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RACIAL TRAUMA: THE SILENT KILLER AMONG HIGH SCHOOL STUDENTS OF
COLOR

A Dissertation

Presented to the Faculty of
Antioch University

In partial fulfillment of the degree of

DOCTOR OF EDUCATION

by

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June 2024

RACIAL TRAUMA: THE SILENT KILLER AMONG HIGH SCHOOL STUDENTS OF
COLOR

This dissertation, by Shedana Hayes-Agent, has
been approved by the committee members signed below
who recommend that it be accepted by the faculty of
Antioch University
in partial fulfillment of requirements for the degree of

DOCTOR OF EDUCATION

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ABSTRACT

RACIAL TRAUMA: THE SILENT KILLER AMONG HIGH SCHOOL STUDENTS OF COLOR

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Yellow Springs, OH

Racial trauma is deeply institutionalized within our educational system because of the primary focus on the dominant Western society ideology of culture, language, literacy, and academic standards. Due to minimum recognition in the mental health field or the education arena, the effects of such trauma are profound. They can account for social and behavioral dysfunctions seen in high school adolescent students of color as well as low academic achievement. The phenomenon of racial trauma in society is deeply tragic, with historical roots that pervade public high school campuses and classrooms. The premise of this research was founded on White dominance and privilege. Today, the effects of racial trauma have become dominantly prevalent and still trickle into the personal and academic lives of high school students of color. This study aims to understand the problem through the eyes and lived experiences of high school students of color. The overarching research question is: How does racial trauma impact the mental health of high school students of color? Individual interviews and narrative inquiry were used to encapsulate and validate the issues of racial trauma and its impact on students of color's mental health. This dissertation is available in open access at AURA (<https://aura.antioch.edu>) and OhioLINK ETD Center (<https://etd.ohiolink.edu>).

Keywords: racial trauma, race-based trauma, racial stress, racial discrimination, mental health, racism

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CHAPTER I: INTRODUCTION

Statement of the Problem

In the United States, 50% of school-aged adolescents come to school with some form of trauma ranging from abuse, witnessing violence, police brutality, and homelessness to various others (Peterson, 2018). Trauma can significantly affect adolescents' development and academic success (Hopkinson et al., 2016; Peterson, 2018; Pfefferbaum et al., 2014). Students with a history of trauma often fall behind in school (Pfefferbaum et al., 2014). Traumatic experiences are events, situations, or conditions that cause acute (short-term) or ongoing physical, socio-emotional, or psychological strain. They can threaten an individual's safety or disrupt everyday thoughts, feelings, and practices (American Psychological Association, 2014). Trauma does not necessarily begin at the time of the experience.

However, when a victim recalls the emotional, physical, or psychological pain accompanying the experience, they might have physiological or psychological responses to the memories of the actual occurrence (Alexander et al., 2004). In this way, trauma connects past experiences to the present through the trauma victim's symbolic representation, interpretation, and imagination (Alexander et al., 2004). Research shows schools represent contexts where adolescents of color are particularly vulnerable to racial discrimination and experience racial trauma on both individual and systemic levels (Jernigan & Daniel, 2011). Racial trauma can inhibit or damage the psychological, emotional, and physiological development of both victims and observers (Jernigan & Daniel, 2011). The ideology of racism underpins racial trauma and the belief in the "inferiority of a person due to prejudice against his or her ethnic group, phenotypic characteristics, or purported "biological nature" (Bryant-Davis & Ocampo, 2005, p. 2). "Racial trauma affects individuals and the community at large and often becomes intergenerationally

embedded in the fabric of a community and society “(Carter, 2007, p. 33). Henceforth, the common thread I have seen thus far comes back to students’ mental health who have experienced race-related trauma ranging from depression, anxiety, and suicide.

Additionally, racial-related trauma has resulted in alienation, discriminatory policies and practices, and psychological violence. Notably, some individuals’ elongated occurrences of racism can lead to symptoms like those experienced with post-traumatic stress disorder (PTSD; American Psychological Association, 2014). Alliances that may cause racial trauma include one or numerous experiences of racism and discrimination in the form of microaggressions, threats of harm or injury due to race, hate crimes, witnessing people of color murdered, police brutality, and other traumatic events. Racism could manifest more covertly (Sue et al., 2007). Subtle discrimination has been coined differently (e.g., aversive racism, modern racism, etc.). The term “microaggression” is often used in academia to describe the subtle, often unconscious, ways people’s biases influence their language and behaviors (Nadal, 2018; Sue, 2010; Torino et al., 2019).

The term was first coined by Chester Pierce and his colleagues and defined as “subtle, stunning, often automatic, and non-verbal exchanges which are ‘put-downs’” (Pierce et al., 1978, p. 66). Previous scholars have hypothesized the cumulative impact of these three diverse types of racism—overt racism, systemic and structural racism, and racial microaggressions—can result in trauma, otherwise known as racial trauma (Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005; Comas-Díaz, 2016). Therefore, when students of color experience trauma related to race or ethnicity, they are more likely to undergo behavioral or personality-related changes that are often pervasive and long-lasting and align with typical symptoms of Post-Traumatic Stress Disorder [PTSD] (Carter et al., 2013). As a professional school counselor in a Maryland public high

school, I have seen and heard many racial slurs, acts, and biases towards students of color, only to witness how these students of color have suppressed the oppressive microaggressions they face daily. Due to my bouts with racially traumatic experiences with my biological and adopted children of color within the school system, I became voiceless. My authentic gift of advocacy voice was silenced because of the unjust and racially motivated treatment towards my children from racially biased teachers, student support staff, and the like, as addressed as educators' implicit bias. One personal injustice I had to experience with my two adopted children was the lack of mental health services and support within the school system, even though they had Individual Educational Plans (IEPs) through the Special Education Department.

As a result, I had to research outside the school system to get the additional support services that should have happened in school. Jaycox et al. (2018) state a unique opportunity to reconceptualize, prioritize, and provide school mental health support is essential to creating nurturing educational environments for students. Unfortunately, I have witnessed students who come through the foster care system carry a forever label of shame, disadvantage, and prejudice on many levels. Rodgers (2017) identified students feeling different and the need to carefully manage any disclosure of their status. For this reason, I decided to open Pandora's box to racial trauma in our education system and specifically address how racial trauma can impact the mental health of high school students of color. Comas-Diaz (2016) indicated strategies for addressing racial trauma have centered on affirming and validating individuals experiencing traumatic stress reactions. Professional school counselors are designated and trained within the school community to support all students' holistic needs (American School Counseling Association [ASCA], 2012). Notably, I feel school counselors of color play a vital role in assisting students

in navigating school and serving as advocates and mentors for those students with a history of trauma (American School Counselor Association [ASCA], 2012).

The Research Question

Educational systemic practices of students with a history of trauma are viewed in the perception of education debt (Ladson-Billings, 2006). Trauma, specifically racial trauma, negatively impacts students' mental health and educational outcomes. Studies indicate racial and ethnic discrimination connects mental health outcomes as anxiety, depression, anger, shame, low self-esteem, low self-worth, difficulty with psychological adjustment, and opposing views and beliefs about oneself and others (Brondolo et al., 2016; Priest et al., 2013). These mental health outcomes directly impact students' educational outcomes. Research shows schools represent contexts where students of color are particularly vulnerable to racial discrimination and where they experience racial trauma on both individual and systemic levels (Jernigan et al., 2011). As a school counselor, I play a vital role in creating safe, open conversations about racial trauma. Research can serve as a tool for sharing and explaining the experiences of various students of color and implementing interventions to address identified issues of racial trauma in educational systems. Hardy (2013) pinpoints educators are uniquely positioned to open discussion about these issues, provide guidance and modeling for constructive expression, and thus create the space for a trauma-informed classroom. It can compel educators to become part of the solution, not the problem. Therefore, this study seeks to answer the following research question: How does Racial Trauma Impact the Mental Health of High School Students of Color?

The Purpose Statement

This study aims to expose racial trauma as the silent killer in educational environments. Students of color are disproportionately affected by exposure to racial trauma in academic settings, unaware of underlying systemic forces that promote negative experiences for students of color. Race-based trauma-informed interventions in educational settings can promote change and healing among students of color. This study will use focus groups with student participants to guide group discussions that allow a wealth of understanding about one another's experiences and beliefs that impact the mental health of high school students of color. Exposure to racism can induce racial trauma and ensure that if conditions persist, the victim remains in a high sympathetic/adrenal response state in which social responses are shut down (Phillips et al., 2015). This disrupts the brain's regular activity and manifests as classroom learning difficulties, personal isolation, detachment, and withdrawal (Alvarez et al., 2016). These disruptions can also induce hyper-arousal or the "loss of core capacities for self-regulation and interpersonal relatedness" (Alvarez et al., 2016, p. 34). Hyper-arousal, in turn, can develop into escalating classroom behavioral problems and a loss of focus when background noise cues become stimulants for recalling a traumatic event (Alvarez et al., 2016, p. 34). Given these points, racial trauma in educational school settings must be exposed to dismantle racial trauma as the silent killer among high school students of color and bring awareness and change to the underlying forces that promote negative experiences for students of color.

Potential Significance of the Study

Research surrounding the perspectives of racial trauma in high school students of color is sparse. Saleem et al. (2020) epitomizes racial stress and trauma (RST) significantly impact students of color. Most research has focused on adult populations. My study can change the

trajectory of the educational system by incorporating racially trauma-informed practices and addressing the need for holistic healing spaces that acknowledge race-based trauma. Children spend most of their day in an academic setting. Hall and Nielsen (2020) states on average, children in the United States spend 6.8 hours a day at school, 180 days per year. For many students, a school is a place of safety and security; however, for many students of color, the school setting can be a source of distressing race-based incidents. Polanco-Roman et al. (2016) identify race-based traumatic stress theory and theorize racial and ethnic minority individuals may experience racial discrimination as psychological trauma, as it may elicit a response comparable to post-traumatic stress.

Racially traumatic experiences at school can add new scars, exacerbate old wounds, and add a layer of complexity to an adolescent's experience of the world. Despite the growing research on racial trauma, many children do not receive clinical treatment tailored to healing these hidden wounds. Hardy (2023) typifies a race-related trauma wounds racial oppression as a traumatic form of interpersonal violence that lacerates the spirit, scares the soul, and punctures the psyche. Racial trauma is not being addressed within school systems, especially today, where critical race theory is being banned nationwide. Therefore, students of color continuously suffer in silence and are incorrectly diagnosed to get the proper treatment, coping skills, and safe sanctuary spaces to heal. Helms et al. (2012) indicates resistance to the acknowledgment of the trauma of violence, invalidation, and dehumanization of racially marginalized peoples for hundreds of years is rooted in the false ideology of white supremacy.

Limitations and Delimitations

The potential weakness of this study is the significant barriers to mental health services, and racial trauma-informed treatments for high school students of color are not readily accessible within the school climate. Racial trauma is likely underreported due to clinician lack of awareness, clinician bias and discomfort surrounding racial topics, and the narrow and exclusive scope of the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association [APA], 2014). PTSD criteria (Bryant-Davis & Ocampo, 2005; Comas-Díaz, 2016; Williams et al., 2018). Despite theoretical models (Carter, 2007; Helms et al., 2012; Williams et al., 2018) and empirical research (Carter, 2007; Kaholokula, 2016; Williams et al., 2018), evidence documenting the consequences of racial trauma for adults, minimal research has been done on adolescents of color with racial trauma across developmental periods. The delimitations of this study are the need for cultural sensitivity training when addressing post-traumatic stress disorder (PTSD) treatments and cross-cultural studies are needed to validate the effectiveness of PTSD treatments in students of color.

Research Assumptions

A couple of the research assumptions in this study are that the participants will answer all the interview questions openly and honestly with the focus group. The high school adolescent students will remember every account of their perceptions, feelings, and emotions when they experienced racial trauma to have rich discourse in their participation in the focus group. Another realistic assumption may be that some students may not be inclined to open up about their racial trauma and negative school experiences, as many feel their voices, feelings, or identities are invalid. More importantly, an adverse consequence that could come with talking about racial trauma is post-traumatic stress (PTSD). Also, as a researcher, we must contend with

respondents being honest about their responses rather than just answering to please the researcher.

Summary

In all, this chapter aims to do the following: expose racial trauma as the silent killer in educational environments and address how racial trauma negatively impacts students' mental health and educational outcomes. This study will use one-on-one interviews to allow a wealth of understanding about students of color's lived experiences and beliefs that impact their mental health. Further, this study aims to change the trajectory of the educational system by incorporating racially trauma-informed practices and addressing the need for holistic healing spaces that acknowledge race-based trauma through the incorporation of race-based intervention that addresses racial trauma components such as racial identity development, processing experiences of racial trauma, and building skills for navigating future traumatic events that shed light on trauma, racial trauma, and complex trauma surrounding high school students of color.

Definitions of Key Terms

Trauma is a diagnostic category in the *Diagnostic and Statistical Manual of Mental Disorders* (American Psychological Association, 2024) and has been a focus of mental health professionals for decades. The convergence of sciences studying trauma-informed practices has increased the need for a broader definition of trauma.

Racial trauma involves the experience of danger related to past and ongoing prejudicial treatment, including physical violence, the threat of harm, shaming interactions, and ongoing vicarious trauma due to witnessing harm to other Black, Indigenous, and people of color (BIPOC).

Complex trauma is an integrative term that encompasses both the exposure to multiple, chronic traumatic experiences AND the wide-ranging and long-term impact of these experiences.

CHAPTER II: LITERATURE REVIEW

Investigate the Cause and Effect of Racial Trauma

Defining Trauma and Race-Based Traumatic Stress and Experiences

The word *trauma* derives from the Greek *trauma* (τραύμα), meaning trauma wound (Merriam-Webster, 2024). Greek trauma, or “wound,” is an injury inflicted on a body. In its later usage, particularly in medical and psychiatric literature, and most centrally in Sigmund Freud’s text, trauma is understood as a wound inflicted not upon the body but upon the mind (Caruth et al., 2019). The psychiatry field has rediscovered the reality of trauma in people’s lives and how experiences can be so overwhelming to be integrated into existing mental frameworks. Instead, traumatic experiences are detached and return presumptuously as fragmented sensory or motoric experiences. Some experiences are engrafted in memory, but not so people can acknowledge and accept what happened to them and continue with their lives (Van der Kolk, 2000). Some trauma survivors have difficulty regulating emotions such as anger, anxiety, sadness, and shame, primarily when the trauma occurs at a young age (Van der Kolk, 1994). In the U.S., students of color are most vulnerable due to living under a system of white supremacy that constantly attacks their very existence through discriminatory and racist acts (Alvarez, 2016).

Signs and Symptoms of Racial Trauma and Its Effect on Students of Color’s Mental Health

Racial trauma, also known as race-based traumatic stress, is the set of consequences when a person of color deals with racism and discrimination. Racial trauma encapsulates the varied psychological, mental, and emotional harm that is caused by witnessing racism and bigotry and by experiencing it firsthand. Carter, in his 2017 paper titled, “Racism and Psychological and Emotional Injury: Recognizing and Assessing Race-Based Traumatic Stress (RBTS),” coins the term Race-Based Traumatic Stress (Carter et al., 2017). Race-Based

Traumatic Stress [RBTS] is a mental injury that can occur due to living within a racist system or experiencing events of racism (The Trevor Project, 2020). Students of color experience race-based traumatic stress and severe emotional problems, such as dissociative symptoms, low self-esteem, and self-worth, and chronic stress activates memories or events that trigger a recollection of the precipitating stressor (Hardy et al., 2005).

Emotional numbness and deregulation are other race-based stressors that cause emotions to detach from thoughts, behaviors, and memories and difficulty regulating emotions such as anger, anxiety, sadness, and shame (Van der Kolk, 1994). Therefore, students of color who experience RBTS can have detrimental psychological impacts from prolonged incidents of racism, which can lead to symptoms like those experienced with PTSD (Metzger et al., 2021). Race-based traumatic stress can look like depression, anger, recurring thoughts of the event, physical reactions (e.g., headaches, chest pains, insomnia), hypervigilance, and mental distancing from the traumatic events. Some symptoms may be present in students of color who experience RBTS, and signs can look different across different cultural groups (Mental Health America, 2020).

Potential Ways a Structurally Racist and White Supremacist System Can Shape Students' Experiences with Racial Trauma

The United States is a demographically diverse, multiracial society driven by a centrality of whiteness. Racial 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, and cultural practices (Bonilla-Silva, 2015; Mills, 2003; Thomas et al., 2019). Bonilla-Silva (2015) suggests racialized social systems, such as the United States, refer to “societies in which economic, political, social and

ideological levels have structured the placement of actors in racial categories or races”(Bonilla-Silva, 1997, p. 469). Structurally racist and white supremacists establish a structural framework for attributing privileges along racial lines at every level of society. White supremacists control access to education, politics, and economic resources. Historically, students of color throughout the United States learn a standard White supremacist curriculum that disseminates assortments of White superiority and the inferiority of students of color (Hardy, 2023, p. 23).

For decades, dominant and marginalized racial group members have had collective social positions that reflect the sum of racial structures across time and space. Racism disrupts students of color’s sense of belonging, relationship with others, and access to resources (Zeldin et al., 2013). The public school system is a backdrop that sets the stage for a race-related trauma framework that aims to identify how schools exercise power and control against students of color through alienation, discriminatory policies and practices, and psychological violence (Bryant-Davis & Ocampo, 2005; Henderson, 2017). Furthermore, White supremacy’s 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 racialized trauma in students of color. White supremacists have the power and resources to shape the conditions in which students live, learn, and experience racial trauma, assess students’ responses to said conditions and trauma exposure, and dictate the course of action for supporting trauma-exposed students (Duncan-Andrade, 2009; Dutro, 2017; Ginwright, 2016). Racial trauma and its effects on the mental health of high school students of color have shown that social and institutional stress impacts students of color. Racial trauma can mold or destroy a student of color’s identity profoundly, and the treatment of it mandates a complex and deep alignment on dismantling

structurally racist and White supremacist systems that shape students of color's experiences with racial trauma (American Psychological Association, 2014).

Historical and Generational Racial Trauma

Historical and Generational Racial Trauma's Connection to Students of Color Mental Health

For decades, historical trauma has been a form of trauma that impacts generations of people of color. It refers to cumulative emotional and psychological wounding due to group traumatic experiences transmitted across generations within a community (Substance Abuse and Mental Health Services Association (SAMHSA), 2018; Yehuda, 2002). Racial trauma is often associated with racial and ethnic population groups in the United States who have suffered consequential intergenerational losses and assaults on their culture and well-being (Carter & Forsyth, 2009; Hunter & Schmidt, 2010; Miller, 2009). The legacies from the enslavement of African Americans, displacement and murder of American Indians, United States-born Hispanics who face forced relocation and displacement to Mexico while their lands were taken in the Southwest, and Asian Americans and Pacific Islanders (AAPI) individuals who face harassment rooted in racist history, including the "perpetual foreigner" stereotype, tag them as outsiders who will never be genuinely American (Armenta et al., 2016). Moreover, Jews who endured the Holocaust have been transferred to current descendants of these groups and others (Zeldin et al., 2013). The Historical Trauma Response (HTR) can present as substance abuse, suicidal thoughts, depression, anxiety, low self-esteem, anger, resentment, violence, and difficulties with emotion regulation, which affects students of color's mental well-being (Heart, 2000; Evans-Campbell, 2008). Unlike an individual student of color, a community of students of color shares historical racial trauma, stretching across multiple generations, who carry racial trauma-related

symptoms without being present for past traumatizing events (Yehuda & Bierer, 2009; Wesley-Esquimaux, 2005).

Yehuda and Bierer (2009) concur that epigenetic modifications resulting from highly stressed environments have the potential to be transmitted across generations. Epigenetics is the study of how the transmission of information from one generation to the next affects an offspring's genes without altering the primary structure of Deoxyribonucleic acid (DNA; Rowe, 2020). Referring to the research of Yehuda and Bierer (2009), the notion is that epigenetic changes (i.e., changes in gene expression) are passed down genetically. Additionally, these changes may account for affecting genes associated with risk for various mental health conditions. Findings may also explain the adaptive coping and survival mechanisms that can affect the ability to self-regulate within students of color experiencing historical and generational trauma (Heart, 2000; DeGruy & Leary, 2005; Evans-Campbell, 2008).

As has been shown in the literature, the traumatic effects of racism, whether specific events or systemic structures are passed down through generations, resulting from the United States history of colonialism and slavery (Zeldin et al., 2013). The shared experiences and stories often pass along the emotional pain associated with them, consciously or unconsciously.

Dynamics of Intergenerational Racial Trauma and Students of Color Mental Health

Intergenerational trauma is the cumulative emotional and psychological wounding transmitted from generation to generation (Dass-Brailsford, 2007). As a testament, intergenerational or transgenerational trauma refers to how trauma experienced in one generation affects the mental health of students of color in subsequent generations (Bombay et al., 2009; Sangalang & Vang, 2017). Intergenerational trauma was first acknowledged in 1988 when a study of Holocaust survivors found they were overrepresented in psychiatric referrals by 300%

(Sigal et al., 1988). The impact of intergenerational racial trauma has since been demonstrated across various cultures and communities, including descendants of refugees (Sangalang & Vang, 2017). Notably, Native Americans were forced to attend residential schools (Heart, 1999), and people of color experienced generations of slavery, segregation, and institutionalized racism (Degruy & Leary, 2005).

Multiple studies have examined the effects of intergenerational trauma in Indigenous (Marsh et al., 2016; Menzies, 2008; Roy, 2019), African American (Barlow, 2018; Graff, 2014; Mullan-Gonzalez, 2012), and refugee communities (Williams et al., 2021; Sangalang & Vang, 2017), underscoring how mass traumas such as slavery, genocide, systematic sexual violence, and forced relocation may penetrate subsequent generations. Waldram (1997), Kirmayer et al. (2000), and Duran and Duran (1995) suggest that indicators of intergenerational trauma may exist along four distinct realms: the individual, the family, the community, and the nation. These indicators are all a part of the dynamics that factor into the mental health of students of color. One example of the “individual” indicator is lacking a sense of “belonging,” identification, or affiliation with a specific family, community, culture, or nation. The “family” indicator is chronic or episodic family violence, which could include physical, emotional, or verbal abuse of children by adults in the household. A “community” indicator is low levels of social capital (Sacks & Murphey, 2018), including trust, reciprocal helping relations, and social engagement. Last, the “nation” indicator is social policies that perpetuate the colonization of students of color on an individual, family, and community basis.

Consequences of Historical and Generational Racial Trauma's Effect on Students of Color Mental Health

The consequences of historical and generational racial trauma are relevant because racial trauma is passed down from one generation to the next. By the time children of color are a year old, infants of color, particularly Black infants, have higher levels of the stress hormone cortisol than white infants, suggesting they are already adversely reacting to discrimination and bias. Not only does racial trauma trigger mental health problems such as depression, anxiety, addiction, and low self-esteem, but it also adds barriers to getting help. For many people of color, there is a significant disparity in access to mental health resources. Even if people of color can access a doctor or therapist, they may still face discrimination within the healthcare system.

A medical professional's lack of cultural understanding or prejudice can result in a misdiagnosis, inappropriate treatment, or even discourage people of color from seeking help. Other barriers to getting mental health care include the stigma of having a mental health issue, which still carries a stigma for many people of color, especially those in some black and brown communities. For many people of color, mental health problems are seen as a personal failure or a sign of weakness. Rather than seek help, they are more likely to bottle up their suffering or try to tough it out alone. As an example, Dr. Martin Luther King, Jr. reportedly had severe depression during periods of his life and refused psychiatric treatment, even when urged to seek care by his staff. Unfortunately, that scenario continues to be expected today with people of color, especially adolescents, who do not seek mental health care because of stigma. A person of color's response to racial trauma depends on individual and cultural factors. People of color who have experienced multiple racially motivated trauma throughout their lives are at greater risk of

encountering other trauma (Crawford, 2022). They also experience more severe symptoms and longer-lasting effects.

Researchers believe racial trauma is one of the reasons people of color in some communities have higher rates of Post Traumatic Stress Disorder (PTSD; 8.7%) compared to white people (PTSD 7.4%). Studies also show that youth of color are at risk of developing PTSD (Roberts et al., 2011). Nearly 65% of African American youth report traumatic experiences, compared to 30% of their peers from other ethnic groups (M. L. Metzger et al., 2021). Research statistics indicate that about 25% of people of color seek mental health treatment, compared to 40% of white Americans (Keisler-Starkey et al., 2021). Unequal access to mental health care is one major contributor to this disparity. In Western countries, most therapists and other mental health professionals are white and lack mental health therapists of color (Chin et al., 2023).

Studies indicate that a white therapist misinterpreting clients of color experience can lead to dangerous misdiagnoses (Vereen et al., 2006). Second, there is a misunderstanding of mental health problems by some religious leaders in black and Asian communities. For many of us, religious institutions like churches or mosques are essential in supporting our mental and emotional well-being. However, some religious figures mistake mental health problems for failings of faith or even discourage professional treatment (Robinson et al., 2012). Third, there is a lack of therapists of color. Most therapists and other mental health professionals in Western countries are white. Studies indicate that a white therapist misinterpreting a black client's experience can lead to dangerous misdiagnoses. Black men, for example, are much more likely to be incorrectly diagnosed with schizophrenia than their white counterparts (Hester & Gray, 2018; Wilson et al., 2017).

As Boyd and Crawford (2012) described, other reasons students of color receive less care include the lack of cultural sensitivity by healthcare professionals. In one study, physicians working with patients of color were 33% less likely to engage in patient-centered communications than they were with white patients (Hall et al., 2015). Such discriminatory practices have been connected to patients increased psychological distress (Johnson & Onwuegbuzie, 2004). Furthermore, according to the work of psychologists Boyd-Franklin and Bry (2019), early models of mental health care were established to treat white middle-class families. The forms of therapy for pathologized families of color were structured differently from white families. In the final analysis, racial trauma plays a critical part in the mental health of students of color because of the historical and generational race-based trauma genetically passed down from one generation to the next. Historical and generational racial trauma has been known to trigger mental health problems such as depression, anxiety, and low self-esteem in students of color. The critical component is traced back to historical and generational racialized oppression.

Racial Oppression and the Roots of Racial Trauma

Addressing Critical Phenomenon of Racial Oppression and its Effect on Students of Color's Mental Health

A critical phenomenon of racial oppression for a student of color is access to resources, such as healthcare, education, and other valuable resources. Historically, White people have had uninhibited access to resources because White people are afforded the privileges of being white in a racially stratified society that leans heavily toward the superiority of whiteness; being white is, in and of itself, a valuable resource. Sue (2010) contends that white supremacy involves viewing 'Whiteness' as normative and ideal. She concludes that

Whiteness, White supremacy, and White privilege are three interlocking forces that disguise racism, so it may allow White people to oppress and harm persons of color while maintaining their individual and collective advantage and innocence. If we are to overcome, or at least minimize, the forces of racism, we must make Whiteness visible. As long as Whiteness remains invisible and is equated with normality and superiority, people of color will continue to suffer from its oppressive qualities (Sue, 2010, p. 236).

One example of racial oppression affecting students of color is the lack of mental health resources. Mental health is at the core of the health and well-being of students of color. However, up to 50% of the U.S. population will develop a mental health disorder in their lifetime, with most disorders beginning in childhood and adolescence (Merikangas et al., 2010). Additionally, practitioners' biases, prejudices, and stereotyping can play a central role in contributing to disparities in the quality of care and outcomes experienced by students of color. Many of these biases can be implicit. That is, they occur below conscious awareness. Negative implicit biases are automatic and may manifest as perceptions that students of color are less intelligent, more likely to abuse drugs and alcohol, more violent, and more at risk for treatment noncompliance (Alegría et al., 2015). These biases about racial and ethnic minorities impact diagnostic decisions. For example, a seminal study found that African American males were disproportionately and incorrectly diagnosed with more severe disorders (e.g., schizophrenia) than White males because of psychiatrists' biased beliefs that African American males were likely to be violent, suspicious, and dangerous (Fadus et al., 2021).

Furthermore, students of color, in addition to their racial and ethnic identity, have other identities such as their spiritual, socioeconomic status, documentation status, sexual orientation, gender identity, and cognitive and physical ability status (Banton, 1998). These identities interact

and may produce unique challenges for students of color. Some complexities they face include addressing multiple forms of discrimination and the disparities resulting from unequal access to and receipt of services, laws, and policies that limit their civil and human rights (Alegria et al., 2015). According to the William T. Grant Foundation report (Alegria et al., 2015), the primary factors contribute to and perpetuate mental health disparities among students of color.

Disadvantages in socioeconomic status (SES) contribute significantly to mental health difficulties among ethnic and racial minority youth. About 39% of African American, 32% of Latino, and 36% of American Indian youth under the age of 18 live in poverty, more than double the rate of non-Latino Whites (14%) and Asians (14%) (Alegria et al., 2015).

Exposing Societal Racial Trauma Influential Factors and Students of Color Mental Health

Silencing is a major societal racial trauma factor that has impacted students of color's mental health and well-being (Williams et al., 2018). Silencing is one of the most sophisticated forms of punishment imposed on racially oppressed students of color. In many ways, silence is an act of domination, intimidation, and interpersonal violence imposed on students of color. Silencing is an instrument of punishment that strips racially oppressed students of color of their ability to literally and figuratively speak or engage in acts of self-advocacy (Solórzano & Yosso, 2002; Warmington, 2020). When students of color are silenced, self-advocacy and speaking on one's behalf become challenging. Notably, the act of interpersonal violence and the process of silencing have assaulted the souls of students of color and their sense of self. It breeds powerlessness and increases hopelessness, ultimately leading to involuntary mutism (McGoldrick & Hardy, 2008), finally silencing ties to students of color's mental health. Sadly, students of color suffer in silence daily.

Not only does mental health affect physical health, but untreated mental health can interfere with learning, socialization, self-esteem, and essential aspects of development (Virtual Psychiatric Care, n.d.). In 2019, 13% of adolescents reported having a major depressive episode, a 60% increase from 2007 (Times, 2022). Additionally, racial gaslighting is another societal racial trauma factor used as a form of emotional and psychological abuse. A person uses verbal and behavioral tricks to convince another person they are losing their mind or, at the very least, cannot trust their judgment (Kim et al., 2021). Stern et al. (2021) concurs that “gaslighting can lead to increased anxiety and depression, but the same factors that leave students of color vulnerable to gaslighting may result in lower self-esteem and uncertainty about their reality.”

To enumerate, racial gaslighting can escalate and become chronic. It can affect a student of color’s functioning in terms of work, school, and social environments. Therefore, this manipulation of perception is powerful because our reality, how we perceive the world and our place in it—is socially constructed. In the context of race politics, scholars agree that race is not biological; instead, the construct of race and how it affects our perceptions are sociopolitical (Feagin & Elias, 2013; Golash-Boza & Hondagneu-Sotelo, 2013; Omi & Winant, 2014).

Identifying Race-Related Trauma Wounds and the Effects on Students of Color Mental Health

Race-related trauma wounds are a traumatic form of interpersonal violence that can lacerate the spirit, scar the soul, and puncture the psyche (Hardy, 2013). Internalized devaluation is a direct by-product of racism, inevitably linked to whiteness and the demonization of students of color. Internalized devaluation is perpetuated throughout society and institutionalized educational settings that serve students of color. Deeply stored internalized negative messages that suggest that students of color are less than their white counterparts or invisible creates an

exhausting, psychologically and emotionally taxing condition that distorts students of color's psyche (Asante et al., 2016). Moreover, racial microaggressions are another race-related trauma wound that has impacted students of color's mental health. Peirce (1974) first coined the term racial microaggression to describe the subtle ways racism is communicated in everyday settings, such as educational systems. According to Sue et al. (2007), there are three types of microaggressions:

- **Microinsults:** communication that conveys rudeness and insensitivity and demeans a person's identity.
- **Microassaults:** verbal or nonverbal attacks meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions.
- **Microinvalidations:** communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of persons belonging to minority groups.

Microaggressions vary from everyday rudeness to slanderous acts and communication to members of minority groups whose status had been degraded to that of a second-class citizen (Compton-Lilly, 2020; Sue, 2010; Wintner et al., 2017). Research suggests students who experience microaggressions have elevated anger, stress, and anxiety. The students are also likely to exhibit post-traumatic stress symptoms. They are more likely to engage in risky behaviors (e.g., drug and alcohol use, sexual activity, and fights) to cope with these symptoms (Yosso et al., 2009). Microaggressions can also impair students' academic performance. Research has found teachers are more likely to perceive their classes as too difficult for students of color, which is problematic because when students are underestimated by their teachers, they tend to internalize these low expectations and have lower achievement (Flores & Committee on Pediatric Research, 2010).

Given these points, race-related trauma wounds deeply impact students of color's mental health as internalized devaluation profoundly shapes and distorts how students of color perceive themselves and where they fit into society. Furthermore, racial microaggressions assault students of color's sense of self, creating a mental stronghold maligned by racial trauma.

Invisible Wounds of Racial Trauma

The Wound of Rage in Students of Color

Many students of color suffer from race-related trauma wounds of rage (Hardy et al., 2005). As Hardy (2013) states, with other invisible wounds of racial trauma, little is known about the psychological underpinning of rage (p. 261). It remains nameless, misunderstood, and ignored by the powers that be despite being the life-altering severe condition that it is. Rage is the emotional remembrance of the injustices that students of color's souls have had to endure and is a deeply rooted burning emotion inherent in degradation and domination, in addition to the culmination of pervasive, chronic, and recurring experiences with devaluation and the dehumanization of loss without the benefit of stress (Clark et al., 1999). Rage is directly and poignantly linked to experiences of degradation, marginalization, and devaluation. It is a deeply rooted emotional reaction to a perceived injustice and differs from anger, a more immediate and episodic emotion (Amaro et al., 2007). On the other hand, rage develops gradually over a long time and can either be experienced quietly without overt expression or experienced overtly and unpredictably precipitous in its expression (Monteleone, 2014).

The complexity of rage makes it hard to detect and comprehend. It is multidirectional in its expression. Rage covers a wide range of expressions, which further heightens its ramifications. Some expressions of it have an amplified state of agitation and explosiveness. However, it can also be expressed in a less overt, emotionally demonstrative way that is equally

intense and all-consuming as a more overt expression. More subtle expressions of rage usually involve a type of silent seething.

Silent seething is a version of rage representing a metaphorical “slow boil” that remains slightly under the surface of overt expression; thus, it is easy to overlook, dismiss, or miscalculate (Hardy et al., 2005). Rage, regardless of type or mode of expression, is a predictable phenomenon of racial trauma. As Stoute (2021) notes, it is a “functional and dynamic adaptive construct operating in the psyches of the oppressed students of color” (p. 285).

Cultured Internalized Voicelessness of Students of Color

Silencing is the principal mechanism for learning voicelessness. It strips away personal power, freedom, and the ability to speak and advocate for oneself (Hardy, 2013, p. 173).

Internalized voicelessness erodes the ability to defend against a hail of unwelcome, unjustified, depleting messages. For example, voicelessness results from and fuels internalized devaluation and an assaulted sense of self-worth. Moreover, voicelessness does not render students of color silent; it does impair their ability to advocate for themselves. Students of color have accepted that they are both victims and prisoners of others’ perceptions of them (Chakraborty & McKenzie, 2002; Clark et al., 1999). Students of color have adopted the perspective that they either speak up and risk appearing to be a threat or remain silent and have their sense of self-worth further devalued, continuously damaging the mental health of students of color. Hardy (2013) notes that the propensity of White people to punish creates a culture of intimidation that students of color live with daily.

Students of color must be highly cautious of what they say and how they say it to avoid disrupting the dominant culture to which so many White people feel entitled. Driscoll et al. (1998) note it is critical to enumerate that voicelessness is a learned response that is learned

intellectually, experientially, emotionally, and intergenerationally. Therefore, the learned skill of voicelessness is rarely observable. Hence, it is deeply internalized, reflexive, and can operate unconsciously because of its powerful connection to racial trauma. Students of color who are racially traumatized have not chosen to be silent and are not just innately silent; they have been forced into silence, and voicelessness is the by-product of having been silenced (Hardy, 2017).

Uncover Students of Color Assailed Sense of Self-Worth

For students of color, it is challenging to possess a clear, convincing, and healthy sense of self-worth when one is consistently on the receiving end of devaluation and acts of racially based psychological domination (Hardy et al., 2005). The crudity of devaluing messages makes it overwhelming for students of color to know who they are and makes it acceptable to believe they are what others say. The catalyst for invading parts of students of color's racial self-worth can vary in depth and scope; regardless of the underlying reasoning, these behaviors tremendously impact students of color's mental health and interpersonal functioning (Collins, 2023). In all, invisible wounds of racial trauma affect students of color mentally in different domains, such as rage, which is a multifaceted, complex emotional response to continual, long-term exposure to racial degradation, marginalization, and oppression (Day-Vines & Terriquez, 2008; Lenette et al., 2015; Pulvirenti & Mason, 2011). Voicelessness affects all aspects of students of color's existence and has stark emotional, psychological, relational, and behavioral effects that are invisible in society (Sanchez-Hucles & Jones, 2005). Furthermore, an assailed sense of self-worth presents complicated interpersonal and intrapsychic phenomena that also affect the mental health of students of color.

Racial Trauma Healing Strategies and Treatment

Validation for Students of Color

Validation is psychological, emotional, and behavioral “gem excavation” work (Hardy, 2017, p. 320). The validation process exclusively highlights that students of color have hidden and unacknowledged gifts, attributes, and redeemable qualities. Validation can also provide a foundation for counteracting devaluation and restoring a sense of self-worth (Wade et al., 2014). In addition, the discovery of the strengths and redeemable qualities of students of color and small acts of heroism are pointed out (Radywyl & Biggs, 2013). Hardy (2017) states, validating the untapped hero within who is perceptive, sensitive, and able to exercise incredible restraint amid painful and infuriating racial microaggressions. Equally important, students of color benefit from much-needed academic validation. Specific actions of an academic nature that occur in class help students of color trust their innate capacity to learn and acquire confidence. The role of faculty in fostering academic validation is significant. Examples of in-class academic validation included:

- Teachers who demonstrated a genuine concern for teaching students.
- Teachers who were personable and approachable toward students.
- Teachers who treated students equally.
- Teachers who structured learning experiences allowed students to experience themselves as capable of learning.
- Teachers who worked individually with those students needing extra help.
- Teachers who provided meaningful feedback to students (Pascarella & Terenzini, 1991; Tinto, 1987).

These teacher-initiated actions of an academic nature foster student students of color attitudes and behaviors that lead to academic achievement and success (Pascarella & Terenzini, 1991; Tinto, 1987). Validating actions of an interpersonal nature that fostered personal and social adjustment occurring both inside and outside of class is vital for students of color's psychological healing process and repairment.

Racial Storytelling for Students of Color

Racial trauma, a continuing repercussion of historical trauma, has detrimental effects on the well-being of students of color. Psychological literature primarily reflects individual processes in the relationship between racial trauma and healing (Chioneso et al., 2020). Storytelling is a rich oral tradition found to be an effective healing intervention (Bryant-Davis & Ocampo, 2005; Carter, 2007; Comas-Díaz, 2007; Heart, 1999). Narrative therapy involves sharing personal stories with others to facilitate reprocessing and reframing negative cognitions to positive cognitions (Comas-Díaz, 2016; Parks, 2007). For example, a *story* is an umbrella term that includes a *personal story* (i.e., idiosyncratic cognitive representations of events) and a *narrative* (i.e., communal representations of commonly experienced events) (Mankowski & Rappaport, 2000). Therefore, two distinct narrative subtypes exist. A *community narrative* is a familiar story about the group in a particular setting, consisting of personal and paralleling stories among group members. In contrast, a *dominant cultural narrative* is an overlearned (positive or negative) story communicated by major socializing institutions, often controlled by influential people in a society, that impact the populace's identities, beliefs, and values of the populace (Mankowski & Rappaport, 2000).

Notably, storytelling not only facilitates an understanding of human behavior, but it also functions as a tool for resisting oppression (Comas-Díaz, 2016; Denham, 2008), fostering

healing (Sunwolf, 2005), and promoting spiritual communion (Banks-Wallace, 1998, 2002). In community settings, storytelling has contributed to restoring cultural identities (Aho, 2014), building a sense of community (Mankowski & Rappaport, 2000), and serving as counter-hegemonic stories to refute negative stories about oppressed groups (Bell, 2003). Therefore, as a response to racial trauma, storytelling approaches (e.g., testimony therapy, sociotherapy, and digital storytelling) have been incorporated into treatment plans (Bryant-Davis & Ocampo, 2005; Carter, 2007; Comas-Díaz, 2007) and community healing practices (Grills et al., 2016). The above-referenced authors have solidified my use of focus group discussions as a qualitative approach to gain an in-depth understanding and aim to obtain data from a purposely selected group of individuals rather than from a statistically representative sample of a broader population.

Incorporation of Racially Sensitive Trauma-Informed Therapy

Trauma-informed care seeks to acknowledge trauma's role in people's lives and its impact on their health and well-being and to engage in practices that prevent retraumatizing students of color (Center for Health Care Strategies, 2023). Trauma-informed approaches to care should not overlook the critical impact of racism and racialized trauma on students of color's mental health and well-being. Trauma-informed care requires a nuanced understanding of how trauma impacts the lives and care of students of color and the root causes behind their trauma. Understanding the root causes of higher rates of complex health and social needs among students of color is crucial in addressing patient and staff trauma (Center for American Progress, 2019). Moreover, incorporating racial trauma-informed care for students of color involves creating a space for process therapy. Process therapy groups allow students of color to explore various topics, speak about their experiences, and receive group support. These groups typically

emphasize relationships, interpersonal skills, feedback, and strategies to feel more connected with others. Groups also offer a unique opportunity to receive different perspectives, support, encouragement, and feedback in a safe and confidential environment (Kahler, 2021). The overall goals for process therapy are as follows:

- Invite students of color to transcend, heal, and get beyond old and ineffective patterns of interaction that interfere with a fulfilling life.
- Invite students of color to expand their sense of well-being by resolving constraints restricting their life energy and flow of well-being.
- Invite students of color to learn and do their part in communicating, solving problems, and maintaining positive interactions; and
- Students of color discover their weak interactions within their relationships and practice new techniques that lead to more fulfillment within their interactions.

Students of color can benefit from racial trauma healing strategies and treatment by incorporating validation, storytelling, and the process therapy model (Metzger et al., 2021).

Students of color learn to heal and address a sense of fulfillment and well-being in their lives, in which we can allow life energy to flow easily and without resistance (Hopp et al., 2011).

Students of color will be able to identify their psychological constrictions and release them.

CHAPTER III: METHOD

Research Paradigm

This research study focused on understanding the lived experiences of students of color's mental health impacted by racial trauma. This research explored nuances by digging deeper into the topic and raising issues previously hidden within the academy. It provided a voice for those whom incidents of racially traumatizing lived experiences have impacted. The study opened lines of communication for how students of color effectively support one another in the healing process from racial trauma and access racial trauma-informed care services. This chapter describes how the research question led to the chosen methodology, discusses the study design's theoretical framework, and clearly states the study procedures. The theoretical foundation for the proposed research emanated from the worldview and philosophy that social reality is constructed through lived experiences. With a focus on lived experiences, it is natural to assume an Interpretivist/Constructivist approach.

Creswell (2003) noted that the constructivist approach "tends to rely on the participants' views of the situation being studied" (p. 8). The Interpretivist/Constructivist epistemology suggests "reality is socially constructed" (Mertens, 2005, p. 12), and the researcher is directly studying the participants' views. Because racial trauma in high school students of color and its impact on their mental health is not typically discussed or extensively researched, this study will expose an untapped population using a focus group qualitative method of study. This research is guided by the notion that there is a need to study the impact of racial trauma on high school students of color's mental health. The voices of these high school students of color will come from diverse backgrounds and lived experiences. Each participant had a different perspective on their racialized trauma experiences and how it has affected their mental health, social, academic,

and lived experiences, and intentional focus on individuals who have experienced, witnessed, or been impacted by racial trauma.

The Rationale for Choosing Methodology

The methodology for this study was a qualitative interview design. A qualitative interview is a research approach used in a qualitative study where more personal interaction is required, and detailed, in-depth information is gathered from the participant. Qualitative research takes place in an open system, allowing participants to interact with the environment, the researcher, and others within the group while deeply reflecting on a given topic. Qualitative interviewing techniques will enable the researcher to follow a storyline through to completion and ensure the voices of students of color that have been previously voiceless are heard. Methods for collecting qualitative data include “interviews, text analysis, surveys, participant observation, even statistics” (Rudestam & Newton, 2007, p. 36). In this research, interviews will be utilized in the qualitative phase of the study. The qualitative work in my research also reflected elements of narrative inquiry in the form of storytelling. Connelly and Clandinin (2006) stated that a story

is a portal through which a person enters the world and by which their experience of the world is interpreted and made personally meaningful. Narrative inquiry, the study of experience as a story, is, first and foremost, a way of thinking about the experience. (p. 479)

This method of inquiry has permitted me as the researcher to walk alongside the story of the participants and co-construct an overall picture of how high school students of color experience racial trauma. As Connelly and Clandinin (2006) described this methodology and its importance

in research design, “these lived and told stories . . . are ways we create meaning in our lives as well as ways we enlist each other’s help in building our lives and communities” (p. 44).

Recruiting Participants

Recruitment can be defined as a “dialogue between an investigator and a potential participant before initiation of the consent process” (Patel et al. 2003, p. 229). The recruitment process involved identifying, targeting, and enlisting potential participants, providing information to potential participants, and establishing their interest in the proposed study (Patel et al. 2003). In recruiting participants, I selected 10th, 11th, and 12th high school students of color who attend surrounding public high schools on the East Coast in the North-Central region of the United States. The participants were selected from multiple ethnic backgrounds, such as Black or African American, Hispanic, Asian, American Indian, or Alaska Native. The participants were 16 to 18 years of age. The selected genders were male and female high school students of color from low- and middle-class socioeconomic backgrounds.

I recruited 25 students in hopes of having at least 10 to 12 solid participants to produce validity from the raw data that was collected. Interviewees for the racial trauma semi-structured one-on-one interviews were characterized by homogeneity, meaning they have a commonality of being victims of racial trauma, but also with sufficient variation among the participants, which allowed for contrasting opinions. Trust is a crucial component between researcher and participant, and I had to establish trust from the onset. As the researcher for this study, I contacted potential participants via email to explain the research study and allow both participants and parents/guardians to agree to participate by signing an electronic consent form. Upon agreeing to the terms of the interview, which was a part of my recruitment process, I, the researcher, and the participants decided on an agreed-upon meeting method (in-person or via

Zoom) and time to conduct the initial interview to build a rapport with each selected participant due to the nature of the topic. All interviews were recorded with the participants' permission, and notes were taken by me, the researcher alone, to protect the identity of each participant. Field notes were also taken to record the location and setting, the body language of the participant, and overall observations of the interactions between myself and the participant. Recordings of the interviews were made with their consent and transcribed by me, the researcher. The goal of my research was not only to understand the depth of the issue at hand but also to correctly represent multiple angles and perspectives of the problem.

Collecting Data

Participants' audio/video interview questions were based on the participant's perceptions and experiences to collect data on the subject matter of racial trauma. I used field notes to record any physical responses to questions and reactions by the participant and any interactions I had as the researcher with the participant. I documented their experiences verbatim. I also provided overall reflections after each interview to share initial reactions and thoughts on how my own identities interact with the participant and their stories to address my bias. Data was collected and stored on a secured flash drive for video-recorded data and an Excel spreadsheet for review and comparison purposes for my research study. Further, I provided a copy of the interview questions designed to start the participant down the path of recalling specific events that they experienced or impacted their mental health as a high school student of color.

Therefore, a semi-structured interviewing format allowed me, as the researcher, to gain more profound clarity into topics or memories that interest the research study. My role as a researcher in this phase of the research allowed the stories and experiences of students of color to take on a life of their own while simultaneously guiding the conversation toward a result of

understanding the answers to the research questions. If a participant was particularly moved by an experience being shared with me, my responsibility was to support the person through retelling the story but to also be cognizant of the emotional toll it may take on the participants. Throughout my career as a school counselor, I have learned how to utilize silence to support a person, recognize triggering events, and pause a conversation.

Analyzing Data

This research study and the topic at hand are understandably sensitive. Racial trauma is not an active topic of conversation among students of color. It takes work to interact with individuals they know and with whom they have a close relationship. Therefore, the data was analyzed using one-on-one semi-structured interview audio or Zoom recordings transcribed verbatim. The transcripts were coded with written and spoken language using a unique system of idioms, expressed indirectly, and themes were derived by identifying keywords and phrases. I also color-coded the responses, highlighted the text in my transcripts, and cut and pasted text from my transcripts into a spreadsheet table. Field notes were also analyzed to provide a holistic picture of the participant's story. I carefully documented my immediate reflections while staying connected to my participants. The field notes include pauses for reflection, physical emotions not recorded or heard, and even interactions I may have as the researcher with the participant. As a school counselor and researcher, the field notes were my personal reflective notations of each participant and my own reactions as the researcher with the participants.

Ethical Protections

For my study to be approved, I obtained permission and adhered to Antioch University's Institutional Review Board (IRB) principles. Ethical protections were ensured during my research, and the participants were assured regarding how their personal information would be

protected. This includes protecting participants' privacy, keeping information confidential, and allowing the participant to remain anonymous. Confidentiality was one of the first ethical protections I ensured during this research study. The participants' confidentiality was honored by protecting their identity by encrypting computer-based files, storing documents (i.e., signed consent forms) in a locked file cabinet, and removing personal identifiers from study documents immediately. The following principle is beneficence, which states that I, as the researcher, will not harm students of color who will participate in the racial trauma focus group—further, there will be no monetary compensation or incentives at any time during the study.

Moreover, the participants' parents were also provided consent for their child to participate in this research study. The students were also informed that they could withdraw at any point during this study. More importantly, as a professional school counselor, it is my professional obligation to ensure that students who participated in this study were not exposed to any physical or psychological harm because I was trained to mediate any adverse reactions that may occur.

The Role of The Researcher

The role of the researcher in my study necessitated the identification of personal values, assumptions, and biases at the outset of the study. To fulfill my role as a researcher, I described relevant aspects of myself, such as my own bias, worldviews, expectations, and experiences that qualify me to conduct this research. As a researcher, I serve as a professional school counselor who utilizes responsive counseling, initiating individual and group sessions for students' social, emotional, personal, and academic concerns, and helping students understand and overcome social or behavioral challenges. Ultimately, my role as a school counselor helps students find solutions through Solution-Focused Brief Therapy (SFBT). Solution-Focused Brief Therapy is a

short-term goal-focused evidence-based therapeutic approach that incorporates positive psychology principles and practices and helps students change by constructing solutions rather than focusing on problems. Solution-Focused Brief Therapy, also called Solution-Focused Therapy (SFT), was developed by Steve de Shazer (1940–2005) and Insoo Kim Berg in collaboration with their colleagues at the Milwaukee Brief Family Therapy Center beginning in the late 1970s (Roozeboom, 2014).

Since then, it has been a viable practice among professional school counselors. My professional experiences enhance my awareness, knowledge, and sensitivity to the issues addressed in this study and assisted me in working with potential participants. In addition, I kept a research journal explaining personal reactions, reflections, and insights into myself and my past. Furthermore, as an emic researcher and an insider, I fully participated in research activities, programs, and phenomena. My role as a researcher was etic, an outside view, more of an objective viewer. Keep in mind that there could be variations in between. As the researcher, I might start as an outsider and then become a member of the group, or the reverse can occur (Punch, 1998).

As a researcher, I asked clarifying questions, listened, and thought to get a deeper understanding of the conversation on the impact of racial trauma among students of color. The clarifying research questions I asked of the participants are as follows:

- Tell me about an experience where racial trauma was a factor.
- Describe for me the first incident of racial trauma you directly experienced and what role you played in response to the incident.
- How can schools help students of color process racial trauma?
- How do schools perpetuate racial trauma?

- How does racial trauma impact students of color in school?

Timeline

This study's data collection and one-on-one interviews began on Monday, August 21, 2023. They lasted through Friday, November 24, 2023, during the start of the Fall semester at Antioch University and the North-Central region of the United States public school system. Zoom meetings were held on the first and third Fridays from 5:30 pm – 7:00 pm during the study from August 26 through November 17, 2023. Also, one-on-one semi-structured interviews were run every Monday afternoon from 4:30 pm – 5:00 pm for each selected participant from September 4 through October 23, 2023, in a privately reserved public library meeting room. Individual participant meetings were held via Zoom every other Sunday afternoon from 2:00 pm to 2:30 pm September 10 through October 22, 2023. To collect data for this study, data was collected from August 28 through November 23, 2023, and data was analyzed from August 27 through November 25, 2023.

Chapter Summary

The overall goal of this chapter was to focus on understanding the lived experiences of students of color's mental health impacted by racial trauma. This research explored nuances by digging deeper into the topic and raising issues previously hidden within the academy. It provided a voice for those whom incidents of racially traumatizing lived experiences have impacted. The rationale for choosing the methodology for this research stems from a qualitative interview design and narrative inquiry. Qualitative interview design research takes place in an open, non-judgmental, safe space because it allows participants to be themselves while profoundly reflecting on the given topic. Qualitative interviewing techniques allow the researcher to follow a storyline through to completion and ensure that the voices of students of

color that have been previously voiceless are heard from a narrative perspective. The recruitment process involved identifying, targeting, and enlisting potential participants, providing information to potential participants, and establishing their interest in the proposed study (Patel et al., 2003). Recruiting participants were selected from grades 10, 11, and 12 high school students of color who attend surrounding North-Central public high schools located on the East Coast in the United States.

All interviews were recorded via Zoom with the participant's permission, and the researcher took notes. Data was analyzed using Zoom recorded interviews and transcribed verbatim. Ethical protections were ensured during my research, which included protecting participants' privacy, keeping information confidential, and allowing the participants to remain anonymous. As the researcher in this study, I necessitated the identification of personal values, assumptions, and biases at the outset of the study. A weakness of this study is the significant barriers to mental health services, and racial trauma-informed treatments for high school students of color are not readily accessible within the school climate. The delimitations of this study are the need for cultural sensitivity training when addressing mental health treatments, and cross-cultural studies are needed to validate the effectiveness of racial trauma treatment and healing in high school students of color, as well as keeping my personal biases in check. The overall timeline of this study was August 21, 2023, through November 24, 2023, during the start of the Fall semester.

CHAPTER IV: RESULTS

The research question for this study was as follows: How does racial trauma impact the mental health of high school students of color? This study examined the problem of how racial trauma impacts the mental health of students of color, which can inhibit or damage both the psychological, emotional, and physiological development of students of color. The ideology of racism underpins racial trauma and the belief in the “inferiority of a person due to prejudice against his or her ethnic group, phenotypic characteristics, or purported “biological nature” (Bryant- Davis & Ocampo, 2005, p. 2). A qualitative interview design was chosen for this research study as it is believed to provide a “deeper” understanding of social phenomena than would be obtained from purely quantitative methods, such as questionnaires. Interviews are, therefore, most appropriate where little is already known about the study phenomenon or where detailed insights are required from individual participants. The qualitative interview, thus, provides a means, through dialog, to work toward making sense of and determining the meaning of specific events, experiences, or phenomena (Seidman, 2013; Vygotsky, 1987).

Qualitative interview design is also appropriate for exploring sensitive topics where participants may not want to discuss such issues in a group environment (Gill et al., 2008). Additionally, qualitative interviewing provided an open-ended, in-depth exploration of an aspect of life about which the interviewee has substantial experience, often combined with considerable insight (Charmaz, 2008, p. 29). Conducting qualitative interviews gives researchers privileged access to people’s essential experience of the lived world (Kvale & Brinkman, 2015). This type of interview is a structured and purposeful conversation that is conducted to understand the world from the subjects’ points of view, to unfold the meaning of their experiences, to uncover their lived world before scientific explanations (Kvale & Brinkman, 2015). This study aimed to

understand the meaning and experience of the lived world from the participant's perspective, communicate in their own words, and describe in precise detail to an open researcher who can set aside what they think and know about the experience being related. In other words, the goal of a qualitative interview is to capture the subjective point of view of the research participant (Rubin & Rubin, 2012).

The Participants

Table 4.1

Participants

Participant 1	Female, African American, and approximately 16 years of age, 11th grade high school student. Participant 1 resides on the east coast of the United States, in North-Central Maryland, attending a public high school in that district.
Participant 2	Male, Guatemalan Hispanic, approximately 15 years of age, 10th grade high school student. Participant 2 resides on the east coast of the United States, in North-Central Maryland, attending a public high school in that district.
Participant 3	Female, African American, approximately 16 years of age, 12th grade high school student. Participant 3 resides on the east coast of the United States, in North-Central Maryland, attending a public high school in that district.
Participant 4	Female, Indian Asian student, approximately 17 years of age, 12th grade high school student. Participant 4 resides in the North-Central area of the United States and attends a public high school in that region.
Participant 5	Female, Korean Asian student, approximately 15 years of age, a 10th grade high school student. Participant 5 resides in the North-Central area of the United States and attends a public high school in that region.
Participant 6	Female, bi-racial, approximately 18 years of age, a 12th grade high school student. Participant 6 resides in the North-Central area of the United States and attends a public high school in that region.

Participant 7	Male, Black Nigerian, and about 17 years of age, a 12th grade high school student. Participant 7 resides in the North-Central area of the United States and attends a public high school in that region.
Participant 8	Male, African American, approximately 16 years of age, 12th grade high school student. Participant 8 resides in the North-Central area of the United States and attends a public high school in that region.
Participant 9	Male, African American, approximately 17 years of age, 12th grade high school student. Participant 9 resides in the North-Central area of the United States and attends a public high school in that region.
Participant 10	Female, Pakistan Asian student, approximately 15 years of age, 10 th grade high school student. Participant 10 resides in the North-Central area of the United States and attends a public high school in that region.

Participant Interview Questions

This study aims to find out the impact of how racial trauma impacts students of color's mental health. The following questions were addressed (See Table 4.2).

Table 4.2

Participant Interview Questions

Question 1: Can you tell me about an experience where racial trauma was a factor?

Question 2: Have you ever personally experienced racialized trauma racism?

Question 3: How do schools perpetuate racial trauma?

Question 4: Have you ever experienced racial microaggressions behaviors in high school?

Question 5: How can schools help students of color process racial trauma?

Analyzing Interview Data

While reducing the data from my research study on how racial trauma impacts students of color's mental health, I transcribed the one-on-one in-person interviews and Zoom recordings. Transcribing an interview means creating a complete, written copy of the recorded interview by playing the recording back and typing in each word on the recording, noting who spoke which words. Further, it aims for a verbatim transcription, one that reports word for word exactly what was said in the recorded interview. The software used to transcribe the audio and visual recordings was Cockatoo. Cockatoo was a free seven-day subscription I found user-friendly for a novice researcher. Cockatoo transcription software transcribed my audio and visual records in 2 to 3 minutes with 99% superhuman accuracy during the transcription process by uploading my audio and video files of my one-on-one interview conversations. The next step in this transcription process was reading the transcripts to tentatively identify categories of each participant's responses. In research terms, thematic analysis is a qualitative data analysis method that involves reading through a data set, such as transcripts from in-depth interviews, that helped me identify patterns in meaning across the data to derive themes. The thematic analysis also plays an active role in the process of reflexivity, which is gaining a complete understanding of my research topic through truthful reporting and firsthand knowledge. Next, all text from the transcribed interviews was transferred to Excel, and then I created a new document in Excel and saved it as a student of color racial trauma interview. Finally, I copied all the text from the first interview from the Word file and pasted it into the top-left cell of a sheet in the Excel workbook, so all the text appeared in the first column of the Excel sheet.

Further, I selected all items in the column, clicked on the "Data" tab, chose the "Text to Columns" option, chose "Delimited," clicked "Next," and then "Other," and inserted a colon to

separate the text into two columns, one for me as the interviewer and one for the respondent (interviewer I or respondent R). To ensure accuracy in my research study, it was helpful for me to develop code data, meaning the information should be organized and labeled to identify various relationships and themes. All text was coded, and the codes corresponded with headings in the final analysis. Methodical manual coding ensures all the content is coded, not just words or terms extracted from the text. The steps I used to code my raw data manually involved some variation of the following:

- First, I read through and listened to all the data and assigned codes to general phrases, ideas, or categories that surfaced. The codes represented the participant's own words, a label, description, definition, or category name. The purpose was to gain an overall understanding of what the data was about.
- Second, I went through the data line-by-line, clarifying the list of codes and adding details. Taking a second look at my data helped me to reanalyze, rename, merge codes, find patterns, and get closer to modifying theories and concepts.
- Third, I started grouping codes into categories and developing themes. Then, I looked through the categories closely for themes or patterns that emerged across the data set.

Exposed Themes

This study's exposed themes are philosophical entities that bring meaning and identity to recurrent experiences and their variant phenomenon. As such, the themes captured the nature or basis of the experience into a meaningful whole (See Table 4.3).

Table 4.3*Exposed Themes*

Theme One	Racial Stereotype
Theme Two	Derogatory Labeling
Theme Three	Culturally Insensitive Language
Theme Four	Racial Silencing

In this segment of my research study, I began to see how the theory of how racial trauma impacts the mental health of high school students of color with the data I collected to identify themes and patterns that emerged from the North-Central area of the United States public high schools within the region. Each of the 10 participants, male and female African American, Asian, and Hispanic high school students of color between the ages of 15 and 18, all agreed racial trauma impacted their mental health, either by direct racialized trauma experiences or others who knew of someone that has experienced racialized trauma. The participants in this study experienced the direct impact of racial trauma. They had intense emotions such as sadness, anger, defensiveness, hopelessness, mistrust, and powerlessness reactions to racialized trauma, which convoluted over time and resulted from direct as well as indirect poignant events but also cumulative racialized traumatic experiences. Further, participants in this study who knew of someone who has experienced racialized traumatic experiences indicated that cumulative trauma brought about anxiety and panic attacks that result from repeated aggravated microassaults participants witnessed firsthand.

As a researcher and professional school counselor, I was confounded by my research findings on cultural ignorance. Cultural ignorance was born from the prevalent themes of racial stereotyping, derogatory labeling, cultural insensitivity, and racial silencing, which brought about

the pattern of cultural ignorance. Transcribed and coded data has shown that 50% of students of color experienced racial stereotypes, 40% experienced derogatory labeling, 70% experienced cultural insensitivity, and overall, 90% experienced racial silencing. Therefore, cultural ignorance weaves all four themes together in many forms, from language barriers to generalizations to cultural misconceptions or an understanding of what may be offensive. Cultural ignorance has resulted in students of color being misunderstood, mislabeled, or treated like “the other,” enslaving their identity, access to social groups, and audacity in school settings.

Theme One - Racial Stereotypes

This theme explores how racial stereotypes impacted the mental health of the participants in my study. Participants in this study described multiple stereotypes surrounding their culture and their race, most of which were negative statements from teachers, students, as well as other educational stakeholders. For instance, some of the racial stereotypes that students experience are comments such as, “People always say you are not Asian because I do not look Chinese” or “People think that because I live in the city, I am an uneducated thug.” Racial stereotypes are constructed beliefs that all members of the same race share given characteristics. These attributed characteristics are usually negative (Jewell, 1993). Early American history has played a compelling role in shaping mindsets that depicted people of color, especially Black people, as Savages. D. W. Griffith’s film, the *Ku Klux Klan*, tames the terrifying, savage African American through lynching.

Following emancipation, the image of the threatening brute from the “Dark Continent” was revitalized. Acts of racial violence were justified and encouraged through the emphasis on this stereotype of the Savage. Moreover, there are four stereotypes for Black females even to this present day: the Mammy, Aunt Jemimah, Sapphire, and Jezebel. The Mammy was a large,

independent woman with pitch-black skin and shining white teeth (Jewell, 1993). The Mammy wore a drab calico dress and head scarf and lived to serve her master and mistress. Aunt Jemimah, remember that depiction on the pancake box? The stereotype of Aunt Jemimah evolved out of the Mammy image (Jewell, 1993). She differs from Mammy in that her duties were restricted to cooking. It was through Aunt Jemimah that the association of the African American woman with domestic work, especially cooking, became instilled in the minds of society. Sapphire, a popular radio show in 1926, then developed into a television show depicting the Sapphire character as a bossy, headstrong woman engaged in an ongoing verbal battle with her husband, Kingfish (Jewell, 1993). And there is Jezebel, the image of the “bad Black girl” represented the unassailable sexual superficial portrayal of Black women (Jewell, 1993). The traditional Jezebel was a light-skinned, slender Biracial girl with long, straight hair that resembled the European ideal for beauty more closely than any pre-existing images.

Theme Two - Derogatory Labeling

This theme explores how derogatory labeling has impacted the mental health of the participants in my study. In addition to the stereotypes described above, a couple Black female students shared specific stereotypes that they, as young Black females, were subject to. For instance, they were called “ratchet,” which they defined as having no class and lacking a proper upbringing, promiscuous, or worthless. They also described being stereotyped as “hood rats.” The term “hood rat,” they related, is a synonym for “ratchet,” describing a female who sleeps around, has provocative tendencies, and is angry, Black, loud, and aggressive. Derogatory labeling is a social stereotype that distorts how others perceive and treat a person. Even if the labeled person does not fully internalize the label, he or she is forced by social circumstances to incorporate some aspects of the label into their self-concept (Goode, 1997). My study exposed

the internalized devaluation of students of color, which stemmed from derogatory labeling. Self-concept can be more adaptable when high school students of color go through developmental stages and experience identity formation. What I have observed at the time of my findings is some students of color's self-concept are tainted by derogatory labeling they have experienced directly or indirectly because of their skin color. Therefore, if students of color cannot align themselves with a positive self-concept, it undermines their self-esteem and self-worth, which distorts their self-identity and breeds overall self-hate.

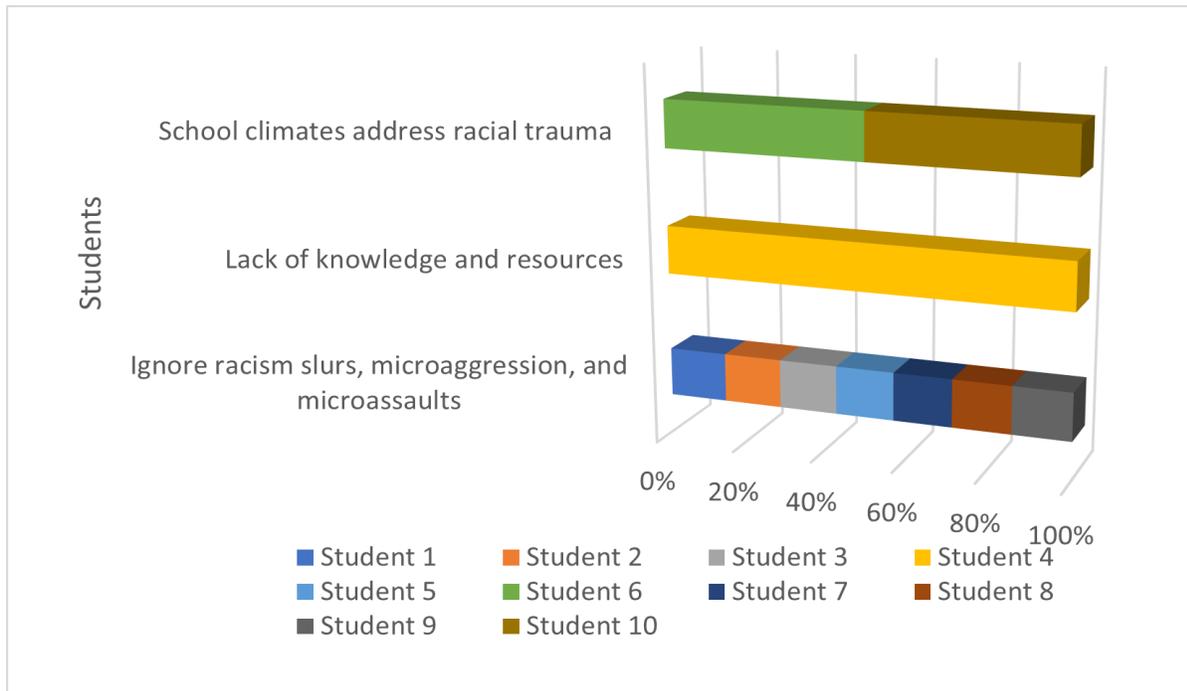
Theme Three - Culturally Insensitive Language

This theme explores how culturally insensitive language has impacted the mental health of the participants in my study. The participants in my study expressed culturally insensitive language evades one's ability to empathize with other cultures rather than be judgmental. This kind of implicit bias has destroyed students of color from different ethnic backgrounds, religions, races, and genders to feel safe, welcomed, or even supported. For example, participants in my study stated, "A white person said, you are pretty for a black girl" or "People have told me in public to go back to my country; we do not want you here." In these examples, culturally insensitive language includes a gamut of behaviors, from unintentionally offensive presumptions or implicit bias and microaggressions to intentionally prejudiced language. The provocation in dealing with culturally inappropriate language is the intent behind it. Therefore, blatantly racially prejudiced or discriminatory statements are inappropriate because they are malicious in intent. However, statements made in ignorance can still be culturally insensitive, even if not intended maliciously. The intent could be benevolent, but the effect injures students of color's psychological mindsets, which impacts students of color's mental health because their physical

or emotional safety has been violated. As such, Figure 4.1 gives a visual viewpoint from the participants in this study.

Figure 4.1

School Climates Uncovered



Theme Four - Racial Silencing

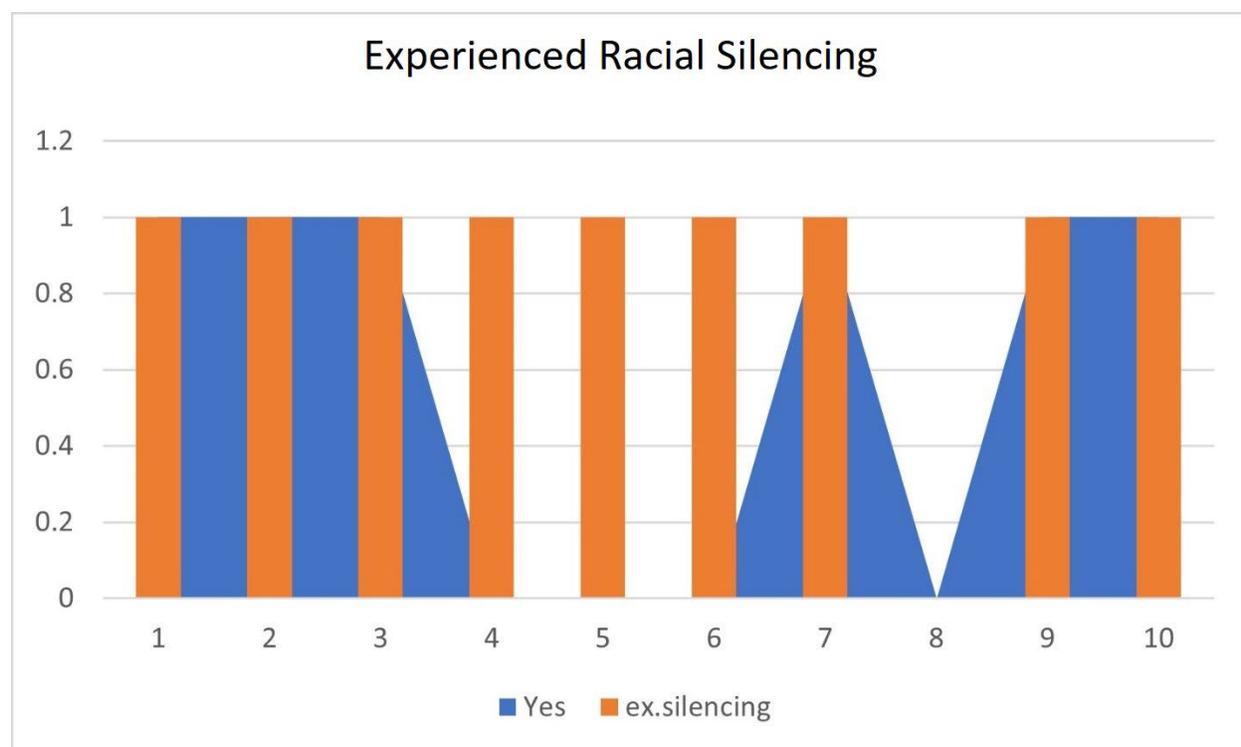
This theme explores how racial silencing has impacted the mental health of the participants in my study. The participants in my study who did not have direct racial trauma experiences had reactions such as numbness, desensitization, powerlessness, helplessness, and silence. Another motif aggregated in my research study was silencing. My research study results have shown that 40% of students of color who did not experience direct racial traumatic experiences indicated they felt they must keep silent on racial trauma toward people of color they know who have experienced racialized trauma and how society generally does not protect oppressed people of color. Silencing is a significant characteristic of oppression imposed on students of color. Silencing is the silent killer perpetuated within school classrooms and school climates across the North-Central area of the United States public high schools. The aggregated theme of silence took me back to the book *Racial Trauma Clinical Strategies and Techniques for Healing Invisible Wounds* (Hardy, 2023). Hardy (2023) states that internalized devaluation is a core invisible and voiceless wound associated with racial trauma. Devaluation is the byproduct of an individual or group being stripped of their humanity. Internalized devaluation is a considerably unconscious process that can manifest psychologically, emotionally, and behaviorally (Hardy, 2023).

Chapter Summary

The overall goal of this chapter was to present my research findings of the problem of how racial trauma impacts the mental health of students of color, which can inhibit or damage the psychological, emotional, and physiological development of students of color. A qualitative interview design was chosen for my research study, which provided one-on-one individual interviews with each participant guided by structured research questions. Once the individual

interviews were completed, the raw data was transcribed verbatim and entered into a Microsoft Excel spreadsheet for pattern coding groups previously coded data into sets, themes, and constructs as a secondary step in conducting qualitative data analysis data. From this process, themes that were born were racial stereotyping, derogatory labeling, cultural insensitivity, and racial silencing. As a novice researcher and professional school counselor, I heavily relied on a word-based approach as a fast and efficient way to look for themes. This was particularly effective at the early stages of discovering the themes in my study.

The word-based technique helped me understand what my participants were talking about by looking at the words they used. I could see the words that were said salient in the minds of my research participants. Therefore, word repetitions were analyzed informally and formally in my research study and played an integral part in finding the most compelling prevalence from my study of all the exposed themes: racial silencing. Racial silencing must be eradicated in high school students of color because silencing invades the souls of students of color, continuously breeds powerlessness, and increases the sense of helplessness, repeatedly producing a mindset of unmediated mutism. As such, Figure 4.2 captured the basis of this profound oppression.

Figure 4.2*Unspoken Wounds of Racial Silence*

In the final analysis of this chapter, a qualitative interview design was chosen for my research study. This provided a “deeper” understanding of racialized traumatic experiences that have impacted high school students of color’s mental health and how it is caused by racial trauma by way of the exposed themes of racial stereotyping that caused students of color to express feelings of immediate and distorted mental pictures of oneself as well as affect how students of color feel and act due to the judgmental racial stereotypes. Racial stereotyping has caused students of color psychological harm the moment they entrench faulty beliefs in their mindsets, it then becomes challenging for them to change their thinking patterns of themselves. Derogatory labeling has influenced and implanted barriers to students of color’s academic potential because of the perceived notions such as “not being smart enough because they attend a predominantly Black school,” as one participant stated in my study. This statement alone has

proven that derogatory labeling changes the mindset of students of color by devaluing their self-worth as well as their academic achievement compared to their white counterparts. When students of color are plagued with derogatory labels, it alters not only the way they see themselves but also what is deemed the norm of them and how they are treated.

Moreover, derogatory labels have implanted deeply rooted mental bondage impacts on how students of color think of him or herself. Further, culturally insensitive language against students of color in my study has proven to evoke feelings of low self-esteem, sadness, and even rage due to culturally insensitive language. For example, a participant in the study stated, “People make fun of my clothes and call me names when I wear my native Pakistani clothes.” This kind of culturally insensitive language opened the door to a socially awkward environment, which led students of color to feel unrespected as well as not feeling a sense of belonging. Students of color have mentioned in this study that they look for ways to avoid environments where they feel they do not belong or fit in. For example, they cut classes or are truant from school to avoid culturally insensitive situations. Students of color who lack a sense of belonging feel unsafe, anxious, and lack trust in school and society.

Furthermore, the participants in this study who experienced racial silencing have acknowledged feelings of frustration and regular feelings of anxiety. The participants in my study who experienced racialized traumatic experiences stated they tend to disconnect and withdraw into their own internalized headspace to avoid communication about what they are feeling because they are not able to vocalize their racialized experiences, which has incited anxious behaviors such as irritability, lack of concentration, and restlessness, impacting their overall mental health. Racial silencing has bred a sense of powerlessness and an increasing sense of helplessness among students of color, which has birthed involuntary mutism. Therefore, in

more instances than not, students of color have been silenced because of racial bias from teachers, students, and other educational stakeholders' oppressive compliance tactics, and instilling fear, by way of racial silencing.

CHAPTER V: DISCUSSION

Discussions/Implications for Future Research

Summary of Study

The purpose of this study was to explore how racial trauma impacts the mental health of high school students of color. During the semi-structured interview, all 10 participants in the study discussed their direct and indirect racially traumatic experiences within high school and other community environments. The intention of the study was to provide a platform for students of color to share their personal lived experiences or someone they know who experienced racial trauma. The hope is for this research to bring awareness to how racial trauma impacts the mental health of high school students of color. This research study and the topic at hand are understandably sensitive. Racial trauma is not an active topic of conversation among students of color. Racial trauma has inhibited and damaged both the psychological, emotional, and physiological development of students of color, as well as shown to be a silent killer in educational systems across North-Central public school systems on the East Coast in the United States. Students of color have adopted the perspective they either speak up and risk appearing to be a threat or remain silent and have their sense of self-worth further devalued, continuously damaging the mental health of students of color.

Hardy (2013) notes the propensity of white people to punish creates a culture of intimidation that students of color live with daily (p. 176). Students of color must be highly cautious of what they say and how they say it to avoid disrupting the dominant culture to which so many white people feel entitled. Steimer (2002) notes it is critical to enumerate voicelessness as a learned response accepted intellectually, experientially, emotionally, and intergenerationally. Hence, it is deeply internalized, reflexive, and can operate unconsciously because of its powerful

connection to racial trauma. Silent, invisible wounds of racial trauma affect students of color mentally in different domains, such as silencing, which is a multifaceted, complex emotional response to continual, long-term exposure to racial degradation, marginalization, and oppression (Day-Vines & Terriquez, 2008; Lenette et al., 2015; Pulvirenti & Mason, 2011). Voicelessness, which is a by-product of silencing, affects all aspects of students of color's existence and has stark emotional, psychological, relational, and behavioral effects that are invisible in society (Sanchez-Hucles & Jones, 2005).

The overall goal of this research study was to focus on understanding the lived experiences of students of color and how their mental health was impacted by racial trauma. This research explored nuances by digging deeper into the topic of racial trauma by exposing issues previously hidden within academia. It provided a voice to students of color whose incidents of racially traumatizing life experiences have impacted their overall mental health. The rationale for choosing the methodology for this research stems from a qualitative interview design. Qualitative interview design research takes place in an open environment, allowing participants to interact with the researcher while deeply reflecting on a topic. Qualitative interviewing techniques will enable the researcher to follow a storyline through to completion and ensure the voices of students of color who have been previously voiceless are heard from a narrative perspective. Therefore, more than ever, it is analytically imperative to become knowledgeable about students of color and cultural backgrounds, even if you do not agree with their values, beliefs, or viewpoints. One should be open to listening and learning the lived experiences of students of color and the genetically infused DNA that manifests in their cultural backgrounds. This study confirmed my theory of how racial trauma impacts the mental health of students of color through the exposure of discovered themes of racial stereotypes, derogatory labeling,

culturally insensitive language, and racial silencing. Each of these themes has shown that racial trauma inhibits and damages the psychological, emotional, and physiological development of students of color's overall mental health through the tentacle of intense emotional responses such as sadness, anger, defensiveness, hopelessness, mistrust, and powerlessness reactions caused by racial trauma, which manifested over time from direct as well as indirect poignant events of racialized traumatic experiences. Further, racialized traumatic experiences determined cumulative racial trauma brought about anxiety resulting from repeated aggravated micro assaults participants witnessed firsthand.

The most astonishing discovery in my study was the developed pattern of cultural ignorance. Cultural ignorance is a conversation that can no longer be ignored as it embodies the tentacle of racial trauma that impacts the mental health of students of color. It was intriguing to witness firsthand the pattern of cultural ignorance birthed from each exposed theme.

Cultural Ignorance and Racial Trauma Professional Development Training

The significance of school counselors' work to end racism and bias by applying school counseling standards in practice, concluded after my research study, is the need for mandated and exclusively designed racial trauma and cultural ignorance awareness professional development training. The incorporation of cultural ignorance and racial trauma awareness professional development training will educate and address the cultural ignorance and racialized trauma of high school students of color who are being misconceived, derogatorily labeled, or treated like "the other," as well as limiting their identity in school settings. My research has shown this to be a direct result of cultural insensitivity as well as a lack of cultural knowledge toward students of color, which has imposed racialized traumatic lived experiences. One example, exposed during my research, was comments to students such as, "People have told me

in public to go back to my country; we do not want you here.” The abovementioned heart-wrenching comment alone caused added psychological harm to students of color who are not native-born American citizens, which causes extreme fear, sadness, and silencing because of their undocumented status and ethnic background. Several undocumented students have had to escape inhumane living conditions in their native countries, such as war zones, drug cartels, non-consensual gang recruitment, and even sex trafficking rings, which is why undocumented students risk their lives to come to America to achieve their share of the American dream; only to get here to America to be racially traumatized by being racially profiled, forcibly taken or separated from their families, deportation, and placed in detention camps where they have been caged in like animals.

Racial Trauma School-Based Healing Centers?

There is a critical need for racial trauma school-based healing centers uniquely designed to meet the distress of students of color who experience racialized trauma. Racial trauma school-based healing centers can provide students of color with a safe space to decompress internalized emotional, psychological, or psychical responses to racial trauma, as well as offer cognitive behavioral therapy (CBT), a form of psychological treatment performed by trained support staff. Cognitive behavioral therapy aims to change faulty thinking by adhering to core principles such as the following:

- Psychological problems are based partly on distorted ways of thinking.
- Psychological problems are based, in part, on learned patterns of ill-natured behavior.
- People suffering from psychological problems can matriculate prominent ways of coping with them, thereby mitigating their symptoms and becoming more effective in their lives.

Additionally, my charge as a professional school counselor is to spearhead the mission of creating safe holistic healing spaces for students of color to heal from racialized traumatic experiences and grid them with restorative coping skills and strategies that combat as well as overcome the psychological, emotional, and physical effects of racial trauma. Specifically designed holistic school-based healing centers are crucially needed to offer students of color a safe, non-judgmental space to divulge suppressed thoughts and feelings surrounding racialized trauma events and experiences in their lives. The first guiding principles to execute in a school-based holistic setting start with ensuring the physical, social, and emotional safety of students of color. Second, I promote trust and transparency to build a positive relationship with students of color. Third, addressing racially traumatic experiences and discrimination, promoting equity, and practicing cultural affirmations can help abstain from further racialized traumatic encounters. Moreover, these guiding principles for school-based holistic healing centers can only take place if I, as a professional school counselor, ensure every school facility member is well educated and equipped with the necessary skill sets and tools needed to assist school counselors as myself, with honoring students of color by attentively addressing students of color's needs before the academic learning process can occur.

Limited Access to Mental Health Care

For many students of color, there is a significant disparity in access to mental health resources. Even if students of color can access a doctor or therapist, they may still face discrimination within the healthcare system. Therefore, prioritizing mental health care for students of color is imperative to eradicating mental health care disparities. Mental health resources for students of color are scarce due to the inaccessibility of high-quality mental health care services, cultural stigma encompassing mental health care, discrimination, and overall stint

of knowledge and awareness about mental health. Notably, a medical professional's lack of cultural understanding or prejudice can result in a misdiagnosis, inappropriate treatment, or even discourage students of color from seeking help.

Most importantly, fear and trustworthiness of mental health professionals are critical barriers to getting mental health care because of the stigma of having a mental health issue, which many students of color have been classified with, especially those in black and brown communities. Studies have shown white therapists misinterpreting clients of color experiences can lead to dangerous misdiagnoses (Vereen et al., 2006). Another critical point is the misunderstanding of mental health problems by some religious leaders in Black, Latino, and Asian communities. For many students of color, religious institutions like churches or mosques are essential in supporting their mental and emotional well-being. As a result, as a professional school counselor, I must dismantle the perpetuation of racist policies and practices by taking action to promote as well as provide equitable mental health care services and support for students of color who demonstrate signs and symptoms of racial trauma. As a school counselor of color, it is challenging to witness firsthand a profession that promotes diversity, equity, and inclusion but does not truly represent it within the school counseling profession. Therefore, I have adopted the slogan, "If not us, then who?" "If not us, then who" means being a school counselor of color. I must expand my work by promoting health-conscious, anti-racist health equity for access to mental health care services for students of color.

Proposed Professional Implications

As a professional school counselor, it is essential to bring awareness and cultural knowledge to how racial trauma has and continues to impact the mental health of students of color. This work is crucial due to school systems' ever-changing and growing diverse

demographics, which require all educators to adopt and adapt to a deep understanding of cultural competency, equity, and social justice within school climates. To incorporate ethical standards of practice, one must first address students of color whose racist and oppressive school policies and procedures have historically perpetuated racialized trauma among this population of students. School systems must integrate an intentional racialized trauma-informed approach in classroom management as well as general educational support services in school environments. Racialized trauma-informed classrooms and school climates must address the adverse life experiences of defenseless students of color and provide a safe environment that meets the physical and emotional needs of students of color for optimal educational learning to occur. One example is creating connections with students of color by organizing and providing in-school racial trauma-informed healing centers for students of color, which are uniquely designed safe spaces for students of color to decompress emotional racialized trauma experiences they experience and receive essential coping skills that address racialized traumatic experiences.

Therefore, all educators must understand and address racial trauma in schools because, while all students can be susceptible to distress from direct experience or indirect traumatic events related to racial trauma, students of color are more likely to experience distress from blatant microaggressive language and microassaults on repeated bases in school climates that daily impact the mental health of students of color emotionally, psychologically, and even physically. In this case, I strongly recommend school systems at large adhere to constructing accommodating in-school racial trauma-informed healing centers. School-based healing centers are uniquely designed and dedicated to students of color to bring a holistic approach to eradicating racialized trauma through cultural and historical awareness and knowledge.

Limitations of Current Practice/Future Implications

The relevance of racial trauma is imperative for educational equity within school climates, school districts, and state-level educational environments because racial trauma has and continues to cause mental and emotional injuries from encounters with racial bias and ethnic discrimination within our public school systems at large (Helms et al., 2012). Students of color who have been plagued with emotionally painful, sudden, and uncontrollable racist encounters are in grave danger of suffering from racialized traumatic psychological distress grievances (Carter et al., 2013). Therefore, as educational change agents, we are charged with the assignment of corporately dismantling racialized trauma in schools to create equity in education. Equity in education means every student, regardless of race, ethnic background, or gender, receives what they need to develop to their full academic and social potential. As educational change agents, we must collaboratively desire to interrupt inequitable practices, examine biases, and create inclusive multicultural school environments for adults and children.

However, there are limitations within our educational system that hinder this process from occurring, such as the absence of specialized racial trauma-informed therapeutic mental health services for school students of color, which are not accessible within the school climates. Racial trauma is likely underreported due to clinician inferiority of awareness, clinician bias and discomfort surrounding racial trauma implications, and the narrow and exclusive scope of the diagnostic and statistical manual of mental disorders. Despite theoretical models (Carter, 2007; Helms et al., 2012; Williams et al., 2018) and empirical research (Carter, 2007; Kaholokula, 2016; Williams et al., 2018), evidence documenting the consequences of racial trauma for students of color, minimal research has been done on adolescents of color who have been affected by racial trauma across their high school development and progression. Moreover,

educational change agents must be receptive to cultural responsiveness, such as an affluent understanding of racial trauma, which must account for the sociocultural and historical context; acknowledgment of past or present experiences of racial trauma, which enables opportunities for healing invisible wounds in students of color; and awareness of and responsiveness to students of color cultural experience can substantially reform mental health results. Furthermore, educators must have the proper certifications and degree of knowledge to execute the dire need for racial trauma-informed resources as well as culturally responsive mindsets that can help students of color begin to heal, feel safe, and welcomed in school climates as human beings, and not as being viewed as less than human. As a result, as a professional school counselor, my duty and charge are to advocate, be intentional, take action, and dismantle racialized trauma among students of color by interrupting racist school policies and practices.

Additionally, my charge as a professional school counselor is to spearhead a mission of creating safe holistic healing spaces for students of color to heal from racialized traumatic experiences and grid them with restorative coping skills and strategies that combat as well as overcome the psychological, emotional, and physical effects of racial trauma. Henceforth, what needs to change is taking off the muzzle that silences the work of racial trauma-informed application and practices within our school climates as if it does not exist. The time is now to address the elephant in the room by no longer treating racial trauma as a taboo subject matter in school climates.

Future Research

Considering high school students of color's mental health challenges deriving from racialized trauma, radical changes need to take place in the following areas:

- Intentionally design racial trauma-informed in-school care.
- Recognize and vocalize the impact on high school students of color's mental health who have endured racial trauma.
- Systemic measures that routinely expose and subject students of color to racialized traumatic pain and suffering in school systems must be abolished expeditiously.
- Create safe, therapeutic-centered spaces to connect, collaborate, and discover a self-worth mindset.

For these reasons, it is imperative school systems genuinely uphold diversity, equity, and inclusion with an intentional focus on truly incorporating within the blueprint of student success by recruiting professional school counselors, school psychologists, social workers, school-based therapists, and the like that support the work of interrupting and abolishing racialized trauma among high school students of color. With this intention, a diverse participatory discourse can take place to bring about well-overdue change for students of color who are represented in our school systems. Additionally, as a scholar-practitioner and researcher of this study, I see the dire need for other scholars and researchers of color who will join the journey of interrupting racialized trauma among high school students of color whose mental health has and will continue to impact their psychological and emotional, and physical, mental health if our school systems do not make it a priority to diversify our educational system with scholar-practitioners and researchers of color that are invested in the academic and mental health of students of color.

Social Justice Implications

The topic and study of racial trauma's impact on high school students of color's mental health is a longstanding ally of social justice. Parris (2020) noted the ramifications of divergent vulnerability to racial trauma and access to related care, emphasizing the imperative for equity-

centered trauma-informed practices. Racial trauma-informed care is a pivotal accomplice of social justice, which facilitates the process of educational change agents working together to take action to heal and prevent racialized trauma in school settings. Racial trauma resulting from exposure to chronic or extreme mental or physical stress is a shared experience among students of color with the power to spread across generational lines and time. My research has revealed that if not executed to decrease the domination of racialized traumatic experiences, students of color afflicted by today's challenges may pass their racialized trauma to the next generation of students of color.

This kind of transfer, known as “intergenerational trauma,” is not new to human experience. Therefore, recognizing intergenerational trauma can help spotlight and define the roots of social change issues. Moreover, it is essential to note factors such as social support can alleviate the intensity to which racial trauma dominates in any given student of color. Furthermore, while racial trauma has the detrimental ability to be a vicious cycle, the pursuit of agency, dignity, and well-being can create the reverse of a virtuous cycle of healing.

Reflection

In my profession as a school counselor of color, I am in a unique position that requires me to shed light on issues such as racialized trauma and create courageous conversations, awareness, and the detrimental impact that racial trauma has on students of color's mental health. Students of color represent one of the most vulnerable groups across health indicators in the United States and the past decade (Williams et al., 2018), so I accepted the challenge of being part of the solution rather than the problem by researching racial trauma from the lens of a school counselor of color, rather than standing by and allowing my counterpart to research this topic of concern. My findings in this study have shown that students of color have suffered damage to

their mental health from lived racially traumatic experiences such as racial stereotyping, derogatory labeling, culturally insensitive language microassaults, and racial silencing, which has plagued their mindsets with faulty psychological, emotional, and physiological effects of racial trauma. These exposed themes brought about psychological, emotional, and physiological reactions such as sadness, anxiety, hopelessness, anger, and oppressive voicelessness that stems from racial silencing. Students of color need factual, compassionate, open, and safe avenues of discourse as well as a safe space to heal from their internalized, silenced, and invisible wounds of racialized trauma. Therefore, I decided to stop the bleed by removing the barrier of cultural ignorance as well as voicelessness, the silent killer of racial trauma, and addressing the long-suffering endured by the tentacles of racialized trauma among students of color. This research study has opened Pandora's Box on this subject matter by exposing racial trauma as not just taboo among high school students of color, but rather an actual cognitive impairment if not given the proper recognition for correction.

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APPENDIX A: RECRUITMENT FLYER



Students of Color Attending
Maryland Public High
Schools

ONE- ON- ONE INTERVIEWS

Feel free to join me for a
one-on-one interview on
racial trauma's impact on
student's of colors
mental health

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FOR MORE INFORMATION EMAIL US @

racialtraumahealing@gmail.com

**APPENDIX B: INVITATION TO PARTICIPATE IN A RACIAL TRAUMA
INTERVIEW**

Dear Potential Participant,

I, Shedana Hayes-Agent, the researcher, will be conducting racial trauma interviews. The interviews will give each potential participant the chance to share their lived experiences as it relates to racial trauma among high school students of color. As a planning step, I am reaching out to STUDENTS OF COLOR BETWEEN THE AGES OF 16-18 for help as I try to identify the need for a healing center within our school community or our public library community. Because of your lived experiences with racial trauma. I want to hear from you and listen to your perspective. I'm wondering if you might be willing to join my study. The interview will be conducted individually with selected participants to share their individual experiences, thoughts, and ideas to provide insight to help me design a new program. I would really appreciate it if you would consider participating in individual interview sessions, which are scheduled to take place on September 11, 2023, for 30 minutes. Do you think you would be willing to participate? Please let me know by September 8th, 2023.

Sincerely,

Shedana Hayes-Agent, M.Ed.

Professional School Counselor/ Researcher

APPENDIX C: INDIVIDUAL INTERVIEW INFORMED CONSENT FORM

Principal Investigator: Shedana Hayes-Agent, M.Ed.

Phone:

Purpose

This study investigates the students' lived experience of Racial Trauma. As part of this study, you will be asked to participate in an individual interview. This study will take approximately 40-60 minutes.

Participants' Rights

I understand that my responses will be kept in the strictest of confidence and will be available only to the researcher. No one will be able to identify me when the results are reported, and my name will not appear anywhere in the written report. I understand that I may skip any questions or tasks that I do not wish to answer or complete. I understand that the consent form will be kept separate from the data records to ensure confidentiality. I may choose not to participate or withdraw at any time during the study without penalty. I agree to Zoom sessions that will be audio/visually recorded and transcribed for further analysis with the understanding that my responses will not be linked to me personally in any way. After the data is analyzed the Zoom session will be deleted. I understand that I am participating in a study of my own free will. If I am uncomfortable with any part of this study, I may contact the researcher for this study Shedana Hayes-Agent, M.Ed. Professional School Counselor at.

Consent to Participate

I acknowledge that I understand my rights as a research participant as outlined above. I acknowledge that my participation is fully voluntary with No monetary compensation for my participation in this research study.

Print Name: _____

Signature: _____

Parent/Guardian: _____

Signature: _____

Date: _____

Date: _____