



PAPER 2

Understanding the roles and relationship between **racism and trauma** in the lives of Black, Asian and minoritised ethnic children and young people in Britain

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Introduction

There has been growing recognition of the intersectional experiences of inequality as experienced by Black, Asian and minoritised ethnic children and young people and the increased risk of trauma, adversity and poorer outcomes that may be associated, creating a demand at the global scale for more comprehensive academic research (UKTC, 2021; Ayodeji et al., 2021). Much of the existing research emanates from the U.S., Canada, and Australia, which has argued that trauma disproportionately affects minoritised ethnic groups, with racism playing a significant role in producing unequal long-term outcomes.

In the U.S. research has sought to understand and contextualise the experiences of trauma within and among different ethnic groups, examining strategies for mitigating the impact of and supporting recovery from racial trauma (Polanco-Roman et al., 2016; Comas-Díaz et al., 2019; Anderson and Stevenson, 2019; Williams and Zare, 2022). This research highlights the relationship between trauma and poorer life outcomes, including mental and physical health issues, lower educational attainment, higher incarceration rates, exposure to violence, and socioeconomic deprivation. However, research in the UK context has remained somewhat limited, with few studies exploring racism as a form or cause of trauma (notable exceptions include: Agyeman and Lichwa; 2020; Ayodeji, et al., 2021; King, 2021 UKTC, 2022). Whilst the impact (of experiences) of racism may vary based on how it was expressed and received, evidence suggests racism does have the capacity to be experienced as traumatic and

therefore the correlation between racism and trauma requires attention especially given that trauma is disproportionately experienced by people from Black, Asian and minoritised ethnic backgrounds. This gap in understanding appears particularly concerning given the numerous studies that have found that Black, Asian and minoritised ethnic children and young people are at a greater risk of experiencing forms of trauma and childhood adversity (Comas-Díaz et al., 2019; EIF, 2020; Pumariega and Beck, 2022).

In the wake of the events of 2020, in particular, the murder of George Floyd and the outbreak of the Covid-19 pandemic, the concept of racial trauma has gained greater recognition and awareness in Britain (Agyeman and Lichwa, 2020; Younis, 2021). This paper explores the utility of racial trauma as a concept for understanding the damaging impact of racism on children and families.



Trauma disproportionately affects minoritised ethnic groups...

Racial trauma

Racism has been described as a “chronic stressor” that negatively impacts the ability to cope over time (Williams et al., 2018). Existing trauma scales however often fail to capture experiences of racism explicitly, arguing that as racism may impact people and communities in different ways, it can be difficult to define or measure how and when it is experienced as trauma (Polanco-Roman et al., 2016; Kirkinis et al., 2021). The result is an insufficient consideration as to the impact of racism in both definitions and diagnoses of traumatic stress.

Some scholars have suggested that symptoms of racial trauma often mirror those of post-traumatic stress disorder (PTSD), such as dissociation, anxiety, difficulty sleeping and depression (Carter et al., 2020; William and Zare, 2022). However, a formal PTSD diagnosis requires experiencing or witnessing threat to life or physical harm (Cénat, 2023). As such, while some acts of overt and bodily abuse could meet the PTSD criteria, other manifestations of racism such as verbal abuse may not be recognised as traumatic. Another important distinction is that PTSD is often conceptualised as a response to or happening after a traumatic event, whereas racism can manifest as an ongoing and cumulative traumatic experience. This can make it more difficult to identify such experiences as traumatic which can also decrease the likelihood of support offered (Williams and Zare, 2022). Understandings of PTSD are also primarily rooted in experiences of war, the Holocaust and sexual violence survivors, further complicating the inclusion of racism within definitions and diagnoses (Henderson, 2017).

“The symptoms of racial trauma often mirror those of post-traumatic stress disorder (PTSD)...

To address this gap in understanding, specific race related stress and trauma scales have been developed. The Race-Based Traumatic Stress Symptom Scale (RBTSSS), created by Carter and colleagues (2013), attempts to account for the emotional and psychological impact of racism. Race Based Traumatic Stress (RBTS), (Carter, 2007) is defined as “exposure and re-exposure to race-based stress” (Comas-Díaz et al., 2019). Whilst trauma can arise from different threats and harms, racial trauma specifically refers to distress and harm caused by experiences of racism and discrimination (Carter, 2007; Comas-Díaz et al, 2019; Williams and Stevenson, 2019). This has been useful in accounting for the role of racism within and as inherent to experiences of trauma, although there remain limitations in its ability to capture the cumulative nature of racist experiences (Cénat, 2023).

The UnRESTS scale was also developed with the goal of evaluating PTSD in those who have experienced race related trauma (Williams, Metzger, et al., 2018; Cénat, 2023). However, Cénat (2023) has argued that while these scales have been significant in establishing racism as traumatic and making clear the similarities between the effects of PTSD and those who have experienced race related trauma, there are still gaps that future tools and trauma measures should consider, namely capturing the ongoing nature of racism and its social and economic implications.

The conceptualisation of racial trauma in the U.S.

Within the U.S. the concept of racial trauma has been more widely developed. Research has highlighted that Black Americans experience more traumatic incidents and adverse experiences in comparison to white American groups (Hatch et al., 2007; Assink et al., 2018; Pumariega, et al., 2022) with experiences of racism, poverty and community violence more widely recognised as sources of adversity and trauma (Castro-Ramirez et al., 2021; Hankerson et al., 2022). Studies have also explored the ways in which experiences of racism contribute to an increased likelihood of depression, anxiety, post-traumatic stress, loneliness and suicide amongst minoritised ethnic communities in comparison to White Americans (Priest et al., 2014; Anderson and Stevenson, 2019; Pumariega et al., 2022). However, it appears that much of the research emanating from the U.S. focuses on direct and inter-personal experiences of racism, negating the ways in which structural and institutional factors may create the conditions in which trauma and race related trauma operate (Alvarez et al., 2021; Louie-Poon et al., 2022).

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Parents should play an active role in preparing children for racism that they might experience.

The concept of racial socialisation theory has also been discursively explored in the U.S. (Anderson and Stevenson, 2019). This approach proposes that parents should play an active role in preparing children for racism that they might experience. Racial socialisation expands on the notion of “the talk”, which typically involves a set of clear instructions given by parents/ caregivers to children and young people about how they should conduct themselves when interacting with the police or positions of authority to keep themselves safe. Racial socialisation goes further by suggesting there are four main messages that parents and caregivers should convey to protect and prepare children from racism. These include cultural and group pride, equality, preparation to be able to deal with experiences of bias, discrimination or injustice and raising awareness of racial tensions (Paasch-Anderson et al., 2019; Rogers et al., 2024). Other scholars suggest the messages of racial socialisation should be reinforced by parents sharing and making meaning of their personal experiences of racism and/or racial trauma (Anderson and Stevenson, 2019; Cai and Lee 2021). This is seen to both prepare and mitigate against the impact of racist and traumatic experiences (Osborne et al., 2021).



Research has shown some positive outcomes between parents' uses of racial socialisation and children's overall wellbeing (Anderson and Stevenson, 2019) such as an improved sense of cultural pride and enhanced resilience (Hughes et al., 2006). However, concerns have been raised as to how much parents should share with their children (Dalgaard and Montgomery, 2015) and the extent to which these discussions may themselves be harmful by instilling fear and concerns in children that they did not previously have.

Developments in Britain

Research has also pointed to the role that social and economic hardship play in predisposing individuals and groups to traumatic incidents (Santiago et al., 2013; Evans and Kim, 2013; Adjei et al., 2022). In the U.K. for instance, evidence has repeatedly shown that Black, Asian and minoritised ethnic groups are most likely to experience social and economic deprivation as well as poorer educational and health outcomes (Ministry of Housing, Communities and Local Government (MHCLG), 2020b). For example, between 2022/2023 evidence shows that Pakistani and Bangladeshi groups were more likely to be in relative poverty (GOV.UK, 2025). Therefore, systemic inequalities may increase the likelihood of some ethnic groups being more likely to experience trauma.

In Britain, the concept of racial trauma is less developed, with awareness varying between different institutions (Prajapati and Liebling, 2021). When acknowledged, it is often included in the literature on health inequalities, racism, and mental health rather than specific trauma studies. Despite increased awareness and evidence that racism and institutional racism continues to be a significant cause of inequality in Britain, challenges have consistently been met by governmental and policy denial.

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In recent years and in response to recent global events, there appears to be greater acceptance that interpersonal and overt experiences of racism can negatively impact children and young people's mental health and a recognition these experiences have the potential to be traumatic (UKTC, 2021; Ayodeji, et al., 2021). The following section of the paper examines racial trauma's utility in explaining racism's impact on young people and families in Britain, exploring a small but growing body of research within the spheres of education, the criminal justice system, mental health and child sexual abuse.

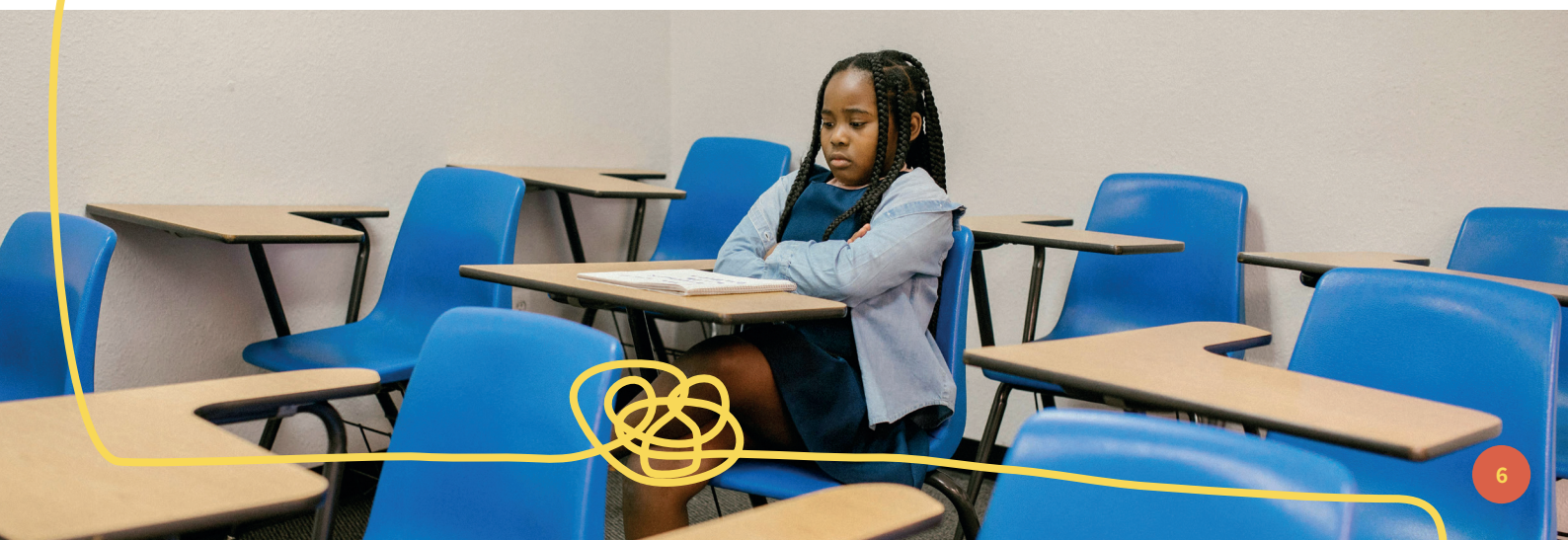
Key areas of trauma exposure for Black, Asian and minoritised ethnic children

Education

Research has identified education and classroom settings as key sites of trauma experienced by Black, Asian and minoritised ethnic children and young people (Agyeman and Lichwa, 2020). A YMCA (2020) report found that 95% of Black students have heard or witnessed racist language and racism in schools, while over 50% of students felt that teachers labelled them as “less capable” and “aggressive” (YMCA, 2020). Whilst this paper does not assume that all minoritised ethnic children have experienced racism and are traumatised because of racism, it is important to explore the relationship between educational institutions, racism and trauma given that experiences of racism have a proven negative impact on academic attainment (Huynh & Fuligni, 2010; Runnymede Trust, 2021).

A specific concern within the context of trauma research is the over-representation of Black Caribbean students in school exclusion statistics (Agyeman and Lichwa, 2020) with evidence finding that Black children are more likely to be disciplined for disruptive behaviour compared to their White counterparts (Agyeman and Lichwa, 2020). The available research also suggests that Black children’s “disruptive” behaviours are rarely recognised as responses to trauma and adversity compared to White children displaying similar behaviours, who are also more likely to be offered support and care (Agyeman and Lichwa, 2020).

Agyeman and Lichwa’s study (2021) also identifies the experience of being routinely and disproportionately disciplined within school settings as both racist and traumatic for some pupils (Agyeman and Lichwa, 2020). They argue that these experiences lead to a loss of confidence and result in the disengagement of Black children from education. Drawing on evidence of the disproportionate exclusion of Black children from schools, higher rates of SEND diagnoses, and delayed or limited access to support services, Agyeman and Lichwa highlight the influential role that schools and teachers play in traumatising, re-traumatising, and failing to adequately support Black children. Importantly, it points to the ways in which education settings can be both a site and cause of trauma as well as a missed opportunity to identify and deliver early intervention for Black and minoritised ethnic children (Little and Maunder, 2021).



The criminal justice system

British research has highlighted a link between school exclusion, trauma, and increased risk of criminal involvement among minoritised ethnic children (Altintas and Bilici, 2018; HM Inspectorate of Probation, 2021). There is growing interest in how negative educational experiences can increase the likelihood of both engaging in offending behaviour and becoming a victim of criminal exploitation. The school to prison pipeline theory (Hemez et al., 2020), largely examined in the U.S., demonstrates how punitive school practices disproportionately affect Black, Asian and minoritised ethnic children, and negatively impact educational attainment. A HM Inspectorate of Probation report (2021) identified that Black and Mixed heritage boys who go through the youth offending service have likely experienced racial discrimination, school exclusion and criminal exploitation. Furthermore, this report found that 60% of Black and Mixed heritage young men in the youth offending system have experienced school exclusion (HM Inspectorate of Probation, 2021).

Research has also consistently shown that young people from Black and Mixed heritage backgrounds are disproportionately targeted by the police and are six times more likely to be incarcerated (HM Inspectorate of Probation, 2021) therefore being significantly overrepresented in the English and Welsh criminal justice system (YMCA, 2020; AYPH, 2023; Juvenis, 2023; Youth Justice Board, 2024).

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Research on “stop and search” practices offer valuable insight into the criminalisation of young Black men in Britain, highlighting how racial bias contributes to portraying them as inherently suspicious or dangerous. This experience can be deeply traumatising (Juvenis, 2023). Black individuals are 34 times more likely to be stopped by police compared to their White counterparts (Agyeman and Lichwa 2020), while Black children accounted for 20% of stop and searches where ethnicity was recorded (Youth Justice Board, 2024). This is especially concerning as 2021 Census data shows that 39.1% of the population identified as Black African, Black Caribbean, Black Other and Black are under the age of 25 and that 11% of this group are between the ages of 18 and 24. Alarming, a YMCA (2020) report found that 55% of Black people are worried about being falsely accused of a crime they did not commit. Black children and young people are also more likely than their White peers to be viewed and prosecuted as adults by the criminal justice system (Clinks, 2018; Youth Justice Board, 2024).

Experiences with the police and persistent unwanted and unwarranted police attention in children and young people's formative years can have lasting detrimental effects on self-perception, views of the world and attitudes towards the institutions that claim to protect them (Clinks, 2018). A Juvenis report (2023) explored the detrimental effects of stereotypes projected onto young Black men by statutory bodies and the potentially traumatising impact. Based on interviews with eight young Black men, the report examines the relationship between trauma, violence, criminal activity, and the racialisation of young Black men. It argued that stereotyping, over-policing and the subsequent criminalisation of this group continues to be ignored allowing cycles of violence and criminality to continue. The report also examines the ways in which all aspects of the criminal justice system and policing exist as an ongoing source of trauma for Black and Mixed heritage young men. Meanwhile, Lewis and colleagues (2019) study found that young people between 16-24 in the U.K. who have experienced trauma are twice as likely to commit a violent offence. Addressing the overrepresentation of Black and Mixed heritage young men in the criminal justice system through the lens of racial trauma may provide further insights.



Mental health

Although the majority of research on mental health inequalities experienced by minoritised ethnic communities is based on adults (Prajapati and Liebling, 2021; Bignall et al., 2019), there is a growing interest in examining the relationship between racism, trauma and childhood mental health experienced by Black, Asian and minoritised ethnic children and young people (Ayodeji, 2021; Hankerson et al., 2021; Berry et al., 2021; AYPH, 2023; CYPMHC, 2023; Ruphrecht-Smith et al., 2023).

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People who experience childhood trauma are more likely to experience mental health issues.

People who have experienced childhood trauma are more likely to experience mental health issues (Lewis et al., 2021; Armbruster-Genç et al., 2022) including increased risk of developing depression and anxiety. It has also been evidenced that one in three diagnosed mental health conditions are connected to adverse childhood experiences (Young Minds, 2018). A recent NHS survey (NHS, 2023) found that mental health challenges experienced by children and young people in Britain have increased since 2017, with 1 in 5 people aged between eight and 25 living with a probable mental disorder. Black children in Britain are three times more likely to be diagnosed with a psychiatric disorder in relation to White British children (Barnett et al., 2019; Minnis, 2021). The Association for Young People's Health (2023) found that mental health challenges such as anxiety experienced by 10–24-year-olds are disproportionately experienced by Black, Asian and minoritised ethnic children and young people (AYPH, 2023).

Despite this, children and young people from Black, Asian and ethnic minoritised backgrounds remain underrepresented in Children and Adolescent Mental Health Services (CAHMS), yet overrepresented in adult mental health services and compulsory detention under the Mental Health Act (Young Minds, 2018). As of 2024, 1.32 million people were in contact with adult mental health services (NHS, 2024), with those from Mixed White and Black African groups having the highest rate of NHS mental health, learning disability and autism service use between 2018 and 2021 (5,268 people per 100,000) (GOV.UK, 2022).

Research suggests that this group of young people is more likely to experience structural inequalities in relation to accessing mental health services (CYPMHC, 2022). Lewis and colleagues (2019) study found that over 70% of young people who have experienced trauma are undiagnosed and untreated, with evidence suggesting that the likelihood of this will be greater for young people from ethnic minoritised backgrounds because they experience greater health inequalities. Meanwhile, Ruphrecht-Smith and colleagues (2023) mixed methods study suggests that Asian and Mixed heritage children in Britain are more likely to have worse treatment outcomes for mental health challenges because of culturally incompetent health models and treatment options. A lack of suitable and timely treatment options may reinforce long term health inequalities experienced by these communities.

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Studies have also consistently shown that Black young people are often referred at higher rates to mental health support through schools, social services, and the youth justice system, in comparison to their White counterparts who are largely referred through primary care, such as the GP (Ayodeji et al., 2021; Kapadia et al., 2022). This has resulted in disproportionate delays in getting support. The type of referral route also determines a voluntary or compulsory referral (Edbrooke and Patalay, 2019). For instance, Barnett and colleagues (2019) meta-analysis found minoritised ethnic individuals are more likely to experience compulsory hospital admission for mental health challenges.

A small but growing body of work is beginning to explore the ethnic inequalities in healthcare as experienced by young people in Britain. A study conducted by the Association for Young People's Health (2023) explored young people's experiences of health inequalities through a review of the existing publicly available data and consultation with a youth panel to better understand lived experiences of racism, barriers to health care and access to support. The study found that better data needs to be collected on young people from minoritised backgrounds experiences of healthcare. The report identified socio-economic factors and racism as key drivers of inequalities for young people in Britain, building on previous findings based on adult populations. However, other barriers such as the role of micro-aggressions were also identified. Another important consideration raised was about age discrimination with young people from minoritised ethnic backgrounds stating that they felt doubly discriminated against on the grounds of ethnicity and age.

A photograph of a young person with dark hair, wearing a dark green knitted sweater over a white shirt. They are covering their face with both hands, with their fingers spread, suggesting a state of distress, shame, or crying. The background is blurred, showing what appears to be an indoor setting with orange chairs.

“Young people from minoritised ethnic backgrounds state that they felt doubly discriminated against on the grounds of ethnicity and age”

Trauma and child sexual abuse

An emerging field of interest within trauma research has been understanding the impact of child sexual abuse (CSA). NSPCC describe sexual abuse as:

“[W]hen a child or young person is sexually abused, they’re forced, tricked or manipulated into sexual activities. They might not understand that what’s happening is abuse or that it’s wrong for the abuser to do this to them. They might be afraid to tell someone or behave as though this is normal for them to experience, both are valid for the child to be displaying. Sexual abuse can happen anywhere – and it can happen in person or online” (NSPCC).

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There is a strong evidenced correlation between child sexual abuse and developing schizophrenia and PTSD.

Child sexual abuse is one of the most prevalent forms of child abuse and is known to have a wide-ranging impact on mental and physical health which often continue into adulthood. There is a strong evidenced correlation between child sexual abuse and developing schizophrenia and PTSD (Hailes et al., 2019). However, an initial exploration of the literature suggests that limited attention has been paid to Black, Asian and ethnic minoritised children’s experiences of CSA within Britain, with evidence finding a significant underreporting of CSA by minoritised ethnic communities in Britain (IICSA, 2020).

The most comprehensive review of minoritised ethnic children’s experiences of CSA within a British context was produced as part of the Independent Inquiry into Child Sexual Abuse (IICSA, 2020). This project involved speaking to 81 individuals, predominantly from Black, African, Caribbean and South Asian heritage, about their experiences of CSA and the specific barriers to disclosing and seeking support. Several key barriers were identified: racism and cultural stereotyping, inaccessibility and unrelatability of services and institutions as predominantly White spaces, feelings of shame and stigma, as well as fears of being disowned. However, the report stressed the prevalence of these barriers in all cultures, and a need to avoid blaming specific groups and communities for being more reluctant to disclose (IICSA, 2020 Widanaralalage et al., 2024)

In the U.S., there has been some focus on the specific experiences of child sexual abuse among Black, Asian, and ethnic minoritised communities. Luken and colleagues’ (2021) comprehensive review identified significant underreporting and overreporting of CSA across different ethnic groups by state and found that disclosure is heavily informed by structural racism, economic security and immigration status of perpetrator and victim/survivor (Luken et al., 2021). Although there has been some consideration as to why certain groups are underreported in CSA, further disaggregation of the data is needed to ensure that the experiences of ethnic minoritised children are sufficiently explored to ensure more equitable outcomes for victims/survivors of CSA.



Conclusion

This paper found various gaps in knowledge with regards to the experiences of Black, Asian and minoritised ethnic children's experiences of trauma. There has been limited consideration as to how and why minoritised ethnic children are at a greater risk of experiencing trauma. Although substantial evidence highlights the potential long-term effects of childhood trauma, the role of racism within experiences of trauma has been insufficiently acknowledged and examined in British research. This has resulted in a lack of specific guidance on how to prevent and mitigate against the impact of trauma for these communities, contributing to inequitable outcomes.

British trauma research remains underdeveloped compared to countries such as the United States, where sustained efforts have advanced understanding of the long-term and intergenerational impacts of racism on minoritised communities.

Importantly these gaps highlight the need for greater recognition of how both interpersonal and institutional racism affect Black, Asian, and minoritised ethnic individuals and communities. A deeper understanding of these experiences is crucial to effectively address and prevent trauma within these groups.



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