National Child Traumatic Stress Network Position Statement
Racial Injustice and Trauma: African Americans in the U.S.

“History, despite its wrenching pain
Cannot be unlived, but if faced with
Courage, need not be lived again.”
- Dr. Maya Angelou, “On the Pulse of Morning”

The National Child Traumatic Stress Network (NCTSN) was launched by the U.S. Congress in response to increasing recognition of the widespread and long-term impact of exposure to violence and traumatic events in childhood. The NCTSN mission is broad, encompassing all ages, service systems, and trauma types. The mission of the NCTSN is framed primarily around the needs of individual children and families and the providers who serve them.

It is clear that interventions to serve children and families in the United States in the 21st century must incorporate the current and historical context in which they live. In spite of progress, the legacy of slavery has been carried forward in many areas of American society, including the racially related injustices that persist, such as mass incarceration, and the lethal violence directed disproportionately toward African Americans. As such, the impact of the unresolved historical trauma of slavery on intergenerational trauma and community trauma should be addressed within a child trauma services framework. Embedded institutional racism associated with these traumas is not yet adequately addressed in child trauma care and continues to shape current policies and attitudes.

To address this legacy and to work towards ending the cycle of trauma and violence, it is necessary to acknowledge both how racism and oppression are embedded in American society, and to understand how the massive historical trauma of slavery continues to shape the lives of individual children, families, communities, and the systems with which they interact. Such acknowledgement requires self-examination, self-awareness, overcoming the challenges of open communication on these issues, and ongoing dialogue with NCTSN partners and professional communities. As with all forms of trauma, the human tendency is to avoid or split off awareness and emotions related to a traumatic past. A critical part of trauma intervention is about overcoming such taboos and making the unspeakable, speakable.

The NCTSN has both an opportunity and a responsibility to study, facilitate communication, and develop appropriate activities to understand and identify the links between current reality and historical trauma. To that end, the NCTSN commits to engagement in ongoing dialogue about these issues among NCTSN membership, and with the children, families, and communities served through the NCTSN. The hope is that through such dialogue the pain of historical trauma can be transformed to embody the principles of justice and equality upon which this nation was founded.

Through its delivery of high quality trauma services and the creation of trauma-informed systems, the NCTSN commits to:
1. developing and widely disseminating high quality resources that highlight the impact of racism and historical trauma and support the work of child trauma professionals;
2. addressing the impact of racism and historical trauma and engaging in national policy discussions around the issues;
3. developing trauma assessments, as well as, treatment and services guidelines that identify structural and personal racism, historical trauma issues, and the impact of racial injustice;
4. developing a strategic plan that includes relevant goals, objectives, and activities that address the implications of racism in child trauma work; and
5. supporting collaborative NCTSN activities relevant to the work of this position statement.

As a Network whose mission is to enable children and families to recover from trauma and to build safe and meaningful lives and communities, the NCTSN is dedicated to doing all that we can to help all people in our nation to recognize the harm caused by historic and ongoing racism and to support African American children and families overcome their tragic legacy.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.