

RACIAL TRAUMA, POLICING, AND BLACK MENTAL HEALTH

WORKSHOP ATTENDEE HANDOUT



LEARNING OBJECTIVES

- Learn about historical origins of policing, racist ideologies, race as a social construct, and the ongoing victimization of Black individuals through the contextualization of systemic racism.
- Identify, assess, and evaluate racial trauma or race-based trauma or race-based stress, coping mechanisms, and strategies to engage in difficult conversations in clinical practice
- Explore PTSD and ACES criteria for racial trauma symptomatology.
- Reflect and increase awareness of personal biases, micro/macro aggressions, and prejudice to integrate anti-racism in daily work, decrease potential harm in the clinical process.
- Analyze concepts of racial identity theory as a model for addressing power and privilege reflection

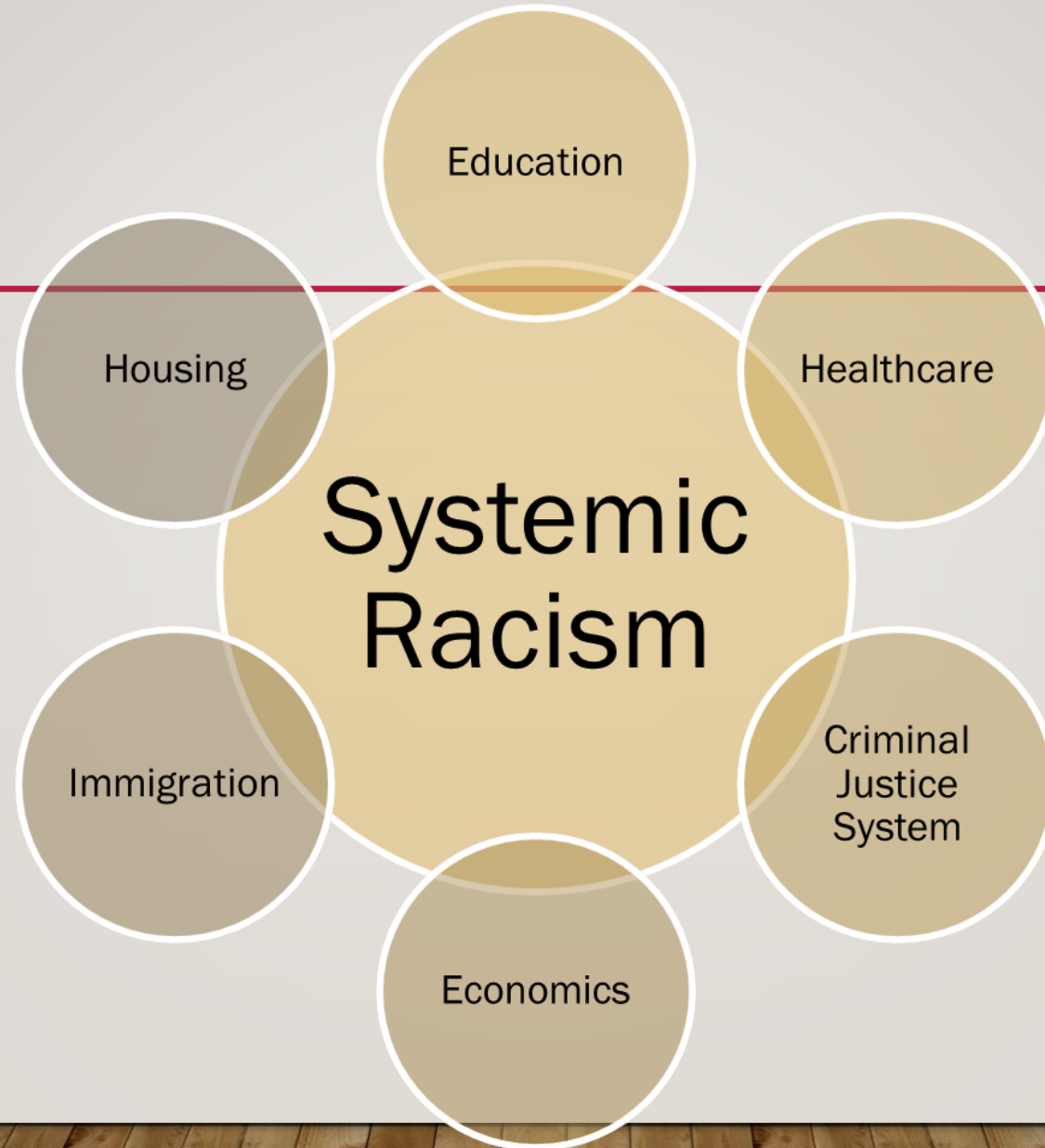
Institutional racism refers specifically to the ways in which policies and practices of organizations or parts of systems

Individual racism refers to the beliefs, attitudes, and actions of individuals that support or perpetuate racism in conscious and unconscious ways

Cultural racism refers to representations, messages and stories conveying the idea that behaviors and values associated with white people or "whiteness" are automatically "better" or more "normal" than those associated with other racially defined groups

White Privilege: Refers to the unquestioned and unearned set of advantages, entitlements, benefits, and choices bestowed upon individuals because they are white.

White Skin Privilege: "little or none of white privilege is maintained by blatant racists; rather institutional and structural mechanisms and public policy maintain it, both materially and psychologically



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- “In the United States, some groups of people have long been consigned to society’s margins. Historic and current prejudice and injustice bars access to success... Addressing racial and social injustices, deconstructing stereotypes, dismantling inequality, exposing unfair practices, and accepting the super diversity of the population will advance this challenge of achieving equal opportunity and justice.”
 - <http://grandchallengesforsocialwork.org/grand-challenges-initiative/12-challenges/achieve-equal-opportunity-and-justice/>

HISTORY OF POLICING IN THE US

- “In the South, however, the economics that drove the creation of police forces were centered not on the protection of shipping interests but on the preservation of the slavery system. Some of the primary policing institutions there were the slave patrols tasked with chasing down runaways and preventing slave revolts; the first formal slave patrol had been created in the Carolina colonies in 1704”
- “The patrol was usually made up of three to six men riding horseback and carrying whips, ropes, and even guns. The group's main duties included chasing and hunting escaped slaves, releasing terror on slave communities to prevent riots, and to keep plantation owners in check”
- “Some parts of the country started policing communities to control new immigrants, while other regions created groups to control slaves.”

[https://time.com/4779112/police-history-origins/;](https://time.com/4779112/police-history-origins/)

https://www.sagepub.com/sites/default/files/upm-binaries/50819_ch_1.pdf

Investigation of the Ferguson Police Department- United States Department of Justice Civil Rights Division March 4, 2015

- “Ferguson’s law enforcement practices are shaped by the City’s focus on revenue rather than by public safety needs. This emphasis on revenue has compromised the institutional character of Ferguson’s police department, contributing to a pattern of unconstitutional policing..”
- “Ferguson’s police and municipal court practices both reflect and exacerbate existing racial bias, including racial stereotypes. Ferguson’s own data establish clear racial disparities that adversely impact African Americans.
- The evidence shows that discriminatory intent is part of the reason for these disparities. Over time, Ferguson’s police and municipal court practices have sown deep mistrust between parts of the community and the police department, undermining law enforcement legitimacy among African Americans in particular.”

- Focus on Generating Revenue

- “In March 2010, City Finance Director wrote to Chief Jackson that “unless ticket writing ramps up significantly before the end of the year, it will be hard to significantly raise collections next year. . “Court fees are anticipated to rise about 7.5%.
- I did ask the Chief if he thought the PD could deliver 10% increase. He indicated they could try.”

- Police Practices:

- “Officer evaluations and promotions depend to an inordinate degree on “productivity,” meaning the number of citations issued. Partly as a consequence of City and FPD priorities, many officers appear to see some residents, especially those who live in Ferguson’s predominantly African-American neighborhoods, less as constituents to be protected than as potential offenders and sources of revenue”

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- Ferguson's law enforcement practices overwhelmingly impact African Americans. Data collected by the Ferguson Police Department from 2012 to 2014 shows that African Americans account for 85% of vehicle stops, 90% of citations, and 93% of arrests made by FPD officers, despite comprising only 67% of Ferguson's population"
 - New York City Police Department: Stop & Frisk
 - Four of every five reported stops were of black or Latino people. In 73 out of 77 precincts, more than 50 percent of reported stops were of black and Latino people, and in 30 precincts, they accounted for more than 90 percent of reported stops. In six of the 10 precincts with the lowest proportion of black and Latino residents, black and Latino people accounted for more than 70 percent of stops.

- Los Angeles Police Department

- 31% black saw black drivers make up 65% of the stops. Over twice their share of the population. From July 2018 to April 2019, LAPD stopped more than 385k drivers.
- Nearly 75% of those stops were black and Latino drivers. During those stops blacks and Latinos were more likely to be searched, 23.6% and 16.4%, respectively.
- Whites made up 5.1% of those stops and were more likely to have illegal contraband (20.3%)
- Black and Latino drivers and passengers were searched more often than whites in almost every part of the city.
- Blacks and Latinos were more than three times as likely as whites to be removed from the vehicle and twice as likely to either be handcuffed or detained

Racial Trauma or Race-Based Stress is defined as the emotional, mental, psychological distress based on negative race related experiences.

- *Hypervigilance*
- *Hyperarousal*
- *Alienation*
- *Anxiety*
- *Depression*
 - *Worry*
 - *Fear*
- *Sleeplessness*
- *Flashbacks*
- *Ongoing sense of danger*
- *Dissociation*
- *Low sense of self*
- *Low self-esteem*

Weathering:

- The effects of living in a racist society takes a toll on physical and mental health. Weathering can lead to heart disease, diabetes, blood pressure, high cortisol levels, obesity and accelerated aging....can cause depression....Weathering can lead to early death.” (McGee and Stovall,2015)
- The high allostatic load of racial inequalities deteriorates the body and increases stress due to high effort coping. (Geronimus et.al, 2006)

Statistical Data

- Blacks are 3x more likely than their white counterparts to be killed by the police; 1.3 & percent more likely to be unarmed and unthreatening.
- Black people have been 28% of those killed by police in 2020 despite being only 13% of the population.
- Black people were 24% of those killed by police despite being only 13% of the population.
- Black individuals are 20% more likely to report serious psychological distress (anxiety, stress, depression, avoidance). Black mental health worsened 1-2 months post police killing.
- 31% of Blacks access mental health treatment compared to 48% of whites, 22% Asian, 31% Latino (twice as much for white women to Black women)

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- 78% percent described these occurrences as stressful, 44% stated that this stressful period lasted up to a year.
 - 71 % of Black individuals, 64 % Asian, 56 % Hispanic, noted race as a primary indicator of discrimination leading to increased stress impacting mental health.
 - 10.6 % of Black men described feeling hopeless, sadness, helplessness and that life required a lot of effort all the time compared to 6% of Non-Hispanic Whites.
 - Blacks experience 1.7 poor mental health days due to harm of unarmed Black individuals compared to whites who were not observed to have similar experiences.

Racial Trauma is not just about an event, it is the beliefs, behaviors, and operational functioning of a person stemming from that traumatic event. It includes what happens in the brain and body when a Black individual experiences ongoing discrimination and marginalization as a result of systemic racism

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- Amygdala is the “emotional” center – Fight, flight or freeze to stimuli.

Prefrontal cortex: Memories, dates, facts; Empathy, emotional responses

Hippocampus forms links between memories and makes meaning

Left temporal lobe stores information about people and objects

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- Damage done to the Hippocampus by trauma can result in :

- Extreme and persistent fearfulness

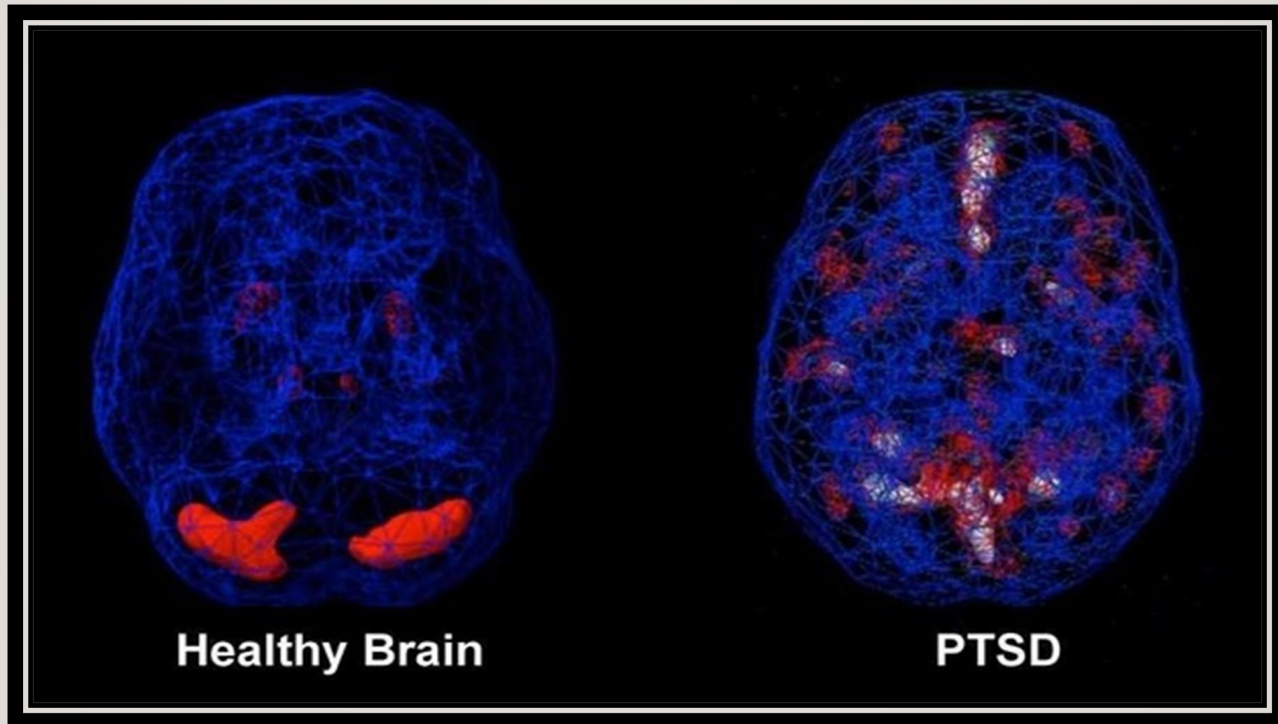
- Problems recalling the traumatic event/s or parts of the traumatic event/s

- Constantly intruding, unwanted, distressing and vivid memories of the traumatic event

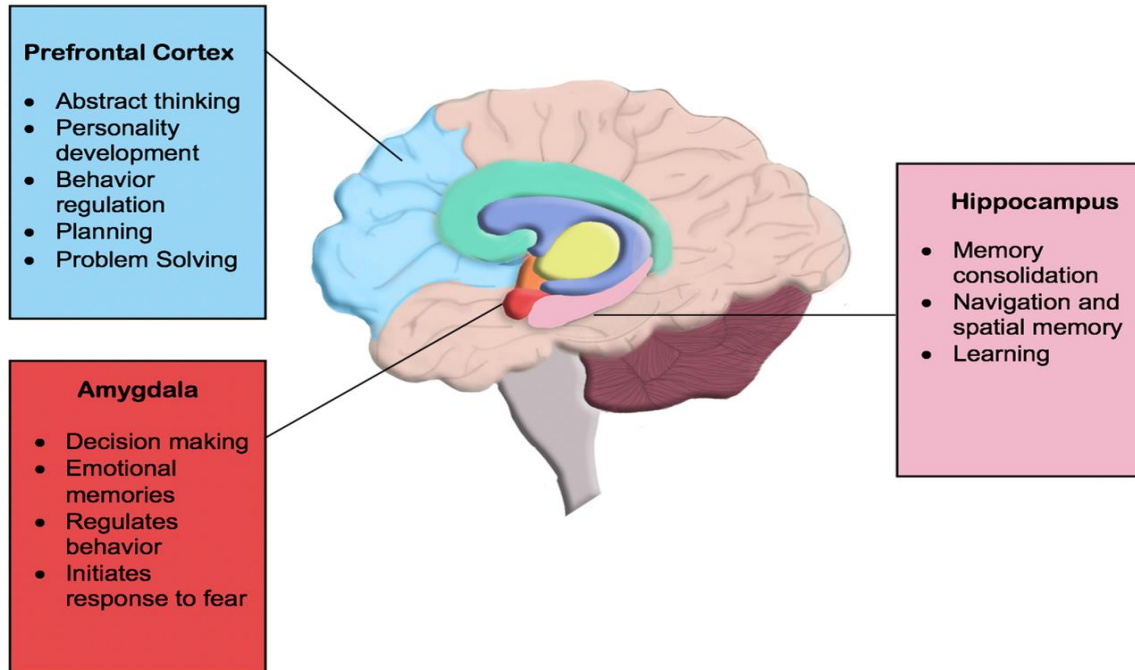
- Susceptibility to extreme fear responses in relation to 'triggers'

The effect of chronic, severe trauma on the Amygdala:

- Over-reactive, 'stuck on red alert', hypervigilant and terrified by people, events, situation



Three Primary Brain Regions Affected by PTSD and Their Functions



Post-traumatic stress disorder (PTSD)

- Intrusive thoughts such as repeated, involuntary memories; distressing dreams; or flashbacks of the traumatic event.
- Avoiding reminders of the traumatic event may include avoiding people, places, activities, objects and situations that bring on distressing memories.
- Negative thoughts and feelings may include ongoing and distorted beliefs about oneself or others (e.g., “I am bad,” “No one can be trusted”); ongoing fear, horror, anger, guilt or shame; much less interest in activities previously enjoyed; or feeling detached or estranged from others.
- Arousal and reactive symptoms may include being irritable and having angry outbursts; behaving recklessly or in a self-destructive way; being easily startled; or having problems concentrating or sleeping.

ACCULTURATIVE STRESS

Severe conflict and psychological distress in the process of acculturation.

- Assimilation: Exclusive interaction with the dominant culture, does not wish to maintain relationship with culture of origin.
- Separation: Avoids dominant culture, strong connection with culture of origin.
- Integration: Both relationship with dominant culture AND culture of origin.
- Marginalization: Rejected from dominant culture, culture loss, discrimination.

We must ask, if racial trauma meets criteria for PTSD...why is it not included in clinical psychotherapy?

- The erasure of racial trauma from assessments, interviews, or the overall clinical process dehumanizes clients with these realities, and agrees with a culture of racism that says:
 - *We don't see you*
 - *We don't see your pain*
 - *We don't see your experiences*

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- Racial socialization stress: Parents talking to your children about direct racial encounters. Some parents don't see the meaning of this, others are fearful. Racial discussions can be stressful but necessary.

Racial socialization competency: How skilled & prepared families are. Coping skills are understood, taught, received and implemented.

Racial coping: Learning to positively reappraise a direct racial encounter. Choices, not reactions; problem focused not emotion focused. Emotional regulation & process.

Racial literacy: Accurately read (decode, interpret, appraise), recast (rewrite stereotype), resolve the language of racially stressful encounters.

Racial coping self-efficacy: Belief or confidence in one's ability to resolve racially stressful encounters. Improve confidence and increase availability of multiple decisions

Coping Strategies & Interventions

- Increase sensory awareness
 - *Whose crisis is this? Own your crisis, leave the others.*
 - *What are you like when you feel well?*
 - *What is your baseline?*
 - *What do you feel emotionally in those moments?*
- Think about your domains: Physical. Emotional Spiritual
- How do you know you have been triggered by a racial event? What exactly is triggering you?
- Develop a plan before being in crisis

Racism Recovery Plan Steps

■ Racial Wellness Toolbox

Describe what you feel like when you are managing and responding to racism in a healthy manner (How do you feel emotionally? How do you feel physically?).

■ Daily Maintenance of Centeredness in the Face of Racism

Describe some ways you can stay grounded, healthy, and caring of yourself, when encountering racism (i.e., “Centeredness Strategies”). Examples: **a)** Review Racial Identity Theory (see Helms); **b)** Connect with friends who are equally or better able to engage in conversations about racial awareness; **c)** Engage in prayer, spiritual practices, meditation, or use of mantras; **d)** Engage in activism; and **e)** Practice self-management, such as healthy eating, exercise, journaling, and favorite activities that help you feel centered and grounded.

■ Racial Trauma Triggers and Response Plan

When do you experience racial trauma? List types of experiences that tend to result in racial trauma symptoms (e.g., anger, isolation, sadness). After each experience, identify a specific Centeredness Strategy (i.e., RRP Item # 2) that you can use to help you cope.

- **Racial Trauma Early Warning Signs & Response Plan**

What does it feel like when you encounter racial trauma? List early warning signs that you are experiencing racial trauma

- **Acute Racial Trauma & Response Plan**

List signs that you are experiencing acute racial trauma (e.g., hypervigilance; heightened emotional experiences, such as depression, anxiety, and anger, which compromise your ability to engage at work or school, or to sleep).

Identify an action plan to cope with your symptoms using Centeredness Strategies (e.g., meet with a mental health provider or spiritual leader, meet with an activist group).

- **Crisis Planning**

Ask yourself, how would you know if you were experiencing a crisis due to racism (e.g., thoughts of harm to others and/or self; inability to care for self and/or others; acute racial trauma symptoms that last longer than a specified duration).

- **Post Crisis Planning**

List ways of reconnecting with yourself and your communities to regain your sense of centeredness in the face of racism.

