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Comments

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Are Deficit Perspectives Thriving in Trauma-Informed Schools? A Historical and Anti-Racist Reflection

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ABSTRACT

Mental health research concerning adverse childhood experiences and neurocognitive trauma has prompted many school districts to pursue the development of trauma-informed schools that attend specifically to the emotional and instructional needs of affected students. Researchers and practitioners are fast prolifering trauma-informed professional practices. Given research findings indicating disproportionate impacts of trauma on students of color and those living in poverty, in this article, we examine the risks of trauma-informed educational programs reanimating cultural deficit theories from the 1960s about marginalized students and families. Educators are challenged to thoughtfully fortify trauma-informed schooling by increasing awareness of deficit perspectives and incorporating critical anti-racist, equity-focused practices.

South Los Angeles, formerly known as South Central Los Angeles, is an economically disenfranchised California city infamous for gang violence and the epicenter of major race riots in the 1960s and 1990s. In 2003, Los Angeles unanimously voted to change the city's name, attempting to rid it of many negative connotations (Sonksen, 2018). Trevor (pseudonym), a Black middle school student at a school in South Los Angeles, had experienced numerous traumatic experiences throughout his life, including his mother's incarceration, the death of his father, and being raised by a verbally and emotionally abusive aunt. He was in frequent trouble at school, was kicked out of classrooms, spent much of his school day in the office, and earned multiple suspensions. On an occasion when he was harassed by another student about his deceased father, Trevor physically assaulted an administrator who was trying to intervene by putting a hand on Trevor's shoulder. As the school discipline matrix outlined that physical assault required suspension, administrators suspended Trevor for several days.

Upon returning to school, the trauma-informed counselor at the school explained to administrators that Trevor's behavior was likely related to a fight-or-flight impulse tied to his trauma, and advocated for behavioral support. The strategies focused on Trevor's quick-to-react impulses; counseling centered on his behavior responses and ways to de-escalate him that did not trigger another trauma response. The interventions, however, that were focused on behavior modification through skill building for both Trevor and the adults in his environment had "slipped into the murky water of deficit based, rather than asset driven strategies to support young people who have been harmed" (Ginwright, 2018, para. 6). Ginwright (2018) warned of trauma-informed practices that focus on the harm or the person's pathology, instead of all that is right with them. Because underserved and marginalized students of color have historically and consistently been subjected to the harms of deficit-laden mindsets, educators must be intentional about identifying and preventing evolving iterations of such influences.

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Thanks to an ever-increasing body of research and mainstream conversations about trauma, school leaders in South Los Angeles, like many leaders in economically disenfranchised neighborhoods across the United States, have become increasingly aware of the impact trauma can have on the developing brain and body of a child. However, like most well-intentioned educational reforms, the trauma-informed schools movement is susceptible to conforming to oppressive systems unless there is intentional and conscious efforts to resist them. Our purpose in this article is to offer critical reflections on trauma-informed approaches from our interdisciplinary perspectives (as school psychologists, a disability history researcher, and a clinical psychologist) within the context of rapidly shifting public health and sociopolitical landscapes and with an interrogation of current trauma-informed approaches through an anti-racist lens. First, we outline some of the foundational research and literature underlying trauma-informed approaches. We then utilize a racism-informed theoretical model of trauma-informed practices to guide our analysis, where we examine and reflect on relevant historical contexts, implications for schools, and recommendations for anti-racist educators to consider.

Adverse childhood experiences and trauma

Many school-age children and adolescents experience extremely stressful or traumatic circumstances that exceed their coping capacity (Harris, 2018). In their seminal study, Felitti et al. (1998) referred to these stressors as *adverse childhood experiences* (ACEs), which often have "lasting adverse effects on the individual's: mental health, physical health, emotional health, social well-being, and/or spiritual well-being" (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014, para. 3). The original ACE study included ten categories of ACEs: emotional abuse, physical abuse, sexual abuse, physical neglect, emotional neglect, substance abuse in the household, mental illness in the household, a mother treated violently, divorce or parental separation, and incarceration of a household member. Although not all experiences of ACEs lead to psychological disorders such as post-traumatic stress disorder, repeated exposure can have lasting negative implications on one's health and well-being across the life span (Bremner, 2002; Felitti et al., 1998; Harris, 2018).

Studies have consistently demonstrated that ACEs are common regardless of socioeconomic status, race, or origin (Porche et al., 2016; Sacks & Murphey, 2018). Despite ACEs being common across racial and socioeconomic boundaries, people living in poverty are more likely to be exposed to ACEs and related trauma (Crouch et al., 2019; Walsh et al., 2019), with Black children and adolescents experiencing the highest rates of such events (López et al., 2017). Recently, scholars have begun examining the impact of racism on the psychological adjustment of Black youth and have argued that the effects of racism should be considered a distinct form of traumatic stress (Bernard et al., 2021). Known as *racial trauma*, this type of traumatic stress is defined as "the emotional and psychological response to racism-related incidents that are unexpected, experienced as threatening, and result in significant psychological stress" (Pieterse, 2018, p. 205).

Since the original study (Felitti et al., 1998), the list of ACEs used in studies has expanded to include exposure to violence outside of the home, living in unsafe neighborhoods, bullying, homelessness, and discrimination based on race or diversity (Bethell et al., 2017; Sacks & Murphey, 2018). In 2011, for example, ACE questions on the National Survey of Children's Health included unfair treatment based on race or ethnicity (Data Resource Center for Child and Adolescent Health, 2013). This change paved the way for the use of ACE questionnaires to gather a complete understanding of the scope of adverse experiences that impact children of color and those living in poverty. In the last several years, researchers have further conceptualized the experiences of explicit, implicit, systemic, and generational racism as a distinct category of racial trauma or race-based traumatic stress. For example, Bernard et al. (2021) argued that racism may play a role in explaining why Black youth are exposed to potentially traumatic events and ACEs at disproportionate rates, and despite evidence that racism is a major life stressor for Black youth, the impact of racism on mental health outcomes is largely ignored. In response, Bernard et al. proposed the C-ACE model, a culturally informed ACEs model.

Race-based traumatic stress has been linked to a variety of harmful psychological and physical outcomes (Bernard et al., 2021; Pieterse, 2018). The magnitude of this multifaceted public health crisis, intensified by the pandemic and sociopolitical climate, has resulted in the logical urgency to systematically address trauma prevention and response.

Trauma-informed schools

As the research surrounding ACEs and trauma has quickly emerged over the last decade, trauma-informed practices have become buzzwords in education and mental health. The California Department of Education (2021) defines *trauma-informed education* "as a school-wide system that recognizes the prevalence of adverse and traumatic childhood experiences and equips teachers and staff with knowledge to recognize trauma and strategies to support students who experience trauma" (para. 1). Counselors and school psychologists now advocate for incorporating trauma-informed practices across school-based mental health and curricular support systems (Chafouleas et al., 2018). In 2019, with an increasing realization that ACEs are a public health crisis (Harris, 2018), 30 states across the country had adopted policies that encourage or require schools to provide professional development on trauma-informed care—a sharp increase from nine states in 2017 (Child Trends, 2021). This increase does not account for the impact that the COVID-19 pandemic has had on schools embracing trauma-informed practices, as this research is ongoing. However, it has likely resulted in even more rapid rates of adoption.

Many trauma-informed schools reference the framework of either the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) or The National Child Traumatic Stress Network (NCTSN, 2017) as guiding their models. These leading frameworks recommend teaching educators about the scientific research surrounding trauma to facilitate increased awareness, empathy, and understanding of how trauma impacts learning and behavior. Both SAMHSA and NCTSN used the four *R*s to describe their critical assumptions about trauma-informed schools: (1) *realization* of the widespread impact of trauma and an understanding of the potential paths for recovery; (2) *recognizing* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; (3) *respond* by fully integrating knowledge about trauma into policies, procedures, and practices; and (4) actively *resist* retraumatization. Table 1 illustrates the key elements of a trauma-informed school, as outlined by these two most prominently cited models.

Table 1. The key elements of a trauma-informed school.

Substance Abuse and Mental Health Services Administration	National Child Traumatic Stress Network
1. Safety	1. Identifying and assessing traumatic stress
2. Trustworthiness and transparency	2. Addressing and treating traumatic stress
3. Peer support	3. Teaching trauma education and awareness
4. Collaboration and mutuality	4. Having partnerships with students and families
5. Empowerment, voice, and choice	5. Creating a trauma-informed learning environment
6. Cultural, historical, and gender issues	6. Being culturally responsive
	7. Integrating emergency management and crisis response
	8. Understanding and addressing staff self-care and secondary traumatic stress
	9. Evaluating and revising school discipline policies and practices
	10. Collaborating across systems and establishing community partnerships

Column 1 adapted from *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* by Substance Abuse and Mental Health Services Administration (2014). Column 2 adapted from *Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework*, by The National Child Traumatic Stress Network (2017).

Are trauma-informed approaches vulnerable to perpetuating racist deficit perspectives?

A common concept across agencies, publications, researchers, and practices is the major trauma-informed perspective shift from "What is wrong with you?" to "What happened to you?" when faced with potential manifestations of trauma in learning and behavior (Perry, 2008). This perspective shift is considered a necessary element in being trauma informed. It encourages educators to explore the child's history, environmental context, family systems, and medical or psychological background to determine the possible impact of traumatic experiences (e.g., Menschner & Maul, 2016; Sweeney et al., 2018). However, trauma-informed education is an emerging field with many variations in implementation and limited evidence on what constitutes best or effective practices (Chafouleas et al., 2018). In a review of trauma-informed practices in schools (N = 33 articles), Thomas et al. (2019) found the implementation of 30 different interventions. As the adoption of trauma-informed frameworks continues to grow, implementation efforts are vulnerable to missteps and biased interpretations of conceptual assumptions that guide practices.

More recently, the overwhelming impact of COVID-19 and the compounding racial disparities and related sociopolitical tensions have intensified the current crises of trauma prevalence for youth. Of particular concern is how trauma-informed researchers and educators grapple with the racial and socioeconomic disparities in exposure to chronic trauma, access to appropriate support, and punitive school discipline practices that often result in more trauma (Bernard et al., 2021). Whereas research findings are clear that trauma is prevalent across social, racial, and economic contexts, families living in poverty encounter disproportionate risks of exposure to multiple traumas, with students of color experiencing a disproportionate impact (Ackerman et al., 1999; Kiser & Black, 2005). As a logical result, educational researchers and practitioners have increasingly emphasized the ACEs and trauma among children living in poverty and students of color (Crouch et al., 2019; Walsh et al., 2019) and have even identified trauma-informed approaches as a critical ingredient for addressing persisting racial disparities (Chafouleas et al., 2018).

Both SAMHSA and NCTSN consider cultural issues as being key to a trauma-informed approach. Specifically, SAMHSA (2014) emphasized that a trauma-informed organization "actively moves past cultural stereotypes and biases . . . ; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma" (p. 11). However, although SAMHSA (2014) considered cultural issues fundamental to a trauma-informed approach, and NCTSN (2017) identified cultural responsiveness as a core area of a trauma-informed school, neither specifically focused on race-based traumatic stress as a form of trauma or examined the risk of perpetuating deficit perspectives. Although it is important to acknowledge that these frameworks address cultural issues and responsiveness, further work is needed to catechize the current systems through an anti-racist lens.

Despite the compelling empirical evidence that has led to the urgency of the trauma-informed schools movement, it is critical to interrogate the perspectives and practical development of trauma-informed approaches in schools using history as a teacher and anti-racist frameworks as guides for moving forward. This process includes understanding the deep entanglement of trauma-informed education theories with strands of psychological and educational research that have historically centered on cultural and intellectual deficits of marginalized and underserved students of color. The American Psychological Association (2021) released a public apology for its role in "promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in [the] U.S." (p. 1), reflecting an increasing collective awareness of how systemic racism has manifested and evolved in every facet of our society, including within the scientific community. As trauma-informed schools continue to emerge with particular emphasis on supporting marginalized communities, educators must be cautious that these frameworks do not conform to and perpetuate the systemic racism that is so deeply embedded in psychological and educational systems.

Theoretical framework: School trauma and racial stress model

As more professionals explicitly recognize the need for trauma-informed approaches to address systemic racism, several conceptual models have emerged to better integrate racial trauma considerations into theory and practice (Bernard et al., 2021; Saleem et al., 2022; Venet, 2021). Saleem et al. (2022) created the School Trauma And Racial Stress model (STARS) to expand on earlier conceptualized models of trauma-informed approaches (SAMHSA, 2014) and the ACEs framework (Chafouleas et al., 2018) by integrating more robust considerations for racial stress and trauma. The STARS model updates SAMHSA's key assumptions (i.e., the four *R*s) to integrate the notion of racial stress and trauma. STARS includes both the race-based trauma that would result in post-traumatic stress disorder and the cumulative impact of racism over time. Four updated key assumptions are used in the model:

> . . . a *realization* of racial and historical trauma and accounting for intersectional injustices and culturally relevant impact; *recognition* of the symptoms and signs of ongoing racial stress and traumatic experiences for students; a culturally relevant *response* that includes acknowledgment of racial injustice, disparities, disproportionality, and the opportunity to explore systemic injustice and students' lived experience; and *resisting* retraumatization specific to anti-racist action and training around racial stress, discrimination, oppression, and trauma that occurs within existing educational settings to eliminate the unjust and inequitable policies and practices (i.e., curriculum, tracking, discipline) that reinforce or enable them (Saleem et al., 2022, pp. 2510–2511).

Saleem et al. (2022) used their updated assumptions to propose practical considerations across various contexts of school ecological systems to provide a blueprint for a "whole school call to action" (p. 2510) and acknowledge and address racial stress and trauma in schools and within trauma-informed frameworks. The updated four *R*s of the STARS model provide a practical framework through which scholars and educators can continue to critique and develop theory and practice in multifaceted and interdisciplinary ways. Although recommendations by ecological context were not an explicit goal for this article, we acknowledge that every consideration and recommendation is relevant for reflection and application across systems. We utilize the STARS model's four *R*s to frame our discussions in the following sections.

Key assumption 1: Realization of racial and historical trauma and accounting for intersectional injustices and culturally relevant impact

Description

One of the foundational assumptions of SAMHSA's (2014) trauma-informed approach is the "realization about trauma and understand[ing] how trauma can affect families, groups, organizations, and communities as well as individuals" (p. 9). This original assumption was necessary to address the widespread lack of awareness or understanding that most practitioners had around the prevalence and impact of trauma on development and functioning. In updating the assumption in the STARS model to include racial and historical trauma, intersectionality, and culturally relevant impact, Saleem et al. (2022) emphasized that racial trauma across multiple levels and its varying impact is crucially important for comprehensive and accurate realization of trauma experiences and manifestations. However, if staff do not feel comfortable or equipped to acknowledge or respond to racial trauma, they may deny the realities or avoid responding. In training teachers and counselors on trauma, little attention has been given to dealing with race-related issues and racial stress and trauma (Saleem et al., 2022). This problem has likely been exacerbated within the current sociopolitical landscape and the controversies surrounding discussing race and racism in school settings (Schwartz, 2023), which we argue only increases the importance and timeliness of this assumption.

Considerations

Without the vital role of historical and present-day racism, intersectionality, and culturally relevant impact, basic awareness of trauma results in a color-blind approach to trauma-informed care. Notions of racial and historical trauma are often discussed in relation to more physically violent portions of U.S. history (e.g., enslavement, the Jim Crow era, civil rights battles, police brutality; Menakem, 2017). These examples are highly relevant to this assumption, but it is also essential to increase awareness of the more subtle forces that have served to scientifically and politically justify the conditions that perpetuate racial trauma. Scientific racism in educational research has significantly contributed to persisting structural racial trauma in the forms of educational exclusion, marginalization, and deficit perspectives.

One of the most distinct examples of scholarly endorsement of racialized deficit notions comes from the history of educational researchers investigating what was known as "the culturally deprived child" (Riessman, 1962, p. 1). In 1966, Hunt noted that "cultural deprivation and education has received attention in hundreds of articles, dozens of books, and most recently in an entire issue of the *Review of Educational Research* (American Educational Research Association, 1965)" (p. 463). Researchers were convinced that African American and other minoritized students living in poverty performed poorly in school and employment due to psychological and cultural vulnerabilities. Conceptualizing deficiencies in the culture of African Americans, as displayed in the instabilities and flaws of families, became a primary target of researchers (e.g., Gordon, 1965; Grotberg, 1965; Karp & Sigel, 1965; Raph, 1965).

Articles in the 1965 issue of the esteemed *Review of Educational Research* summarized the empirical literature on the education of culturally deprived children. Gordon (1965) documented dozens of what he deemed deficiencies in the culturally deprived child's home and family, language and cognition, patterns of perception, and motivation. In regard to these "socially disadvantaged children," he concluded that "studies suggest that their language, their styles, and their values are negatives to be overcome" (p. 384) by educators who, at that point, lacked effective "courses of remediation" (p. 385). Similarly, Grotberg (1965), Karp and Sigel (1965), and Raph (1965) documented student deficits across the topics of learning disabilities, psychoeducational assessment, and language development. Practical solutions were very elusive, but the problem itself was clearly expounded as a full racial defectology.

Many special educators embraced the logic of cultural deprivation (Ford, 1971; Hallahan, 1970, 1973). Kappelman et al. (1969) asserted that "poverty creates a milieu for the development of childhood learning disorders" (p. 267), and concluded that the "socio-cultural inadequacies of the urban ghetto present an environment [that is] formidable and pathologic" (p. 262). Numerous studies found that learning disabilities occurred with higher frequency among children from low-income families (Alley et al., 1971; Tarnopol, 1970). These researchers also claimed that "the distracting nature of the disadvantaged child's disordered environment" (Hallahan, 1970, p. 5) produced behavioral symptomatology that mirrored that of children with learning disabilities and hyperactivity.

This troubling history of cultural deprivation research that dominated educational discourse raises caution about any new education development that hinges on racist notions of individual biological, psychological, or cultural deficits. Such actions typically occur in the name of providing educational interventions and forms of assistance viewed as rehabilitative or palliative. However, they do more. When the door is opened to viewing some students as lacking essential characterological ingredients or functional capacities of normalcy, systems of bureaucracy and normative professional practices launch into "helpful" motion. The hunt for the specified deficit condition often results in the corresponding hypo-surveillance and subjection of historically oppressed students. Deficit notions often expand and mingle silently with pervasive cultural concepts and assumptions about humans assumed to be of lesser value. Initially designed to offer needed assistance, programs and practices risk becoming cruel continuations of an ugly history of oppressive schooling for students of color, particularly those with perceived disabilities and/or living in poverty.

Educational implications and recommendations

Evidence of persisting deficit notions rooted in these racist scientific strands is the reality that students of color are overrepresented in special education and more often excluded from general education and other high-quality educational settings (Annamma et al., 2013). The intersections of racism and ableism are relevant to the emerging connections between trauma exposure and disability classification. We should approach this intersection with caution, as it can deepen existing inequities. These persisting special education inequities are exacerbated by the link between severe trauma responses in children and the identification of emotional disabilities in schools, which is often used to justify placement in more restrictive and separate settings (Hosp & Reschly, 2004). Students with disabilities are far more likely to be subjected to traumatizing behavior management strategies such as restraint (80%) and seclusion (77%; U.S. Department of Education, 2020). Without intentional consideration of the evolution of scientific racism into modern-day systems, trauma-informed approaches may continue to perpetuate deficit-centering and inequitable educational systems.

As illustrated through historical and modern iterations of scientific racism and their persisting impacts, racist ideas are like chameleons, shifting and blending into evolving environments to survive. The lasting power of these racist narratives in education has been fueled and nourished in the modern-day sociopolitical climate. Where once on the fringes, racial slurs, hate incidents, and crimes have become normalized by present-day politicians and media pundits and are on the rise in society and schools (Darling-Hammond, 2017). This toxic movement continues to grow as white supremacy is being fervently defended across the country, including the obstruction of equity efforts in schools (Schwartz, 2023), particularly around teaching accurate histories to both educators and students. Without the relevant historical contexts that tell the complete stories of racial disparities in educational outcomes, the only logical explanations lie within deficit perspectives and cultural deprivation theories.

As trauma experts continue to refine the conceptualization of the role of the historical, acute, and ongoing impact of racial trauma on BIPOC students, we are challenged not only to ask *what* happened to students but also to investigate *why* the trauma occurred (Gherardi et al., 2020). Educators must be aware of the role and evolution of deficit perspectives as they relate to historical racism, ongoing systemic racism, and individual views and interactions with students. Understanding the roots, sources, and manifestations of racial trauma is foundational to trauma-informed educators who are genuinely committed to effectively and equitably serving minoritized communities.

While many educators are implementing trauma-informed practices already or may be interested in introducing the topic to their schools, questions most certainly arise as to how to assert this realization of racial and historical trauma and account for injustices in their school systems. Educators must not equate poverty with academic failure, decline, or socio-emotional challenges (Cramer et al., 2014); rather, they must "develop proactive solutions that empower, as opposed to oppress, [and explore] alternative sociocultural theories that consider the social capital of minorities" (Cramer et al., 2014, p. 466). Educators should consider using trauma screeners and assessment tools that include considerations of racial trauma, such as ACEs questionnaires that account for experiences of discrimination (Data Resource Center for Child and Adolescent Health, 2013). Professional development should include training on implicit bias awareness and the historical context of racist and deficit perspectives, such as the overrepresentation of students of color in subjective disability categories. The idea born from this cultural deprivation theory, that families are negligent, must be completely dismantled and replaced with an understanding that in many cases, the adults in children's lives are working against immense odds "based on the circumstances in which they are placed" (Alvarez, 2017, p. 61).

Key assumption 2: Recognition of the symptoms and signs of ongoing racial stress and traumatic experiences for students

Description

SAMHSA (2014) emphasized the need for all people in an organization to recognize the signs and symptoms of trauma in students, families, and all persons involved in the organization. The STARS model (Saleem et al., 2022) expands on this assumption by asserting the need to recognize the signs and symptoms of ongoing racial stress and traumatic experiences. Crucial to this recognition of trauma is the acknowledgment that the source of the trauma may be a collective experience, as opposed to an individual one, and that trauma-informed care also must consider intervening in the environmental context that caused the harm. The STARS model's adaptation to this assumption ties these ideas together with the racial stress and trauma perspective to compel educators to recognize the potential role of racial stress in trauma manifestations, which may lead to opportunities to prevent or disrupt the sources. Accurately recognizing and differentiating racial stress from other traumatic experiences also may help educators and mental health professionals respond with more effective and culturally responsive interventions.

Considerations

The impact that ACEs have on a child's developing brain and body has been well documented, is compelling, and widely considered a public health crisis (e.g., Bremner, 2002; Harris, 2018). The original ACEs study (Felitti et al., 1998) and subsequent validations (e.g., Hughes et al., 2017) have led to advocacy for school-based approaches to support students exposed to trauma. As a result of the advocacy for trauma-informed schools, educators are inundated with professional development opportunities to help them understand the potential consequences of traumatic experiences on children's cognitive development and learning. These workshops often feature pediatric imaging studies showing that when a child is exposed to repeated traumatic events over time, the increased frequency and intensity of the fight, flight, or freeze responses increase cortisol levels in the hippo-campus (i.e., the brain's learning and memory region). This response can result in the underdevelopment of the prefrontal cortex (i.e., the executive functioning region) and overdevelopment of the limbic system (i.e., the emotional response region; Arnsten, 2009; Bremner, 2002; De Bellis & Zisk, 2014; Gilbertson et al., 2002). This repeated activation of one part of the brain and deactivation of another part suggests that traumatic experiences can result in the inability to concentrate; deficits in cognition, verbal skills, IQ, memory, and academic performance; and poor impulse control and emotional regulation. Pediatric imaging has shown actual differences between the brain of a traumatized person and the brain of a person who has not experienced trauma (Bremner, 2002; Harris, 2018). Although understanding the impact of trauma on developing brains is important for educators, color-blind approaches to trauma-informed professional development without meaningful consideration of racism may contribute to the development or confirmation of racial biases and deficit perspectives toward students, families, and communities who fit a specific stereotype.

Propitious recent scholarship has refined trauma-informed schooling with more explicit attention to how racism contributes to how and why Black students may experience a higher prevalence and impact of traumatic experiences. Bernard et al. (2021) argued that the significance of the additional trauma burden that Black people experience due to racism requires a reconceptualization of the ACEs model. Bernard et al.'s (2021)culturally informed ACEs model (i.e., C-ACEs) includes "racism as a unique sociocultural factor with historical underpinnings" (p. 236), resulting in a disproportionately harmful impact on Black youth. This model recognizes and conceptualizes racism as a pervasive force within U.S. culture, society, and history that significantly contributes to the public health crisis of acute and chronic trauma. Although the C-ACEs model focuses on anti-Black racism, we argue that this model may apply to other historically marginalized groups, including Indigenous and other communities of color, particularly those living in poverty.

Educational implications and recommendations

As many districts hurry to develop trauma-informed practice models, more educators are receiving crash courses in the cognitive science of trauma. As we reflect on the historical context of the "culturally deprived child" notion (Riessman, 1962, p. 1) and the prescribed familial or community sources of student deficits, the cognitive science of trauma coupled with unchecked biases and racial stereotypes bears a familiar theme. Without the necessary examination and lenses, reforms intended to meet significant psychological and educational needs risk further stigmatizing and harming of marginalized student groups and communities. No one is immune to trauma, as most people experience a traumatic event at some point in their lifetimes. However, the dominant discourse in the literature emphasizes the likelihood that people living in poverty are more likely to be exposed to ACEs and trauma (Crouch et al., 2019; Walsh et al., 2019), with a disproportionate impact on students of color (Kiser & Black, 2005; Repetti et al., 2002). As a result, educational researchers and practitioners have increasingly emphasized the ACEs and trauma among children living in poverty and students of color (Crouch et al., 2019; Walsh et al., 2019). The eyes of trauma-informed educators increasingly train on these students.

The necessary shift of focus from *race* as a trauma risk factor to *racism* as an underlying cause is a subtle change with profound implications for the trauma-informed schools movement. This shift fortifies the current conversation by uniting goals of trauma-informed care and anti-racist critical pedagogy, blending empathy with social justice. The first step to this focal shift is for educators to become aware of the possible deficit pitfalls of programs and interventions that spotlight specific marginalized student groups. Using models like the C-ACEs and associated tools within educator professional development and training may be an effective approach to help educators understand the symptomology and manifestations of traumatic experiences with a racism-conscious perspective. Furthermore, professional development facilitators can focus on the cognitive science of trauma and positive changes resulting from environmental support and the internal and external factors that contribute to resilience (Masten, 2021). This approach can facilitate a shift in the perception that cognitive changes that may occur due to trauma are not the result of individual or familial deficits but rather the result of environmental and structural inequities that create the conditions for traumatic experiences.

Key assumption 3: A culturally relevant response that includes acknowledgment of racial injustice, disparities, disproportionality, and the opportunity to explore systemic injustice and students' lived experience

Description

SAMHSA's (2014) original assumption emphasizes the need for organizations to apply the principles of a trauma-informed approach to all areas of functioning and to operate with the understanding that the experience of traumatic events directly or indirectly impacts all people involved. The STARS model's (Saleem et al., 2022) updated assumption builds on these ideas by emphasizing the importance of culturally relevant responses to trauma that take into account systemic injustices that may have caused or contributed to the student's experiences of trauma. This shift from familial and community deficit perspectives is essential, focusing on structural injustices at the root and culturally relevant responses that are appropriate and uplifting for students and families. This assumption also appears to create an opportunity for educators to shift their focus to problematizing the structures that create inequities and trauma rather than focusing solely on the trauma itself.

Considerations

A practical understanding of ACEs is essential for all educators regardless of the populations served. However, it is only one of many knowledge bases and technical skill sets needed to effectively respond

to the diversity of student needs. Recognizing, understanding, and responding to trauma are critical foundational skills for all educators, as trauma can affect any student or adult. However, magnifying trauma-informed practices as an overarching school framework or identifying markers (rather than a specific skill set) can be problematic. It may lead to responses to trauma that overpathologize students, deepen deficit perspectives, and reinforce negative stereotypes of minoritized families living in poverty. In this light, the underlying themes and attitudes that characterize cultural deprivation theories may not be far from where many trauma-informed educators might land. This deficit-centering potential landing place is especially true for educators who have not done the critical work of examining their personal implicit or explicit biases and the history of systemic racism in schools.

Educational implications and recommendations

In the absence of robust and effective professional development in the manifestations of racism in education and opportunities for self-reflection and confronting personal biases, trauma-informed approaches will always focus on improving the child rather than addressing professional and systemic sources of inequities (Mayfield & Garrison-Wade, 2015). Until educators are willing to interrogate frameworks and practices to uncover potential sources of bias and subsequent consequences of systemic racism, deficit perspectives will continue to shape-shift and fly under the radar.

Developed by a variety of scholars, including Freire (1970), the concept of critical consciousness is defined as thoughtful awareness of one's lived experiences within the sociopolitical environment (e.g., experiences of privilege and/or racism). Critical consciousness includes engagement in action to change the conditions that cause racial harm (Mosley et al., 2021). The synergy of awareness building and reflective practice surrounding racial trauma and the related action to enact prevention and repair are vital to prioritize in teacher training programs and ongoing professional development. Further, utilizing competency models such as the equity literacy framework (Gorski & Pothini, 2018) provides tangible tools to help educators effectively identify and respond to individual and systemic inequities that may exacerbate racial trauma.

The general overemphasis on helping students build resilience or socioemotional skills, as compared with a focus on changing the systemic conditions causing the trauma in the first place, is vital to interrogate (Gherardi et al., 2020). Although students' well-being and socioemotional needs must be supported, systemic interventions emphasizing individual or group skill deficits alone may perpetuate the idea that people from some races, classes, cultures, and communities are somehow inferior to others or should learn how to tolerate or cope with inequitable conditions (Duane et al., 2021). This pattern is essential to recognize as educators grapple with how trauma-informed practices are interpreted and ultimately implemented within historically underserved, excluded, and marginalized communities.

Trauma-informed systems are typically aligned with the traditional medical model and focus on psychological problems and distress, where health is viewed as the absence of illness or disability. Although existing trauma-informed frameworks include concepts related to neuroplasticity (Perry, 2008) and integrate strength-based approaches into some of their tenets (e.g., Menschner & Maul, 2016), by using a dual-factor model of mental health (Suldo & Doll, 2021), indicators of a student's positive subjective well-being are incorporated with measures of psychopathological symptoms (Antaramian et al., 2010). Using a dual-factor model allows mental health to be seen on a continuum, where taking into consideration how a person's well-being interacts with symptoms of distress, and the promotion of wellness and the implementation of an intervention to address emotional and behavioral challenges are emphasized (Doll, 2008; Suldo & Shaffer, 2008). Using this model at the school system level, one can identify the strengths and needs of the entire school population with a focus on wellness promotion and the reduction of distress across contexts. This perspective allows a move away from the emphasis on group skill deficits and can help teams create the conditions and environments for youth to flourish.

As trauma-informed frameworks continue to gain popularity, scholars and educators have begun to recognize the importance of centering equity in this vital work. For example, Venet (2021) wrote *Equity-Centered Trauma-Informed Education* based on her experiences while teaching in trauma-informed schools. Witnessing the potential problems with trauma-informed frameworks, she identified six vital foundational shifts to guide educator practices:

(1) Trauma-informed education is anti-racist and against all forms of oppression.
(2) Trauma-informed education is asset-based and does not attempt to fix students, because students are not broken. Instead, it addresses the conditions, systems, and structures that harm students.
(3) Trauma-informed education is a whole ecosystem, not a list of strategies.
(4) Trauma-informed education means centering our shared humanity.
(5) Trauma-informed education is a universal approach, implemented proactively.
(6) Trauma-informed education aims to create a trauma-free world.

These essential perspectives and tools reflect a positive shift in available resources to support culturally relevant and racially conscious trauma-informed practice.

Key assumption 4: Resisting retraumatization specific to anti-racist action and training around racial stress, discrimination, oppression, and trauma that occurs within existing educational settings to eliminate the unjust and inequitable policies and practices that reinforce or enable them

Description

SAMHSA (2014) emphasized recognizing that environments in an organization such as a school can inadvertently trigger or retraumatize students. The updated final assumption of the STARS model (Saleem et al., 2022) builds on the importance of resisting retraumatization within school environments by specifying that this resistance must occur using anti-racist approaches. There is no clear consensus on an operational definition of anti-racism as a collective characteristic of a community or initiative. However, Kendi (2019) defined an anti-racist as "one who is expressing the idea that racial groups are equals and none needs developing, and is supporting policy that reduces racial inequity" (p. 24). This definition infers that deficit perspectives are often inherently racist and that we reduce racial inequities via policies and systemic change. Trauma-informed schools committed to resisting retraumatization must commit to dismantling policies and practices that cause, contribute to, or allow for deficit perspectives and racial trauma to occur within school communities.

Considerations

Anti-racist approaches directly oppose color-blind approaches to interventions or system reforms that seek to intentionally ignore or deny the reality and impact of racism on both the problems and the solutions. Educators and researchers must be vigilant in recognizing ever-evolving iterations of racism and oppression and how they may show up in well-intentioned reform initiatives, such as trauma-informed schools. We posit that trauma-informed frameworks can and must be approached through an anti-racist lens to ensure that such efforts do not perpetuate racist ideas and cause more harm (Duane et al., 2021).

A fundamental tenet of anti-racism is the active pursuit and prioritization of structures and policies aimed at racial equity (Kendi, 2019). Whereas trauma-informed practices in schools come with heavy investments and are often touted to be intertwined with social and racial justice goals, especially for serving communities of color, they have not consistently resulted in more equitable outcomes for

students of color (Gherardi et al., 2020). Although more research is needed in this area, implementation efforts often miss key components necessary for proper movement toward equity and racial justice (Duane et al., 2021). These components include tangible actions moving away from deficit perspectives (e.g., individual skill building) and to structural solutions (e.g., anti-racist policies; Gorski, 2019).

Educational implications and recommendations

Although high-quality mental health interventions are necessary components within complex solutions, dismantling policies that perpetuate racism and adopting policies that increase equity must be part of the equation. Scholars have argued that the persistent focus on technical strategies to improve inequities has not been effective because these strategies do not typically include attention to historical and systemic structures rooted in racism and are, instead, designed to preserve privilege for white and affluent students (Mayfield & Garrison-Wade, 2015). For example, district-level school policies such as funding allocation, income-driven district boundaries, and placement of special programs can often lead to unintended consequences of segregated schools and unequal conditions and opportunities (Annamma et al., 2013; Tate, 1997).

Like other school-wide initiatives, inadequate attention to (or even denial of) oppressive policies that often result in traumatic experiences for students (e.g., punitive discipline, police in schools) will continue to limit the potential benefits of trauma-informed school approaches. Anti-racist school leaders committed to equity and trauma-informed practices must address the policies and conditions at the root of chronic exposure to racial trauma. Trauma-informed schools that do not prioritize replacing punitive and exclusionary discipline practices with restorative justice frameworks and culturally responsive behavior support systems are not addressing a demonstrated source of retraumatization, particularly for students of color (Dutil, 2020; Thomas et al., 2019). Further, without intentional equity-centered program evaluation that continuously monitors outcomes of anti-racist policies and practices disaggregated by race, ability, gender, and other critical identity markers, it would be impossible to determine whether systems interventions or policy changes are truly anti-racist or equitable (Sagor & Williams, 2017).

In addition, school leaders often fail to effectively address the racial disparity between teachers and the students they serve, as well as discrimination among peers within the school community. For example, during the 2017–2018 school year, 63% of teachers in California, identified as white, whereas only 23% of the student population was white (California Department of Education, 2022). Research has shown that students of color benefit from connections with role models with whom they identify, but according to Fitts et al. (2008), "these role models need to share more than just skin color or a surname with their students" (p. 357). Compounding this challenge, a 2018 survey of 2,776 educators by the Southern Poverty Law Center (2019) revealed that two thirds of respondents witnessed a hate or bias incident in their school in the fall of 2018 alone. Lack of representation in supportive adults at school and regular experiences of discrimination, which often go unaddressed, create conditions ripe for ongoing racial trauma and retraumatization. Schools should be assertive in their recruitment of diverse teachers who both reflect their students and demonstrate a commitment to culturally responsive and anti-racist practice. Meanwhile, progress in culturally responsive teaching and historically accurate curriculum surrounding the history of racism in U.S. society has been challenged or halted in many districts throughout the country (Schwartz, 2023). In many areas, these disruptions have slowed the implementation of promising curricular initiatives, such as ethnic studies in K–12 schools, that focus on teaching students about the histories, cultures, struggles, and contributions of historically marginalized peoples in U.S. society (Colorado Department of Education, 2021). Research on ethnic studies has demonstrated potential for strengthening students' sense of self/identity, cross-cultural and interpersonal communication skills, celebration and respect for diversity, and agency (Sleeter & Zavala, 2020). School leaders must remain steadfast and committed to implementing such anti-racist curricula and policies focused on developing tolerant, respectful members of society who are not purveyors or enablers of racial trauma.

Gibbs (2021) emphasized the need for teachers to assume that racial trauma is relevant to all students. Educators must commit to teaching about it in a way that connects the past and present of the violent history of racism and resistance and must recognize the violence and resistance in their affirmation of students' experiences. Embracing curricula and approaches like ethnic studies also may create meaningful opportunities that empower students and families to participate in conversations and processes that have direct impact on policy decisions within their own schools, districts, and local communities, where their voices have been historically absent or ignored. Without such deep commitments to confronting oppressive practices on individual and systemic levels, trauma-informed approaches may serve as yet another equity detour (Gorski, 2019) that are ineffective and potentially harmful.

Finally, as we reflect on the risks of centering trauma as the focus of school-wide frameworks, scholars and educators can begin to consider spotlighting the markers and qualities of healing environments that prioritize student and educator well-being as driving forces of these essential efforts. Language matters, and how one describes and frames actions can profoundly impact mindsets, orientation, and application. For example, healing-centered engagement is an approach that acknowledges the harms of trauma and racial trauma and focuses on harnessing strengths, well-being, and cultural resources. The goal is healing, rather than just coping, and student empowerment in response to individual and collective trauma (Ginwright, 2018). The values and ideals that educators choose to guide the work can profoundly impact the humans they purport to serve.

Conclusion

To adequately address the severity and complexity of trauma, racism, and schooling intersections, we argue that educational leaders must embrace holistic, healing, asset-based, anti-racist, and equity-centering school-wide frameworks. These frameworks can provide high-quality educational opportunities, robust mental health support systems, and the intentional cultivation of school climates where students feel safe, connected, and have a strong sense of belongingness (Venet, 2021). These frameworks must operate by holding a magnifying glass to the practices that risk perpetuating a cycle of racism, deficit perspectives, and inequity. As we advocated throughout this article, the continued evolution of trauma-informed frameworks and other derivatives must be approached cautiously and integrate anti-racist perspectives and skill sets to ensure that they are achieving the equitable outcomes intended. Without such vigilance, trauma-informed schools may allow deficit perspectives, racism, and related trauma to continue evolving and thriving.

Disclosure statement

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