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Problematizing Trauma as White Property: Introducing the Critical Trauma, Anti-Black Racism, and Whiteness (CAW) Theoretical Framework

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Abstract

Given the growing use of trauma-informed and trauma-specific approaches in social work in North America, it is important to examine how trauma is being defined and who is considered a "legitimate" trauma victim/survivor. This article, part literature review and part theoretical analysis, integrates tenets from critical whiteness studies, anti-Black racism theory, and critical trauma theory to develop a critical theoretical framework for understanding how white supremacy and anti-Black racism are embedded in and perpetuated by many dominant trauma definitions, diagnoses, research, and practices. Using this Critical trauma, Anti-Black racism, and Whiteness (CAW) theoretical framework, the article problematizes the absence of racism in popular definitions of trauma, arguing this absence reproduces whiteness and anti-Blackness. This theoretical framework offers social workers and others a lens for understanding how trauma functions as a form of white property or entitlement that has cultural, political, and clinical value for white people, while erasing, pathologizing, and punishing Black victims/survivors. The article provides a redefinition of trauma that intentionally focuses on the colonial, racist, and state-produced root causes and concludes with possible research, practice, and policy implications for social work.

Keywords: anti-Black racism, whiteness, trauma, critical trauma theory, racial trauma

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Trauma-engaged[1] practices and policies have rapidly increased over the last decade in North America, extending beyond psychology and into social work, education, public health, child apprehension/welfare, criminal justice, and other human service systems (Becker-Blease, 2021; Boel-Studt et al., 2022). A growing group of scholars have argued that racism and other types of collective oppression are often missing from how trauma is typically defined and conceptualized in diagnosis and assessments, interventions, systems, and research (Carter, 2007; Helms et al.,

[1] This article uses the umbrella term trauma-engaged, inclusive of trauma-specific interventions (practices that aim to alleviate psychological symptoms) and trauma-informed systems (policies and principles that offer a systemic approach to recognizing the impact of trauma, reducing re-traumatization, promoting resilience and coping skills, and providing referrals to trauma-specific services).

2012; Muttillo et al., 2022; Williams et al., 2022). Furthermore, anti-Black and white[2] supremacist ideologies are often embedded in, and perpetuated by, the field of social work (Badwall, 2014; Gregory, 2021; Hackett, 2019; Stanley, 2020). Given the widespread use of a trauma-engaged approach in social work and other helping professions, it is important to critically consider how trauma is being defined, who is considered a legitimate trauma victim/survivor[3], and what is deemed "best practice."

Holmes et al. (2016) called for the redefinition of criterion A of Posttraumatic Stress Disorder (PTSD) in the DSM-V (APA, 2013) to include the "insidious trauma" of oppression. Others have articulated the harms of race-based stress (Bryant-Davis & Ocampo, 2005; Comas-Diaz et al., 2019; Watson et al., 2016) and white culture norms on Black people (Boykin, 1986; Carter, 2007; Helms, 1993; Kambon, 1998), provided evidence that racism can result in PTSD symptoms (Kirkinis et al., 2021), and developed tools to measure race-based trauma (Carter, 2007; Carter et al., 2013; Williams et al., 2018). Tyler et al. (2022) developed a conceptual model that lays the groundwork for whiteness as a source of race-based traumatic stress for Black people, arguing that "whiteness is central to any understanding of Black trauma" (p. 8). Additionally, interventions and supports that aim to reduce racial stress and provide healing for Black people continue to be developed and tested (e.g., Anderson et al., 2019; Anderson & Stevenson, 2019; French et al., 2020).

These calls to recognize racism and whiteness as a source of trauma and to develop supportive interventions are essential; however, this article provides the theoretical basis for understanding how the absence of racism in definitions of trauma utilized in social work and elsewhere produces whiteness and anti-Blackness. Multiple forms of white supremacy and racism operate in and through trauma (e.g., anti-Indigenous racism and settler colonialism, anti-Asian racism and xenophobia). My analysis centers the specific harm that occurs when the logics of anti-Black racism and dominant trauma discourses and practices intertwine. While some Black people have access to being seen as victims/survivors of trauma, and some white people are excluded, this article elucidates how dominant trauma approaches protect white victims/survivors while erasing, pathologizing, and punishing Black victim/survivors.

The goal of this article is to introduce the *Critical trauma, Anti-Black racism, and Whiteness* (CAW) theoretical framework[4] in order to underscore how trauma is deeply political. Drawing on a range of interdisciplinary sources, this article begins by synthesizing and integrating select tenets from critical whiteness studies (Delgado & Stefancic, 2012), anti-Black racism theory (Césaire, 1972), and critical trauma theory (Casper & Wertheimer, 2016). These theories are used to develop

[2] Stemming from W.E.B. DuBois' letter writing campaign calling for the capitalization of those of African descent (Coleman, 2020), and white supremacist groups capitalizing white to bolster their racist ideologies, I have chosen to capitalize Black and not white racial descriptors in order to decenter and delegitimize white supremacy ideologies.

[3] I use the term victim/survivor to represent the continuum of ways individuals choose to identify their experiences and identity in relationship to trauma. When the terms victim or victimhood are used alone in this article, I do so intentionally to signal the kinds of sites where this identity offers power for those who have access to it (e.g., legal proceedings, insurance claims, diagnostic assessments).

[4] The theoretical framework and much of the content from this article are drawn from my dissertation (Mayor, 2022), entitled "Imagining white victims and punishing Black trauma."

this critical theoretical framework[5] that can be utilized for analyzing how white supremacy and anti-Black racism are embedded in and perpetuated by many dominant trauma definitions, diagnoses, research, and practices. Building on Stevens' (2009, 2011, 2016) work that articulated how the construction of trauma has been racialized, sexualized, gendered, and classed, the CAW theoretical framework provides a lens for understanding how whiteness and anti-Blackness generate and regulate trauma, and how trauma generates and reproduces whiteness and anti-Blackness. Through this theoretical framework, I aim to problematize the ways Black victims/survivors are regularly erased by white-dominant trauma-engaged systems and practices and trauma functions as a form of white property or entitlement that has cultural, political, and clinical value for white people. Trauma as white property is perpetuated through dominant definitions of trauma, the framing of trauma as a disease and diagnosis, and the use of self-responsibilizing and individualized interventions. At the end of the article, I propose a redefinition of trauma that intentionally focuses on the root causes of trauma as colonial, racist, and state-produced harm and conclude with possible implications for social work research, practice, and policy.

Importantly, when I make arguments throughout this article about "white people," I am not referring to all white people at all times—but likely *all white people at some time*, due to the pervasive power of white supremacy ideology. My decision to rhetorically use a collective framing of white people aims to demonstrate how whiteness as an ideology is protected and perpetuated by collective practices, institutions, and individual people. As a white settler researcher, former trauma therapist, and current social work professor, I do not see myself as outside of the problems articulated in this article. I come to this work having participated in the trauma industry while working as a therapist and manager at a trauma clinic and running a multi-city, school-based trauma program. In these roles, I was both complicit in, and attempted to disrupt, dominant trauma discourses and practices, whiteness, and anti-Blackness. Creating this critical theoretical framework and proposing a redefinition of trauma is part of my ongoing commitment to interrupting the impacts of white supremacy and anti-Black racism that I benefit from.

Critical Whiteness Studies[6]

Whiteness as Property

Whiteness is "an ideology of [w]hite normativity at the foundation of the political and economic justification to possess, dispossess, and monitor the domestic, private, and intimate domains of multiply marginalized and colonized peoples' lives" (Haley, 2020, p. 212). Harris' foundational (1993) article "Whiteness as property" outlined the social and economic advantages enshrined in the law by being classified as white. Harris articulated how whiteness is "simultaneously an aspect of identity and a property interest, it is something that can both be experienced and deployed as a resource" (p. 1734). She argued whiteness is an exclusive

[5] In this article, theoretical framework is the terminology used to describe the explicit naming of epistemological assumptions, references concepts and specific theories, defines core ideas, and offers a new interpretive framework for future research (Collins & Stockton, 2018). In this case, the goal is to deepen our understanding of the relationship between whiteness, anti-Blackness, and trauma.

[6] See Tyler et al., (2022) for a more fulsome interdisciplinary Black epistemology of whiteness that articulates the core components of whiteness ("ethnocentric monoculturalism, standardization, ontological expansiveness, White emotions, attitudes, reactions to race, and White privilege" [p. 10]).

membership protected by the courts, defining property broadly as anything valued that a person has a right to own, expect, or be entitled to. She suggested, "Whites have come to expect and rely on these benefits, and over time these expectations have been affirmed, legitimated, and protected by the law" (p. 1713). Indeed, the law was constructed to ensure only white people were considered fully human, including their right to own 'property-people' (through the enslavement of Black people) and land (through the dispossession of Indigenous peoples), and by guaranteeing they can never be owned themselves. Harris was clear that after the end of slavery, whiteness as property continued through the normalization of material and wealth inequities along racial lines. Delgado and Stefancic (2012) argued that when Black people ask for concessions to address these inequities, it is often seen by white people as an encroachment on whiteness as property and thus white people frame themselves as victims of these 'aggressive' moves. In other words, when the material entitlements and construction of innocence are threatened, whiteness as (trauma) victimhood becomes politically important to maintain accumulated power and wealth.

White Pain and Innocent Goodness

Tyler et al. (2022) conceptualized the traumatic harm of white ethnocentric monoculturalism to Black people, including a white epistemology of ignorance around racial realities, owning innocence, and a need for "safety" in order to have conversations about race and racism. Part of white supremacy is white people's expectation of the sole right to pain, emotions, and suffering, and thus entitlement to the good and innocent victim position (Frankenberg, 1993; Lensmire, 2017), despite the fact that Black people have faced and continue to face life-threatening and terrorizing encounters with white supremacy (Baldwin, 1984; Fanon, 1952). For example, when white people are not able to speak as a victim during conversations about racism, this often results in emotional reactions (Howard, 2006). These emotional defenses work to elevate individual white pain and direct sympathy and attention away from those who are racialized (Matias, 2016).

White innocence is also maintained through individualized (not systemic) understandings of racism that compare 'good' white people against individual 'bad racist' people. Ahmed's (2004) work demonstrated how self-reflexive and self-congratulatory declarations of whiteness allow these 'progressive' white people to further their fantasies of transcendence away from the 'real' racist white people. Narratives of a few, aberrant, 'bad' racists are constructed to hide how white people are complicit in and benefit from this white supremacist system (Bonilla-Silva, 2003). This white ownership over innocence and suffering functions to allow white people to avoid accountability for historic and contemporary harm.

Defining Humanity and Enshrining Individualism

Critical whiteness studies trace how the concept of race was created to justify the colonial dominance of those with European lineage (those who are racialized as white) and the dehumanization of those with darker skin (with those who are racialized as Black at the bottom of the hierarchy) (Du Bois, 1921; Dyer, 1997; Fanon, 1952). Importantly, whiteness holds material and discursive power (Frankenberg, 1993), but is not static or fixed (Du Bois, 1921; James, 2007; Lensmire, 2017). While who is defined as white has changed over time, whiteness consistently occupies the most powerful position, which is to be 'just human' and an individual (Ani, 1994; Diop, 1991; Delgado & Stefancic, 2012). Boykin (1986) described the ways in which white dominant culture values individualism over the community and a hierarchical arrangement over

wholeness. Thus, whiteness attempts to define and control what are considered 'universal' truths based in white values and culture, while also enshrining and protecting the value of individualism (Ani, 1994; Diop, 1991; Tyler et al., 2022). Conversely, those who are not white are frequently lumped together in groups and positioned as 'other' (Dyer, 1997; Rothenberg, 2005). These core assumptions are embedded with violent colonial logics; whiteness can only be synonymous with humanity and individualism if racialized people are dehumanized as a group.

Anti-Black Racism

Dehumanization

Anti-Black racism is a way of understanding how Black people have been denied humanity and had their existence constructed as a problem (Dumas, 2010). Anti-Blackness goes beyond psychological theories of stereotyping or bias, instead tracing how Black people were and are positioned as 'non-human' to justify and maintain colonization and slavery (Dumas, 2010; Fanon, 1952; Hartman, 2007; Wilderson, 2010). Enslaved Black people were labelled as anti-citizens or non-humans who needed to be surveilled for any power or freedom (hooks, 2005; Maynard, 2017; Roediger, 1991). This dehumanization is what differentiates anti-Black racism from other acts of discrimination or racism (Césaire, 1972). The intentional dehumanization of Black people by white people allowed anti-Black acts of violence to be deemed acceptable and normal when enacted by the state or white individuals. The contemporary white disregard for Black life continues this dehumanization and sanctioned violence (Dumas, 2010; Hacker, 1992; Wynter, 1994). One rhetorical tool, both in the past and present, is to use animalistic and 'savage' imagery to position Black people as responsible for the violence committed against them, including violence by the police. For example, when Goff et al. (2008) primed white participants with images of apes (associated with Blackness in racist ideology) prior to watching a video of a Black man being beaten by the police, participants were significantly more likely to justify the beating as warranted. Despite widespread attempts, dehumanization by white supremacy has not been totalizing; Black people, both historically and currently, have resisted this process with their full humanity.

Relatedly, pseudo-science, rooted in ableism and racism, was created to perpetuate the idea that Black people had inferior cognitive and physical differences and to justify placing Black people at the bottom of this racial hierarchy; these anthropological "findings" and racist eugenics were used by white people to perpetuate anti-Black and white supremacist ideologies (Aronson & Boveda, 2017; Guthrie, 1996; Piepzna-Samarasinha, 2018; Winston, 2003). As Guthrie's (1996) critical text *Even the Rat Was White* demonstrated, mental health fields were instrumental in furthering these racist stereotypes against Black people and propagating whiteness, including providing tampered data and intelligence testing to justify eugenic measures like sterilization and anti-miscegenation laws, creating psychological theories and models of human development based on white dominant values and culture, and perpetuating whiteness as normative and superior. Indeed, the mental health system often dehumanizes Black people who are frequently over-medicated and over-diagnosed or under-supported and ignored (Abdillahi et al., 2017; Meerai et al., 2016). As will be explored below, some neuro/biological discourses in trauma disturbingly mirror these racist tropes about inferior, primitive, or less developed brains.

Additionally, scholars have argued that the mental health field and the critical field of mad studies is embedded with whiteness (e.g., Gorman, 2013; Redikopp, 2021; Tam, 2013). Only

particular (white) bodies are allowed to claim distress and madness. As Joseph (2019) argued, racialized peoples in distress face dehumanization and criminalization, rather than solely experiencing sanism in Western models of biomedical psychiatry. Others have argued that this racism is distinctly anti-Black. Meerai et al. (2016) trace the ways in which anti-Black sanism provides a framework for understanding the overrepresentation of Black people in the mental health system and in prisons, and that 'madness' has been used by white people "to enslave, incarcerate, castrate, and colonize" (p. 28). For example, enslaved Black people who fled slavery were labelled by white enslavers with the diagnosis of drapetomania (Redikopp, 2021) and the "cure" for submission was severe punishment. In these ways, pathologization and criminalization are intertwined as part of anti-Blackness.

Dangerous and Criminalized

Fanon (1952, 1961) argued that a core violence enacted by white colonizers is to mark Black people's bodies with danger and criminality. Douglass and Wilderson (2013) discussed a kind of 'violence of presence,' where Black people are constructed by white and non-Black racialized people as threatening simply by existing. The process of criminalization begins in childhood, where white children are treated as innocent and Black children are 'adultified' as dangerous adults (Bernstein, 2011; Maynard, 2017; Parker, 2017). For example, Goff et al. (2014) found that Black boys are seen as older and less innocent than other children, both by children and by police officers. Participants overestimated the age of the Black boys by four and a half years and found them more culpable for their actions than both white and Latino children. Epstein et al. (2017) studied the adultification of Black girls, finding that, at as young as five years old, Black girls were more likely to be perceived as older, more knowledgeable about adult topics (including sex), and needing less protection and nurturing than white girls. Parker (2017) articulated how white people attach criminality to racialized males early on, where Black male students are expected to be violent or disruptive, and thus are heavily monitored and punished through the school-to-prison-pipeline. Similarly, as Maynard (2017) argued, Black people are likely to be over-policed and over-incarcerated, but also underprotected, by the state.

Our carceral system in North America is built on anti-Black racism and anti-Indigenous genocide (Davis, 2003; Gilmore, 2000). It was created by white settlers to clear Indigenous people from the land and transition the enslavement of Black people "from chattel to criminal" (Maynard, 2017, p. 40). This system continues to work exactly as it was designed. For example, Black people are more likely to experience racial profiling and carding, higher levels of surveillance, unfairly targeted drug policies that focus on possession and small-time dealers, disproportionately high rates of incarceration, and higher degree and incidents of violence by police (African Canadian Legal Clinic, 2012; Chan & Chunn, 2014; Maynard, 2017; UNHRC, 2017). Additionally, the UNHRC (2017) reported high unemployment rates among Black Canadians, gendered and racialized poverty, and discrimination regarding their skills and degrees earned in the Global South. These systemic failures often put Black families in impossible situations, where Black people disproportionately face the impacts of the criminalization of poverty (e.g., ticketing people who are unhoused for loitering or panhandling and jailing them for not being able to pay a small fine) and may be punished for "crimes of survival" (e.g., shoplifting, fraud, selling illegal goods) (Chan & Chunn, 2014; Maynard, 2017) due to a 'justice' and policing system being rooted in the protection of white and wealthy populations. In these ways, beginning from childhood, Black people are positioned by white society as responsible for inequitable systems they did not create

and are framed as dangerous for displaying any natural resistance to living in these trauma-producing conditions.

Critical Trauma Theory

In contrast to biomedical and psychological trauma theories that are often adopted in social work practice, critical trauma theory interrogates trauma's contested and evolving role as a political and cultural object (Casper & Wortheimer, 2016). Critical trauma theory invites us to consider what events are labeled as trauma and why, who are considered good victims/survivors, how these categories have changed over time, and what these constructions and discourses of trauma 'do' or produce (Banner, 2016; Burstow, 2005; Fassin & Rechtman, 2009; O'Loughin & Charles, 2015; Stevens, 2016). The exclusion of some individuals from the category of victimhood has always been part of the definition of trauma (Stevens, 2011, 2016). Trauma scholars often point to Freud who initially interpreted sexual abuse and incest as a cause of trauma (known then as hysteria) in women, but the pervasiveness of this abuse and political pressure resulted in their abandonment of these theories (Fassin & Rechtman, 2009; Herman, 1992; Leys, 2000).

Fassin and Rechtman's (2009) and Leys' (2000) genealogies of trauma disrupt the contemporary idea of a pre-existing PTSD disease that was simply 'discovered,' tracing how the diagnosis is a social and political construct, created by those most powerful in society; as a diagnosis, it is contingent and filled with tensions and contradictions. The diagnosis was initially introduced as a possible psychological diagnosis as Vietnam Syndrome to explain the reactions and behaviors of soldiers returning from the Vietnam War, then renamed Post-Combat Disorder (Fassin & Rechtman, 2009; Lembcke, 2013; Young, 1997). Activism by the women's movement about the impact of sexual abuse and rape provided the pressure to broaden the diagnostic scope to other distressing events and naming it PTSD (Herman, 1992). While these social pressures expanded the definition of trauma, it is important to highlight that the largely male and white DSM-committee conceived the original 'victims' of trauma as primarily young white men who not only experienced their own trauma but were often perpetrators of horrors in Vietnam.

To this end, Stevens (2011) documented how, as soon as legal and financial claims of injury by trauma were made, defining who was a victim took on additional importance. As Stevens (2016) wrote, "Trauma does not describe, trauma makes. That is, trauma is as trauma does and naming something 'trauma' does not always help, and it never only 'helps'" (p. 20). Critical trauma theory provides the basis for trauma as a social construct that is continually producing and shaping other things (subjectivity, recuperative fantasies, innocence, epistemologies, etc.), including, as I will argue, (re)producing white victims and Black perpetrators.

Critical Trauma, Anti-Black Racism, and Whiteness (CAW)

Theoretical Framework

Problematizing Trauma as a Form of White Property

The integration of critical trauma theory, critical whiteness studies, and anti-Black racism theory allows social workers and others in the trauma industry to consider how trauma functions as a form of white property. As explained earlier, Harris (1993) outlined how whiteness is a form of 'property' that functions as more than just an identity. It also functions as an entitlement and a resource. Relatedly, white ownership of victimhood is produced and protected in a variety of ways

over time. As LaCapra (2001) suggested, "'Victim' is not a psychological category. It is, in variable ways, a social, political, and ethical category" (p. 79). Historically, despite experiencing disproportionate trauma, racialized people were explicitly excluded by the white-dominated 19th century theorizing of trauma because white people did not imagine they had the psychic interiority necessary to be traumatized (Stevens, 2011). Contemporarily, Joseph et al. (2020) argued that the use of colour-evasive trauma evaluations that have been normed on middle class white people (like the Adverse Childhood Experiences [ACEs] survey) "reinscribe whiteness as property in trauma evaluation" (p. 163). This dominant framing of trauma functions to disproportionately exclude Black people from victimhood and focuses our gaze on aberrant and 'spectacular' traumatic events (Stevens, 2011) where 'good' white people are the victims whose trauma and demarcation as victims elicit a societal response. Thus, when trauma definitions are built by and for white people, this framing perpetuates white trauma ownership and endows the category of trauma victimhood with value.

Conversely, dominant trauma definitions work to both pathologize and blame Black people who have experienced interpersonal trauma, while systematically excluding the structural, state-produced, and colonial forms of trauma directed at Black communities. At its root is the anti-Black logic of dehumanization and non-recognition of Black pain as real. Bernstein (2011) traced the historical lineage of this idea of Black people's "non-suffering" through post-slavery cultural objects; for example, Black children were often depicted by white people in 'pickanninny' characters who would laugh or yelp when experiencing extreme violence, but never express true pain or sustain realistic physical or psychological wounds. This bias continues through the widespread belief that Black people are "better able to withstand suffering," including physical pain (Bernstein, 2011; Goff et al., 2014; Maynard, 2017). For example, Waytz et al. (2015) demonstrated how white people both implicitly and explicitly associate subhuman and superhuman qualities with Black people, which is correlated with a diminished recognition of Black people's pain. These kinds of anti-Black cultural scripts continue to promote the false message that violence and trauma against Black people is ordinary and inevitable. This normalizing of Black pain often results in Black people's trauma going unrecognized as true suffering or requiring intervention by white people.

When Black people name the simple existence of racism, white people accuse them of 'playing the victim' (Howard, 2006; Matias, 2016). This rhetorical move by white people reflects the exclusion of Black people from trauma victimhood; Black people can only 'play' the role of victim, not legitimately be recognized as one. This white refusal to recognize violence against Black people is integral to white supremacist dehumanization processes. For example, the worldwide call to recognize the basic idea that Black lives matter has been violently pushed back against and criminalized by white people occupying powerful roles in government, media, policing, and other institutions. When white people exclude Black people from victimhood, violence – interpersonal, cultural, structural, state-produced, intergenerational – can continue to be inflicted. Without this being recognized as traumatic harm, there is no moral imperative to make it end.

Trauma as a form of white property functions to hide white people's role, both past and present, in the root causes of these current traumas inflicted upon Black people. Claiming trauma victimhood allows white people to absolve themselves from the ongoing collective systemic oppression and trauma through a kind of willful forgetting. It allows white people to ignore their

own role in being complicit in or actively perpetuating these kinds of traumas. We see this in explicit far-right white supremacist and misogynistic incel groups, where white men use the rhetoric of victimhood to make claims about needing to take back their stolen 'rightful' place in society. As Wilson (2022) argued, this claim to victimhood, rooted in white supremacy and misogyny, is used as the justification for unbridled rage and violence. Trauma is also a tool of maintaining white supremacy structures and ideologies by white people who self-define as progressives or liberals, not simply those who are explicitly right-wing in their ideology. For example, when many white people are asked to consider the reality of racism, their role in it, or to challenge white structures, a common tactic is to claim they are 'being attacked' (Matias, 2016). These kinds of white fragility performances function to prevent any meaningful change. In either case, creating one's subjectivity and claims to humanity based on being a victim can prevent white people who benefit from these unequal systems from being held accountable on a personal or structural level.

Furthermore, having one's trauma be recognized by those who hold societal power is important for symbolic purposes, mental health support, legal or financial restitution, political power, and accessing other spheres of influence. Trauma as white property produces a space where white people can construct their subjectivities from a state of owning victimhood and, by extension, make claims to goodness, innocence, and the idea that *white people* have been wronged. Similar to how the categories of race were created to justify racism, white people consciously and unconsciously positioning themselves as the true victims of trauma not only protects the goodness and innocence of whiteness but is perhaps the ultimate expression of being human.

Additionally, the trauma industry has ties to both capitalist (Horowitz & Wakefield, 2012) and colonial (James, 2010; Summerfield, 2001) tendencies. Much of the white savior industry is built on white people and organizations profiting off of the harm they created, while positioning themselves as 'good helpers.' There is value, therefore, in recognizing the ways in which competition emerges among largely white experts in assessing and treating trauma and the creation of expensive trauma programs. The ownership of trauma continues to produce symbolic and literal material resources that prop up whiteness. An important question for social workers to ask is: Who is profiting or benefitting from the adoption of a trauma-informed intervention, program, or policy? Trauma as white property is perpetuated through multiple dominant trauma discourses and practices, including the PTSD diagnosis, trauma definitions, and individualized interventions, which are explored below.

Critiquing the Framing of Trauma as a Disease and a Diagnosis

The diagnosis of PTSD in the Diagnostic and Statistical Manual of Mental Disorders (DSM) is one of the most common benchmarks used to understand, research, and treat trauma as a disease in North America, therefore it requires substantial analysis. Critical trauma theory explores the political and social pressures that dominated the creation of PTSD in the DSM-III in 1993 (Becker, 2013; Brewin, 2003; Fassin & Rechtman, 2009; Horowitz & Wakefield, 2012; Leys, 2000; Lembecke, 2013; Morris, 2015; Young, 1997). Breaking from the DSM's initial psychoanalytic underpinnings, Spitzer led the shift to a biomedical approach, which privileged the creation of criteria for diagnostic research over a tool for clinical practice (Young, 1997). For the first time, the DSM-III was conceived as a disease-oriented model with the assumption that research would uncover an organic and biochemical origin of symptoms. Spitzer opposed the inclusion of PTSD

due to its ploythetic structure and overlapping symptoms with other diagnoses; however, it was included (Alford, 2016; Horowitz & Wakefield, 2012; Young, 1997).

While some academics, practitioners, and those with lived experience of trauma have argued that the introduction of PTSD has served to legitimize suffering (Herman, 1992; van der Kolk & McFarlane, 1996/2007), others have pointed to the serious risks of depoliticizing trauma by individualizing, pathologizing, and medicalizing survival (Alford, 2016, Becker, 2013; Burstow, 2005; Harms, 2015; Herman, 1992). The mental health field's framing of responses to trauma as illness resulted in ways of surviving becoming labelled as pathology through a deficit-framework. Conceptualizing survival reactions as a disease has led to researchers focusing on the neuro/biological impact on the brain and body and giving less attention to the societal context (Becker, 2013). Similarly, as Alford (2016) and Haines (2019) argued, the rise of neuroscience research tells us nothing about the experience of trauma, removes political and relational qualities, and fails to integrate a political analysis of what causes harm or helps people survive. Dominant goals instead focus on diagnosing and reducing symptoms, rather than changing the societal conditions that allow this harm to happen.

Despite these critiques, a neuro/biological lens is embedded in many social work trauma trainings, often used as a way of explaining how trauma triggers a fight/flight/freeze/fawn state and can have long-term impacts on brain development. While of course trauma may impact the way we think or behave, we must carefully consider how focusing on the brain can place all responsibility inside individuals, reinforce racist stereotypes, and invite trauma interventions steeped in biological regulation. The neuro/biological impacts are often explained by largely white professionals through animalistic and dehumanizing language, suggesting that those who are responding from a place of trauma are using their 'reptilian', 'lizard', or 'primitive' brain. The ongoing use of this animalistic language stems from MacLean's (1990) model of the triune brain, despite this conceptualization of the reptilian brain having been long debunked by evolutionary biologists and neuroscientists (Cesario et al., 2020). For example, the internationally utilized BrainWise K-12 curriculum names "wizard brain versus lizard brain" as the first of their *10 Wise Ways* (Barry & Welsh, 2007; BrainWise, 2022). Perry's developmental and attachment trauma work, widely popularized in school-based trauma programs, discussed the hierarchy of brain development and the impact of trauma using similar language (e.g., Perry & Winfrey, 2021). Siegel and Bryson (2012) used the metaphor of "living in the downstairs brain" to explain what happens to children who have experienced trauma. This use of a hierarchical lens of an upstairs and a downstairs brain emphasizes a discourse of inferior brain development.

When applied to Black survivors of trauma, this hierarchical and dehumanizing language about brain differences is disturbingly reminiscent of the pseudo-science of phrenology used to justify white supremacy and anti-Black racism. Phrenology, created by white people, claimed there was a natural order of racial hierarchy with white people at the top and Black people at the bottom that could be explained by Black people having smaller and less developed brains, more aggressive impulses, and more "primitive" thinking (Aronson & Boveda, 2017; Guthrie, 1996). Thus, when this trauma rhetoric of damaged brain development is used with Black people, it may reproduce the idea of brain hierarchies, reinforce dehumanizing rhetoric, and reinscribe race as a biological fact rather than a social construction. Social workers must carefully consider the impact of locating the 'problem' in the brain and not in the anti-Black societal structures that cause disproportionate harm to Black communities. The CAW theoretical framework can be used by social workers to

question biomedical framings of trauma as a disease and diagnosis, and instead insist trauma is a social construct and rooted in conditions that require social change.

Rejecting Whitewashed Trauma Definitions

In addition to pathologizing trauma reactions, the PTSD diagnosis defines what harms "count" as trauma in criterion A, formally privileging particular types of suffering over others and resulting in white I have previously described as the whitewashing of trauma (Mayor, 2019). First, PTSD embeds trauma with a temporal assumption, including "post" into the very name and using past tense language throughout criterion A (for example "has experienced an event" in DSM-III [APA, 1993] or "the person was exposed to" in DSM-V [APA, 2013]). Critical trauma theory offers a lens for problematizing the 'post' temporality, suggesting it inaccurately implies that there is a clear, delineated 'pre' trauma time (Casper & Wortheimer, 2016; Stevens, 2016) and that the trauma is finished (Burstow, 2005; Hinton & Good, 2016; Jenkins & Haas, 2016; Stevens, 2011, 2016). The existence of chronic, complex, or ongoing traumas, especially when placed in the context of societal inequities, challenge this clear distinction (Casper & Worthiemer, 2016; Hinton & Good, 2016). For example, Burstow (2005) wrote, "The woman is still living under the patriarchy. In other words, the social relations in the present contain the same power dynamics as those that cumulated in the rape" (p. 436). Given this context, Burstow suggested reactions like hypervigilance should be understood as an adaptive survival response. Other feminists critiqued the language of the DSM-III (APA, 1993), which stated that the traumatic event must be "outside of the range of usual human experience." They rightly pointed out that the widespread prevalence of sexual abuse, rape, and violence against women might, therefore, exclude these experiences (Herman, 1992; Kaplan, 2005). As Herman (1992) argued, "Only the fortunate find it unusual" (p. 33). While left out of Herman's analysis, there is also no 'post' for racial trauma in a white supremacist society. Thus, the concept of a clear pre- and post-trauma time where trauma is an unusual rupture from relative security is a luxury given to few and is embedded within whiteness (in addition to patriarchy, cis-heteronormativity, etc.). Yet the white ontological security (the belief that the world is a safe place) that is implicit in most definitions of trauma is rarely addressed in either dominant trauma literature or critical trauma theory.

Furthermore, the DSM's language of "an event" (APA, 1993) embeds the implicit assumption that trauma is a single, horrific, and aberrant occurrence. By privileging more 'spectacular' events like a hurricane, car crash, or assault as trauma, chronic, 'non-spectacular' experiences of trauma are normalized as acceptable (Stevens, 2011). Hinton and Good's (2016) edited collection traced how trauma is further narrowed in the DSM-V (APA, 2013) to events resulting in death, threatened death, actual or threatened serious injury, or actual or threatened sexual violation, which excludes complex, chronic, and structural traumatic violence. As Fassin and Rechtman (2009) illustrated,

> Both before and after the tsunami, the survivors in Aceh were already victims of political domination, military repression, and economic marginalization. Before and after Hurricane Katrina, the people of New Orleans were already victims of poverty and discrimination that reinforced class inequalities through racial distinctions. Trauma is not only silent on these realities; it actually obscures them. (p. 281)

Importantly, while tightening what kinds of harm count, the DSM-V (APA, 2013) also adds those in the 'helping professions,' who are disproportionately white, within the possible victim

category. With this change, someone can be diagnosed with PTSD without directly experiencing trauma if they hear about the details of someone else's suffering during their line of work (e.g., police officers, social workers). While of course vicarious trauma can occur, it is important to note how including it within the diagnostic criteria increases the number of helping professionals, who are disproportionately white, who can occupy the innocent victim role merely by being in proximity to others' suffering. Expanding victimhood in this way strengthens the white ownership of trauma and hides how many helping professionals are complicit in or benefit from white supremacy.

Despite the significant evidence outlined in the introduction of this article that racism does produce traumatic stress, when the trauma is 'non-spectacular' or seen as normalized (e.g., anti-Black racism), institutions rarely act in meaningful ways and most forms of racism do not 'count' in PTSD's criterion A. In the DSM-V, only the most egregious white supremacist attack with a threat of bodily harm would 'count' as trauma, but the ongoing material, embodied, and emotional traumas from living as a racialized person within white supremacy would not. This is deeply connected to the dehumanization practices of slavery, colonization, and white supremacy, where the routinization of violence towards marginalized groups hides the horror from those not living it (Jenkins & Hass, 2016) and rests on white society devaluing Black lives (Gump, 2010). Importantly, studies demonstrate that children of all races believe that Black people feel less pain, even if from serious bodily injury (Dore et al., 2014), which may overdetermine the diminished (white) public response when Black lives are at stake. Indeed, this assumed state of normalized trauma where Black people are 'harm-able' allows policymakers, social workers, and those in positions of power to not engage with the same urgency, empathy, or level of care they might with white victims. For example, as Sharpe (2015) argued, anti-Black racism is at the root of high losses by homicide in Black communities, yet when engaging with formal systems, Black individuals who have lost loved ones are not treated with the same level of care, dignity, or support as white and non-Black racialized communities. Shaped by whiteness and anti-Blackness, their trauma does not 'matter' in the same way as it does to white victims in a white supremacist society. Policymakers rarely take seriously the dismantling of these racist structures to prevent future Black deaths.

The DSM's framing of trauma as an event directs us to look for an identifiable individual perpetrator rather than the structures that produce traumas. Goodman (2014) argued, "This exemplifies a colonial or Western/Eurocentric framework that focuses on the individual as a way to deflect attention from systemic factors" (p. 60). Unsurprisingly, when these binary categories of victim and perpetrator are created by those in power within an anti-Black society where Black people are positioned as dangerous or criminal, Black people are disproportionately viewed as perpetrators. For example, in Toronto, Black children are only 8% of the youth population but are between 40-65% of the youth with child welfare involvement (Pon et al., 2011). The higher levels of Black youth in child welfare/apprehension systems stems from racialized surveillance, punishing and pathologizing Black families, and higher levels of poverty (Blackstock, 2011; Pon et al., 2011; Roberts, 2012). When the child welfare/apprehension systems that are rooted in colonial and anti-Black systems label Black parents as 'neglectful' perpetrators, the state-produced inequities that are at the root of the harms that Black families disproportionately experience are ignored.

Redefining Trauma to Foreground State- and Colonial-Produced Roots of Trauma

Ideological and structural conditions are responsible for creating injurious circumstances and massive cumulative trauma across generations (Gagne, 1998; Linklater, 2014). Many Indigenous scholars have conceptualized colonial trauma as the core injury that is itself traumatizing and results in higher levels of community and lateral violence (e.g., Adelson, 2001; Bombay et al., 2009, 2014; Brave Heart, 1999; Brave Heart-Jordan & DeBruyn, 1995; Duran et al., 1998; Gagne, 1998; Goodman, 2014; Linklater, 2014; Wesley-Esquimaux, 2009). Rather than solely focusing on individual or familial harm, these scholars call for the explicit naming of colonial trauma, decolonizing of trauma definitions and practices, and healing these root harms (Goodman, 2014; Wesley-Esquimaux, 2009). Similarly, others have traced the intergenerational impact of anti-Black racism (e.g., Comas-Diaz, 2016; Cross, 1998; DeGruy, 2005; Gump, 2010; Vaughans, 2015; Wilkins et al., 2013). For example, Vaughans (2015) studied the traumatic impact of slavery's "soul murder" (p. 278) on the collective memory and DeGruy (2005) outlined an intergenerational trauma model called Post-Traumatic Slave Syndrome. Despite this clear history of state-produced and colonial trauma, the recognition of the intergenerational legacies and ongoing actions of these traumas (e.g., cultural genocide, slavery, mass incarceration, stealing of land) are typically relegated by 'helping professionals' as outside of definitions of trauma in social work and elsewhere. As Becker-Blease (2017) wrote, "Because trauma is inextricably linked to systems of power and oppression, history tells us to pay particular attention to how trauma is defined, who is and who is not defining trauma, and how victims/survivors are affected by those definitions" (p. 131-132).

Additionally, the construction and proliferation of a whitewashed and individualized definition of trauma allows trauma-*producing* institutions to make the claim they are "trauma-informed." For example, the Compassion Prison Project (2022) partnered with Valley State Prison in California to create the first "trauma-informed prison." In this program, incarcerated men share their childhood trauma in circle and prison guards receive "trauma education." The ability to call a prison – an institution built on white supremacy, anti-Black racism, and anti-Indigeneity that dehumanizes, cages, humiliates, and violates the dignity of human beings (Davis, 2003; Gilmore, 2000) – "trauma-informed" demonstrates the kinds of trauma that count (i.e. only individual events that can be blamed on an individual perpetrator) and which forms of trauma are seen as acceptable and thus not defined as trauma (i.e. harms committed by institutions against largely poor, Black and Indigenous people are normalized). Worse, attaching the label "trauma-informed" may soften the public perception of these institutions, which allows these traumatizing institutions to continue.

While any definition of trauma will inherently be incomplete, limited, and result in some exclusions, there is importance in creating a trauma definition that disrupts white ownership and takes seriously the harm that is perpetuated against Black people. The redefinition of trauma I propose below is intentionally inclusive of ongoing and colonial state-produced traumas, enacted and upheld by present-day individuals and systems. Interpersonal experiences of trauma are explicitly understood within the structural and historical context to avoid pathologizing or medicalizing individuals and groups who have experienced the most harm. Importantly, while racism in all of its manifestations (e.g., interpersonal, ideological, institutional, structural, state-produced, intergenerational) is traumatic, my intent is not to suggest that all Black people have PTSD or should be labeled as 'traumatized.' Furthermore, individual agency to self-define as a victim, survivor, or outside of the trauma paradigm altogether must be respected.

Inspired by the work of Haines (2019), I propose trauma be redefined as: *an experience or series of experiences, rooted in past and present state-produced and colonial conditions, that break or betray the inherent need for safety, belonging, dignity, agency, and 'enough-ness.'* While Haines offered "social conditions" in her definition[7] to include the systemic traumas of racism, sexism, etc., she does not necessarily root all forms of trauma in these broader conditions. My redefinition explicitly makes this link between all forms of trauma and oppression (e.g., through the stealing of people, land, and resources and forcibly perpetuating systems of capitalism, white supremacy, hetero/sexism, cisgenderism, ableism, Christian hegemony, and imperialism). For example, if a woman is raped, whether by a man or someone of another gender, this act of violence is always happening in the context of, and made possible by, patriarchal systems of oppression (and often by many other systems, depending on the race, class, etc. of the woman) (Burstow 2003, 2005). Rape has its core roots in both past and present state-produced and colonial conditions. Similarly, a Black child is more likely to lose someone they know to gun violence (Sharpe, 2015), or to grow up in poverty (what is often labelled 'neglect') and thus be removed from their home by family policing/child protective services (Roberts, 2012) than a white child. These traumatic experiences are rooted in a long history of racial capitalism (Robinson, 1983), including the over-surveillance of Black families and the "organized abandonment" and intentional disinvestment in neighborhoods with higher proportions of Black people (Gilmore, 2008).

Haines' (2019) definition expanded what counts as trauma by considering the impact of the experience/s on a person's sense of self and relationships to others and the world. With thanks to conversations with critical trauma scholar Maurice Stevens, I also add to the redefinition experiences that break or betray the need for agency and 'enough-ness.' The addition of agency represents how trauma disrupts decision-making, self-governance, and sovereignty. The dispossession of one's body, decisions, labour, freedom, land, etc. are core parts of colonial and state-produced harm, which operates at societal/national level (e.g., the breaking of treaty rights of Indigenous peoples, the prison industrial complex) and at the interpersonal level (e.g., violence and control in romantic relationships; use of physical violence to control children). The addition of 'enough-ness' articulates the role that racial capitalism (Robinson, 1983), genocidal policies, and other forms of systematic trauma constrain the collective freedom and 'worth' of a group (e.g., the 'worth' of Black people during enslavement was predicated on stealing labour and not seeing them as human; the use of residential schools was a tool to attempt to strip Indigenous peoples from their culture, family, and relationship to the land) and individual sense of sufficiency (e.g., feeling imposter syndrome for being employed at an institution that has intentionally restricted access to people of your race, class, gender, sexual orientation, disability, etc.).

Decentering Individualized and White-Focused Forms of Trauma Support

In the absence of a critical understanding of trauma, many social work trauma supports are steeped in self-responsibilization and self-regulation logics. Casper and Wortheimer (2016) suggested, "Traumatized individuals became subjects of and to various disciplinary practices that congealed around them" (p. 2). Indeed, many trauma interventions locate the problem in the individual's behavior and provide self-regulation skills (like breathing) or locate the problem in the individual's thoughts and provide cognitive solutions. Neither locates the problem in society.

[7] Haines (2019) defines trauma as "an experience, series of experiences, and/or impacts from social conditions, that break or betray our inherent need for safety, belonging, and dignity" (p. 74).

The (white) valuing of individualism shows up in the popularity of cognitive behavioral (CBT) approaches to treating trauma, where the problem is in the individual's 'distorted' thoughts that lead to 'maladaptive' behaviors. CBT interventions label the idea that the world is not safe as a 'distortion' or 'schema' that needs to be adjusted, thus reproducing a (white male) myth that the world is a benevolent place. Yet, as Burstow (2003) argued, for those who are marginalized, mistrust is appropriate. Of course, this is not to suggest that there is no benefit in identifying rigid thought patterns, naming emotions, or finding a sense of grounding in the body. Rather, social workers need to be able to discern when the end goal of interventions is to control trauma responses into a societally determined acceptable range of emotional expression versus when individuals and communities find these tools useful in their survival process.

Additionally, while the 'appropriate' expression of trauma is disciplined for all people, the limits for Black expressions of suffering, trauma symptoms, and resistant survival strategies are more deeply restricted, disciplined, and often literally punished. As Voronka (2013) argued, this represents a shift "from overt policing through the criminal justice system, to a more subtle system of self-governance that asks racialized communities to individually pathologize the problems of collective systemic oppression" (p. 310). Thus, without careful thought, these kinds of "trauma-informed" interventions become part of the process of disciplining Black individuals through the additional pressure of needing to "self-regulate" or merely offering what Simmons (2021) called "white supremacy with a hug" (p. 30).

Furthermore, some trauma approaches, which claim to be 'culturally responsive,' explicitly reproduce whiteness. For example, Cognitive Behavioral Intervention for Trauma in Schools (CBITS) frames itself as 'culturally responsive' and has been translated into several languages. However, two studies documenting the 'effective' use of CBITS with Indigenous students on rural American Indian reservations include shocking examples of white supremacy (Morsette et al., 2009; Morsette et al., 2012). During the first study, which was a pilot adapting CBITS with Indigenous students on one reservation, the idea that white people hold racist beliefs is literally used with Indigenous students as an example of cognitive distortion (Morsette et al., 2009). As Morsette et al. (2009) wrote,

Modifications begun with these groups and extended in further work included developing examples of cognitive distortions that were relevant to the children's lives. For example, in some cases children believed that all Caucasians held racist attitudes. Children were asked to reconsider this belief and asked to think of examples, or individuals, who were not racist. They were then asked to generalize these concepts and the principle of cognitive restructuring ("changing thoughts") to their traumatic experiences, thus modifying negative beliefs associated with the events. (p. 171)

Given the extreme colonial and genocidal violence enacted by white people past and present against Indigenous peoples, the belief that white people hold racist attitudes is not a distortion but an ongoing form of trauma that should be validated and acknowledged. Instead, it is labeled as a maladaptive thought that needs restructuring. Unsurprisingly, this first pilot study had high levels of attrition from the program. In the second study (Morsette et al., 2012), the researchers expanded the sample size and setting to three reservations and made further cultural adaptations to CBITS. In this second study, clinicians did refer Indigenous students who reported having spiritual experiences, dreams, or visions to an appropriate local community member and asked schools to invite Elders to the opening and closing CBITS ceremonies; however, little else was done to

Indigenize or adapt the program, noting, "no procedure elements of CBT were omitted" (Morsette et al., 2012, p. 56). Given the issues in both studies, we must treat the claims that CBITS, or any other trauma programs, are 'culturally responsive' with great caution and consider how these programs may inflict additional harm rooted in whiteness.

Further, simply the idea that there should be a single evidence-based method to support those who have experienced trauma is steeped in whiteness culture, including a Western post-positivist approach to research. For example, in the major review pieces on trauma-informed schools, Chafouleas et al. (2019) and Zakszeski et al. (2017) stated that CBT models demonstrate statistically significant outcomes and are thus considered 'best practice.' Chafouleas et al. (2019) wrote, "In sum, it appears that CBT-focused strategies and treatments are among the most effective treatments available for treating childhood trauma" (p. 44). This conclusion fails to consider how manualized therapies (i.e. therapies that follow particular steps in order to increase consistency across therapists, clients, and settings) often dictate what counts as 'evidence-based practice,' since quantitative Randomized Controlled Trials (RCT) require treatment steps that can be done similarly by various therapists with different groups in order to make inferences about effectiveness. The absence of RCT evidence of other treatment models should not be confused with CBT being the most effective; this is a false equivalency. Indeed, trauma treatments that are more decolonized, psychodynamic, creative, contingent, embodied, and/or relational are less conducive to this form of manualization, testing and research, but may be just as or more effective with some individuals and communities.

The CAW theoretical framework provides an analysis social workers and others can use to advocate for interventions and supports that center the wisdom of those most marginalized and move beyond the dominance of CBT-focused and other manualized programs. It also offers a lens to critique claims made about dominant trauma interventions and a basis for considering creative, Afro-centric, and decolonizing approaches to supporting trauma survivors.

Practice, Policy, and Research Implications

The CAW theoretical framework has a number of practice, policy, and research implications for social workers and others in the trauma industry in the North American context. In the following section, the language of "we" is used to call in social workers and others who interface with the trauma industry, inclusive of myself, towards a more critical analysis and practice that actively disrupts the logics of anti-Blackness and whiteness that produce, and are reproduced by, dominant trauma discourses and practices.

First, we must carefully examine proposed and existing trauma intervention programs, professional development, and systems. In particular, when examining these programs, trainings, and systems, we must consider how trauma is defined, what kinds of traumas are included and excluded, who is being supported, and which interventions are offered. We must ensure that trauma is defined in a way that names and addresses the historic and ongoing state-produced and colonial roots of trauma. While redefining trauma is not enough on its own, the goal is to lessen the grip of trauma as a form of white property. Relatedly, many of the trauma assessment and diagnostic tools used in social work practice reinforce the legitimization of whitewashed forms of trauma ('spectacular,' episodic, past-tense, and interpersonal). For example, the ACEs Questionnaire (Dube et al., 2003; Felitti et al., 1998) is widely used when conducting a trauma screening or research on adults who have experienced childhood trauma. Yet, it was normed on largely middle-

class white people and does not include the state-produced (current or historic) forms of trauma. While specific race-based traumatic stress assessments exist, they are stand-alone measures. Thus, there is a need to create, validate, and adopt trauma evaluation and assessment tools that integrate interpersonal and 'spectacular' traumas with structural 'non-spectacular' traumas, both of which are state-produced, racist and colonial at their roots.

Increasingly, state-funded institutions and programs in North America require brief, structured, and manualized 'evidence-based' therapeutic interventions, often rooted in CBT practices. When these program experts or the state that funds them make claims of 'best practice' and 'evidence based' trauma-engaged work, we must ensure that those recommending these programs are transparent about who they have been created for and tested with (including the exclusion criteria for the study) and specifics about the evidence base. For example, brief supports and supports which locate the problem in the individual may not meet the needs of Black and Indigenous people who are coping with ongoing colonial trauma. Furthermore, trauma programs and policies that claim to be 'culturally responsive' need to be rigorously examined, as the CBITS example demonstrates. As explored, the popular focus on the 'traumatized brain' may reinforce racist stereotypes and the myth of racial biological differences. Thus, when information about the impact of trauma on the brain is provided in social work trainings, it should be paired with critical perspectives. Relatedly, social workers should consider whether the interventions they are using are reinforcing a narrative of individual pathology that puts all onus on individuals altering their thoughts, behaviors, or self-regulation skills. We must be careful not to adopt any trauma interventions or framework that is deficit oriented and fails to encourage looking for resistance, survival, strengths, and joy.

Additionally, I argue there is a need to ensure that the impact of anti-Black racism is explicitly attended to in our understandings of trauma and mental health more broadly. Social workers who are providing trauma-informed or trauma-specific support must recognize racism as a form of trauma in order to support the needs of Black individuals, families, and groups. All trauma-engaged programs need to be embedded with anti-racist principles and, whenever possible, trauma policies and programs created by and for those who most disproportionately face trauma (i.e. people who are Black, Indigenous, and racialized; 2SLGBQ+; disabled; and/or two-spirit, trans and gender non-conforming) should be centered. Funding must allow programs and institutions to have the flexibility to meet unique, emergent, and/or culturally responsive needs that holistically support individuals within their specific context.

To provide this kind of trauma care requires examining how social workers are being trained in North America to do trauma-engaged work. For example, the Council for Social Work Education (2018) developed a curricular guide for trauma educational competencies and content that might be used in social work classrooms in the U.S. While a thorough critique of this document is outside of the parameters of this article, it is important to note that this guide has serious flaws. These include never defining trauma, erasing Indigenous people (e.g., an assignment asks students to "Reflect on your own family's journey to the United States," thus reinforcing the myth of nova terra and assuming there are no Indigenous social workers), and supporting whiteness as the unnamed norm (e.g., a class activity asks how "culture" might influence the coping or trauma reactions in case studies of racialized individuals, thus implying whiteness culture does not exist or is 'normal'). New guidelines for teaching social workers about trauma that are grounded in an anti-racist and decolonizing perspective must be developed.

The next step for the CAW theoretical framework is to conduct critical qualitative research to see if and how whiteness and anti-Blackness emerge in direct practice work, and to consider how these assumptions are specifically perpetuated and/or resisted by individuals within these systems. This research is needed in a variety of settings where trauma-engaged work occurs (e.g., medical settings, mental health clinics, addiction and substance use services, supporting immigrants and refugees, schools). For example, given the widespread proliferation of the trauma-informed school movement, particularly in K-12 schools with high proportions of Black students (Gherardi et al., 2020; Golden, 2020), research might be conducted on how school social workers operating within a trauma-engaged model assess and react to different students along racial lines. It also might be important to study what forms of trauma training those who work in schools receive, who designs this training, and what assumptions are embedded.

Last, I believe we must move beyond reacting to trauma and towards dismantling structures that produce traumatizing conditions, which is in line with the ethical commitment in social work to pursue social justice. For true systemic change to occur, many existing systems require abolition (e.g., policing and prisons, child apprehension) and/or radical reimagining (e.g., mental health care, education, social work) that currently uphold and perpetuate state-produced traumas and systems of white supremacy, colonization, anti-Blackness, and carcerality. It is essential to reject the idea that any systems which are inherently racist and traumatizing (e.g., child apprehension, prisons, policing) can become trauma-informed. To do anything less not only ignores the trauma that individuals and communities face when they are forced to contend with these systems, but further strengthens the reach and legitimacy of these traumatizing systems. Given social work's long history and contemporary practices of perpetuating anti-Black racism, white supremacy, settler colonialism, carcerality, and other forms of oppression, we might also need to deeply ask whether social work itself can become trauma-informed. At minimum, we must embrace the movement towards anti-carceral and abolitionist social work, in order to work towards ending trauma-producing conditions in which we are complicit. By honestly naming and recognizing the reality of the harms of our current systems, including dominant social work practices, we can move toward collectively imagining other systems of relational accountability, community care, and racial justice with one another.

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