

What is Racial Trauma?

Understanding Race-Based Traumatic Stress

Trauma-informed care practices have become more widely recognized in behavioral health and other human service spaces in recent years. One aspect of trauma-informed care that is beginning to gain more awareness is the effect of racial trauma among people of color.

Racism and racial inequality are pervasive throughout all aspects of our culture. Racial disparities exist in nearly all facets of life, from access to healthcare and housing, to education and employment opportunities. Social justice reforms in policing and criminal justice have become prominent issues. Widespread protest movements and media exposure have compelled both individuals and organizations to examine their own behavior. As a result, providers are recognizing how experiencing racism affects mental health and wellbeing.



Despite this awareness, many providers remain hesitant or are simply uncomfortable addressing racism or racial trauma among their clients. Often, these experiences are ignored, downplayed, or are commonly not reported, leaving the trauma many people of color experience wholly unaddressed. At worse, clinicians' racial biases continue to perpetuate racism and re-traumatize individuals.

Because of these obstacles, it is important to distinguish racial trauma from other types of trauma. Having the awareness and skills to recognize one's own racial bias and being able to identify racial trauma can lead to real and lasting positive outcomes among clients of color.

What is Trauma?

Trauma is the emotional and physical response to experiencing an event (or witnessing an event) that is dangerous, frightening, or life-threatening.¹ A traumatic experience can be a single event, a series of events, or a chronic condition, and it can affect individuals, groups, communities, and specific cultures.²

What is Racism?

Racism refers to prejudice, discrimination, and various forms of aggression toward racial groups considered to be subordinate by the dominant group. Racism can occur on the individual and interpersonal level, but it is also systemic. Systemic racism exists as a system of oppression where some are given advantages and others are not.³ Examples of systemic racism include workplace and housing discrimination and misrepresentation of individuals of color in the media.⁴

What is Racial Trauma?

Racial trauma is the physical, emotional, and psychological pain associated with experiencing or witnessing racism or discrimination. It is pervasive and multifaceted and often co-occurs with other types of trauma.⁵



Types of Racial Trauma

Microaggressions

Microaggressions are commonplace and brief slights, indignities, put-downs, and invalidations that marginalized populations experience in their daily interactions. They tend to be unconscious and can be committed by individuals with no harmful intent.⁶ Examples of microaggressions can include:

- + Hearing someone say, “You’re so well-spoken for a Black person.”
- + Being ignored or looked over while you’re waiting in line.
- + Being mistaken for someone who serves others (ex. Being a guest at a hotel and mistaken for the housekeeper).



Race-Related Life Events

Many traumatic incidents are time-limited, meaning they have a clear beginning and end. Race-related life events, however, may lead to other traumatic incidents or have effects that may be long-lasting. For example, being targeted by the police can be a traumatic encounter which can affect an individual for an extended period of time. If that scenario ends in a fatal event, then the subsequent trauma of the event can impact that individual’s community for a significant amount of time.⁵

Vicarious Racism

Vicarious racism involves experiencing the effects of racism through observation or through the report of others’ experiences. This can include hearing family anecdotes of experiencing racism or witnessing events of race-based violence in the media. Experiencing vicarious racism means you can experience real racial trauma with subsequent mental and physical health symptoms, without being personally victimized.⁵

Collective Racism-Related Stress

Collective racism-related stress involves the cultural, symbolic, and sociopolitical manifestations of racism in everyday life. These manifestations can be observed and experienced as stereotypical portrayals of your racial group, a lack of representation of your racial group in popular media, or negative representations of your racial group by others.

For example, seeing images of your racial group consistently represented as terrorists or thugs in popular media is one form of collective racism-related stress.⁵

Historical Trauma

Also known as generational trauma, this refers to traumatic events that are experienced by a specific cultural, racial, or ethnic group. Examples include the enslavement and oppression of African American/Black Americans in the U.S., the forced migration and colonization of Native Americans, and the genocide of Jewish populations during the Holocaust.

Historical trauma can have psychological and physical health impacts on entire populations. It can also result in individuals being hesitant to enter into systems of care that have historically oppressed these populations.⁷





The Impacts of Racial Trauma

The pervasive nature of racial trauma is uniquely detrimental to those who experience it. Because racism exists in interpersonal, institutional, and systemic structures, individuals will frequently experience exposure and re-exposure to race-based stress, either directly or vicariously. Racial trauma can impact individuals in a variety of ways:

Age

Children who face racism will react and be impacted by it differently based on developmental stage. Very young children may have little comprehension of the nuance of race, and so may not fully understand why they are on the receiving end of this discrimination and prejudice. This, in turn, affects their initial understanding of race and can impact their self-esteem.

For older children and emerging adults, experiencing racial trauma can greatly impact their identity development. Having a positive racial identity is a strong protective factor against racial trauma, so it is critical for those supporting youth of color to address this identity development and support positive identity models.⁸

Education Level

In a study by the [Pew Research Center](#), experiences of discrimination and prejudice based on race was found across all education levels. However, this study found that those who had at least some college education were more likely to say that they have experienced discrimination. One reason behind this may be the fact that people of color with some college education are more likely to interact with white individuals or others who could be perpetuating racism.^{5,9}

Gender

In the same study by the [Pew Research Center](#), overall there were no significant differences in gender and experiencing racism. However, the type of racism or racist experience tended to differ between genders. For example, Black males reported being stopped by police more often and were also more likely to report that they felt as if they were being treated as suspicious.^{5,9}

Health Outcomes

Experiencing racism is a key contributing factor in the onset of disease, as well as responsible for the many disparities in mental and physical health among people of color.

A [systemic review and meta-analysis](#) of over 300 research articles provides considerable evidence of a strong relationship between experiencing racism and poor mental health outcomes. Depression was the most commonly reported outcome, including increased incidence in suicidal ideation and post-traumatic stress disorder.¹⁰

Other studies have found racism to be closely associated to several physical health outcomes, including increased risk for chronic health conditions like heart and kidney disease¹¹, as well as poor sleep and psychological functioning in midlife.¹²

However, institutional and systemic racism can deeply impact the ability for individuals to access healthcare (including mental healthcare), and it can also create barriers to equitable treatment. Several studies have pointed to the fact that many healthcare professionals express racial bias, consciously and unconsciously, which impact the outcomes of people of color.¹³



“It is impossible to **heal and feel supported** in a space that will not acknowledge or discuss racism.”

—CHAUNA BRYANT

Addressing Racial Trauma

Given the widespread prevalence of racism in society, and its concurring impact on physical and mental health outcomes, it is imperative that behavioral health providers begin to address racial trauma in their practices. This work is essential—choosing to not address racial trauma is not an option. If providers seek to ensure equity in their practice and to reduce disparities in mental health treatment, *all* clients of color must be able to sincerely and safely address racial trauma in treatment if they so choose.



Common Barriers to Addressing Racial Trauma

RACISM IS NOT ALWAYS CONCEPTUALIZED AS TRAUMATIC

Racial trauma is not included within the examples of trauma in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM 5). Often, symptoms of racial trauma are not considered within a post-traumatic stress disorder diagnosis, as they can be overlooked by clinicians.⁵

CLINICIANS CARRY UNCONSCIOUS BIAS

Many clinicians are not aware of their own racial biases. This unconscious bias (also known as implicit bias) can appear within the therapeutic relationship and deeply affect the outcomes of the individual being served, often in the form of microaggressions.⁵

NORMAL RESPONSES TO RACISM ARE STIGMATIZED

Often, clients of color will express symptoms of trauma that are misconstrued by white clinicians. For example, Black and Hispanic/Latino individuals are much more likely to be diagnosed with schizophrenia or other psychotic disorders than white individuals, even though they may express the same symptoms.¹⁵



CLIENTS OFTEN FAIL TO HAVE THE LANGUAGE TO DESCRIBE RACIAL TRAUMA

Historically, the experience of racial trauma has been dismissed or invalidated by society—behavioral health professionals included. Very often, people of color are not used to talking about how race or racism affects their mental health. Or they do not feel safe bringing this topic up with providers, as they fear that they may not be taken seriously.⁵

CLINICIANS MAY NOT FEEL COMFORTABLE ADDRESSING RACISM

While most professional counseling and other human service professions require cultural competency training as part of their education or professional development, many providers still do not feel comfortable discussing race with persons served. In one [Relias webinar](#), 32% of participants said they felt comfortable addressing racial trauma in therapy, while 28% said they felt “neutral,” and 12% felt very uncomfortable. Many professional counseling programs do not require training directly related to addressing racism or racial trauma.⁵



Clinical Best Practices

Addressing racism and racial trauma in the therapy room can feel daunting. However, it is not impossible. There are several steps clinicians and organizations can take to better [address racial trauma](#) and create a positive impact on their clients of color.

Address Your Own Biases

It is imperative for all providers to affirm and acknowledge that racism exists, that it is systemic, and that it is ingrained in the very fabric of our society. It is also critical for clinicians to recognize how they may have participated in racism, benefited from it, or been a victim of it. This includes understanding one's own racial identity, racial beliefs, and confronting unconscious bias. Until this happens, it will be challenging (if not impossible) to fully support clients of color in addressing racial trauma.¹⁴

One tool to help you begin to address your unconscious or implicit bias is the [Harvard Implicit Bias Test](#).¹⁶

Assess for Racial Trauma

If you do not assess clients for racial trauma, it is unlikely that you will be able to identify it. Clinicians can include questions regarding racial trauma in their intake paperwork for all clients and then apply further assessment tools if potential racial trauma is indicated.

Some considerations when using tools to assess for racial trauma^{3,17}:

- + Make sure the tool has been validated for the specific population you are working with.
- + Ensure that any translated versions you use have been validated with that population.
- + Be certain the assessment can identify cultural-specific factors, like microaggressions and historical trauma.
- + Choose an assessment specific to racial trauma or couple it with a traditional trauma measure.
- + Use at least one other tool for the assessment of trauma and/or PTSD.

One example of a racial trauma assessment is the [UConn Racial/Ethnic Stress & Trauma Survey \(UnRESTS\)](#).³



Create Safety

All clinicians should strive to ensure their therapeutic space creates emotional and physical safety for the client.^{4,5}

CREATE SPACE TO TALK ABOUT RACE.

Don't be afraid to bring up the topic of racism—this lets your clients of color know that you are willing to talk about and validate their experiences, rather than letting the onus of responsibility fall onto the client to bring it up first.

BE MINDFUL OF MICROAGGRESSIONS.

Remember, they can occur at any point and oftentimes can be missed easily. If you find yourself making a microaggression, be open with this mistake and address it with the client.

PRACTICE CULTURAL HUMILITY.

This is the practice of remaining teachable and open to the perspectives and experiences of those from cultures outside your own. Again, be the first to bring up the topic of culture, especially if you and your client are of different racial or cultural backgrounds and be sure to remain open to learning more about the cultural background of your client.

ENSURE YOUR TREATMENT SPACE IS WELCOMING.

Be mindful of elements in your office or building that might potentially be triggering. For example, a security guard at the door or metal detectors at the entrance could feel very threatening.

ENSURE YOUR SPACE IS CULTURALLY INCLUSIVE AND SENSITIVE.

Include décor that signals inclusivity and shows racially diverse people or images. Be mindful of artwork or other imagery in your office that could signal cultural insensitivity. For example, artwork with cotton imagery could be interpreted as symbolic of the enslavement of Black Americans.

ENSURE YOUR ORGANIZATION IS A SAFE SPACE.

If your client interacts with other clinicians or persons served at your organization, ensure that these spaces are also physically safe for them. All staff at an organization should participate in the same training and education on anti-racism, equity, cultural humility, and inclusion.

Clinician Self-Awareness

Clinicians, both those who are persons of color and those who are not, need to be acutely aware of how addressing racial trauma with persons served affects them. Much of this involves managing countertransference and vicarious trauma.¹⁴

COUNTERTRANSFERENCE

For clinicians whose racial identity does not match their client's, it can be tempting to defend your race during treatment. You may feel the need to explain away different actions or give examples of how not everyone in your race acts a certain way. This can be invalidating or re-traumatizing for a client who is processing their racial trauma.

For clinicians of color, countertransference may appear in a different way. If you and your client are of the same racial background, you may find yourself over-identifying with your client. This can lead to incorrectly assuming how the client feels about an experience or how they want to process a traumatic event.

VICARIOUS TRAUMA

Clinicians of color may also be experiencing their own forms of racial trauma in their personal lives. Hearing your clients' experiences with racism can result in vicarious trauma, which can have a negative impact on the therapeutic relationship. It is important that you have an outlet to process your own racial trauma history so that you can better serve the clients who are seeking treatment with you.

CLINICIAN SELF-CARE

It is incredibly important that clinicians regularly engage in self-care when addressing trauma in their clients. Practice coping skills and self-care activities that enhance your wellbeing and restore your energy. Make sure you are going to your own therapy sessions to process any potential countertransference or vicarious trauma. Also, schedule time to disconnect from potentially triggering sources that exists in your personal spaces (such as taking breaks from social media or news outlets).



In one Relias webinar, **75%** of participants reported they received **no professional training** on racial trauma.¹⁴

SUPERVISION

It is so important to seek frequent consultation and supervision, no matter how many years of professional experience you have. It is especially critical when engaging in work with a client who is processing racial trauma. Ideally, this type of supervision should come from a professional who is a person of color or has demonstrated consistent engagement in anti-racism work.

LEVERAGE PROTECTIVE FACTORS

Remember, a positive racial identity can be a very strong protective factor for people of color who are facing racism. [Leverage the cultural protective factors](#) in your clients' life to enhance their resilience and create new coping skills. Individual, family, and community protective factors can help bolster your clients' ability to better address racial trauma and combat racism when it appears in their lives.¹⁸

SEEK ADDITIONAL TRAINING

While many behavioral health professionals have received some type of training on trauma, it is very unlikely that you have also received training on addressing racial trauma. In one [Relias webinar](#), 75% of participants reported they received no professional training on racial trauma.¹⁴ Anti-racism work in general is a process of continuous learning; you'll never be "done" learning about anti-racism work and incorporating it in your practice. Continue to seek out professional opportunities and other resources to learn about anti-racism, racial trauma, racial equity, and cultural humility.



Conclusion

Racism continues to impact our society systemically and institutionally. To best serve clients of color, providers of all racial backgrounds need to feel confident in their ability to address racism and treat racial trauma. Relias has the resources to help mental health professionals and organizations treat trauma, [implement a trauma-informed system of care](#), and address racial trauma.

Through our comprehensive online training platform, we can offer:

- + Accredited training in trauma-informed topics created by subject matter experts in the fields of trauma and racial trauma.
- + World-class training in topics like [cultural competency](#), crisis prevention, and clinical supervision.
- + [Innovative tools](#) to ensure professional competencies and boost knowledge retention.

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