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National Center for PTSD
VA Medical Center (116D)
215 North Main Street
White River Junction
Vermont 05009-0001 USA

(802) 296-5132
FAX (802) 296-5135
Email: ncptsd@va.gov

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Posttraumatic Stress Disorder and Racial Trauma

Definition/Description

Butts (2002) was the first to draw attention to what we now call *racial trauma*, or *race-based trauma*, in the mental health literature. Racial trauma can be defined as the cumulative traumatizing impact of racism on a racialized individual, which can include individual acts of racial discrimination combined with systemic racism, and typically includes historical, cultural, and community trauma as well. Helms et al., (2012) argue that acts of racial and ethnic hostility can trigger trauma reactions due to a person's own past experiences or historical events, even when there is no recent or direct evidence of threat to one's life. Carter (2007) compiled a comprehensive overview of the psychological impact of racism and events that can result in race-based stress and trauma. Racial trauma appears to be relatively common among treatment-seeking people of color. Hemmings and Evans (2018) conducted a survey of counselors and found that the majority of professionals had encountered race-based trauma in their clinical work (71%), but few had received training in the assessment or treatment of those afflicted.

Liu et al., (2019) detail the process of acculturation that many people of color experience when navigating dominant culture. White supremacist ideology, the belief in White biological or cultural superiority that serves to maintain the status quo of racial inequality, is deeply integrated in dominant culture values (Liu et al., 2019). Through chronic exposure to racism, people of color learn their positionality and how to become racially innocuous

Monnica T. Williams, PhD

University of Ottawa, School of Psychology,
Ottawa, ON

Angela M. Haeny, PhD

Yale School of Medicine, Department of Psychiatry,
New Haven, CT

Samantha C. Holmes, PhD

Yale School of Medicine, Department of Psychiatry,
New Haven, CT
City University of New York, College of Staten Island,
Department of Psychology, Staten Island, NY

as part of acculturating to White culture. As a result, some people of color may change their presentation and behavior and accommodate the cultural preferences of White people to avoid triggering responses that might further their own racial trauma. As part of acculturating to White culture, some people of color actively maintain their intersecting identities, whereas others may internalize racism by embracing stereotypes about their racial group. Given how inextricably linked White supremacist ideology is within dominant cultural values, Liu et al., (2019) encourage researchers and clinicians to consider how they may have internalized standards of practice consistent with White supremacist ideology.

Evidence of Harms

Racism has been linked to a host of negative mental health conditions, but the connection between racial discrimination and PTSD symptoms appears to be the most robust. Racial and ethnic discrimination was postulated to have a causal role in PTSD symptoms and alcohol problems in a longitudinal study of Hispanic college students (Cheng & Mallinckrodt, 2015). Sibrava et al. (2019) found the same in a longitudinal study of Latino and African American adults, where frequency of experiences with discrimination significantly predicted PTSD diagnosis but did not predict any other anxiety or mood disorder, indicating a potentially unique relationship between discrimination and PTSD. Examining data from a large health maintenance organization in Northern California, mediational analyses indicated that adolescents who

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Authors' Addresses: **Monnica T. Williams, Ph.D.**, is affiliated with the University of Ottawa, School of Psychology, 136 Jean-Jacques Lussier, Vanier Hall, Ottawa, Ontario, K1N 6N5, Canada. **Angela M. Haeny, Ph.D.**, is affiliated with Yale School of Medicine, Department of Psychiatry, 300 George St #901, New Haven, CT 06511. **Samantha C. Holmes, Ph.D.**, is affiliated with Yale School of Medicine, Department of Psychiatry, 300 George St #901, New Haven, CT 06511 and with City University of New York, College of Staten Island, Department of Psychology, 2800 Victory Blvd, Staten Island, NY 10314. Email Addresses: Monnica.Williams@uOttawa.ca; angela.haeny@yale.edu, and samantha.holmes@yale.edu.

experienced more discrimination reported worse PTSD symptoms, which was related to more alcohol and drug use, fights, and sexual partners (Flores et al., 2010). Having multiple stigmatized identities may have compounding effects on traumatization. Dale and Safren (2019) found that gendered racial microaggressions (subtle acts of prejudice) predicted PTSD symptoms and posttraumatic cognitions among Black women with HIV, to a degree greater than discrimination based on either race or HIV-status alone.

Traumatization may occur at a community level as well. In a population-based, quasi-experimental study, Bor et al., (2018) found that highly publicized police killings of unarmed Black people had spillover effects on the mental health of Black people in the region where the killing happened. The impact was felt for months afterwards, whereas no ill effects were found for White people in those same localities. It is thought that the cultural legacy of state-inflicted oppression is a contributing factor leading to poor community health through vicarious retraumatization. Gone et al., (2019) have explicated the community impact of historical trauma on health outcomes for indigenous populations in the USA and Canada, and likewise, Nagata et al., (2019) have shown how the Japanese American wartime internment experience has caused lasting traumatizing effects on those interned and their descendants.

Mechanisms

Different forms of racism may contribute to race-related stress or trauma responses, which may be salient in terms of mechanisms for traumatization. Similarly, an understanding of the various ways in which trauma may present is informative for treatment development. The accumulation of race-related stressors including intergenerational racial trauma, racial microaggressions, racial discrimination, and overt racism that many people of color experience can result in developing PTSD (Williams et al., 2018). Kira (2010) offers a broad conceptualization of trauma that encompasses cumulative and collective identity trauma. Cumulative traumas may involve core traumas, which sensitize and provoke responses to subsequent stressors, and triggering traumas, which ultimately set off the trauma response (Kira, 2010). Ability to differentiate between these different types of traumas is important for case conceptualization and treatment. Kira (2010) highlights the importance of interventions that focus on empowering victims of oppression and increasing their perceived control. These interventions can help reduce traumatization through enhancing perceived self-control and executive functioning through encouraging and supporting the victim in seeking retributive justice. The focus on empowerment and increasing self-control is consistent with other race-related stress and trauma interventions (Carlson et al., 2018).

Several studies have investigated mechanisms associated with race-related stress and trauma among people of color. Torres et al., (2015) found that symptoms of traumatic stress (hypervigilance, arousal, avoidance) mediated the association between ethnic microaggressions and depression with a stronger association found among Latinx adults with low levels of ethnic identity and self-efficacy. Among women of color, lower self-esteem partially mediated the relationship between racism and trauma symptoms and high ethnic identity buffered the effect between racism and trauma symptoms (Watson et al., 2016). In a sample of Chinese international students, racial discrimination was associated with

PTSD symptoms above and beyond general stress, and high ethnic social connectedness buffered this effect (Wei et al., 2012). Thus, the literature suggests race-related stressors can cause trauma symptoms through lowering self-esteem which can contribute to poor mental health outcomes. In addition, high ethnic identity and self-efficacy can serve as protective against the negative impact of race-related stressors on mental health.

It has also been suggested that people of color may experience shock after a race-related stressor (Williams et al., 2018), which may result in shame for not defending themselves in the moment and contribute to lowering self-esteem and maladaptive coping (Williams et al., 2018). Further, the potential social costs associated with discussing racist events may contribute to avoidance in discussing these experiences with others (Carlson et al., 2018). In addition to lowering self-esteem, the experience of shame and avoidance after a race-related stressor may also contribute to the development of PTSD symptoms and maladaptive coping.

Assessment

Racial trauma can stem from a variety of causes, many of which are not represented in typical measures designed to assess PTSD. When considering PTSD, clinicians often consider sexual abuse, combat, and life-threatening assaults. Williams et al., (2018) explicate the many additional sources of traumatization people of color may experience as a result of racialization, such as police violence, racial threats, immigration difficulties, and workplace harassment.

Loo and colleagues (2001) were among the first to develop and validate a measure of racial traumatization, the Race-Related Stressor Scale (RRSS) for Asian American Vietnam Veterans. The RRSS measures exposure to racism, and among Veterans assessed, exposure to race-related stressors accounted for an additional 20% of the variance in PTSD symptoms over and above combat exposure and military rank (Loo et al., 2001). Carter and colleagues (2013) developed the landmark Race-Based Traumatic Stress Symptom Scale (RBTSSS), the first tool to evaluate racial trauma in a clinical setting. Limitations of the measure include its length, a complicated scoring process, and its inability to render a diagnosis. Williams et al., (2018) developed the Trauma Symptoms of Discrimination Scale (TSDS), which covers anxiety-related PTSD symptoms. The measure includes trauma symptoms from any source of discrimination but has thus far only been validated in African American and multiracial individuals and, similar to the RBTSSS, does not render a diagnosis. Furthermore, it can be helpful for clinicians to discuss racially charged materials directly with patients in an interview style-format. To address this need, Williams et al., (2018) developed the UConn Racial/Ethnic Stress & Trauma Survey, which is a clinician-administered interview that can also help in rendering a PTSD diagnosis due to discrimination, based on the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* criteria.

Treatment

The literature is sparse on empirically supported approaches for treating PTSD and racial trauma among people of color. The few treatments available range from cultural adaptations of evidence-based PTSD treatments (Williams et al., 2014) to interventions

explicitly targeting racial stress and trauma (Bryant-Davis & Ocampo, 2006; Carlson et al., 2018; Saleem et al., 2020). When working with victims of oppression, Kira (2010) suggests that helping victims to forgive collaborators in an oppressive system is associated with positive mental and physical health outcomes and contributes to reconciliation, whereas supporting anger against the oppressor and helping the victim seek retributive justice is associated with healing and positive mental health outcomes related to regaining self-control and executive functions.

A group race-based stress and trauma intervention (RBST) (Carlson et al., 2018) was developed for Veterans of color to discuss experiences of racism that led to stress or trauma symptoms. Group discussion themes include psychoeducation on different forms of racism, identity development, power, White privilege, and stress and trauma reactions, race-based stressors in mental and physical health and military experiences, challenges with discussing race-based stressors with mental health providers, and resilience and empowerment. Psychoeducation on the sociohistorical context of racism, cognitive restructuring to reshape beliefs that people of color are not to blame for racist incidents, and hearing experiences of racism from others may help reduce shame and alleviate internalization of racism. Veterans reported that participating in the RBST intervention provided them with a new way to think about their experiences with racism, empowered them to address racism in a way that felt authentic, and provided skills for coping with regular experiences of racism. The authors provide suggestions for implementation of the RBST intervention across service areas. As of this writing, RBST groups are operating at over a dozen US Department of Veterans Affairs (VA) facilities.

The Developmental and Ecological Model of Youth and Racial Trauma was developed for addressing race-based stress and trauma for youth and adolescents of color (Saleem et al., 2020). This is a critical area of study because young children may be affected by experiences of racism yet lack the verbal skills to process these experiences. This article proposes a model of how race-related stress and trauma may develop and present in youth and adolescents with a focus on the impact of family and community systems. Case examples are provided for elementary, middle, and high school age youth. The authors also provide recommendations for future research to develop prevention and intervention programs based on this model potentially incorporating approaches for enhancing racial socialization in families.

Multisystemic, multimodal, multicomponent therapies typically include the individual, family, and the community in the healing process and are considered more ecologically valid and culturally competent approaches for treating race-related stress and trauma (Kira, 2010). These therapies are flexible which allows them to be adapted for different cultures and different types of traumas. In addition, multisystemic, multimodal, multicomponent therapies tend to be more comprehensive by addressing both clinical and nonclinical needs. Further, a strengths-based approach is often used in these therapies by identifying strengths of the individual, family, and community that can be leveraged in treatment.

Future Directions

There is still much work to be done to address the reality of racial trauma. Ample empirical evidence attests to the nature and impact

of racial trauma on victims. The next critical steps include raising awareness of racial trauma among clinicians, which includes incorporating the assessment and treatment of racial trauma into clinical training programs and adding some discussion of racial trauma into important diagnostic manuals, such as the *DSM-5*. Holmes et al., (2016) provide a compelling argument for expanding Criterion A for PTSD based on the deleterious impact of oppression. Many others have called for racial trauma to be included in the *DSM-5*, noting the broad and cumulative impact of racism on people of color (Loo et al., 2001; Williams et al., 2018).

Oppression may have the greatest impact on those with multiple stigmatized identities (Dale & Safren, 2019). Ching et al., (2018) presented a model of intersectional stress and trauma in Asian American sexual and gender minorities. More work is needed to understand how marginalization surrounding these intersecting identities may differentially and collectively result in traumatization.

In order to accomplish the needed work, people of color must be better represented in clinical trials for PTSD, and new studies are needed to examine treatment outcomes for protocols specifically focused on racial trauma. In a novel examination of Methylenedioxy methamphetamine- (MDMA-) assisted therapy for PTSD in people of color, Williams et al., (2020) detail culturally informed methodology to access and retain those suffering from racial trauma in clinical trials. This methodology could be a guide for other researchers who aim to study these vulnerable populations for the purpose of developing effective interventions.

Featured Articles

Bor, J., Venkataramani, A. S., Williams, D. R., & Tsai, A. C. (2018). **Police killings and their spillover effects on the mental health of Black Americans: A population-based, quasi-experimental study.** *The Lancet*, 392(10144), 302–310. doi:10.1016/S0140-6736(18)31130-9 *Background:* Police kill more than 300 black Americans—at least a quarter of them unarmed—each year in the United States (US). These events might have spillover effects on the mental health of people not directly affected. *Methods:* In this population-based, quasi-experimental study, we combined novel data on police killings with individual-level data from the nationally representative 2013–15 US Behavioral Risk Factor Surveillance System (BRFSS) to estimate the causal impact of police killings of unarmed black Americans on self-reported mental health of other black American adults in the US general population. The primary exposure was the number of police killings of unarmed black Americans occurring in the 3 months prior to the BRFSS interview within the same state. The primary outcome was the number of days in the previous month in which the respondent's mental health was reported as "not good." We estimated difference-in-differences regression models—adjusting for state-month, month-year, and interview-day fixed effects, as well as age, sex, and educational attainment. We additionally assessed the timing of effects, the specificity of the effects to black Americans, and the robustness of our findings. *Findings:* 38,993 (weighted sample share 49%) of 103,710 black American respondents were exposed to one or more police killings of unarmed black Americans in their state of residence in the 3 months prior to the survey. Each additional police killing of an unarmed black American was associated with 0.14 additional poor mental health days (95% CI 0.07–0.22; $p=0.00047$) among

black American respondents. The largest effects on mental health occurred in the 1–2 months after exposure, with no significant effects estimated for respondents interviewed before police killings (falsification test). Mental health impacts were not observed among white respondents and resulted only from police killings of unarmed black Americans (not unarmed white Americans or armed black Americans). *Interpretation:* Police killings of unarmed black Americans have adverse effects on mental health among black American adults in the general population. Programmes should be implemented to decrease the frequency of police killings.

Carter, R. T. (2007). **Racism and psychological and emotional injury: Recognizing and assessing race-based traumatic stress.** *The Counseling Psychologist*, 35(1), 13–105.

[doi:10.1177/0011000006292033](https://doi.org/10.1177/0011000006292033) The purpose of this article is to discuss the psychological and emotional effects of racism on people of color. Psychological models and research on racism, discrimination, stress, and trauma will be integrated to promote a model to be used to understand, recognize, and assess race-based traumatic stress to aid counseling and psychological assessment, research, and training.

Carlson, M., Endsley, M., Motley, D., Shawahin, L. N., & Williams, M. T. (2018). **Addressing the impact of racism on veterans of color: A race-based stress and trauma intervention.** *Psychology of Violence*, 8(6), 748–762. [doi:10.1037/vio0000221](https://doi.org/10.1037/vio0000221) *Objective:* Veterans of color represent a unique intersection of individuals at risk of experiencing racialized discrimination during their military service and of developing negative mental health outcomes. At the same time, there has been little guidance for VA health-care providers in addressing these clinical issues in a culturally competent manner. This article describes a group-based intervention targeting race-based stress and trauma among Veterans implemented at four different sites. *Method:* The authors describe the development and application of this intervention, including information about development of the group and general aims as well as the process of implementing the group across settings. *Results:* The authors address broad factors to consider when implementing the group, including navigating diversity dimensions within the group and addressing provider cultural competence and identity. Finally, the authors review recommendations for future directions for implementing the group within and outside of a VA setting, seeking institutional support for the group, and developing measures to assess the efficacy of the group. *Conclusions:* The intervention described in this article has the potential to serve as a model for development of similar interventions both within VA health-care centers and non-VA health-care settings.

Cheng, H. -L., & Mallinckrodt, B. (2015). **Racial/ethnic discrimination, posttraumatic stress symptoms, and alcohol problems in a longitudinal study of Hispanic/Latino college students.** *Journal of Counseling Psychology*, 62(1), 38–49. [doi:10.1037/cou0000052](https://doi.org/10.1037/cou0000052) Racial/ethnic discrimination has been identified as a risk factor in the development of PTSD symptoms in persons of color (Carter, 2007). Many persons, regardless of race/ethnicity, with PTSD symptoms resulting from combat, violent crimes, sexual assault, or natural disasters use alcohol in an attempt to cope. This longitudinal study surveyed 203 Hispanic/Latino

students twice at approximately a 1-year interval and used a cross-lagged design to compare Time 1 links from alcohol use and experiences of discrimination with the same variables at Time 2, plus symptoms of PTSD. Each survey included the General Ethnic Discrimination scale and the Alcohol Use Disorders Identification Test. Only Time 2 packets contained the Posttraumatic Stress Disorder Checklist–Civilian. Cross-lagged analyses conducted by comparing nested structural equation models found that fixing the causal paths to zero from Time 1 experiences of discrimination to Time 2 alcohol problems and PTSD resulted in a significantly worse fit of the data. However, fixing the paths to zero from Time 1 maladaptive alcohol use to Time 2 PTSD and experiences of discrimination resulted in no significant difference in model fit. Thus, this pattern of findings is consistent with an inference that Hispanic/Latino college students who experience racial/ethnic discrimination are at risk for developing symptoms of posttraumatic stress and increased maladaptive alcohol use; conversely, maladaptive alcohol use does not appear to be a risk factor for later experiences of discrimination or PTSD symptoms.

Flores, E., Tschann, J. M., Dimas, J. M., Pasch, L. A., & de Groat, C. L. (2010). **Perceived racial/ethnic discrimination, posttraumatic stress symptoms, and health risk behaviors among Mexican American adolescents.** *Journal of Counseling Psychology*, 57(3), 264–273. [doi:10.1037/a0020026](https://doi.org/10.1037/a0020026) Utilizing the concept of race-based traumatic stress, this study tested whether posttraumatic stress symptoms explain the process by which perceived discrimination is related to health risk behaviors among Mexican American adolescents. One hundred ten participants were recruited from a large health maintenance organization in Northern California. Mediation analyses indicated that adolescents who perceived more discrimination reported worse posttraumatic stress symptoms, controlling for covariates. In turn, adolescents who experienced heightened posttraumatic stress symptoms reported more alcohol use, more other drug use, involvement in more fights, and more sexual partners. Perceived discrimination was also directly related to involvement in more fights. Results provide support for the notion of race-based traumatic stress, specifically, that perceived discrimination may be traumatizing for Mexican American adolescents. Counseling psychologists and counselors in schools and community settings should assess Mexican American adolescents for the effects of discrimination and provide appropriate interventions to reduce its negative emotional impact.

Hemmings, C., & Evans, A. M. (2018). **Identifying and treating race-based trauma in counseling.** *Journal of Multicultural Counseling and Development*, 46(1), 20–39. [doi:10.1002/jmcd.12090](https://doi.org/10.1002/jmcd.12090) This study investigated 106 counseling professionals' experiences with identifying and treating race-based trauma and the relationship between training and treatment. Competency was assessed with the Race-Based Trauma Survey for Counselors. Although most participants reported working with clients who had symptoms associated with race-based trauma, many had not received training in identifying and treating race-based trauma among individuals of color. This finding highlights the disparities between health care and the provision of related services. Recommendations for counseling professionals and researchers are included.

Holmes, S. C., Facemire, V. C., & DaFonseca, A. M. (2016). **Expanding Criterion A for posttraumatic stress disorder: Considering the deleterious impact of oppression.** *Traumatology*, 22(4), 314–321. doi:10.1037/trm0000104

The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* includes edits to Criterion A for posttraumatic stress disorder in an attempt to capture a wide variety of potentially traumatic events. However, despite criticism by scholars in the field (e.g., Kira, 2001; Gilfus, 1999; Helms, Nicolas, & Green, 2012) and overwhelming evidence documenting the negative impact of oppression on the mental health of its targets (e.g., Carter, 2007), the way in which Criterion A is written fails to include the insidious trauma of oppression. There is a small but compelling literature base that has demonstrated oppression to be a form of trauma by examining the relationship among various forms of oppression (e.g., racism, sexism, heterosexism) and trauma-related symptoms (e.g., Alessi, Martin, Gyamerah, & Meyer, 2013; Berg, 2006; Pieterse, Carter, Evans, & Walter, 2010). The authors make a case for expanding the current definition of Criterion A to incorporate the full range of oppressive forces by providing empirical support demonstrating the relationship between experiences of oppression and trauma-related outcomes and by arguing that this change is appropriately political and consistent with social justice values held by psychology.

Kira, I. A. (2010). **Etiology and treatment of post-cumulative traumatic stress disorders in different cultures.** *Traumatology*, 16(4), 128–141. doi:10.1177/1534765610365914 Developments in the theories of identity, culture, and traumatology enrich our cross-cultural understanding of mental health dynamics, case conceptualization, and developing effective intervention models to help victims of complex and cumulative traumas especially in different cultures and minority populations. Identity traumas, along with pre-identity and non-identity traumas, contribute to forming cultures. On the other hand, cultures may contribute to delivering some types of culture- and social-made serious traumatic conditions that can be transferred cross-generationally, such as poverty and caste systems. Most current interventions are designed to help with single trauma and ignore the cumulative trauma dynamics as well the collective identity and culture-specific traumas. This understanding entails revising our culturally limited and single-trauma-based interventions to help clients who belong to different cultures or to minority victims of culture- and social-made traumas as well as those who are victims of cumulative traumas. Multisystemic, multimodal, multicomponent flexible and fiddle therapy models emerged as potentially more effective in the treatment of disorders resulting from cumulative and identity traumas. They are more ecologically valid and culturally competent. Specific models of multisystemic, multimodal therapies—the wraparound psychosocial rehabilitation approach, for torture survivors, and the summer day and after-school treatment, for child victims of cumulative traumas—are discussed.

Liu, W. M., Liu, R. Z., Garrison, Y. L., Kim, J. Y. C., Chan, L., Ho, Y. C. S., & Yeung, C. W. (2019). **Racial trauma, microaggressions, and becoming racially innocuous: The role of acculturation and White supremacist ideology.** *American Psychologist*, 74(1), 143–155. doi:10.1037/amp0000368 Acculturation theories often

describe how individuals in the US adopt and incorporate dominant cultural values, beliefs, and behaviors such as individualism and self-reliance. Theorists tend to perceive dominant cultural values as “accessible to everyone,” even though some dominant cultural values, such as preserving White racial status, are reserved for White people. In this article, the authors posit that White supremacist ideology is suffused within dominant cultural values, connecting the array of cultural values into a coherent whole and bearing with it an explicit status for White people and people of color. Consequently, the authors frame acculturation as a continuing process wherein some people of color learn explicitly via racism, microaggressions, and racial trauma about their racial positionality; White racial space; and how they are supposed to accommodate White people’s needs, status, and emotions. The authors suggest that acculturation may mean that the person of color learns to avoid racial discourse to minimize eliciting White fragility and distress. Moreover, acculturation allows the person of color to live in proximity to White people because the person of color has become unthreatening and racially innocuous. The authors provide recommendations for research and clinical practice focused on understanding the connections between ideology, racism, microaggressions and ways to create psychological healing.

Loo, C. M., Fairbank, J. A., Scurfield, R. M., Ruch, L. O., King, D. W., Adams, L. J., & Chemtob, C. M. (2001). **Measuring exposure to racism: Development and validation of a Race-Related Stressor Scale (RRSS) for Asian American Vietnam veterans.** *Psychological Assessment*, 13(4), 503–520. doi:10.1037/1040-3590.13.4.503 This article describes the development and validation of the RRSS, a questionnaire that assesses exposure to race-related stressors in the military and war zone. Validated on a sample of 300 Asian American Vietnam Veterans, the RRSS has high internal consistency and adequate temporal stability. Hierarchical regression analyses revealed that exposure to race-related stressors accounted for a significant proportion of the variance in PTSD symptoms and general psychiatric symptoms, over and above (by 20% and 19%, respectively) that accounted for by combat exposure and military rank. The RRSS appears to be a psychometrically sound measure of exposure to race-related stressors for this population. Race-related stressors as measured by the RRSS appear to contribute uniquely and substantially to PTSD symptoms and generalized psychiatric distress.

Saleem, F. T., Anderson, R. E., & Williams, M. (2020). **Addressing the “myth” of racial trauma: Developmental and ecological considerations for youth of color.** *Clinical Child and Family Psychology Review*, 23(1), 1–14. doi:10.1007/s10567-019-00304-1 Trauma is prevalent among children and adolescents, with youth of color generally reporting greater exposure compared to White youth. One factor that may account for this difference is racial stress, which can manifest into trauma symptoms. Although racial stress and trauma (RST) significantly impacts youth of color, most of the research to date has focused on adult populations. In addition, little attention has been given to the impact of the ecological context in how youth encounter and cope with RST. As such, we propose the Developmental and Ecological Model of Youth Racial Trauma (DEMYth-RT), a conceptual model of how racial stressors manifest to influence the trauma symptomatology of children and adolescents

of color. Within developmental periods, we explore how individual, family, and community processes influence youth's symptoms and coping. We also discuss challenges to identifying racial trauma in young populations according to clinician limitations and the post-traumatic stress disorder framework within *DSM-5*. The article concludes with implications on applying DEMYth-RT in clinical and research settings to address RST for youth of color.

Sibrava, N. J., Bjornsson, A. S., Pérez Benítez, A. C. I., Moitra, E., Weisberg, R. B., & Keller, M. B. (2019). **Posttraumatic stress disorder in African American and Latinx adults: Clinical course and the role of racial and ethnic discrimination.**

American Psychologist, 74(1), 101–116. doi:10.1037/amp0000339

Research has suggested that African American and Latinx adults may develop PTSD at higher rates than White adults, and that the clinical course of PTSD in these minority groups is poor. Factors that may contribute to higher prevalence and poorer outcome in these groups are sociocultural factors and racial stressors, such as experiences with discrimination. To date, however, no research has explored the relationship between experiences with discrimination and risk for PTSD, and very little research has examined the course of illness for PTSD in African American and Latinx samples. The present study examined these variables in the only longitudinal clinical sample of 139 Latinx and 152 African American adults with anxiety disorders, the Harvard/Brown Anxiety Research Project-Phase II. Over 5 years of follow-up, remission rates for African Americans and Latinx adults with PTSD in this sample were 0.35 and 0.15, respectively, and reported frequency of experiences with discrimination significantly predicted PTSD diagnostic status in this sample but did not predict any other anxiety or mood disorder. These findings demonstrate the chronic course of PTSD in African American and Latinx adults and highlight the important role that racial and ethnic discrimination may play in the development of PTSD among these populations. Implications for an increased focus on these sociocultural stressors in the assessment and treatment of PTSD in African American and Latinx individuals are discussed.

Torres, L., & Taknint, J. T. (2015). **Ethnic microaggressions, traumatic stress symptoms, and Latino depression: A moderated mediational model.**

Journal of Counseling Psychology, 62(3), 393–401. doi:10.1037/cou0000077

Although ethnic microaggressions have received increased empirical attention in recent years, there remains a paucity of research regarding how these subtle covert forms of discrimination contribute to Latino mental health. The present study examined the role of traumatic stress symptoms underlying the relationship between ethnic microaggressions and depression. Further, ethnic identity and general self-efficacy were tested as moderators between the ethnic microaggressions and traumatic stress link. Among a sample of 113 Latino adults, moderated mediational analyses revealed statistically significant conditional indirect effects in which traumatic stress symptoms mediated the relationship between ethnic microaggressions and depression while ethnic identity and self-efficacy functioned as moderators. The major findings suggested that the indirect effects were the most robust within low ethnic identity and low self-efficacy. The findings are discussed within a stress and coping framework that

highlight the internal resources and stress responses associated with experiencing ethnic microaggressions.

Watson, L. B., DeBlaere, C., Langrehr, K. J., Zelaya, D. G., & Flores, M. J. (2016). **The influence of multiple oppressions on women of color's experiences with insidious trauma.**

Journal of Counseling Psychology, 63(6), 656–667. doi:10.1037/cou0000165

In this study, we examined the relations between multiple forms of oppressive experiences (i.e., racism, sexism, and sexual objectification) and trauma symptoms among Women of Color (WOC). In addition, self-esteem was explored as a partial mediating variable in these links, and ethnic identity strength was proposed to buffer the negative relationship between multiple forms of oppression and self-esteem, and the positive relationship between oppressive experiences and trauma symptoms. Results suggested that self-esteem partially mediated the positive relationship between racist experiences and trauma symptoms, such that racism was related to lower self-esteem, which was then related to more trauma symptoms. Sexism and sexual objectification were directly linked with trauma symptoms. Moreover, average and high levels of ethnic identity strength buffered the positive link between racism and trauma symptoms. Consistent with an additive intersectionality framework, results demonstrate the importance of attending to multiple forms of oppression as they relate to trauma symptoms among WOC.

Wei, M., Wang, K. T., Heppner, P. P., & Du, Y. (2012). **Ethnic and mainstream social connectedness, perceived racial discrimination, and posttraumatic stress symptoms.**

Journal of Counseling Psychology, 59(3), 486–493. doi:10.1037/a0028000

Carter (2007) proposed the notion of race-based traumatic stress and argued that experiences of racial discrimination can be viewed as a type of trauma. In a sample of 383 Chinese international students at 2 predominantly White midwestern universities, the present results supported this notion and found that perceived racial discrimination predicted posttraumatic stress symptoms over and above perceived general stress. Furthermore, Berry (1997) proposed an acculturation framework and recommended that researchers advance the literature by examining the moderation effects on the association between racial discrimination and outcomes. The present results supported the moderation effect for Ethnic SC (i.e., social connectedness in the ethnic community), but not for Mainstream SC (i.e., social connectedness in mainstream society). A simple effects analysis indicated that a high Ethnic SC weakened the strength of the association between perceived racial discrimination and posttraumatic stress symptoms more than a low Ethnic SC. Moreover, although Mainstream SC failed to be a moderator, Mainstream SC was significantly associated with less perceived general stress, less perceived racial discrimination, and less posttraumatic stress symptoms.

Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018).

Assessing racial trauma within a DSM-5 framework: The UConn Racial/Ethnic Stress and Trauma Survey.

Practice Innovations, 3(4), 242–260. doi:10.1037/pri0000076 Many ethnic minority groups experience higher rates of PTSD compared to their European American counterparts. One explanation for this is the differential experience of racism, which can itself be traumatic.

This article aims to provide a theoretical basis for the traumatizing nature of various forms of racism within the *DSM-5*'s framework for PTSD. PTSD caused by racism, or racial trauma, is likely to be underrecognized due to a lack of awareness among clinicians, discomfort surrounding conversations about race in therapeutic settings, and a lack of validated measures for its assessment. We review the literature and existing measures for the assessment of racial trauma and introduce the UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS), a clinician-administered interview. The UnRESTS is useful to clinicians as an aid to uncovering racial trauma, developing a culturally informed case conceptualization, and including experiences of racism in the diagnosis of PTSD when warranted. Three case examples that describe the impact of racial stress and trauma and the role of the UnRESTS in understanding the experiences of those impacted by racism are included.

Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018).

Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence*, 8(6), 735–747.

[doi:10.1037/vio0000212](https://doi.org/10.1037/vio0000212) *Objective:* Racial discrimination can cause symptoms of trauma, yet few tools for measurement exist. African Americans have higher rates of posttraumatic stress disorder and experience more racial discrimination than other groups. This study is a preliminary assessment of the psychometric properties of the TSDS, a new measure of discriminatory distress measuring anxiety-related trauma symptoms. *Method:* African American monoracial and biracial undergraduate students ($n=123$) completed questionnaires, including the TSDS, the Multigroup Ethnic Identity Measure, assessments of racial discrimination, and a range of psychopathology measures. The TSDS factor structure was determined with a principal components analysis and internal consistency was assessed. Pearson's correlations were conducted between the TSDS and measures of discrimination and psychopathology. Linear regression was used to predict the TSDS from frequency of discrimination. *Results:* Item loadings suggested 4 components: a) uncontrollable hyperarousal, b) feelings of alienation, c) worries about future negative events, and d) perceiving others as dangerous. All measures of discrimination significantly predicted symptoms of trauma, even when accounting for prior traumatic experiences. *Conclusions:* Preliminary evidence supports the validity of the TSDS for the measurement of anxiety-related trauma symptoms due to racial discrimination. All forms of discrimination may contribute to traumatization in African Americans.

Williams, M. T., Reed, S., & Aggarwal, R. (2020). **Culturally informed research design issues in a study for MDMA-assisted psychotherapy for posttraumatic stress disorder.** *Journal of Psychedelic Studies*, 4(1), 40–50. [doi:10.1556/2054.2019.016](https://doi.org/10.1556/2054.2019.016)

Recent research suggests that psychedelic drugs can be powerful agents of change when utilized in conjunction with psychotherapy. MDMA-assisted psychotherapy has been studied as a means of helping people overcome posttraumatic stress disorder, believed to work by reducing fear of traumatic memories and increasing feelings of trust and compassion toward others, without inhibiting access to difficult emotions. However, research studies for psychedelic psychotherapies have largely excluded people of color, leaving important questions unaddressed for these populations. At

the University of Connecticut, we participated as a study site in an MDMA-assisted psychotherapy for PTSD- (MAPS-) sponsored, US Food and Drug Administration- (FDA-) reviewed Phase 2 open-label multisite study, with a focus on providing culturally informed care to people of color. We discuss the development of a study site focused on the ethnic minority trauma experience, including assessment of racial trauma, design of informed consent documents to improve understanding and acceptability to people of color, diversification of the treatment team, ongoing training for team members, validation of participant experiences of racial oppression at a cultural and individual level, examination of the setting and music used during sessions for cultural congruence, training for the independent rater pool, community outreach, and institutional resistance. We also discuss next steps in ensuring that access to culturally informed care is prioritized as MDMA and other psychedelics move into late phase trials, including the importance of diverse sites and training focused on therapy providers of color.

Additional Citations

Awad, G. H., Kia-Keating, M., & Amer, M. M. (2019). **A model of cumulative racial-ethnic trauma among Americans of Middle Eastern and North African (MENA) descent.** *American Psychologist*, 74(1), 76–87. [doi:10.1037/amp0000344](https://doi.org/10.1037/amp0000344) The authors of this paper present a conceptual model of cumulative racial-ethnic trauma for Americans of Middle Eastern and North African (MENA) descent. The model highlights adversities on both the macro level (i.e., historical trauma, hostile national context, institutional discrimination) and the micro level (i.e., interpersonal discrimination, struggles with identity and recognition) that interact with each other and contribute to a range of deleterious outcomes. Specifically, racial-ethnic trauma may contribute to disparities in mental and physical health, insecurity, helplessness, and alienation as well as negatively impact MENA Americans with regard to their sense of freedom versus restriction, belonging versus alienation, and opportunity versus disadvantage.

Bierer, L. M., Bader, H. N., Daskalakis, N. P., Lehrner, A. L., Makotkine, I., Seckl, J. R., & Yehuda, R. (2014). **Elevation of 11 β -hydroxysteroid dehydrogenase type 2 activity in Holocaust survivor offspring: Evidence for an intergenerational effect of maternal trauma exposure.** *Psychoneuroendocrinology*, 48, 1–10. [doi:10.1016/j.psyneuen.2014.06.001](https://doi.org/10.1016/j.psyneuen.2014.06.001) In this study, authors examined the glucocorticoid metabolism of adult offspring of Holocaust survivors ($n=85$) in relation to comparison subjects ($n=27$). Holocaust offspring demonstrated significantly reduced cortisol excretion ($p=0.046$) and elevated 11 β -HSD-2 activity ($p=0.008$), particularly for offspring whose mothers were children during the Holocaust. The authors concluded that their results support a potential intergenerational effect of maternal trauma exposure on a set-point for 11 β -HSD-2 activity, which may have implications for the mental and physical health of offspring, even in adulthood.

Bryant-Davis, T., & Ocampo, C. (2006). **A therapeutic approach to the treatment of racist-incident-based trauma.** *Journal of Emotional Abuse*, 6(4), 1–22. [doi:10.1300/J135v06n04_01](https://doi.org/10.1300/J135v06n04_01) The authors of this paper present a thematic approach to the assessment and treatment of racial trauma, focusing on the

following themes: acknowledging, sharing, safety and self-care, grieving/mourning the losses, shame and self-blame/internalized racism, anger, coping strategies, and resistance strategies. Additionally, the authors make specific recommendations for therapist competence (e.g., exploration of one's own racial identity, awareness of the prevalence of racism, adoption of an explicitly anti-racist position) and demonstrate their recommended approach through a case study of a Native American client.

Butts, H. F. (2002). **The black mask of humanity: Racial/ethnic discrimination and post-traumatic stress disorder.** *The Journal of the American Academy of Psychiatry and the Law*, 30(3), 336–339.

The author of this paper critiques the DSM for its failure to account for racial discrimination as a potentially traumatizing event and, thus, its failure to capture the potential for racial discrimination to result in PTSD. They suggest potential explanations for the exclusion of racial trauma, including the tendency of White Americans to minimize and deny the prevalence and deleterious impact of racism. Evidence from the author's clinical experience is provided to demonstrate the range and intensity of emotional reactions of Black individuals who have experienced racial trauma, including two case studies focused on race-based housing discrimination.

Carter, R. T., Mazzula, S., Victoria, R., Vazquez, R., Hall, S., Smith, S., Sant-Barket, S., Forsyth, J., Bazelaïs, K., & Williams, B. (2013). **Initial development of the Race-Based Traumatic Stress Symptom Scale: Assessing the emotional impact of racism.**

Psychological Trauma: Theory, Research, Practice, and Policy, 5(1), 1–9. doi:10.1037/a0025911 This paper describes the development of the RBTSSS, a measure of emotional stress reactions to racism. The initial items, both from published instruments and the newly developed based on models of traumatic stress and racial trauma, were administered to a racially and ethnically diverse sample of adults ($N=330$). A series of exploratory factor analyses resulted in a 52-item scale that comprises 7 subscales: depression, anger, physical reactions, avoidance, intrusion, hypervigilance, and low self-esteem.

Ching, T. H. W., Lee, S. Y., Chen, J., So, R. P., & Williams, M. T. (2018). **A model of intersectional stress and trauma in Asian American sexual and gender minorities.** *Psychology of Violence*, 8(6), 657–668. doi:10.1037/vio0000204 Based on their review of the extant research, the authors of this paper propose a model that delineates how intersectional stress and trauma impact lesbian, gay, bisexual, or transgender (LGBTQ) Asian Americans. Specifically, they describe how structural and cultural factors (i.e., structural oppression, cultural norms and stigma), interpersonal discrimination (i.e., overt and subtle forms of racism, heterosexism, and abuse), internalized oppression and stigma (i.e., internalized racism, the “model minority” stereotype, homophobia, and transphobia), and maladaptive coping and poor social support interact to impact mental and sexual health outcomes. The authors also discuss relevant clinical implications which include affirming clients' intersecting identities, helping clients to externalize their distress as coming from institutional sources, assessing the potential applicability and appropriateness of existing empirically supported treatments for trauma and PTSD, and considering potential cultural adaptations to existing treatments.

Dale, S. K., & Safren, S. A. (2019). **Gendered racial microaggressions predict posttraumatic stress disorder symptoms and cognitions among Black women living with HIV.** *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(7), 685–694. doi:10.1037/tra0000467.supp This study examined the associations between race-related discrimination, human immunodeficiency virus- (HIV-) related discrimination, gendered racial microaggressions and PTSD symptoms and posttraumatic cognitions among a sample of Black women living with HIV ($N=100$). In the final hierarchical multiple linear regression models, only gendered racial microaggressions were significantly associated with PTSD symptoms and posttraumatic cognitions, above and beyond the other variables in the model. Further examination revealed that, more specifically, the beauty and sexual objectification microaggressions as well as the strong Black women microaggressions uniquely predicted trauma symptoms. Results highlight the need for taking an intersectional approach to understanding and addressing trauma and adversity.

Gone, J. P., Hartmann, W. E., Pomerville, A., Wendt, D. C., Klem, S. H., & Burrage, R. L. (2019). **The impact of historical trauma on health outcomes for Indigenous populations in the USA and Canada: A systematic review.** *American Psychologist*, 74(1), 20–35. doi:10.1037/amp0000338 A systematic review of historical trauma was conducted among Indigenous populations in the US and Canada given that racism impacts Indigenous people differently relative to other racial and ethnic groups, and the politicization of tribal nations is more relevant to this group given the atrocious history of colonization. This review was organized by articles that examined historical trauma assessed by 1) a specific historical loss scale (e.g., loss of land, language, traditional ways, people) ($k=19$), 2) whether a respondent's ancestor attended a boarding school to force assimilation among Indigenous children ($k=11$), or 3) other measures of loss ($k=3$). Most studies reported statistically significant associations between historical loss and adverse health outcomes and provided evidence that higher ethnic identity buffered against negative health outcomes. The authors call for further refinement of the historical loss construct for future investigations.

Helms, J. E., Nicholas, G., & Green, C. E. (2012). **Racism and ethnoviolence as trauma: Enhancing professional and research training.** *Traumatology*, 18, 65–74. doi:10.1177/1534765610396728

The authors provide a cogent rationale for conceptualizing racism and ethnoviolence as traumatic experiences, positing that direct cataclysmic racial or cultural events, vicarious cataclysmic events, and racial and cultural microaggressions are all capable of producing PTSD. They critique existing PTSD assessments for their inability to capture experiences of racism, ethnoviolence, and accompanying stress reactions. Specific recommendations are provided for both researchers and clinicians which include developing more inclusive assessment instruments, creating a supportive assessment environment in which the evaluator understands factors relating to racial trauma and assesses broadly for the individual's full history of racial trauma and ethnoviolence, culturally adapting existing cognitive behavioral trauma interventions based on input from key stakeholders, and using public and community mental health interventions rather than relying exclusively on individual interventions.

Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (in press). **Racism, racial discrimination, and trauma: A systematic review of the social science literature.** *Ethnicity & Health*. doi:10.1080/13557858.2018.1514453 In a systematic review on the association between racial discrimination and trauma symptoms, 70% of the 44 associations examined, across the 28 identified studies, demonstrated that racial discrimination was significantly positively associated with trauma symptoms. The strength of the significant associations ranged from $r=0.10$ to $r=0.68$ and the strongest associations were observed in Veteran populations whereas the weakest associations were observed in student populations. Based on their review, the authors make recommendations for future research including controlling for other types of trauma, assessing for intensity of racial discrimination experiences in addition to frequency, and assessing for vicarious and intergenerational experiences of racial discrimination in addition to direct experiences.

Mosley, D. V., Hargons, C. N., Meiller, C., Angyal, B., Wheeler, P., Davis, C., & Stevens-Watkins, D. (2021). **Critical consciousness of anti-Black racism: A practical model to prevent and resist racial trauma.** *Journal of Counseling Psychology*, 68(1), 1-16. doi:10.1037/cou0000430 Given that critical consciousness is an intervention that may help combat the well-documented impact of racial trauma, this qualitative study explored the process of critical consciousness development of anti-Black racism among 12 Black Lives Matter activists. The results inform a model of Critical Consciousness of Anti-Black Racism that includes three processes: witnessing anti-Black racism, processing anti-Black racism which comprises cognitive, intersectional, and behavioral growth, and acting critically against anti-Black racism. Specific activism approaches include storying survival, activism, physical resistance, organizing, teaching, coalition-building, modeling/mentoring, scholar-activism, and space-making.

Nagata, D. K., Kim, J. H. J., & Wu, K. (2019). **The Japanese American wartime incarceration: Examining the scope of racial trauma.** *American Psychologist*, 74(1), 36-48. doi:10.1037/amp0000303 The authors describe how the wartime incarceration of Japanese Americans and the post-war impacts resulted in individual, race-based, historical, and cultural traumas. They detail specific stressors experienced firsthand by incarcerated (e.g., loss of home and possessions, severe conditions of the incarceration camps, relocation and isolation upon release) as well as the intergenerational impacts on subsequent generations (e.g., economic losses, poor parental mental and physical health or premature death, parental silence about the incarceration, loss of Japanese culture in an effort to assimilate into mainstream American culture). The Japanese Americans' strategies for coping and healing (e.g., emphasizing cultural values of collectivism, interdependence, flexibility, adaptation, perseverance, acceptance, and social harmony, pilgrimages to former camp locations, Day of Remembrance ceremonies, psychotherapy) as well as the positive impact of governmental redress, albeit four decades later, are discussed.

Williams, M. T., Malcoun, E., Sawyer, B. A., Davis, D. M., Nouri, L. B., & Bruce, S. L. (2014). **Cultural adaptations of prolonged exposure therapy for treatment and prevention of**

posttraumatic stress disorder in African Americans. *Behavioral Sciences*, 4, 102-124. doi:10.3390/bs4020102 This study highlights the importance of culturally adapting trauma treatment as needed for Black patients to encompass race-related trauma themes specific to the Black experience. The authors provide steps for culturally adapting Prolonged Exposure (PE) for Black patients that includes adding sessions at the beginning of treatment to increase opportunity to develop strong therapeutic rapport, directly assessing race-related stress and trauma, and integrating race-related experiences in treatment as needed. Two case examples are provided demonstrating that the culturally adapted PE resulted in decreased trauma symptoms.

Williams, M. T., Ching, T. H. W., Printz, D. M. B., & Wetterneck, C. T. (2018). **Assessing PTSD in ethnic and racial minorities: Trauma and racial trauma.** *Directions in Psychiatry*, 38(3), 179-196. The authors define racial trauma and provide examples of race-related traumas that may meet Criterion A including over racial threats, assault and harassment by police, discrimination in the workplace, violence in the community, medical mistreatment, incarceration, immigration, and deportation. The only two validated self-report measures of racial trauma include the Race-Based Traumatic Stress Symptoms Scale and the Trauma Symptoms of Discrimination Scale, and evidence of the efficacy of empirically supported trauma treatments among people of color is limited particularly for Asian and Indigenous people with Prolonged Exposure and Cognitive Behavioral Therapy showing similar outcomes and retention among Black, Latinx, and White participants. Evidence is limited for the efficacy of Eye Movement Desensitization and Reprocessing among people of color because very few are included in the studies; evidence for Cognitive Processing Therapy was mixed with some studies showing better treatment outcomes among White participants than Black participants and some finding no differences; the efficacy of Narrative Exposure Therapy has been found for treatment retention and outcomes up to 12 months post-treatment particularly among refugee people of color.