

Cultural Responsiveness To Racial Trauma

UNDERSTANDING RACIAL TRAUMA, WHY IT MATTERS, AND WHAT TO DO

DISCLAIMER: Witnessing and experiencing acts of racism and race-based trauma on individual, systems, community and population levels can have physical and emotional impacts on White people despite it not being their lived experience. While those impacts are important, this infographic is intentionally focused on the experiences of People of Color to emphasize and honor the healing that needs to take place to create equity in our communities.



WHAT IS RACIAL TRAUMA?

- Racial Trauma (or race-based trauma) refers to cumulative effects of stress, both physical and emotional, due to racism.¹
- Racial trauma involves ongoing exposure, re-exposure, and injury on the collective and the individual levels. It happens through seemingly unintentional comments, passive aggressive actions, or more overt behaviors that are rooted in racial biases. Racial trauma can be more discrete events that look like harm or injury, humiliating or shaming events, and witnessing harm to others based on race.

HOW DID WE GET HERE?

- European settlers who enslaved Africans and enacted genocide on Native American communities brought Racial Trauma to the United States.
- Society then developed systems based on race, gender, and religion to dictate how society was ordered, power was assigned, and resources like jobs, food, and housing were distributed.
- These initial structures became embedded in laws and practices which has resulted in a long history of bias, disadvantage, ill treatment, violence, and exclusion for minority groups that still exist today.

Cultural Responsiveness

is the ability to listen, learn, and reflect on one's own culture, the culture of others, and how they may intersect during interpersonal interactions. By being culturally responsive, you increase awareness of your own biases and privileges which can foster and promote respect, curiosity and learning, and experience of belonging.

WHAT ARE THE EFFECTS OF RACIAL TRAUMA AND DISCRIMINATION?

People of Color experience higher levels of trauma and adverse life experiences compared to their White counterparts and that race-based trauma and racism are fundamental causes of health and mental health inequities and poorer outcomes²:



ON INDIVIDUALS

Increased risk of PTSD³, depression⁴, and substance use⁵ due to chronic experiences of stress, threats, and violence events occur in direct relations to race and aspects of identity.

- The responses then may be exacerbated by lack of access to resources and supports for healing.⁶

ON POPULATIONS

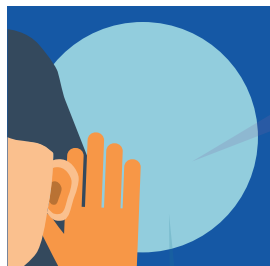
- Economic and educational disadvantages and lack of access to and trust⁷ in healthcare systems due to historical lack of access
- Police violence in Black and Brown neighborhoods⁸ and lack of equity in legal and health systems for migrants results in poorer physical and mental health outcomes⁹



ACROSS GENERATIONS

Intergenerational and historical trauma can impact ways of interacting and the altering of genetic expression (epigenetics)¹⁰





WHY DOES THIS MATTER?

- The effects of racism, past and present, continue to play out today. Any true understanding of racial trauma must account for the sociocultural and historical context.
- A critical part of trauma intervention is about overcoming taboos, such as naming racism, and making the unspeakable, speakable.
- An acknowledgment of past experiences of trauma enables opportunities for healing invisible wounds.
- An awareness of and responsiveness to a person's cultural experience can significantly improve mental health outcomes¹¹ (both as a clinician and fellow human being).

WHAT IS MY RESPONSIBILITY?

- As a mental health provider, you are in positions to be both advocates and translators to heal and share information about historical and present sociocultural reality.
- As a mental health provider, you are in positions to mitigate or exacerbate racial trauma and injustices.
- As a mental health provider, you can take responsibility by having the humility and openness to:
 - ✓ Make space for the experiences of racial discrimination and trauma, as well as their effects on People of Color.
 - ✓ Find hope in the language, meaning, and sources of support and resilience that people find for themselves and that are passed down within cultures from generation to generation. As a mental health provider, you can examine your relationship and power dynamics with others, within systems, and within the communities you are navigating.
- As a mental health provider, you can reflect on how culture and experience acts as a filter through which we make meaning and express both trauma symptoms and wellness differently.

Understanding and acknowledging historical and current racism, your position within the systems that perpetuate racism, the negative effects that racism and racial trauma have on People of Color, and the differences in experience, understanding, and expression that arise from these different realities is key to becoming more culturally responsive to People of Color, and Racial Trauma. This understanding should also push you to think about how healing racial trauma goes beyond individual acknowledgement and coping and towards advocacy, resistance, and dismantling of systems and norms that contribute to Racial Trauma.¹²

FOOTNOTES

1. Comas-Díaz, L., Hall, G. N., & Neville, H. A. (2019). Racial trauma: Theory, research, and healing: Introduction to the special issue. *American Psychologist*, 74(1), 1-5. <http://dx.doi.org/10.1037/amp0000442>
2. Phelan, J. C., & Link, B. G. (2015). Is racism a fundamental cause of inequalities in health?. *Annual Review of Sociology*, 41, 311-330.
3. Sibrava, N. J., Bjornsson, A. S., Perez Benitez, 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, 101-116. <https://doi.org/10.1037/amp0000339>
4. Noh, S., Kasper, V. (2003). Perceived discrimination and depression: Moderating effects of coping, acculturation, and ethnic support. *American Journal of Public Health*, 93, 232-238.
5. Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. *American Psychologist*, 74, 88-100. <https://doi.org/10.1037/amp0000331>
6. Planey, A. M., Smith, S. M., Moore, S., & Walker, T. D. (2019). Barriers and facilitators to mental health help-seeking among African American and their families: A systematic review study. *Children and Youth Services Review*, 101, 190-200.
7. Alang, S., McAlpine, D. D., & Hardeman, R. (2020). Police Brutality and Mistrust in Medical Institutions. *Journal of racial and ethnic health disparities*, 7(4), 760-768. <https://doi.org/10.1007/s40615-020-00706-w>
8. 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.
9. Martinez, O., Wu, E., Sandfort, T., Dodge, B., Carballo-Diequez, A., Pinto, R., ... & Chavez-Baray, S. (2015). Evaluating the impact of immigration policies on health status among undocumented immigrants: a systematic review. *Journal of immigrant and minority health*, 17(3), 947-970.
10. Yehuda, R., Halligan, S. L., Bierer, L. M. (2001). Relationship of parental trauma exposure and PTSD to PTSD, depressive and anxiety disorders in offspring. *Journal of Psychiatric Research*, 35, 261-270. [doi:10.1016/S0022-3956\(01\)00032-2](https://doi.org/10.1016/S0022-3956(01)00032-2)
11. Soto, A., Smith, T. B., Griner, D., Domenech Rodríguez, M., & Bernal, G. (2018). Cultural adaptations and therapist multicultural competence: Two meta-analytic reviews. *Journal of Clinical Psychology*, 74(11), 1907-1923.
12. French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46.