"That Could Have Been Me!": The Importance of Assessing for Vicarious Racial Trauma in BIPOC Youth

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I mily, a five-year-old Black girl, was evaluated for placement in an alternative kindergarten due to behavioral issues. During the interview, she expressed a fear of the police, as they have guns and can shoot her. She also expressed sadness regarding children dying in Africa, referring to the murder of protestors by police in Nigeria which she had learned about on the news. The initial recommendation was to limit discussions about racially charged topics in front of Emily to reduce the anxiety it was causing her. Emily's mother disagreed with this approach, believing her daughter should know what was going on in the world.

The Evolution of Vicarious Racial Trauma

The concept of vicarious trauma has evolved over time. The term vicarious trauma originally referred to the trauma that therapists experienced during the course of their work with adult survivors of childhood sexual abuse.1 Later, vicarious trauma was recognized among other helping professionals, such as first responders, emergency room staff/nurses, and law enforcement. In the current DSM-5 Diagnostic Criteria for PTSD, one kind of exposure (Criterion A4) is "experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (eg, first responders collecting human remains; police officers repeatedly exposed to details of child abuse),"2 However, it is noted that "Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work-related." Outside of work-related exposure, Criterion A3 describes trauma that can occur through indirect exposure but limits it to events that occurred to a close family member or close friend.

Like vicarious trauma, vicarious racism has not been consistently defined. One more widely accepted definition posits that vicarious racism is racism experienced indirectly through prejudice and discrimination directed at family, friends, and strangers.3 Experiences of vicarious racism have been shown to impact children. One study of children ages 5 to 10 years found that those who had been exposed to racism vicariously through a caregiver or other family member were at more than double the risk of sleep difficulties and poor mental health outcomes versus those who had not.4 To date, vicarious racism in children has primarily focused on racism experienced by a caregiver or other close individual in a child's life. However, given the ubiquity of incidents of race-based violence and death and young people's ease of access to the internet and other media, there is growing concern about whether children are being negatively affected by vicarious racism. Data is emerging on media-based vicarious racism, which shows a link to increased feelings of hopelessness, depression, and posttraumatic stress disorder (PTSD) symptoms.5 Until there is consensus on a psychometrically validated evaluation of vicarious racism in children, the concept is incorporated into the DSM, and sound clinical interventions exist, the mental health clinician is left to wonder, "What do I do now?" In this article, the authors introduce two validated measures used in adult patients and suggest modifications for how these scales can be used in children.

Recommendations for the Assessment of Vicarious Racial Trauma in Children

To develop a way to begin the conversation with a child about vicarious racial trauma, existing adult literature can be referenced. Williams *et al.*⁶ have developed the UConn Racial/Ethnic Stress & Trauma Survey (UnRESTS),⁶ a clinician-administered interview designed to identify racism-related PTSD symptoms in people of color (POC). The interview includes a section on experiences of vicarious racism. Although not specifically written for child

Table 1. Potential Questions for Children

UnRESTS instructions for interviewers	UnRESTS experiences of vicarious racism questions	Potential questions about vicarious racism written for children
Give examples as needed, eg, shooting of unarmed Black teen, racially-motivated hate crime, wars due to ethnic cleansing, etc.	Can you share with me a time you were impacted by racism as a result of something you learned about – for example, on the news or in your community – that involved someone you did not know personally?	Can you tell me about a time you became upset after learning about someone you did not know personally being treated differently because of skin color?
Determine when the event occurred.	How old were you when this happened?	How old were you?
Be careful not communicate doubt that this was in fact a racist event.	What led you to believe this event happened due to racism?	Do you believe this happened because of skin color?
Assess for degree and type of distress experienced, eg, anger, depression, anxiety.	How upset were you by this experience? If distress was present: Are you still upset by it?	How angry/sad/scared were you? If distress was present: Do you still have those feelings about it?
Determine if experience was personally traumatic.	Did this event make you worry about your own well-being, health, or sense of safety?	Were you scared or did you feel unsafe?
Assess for adaptive versus maladaptive coping strategies.	How did you cope with this experience?	How did you try to feel better?
Assess for availability and use of support system.	How did other important people in your life react to this?	Is there anybody you can go to for help?

interviewees, it may be helpful to modify these questions for use with children, between the ages of 5 to 12 years. We offer developmentally appropriate modifications based on the authors' clinical experiences in Table 1.6

While these questions help initiate a discussion of a vicarious racism experience, it is also important to

uncover any consequent psychological or emotional stress reactions. The Race-Based Traumatic Stress Symptom Scale (RBTSSS)7 is a measure designed to assess these reactions to racism.8 Question items for the RBTSSS were studied in a racially heterogeneous (White, Black, Hispanic, Asian/Pacific Islander, biracial) sample of 330 individuals, ages 14 to 61 years old (M

= 26.4; SD = 9.49). Construct validity and psychometric properties were supported by exploratory factor analyses. Still, assessment tools for young children remain sparse. Based on the RBTSSS, examples of questions that could be added to the previous ones for children include the following:

Because of the experience you described:

Do you feel hopeless?

Is it hard to relax?

Do you have a hard time getting it out of your mind?

Do you notice any changes in your body?

Do you feel differently about yourself?

Conclusion

Assessment

With the modern world and all its happenings now at one's fingertips, the potential mental health impact of negative exposures such as vicarious racism among children is far-reaching. The previous conceptualizations and study of vicarious racism would appear to have too narrow of a scope without the inclusion of children with wide media access. Mental health clinicians cannot assume that physically or temporally removed acts of racism do not affect the young patients in their office. Therefore, it is important that clinicians be aware and open-minded to the idea of children experiencing vicarious racial trauma.

Take Home Summary

Experiences of vicarious racism has been shown to impact children. There is growing data on media based vicarious racism and how it is linked to feelings of depression, hopelessness, and PTSD. We offer questions adapted for children as a way to assess for vicarious trauma. More research into the presentation of vicarious trauma in children is needed so that effective diagnosis and treatment interventions can be recommended.

Discussion

More research into how vicarious trauma can present itself in children dependent on age, race, and culture would likely provide more insight to further help assessments by providers. It has also been proposed that there is a "sensitive period" in development, during which time experiences with racism may be particularly harmful. More knowledge by way of assessment and diagnosis could then pave the way for further inquiry regarding effective interventions.

References

- 1. Pearlman LA, Mac Ian PS. Traumatization: an empirical study of the effects of trauma work on trauma therapists. *Prof Psychology: Research and Practice*. 1995; 26(6):558-565. https://doi.org/10.1037/0735-7028.26.6.558
- 2. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. Arlington, VA: 2013.
- 3. Harrell SP. A multidimensional conceptualization of racism-related stress: implications for the well-being of people of color. *Am J of Orthopsychiatry*. 2000; 70(1):42–57. https://doi.org/10.1037/h0087722
- Shepherd CC, Li J, Cooper MN, et al. The impact of racial discrimination on the health of Australian Indigenous children aged 5–10 years: analysis of national longitudinal data. Int J Equity Health. 2017;16:(116): https://doi.org/10.1186/s12939-017-0612-0
- 5. Heard-Garris N, Ekwueme PO, Gilpin S, et al. Adolescents' experiences, emotions, and coping strategies associated with Exposure to media-based vicarious racism. *JAMA Network Open.* 2021;(6):e2113522-e2113522.
- 6. Williams MT, Metzger I, Leins C, DeLapp C. Assessing racial trauma within a *DSM-5* framework: the UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innov.* 2018;3(4):242-260. https://doi.org/10.1037/pri0000076
- Carter RT, Pieterse A. Measuring the effects of racism: guidelines for the assessment and treatment of racebased traumatic stress injury. Columbia University Press; New York, NY: 2020.
- Carter RT, Mazzula S, Victoria R, et al. Initial development of the Race-Based Traumatic Stress Symptom Scale: Assessing the emotional impact of racism. Psycholog Trauma: Theory, Res, Practice, and Policy. 2013;(5):1–9. https://doi.org/10.1037/a'0025911
- Gee GC, Walsemann KM, Brondolo E. A life course perspective on how racism may be related to health inequities. Am j of public health. 2012;102(5):967-974. https://doi.org/10.2105/AJPH.2012.300666

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