

## Seeing Race in the Research on Youth Trauma and Education: A Critical Review

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*The growing body of scholarship on youth trauma in educational contexts has yielded promising discoveries about resources, programs, and practices that may improve success outcomes for trauma-exposed youth in U.S. schools. However, there is a lack of systematic review of this research from a race-conscious perspective. This article uses a racialization framework to examine how trauma is discussed in the literature with respect to youth in preK–12 educational contexts. This review sheds light on the potential ways a structurally racist and White supremacist system can shape students' experiences with trauma and the dominant explanatory frames for discussing and addressing trauma. Finally, this article contributes ideas for conducting race-conscious trauma research, shifting trauma discourses, and building race-conscious pathways for supporting trauma-exposed youth.*

**KEYWORDS:** race, trauma, school, education, equity

Over the past several decades, research has illustrated that trauma-exposed youth experience a host of challenges across multiple domains inside and outside of school (Administrative Offices of the Court, 2014; Barrett et al., 2012; Duto, 2008; Ford, Chapman, et al., 2012; Pynoos et al., 1987; Terr, 1983; Wissman & Wiseman, 2011). Until recently, research on youth trauma in educational contexts had not been systematically reviewed. However, the first of these reviews stressed a critical need to understand and recognize the impact of youth trauma on school functioning (De Pedro et al., 2011; McBrien, 2005; Perfect et al., 2016; Sullivan & Simonson, 2016). Additionally, subsequent systematic reviews on youth trauma have contributed to the body of scholarship by exploring effective trauma-based interventions; in short, these reviews have recommended that trauma-based interventions (a) use codified curricula that are co-constructed with caregivers for contextual specificity, (b) be delivered by trained staff, and (c) incorporate more intersectional data points for analyses of program and student success outcomes (Rodger et al., 2019; Thomas et al., 2019; Yohannan & Carlson, 2019). Collectively, this growing body of scholarship on youth trauma in educational contexts has generated sizeable concern among school-based actors, while also underscoring a need for stronger interdisciplinary work that can advance future discoveries about

equitable resources, programs, and practices for improving success outcomes among trauma-exposed youth in U.S. schools. In short, this research has shaped the dominant discourse on youth trauma in the United States.

However, this body of research rarely acknowledges that trauma has been constructed and studied within a social context where structural racism and White supremacy have permitted White racial actors to define and normalize systemic advantages, social relations, status markers, cultural practices, and ways of knowing (Bonilla-Silva, 1997; Mills, 2003<sup>1</sup>). Moreover, Bonilla-Silva's theoretical explanations on structural racism in the United States highlight the ongoing conflict between White racial actors, who seek to maintain racial dominance, and Black, Brown, and other marginalized people of color who seek to disrupt racial injustices. Therefore, when researchers report that supporting trauma-exposed youth will require an interdisciplinary group of voices to engage in deeper discussions about systems, policies, and practices (Thomas et al., 2019), we should be asking whose voices are included and whether those voices can acknowledge how systems, policies, and practices unjustly affect the lives and school experiences of many Black and Brown children in the United States (Anyon, 2014; B. W. Fisher et al., 2018; Ladson-Billings & Tate, 1995; Milner, 2012, 2015; Noguera, 2003; Pearman, 2019; Seider & Huguley, 2009). Drawing on these theoretical insights, my core argument is that race must be central to the research on youth trauma. Without centering race in a historically racialized, White-dominant context, researchers and school-based actors may (un)intentionally criminalize or pathologize trauma-exposed youth, especially Black and Brown youth, for their responses to overwhelming conditions they do not control.

As a Latinx parent and former teacher of 6 years at an elementary school in a residential psychiatric facility, I approach the intersection of race, trauma, and education with familiarity, criticality, and hopes of contributing to a deeper collective understanding of trauma within the racialized context of U.S. preK–12 schools. By centering race, I maintain *answerability*, meaning I am responsible for holding researchers and research accountable for reproducing racial inequity through Westernized, colonial logics of knowledge production and dissemination (Patel, 2015). To be clear, my goal is not to negate what other researchers have found; instead, my goal is to shed light on the potential ways a racialized social system can shape students' experiences with trauma and the dominant explanatory frames for discussing and addressing trauma. Essentially, by conducting this systematic review, I hope to contribute ideas about (a) engaging in race-conscious trauma research, (b) shifting trauma discourses, and (c) developing pathways for race-conscious approaches to supporting trauma-exposed youth. I focus this critical review on the following question: *How is trauma discussed in preK–12 educational contexts and how is the dominant trauma discourse racialized?* Throughout this article, when I refer to discourse, I am referring to a written or spoken communication form, generally. Also, when I use “dominant trauma discourse,” I mean White-dominant “mainstream” ways of thinking about and discussing youth trauma.

In what follows, I begin with a conceptual framework for understanding trauma within a racialized social system. After detailing my methodological approach, I thematically organize the findings of my synthesis of the literature in three

sections addressing the Prevalence and Sources of Trauma (including rate of exposure, violence, ecological stress, and racism); Manifestations of Trauma (including academic, behavioral, health, and social); and Approaches to Addressing Trauma (at both the micro and macrolevels). Finally, I close with recommendations for advancing race-conscious education research on youth trauma.

### **Conceptual Framework for Understanding Trauma Within a Racialized Social System**

To contextualize this review and the importance of a race-focused approach, it is imperative to know how trauma is defined and used (see the appendix). Trauma typically refers to an outcome related to threats, high stress, and danger (American Psychological Association, n.d.). For instance, children can experience trauma from multiple, ongoing, or cumulative experiences to harmful conditions (Pynoos et al., 1999; Terr, 1991). To determine if a child is experiencing trauma, clinicians use survey instruments with scaled responses to age-appropriate prompts or pictures. Surveys are scored and mapped onto the *Diagnostic and Statistical Manual* to make an assessment (see [ptsd.va.gov](http://ptsd.va.gov) for several examples of measurement tools). Trauma can also be used to describe a predictor, as in “exposure to multiple traumas has also been linked to academic and behavioral issues in the school setting” (Administrative Office of the Court, 2014, p. 2). The usage in this context allows researchers to collect a raw number of experiences to predict other outcomes. For instance, when Felitti et al. (1998) examined relationships between number of adverse childhood experiences (ACE) and health outcomes among more than 13,000 participants, they found that participants with four or more ACEs were up to 12 times more likely to abuse alcohol and/or drugs, experience depression, and attempt suicide. Although trauma may be surfacing more today in the educational lexicon, it is critical to understand that its use has been influenced by a racialized social system.

For Bonilla-Silva (1997), racialized social systems, such as the United States, refer to “societies in which economic, political, social and ideological levels are partially structured by the placement of actors in racial categories or races” (p. 469). White racial group members establish a structural framework for attributing privileges along constructed racial lines at all levels of society. This racial structure defines and normalizes systemic advantages, social relations, status markers, cultural practices, and ways of knowing. As such, White racial group members control access to employment, education, and economic resources. In addition, dominant and marginalized racial group members’ collective social positions reflect the totality of racial structures across time and space. Furthermore, to explain racial group members’ collective position in the racial hierarchy, a White-dominant racial ideology becomes the organizational map for understanding how to think, talk, and respond to social issues, including trauma. Essentially, White racial group members have the power and resources to (a) shape the conditions in which students live, learn, and experience trauma; (b) assess students’ responses to said conditions and trauma-exposure; and (c) dictate the course of action for supporting trauma-exposed students.

Thus, it is necessary to situate the dominant trauma discourse and research within a racialization framework to disrupt White supremacist notions of normality

and deficit beliefs about people of color (Milner, 2007). In centering race as an analytic tool, I can focus on if and how trauma research literature discusses race, how students of color and urban communities of color are depicted, and, ultimately, whether readers of the research (education researchers and school-based actors) can come to better understand the conditions that shape the realities and experiences of some students of color as they relate to trauma. Moreover, this racialization framework addresses dangers of race-neutral research. Some of these dangers may be obvious, such as intentionally avoiding race as if race were inconsequential to a research design or one's onto-epistemology. Other dangers may not be obvious. An unseen danger could emerge if a researcher does not have the capacity or knowledgebase to "see" or make sense of how race operates, for instance. A consequence of this type of unseen danger could be that researchers implicitly permit a race-neutral perspective because they may not have the language or understanding to critically deconstruct a "raced" situation. Finally, unforeseen dangers can emerge when researchers perpetuate racism unintentionally through misrepresentation of research data. Ultimately, a race-conscious approach to reviewing literature can shed light on the White-dominant norms, assumptions, and ideologies that shape the dominant discourses within a racialized social system, including the discourse related to trauma.

## Method

To identify how trauma is discussed with regard to students and preK–12 school settings in the United States and how the dominant discourse on trauma is racialized, I conducted a systematic review. Systematic reviews critically assess the research literature on a specific topic through (a) transparent search strategies and explicit inclusion/exclusion criteria and (b) systematic coding and analysis (Onwuegbuzie & Frels, 2016).

### *Search and Screening Strategy*

I searched ERIC, SOCIndex, LegalTRAC, and Academic Search Premier using the key terms *trauma*, *education*, *school*, and *mental health*. I also visited key websites that emerged from a simple Google search of the word *trauma*, which included American Psychological Association, Substance Abuse and Mental Health Services Administration, National Institute for Mental Health, National Library of Medicine, National Center for Trauma-Informed Care, and the Centers for Disease Control and Prevention. This initial screening generated roughly 1,300 peer-reviewed articles. I sampled the first 300 titles and abstracts (sorted by relevance) and located three new terms, *adverse childhood experience*, *complex trauma*, and *post-traumatic stress disorder (PTSD)*, which added 51 unique articles to screen with inclusion/exclusion criteria. From this collection of articles, I selected recent articles (published since 2000) focused on "trauma" as the body's response to threats, high stress, or danger (American Psychological Association, n.d.). Therefore, articles associated with physical trauma to the body and head, such as traumatic brain injury, were not included because they typically involved adults, rehabilitation practices, and medical treatments at acute care settings.

Additionally, to be included, articles needed an explicit focus on students or preK–12 school contexts in the United States (as determined by title, abstract, or

filtering subject area in database). I focused on preK–12 contexts in the United States primarily so that this review can contribute to relevant school debates concerning evidence-based programs and policies related to trauma. Moreover, I acknowledge that race and racism exist globally, but I rationalize my decision to focus on the United States exclusively because of its unique racialized history. Bonilla-Silva's (2014) work identifies the uniqueness of race and racism in the U.S. context, and he argues that imperialism and previous forms of discrimination across global contexts have been conflated with xenophobia and ethnocentrism. My sampling technique and screening criteria resulted in the exclusion of important contributions regarding trauma in education research, which highlight critical hope and healing as factors in addressing trauma (Duncan-Andrade, 2009; Ginwright, 2018) and a much-needed focus on the perils of medicalizing trauma discourses in school (Dutro, 2017). In all, my search and screening strategy yielded a total of 88 articles in this review.

Typically, assessing the quality of reviewed studies is a common screening practice used to eliminate any studies with validity threats biasing the overall claim. However, given this review's central aim—to understand the potential racialization underpinning the prominent trauma-related discussions regarding students and preK–12 schools, I decided against a standard quality assessment. My reasoning was that, regardless of their quality, these peer-reviewed publications have already contributed to the field. As such, I focused more on assessing how this research fit within a broader racialization framework.

#### *Coding and Analysis*

In preparation for analysis, I used an Excel spreadsheet to organize information I extracted from each article, such as the disciplinary focus of the journal, the article's empirical features, and population of interest. Next, using binary indicators, I coded (using a "1" or "0") whether the article was (a) published in a journal of education, health, law, psychology, or sociology; (b) focused on educators (adults in working with students), students, or schools (schools or outside of school organizations); and (c) conceptual, mixed-methods, qualitative, or quantitative. During this extraction process, I found that many of the articles referred to urban schools and communities, teachers in urban schools, or students of color in urban settings. In response, I added a new column for "urban-focused" articles. Using the organizational matrix in this preanalysis phase provided a descriptive overview.

To identify themes in the research literature, I used a constant comparative analysis (Onwuegbuzie et al., 2012). First, after detailed readings of each article, I developed a short synthesis based on *in vivo* codes and basic open-coding strategies (Miles et al., 2013) to capture each article's main findings. For example, from Ford's (2008) article, I noted, "A link between racism, trauma and PTSD urges educators to be culturally competent as they design interventions for students." A similar process was used in Langeloo et al.'s (2019) review of literature on teacher-child interactions with multilingual young children, except the authors used "key sentences" to establish central themes from reviewed articles. Next, using codes to classify my syntheses, I either used an existing code or developed a new code. In some cases where codes overlapped, I based my coding decision

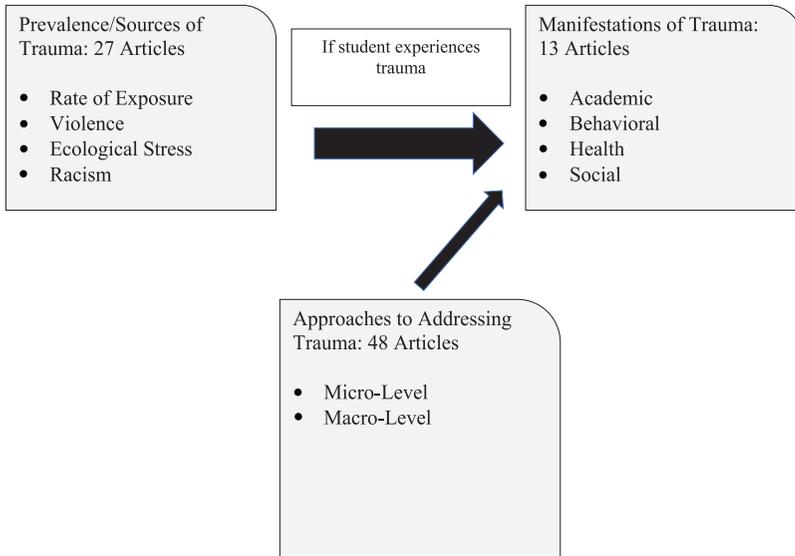


FIGURE 1. *Themes, codes, and conceptual summary of reviewed literature.*

on the article’s main argument. For example, although many articles referred to violence, I only coded them as such if violence was a variable of interest. After reaching a point of saturation, I reduced 14 codes to 10, and then established three major themes from the literature.

Figure 1 illustrates the 10 final codes I used to construct the three major themes. Additionally, the figure represents a conceptual relationship between the major themes I discuss in the following results section and the associated codes within each theme. Briefly, my analysis suggests that if youth are exposed to violence, ecological stressors, or racism, they may experience trauma. If youth experience trauma, it may manifest itself across several domains, including academics, behavior, health, and social outcomes. Based on my coding strategy, academic outcomes included performance, attendance, and graduation. Behavioral outcomes included anger, depression, or detachment. Health outcomes included risky behavior, substance abuse, and obesity. Social outcomes included isolation or disconnectedness. To support trauma-exposed youth, the literature referred to micro level approaches, such as improving relationships or resilience, or macrolevel approaches, such as programs, policies, and practices.

Finally, I considered how these three prominent themes from the trauma research literature fit within a racialization framework. I used the following guiding questions:

- How does this research contribute to or disrupt deficit racial narratives involving youth of color?
- How does this research describe racialized social, historical, political, and economic systems?

- How does this research assist readers in understanding how structural racism influences students' lives and experiences?

Essentially, this analytic approach, according to Milner (2007), is critical for empowering and assisting readers, researchers, and policy makers to avoid further marginalizing, silencing, and misrepresenting people and communities of color.

## Results

This section synthesizes three prominent themes from the trauma research literature with regard to preK–12 school contexts in the United States. The first prominent theme will discuss the high-prevalence rates of youth trauma and three common sources of trauma. The second prominent theme will discuss the ways youth trauma can manifest across several domains. Finally, the third prominent theme will discuss approaches to addressing youth trauma. I situate each of these prominent themes within a racialized context and, throughout, I refer to exemplar articles from Table 1 to illustrate how these themes may contribute to the national youth trauma discourse between and among actors across schools and various social contexts.

### *Prevalence Rates and Sources of Trauma*

The first prominent theme I identified from 27 of the articles in this review refers to high prevalence rates and sources of trauma among school-age youth. Traumatic exposure for children across the United States varies and seems to depend on the social context. While about half of U.S. children have reported at least one traumatic experience (National Survey of Children's Health, n.d.), estimates increase for children who live in alternative settings, such as foster homes or juvenile justice settings (Greeson et al., 2011; E. A. Miller et al., 2011). The urgency to acknowledge the presence of trauma among school-age youth in various social contexts is clear, but this dominant discourse tends to be race-evasive.

For example, Wilson et al. (2013) conducted a correlational study and analyzed rates of trauma exposure among 61 adolescent youth in transitional juvenile justice settings with the PTSD Reaction Index and found that 93% reported at least one traumatic experience and, on average, the sample reported four traumatic events. Despite acknowledging that a small sample of almost all Black participants limited the generalizability of the findings, the authors concluded, "These findings provide important new information relevant to the vast majority of arrested youth who are placed on probation following arrest and return to their communities" (p. 475). The need for a better trauma-screening process for youth in juvenile justice settings and other alternative settings is certainly important, but this research exemplifies how studies make implicit racial assumptions that can reify deficit narratives. In addition, a better trauma-screening process would require researchers to go beyond reporting surface-level results. For instance, after analyzing Child and Adolescent Needs and Strengths data to understand how prevalent trauma was among a large racially diverse youth sample involved in Child and Family Services ( $n = 14,103$ ), Griffin et al. (2011) found that 78% of youth reported at least one traumatic experience; yet, their results provided no disaggregated breakdown by race. Without centering race in the research on youth

**TABLE 1**  
*Overview of reviewed studies with major themes and relevant findings.*

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Anderson et al. (2015)	Interviews with urban, elementary school staff ( <i>n</i> = 16)	Addressing Trauma	Workplace environment create barriers for classroom staff to implement new strategies and make use of the knowledge and skills gained in the workshops.
Báez et al. (2019)	Explanatory sequential design with follow-up interviews; <i>Social Skills Improvement System Rating Scales</i> and <i>Adverse Childhood Experiences</i> questionnaire data from middle school students ( <i>n</i> = 500)	Addressing Trauma	Students with low initial trauma had fewer behavioral problems and those with high initial trauma had worse behavioral and social outcomes after intervention.
Banks & Meyer (2017)	Participant observation data from teacher candidates ( <i>n</i> = 60)	Addressing Trauma	Collaborative discussions with a sandplay therapist–enhanced trauma-informed knowledge.
Barlow & Becker-Blease (2012)	Conceptual review	Addressing Trauma	Awareness of trauma may depend on understandings, needs, and motivations related to trauma.
Barrett et al. (2012)	MANOVA; <i>Child Health and Illness Profile, Adolescent Edition</i> and teacher survey data from middle-/high school–based actors ( <i>n</i> = 46 students, <i>n</i> = 43 teachers)	Addressing Trauma	Displaced students with the greatest improvements in well-being attended new schools with a cooperative environment where teachers were attentive without essentializing or generalizing about students’ needs.
Bethell et al. (2014)	Multivariate regression; <i>National Survey of Children’s Health</i> data from youth aged 0–17 years ( <i>n</i> = 95,677)	Addressing Trauma	Children with adverse childhood experiences show poorer school engagement and higher rates of chronic disease; resilience may moderate trauma effects.
Blitz et al. (2016)	Interview data from educators in an urban elementary school ( <i>n</i> = 42)	Addressing Trauma	Understanding impacts from intergenerational trauma and race and class bias are potential components of a culturally responsive trauma-informed approach.
Blodgett & Lanigan (2018)	Binary logistic regression, ANOVA and generalized estimating equations; <i>Adverse Childhood Experiences</i> survey data from elementary youth ( <i>n</i> = 2,101)	Manifestations of Trauma	Increasing trauma exposure was associated with greater rates of academic failure, attendance problems, and school behavior problems.
Brendel et al. (2014)	Systematic review ( <i>n</i> = 22)	Addressing Trauma	Research on intervention supports for students of military families is underexplored.

*(continued)*

**TABLE 1 (continued)**

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Brunzell et al. (2016)	Systematic review ( $n = 142$ )	Addressing Trauma	Teacher strategies focus on student regulation; teacher-student relationships; and increasing students' psychological resources.
Burke et al. (2011)	Logistic regression; <i>Adverse Childhood Experiences</i> data from adolescents ( $n = 701$ )	Manifestations of Trauma	More trauma correlated with increased risk of learning/behavior problems and obesity.
Buxton (2018)	Retrospective record review of IEP data from youth aged 12–18 years ( $n = 12$ )	Manifestations of Trauma	Almost all IEPs contained trauma-related behavioral functions in academics, relationships, and self-regulation.
R. T. Carter (2007)	Conceptual review	Prevalence/Source of Trauma	Racism can have effects on stress and may manifest in avoidance or dissociation.
Cassiman (2006)	Conceptual review	Prevalence/Source of Trauma	Poverty is a manufactured form of trauma.
Cohen & Mamarino (2011)	Conceptual review	Addressing Trauma	Strategies included enhancing safety, enhancing parental engagement, and enhancing acknowledgement and support in processing.
Conner-Warren (2014)	<i>t</i> -Test; <i>Child Health and Illness Profile, Cumulative Trauma Scale</i> data from African American adolescents aged 12–16 years ( $n = 175$ )	Manifestations of Trauma	No differences in BP/HR among male/female with multiple traumas; no significant changes in physiology when recalling traumatic experiences.
Crosby (2015)	Conceptual review	Addressing Trauma	Ecological perspectives offer insight for trauma-informed education practices.
Crosby et al. (2015)	Focus group data with teachers ( $n = 27$ )	Addressing Trauma	Trauma-based PD helped teachers recognize the importance of positive relationship building, knowledge of self-care (for teachers), and critiquing typical practices that obstruct students' healing.
Crosby et al. (2018)	Conceptual review	Addressing Trauma	Attending to curriculum, school, and classroom environments, teachers can provide safe, equitable, and meaningful learning experiences.

(continued)

TABLE 1 (continued)

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Delancy-Black et al. (2002)	Multivariate regression; <i>Test of Early Reading Ability</i> ; <i>Wechsler Primary and Preschool Scale of Intelligence</i> data from first-grade youth in an urban area ( $n = 299$ )	Manifestations of Trauma	Experiencing violence and trauma-related stress predicts negative change in IQ and reading achievement.
Dods (2013)	Qualitative interview data with adolescents ( $n = 4$ )	Addressing Trauma	Individualized supportive relationships: teacher driven, authentic caring, and attuned to students' wellness.
Dotson Davis (2019)	Conceptual review	Addressing Trauma	School policies and practices can use trauma-informed perspectives to understand and work with students.
Fitzgerald & Cohen (2012)	Conceptual review	Addressing Trauma	Educators should recognize triggers; find supportive resources; provide in-school intervention.
Flannery et al. (2004)	Hierarchical regression; <i>Trauma Symptoms Checklist for Children</i> data from youth Grades 3–12 ( $n = 5,969$ )	Manifestations of Trauma	School violence related to trauma symptoms.
Flett & Hewitt (2013)	Conceptual review	Addressing Trauma	Trauma-exposed students who are ineligible for services may benefit from better screening processes.
Ford (2008)	Conceptual review	Addressing Trauma	Educators must be culturally competent as they design interventions for students given the link between racism, trauma, and PTSD.
Ford, Chapman, et al. (2012)	Conceptual review	Manifestations of Trauma	Trauma is associated with hyperarousal, impaired information processing, and impulse control.
Ford, Steinberg, et al. (2012)	Regression analysis; trauma measure battery data from female youth ( $n = 59$ )	Addressing Trauma	TARGET and ETAU programs for girls with PTSD enhance optimism, self-efficacy; reduce anger.
Frye & Liem (2011)	Latent growth analysis; trauma history and <i>CES-D scale</i> data from students ( $n = 1,143$ )	Addressing Trauma	Race, poverty, gender, and trauma history as risk factors, do not predict depressive symptom trajectories.
Furr et al. (2010)	Meta-analysis ( $n = 96$ )	Prevalence/Source of Trauma	Despite variability, disasters have a significant effect on youth traumatic stress.
Garcia & Dutro (2018)	Conceptual review	Prevalence/Source of Trauma	Social and political issues may increase youth trauma.

(continued)

**TABLE 1 (continued)**

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Garo et al. (2018)	Spatial analysis; trauma variability index data from Charlotte, North Carolina ( <i>n</i> = 1)	Prevalence/Source of Trauma	Concentrated poverty and violence are greater for racially diverse neighborhoods.
Garrett (2011)	Qualitative interview data with teachers ( <i>n</i> = 6)	Prevalence/Source of Trauma	Teachers showed a race-neutral attitude when discussing Hurricane Katrina.
Graham et al. (2017)	ANOVA; <i>Traumatic Symptoms Checklist for Children</i> data from students ( <i>n</i> = 112)	Addressing Trauma	School-based services for students with multiple traumas reduced post-disaster trauma symptoms.
Green et al. (2016)	Multivariate and generalized estimation equation; teacher perception survey data from Boston area K–12 teachers ( <i>n</i> = 147)	Addressing Trauma	Teacher reports of outreach to school-based mental health service providers were associated with their observations of heightened classroom distress and potential trauma.
Greeson et al. (2011)	Logistic regression; <i>PTSD Reaction Index</i> and <i>Trauma History Profile</i> data from trauma-exposed youth in foster placements aged 0–21 years ( <i>n</i> = 2,251)	Prevalence/Source of Trauma	High rates of youth trauma for White youth in foster care is associated with internalizing problems, posttraumatic stress, and clinical diagnoses.
Griffin et al. (2011)	Incident rate ratios; Illinois Department of Children and Family Services data from youth aged 0–17 years ( <i>n</i> = 14,103)	Prevalence/Source of Trauma	Youth in child services have rates of trauma and mental health illness.
Grimage (2019)	Interview, observation, and document data from Black 12th-grade students at a school in a suburban area ( <i>n</i> = 5)	Prevalence/Source of Trauma	Racial trauma in school should be explored as an antideficit phenomenon that challenges pathological conceptions and foregrounds survival and resilience.
Harden et al. (2015)	Interview and survey data from high school youth in an urban area ( <i>n</i> = 44)	Addressing Trauma	Program participants increased school/community involvement, personal and sociopolitical awareness.
Harpaz-Rotem et al. (2007)	Generalized estimation equation model; police report data from across 10 U.S. cities ( <i>n</i> = 7,313)	Prevalence/Source of Trauma	Youth witness more violence but adolescents experienced more violence; compared with Whites, African Americans were more likely to be offenders.
Hoover et al. (2018)	Case Study; <i>Trauma Exposure Checklist</i> , <i>Child PTSD Symptom Scales</i> and <i>Ohio Scales</i> data from CBITS youth ( <i>n</i> = 350)	Addressing Trauma	High treatment completion rate (90.3%) and marked improvements in PTSD symptoms, behavioral problem severity, and functioning.

(continued)

TABLE 1 (continued)

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Howard (2016)	Conceptual review	Addressing Trauma	Typical behavior management strategies may be ineffective for trauma-exposed youth.
Jaycox et al. (2007)	Qualitative interview data from school administrators ( $n = 30$ )	Addressing Trauma	Schools' intervention approaches depend on their mental health infrastructure, personnel's perceived needs of students, structural and interpersonal barriers.
Jessar et al. (2017)	Hierarchical linear regression; <i>Children's Depressive Inventory</i> , <i>Childhood Trauma Questionnaire</i> and <i>Emotional Clarity Questionnaire</i> data from youth ( $n = 204$ )	Manifestations of Trauma	Emotional neglect significantly predicted decreases in emotional clarity, whereas decreases in emotional clarity mediated the relationship between emotional neglect and increases in depressive symptoms.
Kalmakis & Chandler (2014)	Conceptual review	Manifestations of Trauma	Adverse childhood experiences disrupt children's physical and psychological health and development.
Kang & Burton (2014)	Hierarchical regression; <i>Spencer Discrimination Scale</i> , <i>Childhood Trauma Questionnaire</i> and <i>Trauma Symptoms Checklist</i> data from Black, male youth in juvenile justice settings ( $n = 189$ )	Prevalence/Source of Trauma	Trauma and racial discrimination are significantly related and predict elevated rates of criminogenic activity.
Kataoka et al. (2009)	Multivariate regression; <i>Life Events Scale</i> and <i>Child Posttraumatic Scale</i> data from Latinx middle school students ( $n = 1,601$ )	Prevalence/Source of Trauma	English language fluency showed significantly positive relationships with violence exposure and PTSD symptoms.
King-White (2019)	Conceptual review	Addressing Trauma	Tiered systems of support are needed to successfully implement practices supporting youth mental health.
Kiser & Black (2005)	Conceptual review	Prevalence/Source of Trauma	Living in high stress or traumatic conditions can disrupt family structure, relations, and coping.
Kistel et al. (2006)	Hierarchical linear modeling, MANOVA; <i>Social Skills Rating System—Elementary Level</i> , <i>Youth Coping Inventory</i> , and <i>Normative Beliefs About Aggression</i> data from fourth-grade students ( $n = 140$ )	Addressing Trauma	Program participants improved prosocial behaviors, decreased hyperactivity and internalizing symptoms, while comparison group students reported an increase in aggression, hyperactivity, and internalizing symptoms.

(continued)

**TABLE 1 (continued)**

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Kohlfi (2009)	Qualitative interview data from teachers of color with traumatic histories ( <i>n</i> = 12)	Prevalence/Source of Trauma	Teachers' racial trauma in K-12 school settings and teacher education influenced their views on schooling.
Lane et al. (2017)	Descriptive analysis; <i>Civilian PTSD Checklist</i> data from residents in high gunshot cluster areas ( <i>n</i> = 111)	Prevalence/Source of Trauma	More than half of respondents knew at least 10 murder victims.
Lanktree et al. (2012)	ANOVA; <i>Trauma Symptoms Checklist for Children</i> data from youth with trauma histories who live in an urban area ( <i>n</i> = 151)	Addressing Trauma	ITCT program significantly reduced students' anxiety, depression, posttraumatic stress, anger, dissociation, and sexual concerns.
Larson et al. (2019)	Descriptive analysis; <i>California Healthy Kids Survey</i> data from youth in Grades 6-12 ( <i>n</i> = 639,925)	Manifestations of Trauma	Victimized youth report significantly higher reports of substance use, depression, and eating disorders compared with nonvictimized youth.
Levinson (2015)	Conceptual review	Prevalence/Source of Trauma	When school policies undermine marginalized students, teachers are forced to perpetuate wrongs.
Lewis (2003)	Conceptual review	Addressing Trauma	U.S. schools have adopted militarization and criminalization practices to promote safety.
Loomis (2018)	Conceptual review	Addressing Trauma	Trauma-informed policies, programs, and practices for preschool-aged children are scarce, but could become more robust by exploring workforce development, parent engagement, and access to targeted interventions.
Lowe et al. (2016)	Bivariate and multilevel regression; <i>CTQ, PSS-1, Beck Depression Inventory</i> , and census data from adults in Georgia ( <i>n</i> = 3,192)	Prevalence/Source of Trauma	High levels of youth trauma predict depressive symptoms and symptoms are exacerbated in areas with high crime.
Martin et al. (2017)	Conceptual review	Addressing Trauma	Trauma-informed, school-based pregnancy prevention programs may provide more needs-specific approaches to supporting students.

(continued)

TABLE 1 (continued)

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Masko (2005)	Qualitative interview data from a Black girl ( $n = 1$ )	Prevalence/Source of Trauma	Student's feelings of anger and sadness were associated with emotional trauma from racism at school.
Merritt & Klein (2015)	Multivariate regression; <i>NSCAW II</i> and <i>Preschool Language Scales-3</i> data from children aged 0–5 years in Child Welfare Systems ( $n = 1,652$ )	Addressing Trauma	Youth in Early Childhood Education (ECE) programs had better language development outcomes at an 18-month follow-up than youth who were not in ECE programs.
E. A. Miller et al. (2011)	Logistic regression; <i>Child Trauma Questionnaire</i> data from youth across five public sectors of care aged 11–18 years ( $n = 1,135$ )	Prevalence/Source of Trauma	High incidence of maltreatment across all sectors indicated that all youth in public sectors of care should be screened for a history of maltreatment.
Motta (2012)	Conceptual review	Prevalence/Source of Trauma	Youth can experience secondary trauma from parents and in turn potentially influence secondary trauma for school-based actors.
Ozkol et al. (2011)	Bivariate and structural equation analyses; <i>Children's Report of Exposure to Violence, CROPS</i> , and <i>Aggression Questionnaire</i> data from fourth-grade students living in urban areas ( $n = 259$ )	Manifestations of Trauma	Traumatic stress and attitudes toward violence are mediated by the relationship between violence exposure and aggressive behavior.
Pillow (2019)	Conceptual review	Addressing Trauma	Witnessing, as a reparative form, must take on a decolonial approach.
Plumb et al. (2016)	Conceptual review	Addressing Trauma	Trauma-sensitive school logic model focuses on resources, activities, outputs, and outcomes.
Porche et al. (2011)	Logistic regression; <i>Collaborative Psychiatric Epidemiology Survey</i> data from young adults aged 21–29 years ( $n = 2,532$ )	Manifestations of Trauma	Youth trauma was significantly related to school dropout and psychiatric diagnoses, with greater impacts for students of color with substance use histories.
Randall & Haskell (2013)	Conceptual review	Addressing Trauma	Legal work should be focused on restorative justice and trauma-informed practices to repair the harms to individuals and relationships that result from conflict, crime, or other wrongdoing.

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<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Rawles (2010)	Conceptual review	Prevalence/Source of Trauma	Trauma from violence exposure is a consequence of social injustice and economic inequality.
Rheingold et al. (2004)	Univariate and logistic regression; <i>National Survey of Adolescents, including trauma, substance abuse and exposure to violence</i> data from youth aged 12–17 years ( $n = 4,023$ )	Prevalence/Source of Trauma	Past-year death of a friend was related to substance abuse/dependence, but not to trauma; likelihood of loss of a friend was highest for girls, older youth, youth in low-income households, and non-White youth.
Roberts et al. (2014)	Multiple regression; <i>Child Behavioral Checklist and Traumatic Events Screening Inventory</i> data from youth ( $n = 306$ )	Prevalence/Source of Trauma	When youth are exposed to the arrest of a caregiver, they are likely to experience greater behavioral and mental health outcomes than nonexposed youth.
Rodger et al. (2019)	Systematic review ( $n = 98$ )	Addressing Trauma	Effective school-based, mental health programs: (a) occurred over a period of weeks or months; (b) required some training and ongoing supervision; (c) drew on caregiver support; and (d) were manualized. Social and emotional supports have a larger effect on reducing trauma, than exposure to violence does on increasing trauma.
Rosenthal et al. (2009)	Hierarchical multiple regression; <i>Trauma Symptoms Inventory</i> and protective factor survey data from 12th-grade students in an urban area ( $n = 1,066$ )	Addressing Trauma	
Saldaña (2013)	Qualitative interview data from Mexican-American teachers ( $n = 5$ )	Prevalence/Source of Trauma	Schools can be a source of racial trauma.
Santiago et al. (2015)	ANOVA; parent and student participation, satisfaction, and coping survey data from two groups of parent-student dyads ( $n = 40$ )	Addressing Trauma	CBITS + parents reported higher satisfaction; had gains in coping, family loyalty, and closeness; and attended more sessions than CBITS parents.
Scheeringa et al. (2011)	Regression analysis; <i>Preschool Age Psychiatric Assessment and Adverse Events Checklist</i> data from two groups of youth aged 3–6 years ( $n = 64$ )	Addressing Trauma	Compared with wait-listed group, TF-CBT group improved significantly more on symptoms of PTSD; after wait-list, group effect sizes were large for PTSD, depression, separation anxiety, and oppositional defiant disorders.

(continued)

TABLE 1 (continued)

<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Schnurr & Lohman (2013)	Longitudinal study, linear regression; <i>Woodcock-Johnson and Conflict Tactics Scale</i> data from youth aged 2–4 years ( $n = 600$ )	Manifestations of Trauma	Increases in exposure to domestic violence over time predicts lower school engagement and more problem behaviors in middle childhood.
Schwerdtfeger Gallus et al. (2015)	Linear regression; <i>Center for Epidemiologic Studies-Depression and Traumatic Events Screening Inventory</i> data from seventh-grade students in an urban school ( $n = 1,712$ )	Addressing Trauma	Parent and school connectedness are associated with fewer depressive symptoms; high parent connectedness had a stronger protective effect for youth with fewer depressive symptoms.
Seiaraffa et al. (2018)	Conceptual review	Addressing Trauma	Educators can support trauma-exposed youth through strong relationships, safe environments, and improving their resilience and self-efficacy.
Settlage et al. (2014)	Qualitative interview data from preservice teachers ( $n = 18$ )	Addressing Trauma	After participating in a mediated Spanish-language physics lesson used as a trauma pedagogical tool, English-speaking preservice teachers describe their heightened anxiety and feelings of isolation.
Slopen et al. (2016)	Regression analysis; <i>National Survey of Children's Health</i> data from a national youth sample ( $n = 84,837$ )	Prevalence/Source of Trauma	Youth of color and youth in low-income homes experience more adversity than White and wealthier youth and White youth experience a stronger protective effect from income than youth of color.
Talleyrand & Vojtech (2019)	Conceptual review	Addressing Trauma	Regarding immigration policies affecting the status of undocumented youth, school counselors can take proactive roles in addressing current student needs by creating a positive and safe atmosphere in their schools.

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<i>Author(s)</i>	<i>Method</i>	<i>Theme</i>	<i>Relevant findings</i>
Thomas et al. (2019)	Systematic review ( <i>n</i> = 33)	Addressing Trauma	More evidence is needed to establish (a) dominant frameworks for implementing trauma-informed programs and practices, (b) measurements of effectiveness for programs and teaching practices, and (c) systems-wide discussions of future trauma research.
Wall & Musetti (2018)	Single case study of a southern California elementary school; observations, interviews, focus groups, surveys, and school-level data	Addressing Trauma	Teachers need a holistic approach to educating Latinx ELs through trauma-sensitive approaches, sociocultural understanding, and equity-based practices.
West et al. (2014)	Qualitative interview data from female, high school students ( <i>n</i> = 39)	Addressing Trauma	Students seek encouraging respect and alternative their behavior management strategies to enhance their engagement and reduce negative behaviors.
Wilson et al. (2013)	Linear regression; <i>PTSD Index</i> and self-report data from incarcerated youth aged 13–17 years ( <i>n</i> = 61)	Prevalence/Source of Trauma	Nearly all incarcerated youth reported at least one traumatic experience and 12% met diagnostic criteria for PTSD.
Yohannan & Carlsson (2019)	Systematic review ( <i>n</i> = 41)	Addressing Trauma	Many school-based interventions are based on cognitive behavior therapy and tend to have high rates feasibility and acceptability; yet more evidence is needed on participant demographics and follow-up with intervention participants.
Yoshikawa et al. (2012)	Conceptual review	Prevalence/Source of Trauma	Poverty is linked to worse youth outcomes, but schools and poverty reduction strategies can have a positive impact on children's health.

*Note.* ANOVA = analysis of variance; CBITS = Cognitive Behavioral Intervention for Trauma in Schools; CES-D = Center for Epidemiologic Studies Depression Scale; ELs = English Learners; IEP = individualized education program; ITCT = Integrative Treatment of Complex Trauma; MANOVA = multivariate analysis of variance; PD = professional development; PTSD = posttraumatic stress disorder; TF-CBT = Trauma-Focused Cognitive Behavioral Therapy.

trauma, the underlying message could be that race is inconsequential to trauma exposure. Evidence suggests otherwise.

According to the National Survey of Children's Health (2012), compared with White children (44%), Black children were much more likely to report one or more traumatic experience (60%). These racial differences vary by state as well. For instance, in Pennsylvania, almost 60% of White children reported having no traumatic experiences, compared with only about 25% of Black youth. When considering the intersection of race and social context, it becomes clearer that trauma exposure is much greater for youth of color, particularly Black children. Three potential explanations for such racial disparities in prevalence rates of trauma exposure are violence (Flannery et al., 2004; Harpaz-Rotem et al., 2007; Rheingold et al., 2004; Schnurr & Lohman, 2013), nonviolent ecological stressors (García & Dutro, 2018; Grinage, 2019; Levinson, 2015; Motta, 2012), and racism (R. T. Carter, 2007; Kang & Burton, 2014; Kohli, 2009).

### *Exposure to Violence*

Several studies explained that exposure to violence can lead to trauma. These studies often suggest that Black children in urban environments are “vulnerable” or “at-risk” for experiencing trauma from exposure to violence (Flannery et al., 2004; Garo et al., 2018; Rheingold et al., 2004). However, such outcomes may be dependent on other factors. When students experienced a shooting at an elementary, urban school, for example, levels of trauma, according to Pynoos et al. (1987), were much higher among children who were at the playground (site of shooting), when compared with students who were in class or at home at the time of the incident. This suggests that predicting high rates of youth trauma in urban areas without considering proximity, severity, and frequency of violence exposure could be a gross overgeneralization.

To better understand youth exposure to violence in the context of trauma, race must be a central component. For instance, using a generalized estimation equation model to examine more than 7,000 police report incidents across 10 U.S. cities, a study reported that adolescents were significantly more likely than young children—to be directly victimized—to the degree that they sustain physical injuries—and young children had a greater chance of witnessing acts of violence (Harpaz-Rotem et al., 2007). A race-focused analysis reveals that because only 18% of the sample was White, Black people had a statistically higher chance of being involved in a police report from a referring officer. Moreover, recognizing that most police officers in the United States are White (Data USA, 2017) helps contextualize the potential bias and credibility of these data compiled from referring police officers. Nonetheless, this study illustrates how youth trauma research is often racialized.

As the previous six studies illustrate, children of color in urban communities are often pathologized for living in “high-crime communities” (Lowe et al., 2016). This is unfortunate because no evidence supports the claim that children of color in urban contexts, for instance, engage in violence because they are exposed to violence (Schnurr & Lohman, 2013). Also, understanding the source of violence is rarely discussed. West et al.'s (2014) study revealed that “anger and aggression” among a small group of female students (mostly Black) were, in

fact, related to students' perceptions of environmental stress and overwhelming triggers.

*Exposure to Nonviolent, Ecological Stressors*

Recently published National Survey of Children's Health data (Sacks & Murphey, 2018) shows that economic hardship and separation from caregivers were the most common traumatic experiences, not exposure to violence. Kiser and Black (2005) explained that living under chronically harsh and stressful conditions, such as having too few financial resources, can negatively affect family subsystems and relationships. One argument suggests that poverty has a direct causal effect on students' mental, emotional, and behavioral health (Yoshikawa et al., 2012). For Kiser and Black (2005), however, social support may be a better predictor of trauma among youth in high-poverty areas, which is consistent with sociological studies showing that high-poverty communities with a greater concentration of organizations or services for young people and communities with a strong sense of interconnectedness can minimize the impact that poverty can have (Emory et al., 2008; Molnar et al., 2008; Sampson, 2012).

To explain differences in trauma exposure, investigating socioeconomic status (SES; or presence of poverty conditions) seems to be a valid argument. From a large sample of more than 80,000 children, Slopen et al. (2016) used regression analyses to report incident density ratios in traumatic exposure for children at various socioeconomic groups. The evidence showed that children in the lowest socioeconomic group (<100% of the Federal Poverty Line) were almost 4 times more likely than children in the highest socioeconomic group (>400% of the Federal Poverty Line) to experience multiple traumatic experiences. Where the SES argument deteriorates is in how economic capital influences trauma exposure across racial lines. According to the data, Black and Latinx children experience statistically different income effects than White children. For White children in the highest income quartile, the potential for traumatic exposure reduced by almost 5 times compared with White children in the lowest income quartile. The income effects were markedly smaller for Black (2.3 times) and Latinx (2.9 times) children in the high-income quartile, compared with their within-racial group counterparts in the lowest SES quartile. In other words, within the highest income strata, Black and Latinx children may still be significantly more likely than White children to experience multiple traumatic events.

Another example of an ecological trauma-related stressor is witnessing the arrest of a parent. One study of more than 300 children aged 0 to 11 years showed that witnessing a parent being arrested had differential impacts on youth depending on age (Roberts et al., 2014). In contrast, younger children who witnessed the arrest of a parent tended to show signs of internalizing behaviors, such as emotional stress and hyperarousal, whereas older children showed more externalizing behaviors, such as increased irritability and developmentally inappropriate behaviors. It is important to note that this study not only minimizes how structural racism has operated within policing practices (M. Alexander, 2010) but also suggests that race is inconsequential. For instance, Roberts et al. (2014) provide no conjectures about why, when compared with White children, Latinx children who were

exposed to a parental arrest had significantly worse internalizing outcomes, according to the Child Behavior Checklist instrument they used.

### *Exposure to Racism*

Studies show that many students of color connect race-related incidents, sometimes occurring daily in school, to trauma (C. B. Fisher et al., 2000; Grinage, 2019; Kohli, 2009; Masko, 2005; Romero & Roberts, 2003; Sorsoli, 2007). Indeed, when teachers are inadequately prepared to recognize the impact of racism, sometimes they may unintentionally perpetuate it. One in-depth case study highlighted a 12-year-old Black girl (Masko, 2005) who, when asked about her racial experiences, responded, “I think about it all the time” (p. 341). She explained that her peers’ words and actions caused her to feel uncontrollably angry and sad. Whereas race-related trauma can stem from teachers’ attitudes, inactions, or limited knowledge about race, some youth of color may also grapple with hearing explicit racial slurs from peers (Kohli, 2009). For example, Masko (2005) described how the Black girl in her study was often called “nigger” by her classmates, who also mocked her for the way she talked. Kohli (2009) and Masko (2005) agree that school staff often rationalized these hurtful actions, responding that kids are just being kids and they would grow out of it.

When educators ignore traumatic race-based incidents, students of color are reminded of their place in the racial hierarchy (Sorsoli, 2007). Others find that when teachers are race-neutral or race-evasive, they may be exacerbating youth trauma. For instance, after six preservice, social studies teachers watched a documentary film that highlighted race and politics to tell a story about the devastation of Hurricane Katrina on New Orleans, Louisiana, in 2005, Garrett (2011) found that some teachers made no connections to how Black students were disproportionately affected by the disaster and how slow the government response was in sending relief support. For students of color who experience trauma from individual acts of racism in school settings or from macrolevel policy decisions, it may be a struggle to feel safe when schools and school-based actors take up race-neutral or race-evasive positions.

Exposure to racism could be further complicated for students of color whose first language is not English. For example, through life histories, five Latinx teachers revealed their memories of psychological and emotional trauma from their racist schooling experiences (Saldaña, 2013). To be clear, this evidence does not suggest a relationship between linguistic practices and experiencing trauma; rather, Saldaña’s (2013) argument is that schools and teachers may be responsible for some Latinx students’ experiences of extreme isolation and forced disconnect-ness. Other trauma research on Latinx students illustrates confounding evidence related to trauma and language fluency. From a convenience sample of about 1,600 middle school Latinx students, Kataoka et al. (2009) concluded from their analysis of demographic data, Life Events Scale and Child Posttraumatic Symptom Scale that students with higher English language fluency reported higher exposure to violence and greater PTSD symptoms than their less fluent peers. Kataoka and colleagues claimed when Latinx students become more acculturated, they are more likely to be exposed to violence, engage in risky behavior, and experience trauma.

### *Manifestations of Trauma*

The second prominent theme I identified from 13 articles described how trauma can manifest across multiple domains, including academic, behavioral, social and health outcomes. Psychologists report that when students experience trauma, they tend to think, feel, and react differently than they typically would to people, situations, or conditions around them (Cook et al., 2005; Ford, Chapman, et al., 2012). These atypical reactions often emerge from a disruption in students' sensemaking process. The idea is that when a child is overexposed to high levels of stress, the brain signals a physiological response to the body (Shonkoff et al., 2012). For example, a student might escalate to shouting, using profanity, or flipping a desk after a teacher attempts to redirect for talking. From a psychological perspective, a student with this kind of response may in fact be experiencing states of hyperarousal, causing difficulties in deciphering the situation, the level of threat, and generating appropriate responses (Ford, Chapman, et al., 2012).

Although some studies have found that trauma-exposed youth may demonstrate atypical behavior, such as aggression (Flannery et al., 2004; Ozkol et al., 2011), others argue that there is no clear causal path from experiencing trauma to demonstrating aggressive behavior (Schnurr & Lohman, 2013). In other words, trauma-exposed students should not be viewed as dangerous. Still, the relationship between trauma and aggression is insightful and points to a need for a greater understanding of social context factors, both inside and outside of school.

Trauma-exposed students may also experience negative outcomes associated with school. When Delaney-Black et al. (2002) tested the relationship between trauma and achievement for 299 first-grade students in an urban school, they reported that experiencing trauma predicted a 7.5-point decrement in IQ and a 10-point decrement in reading achievement. Others find that trauma-exposed youth from 0 to 5 can experience delays in language development (Ford, Chapman, et al., 2012). For students with two or more traumatic experiences, they may be 3 times as likely to repeat a grade (Bethell et al., 2014). In addition to lower success on standardized success measures, studies link trauma to lower student engagement in school.

Lack of focus, for instance, is shown to be a common indicator of trauma. Research suggests that trauma may lead some students to become overly focused on cues that function as reminders of a traumatic event, such as sirens or people talking/yelling, making learning difficult (J. C. Alexander et al., 2004). As children are processing trauma, some may detach, or separate from once meaningful relationships with peers or adults. It is also possible that students experiencing trauma completely disengage from school. In a study of more than 2,500 students who experienced trauma, 16% of the sample dropped out of school, and 75% of those who dropped out were Black and Latinx (Porche et al., 2011). Other findings indicate that experiencing trauma may also predict contact with juvenile justice systems, mental health facilities, and drug/alcohol use services (E. A. Miller et al., 2011), in addition to increased chances of becoming obese (Burke et al., 2011).

### *Approaches to Addressing Trauma*

The third prominent theme I identified from 48 articles concerns the ways in which youth trauma is addressed. This research often refers to “protective factors” to characterize a range of micro and macrolevel support mechanisms for trauma-exposed students, which I discuss in more detail below. To illustrate, Rosenthal et al. (2009) examined the interactive effect of multiple variables on the reports of trauma from a sample of approximately 1,000 high school students in an urban setting. Their findings showed that protective factors, such as social support (macro) and self-efficacy (micro), had a positive effect that was almost 3 times stronger than the predictive, negative effect from exposure to violence. Essentially, micro and macrolevel supports are meant to mitigate the impact from traumatic exposure. I characterized microlevel supports as skills or individual practices that can support trauma-exposed youth. Additionally, macrolevel supports focus on programmatic structures and large-scale initiatives that include varying levels of social support. The following subsections provide examples of both types of support.

#### *Microlevel Supports*

Although the majority of studies focus on teacher-specific supports (Brunzell et al., 2016; Crosby et al., 2018; Dotson-Davis, 2019; Green et al., 2016), improving student resilience was another approach to addressing youth trauma (Sciaraffa et al., 2018). Resilience, for Bethell et al. (2014) was defined as “staying calm and in control when faced with challenges” (p. 2108). To analyze National Survey of Children’s Health data on ACE for more than 95,000 children, Bethell and colleagues used several multivariate and multilevel regression models to examine associations among ACE scores and resilience. Resilience was shown to ameliorate the harsh impact of trauma on grade repetition and school engagement. Whereas Bethell and colleagues touted resilience for addressing student trauma, McGee and Stovall (2015) argued that research on resilience can sometimes fail to recognize the sociological factors that affect students, placing undue responsibility for “bouncing back” on the student.

Another microlevel support refers to teacher-student relationships, which may be vital for supporting students during a healing process. Take, for instance, students’ traumatic displacement experiences after the 2005 Hurricane Katrina disaster in New Orleans, Louisiana; Barrett et al. (2012) were interested in tracking the social and psychological well-being of 46 students (92% Black) who were evacuated after the traumatic event. Students with the greatest improvement in well-being, according to the Child Health and Illness Profile for Adolescents, had positive teacher-student relationships, described as cooperative and proactive, but also not essentializing or pathologizing.

In addition to promoting resilience and building relationships with students, the literature describes other ways teachers can support trauma-exposed youth. One way is for teachers to learn how to recognize the dynamic nature of traumatic experiences (Dods, 2013). Teachers should also examine their own ideological views to avoid overlooking students’ needs, or trying to implement a “one-size-fits-all” approach to addressing students’ needs (Barlow & Becker-Blease, 2012). In general, recognizing trauma triggers, supporting school-based treatments, and

maintaining good communication with parents are other key contributions teachers can make (Cohen & Mannarino, 2011; Talleyrand & Vojtech, 2019).

Indeed, parent and school connectedness, defined as students' perceptions of familial support and feelings of safety at school, can be important microlevel supports. Using the 10-item version of the Center for Epidemiologic Studies–Depression Scale and the seven-item version of Traumatic Events Screening Inventory–Child Report Form as outcome measures, Schwerdtfeger Gallus et al. (2015) used linear regression models to assess the association between parent and school connectedness on depressive symptoms for approximately 1,600 middle school students in an urban school district. Overall, higher levels of parent and school connectedness were associated with fewer depressive symptoms. Among students with low levels of traumatic exposure ( $-1 SD$ ), rather than high exposure ( $+1 SD$ ), high parent connectedness ( $+1 SD$ ) more effectively moderated depressive symptoms. Although the evidence showed a significantly weak positive correlation between Black students and reports of trauma, the regression models indicated that Black students, particularly boys, reported significantly fewer depressive symptoms than White students ( $p < .001$ ). Including perceived support variables, however, did not dampen the significant racial differences in predicted depressive symptoms. In fact, it is estimated that White girls who experience economic hardships and perceive low school and parent connectedness would likely experience the greatest depressive symptoms.

Collectively, the above-mentioned studies illustrate the importance of understanding the sociocultural context in which microlevel supports are implemented and they allude to potential barriers. According to 16 elementary-level educators in an urban school, two potential barriers may be having too little knowledge about supporting trauma-exposed students and working in schools where staff reject new strategies, approaches, and interventions that might assist them in better serving their students who have been exposed to trauma (Anderson et al., 2015). Still, a third barrier is secondary or vicarious trauma, which can occur when working closely with trauma-exposed youth (Motta, 2012). Considering these and other potential barriers, some educators are situated in challenging and unethical predicaments when it comes to responding to the needs of their trauma-exposed students (Levinson, 2015). Addressing some of these barriers may require broader macrolevel supports.

### *Macrolevel Supports*

Unlike microlevel support mechanisms for addressing trauma, studies focusing on macrolevel supports are concerned with broader impacts. Policies are one macrolevel support for addressing student trauma (Lane et al., 2017; Plumb et al., 2016; Randall & Haskell, 2013). For example, schools have increased security presence to prevent or reduce violence. Lewis (2003) critically examined such improved school safety measures after two White, high school boys killed 12 students and a teacher in 1999 at Columbine High School, a predominantly White school in Colorado. Lewis argued that overmilitarizing schools is a façade for school safety when, in fact, increasing police presence, cameras, and metal detectors often make students feel less safe. In effect, to reduce problematic and

perhaps violent behavior in schools, policy discussions are often grounded in a trauma-informed framework.

Take school discipline policies, for instance. Howard (2016) suggested that educators may become overburdened when trying to manage difficult behaviors related to unaddressed student trauma. Rather than using typical exclusionary, punitive approaches, discipline policies could be more trauma informed by focusing on increasing supports for trauma-exposed students. However, without minding the social, historical, and cultural context of society and schools, such policies are likely to be influenced by biases (Ford, 2008). One mixed-methods study investigated perceptions of student behavior, trauma, and self-reported stress among approximately 40 educators in an urban, northeast elementary school using Cultural Ecology, Perceptions of Student Behaviors and Stress Level, Efficacy and Confidence questionnaires with unstructured interview data (Blitz et al., 2016). Essentially, the evidence revealed that educators' willingness to engage in equity-centered policy discussions about supporting trauma-exposed youth depended on educators' understanding about structural racism.

A second macrolevel support for addressing youth trauma is through professional development with educational stakeholders (Banks & Meyer, 2017; Crosby et al., 2015; Wall & Musetti, 2018). It is necessary for professional development opportunities to help school-based actors develop the capacity to understand and learn how to respond to students' potential trauma experiences. To establish multilayered support systems, some argue for a tiered approach in which educators could work with school counselors to implement trauma-informed school practices at varying levels of need (King-White, 2019). Others suggest that teachers need to build knowledge and understanding about trauma before they begin working in schools. As a pedagogical tool, for instance, one study implemented a mediated Spanish-only physics lesson to illustrate to 18 preservice teachers how some emergent bilingual youth may experience anxiety and feelings of isolation in classrooms that do not account for language needs (Settlage et al., 2014). Based on interviews from school administrators who served hurricane-displaced students, Jaycox et al. (2007) added that educators must be prepared to communicate with parents, have strategies to avoid burnout, and balance the needs of their current students who are not experiencing trauma. The degree to which participants engage in professional development learning opportunities for supporting trauma-exposed youth, particularly students of color or emergent bilingual students, may depend on educators' level of race-consciousness (Blitz et al., 2016), sociocultural understandings, and perceptions of equity-based advocacy (Wall & Musetti, 2018).

A third macrolevel support refers to various intervention programs aimed at mitigating the impact of youth trauma (Ford, Steinberg, et al., 2012; Scheeringa et al., 2011). Indeed, to synthesize three recent systematic reviews of school-based intervention programs across 171 articles (with some overlapping studies), it appears that long-term programs with a codified curriculum that is co-constructed with caregivers and delivered by trained staff are most effective, although what is still needed are better frameworks for implementing and measuring effectiveness of said programs and protocols for more precise analysis of participant demographics (Rodger et al., 2019; Thomas et al., 2019; Yohannan & Carlson, 2019). Unfortunately, I

found that when the primary focus is on investigating the best program intervention, studies minimize underlying racialization problems or imply that race is inconsequential to understanding and responding to students' trauma-related experiences. For example, using a race-centered analysis, I found that 85% of the 21 U.S. study samples ( $n = 1,359$ ) in Yohannan and Carlson's (2019) review were composed of students of color; yet almost no intervention programs in the 98 studies Rodger et al. (2019) reviewed were specifically designed for students of color.

These studies illustrate that a major component of large-scale intervention research centers on finding a universal approach to supporting all youth. Consequently, a common critique in the literature is that there are too few programmatic resources designed for specific subgroups, such as children with varying levels of trauma (Báez et al., 2019), children of military families (Brendel et al., 2014), teens in pregnancy prevention programs (Martin et al., 2017) and preschool-age children (Loomis, 2018). For example, Merritt and Klein (2015) used a multivariate analysis of NSCAW II and Preschool Language Scales-3 data from young trauma-exposed children in Child Welfare Services ( $n = 1,652$ ) and found that children who were enrolled in Early Childhood Education programs had better language development outcomes at an 18-month follow-up than those who were not participating in Early Childhood Education programs, although the size of the observed effect was modest. The main point is that studies, such as these, recommend that trauma intervention programs consider individual students and their social contexts.

Lanktree et al. (2012) argued that existing empirically validated trauma interventions are not culturally sensitive. Analyzing pre- and postintervention Trauma Symptoms Checklist for Children data from 151 program participants in an urban setting, their findings showed significant reductions in anxiety, depression, post-traumatic stress, anger, dissociation, and sexual concerns as a function of time in the Integrative Treatment of Complex Trauma (ITCT) program. They posited that the treatment intervention was equally effective for students regardless of race or complexity of trauma history because of the program's attention to cultural and racial sensitivity practices. Although it was difficult to assess the uniqueness of such intervention characteristics and practices beyond the claim that "ITCT especially focuses on social and cultural issues" (p. 820), a potential success factor of the program was social support from caregivers.

Caregiver support emerged in another trauma-focused intervention program study using Cognitive Behavioral Intervention for Trauma in Schools and Family (CBITS+) with 21 predominantly Latinx parent-student dyads. Santiago et al. (2015) found that after participating in the program, students reported fewer trauma symptoms and parents reported improvements in coping, family relationships, and school involvement. Notably, Santiago and colleagues explicitly stated that their positive findings were in large part due to "efforts to engage families and present concepts in culturally acceptable ways" (p. 35). Shifting the responsibility of program success onto the intervention program facilitators, rather than to trauma-exposed students, may be a factor worth considering in future program designs.

Finally, trauma intervention programs for students of color in urban areas have implemented restorative and trauma-informed practices in the context of outside of school time programs. One such program with 44 high school students, for

instance, focused on improving student leadership skills, media application, and participatory action research over 9 months. Harden et al. (2015) found, from analyzing postintervention survey and interview data, that students improved school-community involvement, had more positive self-perspective, and were able to name political issues affecting their communities. Moreover, the results identified students' growth in individual empowerment, especially in how students understand and respond to violence in their communities. Another outside of school, theatre-based program for 77 fourth-grade students in an urban community also showed marked success in prosocial behaviors, reduced aggression, and decreased hyperactivity, according to pre- and posttest measures (Kisiel et al., 2006). Unlike previously mentioned trauma intervention programs, these high-interest programs involving students of color in urban schools and communities were designed with specificity.

## Discussion

This review builds on recent reviews of trauma (Rodger et al., 2019; Thomas et al., 2019; Yohannan & Carlson, 2019) and extends this body of scholarship by illuminating the ways in which dominant discourse on trauma prioritizes and rationalizes a structurally racist and White supremacist pathological narrative. In this section, I address three interrelated points that warrant an expanded discussion. Specifically, I discuss how structural racism and White supremacy may (a) shape the conditions in which students live, learn, and experience trauma; (b) influence how students' responses to said conditions and trauma exposure are assessed; and (c) dictate the course of action for either supporting or criminalizing trauma-exposed youth. Additionally, I outline several recommendations for future research.

### *Shaping the Conditions in Which Students Live, Learn, and Experience Trauma*

Youth of color have significantly more trauma exposure than their White counterparts (Slopen et al., 2016). Although the literature infers that racial disparities in trauma exposure may be due to violence exposure (Flannery et al., 2004; Garo et al., 2018; Rheingold et al., 2004), Cassiman (2006) argued that violence encompasses not just actions on the part of individuals but also macrolevel policies that permit harsh living conditions, inadequate resources, and limited opportunities to persist. Therefore, as poverty may be a strong predictor of youth trauma and violence exposure, it is important to acknowledge that structural racism and White supremacy may lay the groundwork for such conditions (Rawles, 2010).

Massey and Denton's (1993) germinal study found that extreme poverty among Black families in urban contexts was a direct result of racial segregation. This evidence showed that, across time, some urban communities of color have become more racially isolated and more concentrated. Of course, the vast racial disparities in earned income are, to some degree, related to parents' educational opportunities and outcomes (Milner, 2013; Proctor et al., 2016); still, economic restrictions influence where families live, what families eat, and what schools their children can attend. In other words, macroeconomic policies can shape students' realities and exposure to trauma. Therefore, one cannot rule out that trauma associated with economic hardship is the result of White supremacist policies meant to

intentionally isolate racially marginalized people in areas with concentrated levels of poverty. Not only does this research on poverty, violence, and trauma leave little room for alternative explanations (other than structural racism) as to why trauma exposure for Black and Brown children tends to be higher than it is for White children, but it is evidence of how the historical and contemporary roles of White supremacy shape the conditions in which youth live, learn, and experience trauma.

### *Assessing Students' Responses to Conditions and Trauma Exposure*

It is critical to understand how trauma occurs and can manifest across academic, behavioral, social, and health domains, but I caution against researchers and educators ignoring the racialization of trauma and how trauma is assessed. In other words, race-conscious educators and researchers would recognize the historical use of intelligence testing and standardized tests as mechanisms for normalizing Whiteness (Dixon-Román & Gergen, 2013), and the ways in which scientists have attempted to develop biological evidence supporting and rationalizing White dominance (Omi & Winant, 2014). Whether or not readers agree with such testing and measurement practices, another major challenge is that without acknowledging the racialization of trauma assessment, educators and researchers may rely on results from diagnostic tools to pathologize students of color for their responses to conditions they generally do not control.

Consider how prominent Whiteness may be in several professional roles that are essential to controlling and perpetuating the dominant discourse on trauma.<sup>2</sup> According to national data, White people comprise 90% of elected U.S. officials (Reflective Democracy Campaign, 2019), 86% of psychologists (Lin et al., 2018) and most of the teachers (83%), police officers (77%), and school leaders (77%) in the United States (Data USA, 2017). The reality is that, within a racialized society, assessing students' responses to social conditions and trauma can be a mechanism for othering Black and Brown youth. Meanwhile, at the cost of maintaining White racial group's collective status and hierarchical position (Bonilla-Silva, 1997), the statistically high incidents of self-inflicted gun injuries and suicide rates among White youth in rural areas due to economic stress (Dresang, 2001; Herrin et al., 2018; Hirsch, 2006) are often overshadowed by racially coded language (Haney-Lopez, 2014) and discourses of pathology targeting youth of color in urban communities. Nonetheless, assessing youth trauma continues to be a standard practice not just for diagnosing children but also to determine whether trauma interventions are effective and various courses of action.

### *Dictating the Course of Action for Responding to Youth Trauma*

When it comes to addressing youth trauma, I found that White-dominant institutions focus efforts more on supporting youth after a traumatic experience, such as implementing program interventions, rather than minimizing the sources of trauma from say poverty or structural racism. Furthermore, some of the most prominent ways to address trauma focus on individuals, such as improving students' resilience (Bethell et al., 2014) or relationships with teachers (Barrett et al., 2012), rather than disrupting oppressive systems around children. Clearly, it is in the context of Whiteness that hegemonic racial structurings perpetuate racial inequity using White-centered knowledge and logic (Jupp et al., 2016). That is to

say, in determining how best to serve trauma-exposed youth, White-dominant institutions often contribute to racial inequities in special education referrals (Artiles & Trent, 1994; Blanchett, 2006), exclusionary discipline practices (P. L. Carter et al., 2017) and mass incarceration (M. Alexander, 2010). Rarely do systems of White supremacy provide adequate solutions for reshaping or improving the conditions in which Black and Latinx children live, learn, and experience trauma because doing so would disrupt the racial status quo (Bonilla-Silva, 1997; Milner, 2020).

Moving forward, these several challenges should be addressed to advance more race-conscious, equity-based trauma research pathways. To address these challenges, I offer the following recommendations.

### *Recommendations*

First, as explained throughout this review, race needs to be a more central component of future education research on trauma. Although the race-trauma nexus has been shown to be an important site of inquiry for advancing equity, justice, and healing for youth of color (Alvarez, 2017; Annamma & Morrison, 2018; Bucholtz et al., 2018; Kokka, 2018; Oldfield & Jackson, 2019), more research in this area is needed. It is also concerning that there so little evidence on the trauma experiences of White students in low-income earning families. Based on regression analysis of National Survey of Child Health data from more than 84,000 youth in the United States, Slopen et al. (2016) found that White students in the lowest income strata were almost 5 times more likely to report at least two traumatic experiences than White students in the highest income strata ( $\geq 400\%$  FPL [federal poverty level]). Future studies should consider exploring White students' traumatic experiences with ecological stressors in White, suburban, or rural areas across various income strata. Additionally, given the vast differences in youth exposure to trauma, future studies should include more precise data collection protocols and intersectional analyses to examine how experiences and outcomes vary across race, gender, and SES, for instance. Thomas et al. (2019) made a similar recommendation in their review of trauma-informed practices as they argued that the absence of demographic and contextual information is an ethical issue when considering policy implications and generalizations.

To engage in more race-conscious trauma research or to critically assess others' trauma research, the following questions can be useful:

- Does my/author's race influence my/author's interpretation of what trauma is?
- Does my/author's race influence my/author's understanding of others' experiences with trauma?
- Does my/author's research disrupt deficit racial narratives?
- Does my/author's research account for racially oppressive systems, policies, and practices?

Reflective questions such as these are essential to race-conscious trauma research. As Ladson-Billings (2000) noted, racialized ways of knowing shape how researchers engage in educational inquiries. For this reason, Milner (2007) argued that

dangers can emerge when researchers fail to acknowledge their own racialized positionality and cultural ways of knowing. A second reason such reflective questions are needed for future trauma research to be race-conscious is because they allow researchers and literature reviewers to engage in what Patel (2015) refers to as pausing. In the context of trauma research, pausing, might help researchers disrupt, rather than reproduce, deficit racial narratives and trauma tropes of dysfunctionality.

Second, education research should contribute to shifting the dominant discourses on trauma away from White supremacist assessments, labels, control of resources, and approaches for supporting trauma-exposed youth. For example, what implicit racial message is sent by fetishizing the trauma-violence relationship in research? In other words, why does research involving people of color have such an excessive and irrational obsession with the trauma-violence relationship? Much of how education researchers, school-based actors, and policymakers approach this phenomenon is through a framework of fear, which can perpetuate a false narrative that people of color are violent or they live and attend school in violent communities (Noguera, 2003). DeLeon's (2012) critique of racialized discourses on violence suggested that even though mass killings typically occur in suburban or rural schools by White males, such events are described as unexpected, "well-planned attacks" by isolated students who were outcasts or excluded from social groups. Moreover, by framing Black violence in urban ghettos as senseless and normal, DeLeon argued, attention is diverted away from "safe" White communities. Implicit racial messages underpin much of the empirical research on trauma, which means equity-focused education researchers and school-based actors should be cautious to adopt new language, best practices, and deficit-based narratives.

Some important ways to consider shifting the dominant trauma discourse might include developing more race-conscious protocols and metrics. Quantifying traumatic experiences can be useful, but it may ignore how systems of racism influence traumatic exposure (Alvarez et al., 2016;<sup>3</sup> McGee & Stovall, 2015; Truong & Museus, 2012). Without accounting for the impact of structural racism, typical trauma instruments are likely to continue pathologizing marginalized youth who may be overexposed to systemic conditions related to segregation, policing practices, unequal education, and various macroeconomic policies. Moreover, there is an empirical need for narratives and various accounts from youth who can speak to the ways in which economic struggle and racism may be tied to their conceptualizations of trauma. Thus, education research must be willing to name, measure, and disrupt racialized systems and coded language that portray people of color and people facing economic struggles as dysfunctional or damaged.

Third, future education research should explore a more race- and equity-focused set of trauma-informed programs and practices at multiple levels. Prior research has identified several promising practices for supporting trauma-exposed youth, such as designing a safe classroom environment, learning about trauma and related stressors, building positive teacher-student relationships, and maintaining contact with parents (Barrett et al., 2012; Cohen & Mannarino, 2011; Talleyrand & Vojtech, 2019). Indeed, the field has collated several trauma

resources and models (Plumb et al., 2016; Thomas et al., 2019), but these practices should be enhanced with a deeper understanding of race and its relationship to the sociocultural and historical contexts where students live and attend school (Duncan-Andrade, 2009; Ginwright, 2018). Moreover, school-based actors need practices that help them overcome common barriers to doing trauma-based equity work in school contexts, barriers such as burnout, resistant staff culture, and identity development (Anderson et al., 2015; Barlow & Becker-Blease, 2012; Motta, 2012). Ultimately, the success of trauma-informed practices may depend on school-based actors' perceptions of race, equity, and the social context (Blitz et al., 2016; Wall & Musetti, 2018). Exploring these empirical sites would advance the field of equity-based trauma work significantly.

In addition to improving race-conscious protocols and metrics, there is also a need to establish criterion for assessing trauma intervention program effectiveness (Thomas et al., 2019). In general, the literature finds that effective programs tend to be long term, use a manualized curriculum that is co-constructed with caregivers and delivered by trained staff (Rodger et al., 2019). However, some empirical questions for future work might explore how structural racism interacts with program participation or the extent to which caregivers are permitted to contribute to program development and curriculum. While there is certainly room to explore the nature and effectiveness of trauma programs from a race-conscious perspective, in general, more can be done to ensure that trauma-exposure does not further marginalize students of color and students who struggle with economic hardships.

Finally, future education research should consider exploring broader pathways for responding holistically to youth trauma. Responding holistically to youth trauma would need to be a more comprehensive approach (Alvarez, 2017). In other words, addressing youth trauma would proactively reduce the sources of trauma while providing resources to mitigate the present impacts of trauma. As it is, the literature focuses mostly on reactive approaches, rather than preventative strategies. Moreover, it appears that preventative strategies for reducing trauma favor a heavier police presence for culling violence (Harpaz-Rotem et al., 2007; Lewis, 2003). This approach may have some merit, but improving community organization presence has also been linked to reductions in neighborhood violence (Emory et al., 2008; Molnar et al., 2008; Sampson, 2012). Also, recent research has found that improvements in environmental conditions and educational resources may reduce youth exposure to violence (Pearman, 2019). Future research should examine social and economic resources as promising pathways for responding to youth trauma exposure in a comprehensive way. In addition to being comprehensive, a holistic response would be organic—not relying on White-dominant, medical logics, and clinical treatments (Dutro, 2017). For example, using Mexican Indigenous logics, Anzaldúa (2015) referred to trauma as breaches in one's reality from colonial abuses that are healed through recovering energy and soul loss by grappling with disorientations to achieve wholeness. From this perspective, healing from trauma is a spiritual and political act that accounts for historical colonial abuses and realities (Brave Heart, 1998). Ideally, future research would explore theoretical relationships and conceptual dimensions of holistic understandings and responses to youth trauma in educational contexts by reaching to and through various disciplines and ways of knowing.

## Conclusion

Race must be considered when examining equity issues in educational contexts and trauma is no exception. Trauma may be one of the most underexplored racial equity issues in education. The substantial body of trauma research over the past several decades has contributed to the dominant discourse about what youth trauma is, what it looks like, and how best to respond. However, to move these trauma discussions forward in the most equitable way, education researchers and school-based actors must pause and take note of how structurally racist and White supremacist social systems shape the construct of trauma, the contexts in which children experience trauma and the institutional approaches to addressing trauma.

### APPENDIX

#### *Summary of trauma terms.*

<i>Terms</i>	<i>Description</i>	<i>Reference</i>
Abuse	Extreme childhood experiences related to physical, emotional, or sexual harm	Felitti et al. (1998)
Adverse childhood experience	A negative experience related to abuse, neglect, or household dysfunction	Felitti et al. (1998)
Allostatic load	Wear and tear on the body and brain promoting ill health, involving not only the consequences of stressful experiences themselves but also the alterations in lifestyle that result from a state of chronic stress	Bloom (2014)
Attachment trauma	Trauma from experiences that affect the ability to connect with a companion	Kira (2001)
Complex trauma	An outcome resulting from multiple, ongoing, or cumulative experiences or exposure to harmful conditions	Pynoos et al. (1999); Terr (1991)
Cultural trauma	An outcome experienced by a group of people that collectively affects group consciousness, memory, and identity	J. C. Alexander et al. (2004)
Disconnectedness trauma	Trauma from experiences or events that threaten a person's social and support network	Kira (2001)
Historical trauma	The outcome of cumulative emotional and psychological wounds across generations	Brave Heart (1998)
Identity trauma	Trauma from experiences that shatter emotional, social, and behavioral independence	Kira (2001)
Insidious trauma	Trauma from the subtle and constant nature of racism	G. H. Miller (2009)

*(continued)*

**APPENDIX (continued)**

<i>Terms</i>	<i>Description</i>	<i>Reference</i>
Maltreatment	Extreme childhood experiences related to abuse or deprivation	Perry & Szalavitz (2017)
Micro-aggression	Daily, subtle verbal or behavioral assaults or insults	Sue (2009)
Neglect	An act, or failure to act, that results in an imminent risk	Felitti et al. (1998)
Posttraumatic stress disorder (PTSD)	Typically, an outcome of a single major event resulting in flashbacks, nightmares, or avoidance of things	van der Kolk (1989)
Potentially traumatic experience	Experiences that can lead to produce trauma	Roberts et al. (2014)
Race-based trauma	PTSD-like outcome related to experiences of racism	Mizock et al. (2011)
Risk factors	Situations or conditions, such as family mental health history, level of exposure to stress, or lack of health care access	Alim et al. (2006)
Shell shock	An earlier iteration of the diagnosis PTSD, characterizing soldiers' postwar mental state	van der Kolk (1994)
Stress	When coping and adaptation fail, one experiences stress	R. T. Carter (2007)
Stressors	Situations, conditions, or events that may lead to trauma	R. T. Carter (2007)
Survival trauma	Trauma from a direct or indirect threat to self or significant others' lives (e.g., witnessing and escaping a mass shooting)	Kira (2001)
Trauma	General term referring to either an experience or the outcome of an experience	American Psychological Association. (n.d.).
Traumatogenic stimuli	An event that could lead to experiencing trauma	Kira (2001)

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**Notes**

<sup>1</sup>For Mills (2003), White supremacy stems from White, settler colonialism and refers to the domination of White people over Black, Brown and other marginalized people of color across domains, such as economic, cultural, cognitive-moral, somatic and, in a sense, even

reality. Mills argues that the social world is racialized and that one's race, in effect, puts one into a certain relationship with social reality, forming one's concept of self and consciousness.

<sup>2</sup>While I am making an argument here for a better racial representation of voices in the various critical professional roles that have a say in how youth trauma is discussed, I am also drawing on Bonilla-Silva et al.'s (2006) notion of White habitus to illustrate the implications of White racial groups dominating the conversation. White habitus refers to the ways in which racially segregated White people develop racial expressions, insights, and cognitions about people of color and then perpetuate among themselves deficit narratives that are often unsubstantiated by evidence.

<sup>3</sup>This coauthored chapter examined the intersectionality of race and trauma in schools to discuss daily stressors that some youth of color may experience and how these race-related stressors might be linked to behaviors in the classroom. As such, it provides a host of resources for teachers.

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*\*References marked with asterisk indicate empirical works identified and synthesized through the systematic review process.*

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