

Repeated, Ongoing, and Systemic Incidents of Racism and their Harmful Mental Health Effects:

Addressing Trauma in the Lives of African Americans

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Abstract

This article will examine the correlation between racial incidents faced by African Americans and the psychological impact these incidents have on members of African American communities, specifically focusing on the correlation between aggressive and frequent law enforcement contact/interaction and the traumatic impacts faced by African Americans as a result of said contacts and interactions. It will also attempt to contextualize the meaning of racial trauma and its ever-present reality for African Americans. Special attention will be paid to African American youth and young adults and the ongoing traumas faced by this group as they navigate through facets of American society, both within and without their communities. A historical analysis will bolster the theory that historical events can and do create trauma (peripheral) for African Americans. The article will then discuss racial trauma as the result of frequent and ever-present forms of discrimination, including how interactions with law enforcement can exacerbate mental health issues related to trauma. Finally, recommendations will be made to reduce and prevent trauma associated with law enforcement contact and interaction.

Introduction

Trauma is any event or experience which threatens one's physical or psychological well-being, including the ability to cope.¹ Defining trauma has typically involved studying war veterans, holocaust survivors, and victims of sexual and domestic violence.² While this definition is important and sheds light on issues related to traumatic events, it does not necessarily include repeated and ongoing incidents involving racism and disparate treatment faced by African Americans in their daily lives. The definition itself is too vague and lacks the cultural factors and nuances needed to account for generational trauma that has resulted from centuries of racialized social and legal practices, like slavery and segregation. These nuances show themselves in the daily lives of African Americans and are passed down over generations to ensure survival and safety. As scholars have written of the generational trauma experienced by descendants of Native Americans and Holocaust survivors, it follows that African Americans would fit the same paradigm: displacement, involuntary social disruption, family separation and substandard living conditions.¹ Academic and clinical studies involving the mental health effects of disparate treatment and racial trauma are an emerging, but highly necessary, discipline. Traumatic events can be both real and perceived and do not necessarily have to involve direct affect.³

Historical Analysis

Discrimination has historically been defined as some form of disparate treatment of similarly situated individuals, especially where race, gender or class may offer distinctions between

individuals. Racial discrimination has played an enduring and often insurmountable role in conflicts throughout American history. Since colonists and enslaved persons landed in Jamestown, Virginia in 1619, racism and disparate treatment of African Americans has been both a de jure and de facto part of American society. Racial discrimination has been recognized by psychological professionals as having a traumatic effect on members of minority groups.³ In particular, African Americans have been the focus of hundreds of years of brutal chattel slavery, discriminatory legal practices and socioeconomic marginalization. Racial trauma associated with discrimination in general is detrimental to the psyche of African Americans and perhaps may have damaging effects on their White counterparts as well.

It should be noted that Dr. Martin Luther King, Jr. gave a speech at the American Psychological Association's annual convention in 1967, outlining the role psychologists could play in addressing the ills of racial discrimination.⁴ He spoke of the need to have social scientists and psychologists address racial discrimination, specifically invoking the riots of the 1960s as examples of African American responses to conditions that impacted their everyday lives in American society. He further went on to discuss maladjustment, a psychological term, as one's inability to adjust to racial segregation and discrimination. With King's foresight in mind and the continued law enforcement incidents that have garnered national media attention and sparked protest movements throughout the country, the overwhelming feelings by some is that little, if any progress has been made for many African Americans. Addressing trauma and post-traumatic stress disorder (PTSD) symptoms experienced by African Americans must be an integral part of any proposed policy solutions. Moreover, recommendations and legal remedies must address what has been and should be considered an ongoing public health issue.

According to Alsan, Wanamaker, and Hardeman, peripheral trauma can result from racially charged events.⁵ Their study of the Tuskegee Syphilis experiments, an act of targeted racial injustice, shows potential health implications for individuals not directly affected by the event. This peripheral trauma can occur in African Americans, as they are likely to be familiar with events by which they may not be directly affected. The authors studied all-cause mortality rates for African American men between 1968 and 1987. They found that the all-cause mortality rates increased after the Tuskegee study ended in 1972. Moreover, the all-cause mortality rates were higher for African American men living closer to Tuskegee. Similarly, they found a marked decrease in outpatient visits for African American men between 1973 and 1977; impacting higher geographically closer to Tuskegee, AL.

Other examples of peripheral trauma may include seeing historical images of brutal tactics used by Whites during the civil rights movement or learning about the cruel and inhumane conditions of the southern plantation system during slavery. One need not have been directly affected to absorb the trauma associated with such events. Transmission of trauma across generations is one example of how peripheral trauma affects individuals.⁶ Survivors of traumatic events, such as the Holocaust, may develop PTSD and affect the mental health of their offspring.⁷ The terror attacks of September 11, 2001 and their aftermath are an analogous example of how peripheral trauma can occur. While the vast majority of Americans were not directly affected by the attacks, there was a clear nationwide reaction both on the day of the attacks and for many months after. Palpable fear and a lack of feeling safe were present in communities far removed from New York, Virginia, and Pennsylvania.

Police interaction in disadvantaged and minority communities have long been fraught with racial animus and have created the perfect petri dishes for trauma to be experienced by African

Americans. The 1968 Kerner Commission Report⁸ on Civil Disorders found that riots during the 1960s took place in the aftermath of confrontations between police and community members and were not the result of African American anger, but the natural response to White racism that led to frustrations on the part of African Americans. The report made broad policy and legal recommendations to improve police and community relations, including the curtailing of indiscriminate stops and searches, physical and verbal abuse, and reassigning officers who had bad reputations with community residents. Interestingly enough, the report also made recommendations that addressed housing, education, and employment. It seems that the authors of the report were right on the cusp of recognizing the factors that lead to disadvantaged people creating survival tactics to deal with the everyday traumas of a racialized caste system, sanctioned by governmental authority. Unfortunately, the recommendations made in the Kerner Commission Report have been largely ignored over the past 50 plus years. This willful ignorance has perpetuated extrajudicial law enforcement interactions with African Americans, albeit captured on cameras for public viewing. But more importantly, it has exacerbated the tensions, distrust and attitudes held by African Americans toward the police. The contemporaneous issues of police killings and brutality toward African American bodies is the re-traumatizing of events the report hoped to address.

Discussion

The Diagnostic and Statistical Manual of Mental Disorders (DSM)⁹ addresses various traumas that may lead to healthy and unhealthy recovery and in many cases negative recovery and PTSD. Negative recovery can include the inability to control emotions in stressful situations, use of drugs or alcohol to suppress emotions and memories, and engaging in risky or promiscuous behavior. Equally troubling however is the fact that negative recovery may result in an individual becoming numb to situations of repeated stress and trauma. The DSM does not address racial discrimination as a trauma, nor does it outline how racial discrimination plays a role in creating conditions that could lead to PTSD. Systemic discrimination and incidents of racism faced by African Americans has historically been viewed as too trivial or not catastrophic enough to justify a PTSD diagnosis.¹⁰ Similarly, the most recent editions of the DSM offer some insight into the way culture may affect experiences of trauma, but it still does not specifically address trauma faced by specific members of minority groups.¹¹ In order to understand the far-reaching traumatic impact of racism on African Americans, the conversation must include the historical wrongs visited against them, the impact of peripheral trauma, and how the impact of these phenomena should probably be viewed as ongoing and systemic. Historical examples of disparate treatment can have far reaching traumatic effects from a peripheral viewpoint as previously mentioned. African American fathers and mothers have had “the talk” with their children as a primer on how to conduct oneself when interacting with the world outside of one’s home, and especially when interacting with law enforcement. The talk is a reaction to previous trauma and though not real to the child, can thereby be perceived trauma that can be adopted by the child. African American parents resort to racial socialization to communicate racial experiences to their children, thereby hoping to pass on coping mechanisms to African American children who are likely to face discriminatory racial encounters.¹²

Additionally, research done by Jackson et al. showed an association between racial and gendered stressors and antenatal depressive symptoms in expectant African American mothers in the Atlanta area.¹³ The publicized violent police interactions between African Americans and police directly affected the mothers’ need to protect their children from anticipated negative police

interactions. This type of anticipated interaction is a clear example of reaction to trauma. Geller et al., suggest a causal link between aggressive police practices and subsequent effects on the mental health of young men in New York City.¹⁴ The authors' results show a disturbing pattern that is all too evident in disadvantaged communities. Young men who were frequently the target of stop and frisk and other aggressive practices displayed higher levels of anxiety and trauma after such contacts. These aggressive police practices were implemented to target high crime areas, but lead to compromised mental health outcomes for young men who had intrusive police contacts.¹⁴ The stop and frisk tactics, given legal weight by the Supreme Court decision in *Terry v. Ohio*,¹⁵ have become common place in many cities and neighborhoods heavily populated by people of color. These tactics have also lead to serious tension between police and community stakeholders. Media representations and sensationalization of these activities, combined with racism and underlying biases, contributed to perceptions by Whites that African Americans must be policed in a fashion akin to wartime occupation and, like societies at war, trauma and PTSD are natural manifestations.

As previously mentioned, trauma can be both real and perceived. According to Smith, racial trauma takes three forms for African Americans: directly experiencing racist events that lead to physical, psychological or emotional injury (violence, social profiling, false allegations of crime, etc.) that have a traumatic effect, witnessing events that have racial overtones, and living in or under difficult conditions as a result of race or poverty.³ The traumas associated with such experiences may not always fit the classic definition outlined in the DSM, but they have all of the elements that lead to compromised mental health outcomes. Furthermore, one's ability to cope after experiencing traumatic events is directly related to the status of one's mental health and their ability to cope. However, the coping mechanisms may be stifled by repeated and systemic traumas related to race and discriminatory encounters. Henderson found that African American youth in Washington, DC had a hard time conceptualizing trauma, even though their shared experiences fit all of the elements defined in the DSM.¹¹ The author of the study purports that cultural beliefs helped form the perspectives that African American youth use to define trauma. Because the DSM lacked any real analysis of cultural factors, specifically those related to African Americans, assessment of trauma is extremely limited from a traditional westernized viewpoint. Much of their trauma related to experiences, real and perceived, that were tied to feelings of being stuck in socioeconomically bad conditions, living in violent and disadvantaged neighborhoods, death, and harassment by law enforcement.¹¹ Lack of effective coping mechanisms or the prolonged hyper vigilance involved in living under racist conditions can have a detrimental effect on one's health outcomes.¹⁶

Other studies have shown how police killings of and violent encounters with African Americans can detrimentally affect the health of adolescents. Specifically, Staggers-Hakim tied national police brutality cases and extrajudicial killings to the social and mental well-being of African American boys.¹⁷ Though African Americans account for 13.4% of the U.S. population, they are proportionately over-represented in cases involving deadly force by law enforcement. For example, African Americans are three times more likely to be killed by police than other ethnic groups and are more likely to be unarmed during these deadly encounters.^{17,18} The suggestion that racism can play a major role in the mental health outcomes is bolstered by the fact that feelings of hopelessness occur when there is a belief that "it could happen to me." Moreover, these feelings may become aggravated by the fact that many of the nationally televised police brutality cases rarely result in accountability for the officers or departments that commit them.

Law enforcement agencies in the state of Delaware are not immune from the current crises affecting African Americans in other parts of the country. A recent report from the U.S. Commission on Civil Rights highlights some of the issues related to implicit bias, aggressive police tactics and unfair treatment of African Americans by Wilmington, DE Police.¹⁹ While the City of Wilmington mirrors many urban areas that contend with issues of poverty, crime, unemployment and other socioeconomic ills, its African American citizens have routinely complained of aggressive tactics and mistrust of the police. Crime control strategies -- vestiges of the War on Drugs -- were routinely employed by Wilmington Police officers. Residents routinely complained of being stopped and searched for no reason other than “walking while Black.” Residents also described police as militarized and lacking in cultural awareness. These strategies and attitudes are the breeding ground for distrust and can lead to trauma development. A glaring example of this type of policing strategy involved local police in Kent County, Delaware arresting 22 individuals, “The Camden 22,” on June 9, 2020 for protesting the killing of George Floyd in Minneapolis, Minnesota.²⁰ An African American photojournalist working for a local newspaper, well known in the community for covering news events and displaying full press credentials, was arrested along with those protesting. He stated that he was with the press multiple times, but his statements were ignored. Did local law enforcement simply see an African American male and not a journalist exercising his first amendment right to cover a newsworthy event? Notably, all charges were dropped against the protesters and the journalist and Governor Carney tweeted that journalists should not be arrested for doing their jobs. Implicit biases create situations that foment racial tensions. These tensions quickly turn into trauma for residents who must navigate their surroundings, knowing that racial issues are always just below the surface of their everyday lives.

Recommendations

Racial trauma is real and should be treated like any other trauma that can lead to PTSD. Continual reminders of traumatic racial events from the media, real and perceived racial events in the lives of individuals, and living conditions that promote racial caste systems are the key indicators that trauma can and will occur. Mental health practitioners must understand that racism is the pathology of a system that affects the lives of minority members of society on an almost daily basis. With that in mind, practitioners can employ many of the same practices used to treat individuals who have developed PTSD as a result of combat, through family or sexual violence, or other forms of traumatic life events. It is important to note that in assisting individuals with PTSD, one must not bring one’s own biases into treatment. Because of past historical events, African Americans may be skeptical of clinical treatment practices. Alternative treatments must include culturally sensitive approaches such as utilizing therapists who have a clear understanding of institutionalized racism, ethnoviolence and microaggressions. Perhaps engagement with African American therapists could aid in the sharing of experiences and breakdown the mistrust that some clients may harbor toward psychological treatment. Lastly, alternative treatments may include yoga, meditation or other physical practices, as they have been successful in reducing stress and tension.²¹

In responding to individuals with traumatic racial experiences in their backgrounds, seek out ways to help them with healthy recovery and coping development. Ensure that they do not become numb to their experiences or develop a sense of hopelessness and despair. The literature has shown that many individuals that experience traumatic events can and do recover in healthy ways. For example, many individuals learn from traumatic experiences and become better at

managing themselves when confronted with similar threats in the future. They also develop coping skills that assist them in responding to future events. However, if we consider the abovementioned issues of repeated and systemic racial trauma experienced by African Americans, the odds of good recovery go down exponentially. The recovery phase is likely to include increased vigilance, aggression, PTSD, physiological symptoms, and abuse of intoxicants,³ all of which result in an increased likelihood that the individual will be revictimized. The key to successful recovery is improved function for the affected individual.

Since African Americans are more likely to experience PTSD as a result of ongoing traumatic events, multiple stakeholders need to address the treatment factors for members of this group. Institutions (schools, state and local government, etc.), law enforcement, health systems and community members can act holistically to intervene and prevent ongoing trauma.²² Lastly and perhaps most importantly, law enforcement agencies, with the assistance of the federal government, need to revamp policing practices and build trust with the communities they are tasked with “protecting and serving.” Simply holding rogue officers accountable for bad acts would ease years of tension and trauma built up in African American communities. Employing training methods that emphasize de-escalation and crisis intervention would serve police and communities well. Combatting implicit bias, recruiting officers from within urban communities, and removing the stigma of police as militarized occupying forces would do much to build trust in minority communities as well.

Conclusion

No single approach to combatting racial trauma will work effectively. Institutions must begin by recognizing the facets of their practices which adversely affect African Americans and other people of color. Once a thorough recognition and acknowledgement is made, healing for individuals dealing with ongoing trauma can begin. They will no longer see themselves as outsiders or the lowest members of a racial caste system. Above all, as this issue has the immediate effect of creating deadly consequences, law enforcement agencies must begin to rethink how their personnel police communities of color. Implicit bias creates trauma and though existent in all individuals, must be curtailed in law enforcement personnel. Racial trauma must be viewed as a legitimate form of mental health ailment and should be dealt with using valid and proven treatment mechanisms.

References

1. Williams-Washington, K. N., & Mills, C. P. (2018). African American historical trauma: Creating an inclusive measure. *Journal of Multicultural Counseling and Development*, 46(4), 246–263. <https://doi.org/10.1002/jmcd.12113>
2. Herman, J. L. (1997). *Trauma and recovery*. Basic Books.
3. Smith, W. (2010). The Impact of Racial Trauma on African Americans. Retrieved from <https://www.heinz.org/userfiles/impactofracialtraumaonafricanamericans.pdf>
4. Farley, F. (2013). M. L. King Jr.'s Visit with Psychology. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/us/blog/the-peoples-professor/201301/mlking-jrs-visit-psychology-1>

5. Alsan, M., Wanamaker, M., & Hardeman, R. R. (2020, January). The Tuskegee study of untreated syphilis: A case study in peripheral trauma with implications for health professionals. *Journal of General Internal Medicine*, 35(1), 322–325. [PubMed](#) <https://doi.org/10.1007/s11606-019-05309-8>
6. Fonagy, P. (1999, April). The transgenerational transmission of holocaust trauma. Lessons learned from the analysis of an adolescent with obsessive-compulsive disorder. *Attachment & Human Development*, 1(1), 92–114. [PubMed](#) <https://doi.org/10.1080/14616739900134041>
7. Dashorst, P., Mooren, T. M., Kleber, R. J., de Jong, P. J., & Huntjens, R. J. C. (2019, August 30). Intergenerational consequences of the Holocaust on offspring mental health: A systematic review of associated factors and mechanisms. *European Journal of Psychotraumatology*, 10(1), 1654065. [PubMed](#) <https://doi.org/10.1080/20008198.2019.1654065>
8. U.S. National Advisory Commission on Civil Disorders. (1968). *Report of the National Advisory Commission on Civil Disorders*. <https://belonging.berkeley.edu/1968-kerner-commission-report>
9. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*.
10. Butts, H. F. (2002). The black mask of humanity: Racial/ethnic discrimination and post-traumatic stress disorder. *The Journal of the American Academy of Psychiatry and the Law*, 30(3), 336–339. [PubMed](#)
11. Henderson, Z. (2019, June 30). In their own words: How Black teens define trauma. *Journal of Child & Adolescent Trauma*, 12(1), 141–151. [PubMed](#) <https://doi.org/10.1007/s40653-017-0168-6>
12. Anderson, R. E., & Stevenson, H. C. (2019, January). RECASTing racial stress and trauma: Theorizing the healing potential of racial socialization in families. *The American Psychologist*, 74(1), 63–75. [PubMed](#) <https://doi.org/10.1037/amp0000392>
13. Jackson, F. M., James, S. A., Owens, T. C., & Bryan, A. F. (2017, April). Anticipated negative police-youth encounters and depressive symptoms among pregnant African American women: A brief report. *J Urban Health*, 94(2), 259–265. [PubMed](#) <https://doi.org/10.1007/s11524-017-0136-3>
14. Geller, A., Fagan, J., Tyler, T., & Link, B. G. (2014, December). Aggressive policing and the mental health of young urban men. *American Journal of Public Health*, 104(12), 2321–2327. [PubMed](#) <https://doi.org/10.2105/AJPH.2014.302046>
15. *Terry v. Ohio*, 392 U.S. 1 (1968) Retrieved from <https://www.law.cornell.edu/supremecourt/text/392/1>
16. Sewell, A. A., & Jefferson, K. A. (2016, April). Collateral damage: The health effects of invasive police encounters in New York City. *J Urban Health*, 93(1, S1), 42–67. Retrieved from <https://doi-org.desu.idm.oclc.org/10.1007/s11524-015-0016-7> [PubMed](#)
17. Staggers-Hakim, R. (2016). The nation's unprotected children and the ghost of mike brown, or the impact of national police killings on the health and social development of African

- American boys. *Journal of Human Behavior in the Social Environment*, 26(3-4), 390–399. <https://doi.org/10.1080/10911359.2015.1132864>
18. Johnson, K., Hoyer, M., & Heath, B. (2014, August 15). Local police involved in 400 killings per year. *USA Today News*. Retrieved from <http://www.usatoday.com/story/news/nation/2014/08/14/police-killings-data/14060357/>
 19. U.S. Commission on Civil Rights. (2020). *Implicit Bias and Policing in Communities of Color in Delaware*. Retrieved from <https://www.usccr.gov/pubs/2020/01-22-DE-Implicit-Bias-Policing-Report.pdf>
 20. Update on charges: Dover Post reporter released after what police describe as a disorderly protest led to 22 arrests. (2020, June 9). *Delaware Business Now*. Retrieved from <https://delawarebusinessnow.com/2020/06/reporter-photographer-arrested-by-state-police-in-camden-area/>
 21. Parekh, P. N. (2011, September) From Murder to Meditation. *Khabar*. Retrieved from http://www.khabar.com/magazine/cover-story/from_murder_to_meditation
 22. Graham, P. W., Yaros, A., Lowe, A., & McDaniel, M. S. (2017, June). Nurturing environments for boys and men of color with trauma exposure. *Clinical Child and Family Psychology Review*, 20(2), 105–116. [PubMed <https://doi.org/10.1007/s10567-017-0241-6>](https://doi.org/10.1007/s10567-017-0241-6)

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