






## NEW RESEARCH

## RACE &amp; DISPARITIES

# Exploring Intersections Between Trauma and Discrimination in Youth of Color Seeking Mental Health Services

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**Objective:** The purpose of this study is to explore the intersection between trauma and discrimination among Black and Latino/a/x youth seeking treatment. Specifically, we examine the following: (1) the frequency of various everyday discrimination experiences, averaged across the sample and disaggregated by demographic characteristics; (2) unique associations between exposure to potentially traumatic events (PTEs) and everyday discrimination experiences; and (3) unique associations between everyday discrimination experiences and specific posttraumatic stress symptoms while accounting for demographic characteristics and PTEs.




**Method:** Participants were 573 Black (54.8%) and non-Black Latino/a/x youth (10-18 years of age, 55.8% female, 25.7% first- or second-generation immigrant) who were treatment-seeking and had exposure at least one traumatic event.

**Results:** Two-thirds of trauma-exposed youth reported having experienced discrimination, with the most common experience being treated as not smart (46%), followed by being treated with less courtesy or respect (40%). Rates of discrimination varied by intersecting demographic characteristics in nuanced ways. Among 11 PTEs, exposure to a natural disaster, experiencing community violence, and witnessing community violence were each positively associated with overall everyday discrimination scores and specific discriminatory encounters. Everyday discrimination experiences were positively associated with posttraumatic stress symptoms after accounting for demographic characteristics and exposure to PTEs.

**Conclusion:** Findings provide important context for understanding experiences of everyday discrimination in Black and Latino/a/x youth seeking mental health services for trauma. Findings further highlight variability in the types of discrimination youth with different intersecting identities experience, the high rates of co-occurrence between discrimination and other traumatic events, and unique associations between specific discrimination experiences and posttraumatic stress reactions.

**Diversity & Inclusion Statement:** We worked to ensure race, ethnic, and/or other types of diversity in the recruitment of human participants. We worked to ensure that the study questionnaires were prepared in an inclusive way. We worked to ensure sex and gender balance in the recruitment of human participants. One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented racial and/or ethnic groups in science. One or more of the authors of this paper self-identifies as a member of one or more historically underrepresented sexual and/or gender groups in science. One or more of the authors of this paper self-identifies as living with a disability. We actively worked to promote sex and gender balance in our author group. We actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our author group. While citing references scientifically relevant for this work, we also actively worked to promote sex and gender balance in our reference list. While citing references scientifically relevant for this work, we also actively worked to promote inclusion of historically underrepresented racial and/or ethnic groups in science in our reference list. The author list of this paper includes contributors from the location and/or community where the research was conducted who participated in the data collection, design, analysis, and/or interpretation of the work. One or more of the authors of this paper received support from a program designed to increase minority representation in science.

**Key words:** trauma; discrimination; posttraumatic stress disorder; adolescent; youth of color

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**T**he prevalence of trauma exposure among children and adolescents is concerning, with two-thirds of youth in the United States experiencing at least one trauma by age 17 years.<sup>1</sup> The impact of trauma exposure is compounded for Black and Latino/a/x

youth, who experience higher rates of traumatic events compared with White youth,<sup>2</sup> which increases their risk for mental health problems.<sup>3</sup> Moreover, youth of color contending with traumatic events must simultaneously navigate systems of oppression that contribute to experiences with

discrimination. Discrimination, defined as unfair treatment based on actual or perceived social identity,<sup>4</sup> is a prevalent aspect of the lived experiences of Black and Latino/a/x youth. Studies show up to 90% of youth of color report having experienced discrimination in their lifetime.<sup>5,6</sup> A substantial body of research has established links between discrimination and increased mental health challenges, including posttraumatic stress symptoms, among individuals of color.<sup>7,8</sup> However, most investigations have focused on adults, relying on composite scores of discrimination experiences (ie, total or mean scores), with limited consideration for the co-occurrence of other potentially traumatic events. It remains unclear how different discrimination experiences are related to posttraumatic stress symptoms after accounting for co-occurring traumas in youth of color.

The current study aims to examine the intersection of discrimination and trauma among treatment-seeking Black and Latino/a/x youth with histories of trauma exposure. Specifically, we investigate the prevalence, distribution, and trauma-informed correlates of everyday discrimination experiences in this population. Youth seeking mental health services often face a complex interplay of factors contributing to their mental health issues. By simultaneously examining trauma and discrimination, we aim to gain a comprehensive understanding of these individuals' unique challenges and needs. The insights gained can inform the provision of more comprehensive care, including enhanced risk screening and assessment, ultimately improving service accessibility and overall health outcomes for youth of color.

### Theoretical Frameworks

The Socio-Ecological Model posits that human development is shaped by interactions between individual characteristics, interpersonal relationships, community features, and societal structures.<sup>9</sup> This model highlights the dynamic interplay of protective and risk factors across these tiers, which is crucial for understanding the multifaceted experiences of trauma and discrimination in youth. Intersectionality considers the interlocking systems of oppression that contribute to distinct encounters of discrimination at the crossroads of one's intersecting identities.<sup>10,11</sup> For example, a Black girl may experience discrimination not tied solely to gender (misogyny) or race (racism), but at the intersection of both (ie, misogynoir). For both Black and Latino/a/x youth, this means navigating racial, ethnic, and often gendered discrimination that is compounded by other factors such as socioeconomic status, immigration status, and sexual orientation. These theoretical perspectives highlight how societal factors interact with individual attributes,

particularly social identities that are socially constructed and evaluated. When certain groups are marginalized, members of those groups often suffer harm through systemic and interpersonal forms of discrimination.<sup>12</sup> The Minority Stress Theory further explains how social stigma and discrimination contribute to mental health disparities in minority populations. The cumulative impact of discriminatory experiences amidst the already heightened allostatic load of stressors Black and Latino/a/x youth face (eg, economic inequality and community violence) increases their risk for negative health outcomes.<sup>13</sup> Long histories of oppression and discrimination not only perpetuate environments that increase the risk of trauma exposure and allow everyday discrimination to persist, but also create unique obstacles that limit the access of youth of color to culturally responsive, trauma-informed care. Together, these theories highlight the following: (1) trauma and discrimination experiences for Black and Latino/a/x youth reflect a system of oppression that is integrated into multiple tiers of their environments and are thus likely to co-occur; (2) the experiences of trauma and discrimination will likely vary for youth from different intersecting identities; (3) and the cumulative impact of these experiences can result in poorer mental health for youth of color. Integrating these theoretical frameworks allows us to understand that traumatic stress responses seen in Black and Latino/a/x youth are not merely the result of isolated incidents of trauma or discrimination, but are compounded by their identities and the multiple, overlapping systems of oppression that they navigate daily.

### Conceptualizing Discrimination as a Trauma

Understanding discrimination within the context of trauma requires careful consideration of how discrimination is experienced and how psychological diagnostic systems characterize a "traumatic event." Discriminatory acts can range from overt behaviors (eg, verbal or physical attacks) to more covert or subtle microaggressions, often done automatically or unconsciously through demeaning messages and invalidations.<sup>14</sup> Common everyday discrimination experiences among youth of color include events such as being treated with less respect, being treated as not smart, and being threatened or harassed.<sup>15</sup>

Recent theory conceptualizes discrimination experiences as a source of traumatic stress that are distinct from—and that intersect with—other stressors that individuals of color encounter.<sup>16,17</sup> However, the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, narrowly defines traumatic events as those involving "actual or threatened death, serious injury, or sexual violence"<sup>18</sup>

(p 271), excluding many everyday discrimination experiences that can produce traumatic stress.<sup>17</sup> The race-based traumatic stress model argues that discrimination, regardless of life-threatening nature, often inflicts emotional or psychological injury.<sup>17</sup> Like acute traumatic stress, chronic and persistent threats to one's identity in the form of everyday discrimination endangers a person's core need for safety, understanding, control, and belonging, and thus can result in traumatic stress.<sup>19</sup>

### Discrimination and Trauma Exposure

Discrimination experiences are intricately linked with trauma, illustrating the pervasive impact of oppression on interpersonal, economic, and social structures.<sup>20</sup> Institutional and structural racism contribute to a "stress proliferation process,"<sup>21</sup> whereby an initial stressor can initiate or exacerbate stressors in other life domains, such as community violence and financial hardship.<sup>22</sup> Prior trauma history strongly predicts subsequent trauma exposure,<sup>23</sup> and studies demonstrate positive associations between total adverse childhood experience scores and discrimination experiences.<sup>24</sup> Given that discrimination itself can be traumatic and that both discrimination and trauma may result from the same structure of oppression, discrimination is likely a common experience among youth of color exposed to other potentially traumatic events. However, limited research has investigated how specific traumatic events co-occur with discrimination in youth of color. One study of incarcerated African American male adolescents showed a nonsignificant correlation between racial discrimination and childhood trauma exposure.<sup>25</sup> In contrast, a study of racially and ethnically diverse justice-involved youth found that those who experienced discrimination reported an average of 4 additional traumatic events compared with those who did not experience discrimination.<sup>26</sup> Similarly, a nationally representative study of US youth found that racial discrimination was positively associated with all examined adverse childhood experiences with the largest effect size for neighborhood violence.<sup>27</sup> Thus, trauma and discrimination may often co-occur, and the rate of co-occurrence may vary across different types of traumatic experiences.

### Discrimination and Posttraumatic Stress

Posttraumatic stress disorder (PTSD) is among the most prevalent mental health disorders that arise from direct or vicarious exposure to a traumatic event.<sup>7</sup> PTSD is a heterogeneous disorder that can have unique manifestations across different trauma symptom domains, including intrusive thoughts, avoidance, negative cognitions, mood alterations, and hyperarousal.<sup>18</sup> Each symptom cluster can have

different underlying mechanisms and implications for treatment. Everyday discrimination—marked by its unpredictability, chronicity, and occurrence across diverse settings—can lead to adverse mental health outcomes, including PTSD.<sup>28</sup> Consistent with the adult literature<sup>29</sup> and Carter's<sup>17</sup> theory on race-based traumatic stress, a meta-analysis of 16 studies demonstrated a significant positive association with a medium effect size between racism-related experiences and traumatic stress symptoms in ethnoracially minoritized youth.<sup>8</sup>

Few studies have examined links between various discrimination experiences and specific posttraumatic stress symptoms in youth,<sup>30</sup> and even fewer have accounted for the role of co-occurring trauma exposure.<sup>26,31</sup> In a treatment-seeking sample of Black and Latino/a/x youth, Alvis *et al.*<sup>32</sup> found that exposure to identity-based bullying, a specific form of overt discrimination involving identity-based verbal and/or physical assault or harassment, was associated with higher overall posttraumatic stress symptoms after accounting for exposure to 11 potentially traumatic events. Similarly, in 2 studies of Somali refugee adolescents,<sup>33,34</sup> greater everyday discrimination experiences were associated with higher overall posttraumatic stress symptoms after accounting for traumatic events and immigration-related stressors. Conversely, a study of justice-involved youth revealed that a composite score of 3 discrimination experiences related to skin color or family origin did not correlate with overall posttraumatic stress symptoms after accounting for trauma exposure.<sup>26</sup>

Understanding the specific posttraumatic stress symptoms related to discrimination is critical. Specific discrimination experiences may exacerbate particular PTSD symptom clusters, which has important implications for developing more effective, tailored treatment plans. For instance, everyday discrimination might be most strongly related to intrusive thoughts and hyperarousal due to the chronic stress and vigilance required to navigate discriminatory environments.<sup>35</sup> Such distinctions identified through the current study, along with additional future longitudinal research in this area, could provide valuable guidance for tailoring interventions to address the unique symptom profiles of affected youth, potentially improving treatment outcomes over time.

### Sociodemographic Characteristics and Discrimination

The ways in which trauma-exposed youth experience discrimination may differ based on demographics. Although Black and Latino/a/x youth face more discrimination than their White counterparts,<sup>36</sup> different ethnic groups may have unique discrimination experiences because of distinct

cultural histories and socioeconomic conditions. Additional factors such as identifying as a sexual or gender minority,<sup>37</sup> having an immigrant background,<sup>38</sup> and higher socioeconomic status<sup>38</sup> (due to closer proximity to interracial interactions) have been positively associated with discrimination in Black and Latino/a/x populations. It is important to consider within-group heterogeneity for a comprehensive understanding of the nuanced dynamics shaping discrimination experiences among youth of color.

### Current Study

The purpose of this study is to examine the intersection between trauma and discrimination experiences in an important, understudied population of youth—trauma-exposed Black and Latino/a/x youth who are actively seeking mental health treatment. Because of the complex ways in which systems of oppression shape every level of developmental contexts of youth and the variability of their experiences, we use an exploratory approach to examining their experiences of trauma and discrimination. Specifically, we examine the frequency of 5 everyday discrimination experiences and overall EDS scores, averaged across the sample and disaggregated by demographic characteristics. To better understand how experiences of discrimination co-occur with specific forms of trauma, we examine the extent to which 11 potentially traumatic events are uniquely associated with discrimination experiences, accounting for demographics. In addition, we evaluate whether everyday discrimination experiences are uniquely related to specific posttraumatic stress symptoms, accounting for demographics and trauma exposure.

## METHOD

### Participants

Participants were 573 Black (54.8%) and non-Black Latino/a/x (45.2%) youth who were seeking trauma and/or grief-related mental health services and participated in a larger study of posttraumatic stress symptoms (PTSS) and grief.<sup>32</sup> Of the initial 877 assessments completed by Black/African American and Hispanic/Latino/a/x youth, 137 were ineligible for not meeting age criteria (age >9 years). Subsequently, 71 were excluded for not reporting trauma and 96 were removed due to missing Everyday Discrimination Scale data, resulting in a final sample size of 573. Participants ranged in age from 10 to 18 years (mean = 13.70 years, SD = 2.38). Regarding gender, 54.8% of the sample identified as girls, 41.0% boys, and 2.6% nonbinary. Less than 1% identified as transgender (n = 2), another gender identity (n = 4), or preferred not to answer (n = 3).

Regarding sexual orientation, 68.7% identified as straight, 11.0% bisexual or pansexual, 7.5% questioning, 3.7% gay or lesbian, 8.3% preferred not to answer, and less than 1% identified as another sexual orientation (n = 4). Regarding immigration background, 8.3% were born outside of the United States (first-generation), 17.5% were US-born with at least 1 parent born outside of the United States (second-generation), and 74.2% were US-born with 2 US-born parents (third-generation or higher, hereafter referred to as “third-plus”). Regarding youth-reported family financial strain,<sup>39</sup> 10.1% reported that their families had enough money to buy almost anything they wanted, 54.6% had no problem buying the things that they needed and could sometimes buy special things, 27.0% had just enough money for the things that they needed, and 8.3% had a hard time buying the things that they needed. The average number of lifetime traumatic experiences was 4.72 (SD = 2.65, range = 1-15). The most endorsed traumatic event was bereavement (94.8%), followed by seeing or hearing about the violent death or serious injury of a loved one (60.2%), and witnessing community violence (32.3%).

### Procedure

This study was approved by the Institutional Review Board associated with the host institution. Participating youth were recruited during intake visits by clinicians who were part of a large practice-based research network comprising medical-, school-, and community-based centers that provide support to trauma-exposed and/or bereaved youth in the southern region of the United States. The network uses a shared battery of common assessment tools to create a data repository of trauma- and grief-related data across diverse populations. Participating youth agreed to contribute their anonymous deidentified data to the shared data repository. Additional information about each clinic site is available in Supplement 1, available online. Informed consent was obtained from parents or legal guardians and youth 18 years of age or older before administering the study measures. Data were collected from June 2021 to July 2023.

### Measures

**Experiences of Discrimination.** The Everyday Discrimination Scale (EDS)<sup>40</sup> 5-item version<sup>41</sup> was used to assess youth experiences of discrimination. Youth were asked “In your day-to-day life how often have any of the following things happened to you? (1) you are treated with less courtesy or respect than other people, (2) you receive poorer service than other people at restaurants or stores, (3) people act as if they think you are not smart, (4) people act as if they are afraid of you, and (5) you are threatened or

harassed.” Responses were given on a 6-point scale (0 = never; 1 = less than once a year; 2 = a few times a year; 3 = a few times a month; 4 = at least once a week; 5 = almost every day). Internal consistency scores were acceptable in previous studies<sup>42</sup> ( $\alpha = 0.77$ ) and the present sample ( $\alpha = 0.71$ ). Mean EDS scores were calculated, reflecting the average of the 5 items (possible range = 0–5), with higher scores indicating more frequent discrimination.

### Trauma Exposure and PTSS

Trauma exposure and PTSS, based on PTSD criteria in the *DSM-5*,<sup>18</sup> were assessed using the UCLA PTSD Reaction Index for *DSM-5*–Brief Form (RI-5 BF).<sup>43,44</sup> Youth completed a 16-item checklist assessing lifetime trauma exposure. The general bereavement item (ie, “Has someone close to you died?”) was excluded from analyses given that most of the sample was bereaved (94.8%). Other traumatic events endorsed by more than 5% of youth were analyzed: sexual abuse (18.7%), physical abuse in the home (14.0%), witnessing domestic violence (19.2%), community violence victimization (23.6%), witnessing community violence (32.3%), seeing a dead body (22.2%), violent death or injury of loved one (60.2%), natural disaster (23.6%), accident (28.4%), medical trauma (21.1%), and neglect (12.6%).

After completing the trauma history checklist, youth were asked to think about the traumatic event that bothered them the most, and rated how often they experienced 11 PTSS in the past month on a 5-point scale ranging from 0 (none of the time) to 4 (most of the time). The UCLA PTSD RI-5-BF is a valid and reliable measure of PTSS in youth.<sup>44,45</sup> In the present sample, the Cronbach alpha was 0.88. Summative scores were calculated following the *DSM-5* symptom clusters: intrusion (cluster B; 3 items), avoidance (cluster C; 2 items), negative alteration in cognitions and mood (cluster D; 3 items), and alterations in arousal and reactivity (cluster E; 3 items). Total sum scores range from 0 to 44, and scores of 21 or higher indicate a clinically elevated risk for PTSD.<sup>44</sup>

### Demographic Characteristics

Youth self-reported their race/ethnicity (1 = non-Black Latino/a/x, 0 = Black), sex, age, sexual orientation, and immigration background. Youth-reported family financial strain was used as an indicator of socioeconomic status, which has been shown to moderately correlate with parent-reported education status in a nationally representative sample of youth 8 to 20 years of age.<sup>46</sup> Gender was recoded as girls, boys, and other (non-binary, transgender, other) for intersectional analyses; for all other analyses, 1 = girls, 0 =

boys because of the small number. Sexual orientation was dummy coded as 1 = lesbian, gay, bisexual/pansexual, or queer (LGBQ) vs 0 = straight and 1 = sexual orientation undisclosed vs 0 = straight. Because of low frequencies, immigration background was coded as 1 = first- and second-generation youth and 0 = third-plus youth.

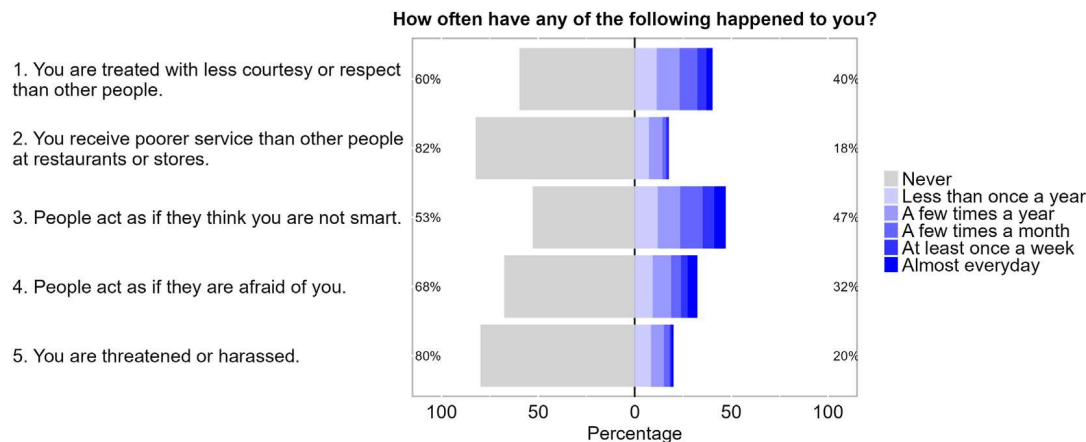
### Data Analysis

All analyses were conducted in RStudio Version 4.1. The percentage of missing data on key variables was between 1% and 10%. Multiple imputations were performed to account for missing data. Sensitivity analyses were conducted to ensure that findings were consistent when using listwise deletion. Univariate statistics were used to summarize the distribution of everyday discrimination variables (mean, SD, frequencies, proportion). Demographic differences in discrimination experiences of youth were examined using *t* tests and correlations. A follow-up exploratory analysis using an intersectional heatmap was conducted to disaggregate EDS scores across different combinations of demographics.

Linear regression models were fit to identify potentially traumatic events that may be uniquely associated with discrimination experiences, regressing each EDS item and mean EDS score on 11 binary trauma exposure variables. Demographic variables (ethnicity, sex/gender, sexual orientation, age, financial strain, and immigration status) and dummy variables representing clinic site (Supplement 1, available online) were included as covariates. Next, linear regression models were fit to examine associations between discrimination experiences and PTSS, regressing PTSS on EDS scores, accounting for demographics and trauma exposure. To avoid multicollinearity, separate models were run for each EDS predictor. A false-discovery rate (FDR) correction was applied to all regression models to correct for familywise errors.<sup>47</sup>

## RESULTS

Nearly two-thirds of Black and Latino/a/x youth reported having experienced at least some form of discrimination ( $n = 378$ , 66.0%). On average, youth reported 1.57 ( $SD = 1.55$ ) experiences of discrimination and scored an average of 0.76 ( $SD = 0.87$ ) on the overall EDS. Figure 1 presents the distributions for each discriminatory act (Table S1, available online, provides raw values). The most reported discrimination experience was being treated as not smart (47%), followed by being treated with less courtesy or respect than others (40%). Nearly 10% of youth indicated that these incidents occurred at least once a week. Although less frequent, many youth indicated that they experienced being

**FIGURE 1** Everyday Discrimination Scale (EDS) Item Frequencies

Note: The y-axis reflects each EDS item. Please note color figures are available online.

feared (32%), being threatened or harassed (20%), and receiving poorer service in restaurants or stores (18%).

### Demographic Correlates of Discrimination

Table 1 presents means, SDs, and corresponding *t* test results or correlations of everyday discrimination experiences by demographic variables. When testing individual demographic characteristics, LGBTQ youth reported higher mean EDS scores and more frequent experiences of being treated with less courtesy/respect, being treated as not smart, and being threatened or harassed compared to straight youth. Greater financial strain was associated with higher mean EDS scores and more frequent experiences with being treated with less courtesy or respect, being treated as not smart, and being threatened or harassed. Non-Black Latino/a/x youth reported more frequent experiences of being treated with less courtesy or respect compared to Black youth. Girls reported more frequent experiences of receiving poor service and being treated as not smart compared to boys. First- and second-generation immigrant youth reported more frequent experiences of being treated with less courtesy or respect compared to third-plus youth. Age was not significantly associated with discrimination.

Figure 2 displays an intersectional heatmap of average discrimination scores across subgroups of multiple combinations of demographic characteristics. When descriptively examining combinations of demographic characteristics, the highest mean EDS score was reported by first- and second-generation Latino/a/x straight boys with high financial strain ( $n = 14$ ; mean = 1.37), followed by third-plus Black girls with undisclosed sexual orientation and low financial strain ( $n = 7$ ; mean = 1.34). Experiences of being treated as

not smart (mean = 2.43) and receiving poorer service (mean = 0.79) were also most frequent among first- and second-generation Latino/a/x straight boys with high financial strain. Experiences of being treated with less respect were most frequent among first- and second-generation straight Latino/a/x girls with high financial strain ( $n = 15$ ; mean = 2.20). Being feared was most frequently reported by third-plus Black straight boys with low financial strain ( $n = 28$ ; mean = 1.57). Experiences of being threatened or harassed were most frequent among third-plus Black girls with undisclosed sexual orientation and low financial strain ( $n = 7$ ; mean = 1.57).

### Trauma Exposure and Discrimination

Standardized regression coefficients for models examining associations between trauma exposure and discrimination are presented in Figure 3. After controlling for demographics and other traumatic events and applying the FDR, community violence victimization was significantly associated with higher mean EDS scores and more frequent experiences of being treated with less respect, being treated as not smart, and being threatened or harassed. Witnessing community violence was significantly associated with more frequent experiences of being perceived as not smart. Exposure to a natural disaster was significantly associated with more frequent experiences with receiving poorer service in stores and restaurants.

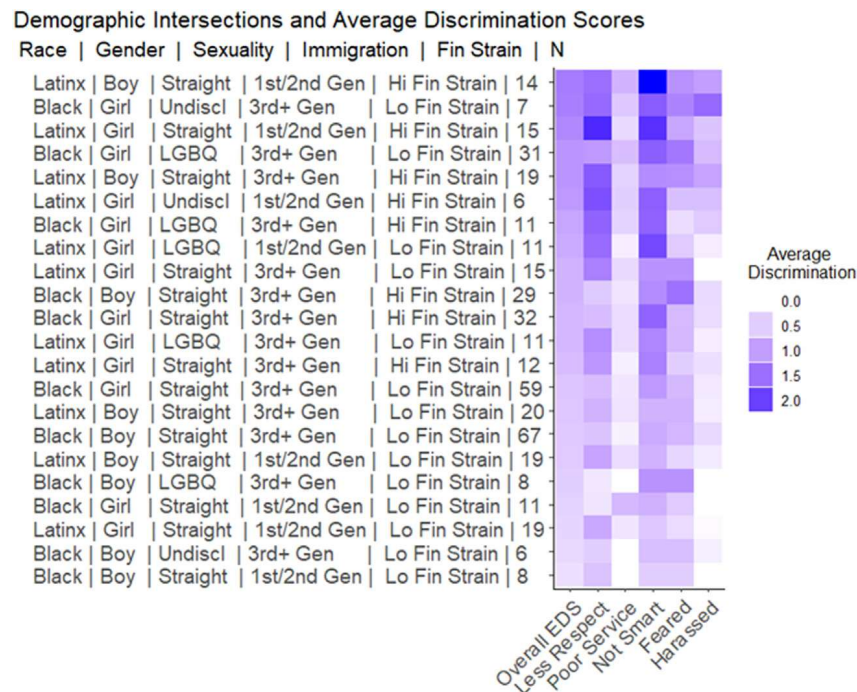
### Posttraumatic Stress Symptoms and Discrimination

Full model results for the regression models examining associations between everyday discrimination and specific posttraumatic stress symptoms while accounting for demographics and trauma exposure are presented in Tables S2

**TABLE 1** Demographic Differences in Everyday Discrimination Scale (EDS) Items

	Full sample		EDS 1		EDS 2		EDS 3		EDS 4		EDS 5		Overall EDS	
	N	Mean (SD)	t Test	Mean (SD)	t Test	Mean (SD)	t Test	Mean (SD)	t Test	Mean (SD)	t Test	Mean (SD)	t Test	
Race/ethnicity	314	0.76 (1.27)	-3.83***	0.30 (0.76)	-0.98	1.21 (1.57)	-0.57	0.89 (1.50)	1.12	0.39 (0.99)	-0.29	0.71 (0.85)	-1.35	
	259	1.24 (1.56)		0.38 (0.92)		1.28 (1.64)		0.76 (1.37)		0.42 (0.90)		0.81 (0.90)		
Gender			-2.17*		-2.27*		-2.18*		0.51		0.23		-1.67	
Boy	235	0.79 (1.37)		0.25 (0.75)		1.06 (1.54)		0.85 (1.52)		0.39 (0.93)		0.67 (0.87)		
Girl	314	1.05 (1.44)		0.40 (0.90)		1.35 (1.64)		0.79 (1.37)	-1.47	0.37 (0.92)	-1.89	0.79 (0.86)	-3.22**	
Sexual orientation			-3.52***		-0.83		-2.47*		0.79 (1.45)		0.36 (0.90)	0.70 (0.86)		
Straight	438	0.86 (1.37)		0.32 (0.84)		1.15 (1.56)		1.01 (1.47)		0.57 (1.12)		0.99 (0.91)		
LGBQ	125	1.41 (1.57)		0.39 (0.83)		1.58 (1.75)			0.92		0.80		-0.47	
Immigration Status			-2.08*		-0.49		-0.92							
3rd+ Gen	377	0.89 (1.36)		0.31 (0.76)		1.20 (1.59)		0.87 (1.49)		0.40 (0.97)		0.73 (0.87)		
1st/2nd Gen	131	1.27 (1.57)		0.39 (0.93)		1.45 (1.73)		0.77 (1.39)		0.37 (0.84)		0.85 (0.94)		
	Mean (SD)		r	r	r	r	r	r	r	r	r	r	r	
Age	13.7 (2.4)		0.06	0.07	0.05	0.05	0.05	0.02	0.02	-0.03	-0.03	0.05	0.05	
Financial strain	2.3 (0.7)		0.11*	0.04	0.16**	0.16**	0.16**	0.07	0.07	0.07	0.07	0.14**	0.14**	

**Note:** EDS 1 through EDS 5 columns represent the respective item on the Everyday Discrimination Scale. The Overall EDS column represents the mean score of the EDS. 1st/2nd Gen = first- or second-generation immigrants; 3rd+ Gen = third-generation or higher immigrants (ie, born in United States to US-born parents); LGBQ = lesbian, gay, bi or pansexual, or queer. \*p < .05; \*\*p < .01; \*\*\*p < 0.001.

**FIGURE 2** Intersectional Heat Map Disaggregating Everyday Discrimination Scores by Different Combinations of Demographic Characteristics

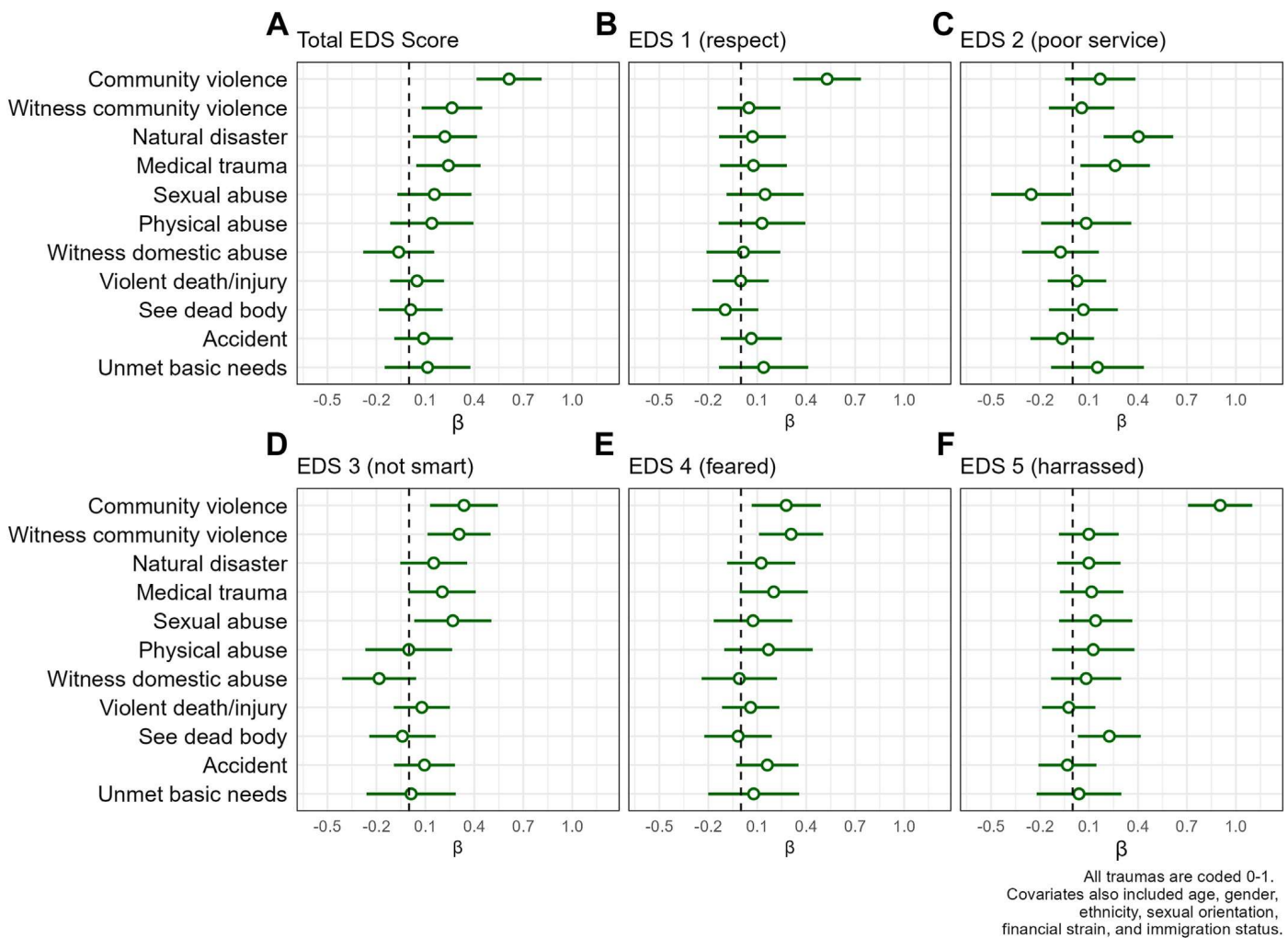
**Note:** Mean scores for the overall Everyday Discrimination Scale mean ("Overall EDS") and each EDS item (see abbreviated item labels on x-axis) were calculated for each subgroup and displayed on the y-axis, with each subgroup representing a unique combination of demographic characteristics (race/ethnicity, gender, sexual orientation, immigration background, and financial strain). Only subgroups with  $n > 5$  were included in the heatmap. Lighter-colored boxes reflect lower mean scores (ie, less frequent discrimination), whereas darker-colored boxes reflect higher mean scores (ie, more frequent discrimination) for a given column. Subgroups are sorted in ascending order based on overall EDS scores. 1st/2nd Gen = First- or second-generation immigrants; 3rd+ Gen = Third-generation or higher immigrants (ie, born in United States to US-born parents); Hi Fin Strain = High financial strain; Lo Fin Strain = Low financial strain; LGBQ = Lesbian, gay, bi or pansexual, or queer. Please note color figures are available online.

through S7, available online. Mean EDS scores (criteria B:  $B = 0.90$ ,  $SE = 0.18$ ,  $p < .001$ ; criteria C:  $B = 0.48$ ,  $SE = 0.12$ ,  $p < .01$ ; criteria D:  $B = 0.92$ ,  $SE = 0.17$ ,  $p < .001$ ; criteria E:  $B = 0.96$ ,  $SE = 0.16$ ,  $p < .001$ ), being treated as not smart (criteria B:  $B = 0.46$ ,  $SE = 0.09$ ,  $p < .001$ ; criteria C:  $B = 0.26$ ,  $SE = 0.06$ ,  $p < .01$ ; criteria D:  $B = 0.45$ ,  $SE = 0.09$ ,  $p < .001$ ; criteria E:  $B = 0.40$ ,  $SE = 0.08$ ,  $p < .001$ ), and being harassed or threatened (criteria B:  $B = 0.66$ ,  $SE = 0.17$ ,  $p < .001$ ; criteria C:  $B = 0.44$ ,  $SE = 0.12$ ,  $p < .01$ ; criteria D:  $B = 0.55$ ,  $SE = 0.16$ ,  $p < .01$ ; criteria E:  $B = 0.70$ ,  $SE = 0.15$ ,  $p < .001$ ) were associated with higher PTSS across all 4 criteria domains. Being treated with less courtesy or respect was positively associated with criteria B (intrusive thoughts;  $B = 0.38$ ,  $SE = 0.10$ ,  $p < .01$ ), criteria D (negative alterations in mood/cognition;  $B = 0.36$ ,  $SE = 0.10$ ,  $p < .01$ ), and criteria E (hyperarousal;  $B = 0.43$ ,  $SE = 0.10$ ,  $p < .001$ ). Receiving poorer service was positively associated with criteria D (negative alterations in mood/cognition;  $B = 0.62$ ,  $SE = 0.16$ ,  $p < .001$ ). Being feared was positively

associated with criteria E (hyperarousal;  $B = 0.27$ ,  $SE = 0.09$ ,  $p < .05$ ).

## DISCUSSION

This study examined the prevalence, distribution, and trauma-related correlates of multiple forms of everyday discrimination in a large sample of Black and Latino/a/x children and adolescents seeking mental health services. Findings provide important context for understanding everyday discrimination experiences in this understudied sample, demonstrating unique associations between specific discrimination experiences and specific posttraumatic stress reactions. To our knowledge, this is the first study to demonstrate links between specific forms of discrimination and specific posttraumatic stress reactions in youth of color, above and beyond other potential traumas. Findings also show high rates of co-occurrence between discrimination and other traumatic events, and highlight variability in discrimination experiences across sociodemographic characteristics.

**FIGURE 3** Standardized Regression Coefficients for Potentially Traumatic Events Predicting Everyday Discrimination Experiences

**Note:** False discovery rate (FDR) corrections were used minimize type I error in the analytic models. FDR corrections minimize type 1 error by adjusting alpha thresholds used to interpret p values and do not adjust estimate precision (ie, standard errors). Accordingly, some confidence intervals in this figure may not contain zero, yet are still not interpreted as a significant effect after performing the FDR correction. EDS = Everyday Discrimination Scale. Please note color figures are available online.

Everyday discrimination experiences were positively associated with posttraumatic stress symptoms after accounting for demographics and trauma exposure. Notably, higher overall Everyday Discrimination Scale (EDS) scores and more frequent experiences of being treated as not smart and facing harassment or threats were associated with higher posttraumatic stress symptoms across all 4 symptom domains. Furthermore, the experience of being treated with less courtesy or respect was related to greater intrusive thoughts, negative alterations in mood, and hyperarousal. Receiving poorer service was specifically connected to greater negative alterations in mood, whereas being feared was related to greater hyperarousal. The discernible pattern suggests that certain discriminatory experiences may

contribute uniquely to various facets of PTSD, emphasizing the importance of considering the specific nature of discrimination in understanding traumatic stress reactions. This aligns with previous studies and theory on racial trauma, where discrimination has been identified as a psychosocial stressor with the potential to induce traumatic stress.<sup>8,17</sup>

Given these findings, it is crucial for clinicians to recognize and to evaluate discrimination-related traumatic stress in youth of color. Pending additional longitudinal research in this area, recommendations for practice may include integrating discrimination measures into routine mental health evaluations and training clinicians to recognize symptoms across all PTSD domains stemming from

discriminatory experiences. The *DSM* framework of PTSD may need adaptation to better incorporate discrimination-related traumatic stress, recognizing everyday discrimination as a distinct trauma type, similar to how other interpersonal traumas are currently categorized. By doing so, clinicians can more accurately identify and address this form of trauma.

The current study demonstrates the complex nature of trauma experienced by youth of color seeking treatment, revealing that nearly two-thirds manage the dual burden of everyday discrimination alongside other potentially traumatic events. Consistent with previous studies of everyday discrimination,<sup>48</sup> covert forms of discrimination, such as being perceived as not smart or treated with less respect, were more commonly reported than overt forms such as threats or harassment. A notable subset of trauma-exposed youth (~20%) reported encountering these acts on a monthly, weekly, or even daily basis. These covert acts, or microaggressions, often involve ambiguity regarding the intentions and motivations of the perpetrator. Consequently, targets of such discrimination may struggle with interpreting these actions and seeking redress. It is crucial to recognize that both covert and overt forms of everyday discrimination, albeit often conceptualized as less severe than acute discriminatory incidents, wield significant impact, with adverse effects on both physical and mental health.<sup>29</sup> These findings underscore the widespread prevalence and potentially pervasive influence of everyday discrimination among treatment-seeking youth of color who have experienced trauma.

The positive associations observed between exposure to natural disasters and community violence with overall EDS and/or specific discriminatory acts underscore a critical intersection between trauma and discrimination in treatment-seeking Black and Latino/a/x youth. Results align with Bernard *et al.*,<sup>27</sup> who found significant associations between racial discrimination and ACEs, particularly victimization or witnessing of neighborhood violence. The robust association between discrimination and community violence may stem from a shared root cause—namely, institutional racism.<sup>22</sup> This form of racism, embedded within laws, policies, and practices, can perpetuate harm against racial/ethnic minority populations and contributes to the disparate placement of families of color in impoverished neighborhoods, where community violence and other collective traumas are more prevalent.<sup>49</sup> Regarding the heightened frequency of discrimination experiences among youth of color exposed to a natural disaster, several factors may contribute to this phenomenon. The aftermath of a

natural disaster often exacerbates existing disparities, disproportionately affecting minority communities due to pre-existing structural inequities.<sup>50</sup> The disruption caused by natural disaster(s) may lead to increased instances of discriminatory behaviors, further intensifying the challenges faced by Black and Latino/a/x youth. This highlights the importance of recognizing and addressing the compounding effects of trauma and discrimination in the aftermath of natural disasters for vulnerable populations.

Exploratory findings indicated that the type and frequency of everyday discrimination experiences of Black and Latino/a/x youth varied by demographics. Higher financial strain and identifying as LGBQ was associated with higher mean EDS scores. When examining specific discrimination experiences, additional demographic differences emerged, with girls reporting more frequent experiences of receiving poorer service and being treated as not smart compared to boys, and first- and second-generation immigrant youth reporting more frequent experiences of being treated with less respect compared to third-plus youth. Bivariate analyses provide a baseline understanding of the relationships between individual demographic variables and outcomes, which can be useful for framing more complex intersectional analyses.

When using an intersectional lens to disaggregate specific everyday discrimination experiences by a combination of identity characteristics, findings suggest that youth with different intersecting identities may experience discrimination differently. For instance, although experiences of being threatened/harassed were reported to occur rarely on average across the full sample (mean = 0.40), mean scores for this item were substantially higher among third-plus Black girls with undisclosed sexuality and higher socioeconomic status (mean = 1.57). Together, findings suggest that past work that examined one form of discrimination in isolation may underestimate the prevalence of discrimination and may have missed the disproportionate exposure to discrimination faced by individuals with multiple marginalized identities. Acknowledging these differences is crucial for tailoring mental health interventions and support.

The current findings should be interpreted in the context of several limitations. The cross-sectional nature of the data precludes establishing the temporal order of associations among everyday discrimination, trauma exposure, and posttraumatic stress symptoms. Longitudinal investigations are imperative to elucidate the dynamic interplay over time. Our sample predominantly comprises bereaved, trauma-exposed, cisgender, US-born, and heterosexual Black and Latino/a/x youth seeking treatment.

Although our research is informative for understanding this clinically relevant population, future research should extend exploration to nonclinical community samples with more diverse sociodemographic characteristics, including gender and sexual minority and immigrant youth. Furthermore, although the intersectional heatmap provided novel insight into the complex intersections of multiple social identities and everyday discrimination, these analyses were descriptive, and small subsample sizes precluded the ability to perform null hypotheses testing, thus limiting the generalizability and robustness of these findings. Future research should continue to examine discrimination and mental health from an intersectional perspective to replicate these findings. The study focused on 5 everyday discrimination experiences that were not limited to a specific form of discrimination (eg, racism), aligning with clinical practicality and developmental appropriateness; however, future investigations should broaden the scope to include a wider range of microaggressions and overt acts relevant to children and adolescents. In addition, it is important to note that while challenging the mainstream PTSD conceptualization of trauma, aspects of the current study still operate within the confines of the *DSM* PTSD framework. Further research should explore alternative models (eg, Carter's<sup>17</sup> race-based traumatic stress model).

This study holds clinical implications for mental health professionals working with youth of color. Youth of color often have limited access to mental health care services relative to White youth, and it is critical that when they seek services to address a potentially traumatic event, clinicians are equipped to discuss and to address a range of traumas, including everyday discrimination, that commonly co-occur and can be chronic in nature among youth of color. Traditional theories and assessments might overlook covert discrimination incidents and their unique mental health impacts. Findings emphasize the importance of a holistic approach in mental health assessments and interventions for youth of color, considering exposure to both discrimination and other potentially traumatic events. Longitudinal replication of these results could inform clinicians in targeting specific symptoms stemming from discrimination. By equipping clinicians with the tools to identify and to address discrimination-related stress, and by advocating for adaptations to the *DSM* PTSD framework, we can better support the mental health needs of Black and Latino/a/x youth.

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## CRedit authorship contribution statement

**Lauren Alvis:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization. **Camisha D.M. Kibble:** Writing – review & editing, Writing – original draft, Conceptualization. **Robyn D. Douglas:** Writing – review & editing, Writing – original draft, Conceptualization. **Christopher Giang:** Writing – review & editing, Data curation. **Tamara Johns:** Writing – review & editing, Conceptualization. **Benjamin Oosterhoff:** Writing – review & editing, Visualization, Methodology. **Julie B. Kaplow:** Writing – review & editing, Supervision, Project administration, Investigation, Funding acquisition.

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