone slammed a skateboard on the ground one day, and it sounded like a gunshot. It immediately brought me back to D.C. when they were shooting rubber bullets at us. Mentally it's been a lot. Just a lot of my experience with cops in passing has been the worst experience, and it's just something that not everyone else is going to understand. When I talk about my feelings about my experiences and with cops, people are like it's not that deep, but it is.”*

As a whole, there was a consensus amongst participants that protesting has had a positive impact on these individuals' social well-being and social relationships. Many activists expressed that they built strong bonds and relationships with other activists and allies. They talked about how they supported each other in coping with the intense and traumatizing experiences they went through during the protests. Having gone through both positive and negative experiences, they were thankful to have been a part of a truly significant event in our society. The Black Lives Matter movement is a powerful social rights movement that fights for Black individuals and against systemic injustices such as police brutality. The work of many activists and allies has been significant in this movement. However, we have to remember how their experiences during these protests impact these individuals. With the stigmas around mental health, the serious toll of protesting, and the value of their political work, we have to recognize how impact of these traumatic experiences on their overall health.

### **Perception of Mental Health**

During the interviews, participants were also asked about their perceptions of mental health and their access to mental health resources. Responses indicate that mental health issues appear to be more accepted than in the past. However, there are still stigmas that surround mental illnesses. While many people recognize the importance of mental health, the discussion around

this topic is still limited in many communities and families. The interviews suggest that discussions of mental health were more frequent, and therefore more accepted among friends. Many of the individuals who were interviewed also stated that families rarely discussed the topic of mental health. Additionally, many responded that information regarding mental health services was not readily available or accessible. When asked what specific mental health resources they knew in their area, many could not identify mental health services. They mentioned they have to “hunt” for these types of information, either on the Internet or by themselves, because this information is not as widely discussed in their community.

Participants were also asked about the barriers that prevent an individual from seeking mental health services. As mentioned above, one barrier was the lack of accessibility to information about these services and an inability to receive these services. Another significant challenge for most respondents who were seeking these services was the cost. Many mental health services are expensive, and many individuals do not have the money or the insurance to cover these expenses. Another significant barrier to seeking mental health services was the stigma or negative perception associated with these services. One individual stated that because their parents did not believe or truly understand mental health, they could not seek therapy and other mental health services. Respondents also frequently indicated that they had a lack of trust and feelings of uneasiness with these services. Many individuals expressed how it is difficult to find mental health professionals who are people of color, specifically Black clinicians. One individual disclosed that they have a Black therapist in another city, about an hour away. They also shared how difficult it is to secure appointments with their therapist because the limited number of Black clinicians in their area is limited. As a result, their therapist is often fully booked, and not every individual seeking an appointment with them can get one. There was one

particular mental health institution that several participants mentioned. They shared how this place is mainly known for the negative perceptions, and the poor treatment people have experienced in this facility.

Although mental health is now more openly discussed and accepted, especially amongst friends, there are still many barriers to accessing mental health services. Many of these barriers, such as money, directly impact the ability to access these services. However, stigmas and negative perceptions around mental health, specifically within marginalized communities, significantly affect an individual's trust and willingness to seek help.

### **Perception of Racial Trauma**

Lastly, participants were also asked about their experiences and perceptions of racial trauma. Many individuals shared how they have experienced different forms of racial trauma. However, some individuals did not consider their experience to be traumatic or a form of racial trauma at the time. J talked about a specific incident where a stranger had come up to them commenting about their hair and skin tone and started asking questions such as, “*Can I touch your hair?*” and “*Your skin is so dark.*” This stranger insisted on promoting her hair business, stating that they can handle and take care of “this type” of hair. When thinking back to this experience, J expressed, “*I didn't know how to process that... I was very uncomfortable; I did not know this woman, and she was trying to think that she knows how to handle my hair. To me, it's like it's because I'm Black. To them, they could say all this stuff to me. I guess I just haven't processed all this racial trauma because I'm ok with being Black, and they have to get used to it.*” For J, they have always seen their skin tone and hair texture as a representation of their identity. However, as they have had the time to reflect on this experience, they recalled how

uncomfortable and anxious they felt for having someone confront them and directly point out their features so insensitively.

Additionally, B also shared how they vividly remember their first encounter, which caused them to feel uncomfortable because of their race. This incident occurred during 2nd grade after a sports practice when one of their peers questioned them for using the school's water fountain. They talked about how this peer asked their mother a question along the lines of, "*Why is there a monster drinking at the water fountain?*" B recalled how they were trying to figure out why their peer had said this to them. B also wondered what was different about them that caused this other person to call them a monster, and they shared how they noticed that the only difference between them was the color of their skin. From a very young age, this individual became aware of how their race was a significant factor in how others viewed them. B stated, "*I didn't realize these types of experiences of racial trauma when I was younger. But I will say that it caused me to be a lot more insecure about my general looks and my interaction with people.*"

Furthermore, Z talked about how speaking another language resulted in such negative interactions with others, "*Growing up, I had a very thick accent. I was born here, but my first language wasn't English, and I had a very thick accent. I was subjected to constant xenophobia and anti-blackness until I learned how to speak English without an accent.*" When the killing of Trayvon Martin happened and the protests began, Z recalled being called slurs not only from their peers but their teachers as well. Growing up, they also shared how they witnessed several instances where police officers brutally attacked their family members. Along with this, Z also directly experienced involuntary encounters with police officers racially profiling them. Moreover, because of their involvement with the Black Lives Matter movement, Z has experienced attacks over social media and the Internet. "*I was getting attacked. People leaked my*

*address on different websites. My sibling was getting contacted and sent photoshopped pictures of me getting lynched. Although this is on the Internet, this is still trauma that not only I have to experience, but my family has to see that happening to me. It's a lot, and I don't even know how to answer that question just because I don't know a life without racial trauma. I can't quantify how much it's affecting me. It's really sad, but it's become an intrinsic part of my being and my life that I cannot separate the two entities.”*

On top of these past experiences of racial trauma, we have to remember that these individuals and the Black community as a whole are still encountering racial trauma in their everyday lives. These experiences show how racial trauma comes in various forms. From direct experiences, such as racial violence and discrimination, to less overt forms of racism, such as microaggressions, Black individuals are repeatedly exposed to these traumatic experiences that impact their physical, mental, and emotional well-being.

### **Discussion**

Throughout the interviews, many activists talked about the racial violence and trauma that they have experienced. These experiences took a toll on their physical, mental, and emotional health. However, regardless of these negative impacts, many activists expressed a positive influence on their social relationships. One thing that stood out to me the most is how many individuals expressed how, at the time, they did not recognize that many of their experiences constitute racial trauma. Although they are starting to acknowledge the trauma behind this race-based stress, many are still not recognizing this relationship. Not having a distinct category in which we define and identify the unique experiences and consequences of racial trauma undermines many traumatic experiences of Black activists and individuals. Although it is possible to expand the definition of a traumatic event in a PTSD diagnosis to

include experiences of racial trauma, there are multiple reasons in which creating a distinct diagnosis or category of racial trauma is more beneficial.

Unlike PTSD, a single traumatic event is not the sole cause of racial trauma. One specific traumatic event could trigger racial trauma, but different experiences, such as stressful confrontations and interactions regarding one's race, also contribute to developing trauma. Despite many similarities in symptoms, PTSD and racial trauma do have varying types of symptoms and reactions. Racial trauma is unique in that an individual could re-encounter and constantly be exposed to racially traumatic experiences without noticeable intense responses. With more subtle forms of racism, the consequences of these experiences tend to be more internalized and implicit. Even though not all individuals who experience racism will develop racial trauma, the impact of these experiences still negatively affects their overall well-being, especially their mental health. Severe forms of racial trauma reflect symptoms of PTSD that tend to elicit pervasive and maladaptive symptoms that are debilitating to an individual (Williams et al., 2018). In addition, these symptoms could develop into issues that extend beyond the trauma but speaks to the consequences of the constant distress that these individuals feel. Findings from a meta-analysis indicate at least a small to moderate link between exposure to racism and psychological and physical distress (Kaholokula, 2016). In this study, Kaholokula (2016) found a relation between racism and adverse birth outcomes, diabetes, cardiovascular diseases, and shorter life expectancies. Additionally, in a previous study that assessed the potential mental health effects of persistent and aggressive interaction with the police, Hirschtick et al. (2020) found that these interactions are associated with internalizing stigmas or stereotypes, developing lower self-esteem and self-worth.

Coping with racial trauma is different from dealing with PTSD in that race greatly contributes to the trauma. Metzger et al. (2020) emphasized that evidence-based trauma treatments have been viewed as ineffective because they are not culturally designed to address interpersonal and racial trauma. There has been a call for attention by different research studies and organizations, such as the Clinical Practice Guideline for the Treatment of Post-Traumatic Stress Disorder endorsed by the American Psychological Association, to focus more on cultural context as a component in trauma-informed mental health care provisions. Still, attention to the cultural context is an insufficient response to the depth and intensity of racial trauma. By diagnostically recognizing racial trauma, mental health professionals can develop culturally designed evidence-based trauma treatments to deal with racial trauma. Acknowledging and challenging the bias and inequalities in these systems is essential in addressing the negative consequences of racial trauma in marginalized communities.

Having racial trauma as a diagnosis addresses the bias and lack of representation of race in the diagnoses within the DSM. One common misconception about mental health among Black communities is that mental illness is more directly associated with White people. In research studies and treatment programs, they are predominantly represented (Taylor & Kuo, 2019). As a result, mental illness is believed not to affect the Black community. This belief stigmatizes mental health and leads to the assumption that Black individuals must be strong enough to deal with mental health issues without the help of mental health services. Seeking help implies that Black men and women are showing weakness or vulnerability, which results in negative perceptions and stigmas in accessing mental health services. Many Black individuals and people of color also lack the willingness to seek mental health services because of the bias and discrimination they experience in medical institutions, such as clinicians or practitioners

misdiagnosing or misclassifying their complaints and symptoms. These experiences demonstrate the lack of understanding and cultural competence in our institutions and practices when dealing with issues regarding race. With a distinct diagnosis of racial trauma, culturally trained clinicians will understand how to adapt different assessments and treatments that specifically address racialized trauma.

Social factors such as race, ethnicity, class, and gender play an important role in understanding how individuals address mental health issues. However, our knowledge and treatments for mental health issues are heavily based on traditional western perspectives that do not apply to communities that face specific problems based on their social identities. Although the push for racial trauma as a diagnosis aims to tackle this issue, the influence of biased and discriminatory beliefs persists today. Historically, Black life has been devalued through systemic racism that allowed slavery, lynching, and Jim Crow laws. Issues that reflect social injustices remain prevalent in existing institutions, systems, and practices. Distinguishing racial trauma as a diagnosis could be used to pathologize Black individuals and other people of color to oppress them further. However, recognizing racial trauma as its own diagnosis extends beyond understanding its impact on mental health. Including racial trauma as a diagnosis emphasizes the need to change and reconsider important factors and prevalent societal issues.

Black individuals and other people of color experience countless inequalities and trauma that reflects biased and discriminatory beliefs in their everyday life. These experiences are much more prominent for Black activists and allies due to being in the front lines of protesting. As they continue to fight against these injustices, they experience more violence through their encounters with the police. The trauma that comes from these experiences extends beyond PTSD and has negatively impacted their overall well-being. However, Black activists and allies do not receive

proper resources and help deal with their trauma because racial trauma is not recognized. Having racial trauma as a diagnosis will help Black activists and allies understand the extent of their trauma and access resources that could help them cope with racial trauma. In order to promote a more inclusive and extensive understanding of critical societal issues, change and recognition need to happen.

## **Solution**

### **Racial Trauma as a Diagnosis**

Throughout the years, the definition of what is considered a traumatic event for a PTSD diagnosis has expanded. In order to receive a PTSD diagnosis, an individual must first meet Criteria A, exposure to a traumatic event. In its first appearance in the DSM-III, this was limited to exposure to specific types of extreme trauma beyond what we considered an everyday experience (McNally, 2004). However, later revisions such as the DSM-III-R allowed trauma to include witnessing family or friends exposed to those events. Subsequently, the DSM-IV removed the requirement that the trauma needed to be outside of normal experience. It also allowed the consideration of indirect exposure or confrontation of trauma. Despite these revisions, racial trauma is not recognized as a traumatic experience in its current version of the DSM-V. Therefore, I propose that there should be a distinct diagnosis or a category of racial trauma within the PTSD diagnosis.

### **Policy Recommendations**

One of the main barriers in recognizing racial trauma is the lack of understanding of how confrontations based on race contribute to racial trauma. Therefore, the American Psychological Association should include a diagnosis of racial trauma to account for the lack of existing psychological diagnoses that addresses the ramifications of race on mental health. As its own

category, racial trauma would expand the criteria and characteristics of trauma to include experiences such as racial profiling by law enforcement or incidents of racial bias as events causing distress or trauma. It will emphasize the importance of understanding how everyday life experiences that aren't typically considered traumatic can be distressing to many Black individuals and other people of color. More recently, we have seen an increase in the violent forms of racism not just in our country but all over the world. The International Statistical Classification of Diseases and Related Health Problems (ICD), which is used globally, has a code for individuals that are a target of perceived adverse discrimination based on membership of some group such as skin color or ethnic origin ("ICD-10 Version: 2016"). However, in its current version, there is also no mention of racial trauma. The inclusion of this diagnosis in the DSM could influence the expansion of other diagnostic manuals in looking at the influence of race in trauma.

In addition, DSM should be examined and revised more consistently to ensure that significant research findings and prevalent mental health issues are included. With racial trauma as a diagnosis, we can begin to change systems and practices in our society that are ineffective or endorse harmful and distressing ideologies that negatively impact marginalized communities. Treatments such as cognitive behavioral therapy and evidence-based trauma treatments that have been shown ineffective in dealing with racial trauma could adopt theories that specifically address cultural and race-based trauma or experiences. Metzger et al. (2020) suggested adapting racial encounter coping appraisal and socialization theories into cognitive behavioral therapy. Through these theories, individuals learn the importance of discussing race-based stressors in coping with their experiences. In another study, Mosley et al. (2021) also introduced the critical consciousness theory, where they found that critical consciousness resulted in growth that helped

individuals understand and behave in processing Anti-Black racism. Adapting these theories would lead to culturally designed treatments that could teach individuals to cope with the tressors they experience and encourage broader recognition of systematic racialized stress.

The focus of our treatments in dealing with racial trauma should be acknowledging the cultural and historical aspects of racial trauma. Recognizing racial trauma as a diagnosis could foster more discussions about mental health services and other ways of coping with racial trauma. Through this, the government and organizations could create and support community-based programs to help to provide support to individuals throughout their community.

Movements developed by the Community Healing Network and the Association of Black Psychologist, such as the Emotional Emancipation Circle (EEC), a social movement to help combat the intergenerational (Barlow, 2018), could be used as inspiration in developing more local programs for the Black communities, specifically Black activists.

Racial trauma is a critical issue in our society that needs to be addressed. Racism and discrimination exist in different countries all over the world. The impact of racial trauma on all individuals experiencing racial injustices and violence is detrimental to their mental health. In order to tackle racial trauma, there needs to be an understanding of how direct and indirect experiences of racism lead to the development of trauma. The accumulation of historical, social, and systemic injustices Black individuals continue to face emphasizes the significant role that race plays in the trauma they experience. There is still a lot of work to be done to understand racial trauma and address it in our society. Recognizing racial trauma as a diagnosis expands the field of global mental health to this prevalent issue in our society. In order to create change and ensure that these changes help Black individuals and other people of color, there needs to be a more inclusive understanding of racial trauma not just in our country but globally.

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