

# Race & Trauma: Race-Based Traumatic Stress and Psychological Injury

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# Presentation Overview

- Race-Based Traumatic Stress Model
- Scale Development and Scoring
- Advances – Construct and Predictive Validity Studies
- Treatment Guidelines and Issues
- Conclusions
- Q&A



# Polling Question

Do you think that racism is a form of trauma?

- A) Yes
- B) No
- C) Unsure



# Race-Based Traumatic Stress Injury: The Beginnings

- I was asked to be an expert for several race-related cases in a few I needed to access people for psychological harm but found little guidance in DSM.
- I also began to wonder how race and racism was dealt with in the law – what was available to people who wanted to seek redress for harmful acts of racism?
- Through other work I learned that people of Color – when exposed to potentially stressful events – had higher levels of PTSD than Whites who experienced greater levels of stress as a group but had lower levels of PTSD.
- I asked if Racism could be traumatic? And if so how could the connection be made to events or encounters with racism and psychological and emotional reactions.
- The law required that there be a direct link from the racial encounter to emotional harm – thus racism needed to be micro – such that the event could be shown to effect a person's mental health.



# Race-Based Traumatic Stress Injury

- I proposed a model of race-based traumatic stress (RBTS) injury – in 2002/7–that resulted from encounters with racism and it was argued that it would be better to - use classes of racism - to assess the emotional impact of racism. Hostile, Avoidant, and Aversive-hostile forms of racism.
- I argued that race-based traumatic stress was not PTSD. The criteria for RBTS was emotional pain and associated reactions.
- At the time there was no way to support or assess these theoretical notions. So I set out to develop assessment tools for both RBTSSS and Classes of Racism. I started in the literature.



# Traumatic Stress and Racism

- The notion that racism is a stressor that can harm or injure its targets is *not recognized* in psychological or psychiatric assessment or diagnostic systems
- The DSM-IV-TR used the word discrimination once and of the 52 external stressors noted none included race-based stimuli or referred to racism



# Trauma Stress Reactions- Unexamined By Researchers

- Studies of racial discrimination and race-related stress show that people often experience psychological distress but trauma was not considered (e.g. Carter, 2007, Pieterse, et al 2012).
- Studies of Trauma and PTSD consistently have shown that people of Color have elevated levels as veterans and civilians, yet racism is rarely included as a factor (e.g., Norris et al., 2002)
- There were no assessment tools or instruments to document the possible traumatic impact of particular encounters with racism (Carter, 2007).



# Racism and Discrimination Research: Limitations

- Focused on African Americans
- Evidence about the traumatic impact of racism was indirect (e.g., inferred from high rates of PTSD)
- Most racial discrimination measures were developed to assess a range of experiences of racism or discrimination
- Many instruments measure the frequency and stress associated with racism and discrimination - none connect to a specific encounter as noted by Carter (2007)
- A way to recognize and assess race-based traumatic stress was not available



# Race-Based Traumatic Stress Symptom Scale Conceptual Model

## Carter's (2007) Race-Based Traumatic Stress Injury Model

- Core stressor of trauma is emotional pain rather than threat to one's life, distinguishing traumatic stress from PTSD
- Encounters with racism must be experienced as *emotionally painful, sudden, and uncontrollable*
- The reactions are expressed as *intrusion* (recurring thoughts), *avoidance* (push away the events), and *arousal* (irritability) and with symptom clusters of anxiety, anger, rage, depression, low self-esteem, shame, and guilt. The reactions reflect injury not a mental health disorder.



# RBTS is

- Individual-level based experience
- Emotional and Psychological in Nature
- Wherein the person must report – the encounter as Negative or Emotionally Painful, Sudden and Uncontrollable
- And have a cluster of symptoms: depression, anger, low self-esteem, physical reactions and at least 2 Core Reactions of: Intrusion, Avoidance, or Arousal. And may have psychological impairment.



# RBTS

- It has not been clear whether specific encounters with racial discrimination contribute to race-based traumatic stress
- Assessment and research instruments have failed to draw directly from participants' own descriptions of encounters with racism
- The RBTSSS specifically asked participants to describe memorable experiences with racism prior to indicating her or his reaction. And asks whether the encounter with racism resulted in a specific reactions.



# RBTSSS Format

Open-Ended Section: Describe three of the most memorable events of racism across the lifespan

Trauma Section (yes/no):

- Select one of the three most memorable events.
- With reference to above indicated:
  - (1) negative (i.e., emotionally painful),
  - (2) beyond your control, and
  - (3) sudden in its occurrence.

Emotional Reactions Section (5-point likert-type scale - 0 (*not at all*) to 4 (*would not go away*): Instructed to indicate reactions and feelings – from 52 items. After the event, Now as you recall them and did anyone notice a change in behavior?



# Measuring and Assessing RBTS

- 2009 a Guide to the Forensic Assessment of RBTS was published. I used a item pool as an interview for RBTSS – in a few cases and reported the results and wrote about how this was done and how come – the context was legal redress.
- The scale also measures reactions people have after, now and whether anyone noticed a change in his/her behavior when they had the reaction. These three questions followed each reaction.
- On-line 2011 the Race-Based Traumatic Stress Symptom Scale was published– the article presented EFA evidence for only after the event reactions - in *Psychological Trauma* (RBTSSS, Carter, et al. 2013)



# RBTSSS: Seven factors and 52 items solution

Scale	M	SD	Alpha
Depression	4.96	4.68	.90
Intrusion	7.28	4.69	.90
Anger	6.79	4.62	.90
Hypervigilance	4.33	4.50	.90
Physical	4.40	4.29	.86
Low Self-esteem	3.66	4.03	.85
Avoidance	1.58	2.69	.66



# RBTSSS: The Full Scale Items

- Introduced as a group-level assessment
- Each reaction item is followed by the three questions:
  - Did you have this reaction after the event?
  - Do you have this reaction now?
  - Did any one notice any Change in your behavior because of this reaction? – (yes/no)
- ONLY reported First in 2013 paper
- Research Question: Are the after the event responses related to now responses?



# RBTSSS: Initial Scale Development

## Results

### *After* and *Now* Reactions

#### Canonical correlation analysis (CCA):

IVs: 7 After Reaction Scales

Depression

Anger

Intrusion

Physical

Avoidance

Hypervigilance

Low Self-Esteem

DVs: 7 Now Reaction Scales

Depression

Anger

Intrusion

Physical

Avoidance

Hypervigilance

Low Self-Esteem



# RBTSSS: Initial Scale Development

Variable	Function 1		Function 2		Function 3	
	Coef	$r_s$	Coef	$r_s$	Coef	$r_s$
depNOW	.429	<u>.727</u>	-.465	-.299	-.079	-.206
intrusNOW	.257	<u>.687</u>	1.148	<u>.600</u>	.351	-.061
angerNOW	-.026	<u>.578</u>	.048	-.029	.133	-.160
physNOW	-.128	<u>.626</u>	-.138	-.128	-.132	-.288
hypervNOW	.055	<u>.721</u>	-.009	-.003	-1.411	<u>-.602</u>
avoidNOW	.704	<u>.916</u>	-.240	-.142	.688	.154
lowslfestNOW	-.164	<u>.475</u>		-.350	.441	.074
depAFTER	.354	<u>.711</u>	-.408	-.189	-.331	-.247
intrusAFTER	.134	<u>.557</u>	1.196	<u>.697</u>	.355	-.031
angerAFTER	.045	<u>.590</u>	.147	.220	.181	-.101
physAFTER	-.106	<u>.570</u>	-.268	.109	-.043	-.203
hypervAFTER	.059	<u>.634</u>	.081	.160	-1.350	<u>-.603</u>
avoidAFTER	.802	<u>.949</u>		-.080	.597	.153
lowslfestAFTER	-.199	<u>.457</u>	-.370	-.151	.537	.062

Results

Canonical Solution

RBTSSS After Reactions Predicting Now Reactions



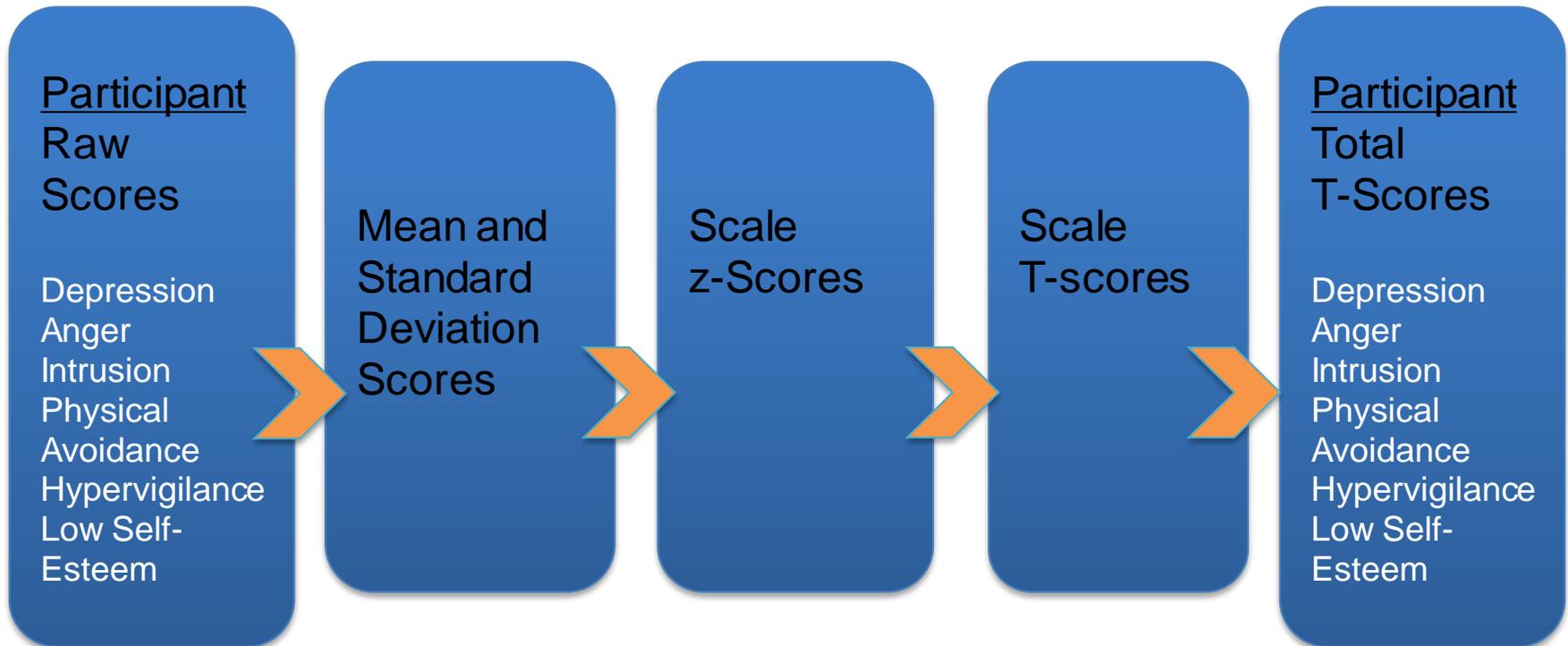
# RBTSSS: Scale Development

- Scoring Approach
- What do the scores mean?
- How do we interpret the scores?
- Published in TRAUMATOLOGY 2014 (ON-LINE)



# RBTSSS: Initial Scale Development

## RBTSSS Person-Level Scoring Approach



## Scores – After the event $T = Z(*10 + 50)$

○ Depression	28	$Z = .85$	$T = 59^{**}$
○ Anger	30	1.14	61 <sup>**</sup>
○ Intrusion	25	.43	54 <sup>*</sup>
○ Physical	20	-.29	47
○ Avoidance	10	-1.71	33
○ Hypervi	24	.29	53 <sup>*</sup>
○ Low Esteem	15	-1.0	40

○  $M = 22$   $SD = 7$      $T$  has  $M = 50$   $SD = 10$



# RBTSSS: VALIDITY EVIDENCE CFA and SEM

- Confirmatory Factor Analysis revealed a good model fit for the RBTSSS indicators. With 619 adults from communities and universities sites throughout the Northeast from various racial backgrounds (e.g., Black, White, Hispanic, Asian).
- A second order SEM confirmed the existence of the concept Race-Based Traumatic Stress. Regression analyses revealed that RBTSSS scales were positively related to psychological distress and negatively associated with well-being.
- Confirmatory Factor Analysis revealed a good model fit for the RBTSSS indicators. With Blacks ONLY – and A Second order SEM model was found.
- Regression analyses found partial support for RBTSS as predictors of Psychological distress and well being.
- Three studies explored the issues associated with the Classes of Racism.



# Classes of Racism – NEEDED TO CONNECT TO EMOTIONAL REACTIONS

- Avoidance – Hostile – and Aversive-Hostile Racism proposed as needed to connect racism to emotional and psychological reactions –
- Developed 70 experiences of racism items – with two responses – 1) frequency of experience {0 not at all, 3 several times a month, 5 several times a day} and 2) stress of experience { 0 Not at all, 2 mildly irritated, 4 trouble functioning}:
- Exploratory Factor Analyses – Two Measures for Classes of Racism – Frequency of experiences (38 items – three scales hostile, avoidant, and aversive-hostile) and stress of experiences (49 items – three scales) –
- Confirmatory Factor Analyses (CFA) -Two Measures for Classes of Racism – Frequency of experiences (18 items – three scales) and stress of experiences (23 items – three scales) –
- Two Classes of Racism 3-scales predicted RBTSS -



# Classes of Racism – PREDICTIVE VALIDITY EVIDENCE

- Overall, the seven RBTSS symptoms were related to frequency of racial experiences, with Hostile Racism having the strongest effect size but not the greatest number of symptoms. *Hostile Racism* was associated with *Anger and Intrusion* RBTSS scales. *Aversive-Hostile Racism* was related to *Depression, Anger, Avoidance* and *Hypervigilance* symptoms, while *Avoidant Racism* was related to *Avoidance*.
- Aversive-hostile racism and frequency of racial events were associated with numerous symptoms. This phenomenon could potentially be explained by the settings in which Aversive-Hostile forms of racism are most likely to occur: work and school, resulting in a greater frequency and intensity of reactions.



# Classes of Racism – PREDICTIVE VALIDITY EVIDENCE

- *Hostile Racism* was associated with three RBTSS symptoms; *Anger, Avoidance* and *Intrusion*. And *Avoidant Racism* stress was associated with six of the seven RBTSS symptoms; *Depression, Anger, Physical Symptoms, Avoidance, Hypervigilance,* and *Low Self-Esteem*. The stress related to *Aversive-Hostile Racism* was associated to four of the seven RBTSS symptoms *Depression, Anger, Physical Symptoms,* and *Low Self-Esteem*. –
- The variation of RBTSS symptoms suggests that the classes of racism were emotionally and psychologically harmful and showed the predictive validity of the two measures. Yet, regardless of the class or type of racism one encounters, stress and frequency were associated with psychological harm.



# Polling Question

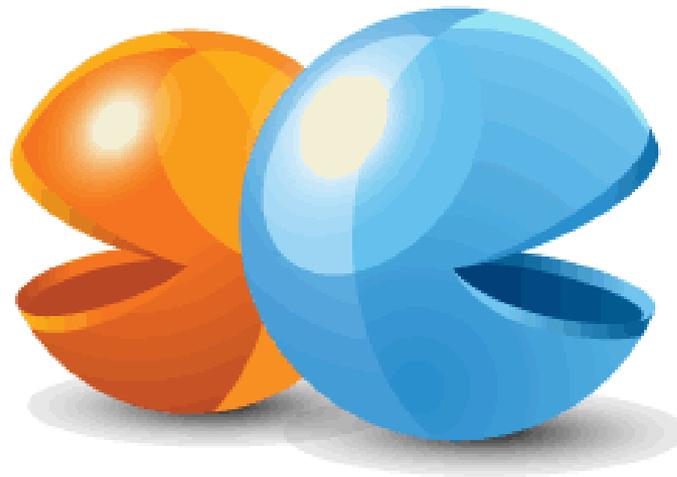
How comfortable do you feel speaking with participants about race-related issues?

- A) Very comfortable
- B) Somewhat comfortable
- C) Unsure
- D) Uncomfortable
- E) Very Uncomfortable



# Let's Chat!

What concerns do you have regarding speaking to participants about race and race-related issues?



# Treatment and Racism – Guidelines and Issues

- Evidence suggests that mental health professionals might have difficulty with this particular issue since participants typically do not directly discuss experiences with racism (Carter & Forsyth, 2010; Sanders Thompson, et al., 2004) and clinicians often are not trained to, nor do they seek training for grasping the significance of racial issues or experiences.



# Treatment and Racism – Guidelines and Issues

To effectively assess and treat the mental health impact of racial discrimination the practitioner must:

- See and understand how race might influence the participant and his or her own development and behavior as a therapist
- learn about the participant's life circumstances, background, and ways of responding to their environment.
- The mental health professional's life experiences and training might lead him/her to miss the issues, to discount the racial issue, or to change the topic



# Treatment and Racism – Guidelines and Issues

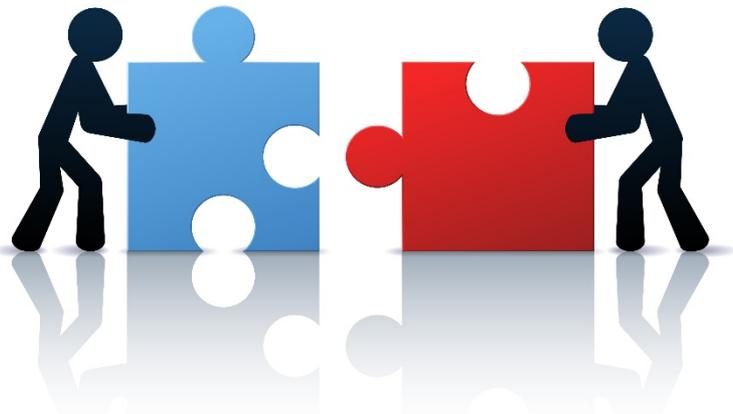
Obtaining a racial-cultural history of the participant:

- Ask about how the client and his or her family/significant others currently and previously identified racially
- Exploring whether the participant's race or cultural background has been a source of pain hurt, humiliation, pride or strength is an important component of the assessment process.



# Treatment and Racism – Process Issues For Race-Specific Concerns

- Interventions should be contextualized rather than be exclusively intra-psychic; therapists should use an understanding of racism as it is embedded in U.S. culture
- Explore the possible connection between the client's racial encounters with their presenting concern
- Take into consideration the racial composition and power differential of the therapeutic dyad



# Treatment and Racism – Process Issues For Race-Specific Concerns

- Therapist must consider the symptoms that result from the racial encounter(s)
- Goals of treatment should be to reduce the post-event symptoms, reframe aversive out-group attitudes, alleviate any disturbance of in-group identity, and eradicate avoidant intergroup behaviors
- Issues involving healing the harm to the person's sense of self are important since the racial events are inexplicable and thus increases the intensity of the insult and wound inflicted to one's person



# Treatment and Racism: Nothing Is Like Racial Trauma

- “No body has asked me that before,” stated a client who was asked by her therapist to describe her racial experience, asking specific questions about the encounter. Perhaps the reason no one has ever asked this client more details about her racial encounters is due to both parties in the therapy dyad avoiding the topic.
- Experiences of racism elicit feelings of helplessness in both clients and therapists, thus unfortunately, promoting avoidance.
- An important step is to understand and accept the fact that there is not anything you can *do about* the client’s racial encounter(s).



# Treatment and Racism: Nothing Is Like Racial Trauma

- There is no rationalization, no empathy or sympathy to “make them feel better” or make their “pain disappear.” We can get seduced into wanting to make our clients feel better, this is an area in which one would fail on a grand scale and in doing so may actually cause harm (by invalidating the client’s experience).
- There is a both-and quality to the client’s emotional experience. S/he can be bewildered in a state of disbelief mixed with a range of feelings and reactions. The client’s emotions, cognitions and behaviors are interconnected and difficult to tease apart.



# Advances – Conclusions

- Race-Based Traumatic Stress Injury
  - Distinct from PTSD
  - Non-Pathological
- RBTSSS
  - Relationship between After and Now reactions
  - Shift from group-level to individual-level scoring approach
- RBTS
  - Construct and predictive validity established in several studies:
    - Multi-racial study –
    - Black Only CFA –
  - Classes of Racism – Two Measures support theory as does Predictive Validity – with RBTSSS -





# References

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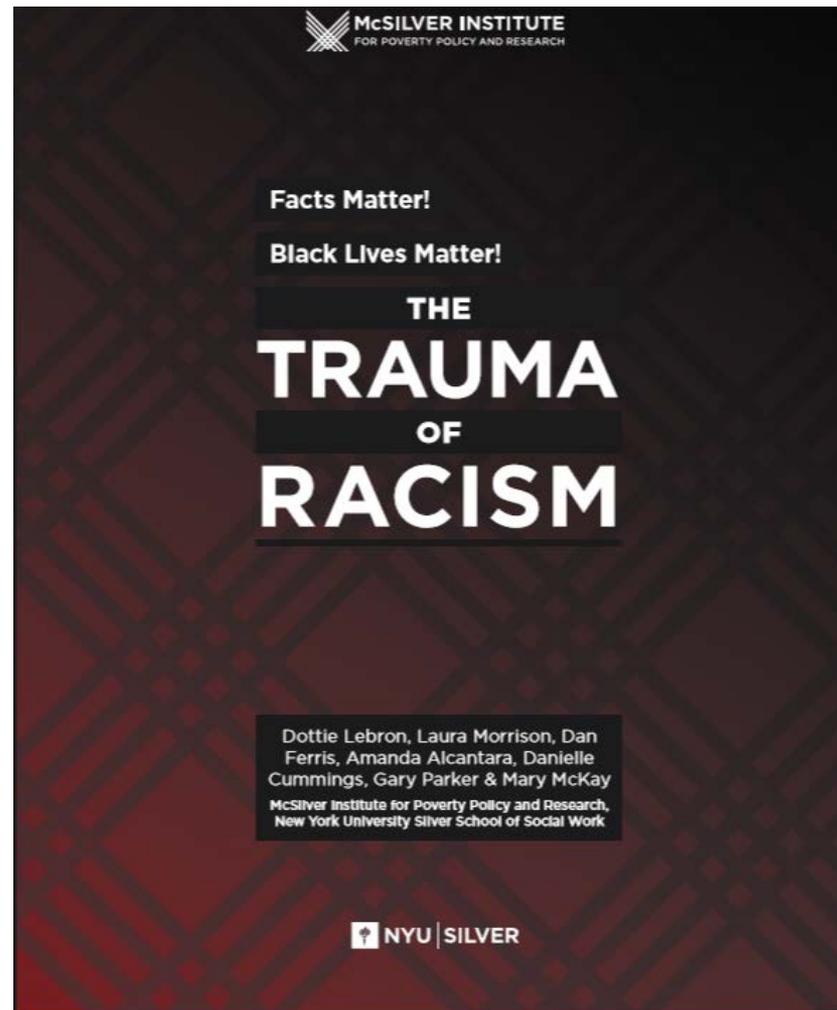
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# Upcoming Webinar:

The Role of Racial Trauma in Psychotherapy

Presenter: Monnica T. Williams, Ph.D.

July 23, 2015

12:00pm-1:00pm

1.0 CEU available

\$15 processing fee

During this webinar, Dr. Monnica Williams will review the role of race and racial identity in the therapeutic relationship, and offer best practices for clinicians working with persons of color.



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