A comparison of Adverse Childhood Experiences and negative life outcomes between ethnicities: should racial trauma be an ethnic-specific ACE?

Roisin Roza Reid

Psychology BSc Hons

Thesis submitted to the University of Nottingham for the degree of Doctor in Forensic Psychology (DForenPsy)

Submitted First: July 2025

Submitted Second with Minor Corrections: April 2026

Abstract

Background

Adverse Childhood Experiences (ACEs) have been associated with a number of subsequent negative life outcomes. Previous ACEs research has found ACEs are not equally distributed across ethnic groups. Additionally, ethnic minority individuals are repeatedly shown to be overrepresented within the Criminal Justice System (CJS). However, there is a lack of research comparing ACEs and subsequent negative life outcomes between ethnic groups within the research area.

There were several conceptual, methodological, and epistemological challenges within the topic of this thesis. These included the interchangeable use of 'race' and ethnicity across the research area; grouping individuals by these terms; and an absence of theoretical underpinnings of the concepts explored.

Furthermore, the topics of this thesis, such as race, adversity, ethnicity, and racism, have also been approached through a psychological, and at times, practitioner lens. This had an impact on the interpretation of the findings and the conclusions drawn, which should be considered by the reader.

Aims of the thesis

The thesis aimed to compare ACEs across ethnicities to investigate whether ethnic minority individuals experience a higher number. It also aimed to establish the associated varying risk of negative life outcomes across ethnicity. It also intended to examine additional adversities of ethnic minority individuals by exploring their personal encounters of racial discrimination to further expand the ACEs literature.

Methods

The current thesis utilised a number of methods to achieve its aim. A systematic review (Chapter Two) was utilised to review the existing literature which has compared ACEs between ethnic minority and White offenders. The offenders subsequent contact with the CJS was defined as an outcome variable of their exposure to ACEs. A psychometric critique (Chapter Three) of the Race-Related Events Scale (Waelde et al., 2010) was conducted to evaluate the suitability of a tool to be employed in Chapter Four. It also assisted in evaluating the psychometric tool which has previously been used to assess the impact of racial discrimination, and its use in the empirical studies to assess racial trauma as a potential ACE. The fourth chapter employed a cross-sectional study to examine several demographic characteristics, ACEs, and racial trauma between White and ethnic minority groups. The relationships between these factors were explored and their association with subsequent negative life outcomes, including poor mental health, substance misuse and antisocial behaviour. Chapter Five presented a second, follow-up study utilising participants from Chapter Four to complete semi-structured qualitative interviews. Reflexive thematic analysis was employed to identify appropriate themes from the interviews. The qualitative study assisted to achieve the thesis aims by obtaining detailed information regarding their experiences of racial discrimination, and how it may have led to negative life outcomes to expand the ACEs literature.

Findings

The current thesis found inconsistent results across the four chapters. The systematic review found in four studies ACEs were primarily higher in White offenders. Whilst the remaining studies either found that ethnic minorities had a

higher number of ACEs or did not report a mean number of ACEs across ethnic groups. The first empirical study found there were no significant differences in average number of ACEs across ethnic groups. Thus, achieving the primary aim of the thesis to compare ACEs across ethnicities, but found inconsistent trends. This is in contrast to previous research and suggests the need for further examination. It also poses the question whether the tools measuring ACEs were adequate; the type of study conducted was able to account for the nuances of ethnic minority experiences; and whether a more individualistic approach to research would have been more appropriate. A number of trends were found amongst the type of ACEs and negative life outcomes different ethnic groups experienced.

Furthermore, the thesis discovered relationships between ACEs and some of the negative life outcomes for ethnic minority individuals. It found they were at risk for specific offending behaviour outcomes in Chapter two and for antisocial behaviour and substance misuse in Chapter four. Thus, it achieved the aim of establishing the associated varying risk of negative life outcomes with ACEs, across ethnicity. However, there were limitations to the assessments of the negative life outcomes, including substance misuse. Thus, these findings should be interpreted with caution.

Finally, the thesis achieved the aim of exploring ethnic minority individual's experiences of racial discrimination as racial trauma as an additional ACE. However, it was discovered that racial trauma did not operate like conventional ACEs as similar relationships were not found in the outcome variables. Rather, the findings point to importance of individual differences in the processing of racial trauma to be an adversity, which leads to negative life outcomes for certain ethnic minority individuals.

Subsequently, the findings across the thesis were underpinned by and provided empirical support to the Biopsychosocial Model (Engel., 1977). Specifically, that the internal processing of early adverse experiences is specific to the individual, dependent on their predisposing biopsychosocial factors, which determines whether this leads to engagement in negative life outcomes in adulthood.

Implications

The findings of the thesis pointed to the need for future research within the area to consolidate the discussion regarding ACEs and ethnicity. It also considered the importance of considering additional ethnic-specific adversities, specifically racial trauma, and their relationship with negative life outcomes. Additionally, it highlighted the importance of the role of individual differences in processing trauma, which should be considered in preventative measures and intervention within clinical practice. The latter has important implications for future research and clinical practice. As across the thesis, there was inconsistent evidence for the distribution of ACEs across ethnic minorities, whilst ethnic minority individuals had a higher risk of negative outcomes, including offending behaviour as identified in Chapter two. It suggested that there may be additional psychological processes, not due to ACEs, influencing this relationship. Additionally, it also queries whether the pre-existing tools assessing experiences of ACEs and racism were able to comprehensively assess the nuances of ethnic minority individuals' experiences Thus, there is further need for empirical research to identify the individual differences and psychological processes through qualitative, co-produced methods; advance the pre-existing tools; and subsequently provide guidance for real-world clinical practice.

Keywords ethnicity, race, Adverse Childhood Experiences, offending, Black, Asian, African, Black Caribbean, ethnic minority, racism, racial trauma, racial discrimination, mental health, substance misuse

Preface

This thesis comprises as part of my submission to fulfil the requirements of the DForenPsy qualification. It is important to highlight that I am from a working-class background, the first in my family to attend any University, and my ethnicity is Mixed White and Black Caribbean. My personal background, and exposure to individuals of a similar experience in my clinical practice, led to my interest in the topic of my academic thesis. Additionally, I have close family members who have experiences of the adversities explored within the thesis, which has almost led to them experiencing negative life outcomes such as contact with the Criminal Justice System (CJS). The experiences of ethnic minorities within the CJS, and their intersectional risk of exposure to additional adversities due to the inequal distribution of the class system led me to be intrigued to uncover the mechanisms driving the inequalities. This alongside my own personal experiences and that of those within my personal social circle. Thus, directing the overall topic of my academic thesis. Within the following preface, I shall provide a brief background of the thesis and an overview of the chapters in my academic thesis, including each piece of research I completed during my time on the doctorate.

It is important to establish that given the overall topic of the thesis concerning racial and ethnic diversity, the empirical studies included in the following thesis were conducted in the United Kingdom (UK). In the most recent UK Census in 2021, the highest ethnic group in England and Wales was the White group who comprised 81.7% of the population (Office for National Statistics, 2022). Asian ethnicity constituted 9.3%; Black groups were 4%; Mixed ethnicity groups at 2.9%; and 'other ethnicity' groups at 2.1% (Office for National Statistics, 2022). It is vital the reader is aware of the cultural

composition of the setting the empirical studies were conducted, whilst the thesis refers to 'ethnic minorities'. In alternative countries, the White group would fall into an ethnic minority category. For example, in Jamaica the White ethnic group constitutes 3.2% of the population (The University of the West Indies, 2024).

Firstly, in chapter one this academic thesis will provide an introduction section to familiarise the reader with the preliminary background to the topic area. This includes an overview of the primary topic of Adverse Childhood Experiences (ACEs); Felitti et al's. (1998) seminal paper devising the phenomenon; and its specific links to negative life outcomes for ethnic minorities. It shall also discuss a number of conceptual issues across the topic to provide the reader with the essential understanding of the difficulties within this complex research area.

Chapter two presents a systematic review investigating empirical papers which have compared the phenomena of ACEs between White and ethnic minority offenders, and their subsequent contact with the CJS. Twelve papers met the inclusion criteria which answered the proposed research questions. Only five studies reported a mean number of ACEs, in which four studies found White offenders were found to have a higher number of ACEs. Whilst the other study found Indigenous offenders yielded a higher number of ACEs, and the remaining studies did not report an average number of ACEs across their populations. Additionally, there were trends in the type of ACEs and offending behaviour different ethnic groups were more likely to experience.

Chapter three comprises a psychometric critique of the Race-Related Events Scale (RRES) (Waelde et al., 2010). The RRES is a brief screening tool employed to assess individuals' exposure to stressful racist events. The tool was

developed to advance the psychometric assessment of such experiences, due to conceptual issues with previous tools. The critique identified few relevant papers which commented on several psychometric properties to support the validation of the tool. The results discovered limitations of the existing evidence and absence of theoretical grounding of the RRES which questions its utility, proposing a need for further investigation or adaption of the tool. The latter issue was resolved in Chapter four by adding a section for participants to rate how stressful each racist event was.

Chapter four provides the first empirical quantitative study which utilised a cross-sectional design to compare exposure to ACEs; racism as an additional ACE; and the subsequent negative life outcomes between White and ethnic minority participants. ACEs were not significantly different between racial groups, nor were poor mental health and antisocial behaviour outcomes. However, substance misuse and racial trauma was significantly more likely for ethnic minority participants. Regression analyses revealed predictive relationships between ACEs and antisocial behaviour and poor mental health, and race and substance misuse.

In Chapter five, the thesis details the second study, a qualitative design which supplemented the first study conducted in Chapter four. The study conducted interviews with participants from the first study to obtain further, detailed information about their personal experiences of ACEs; racism as an ethnic-minority specific ACE; and subsequent negative life outcomes. Reflexive thematic analysis was applied to reveal four key themes to answer the research questions. These were: occurrences of racism; impact of racism; approaches to help; and additional adversities. The study discovered an individuals'

interpretation of an experience of racial discrimination, and whether it develops into racial trauma, is dependent on the individual.

Finally, Chapter six presents a concluding discussion summarising the findings of the entire thesis and each specific chapter. It also discusses the implications of the findings of the thesis to the wider field of forensic psychology. The discussion also provides a summary of my personal reflections from the experience of completing this academic thesis.

I, Roisin Roza Reid, declare:

1. This thesis has been written solely by me and it has not been submitted, in whole or in part, in any previous application for an alternative degree or qualification. The work presented within this thesis is entirely that of my own.
2. This thesis is submitted to fulfil the requirements for the degree of Doctor of Forensic Psychology (DForenPsy).
3. No sections of this thesis have been submitted for publication to professional journals at the time of submission. However, the author intends to submit some of the chapters for publication at some point in the future.

Acknowledgements

Firstly, I would like to thank all those who have provided not only supervision, but guidance, advice, and direction throughout my research. Namely, Dr Nigel Hunt; and Dr Simon Duff, who stepped in as my second supervisor due to unforeseen circumstances.

To my family and friends for providing emotional support and the occasional proof reading – I thank you dearly.

To my dearest friend Máiréad Fiona Hanlon – I honour your shortly time on this earth, but also all the times we would sit in a coffee shop and talk about how desperately we wanted to work in psychology (and how hard it can be!). This is for you – hopefully I've done it!

Table of Contents

List of Appendices..... 15

List of Figures and Tables 18

Chapter One – Introduction.....20

Adverse Childhood Experiences.....23

Conceptual Issues.....21

Race.....27

ACEs and Race.....29

Aim of thesis.....31

Chapter Two - A systematic review on the engagement in offending in youths who have been exposed to Adverse Childhood Experiences (ACEs): A comparison between ethnicities.....33

Abstract.....35

Introduction.....37

Method.....43

Results 50

Discussion.....63

Chapter Three – A psychometric critique of the Race-Related Events Scale (RRES) (Waelde et al., 2010).....74

Abstract.....76

Introduction.....77

Method.....87

Results.....88

Discussion.....94

Chapter Four – Comparing negative outcomes of ACEs and racial trauma between White and Ethnic minority individuals.....98

Abstract……100

Introduction……102

Method……107

Results……115

Discussion……122

Chapter Five – A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes……134

Abstract……138

Introduction……116

Method……146

Results……158

Discussion……165

Chapter Six – Discussion……176

Overview……177

Implications for future practice……183

Limitations……186

Conclusion……188

References……191

Appendices……225

List of Appendices

Appendix	Title	Page Number
Appendix A.0	PRISMA Reporting Checklist	Page 226
Appendix A.1	Systematic Review Protocol	Page 229
Appendix A.2	Search Strategy	Page 236
Appendix B	Searches Spreadsheet	Page 240
Appendix C	Quality Assessment Scoring	Page 241
Appendix D.1	Study 1 Ethics Application	Page 243
Appendix D.2	Study 1 Advert	Page 283
Appendix D.3	Study 1 Advert Ethnic Minorities	Page 284
Appendix E	Study 1 Participant Information Sheet	Page 285
Appendix F	Study 1 Consent Form	Page 290
Appendix G.1	Demographic Questionnaire	Page 291
Appendix G.2	ACE-IQ	Page 293
Appendix H.1	Racial Trauma Measure 1	Page 301
Appendix H.2	Racial Trauma Measure 2	Page 303
Appendix I	Antisocial Behaviour Measure	Page 306
Appendix J	Study 1 Debrief Form	Page 308
Appendix K.1	Study 1 Independent Samples T-tests	Page 312
Appendix K.2	Study 1 Independent Chi-Square Test Ethnicity*MH	Page 319

Appendix K.3	Study 1 Independent Chi-Square Test Ethnicity*SM	Page 321
Appendix K.4	Study 1 Pearson's R Correlations	Page 323
Appendix K.5	Study 1 Univariate Analyses	Page 325
Appendix K.6	Study 1 SES and MH Univariate Analysis	Page 328
Appendix K.7	Study 1 Gender and MH Univariate Analysis	Page 329
Appendix K.8	Study 1 STAB Linear Regression	Page 330
Appendix K.9	Study 1 SM Linear Regression	Page 333
Appendix K.10	Study 1 MH Linear Regression	Page 335
Appendix L	Study 2 Ethics Application	Page 338
Appendix M	Study 2 Interview Questions	Page 363
Appendix N	Study 2 Participant Information Sheet	Page 365
Appendix O	Study 2 Consent Form	Page 370
Appendix P	Study 2 Debrief Sheet	Page 371
Appendix Q	Study 2 Contact Email	Page 375
Appendix R	Study 2 Data Management Plan	Page 377
Appendix S.1	Study 2 Participant 1 Transcript	Page 382

Appendix S.2	Study 2 Participant 2 Transcript	Page 391
Appendix S.3	Study 2 Participant 3 Transcript	Page 452
Appendix S.4	Study 2 Participant 4 Transcript	Page 477
Appendix S.5	Study 2 Participant 5 Transcript	Page 500
Appendix S.6	Study 2 Participant 6 Transcript	Page 515
Appendix S.7	Study 2 Participant 7 Transcript	Page 548

List of Figures and Tables

Table 1 - A summary of the initial PECO framework utilised in the current systematic review……. 45

Table 2 - A summary of the grey literature searches conducted for this systematic review.……48

Figure 1 - A PRISMA flow diagram to summarise the search process of the current review…….……51

Table 3 - A table displaying the descriptive data of the 12 included papers from this systematic review. ……53-54

Table 4 - A summary of the Internal Consistency reported for the RRES (Waelde et al., 2010) across papers……..90

Table 5 - A summary of the test-retest reliability reported for the RRES (Waelde et al., 2010) across papers.……91

Table 6 - A table displaying the results of the six independent samples t-tests for ACEB, ACEF, STAB, TSDS, RRES and RRES Stress scores between ethnicity groups (N=106) …….……118

Table 7 - A table displaying the results of the two Chi-Square tests for Mental Health and Substance Misuse…….……..119

Table 8 - A table displaying the correlation coefficients between variables across all ethnicity groups (N= 106) ……120

Figure 2 – Study 2 Participant Ethnicity……155

Table 9 - A table displaying the identified themes and codes from the present study. ……160

Chapter One - Introduction

Adverse Childhood Experiences

The area of childhood adversity has gained significant research interest over the previous decades. It has been evidenced to be associated with an increased risk of negative life consequences including delinquency; development of mental health issues; substance misuse; and risky sexual behaviours amongst others (Jones et al., 2022; Lee et al., 2020; Mersky et al., 2021).

The concept of the effects of childhood adversity, both singular and cumulative, led to the development of the phenomenon of 'Adverse Childhood Experiences' (ACEs) (Felitti et al., 1998). First described by Felitti et al. (1998) as repeated traumatic events occurring before 18 (WHO, 2018). These experiences can deviate a child's development, safety, or parental attachment (Center for Disease Control (CDC), 2020). Research indicates the most heightened vulnerability to adversity and subsequent diversion to healthy child development is during early childhood as trauma can affect brain development during this stage (Dunn et al., 2019). Felitti et al. (1998) identified ten original ACEs: emotional, physical, and sexual abuse, domestic violence, parental divorce, household substance abuse, mental health, parental incarceration, emotional and physical neglect (Felitti et al., 1998). Although not all children who experience ACEs are negatively affected, rather it increases the risk of negative outcomes. It has been empirically evidenced that children who experience the greatest amount of abuse, neglect or household issues experienced the worst negative life outcomes (Merrick et al., 2017).

The authors originally investigated a link between ACEs and an increased risk for health issues (Felitti et al., 1998), but also discovered that an accumulation of ACEs (4+) significantly increased the risk. The relationship between ACEs and poor physical health outcomes has been further evidenced in

more recent literature (e.g., Hughes et al., 2017; Riedl et al., 2020), in addition to associations with other negative life outcomes (e.g., Baglivio et al., 2015; Schilling et al., 2007).

The ACEs pyramid (CDC, 2020) conveys how these experiences operate to influence risk for poor outcomes. Historical trauma which represents an individual's parents' trauma is influenced by environmental and social conditions, affecting an individual's risk for ACEs (Bernard et al., 2020). Prolonged exposure to stress disrupts a child's development which can manifest as emotional issues, leading to risk-taking and offending behaviours (Levenson et al., 2016). However, trauma does not always directly lead to the development of negative life outcomes such as poor mental health (Hasto et al., 2013). It is not simply predictive to negative outcomes, rather it can lead to personality growth in an individual and broaden their ability to cope with life stressors (Hasto et al., 2013). This is dependent on the individual and their wider circumstances.

ACEs were initially assessed by providing an 'ACE score', in which a sum of exposure to each of the ten experiences, measured dichotomously, was calculated (Baglivio et al., 2015). The original ACE tool has been validated amongst adult US samples (Ford et al., 2014), yet the research is criticised for predominantly examining a White middle-class population (Maguire-Jack et al., 2020). The World Health Organisation (WHO) expanded the original ACE survey to devise the Adverse Childhood Experiences International Questionnaire (ACE-IQ) (WHO, 2018). It includes additional, broader range of childhood adversities to capture the experiences of individuals in different countries (WHO, 2018). The additional adversities include bullying; community violence (e.g., witnessing someone being killed); and collective violence (e.g., gang exposure, exposure to war, terrorism) (WHO, 2018). However, the ACE-IQ fails to assess racial

discrimination as an ACE commonly acknowledged as an adversity experienced by ethnic minorities (Matheson et al., 2019).

Similarly, more recent literature explored a more culturally-aware ACEs framework known as Expanded ACEs (ACEs-E). For example, Finkelhor et al (2013) examined additional childhood difficulties including exclusion by peers, educational achievement, Socioeconomic Status (SES), peer victimisation and neighbourhood violence, alongside the original ACEs, also known in this paper as Conventional ACEs (ACEs-C). ACEs-C were associated with participants' mental health difficulties, but findings significantly improved by replacing some ACEs-Cs with the additional culturally diverse adversities (Finkelhor et al., 2013). Whilst qualitative research discovered alternative adversities that surpassed the original ACEs remit, including racial discrimination, poor neighbourhood quality, social services involvement, and community violence (Pachter et al., 2009; Wade et al., 2014). Yet, the ACEs-E framework is criticised for its poor conceptualisation of racial discrimination as an ethnic minority adversity (Bernard et al., 2020). There is scope for the literature to develop the concept of racial discrimination as an ACE to encompass the lasting psychological impact it has for ethnic minority individuals (Beharry et al., 2008). Bernard et al. (2020) suggested it should be conceptualised as 'racial trauma' to capture the significance of the experience of racial discrimination.

Conceptual Issues

ACEs

There are varying conceptual debates within the ACEs field. Firstly, there are overlapping concepts with the ACEs framework. For example, 'child abuse' which is a broader term where harm or threats are made by a caregiver towards

a child (Kemoli et al., 2014), encompasses several types of abuse. It includes physical, sexual, emotional abuse and neglect (Kemoli et al., 2014). Whilst each is included in the ACEs framework, there is an array of research investigating them separately. This is important when discussing the lack of cross-cultural investigation as a limitation of ACEs research, as cross-cultural comparisons of the overlapping concepts have received more empirical attention. Thus, it is important to differentiate the concepts which are defined within the ACEs framework.

Furthermore, there are discussions as to whether the occurrence of negative life outcomes are caused by the presence of specific singular ACEs, an accumulation of ACEs or clusters of ACEs. The majority of the existing ACEs research has investigated the cumulative effect of an individual's exposure to multiple ACEs (Lanier et al., 2018). It proposes that each additional ACE an individual is exposed to, increases their risk of experiencing negative life outcomes (e.g., delinquency and substance use; Fagan et al., 2018). For example, De Lisi et al. (2017) found the number of ACEs were significantly associated with specific offence types across racial groups. Whilst more recent research has pointed to the notion that the type and frequency of specific ACEs are associated with an increased risk of specific negative outcomes. For example, only three ACEs were found to be associated with unintended pregnancy in adulthood (Dietz et al., 1999).

More relevant to the topic of this thesis, Farrington et al. (2009) discovered that individuals who experienced the ACE of parent criminality were significantly more likely to engage in adolescent delinquency. Additionally, Miley et al. (2020) found youth sexual offenders were more likely to have experienced sexual abuse. Whilst other research has evidenced the importance of 'cluster

ACEs'. It is suggested that specific groupings of ACEs have varying impact on a child's development, compared to other groupings (Wolff et al., 2018). For example, physical and sexual abuse may operate differently, to parental divorce and parental death, thus leading to different negative life outcomes (Wolff et al., 2018). This queries the conceptualisation of ACEs and whether ACEs should be measured accumulatively or as clusters (Lanier et al., 2018). Implicating how these clusters are distributed between different ethnicities (Maguire-Jack et al., 2020), as different ACEs are more prevalent in different racial groups. For example, Black individuals experience more parental incarceration, whilst White individuals experience higher rates of parental substance abuse (Maguire-Jack et al., 2020).

There are both strengths and weaknesses to the ACEs framework. As highlighted above, the framework emphasises the impact of cumulative risk, in that the more ACEs an individual experiences the higher risk their risk of negative life outcomes (Felitti et al., 1998). Practically, it provides practitioners with a framework to explore significant experiences of childhood trauma. Subsequently, it is employed in several clinical areas to support practitioners.

However, there are weaknesses to the framework, as it can be perceived as a reductionist assessment of trauma, in that it fails to capture the 'actual experience' of the individual or how it affected them. It simply produces a number of trauma experiences, and no rich, specific detail of the impact of ACEs. Whilst the research field has attempted to explore this within qualitative studies, the ACEs framework itself does not incorporate these experiences into its conceptualisation. Furthermore, the framework also does not capture protective factors such as resilience, which may mediate the impact of ACEs.

Offender

The term '*offender*' will be used throughout this thesis. However, it is important to acknowledge, for the reader, this term has been critically debated within the empirical field for its' use and associated level of stigma (Heilicher et al., 2025).

Individuals who have had contact with the CJS are often referred to 'criminals', 'offenders', or 'outlaws'. These labels are associated with negative perspectives and permanently define the individual's existence and position within society (Bernburg, 2019). Subsequently, these individuals are often discriminated and stigmatised by society. 'Stigma' has been conceptualised within empirical research as '*an interplay between labelling, stereotyping, status loss, and discrimination in a situation of power, such as a carceral system'* ((Link & Phelan., 2001) as cited in Heilicher et al., 2025, page 2). This stigma often leads to individuals being perceived as an outcast or an '*othe*r' throughout their lives. This exclusion can perpetuate the individuals difficulties, as they may be isolated from society and seek support from communities who have also had contact with the CJS, leading to reoffending (Quinn-Hogan, 2021). The use of the term or label 'offender' is a key aspect of the maintenance of the stigma associated with individuals who have had contact with the CJS. Therefore, it is imperative to acknowledge the associated issues with this term as it is used throughout the thesis. However, the term has been chosen due this term being used within the CJS field and across the empirical research field.

Negative Outcomes

The thesis will refer to the conceptual idea of 'negative outcomes' or 'negative life outcomes' throughout its discussion. 'Negative life outcomes' are

akin to 'negative life events' typically defined within research as unforeseen, uncontrollable, and personally significant events (e.g., job loss, relationship ending, bereavement) which impact an individual's life and lead to significant change (Wilkinson et al., 2023).

Within the ACEs field, these outcomes are more specifically defined due to the empirical evidence yielding significant associations between childhood ACEs and adult developmental and poor health outcomes (e.g., substance use, criminality, depression) (Webster, 2022). However, the idea of 'negative life outcomes' is complex, as the field fails to account for the subjective interpretation of these life events (Webster, 2022). For example, a life event one individual or society perceives to be a '*negative life outcome'* such as criminality, may not be deemed as a '*negative life outcome'* by another individual who may have grown up within a criminal family household. Therefore, the term and subsequently the literature fails to account for the complex individual differences amongst individual's perception of negative life outcomes. This is an important conceptual issue to acknowledge for the remainder of the thesis, as the research included or conducted within was reliant on participants' subjective interpretation of the term. Thus, this may have affected the specific study's results.

Race

A further issue within the ACEs literature is the lack of cross-cultural investigation, despite it being widely acknowledged that adversity and socio-economic disadvantage is not evenly distributed across ethnicities (Bernard et al., 2020). Yet, the research area does not consider this within the framework. It

is also an important consideration for this thesis to define the concepts of 'race' and 'ethnicity', as the terms are used throughout the thesis.

Race is a categorisation defined by biological, physical characteristics such as skin colour (National Research Council, 2004). Whereas ethnicity is rooted in more societal constructs and cultural experiences, such as history, religion, cultural practices, and language (National Research Council, 2004).

Within this thesis, I intend to use the terms as described above, both race and ethnicity will be explored in the research included. Within each chapter, the primary focus of either race or ethnicity will be outlined. However, the two terms are often interchangeable during discussions due to societal influence in the identification of racial and ethnic groups (National Research Council, 2004). This is also important for this thesis as within the studies included, the terms may be used interchangeably. I will note this issue, within specific chapters, if this is relevant for the chapter. For example, in chapter 2, several of the included studies (e.g., Baglivio et al., 2015) in the systematic review focus primarily on ethnicity groups, despite the groups actually being based on race.

Furthermore, there are both methodological and epistemological challenges to grouping participants by 'ethnicity' or 'race' within empirical research. These categories do not currently have any standardised biological or scientific definitions to guide researchers on how to group individuals based on race or ethnicity (Kaneshiro et al., 2011). Therefore, the absence of standardised definitions of the groups can lead to misrepresentations; under or overreporting of phenomena's across the groups; and biased inferences for underrepresented groups within research (Sharghi et al., 2024).

The role of participants' subjective self-identification and fluid identity is also important as this can influence reporting of their race or ethnicity, affecting

the accuracy of the research. Additionally, the current grouping approaches also fail to account for the complex nuances of mixed heritage participants, who as a group often exhibit significantly more individual differences amongst them. The rigid categories can also lead to the individuals having to choose a racial or ethnic category which does not fully represent their experience. This can also lead to difficult tensions when individuals are inaccurately categorised or feel their experience is dismissed within the research field. Subsequently, many have queried whether meaningful research can be conducted in the absence of defined standardised definitions (Kaneshiro et al., 2011). Therefore, caution is required when interpreting the results of the research included within this thesis.

ACEs and Race

A number of empirical studies have discovered an inequal distribution of ACEs across ethnic groups (e.g., De Lisi et al., 2017; Fagan et al., 2018; Maguire-Jack et al., 2020; Slopen et al., 2016). Felitti et al's. (1998) original study examined a subset of the ACEs and found a similar racial disparity, as 50% of White adults reported zero ACEs, whilst only 39% of Black, 43% Latino, 66% Asian and 41% of 'other race' participants reported this (Felliti et al., 1998). Black and Latino individuals were also more likely to report 4+ ACEs making them high-risk for negative physical health outcomes (Felitti et al., 1998).

One proposed theory for the increased risk for ethnic minorities is defined as 'intersectionality'. Intersectionality is defined as several discriminated characteristics, such as ethnicity, social class, sexuality, and gender (Gillborn, 2015). For example, being a working-class, Asian female who identifies as a Lesbian. Intersectionality theory suggests demographic characteristics are

intertwined and do not operate independently, and thus should be assessed together (Mersky et al., 2021).

The concept of intersectionality is significant for the interpretation of the empirical research surrounding race and ethnicity. This is because it highlights the importance of affording efforts to not interpret the research through a reductionist, single-factor lens (Petrozziello, 2025). By utilising an intersectional approach to interpret the research, it is advantageous in considering how multiple types of discrimination converge to operate together to affect an individual's life outcomes, as opposed to the result of a single factor such as race (Petrozziello, 2025). Specifically, for the ACEs and negative outcomes research, the intersectional demographic risk factors are distinct from the typical intersectional risk factors (Gillborn, 2015). Being a Black male, with low SES living in a violent neighbourhood increases the risk for ACEs (Baglivio et al., 2015).

However, as mentioned previously, the original ACEs fails to capture the unique experiences of all ethnic minorities. Some of the original ACEs may not operate within an ethnic minority individual's experience in the same way as it is defined. For example, corporal punishment may be perceived as 'normal parenting behaviour' rather than child abuse within Black and Asian cultures (Lau et al., 1999). Thus, based on an ethnic minority individual's experiences they may not indicate ACEs as specified within the framework. Thus, there is a further need for efforts to ensure sensitivity to ethnic differences in the identification of ACEs.

Aim of thesis

Prior to outlining the aim of the thesis, it is important to provide the context of the empirical research conducted within the thesis. As this work contributes to fulfil the requirements of my Forensic Psychology Doctorate, it has been conducted from a psychological practitioner approach. Thus, the topics of race, ethnicity and negative life outcomes have been examined through this lens. A psychological practitioner approach may lead to more individualistic perspectives, than if the research was conducted from a sociology perspective. This type of approach would lend itself to viewing some of the topics within the thesis from a collectivist, community-focused approach (Jiao & Zhao, 2023). Subsequently, it is important to acknowledge there are alternative perspectives for the topics within this thesis which may have lent itself to alternative conclusions and theoretical explanations.

The existing literature contributes to the argument that ethnic minorities experience more ACEs than White individuals, in addition to ethnic-specific ACEs such as racial discrimination. However, as previously mentioned there is a lack of cross-culture comparison, in addition to a poor consideration of the specific adverse experiences of ethnic minorities and how these are associated with the development of negative life outcomes. Therefore, this thesis aims to contribute to the existing literature by comparing ACEs across racial groups and establish the associated varying risk of negative life outcomes across race. It shall also afford additional consideration of individual experiences of ethnic minorities, by exploring their personal encounters of racial discrimination to further expand the ACEs literature and its link negative outcomes including criminality, antisocial behaviour, substance misuse and poor mental health.

The research questions have been devised to explore the number of ACEs; types of ACEs including additional ethnic-specific ACEs such as racial trauma; and to establish any ethnic differences between negative life outcomes. The primary research question of the current thesis is 'In Western cultures, do ethnic minorities experience higher number of ACES than White individuals?'.

Chapter Two - A systematic review on the engagement in offending in youths who have been exposed to Adverse Childhood Experiences (ACEs): A comparison between ethnicities

This chapter shall utilise the terms ‘race’ and ‘ethnicity’ as defined in the introduction. However, some of the included studies refer to groups of ‘ethnic minorities’, despite this grouping being based on racial identity.

Abstract

Background

Adverse Childhood Experiences (ACEs) have been associated with an increased risk of a number of negative life events, including offending behaviour. However, ACEs have been found to affect different races in varying ways, including ACE types, severity, and frequency. There have also been relationships discovered between specific ACEs and different offending behaviours. However, few studies have compared the relationship between number and type of ACEs, with offending behaviour across ethnic groups. The aim of the current paper was to undertake a systematic review of the literature comparing offending behaviour in individuals who have been exposed to ACEs, across ethnic groups.

Method

Embase, Medline, APA PsychArticles, APA PsychInfo and Scopus Library databases were searched using a PECO framework. Inclusion criteria were: 1) must assess combination of PECO framework; 2) examine ACEs prior to 18; 3) Cross-sectional studies; 4) conducted post 1998; and 5) must assess Westernised cultures. Grey literature was also searched. Quality of studies or risk of bias was calculated using the Appraisal Tool for Cross-Sectional Studies (AXIS Tool) (Downes et al., 2016).

Results

The search process yielded 6,105 hits, including grey literature, but only 497 papers were screened. Of this number, 12 papers were eligible for data synthesis. Due to the substantial heterogeneity amongst the measures and outcomes within the included papers, a meta-analysis was not possible, thus a

narrative synthesis of the results was conducted. Five papers were deemed to have ‘moderate’ quality; six ‘good’ and one paper was deemed to have ‘high’ quality.

Conclusions

A number of ACE types were found to have significant relationships with specific offending types, for each ethnic group. In the current review, White offenders were revealed to have experienced a higher number of ACEs than their ethnic minority counterparts. However, further research should be conducted to conclude these results.

Introduction

ACEs

Adverse Childhood Experiences (ACEs) refer to potentially traumatic life events which occur in childhood, prior to the age of 18-years-old (Centers for Disease Control (CDC) and Prevention, 2021). These encompass a variety of negative events which may occur singularly or are repeated and can affect a child's development or parental attachment (CDC, 2020). As highlighted in the thesis introduction, the seminal ACEs literature refer to the ten traditional negative life events which occur in childhood such as physical and sexual abuse (Felitti et al., 1998). Felitti et al. (1998) identified the ten original ACEs which increased the risk of poorer physical health outcomes in adults. Typically, an overall ACE risk score is calculated by adding the number of singular adversities an individual has been exposed to, known as 'cumulative adversity' (Li et al., 2016).

There have also been more recent criticisms within the ACE literature, that this approach assumes all adverse experiences are equally as important as each other for negative life outcomes (Li et al., 2016). For example, the combination of sexual and physical abuse is likely to have a different impact on an individual's development, in comparison to the combination of parental divorce and parental substance abuse (Lacey et al., 2022). This approach also disregards the notion of individual differences in the impact of ACEs, including personal characteristics such as race and gender (Lacey et al., 2022).

As the research area developed, alternative approaches of assessing for ACEs were introduced including ACE frequency, a network perspective, and person-centred approaches (Lacey et al., 2022). Furthermore, the ACEs

framework has been expanded to acknowledge its limitation of disregarding individual differences, by creating an Expanded ACEs framework to included more culturally aware ACEs (Cronholm et al., 2015). This has enabled researchers to be able to assess the link between ACEs and negative life outcomes more prevalent within ethnic minority groups.

Alternatively, there is increasing empirical interest in the protective factors against ACEs (Crouch et al., 2019). ACEs, if unmitigated, increase the risk of negative life outcomes. However, not all who experience ACEs have long-term negative outcomes and research suggests this may be due to personal resilience and protective factors (Crouch et al., 2019). The protective factors model proposes the presence of positive resources can mitigate the relationships (Zimmerman, 2013). Similarly, ethnic minority individuals can hold a strong identification with their ethnicity or have ethnic-specific values which protect against negative life outcomes (Brook et al., 2005). This could suggest that an ethnic minority individuals' relationship with their ethnic identity or values could also protect against the risk ACEs pose.

ACEs and Offending

ACEs have also been shown to increase the risk of other negative life outcomes, across all ages, including poor mental health (Hughes et al., 2017), anti-social behaviour (Connolly, 2019) and offending (Baglivio et al., 2015). Of the latter, ACEs have been found to be more prevalent among youth who are at risk of having contact with the Criminal Justice System (Craig et al., 2017). ACEs have also been linked to increase the risk of young individuals being more likely to become serious, violent, and chronic juvenile offenders (Fox et al., 2015). Zettler et al. (2018) discovered within 4,733 juveniles, each additional ACE

encountered by 12-years-old increased the likelihood of being admitted to a juvenile justice residential environment by 18-years-old by 20%. This was found across the sample, whilst controlling for a number of risk variables (Zettler et al., 2018). This study supported the hypothesis that the higher singular ACE score and more frequent ACE exposure, the increased likelihood of more serious offending outcomes.

Furthermore, ACEs have been shown to increase the risk of a variety of offence types in youth populations, including sexual offences (Harris et al., 2015); violent offences (Laajasalo et al., 2025); and gang involvement (Wolff et al., 2019). There have been also at least ten systematic reviews conducted on the relationship between ACEs and criminality within youth samples. For example, Yannon et al's. (2024) meta-analysis discovered 16 studies which yielded a small overall effect size revealing an accumulation of ACEs increased the odds of recidivism. However, the relationship between ACES and recidivism was only statistically significant for a group of studies examining youth samples (Yannon et al., 2024).

In addition, Astridge et al. (2023) also conducted a similar systematic review on the prevalence of ACEs in youth offenders and the effects on recidivism. It was discovered within 31 eligible studies, cumulative ACEs and neglect were positively associated with youth reoffending rates (Astridge et al., 2023). The authors also discovered a number of moderators including gender, positive childhood experiences, and empathy whilst assessing the mechanisms underpinning the relationship between ACES and reoffending. These reviews have failed to utilise the role of race in their analyses, despite research having acknowledged with the evidence of racial disparities in involvement with the CJS (Lymperopoulou, 2024).

ACES and Race

A primary criticism of the ACEs literature is the area's initial focus on investigating the ACEs phenomenon within White, middle-class samples (Maguire-Jack et al., 2020). Few studies have examined ACEs within ethnic-minority only populations, despite the higher prevalence of negative life outcomes and wider acknowledgement of socioeconomic adversities within ethnic minority groups. The latest UK government report on prison population statistics reported ethnic minority individuals continued to be over-represented within the prison population (Sturge, 2024). It concluded in 2024, 27% of the prison population identified as an ethnic minority whereas this group comprised of 18% of the general population (Sturge, 2024). The largest over-representation was the Black or Black British group who comprised of 12% of the prison population, compared to 4% of the general population (Sturge, 2024).

Maguire-Jack et al. (2020) importantly highlights the significance of this limitation due to the widespread acknowledgement in society that disadvantage, in all forms, is not equally distributed across races. Yet, in the original study Felliti et al. (1998) found individuals in the high-risk category of experiencing 4+ ACEs, was significantly different amongst races: 13% White, 20% Black, 19% Latino, 5% Asian and 22% of 'other race'. Furthermore, 50% of White adults reported zero ACEs, whilst this was only found in 39% of Black, 43% Latino, 66% Asian and 41% of 'other race' participants (Felliti et al, 1998). Thus, further supporting the notion that multiple adversities were more likely within some ethnic minority groups.

More recent research efforts have been made to explore ACEs prevalence across all racial groups. For example, Slopen et al. (2016) utilised a racially diverse sample to examine the racial differences in the experience of nine childhood adversities. The authors discovered Black and Hispanic children experienced more childhood adversities compared to White children (Slopen et al., 2018). Whilst the study did not investigate all ACEs, as defined by Felitti et al. (1998), the majority of the childhood adversities overlapped with those identified as ACEs.

Furthermore, Wang et al. (2025) more recently discovered a similar pattern whilst examining racial differences in ACEs amongst a child sample. The researchers discovered White children fell into a low ACES group, whilst financial hardship with other ACEs, including those featuring abuse were more prevalent amongst Black and Latino participants (Wang et al., 2025). However, it is important to highlight within this study only 30.1% of White children fell into the low ACEs category, which meant the remaining 70% were affected by various ACEs (Wang et al., 2025). This was noted to be a significantly higher proportion than an average of 40% White children experiencing significant ACEs reported in alternative studies (Wang et al., 2025).

It is important to acknowledge that cultural norms also vary regarding parenting disciplinary styles, educational and economic attainment (Bornstein, 2012). This may increase an individual's risk, who is of a specific ethnic minority, to experience more or certain ACEs due to the Western, White, and middle class sample the ACEs framework was designed on (Bernard et al, 2020). Cronholm et al (2015) furthered the ACEs research area by examining a more racially diverse sample to explore the prevalence of conventional ACEs (ACEs-C), as identified by Felitti et al. (1998), and expended ACEs (ACEs-E). Cronholm et al. (2015)

compared ACEs-C and ACEs-E levels in a more racially diverse sample, and discovered ethnic minority males, of low SES were at higher risk for ACEs-E, but not with ACEs-C. 13.9% of Cronholm's et al. (2015) sample experienced only ACEs-E, thus demonstrating the need for an adjusted ACEs framework for other races or ethnicities. However, few studies have examined the prevalence of ACEs-E between ethnic minority and White offender samples.

Present Review

There have been a number of systematic reviews conducted on the prevalence of ACEs and physical health or social outcomes (e.g., Hughes et al., 2017; Liu et al., 2021; Walsh et al., 2019). However, systematic reviews on the prevalence of ACEs and the relationship with criminal justice-related outcomes (e.g., offending behaviours, reoffending rates) are limited (Astridge et al., 2023). A search in Prospero and several databases found no systematic reviews which have explored the prevalence of ACEs and the relationship with criminal justice-related outcomes compared between ethnic minority and White samples.

As highlighted above, the overrepresentation of ethnic minority individuals within the CJS and some evidence of this ethnic group experiencing a higher number of ACES provided a rationale for the current review. This presents a clear gap within the literature of an absence of a systematic review collating the information to provide a comprehensive understanding on the prevalence of ACEs between ethnic minority and White young offenders. To achieve this, a primary Research Question (RQ) is proposed:

- RQ1 - Are non-White ethnic minority youths who offend more likely to have been exposed to ACEs than White youths who also offend? If so, which ethnic minority group?

Furthermore, secondary research questions are also proposed:

- RQ2 – Are there specific types/clusters for each ethnic minority group?
- RQ3 - Do non-White ethnic minority youths with ACEs commit certain offence types?

The research questions encompass ethnic minority youths as a whole but shall investigate the results based on each individual ethnic minority group (e.g., Black, Hispanic, Latino).

Method

The present systematic review was conducted and is reported consistent with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) protocol guidelines (Moher et al., 2015). Please see Appendix A.0 for a completed PRISMA checklist. A systematic review PRISMA protocol was developed (Appendix A.1), but not formally registered on an open access database, due to the review being for educational purposes. The data collection forms, data extracted from included studies; and any other materials are available in the thesis appendix.

Eligibility criteria

The eligibility criteria for relevant studies to be included in the current systematic review was developed utilising a Population, Exposure, Comparator and Outcome (PECO) (Morgan et al., 2018) question framework (Table 1). However, relevant studies were required to meet additional criteria to be eligible for inclusion. Therefore, the eligibility criteria were:

1. All studies included in the systematic review must assess a combination of the PECO framework terms, specifically observing the differences in ACEs between White and ethnic minority individuals who have committed criminal offences or have had contact with the criminal justice system.
2. The study examined the number of ACEs or adversity experienced by participants prior to the age of 18-years-old. However, criminality could occur in adolescence or adulthood.
3. Only empirical cross-sectional research studies with comparative population samples will be included in the review. This could also include cohort studies.
4. It shall also only include studies from 1998 as the seminal ACEs study (Felitti et al., 1998) was conducted in this year, thus the first time the ACEs phenomenon was devised.
5. Finally, only empirical studies written in English, assessing Western cultures, and where English is the first language shall be included in the review (e.g., United Kingdom, United States of America, Canada).

Table 1

A summary of the initial PECO framework utilised in the current systematic review.

Criteria	**Search terms**
Population	Black youths, ethnic minorities, youths, Black offenders, BAME, BME, POC, Asian, non-white
Exposure	Adverse childhood experiences, ACEs, ACEs-C, ACEs-E, adversity
Comparator	White, White offenders, White youths
Outcome	Offending behaviour, criminality, offending

Population

The population being examined were Ethnic minority individuals under the age of 30 (youth age range defined as 18-30 by WHO). Eligible studies had to include both ethnic minority and White participants in their sample.

Exposure

To be eligible for inclusion, studies had to examine participants exposure to one or more types of Adverse Childhood Experiences before the aged 18 years old as defined by CDC-Kaiser Adverse Childhood Experiences Study (Felitti et al., 1998). This could include a singular occurrence, frequency, and cumulative exposure to ACES.

Comparators

The eligible studies had to have employed a comparative sample of White individuals who had also been exposed to ACES and had been in contact with the Criminal Justice System.

Outcome

The outcome of being exposed to ACES was engagement in offending behaviour. This could include contact with the Criminal Justice System (CJS); all types of offending behaviour; sentencing outcomes; and adjudications in prison.

Information sources and search strategy

In January 2025, the author conducted the searches on the following electronic databases: Embase, Medline, APA PsychArticles, APA PsychInfo, Scopus. This selection of databases were chosen to provide a good coverage of relevant literature. A search strategy was devised for each database due to the variation in each database's use of the keywords – please see Appendix A.1. Some databases required the author to use 'Map Terms' or to 'truncate' the keywords. However, all search strategies utilised a variation of the keywords from the PECO framework.

Following all searches being completed, and all potentially relevant studies were identified, the search results were filtered into an Endnote library and an Excel spreadsheet (Appendix B). Any duplicates were removed, and titles and abstracts were screened against the inclusion criteria by the author.

Grey Literature

The author also conducted searches within accessible grey literature to ensure all available and relevant data could be included in the review, even if it was not published or peer reviewed (Paez, 2017). The inclusion of searching grey literature can also reduce publication bias and increase the comprehensiveness of the review, thus it was decided to conduct these searches (Paez, 2017).

A selection of the keywords from the PECO framework were utilised to search each of the grey literature sources. The Etheses website was searched using the keywords: "adverse childhood experiences" & "ethnicity " & "offending". However, this yielded no relevant results.

The UK government website, which includes UK government reports, publications on a variety of topics, including offending statistics was searched. The government website searches yielded 5,612 hits. The articles found by the search were presented in order of relevance, beginning with the most relevant article. The titles of the first 50 pages of results, which had 10 articles per pages, were screened and only five potentially relevant sources were identified. Therefore, the author decided to cease screening as the yielded articles did not meet the inclusion criteria, nor did they appear relevant to the topic of the searches. Please see Table 2 for a summary of the grey literature searches conducted.

Table 2

A summary of the grey literature searches conducted for this systematic review.

Name of website	**URL**	**Dates searched**	**Search terms used**	**Results of your search**
Open Access Theses and Dissertations	https://oatd.org	January 2025	"adverse childhood experiences" "ethnic minorities" "white" "offending"	Searched: nothing found
UK Government website	www.gov.uk	17/01/2025	As above	Searched, screen fist 50 pages, 5 total, 1 included
Google	www.google.co.uk	January 2025	As above	Searched: nothing found

Data Extraction

The author developed a data extraction form using a Microsoft Word document and independently extracted the data from all included studies. The

data extraction form included the study characteristics of the study author's name; year of publication; population; sample number; age range; gender split; and race/ethnicity split. The results extracted included: measures used; statistical analyses; findings; and conclusions drawn.

Quality Assessment

To assess the quality and risk of bias of included studies, the Appraisal tool for Cross-Sectional Studies (AXIS tool) (Downes et al., 2016) was applied to each study. The AXIS tool comprises of 20 components to systematically evaluate the reliability of a cross-sectional study (Downes et al., 2016). It was developed to aid the assessor in addressing frequent issues within cross-sectional studies to decipher the quality of the study (Downes et al., 2016). A supporting document is provided with the tool which aids the assessor with information and explanation to which each of the 20 components is assessing (Downes et al., 2016). The AXIS tool enables the assessor to answer 'yes', 'no', or 'don't know' to each of the 20 components.

The first author allocated a Likert scale to the answers which enabled a quality rating to be established for each of the papers. A second assessor (ATD) completed a quality assessment on 50% of the included full texts (final selection). The second assessor (ATD) was a qualified Forensic Psychologist at my employment, who previously completed the DForenPsy course. Therefore, the second assessor (ATD) had conducted her own systematic review and had the relevant research and professional experience to undertake this role.

On reflection, I must acknowledge there may have been some bias during the quality assessment process. This may have been due to my prior awareness of some of the included papers, but in addition to the AXIS tool being reliant on

the assessors prior knowledge of research elements (e.g., states specific research design). This subsequently may have varied between assessors, been subjective, and subsequently evoking bias in the implementation of the tool. Furthermore, the assessors' may have misinterpreted how to utilise the tool. However, I feel this risk of bias was efficiently moderated by the instructions. The second assessor (ATD) did not have any prior knowledge of the research area, thus was likely to not have exhibited bias in her scoring of the quality assessment of the studies. Please see Appendix C for quality assessment table.

Data synthesis

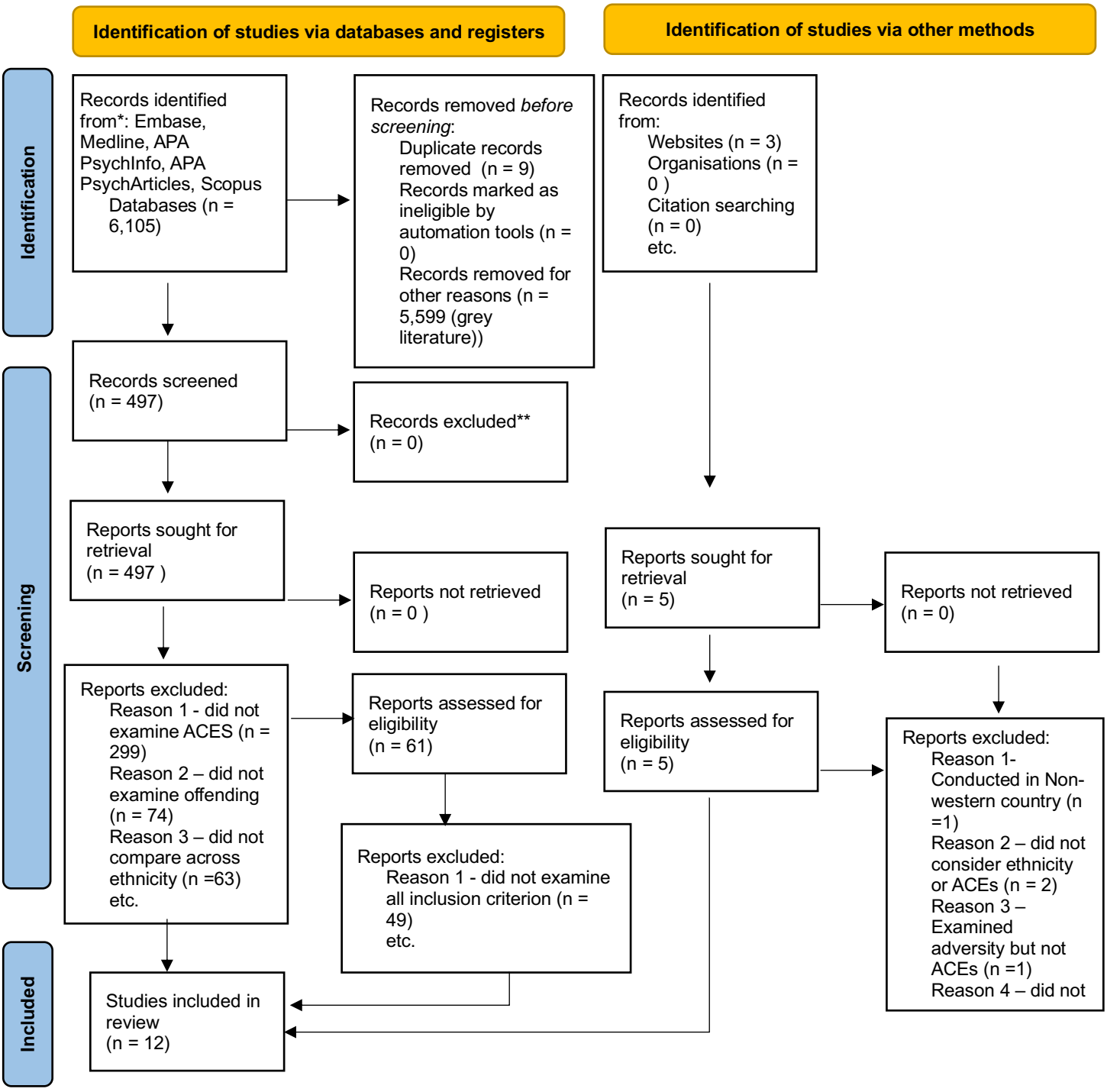
Due to the large level of heterogeneity present in the included studies concerning the measures used and outcomes explored for offending behaviour, it was not possible to use a meta-analysis to collate the data from the included studies. Therefore, a narrative synthesis was conducted.

Results

The search strategy yielded 6,105 hits (including 5,612 from grey literature), which were all screened. Of these citations, only 12 papers met the inclusion criteria. 299 papers were excluded because they did not examine Felitti et al's. (1998) defined ten ACEs, but rather examined a type of childhood adversity. 74 citations were excluded as they examined ACEs across ethnicities but did not examine offending behaviour as an outcome. 63 were excluded because they examined ACEs and offending behaviour but did compare across ethnicity. Please see Figure 1 for a summary of the search process and concluding number of included papers.

Figure 1

A PRISMA flow diagram to summarise the search process of the current review.



Study characteristics

The descriptive data of the included studies is summarised in Table 3. Twelve studies were included within this review, with a total of 146,690 participants. One study was conducted in Canada, whilst the remaining 11 were conducted in the United States of America.

Table 3

A table displaying the descriptive data of the 12 included papers from this systematic review.

Author	Year	Country	Study Design	Sample	Sample Size	Ethnicity Split
Baglivio et al.	2015	United States of America	Cross-sectional	Delinquent youth – placed in juvenile justice residential program Florida	12,955	54% Black 11% Hispanic
Craig et al.	2021	United States of America	Cross-sectional	Incarcerated juvenile offenders - Texas	11788	35% Black, 44% Hispanic, 21% White, <1% other race/ethnicity
De Lisi et al.	2017	United States of America	Cross-sectional	Juvenile delinquents	2520	Black – 35.3%, whites – 24.5%, 38.3% Hispanic
Fagan et al.	2018	United States of America	Longitudinal cross-sectional	High-risk adolescents – from high-risk families from LONGSCAN studies	1,354 at start, 620 interview representing 58% of the 1,075 p's recruited at baseline	192 white, 428 Black
Gillbreath et al.	2024	United States of America	Cross-sectional	Youth referred to Florida juvenile justice system	16,242	43% white, just under 40% Black, 18% Latino
Johnson,	2018	United States of America	Longitudinal cross-sectional	Florida Juvenile prisoners	3,284	57% non-Latino Black or African-American, 31% were non-Latino white, 10% Latino, less than 1% were other race

Jones et al.	2022	United States of America	Longitudinal cross-sectional	Fragile families and child wellbeing study	3,168	1,683 Black, 867 Hispanic, 616 white
Lockwood et al.	2022	United States of America	Cross-sectional	Florida's department of juvenile justice	8,416	44.5% White non-Hispanic, 37.2% Black non-Hispanic, 18,3% Hispanic,
Muir et al.	2022	Canada	Cross-sectional	Canadian justice involved youth	187	25.1 % indigenous females, 26.& indigenous males, 21.% White females, 26.7% White males
Schilling et al.	2007	United States of America	Longitudinal cross-sectional	Boston High school youth	Wave 1 – 1143, Wave 2- 1093	49% white, 21% Black, 11% Hispanic, 7% Asian, 5% multi, 7% other
Wolff et al.	2018	United States of America	Multiyear Cross-sectional	Florida Adolescents involved in juvenile justice system	92,000	37.3% white, 46.8% Black, 15.9% Hispanic, other race was excluded
Zettler et al.	2018	United States of America	Multiyear Cross-sectional	Florida Adjudicated juveniles	2,733 – full sample, 730 – residential placement	Full sample - 45% Black, 14.6% Hispanic Residential sample – 43.3% Black, 14.8% Hispanic

Quality of Studies

Quality of the included studies varied. Five studies were determined to have 'moderate quality' (Craig et al., 2021; De Lisi et al., 2017; Fagan et al., 2018; Johnson, 2018; Jones et al., 2022); six were deemed to be of 'good quality' (Baglivio et al., 2015; Gillbreath et al., 2024; Lockwood et al., 2022; Muir et al., 2022; Wolff et al., 2018; Zettler et al., 2018); and one study was deemed to be of a 'high quality' (Schilling et al., 2007). The assessment of the quality of the studies were confirmed by the second reviewer, who independently scored the quality of the studies utilising the AXIS tool (Downes et al., 2016) (Appendix C). The second reviewer's scores were similar to the first reviewer and all studies were given an identical category of study quality by both reviewers.

All studies clearly defined the target population (Criteria 4); all studies included risk factors and outcome variables measured appropriate to the aims of the study (Criteria 8); and all studies reported on the limitations of their findings (Criteria 18). However, a common weakness amongst the included studies was almost all, except Muir et al. (2022) did not provide a justification for the sample size utilised (Criteria 3). Furthermore, only half of the included studies reported on the methods of obtaining participants' consent or confirming ethical approval (Criteria 20). Finally, few papers provided an attrition rate or commented on the method employed for addressing attrition (Criteria 7 & 14).

Results syntheses

The data was extracted into the data extraction form by the first author (see method section for further details). This included the mean number of ACEs for each racial group within each study, in addition to any regression analyses

utilising race and ACEs as predictor variables and offending behaviour as the outcome variable. Some studies reported a mean number of ACES per racial group (e.g., Fagan et al., 2018; Lockwood et al., 2022; Muir et al., 2022; Schilling et al., 2007). Whilst other studies did not report the mean number for each ethnic group and only the overall regression analyses predicting offending behaviour (e.g., Baglivio et al., 2015; De Lisi et al., 2017; Gillbreath et al., 2024; Zettler et al., 2018). Efforts were made to obtain the raw data from the original authors to little avail.

Outcome measures

ACES overall

Five studies (Fagan et al., 2018; Johnson, 2018; Lockwood et al., 2022; Muir et al., 2022; Zettler et al., 2018) provided a mean ACE score for each of their studied ethnic minority group and conducted statistical comparison analyses to the White control group. Four studies (Fagan et al., 2018; Johnson, 2018; Lockwood et al., 2022; Zettler et al., 2018) discovered within their samples, White participants had significantly higher mean ACE scores compared to their ethnic minority counterparts (Black and Hispanic, except Fagan et al., 2018 did not include a Hispanic population). Muir et al. (2022) uniquely within this review, compared the mean number of ACEs between White and Indigenous Canadian offenders. The authors found Indigenous individuals experienced significantly higher ACEs compared to their White counterparts.

The remaining seven studies did not provide a mean ACE score for each ethnic group, although some did report average ACEs in alternative methods. For example, Jones et al. (2022) reported the percentage of each ethnic group which experienced each cumulative ACE score – e.g., 31% of Black, 24% of

Hispanic, and 22% of White youth experienced the highest ACE score category of 4+ ACEs. Whilst Schilling et al. (2007) did not report a mean ACE score, the authors found ACEs were more prevalent amongst the White participants.

Offending type

Violence.

Five studies (Craig et al., 2021, Fagan et al., 2018; Gillbreath et al., 2024; Johnson, 2018; Muir et al., 2022) explored violence as an offending behaviour outcome. For Black participants, three studies provided supporting evidence that ACES significantly increased the risk of violent offending (Craig et al., 2021; Fagan et al., 2018; Johnson., 2018).

Craig et al. (2021) discovered that ACES significantly increases the odds of violent rearrest for both Black males and females. Johnson (2018) examined the relationship of each specific ACE in predicting violent offending across ethnicities. It was discovered that Black juveniles who experienced emotional abuse and emotional neglect were 4.5 and 3.5 times more likely to have a violent felony arrest, respectively (Johnson, 2018). Cumulative ACES were also amplified for Black juveniles, in addition to the trauma and Black ethnicity interaction term being significant (Johnson, 2018). For each unit increase in trauma score, Black juveniles were significantly more likely to have a violent felony arrest than their White counterparts (Johnson, 2018). Black youth with a trauma score of five were 1.5 times more likely to have a violent felony arrest than White juveniles with the same trauma score (Johnson, 2018).

Furthermore, Fagan et al. (2018) found that the number of ACEs was significantly related to the likelihood of any violence for Black youth. However, this relationship became non-significant and reduced when the control variables

of peer antisocial behaviour and school grades were added to the regression analysis (Fagan et al., 2018).

For Hispanic juveniles, Craig et al. (2021) also discovered that ACEs significantly increased the odds of violent rearrest for males, but no effect for females. Whilst, ACEs had no significant effect on the likelihood of violent felony arrests for Latina/o youth in Johnson's (2018) sample.

Muir et al. (2022) within this review compared Indigenous offenders against their White counterparts. The authors discovered ACEs significantly predicted recidivism across both ethnic groups within their sample, but not violent reoffending (Muir et al., 2022).

Regarding White youth, Craig et al. (2021) found that ACEs did not have an effect on the likelihood of violent rearrest. Whilst, ACEs had no significant effect on the likelihood of violent felony arrests for White youth in Johnson's (2018) sample. Similarly, Fagan et al. (2018) discovered the number of ACES White youth had, were not significantly related to the likelihood of violence, or rearrest.

For some studies (Craig et al., 2021; Gillbreath et al., 2024), the authors explored violence more specifically in the context of Domestic Violence (DV). Craig et al. (2021) and Gillbreath et al. (2024) both found a significant relationship between Black males and ACEs on arrest or referral for DV, however in opposite directions. Gillbreath et al. (2024) discovered that Black youth had the lowest odds of obtaining a referral for DV across all numbers of ACEs. The authors also explored interaction relationships between several variables including gender, ethnicity, and number of ACEs (Gillbreath et al., 2024). For example, White males with zero ACEs had the highest probability of being referred for DV, whilst as the number of ACEs increased the probability of a DV

referral increased the greatest for Latino males and surpassed that for White males (Gillbreath et al., 2024). A similar pattern was observed for their female counterparts, except at higher numbers of ACEs, the probability of DV referral for Black girls surpassed that of White girls (Gillbreath et al., 2024).

Whereas Craig et al. (2021) found ACEs significantly increased the odds of being rearrested for DV for Black and Hispanic males, but not White males. For females within their sample, ACEs were significantly related to DV rearrests amongst White females, and marginally but not significantly for Black females (Craig et al., 2021). Yet, ACEs had no significant effect for Hispanic females on the likelihood of DV rearrest.

Homicide.

Two studies (Craig et al., 2021, DeLisi et al., 2017) explored homicide as an offending behaviour outcome. DeLisi et al. (2017) discovered ACEs were inconsistently associated with the occurrence of homicide across ethnic groups. Black youth with exposure to one ACE were 39% less likely to have committed a homicide offence, whereas Hispanic youth with four ACEs were two times more likely to have committed a homicide offence (DeLisi et al., 2017). Thus suggesting, that higher number of ACEs are a risk for homicide, but fewer ACEs were not. For White juveniles, ACEs reduced the likelihood of committing a homicide. Juveniles with five and six ACES were 68% and 86% less likely to have committed a homicide offence, respectively (DeLisi et al., 2017). Whereas, in Craig et al's. (2021) sample ACES failed to predict rearrest for homicide for all ethnic groups.

Sexual offences.

Two studies (Craig et al., 2021; De Lisi et al., 2017) investigated the racial effects of ACEs on engaging in sexual offending as one of the potential offending behaviour outcomes. Both Craig et al. (2021) and De Lisi et al. (2017) discovered a relationship between Black and Hispanic males' ACE score and an increased risk of sexual offending. More specifically, Craig et al. (2021) found Black and Hispanic males with a higher ACE score were significantly more likely to be rearrested for a sexual offence than their ethnic counterparts with a lower ACE score. Whilst De Lisi et al. (2017) found Black males with three or five ACEs were more likely to commit a sexual offence. They also discovered Hispanic youth with two to six ACEs were significantly more likely to be arrested for a sexual offence, whereas only White youth with five ACES were significantly more likely to commit a sexual offence (De Lisi et al., 2017).

However, Zettler et al. (2018) also examined the relationship between ACEs and sexual offending but did not compare this between ethnic groups.

Other offending.

A number of included studies explored alternative offending types as their outcome behaviour, compared to those commonly explored as noted above. De Lisi et al. (2017) also observed the relationship between ACEs and serious person/property offending across ethnicities. The authors found a mostly negative association between ACEs and serious person/property offending in their sample, and no significant effects were found for their Black participants (De Lisi et al., 2017). For Hispanic juveniles, those with three ACEs were 60% less likely to be convicted for serious person/property offending; Hispanics with

four ACEs were 73% less likely; and those with five ACEs were 78% less likely. Whilst White juveniles with one ACE were 387% more likely to be convicted for serious person/property offending and those with two ACEs were 329 times more likely (De Lisi et al., 2017).

Furthermore, Jones et al. (2022) observed the rates of delinquency in youths and found across all racial groups, for each additional ACE a significant increase in adolescent delinquency was found. However, the rates to which this occurred varied amongst races. For example, for Black youth with 4+ ACEs the number of delinquency acts were expected to increase; for Hispanic youth with 1= 4 ACEs delinquency acts were expected to increase; and for White youth who experienced 3-4 ACEs the rates of delinquency rates were expected to increase (Jones et al., 2022). Additional variables were found to mediate the relationships between ACEs and delinquency rates for each racial group, indicating different mediating pathways (Jones et al., 2022).

Alternatively, Muir et al. (2022) examined the occurrence of overall reoffending rates between Indigenous and White individuals. ACEs were found to significantly predict recidivism; for every additional ACE the odds of any reoffending increased by 152% across the sample (Muir et al., 2022). However, having a higher ACEs score fully mediated the relationship between Indigenous ethnicity and any reoffending (Muir et al., 2022).

Schilling et al. (2007) explored the rates of antisocial behaviour and ACEs across race. The frequency of antisocial behaviours did not differ across ethnicity, but different ACEs were significantly associated with the likelihood of antisocial behaviour for different ethnicities (Schilling et al., 2007). For example, having parents with substance misuse difficulties was significantly associated with antisocial behaviour for White individuals only (Schilling et al., 2007).

Finally, Wolff et al. (2018) utilised a latent class analysis to explore ACEs and additional variables amongst ethnically diverse juvenile offenders. The authors identified five distinct ACE typologies amongst their sample, where Black and Hispanic youth were significantly less likely to belong to any other class besides those categorised by low adversity (low number of ACEs) (Wolff et al., 2018).

Offending outcomes.

Three papers (Baglivio et al., 2015; Lockwood et al., 2022; Zettler et al., 2018) studied the relationship between ACEs and offending outcomes across racial groups. Baglivio et al. (2015) examined a sample of 'deep-end' juvenile offenders – those who had been placed in juvenile justice residential program – and their experiences of child welfare involvement and ACEs. The authors found ACEs did not have a significantly direct effect on the likelihood of the outcome of reoffending but did have an indirect effect through child welfare involvement for the entire sample (Baglivio et al., 2015). However, this relationship altered when examined between racial groups, as it remained for White and Hispanic juveniles but not Black youth and females (Baglivio et al., 2015).

Furthermore, Lockwood et al. (2022) explored the role of race and ACEs across a number of CJS outcomes for a sample of juvenile offenders. The CJS outcomes included dismissal, diversion, probation, and residential placement after their first arrest (Lockwood et al., 2022). The authors found varying results for each ethnic group across the different offending outcomes. For example, whilst higher ACE scores were significantly associated with a lower likelihood of adjudication, the results suggested this relationship was not significantly different across White, Black, and Hispanic ethnic groups (Lockwood et al.,

2022). However, for dismissal, Black and Hispanic juveniles with higher ACE scores were significantly more likely to be dismissed from court compared to White youth (Lockwood et al., 2022). Whereas White juveniles with higher ACE scores were significantly more likely to incur a residential placement diversion as their court outcome than their ethnic counterparts (Lockwood et al., 2022).

Zettler et al. (2018) discovered the number of ACEs experienced by adjudicated juveniles at 12-years-old was significantly associated with the likelihood of being placed in a residential treatment facility by 17-years-old for Black and Hispanic males. However, this relationship was not observed for White male juvenile offenders within their sample (Zettler et al., 2018). For females juvenile offenders, ACEs were also significantly associated with the likelihood of being placed in a residential treatment facility for Black females only, but not White or Hispanic females (Zettler et al., 2018).

Discussion

Summary of Findings

Research Question 1

The current review found in the included studies, which reported mean ACE scores for each ethnic group, four papers discovered White offenders exhibited significantly higher mean ACE scores (Fagan et al., 2018; Johnson, 2018; Lockwood et al., 2022; Zettler et al., 2018). Thus, implying that White offenders were more likely to experience a higher number of ACEs than their ethnic minority counterparts. Whilst one included study – Muir et al. (2022) – found their ethnic minority sample of Indigenous offenders reported a higher mean ACE score than White offenders in their sample. However, whilst there is some evidence to conclude White offenders experienced more ACEs, these

results should be interpreted with caution as it represents only 41.6% of the results of the included studies. The remaining 58.4% of the studies did not report a mean ACE score, but for example Jones et al. (2022) found Black participants were significantly more likely to experience 4+ ACES. On the other hand, Schilling et al. (2007) found ACEs were more prevalent amongst the White participants and Wolff et al. (2018) found Black and Hispanic individuals were significantly less likely to belong to any other group than the 'Low Adversity' group. These findings may have only been representative of the participants included in the study and may not accurately represent the entire ethnic group. Therefore, this finding only partially answers the primary research question, and the results should be interpreted with caution.

Research Question 2

Few of the included papers reported on the specific types or clusters of ACEs that participants experienced. However, three papers (Johnson, 2018; Schilling et al., 2007; Wolff et al., 2018) did report on specific ACEs experienced by participants in some capacity.

Schilling et al. (2007) found approximately one in six White participants experienced parental substance misuse, which was 50% and 30% higher than Black and Hispanic participants, respectively. Whilst, one in four Black and Hispanic participants witnessing serious injury or murder, which was twice as high as that reported by White individuals (Schilling et al., 2007). The authors also found one in six Hispanics reported being threatened with a weapon, held captive, or kidnapped which was 43% higher than that reported by White individuals and two times higher than Black individual (Schilling et al., 2007).

However, these findings may only be representative on the individuals within their sample as different findings were reported in the other two papers. For example, Johnson (2018) discovered the most common types of ACEs reported were physical neglect (83%); parental separation (89%); and parental mental illness (93%). However, the rates of each ACE experienced by each ethnic group were not reported. Whilst Wolff et al. (2018) conducted a latent class analysis to fit participants into appropriate classes, some of which were characterised by specific ACEs (Wolff et al., 2018). For example, the first-class group defined as 'High Adversity', which accounted for 7.2% of the sample had an average of 5.17 ACEs including a high probability of emotional abuse; parental substance abuse; parental incarceration; and family violence (Wolff et al., 2018). As highlighted above, Black, and Hispanic individuals were significantly less likely to belong to any other group than the 'Low Adversity' group, and White participants and females were more likely to belong in the 'High Adversity' group (Wolff et al., 2018).

Overall, from the current review there is not enough evidence to conclude there are specific types or clusters of ACEs experienced between ethnic groups. Therefore, this finding answers the second research question that there are no specific types or clusters of ACEs for each ethnic minority group for the participants from the included papers.

Research Question 3

Furthermore, this systematic review found evidence there were specific trends within the offending behaviour types between ethnic groups. Several papers studied the relationship between ethnicity, number of ACEs and subsequent offending type. Three studies (Craig et al., 2021; Fagan et al., 2018;

Johnson, 2018) discovered that Black participants exposed to ACEs were significantly more likely to be arrested for a violence offence. One study (Craig et al., 2021) found Hispanic participants with ACEs were significantly more likely, where as one paper (Johnson, 2018) found there was no significant relationship for Latino youth. Whereas, three papers found for White participants, ACEs did not have an effect on violent offending. Thus, suggesting Black participants with ACEs were more likely to commit violent offences.

Whereas for DV offences, the review found there was inconsistencies across the included studies for all ethnic groups with exposure to ACEs. There was no specific trend to suggest one ethnic group with exposure to ACEs were more likely to commit a DV offence.

For sexual offences, Black and Hispanic individuals with exposure to ACEs were more likely to engage in this offending type compared to White individuals (Craig et al., 2021; De Lisi et al., 2017).

Additional papers individually investigated other types of offending behaviours, but this did not yield enough evidence to incur a trend across the review to suggest one ethnic group were more likely to commit the specific type of offence.

Overall, there is evidence from this review to answer the third research question; that Black participants with exposure to ACEs were more likely to commit violent and sexual offences, whilst Hispanic participants were also significantly likely to commit sexual offences. Furthermore, some ACEs were found to be more likely for specific ethnic groups. For example, Johnson (2018) discovered some specific types of ACEs were amplified for ethnic minorities, such as emotional abuse and emotional neglect. Whilst Schilling et al. (2007) found White participants were more likely to report parents with alcohol/drug

problems. Thus, partially answering the second research question that there are specific ACE types for ethnic minorities but also White individuals.

Discussion of Findings

Prior to the discussion, interpretation, and implications of the findings of the current review, an important aspect of the studies should be highlighted. All of the 12 included studies, except one, was conducted in the USA. The remaining study was conducted in Canada (Muir et al., 2022). It is important to acknowledge the societal, cultural, and contextual differences between the studies conducted in the USA, Canada, and the UK, the latter in which this systematic review was written. Although there may be similarities in the racial compilation of the countries and systemic nature of racism, however the historical and current background of racial discrimination is largely different between the USA and UK. Largely, the UK context is described as more subtle, significant microaggressions, whereas the USA context is driven by the history of slavery leading to more overt, violent racism (Olusoga, 2020).

The finding that ethnic minorities did not experience a higher number of ACEs in the current review is opposing to previous research (e.g., Maguire-Jack et al., 2020; Mersky et al., 2021). For example, Mersky et al. (2021) discovered that American Indians, Black and Hispanic individuals experienced significantly higher number of mean ACEs compared to White individuals. It queries the argument that ethnic minorities who offend experience a higher number of ACEs, whilst this may be a more evidence trend in the ethnic minority general population. Rather, it may be that within an offending population White individuals are more likely to experience Felitti et al's. (1998) original ACEs. This may support an important critique of previous research as Felitti et al's. (1998)

is repeatedly criticised for being based on a White, middle class, highly educated population (Cronholm et al., 2015). Thus, the review could further support the robustness of the original ACEs framework but for the sample it was devised for, in addition to several White offender samples.

Regarding the absence of sufficient evidence for clusters of ACEs amongst the included papers in this review, this in contrary to previous research. However, additional research has observed clusters or a higher prevalence of different types of ACEs between ethnic groups in non-offending samples (e.g., Zhang et al., 2021). It may be there is a lack of empirical research investigating this phenomenon in an offender sample.

For specific offence type, there are several publications attempting to obtain the true rates of offending behaviours, but few examining this between racial groups (Kelley et al., 2024). There is even fewer papers exploring this within the context of ACEs. However, the findings of the current review can be compared to previous research. For example, the finding that Black individuals with ACEs were more likely to commit sexual offences is opposing to previous research as Kelley et al. (2024) discovered that White men had significantly more total victims of sexual offences compared to Black men. However, the authors did not examine the prevalence of adversity or ACEs, thus it is difficult to contextualise the findings of this review to typical offending rates. Yet, it provides a broader picture of the role of adversity on offending type across ethnic groups.

However, it is important to interpret the results of this systematic review for each of the research questions with caution. For example, for research question 1 four papers discovered White offenders exhibited significantly higher mean ACE scores (Fagan et al., 2018; Johnson, 2018; Lockwood et al., 2022;

Zettler et al., 2018). Whilst one study (Muir et al., 2022) found Indigenous participants yielded higher mean ACEs scores than White participants. However, these results only represented 41.6% of the results of the included studies. The remaining 58.4% of the studies did not provide a mean ACE score. Therefore, only a small proportion of the research question can be answered and subsequently few conclusions can be made from the review.

It may cause significant inadvertent harm to the widely acknowledged difficult experience of ethnic minorities within the research field if this finding is widely reported without the caveat of an absence of the 58.4% of studies' results. I am critically aware of how these findings and conclusions could be interpreted and cause harm to the population I am trying to support with my research. For example, if an individual who holds racially discriminative beliefs towards this population overextends the conclusions from this review, this may perpetuate an inaccurate perspective that the difficulties of this group is overreported. As an ethnic minority individual, myself, I do not wish for this to occur and significantly advocate for the results of this review to be interpreted with caution as I have first-hand experience of the opposite of these results.

There may have been something specific about the studies included which did not yield the expected results of ethnic minorities exhibiting higher number of ACEs. For example, several of the included studies (Gillbreath et al., 2024; Johnson, 2018; Lockwood et al., 2022; Wolff et al., 2018; Zettler et al., 2018) used a sample of participants from the Florida Department of Juvenile Justice (FDJJ). These include two of the studies who found higher mean ACEs scores in White participants. There may be something specific and nuanced about the experience of ethnic minority individuals within these samples or within Florida state as a whole.

Implications

There are implications for both research and practice arising from the findings of the current systematic review. Firstly, this review provides an important addition to the wider field of ACEs and offending research, as highlighted above it queries the growing discussion that ethnic minorities experience higher number of ACEs.

One explanation for this finding within the current review has also been highlighted in general ACEs literature. Bernard et al. (2020) proposed the original ACEs framework does not include specific life stressors ethnic minority individuals experience. The original ACEs framework is known as Conventional ACEs (ACEs-C) whilst other literature have developed a more culturally aware ACEs framework known as the Expanded ACEs (ACEs-E) framework (Cronholm et al, 2015). Qualitative research found Black and Latino youths identified additional important childhood adversities that was not included in the original ACEs-C remit (Pachter & Coll, 2010; Wade et al, 2014). Participants declared additional adversities including racial discrimination, violent neighbourhood, bullying, and community violence (Pachter & Coll, 2010; Wade et al, 2014). Therefore, this may provide an explanation to the findings of the current review, as to why ethnic minorities were not consistently found to have a higher number of ACEs. The adversities of ethnic minority offenders may have not be comprehensively captured by the ACEs measures used. The review may also provide support to the wider notion within the ACEs field that there should be an ethnic minority-specific ACE framework. Future research should explore this further, and ultimately conduct a systematic review of the subsequent research.

Regarding implications for practice, the current review points to the ongoing importance of person-centred interventions in consideration of an

offender's race (Young, 2014). The current review found that different offence types, ACE experiences, and offending outcomes were more likely between different racial groups. In that different racial groups were significantly more likely to commit specific offences, and some studies also highlight some racial groups were more likely to experience certain ACEs. Additionally, several studies found that different racial groups were more likely to experience different offending outcomes (e.g., probation). This suggests the importance of considering individual differences, and more specifically racial identity in the development of interventions to encourage desistance from offending (Young, 2014). In practice, these interventions should also consider the role of an individual's race; the race or ethnic-specific adversities; and respond to the way cultural factors affect the CJS process for each individual (Young, 2014).

Strengths and limitations

To the author's knowledge, this is the first systematic review of its kind. Whilst there have been systematic reviews comparing the occurrence of ACEs across ethnic groups (e.g., Yang et al., 2025; Zhang et al., 2021), these reviews have examined physical or mental health outcomes as a consequence of ACEs. This review is the first to examine ACEs across racial groups and utilise offending behaviour as an outcome of the ACEs. Alternatively, other systematic reviews have explored ethnic minorities and offending behaviour (e.g., Lee et al., 2020), but not have compared this across ethnic groups. The current review has also been transparent with its methods in efforts to be replicable.

Nevertheless, there were limitations to both this review and the studies included. A common limitation of the ACEs research area, which is also relevant to the current review, is the variation of how ACEs are measured and evaluated

(Walsh et al., 2018). Whilst there are specific psychometric tools regularly employed to assess individuals' exposure to ACEs (e.g., ACE-IQ, WHO, 2018), the included studies used a combination of methods to analyse participants exposure to ACEs. For example, three studies (Baglivio et al., 2015; Wolff et al., 2018; Zettler et al., 2018) used the C-PACT tool to derive participants' ACEs score. Yet, the remaining studies used a 'Yes/No' questionnaire to identify exposure to various ACEs.

Similarly, the included studies were also examining a range of offending behaviour as an outcome measure, and not a singular offence such as 'murder'. This was a decision during the design of the systematic review protocol due to the lack of research, identified in the scoping process, comparing ACEs amongst racial groups and the relationship with offending behaviour. However, this lack of homogeneity amongst both the assessment of ACEs exposure and the offence type did not lend itself to allow for a meta-analysis of the number of ACEs between racial groups. Whilst this was a difficult limitation to overcome for the current review, it further supports the lack of consistency within the ACEs research area.

Furthermore, several of the included studies (Gillbreath et al., 2024; Johnson, 2018; Lockwood et al., 2022; Wolff et al., 2018; Zettler et al., 2018) used a sample of participants from the Florida Department of Juvenile Justice (FDJJ). Additionally, Baglivio et al. (2015) examined a sample from a Florida juvenile justice residential commitment program. The studies included a sample from the same juvenile justice service across the years between 2004-2022. It was unclear in the analysis if the six studies may have included the same individuals in their sample. Therefore, this possibility may have skewed or

overrepresented the evidence to support the results from this review and thus should be approached with caution.

In addition, limiting the current review to papers after 1998 is another potential weakness, although is arguably justified given Felitti et al's. (1998) seminal paper during this year. Similarly, the inclusion criteria of only including studies written in English, assessing Westernized cultures may have contributed to the 'Anglophone bias' already present within empirical research. However, this criteria was developed based on practical reasons and also to promote the search process to obtain studies including a comparison amongst racial groups.

Conclusion

The current systematic review has identified 12 relevant studies which have explored the relationship between ACEs and offending behaviour and compared between ethnicities. it has concluded evidence to suggest that within the included studies, there was inconsistent evidence as to which racial group experienced a higher mean number of ACEs. However, there are limits to this finding. Interestingly, a number of the included studies discovered that different offence types, ACE experiences, and offending outcomes were more likely between different racial groups. This should influence future research and practice within the CJS field.

Chapter Three – A psychometric critique of the Race-Related Events Scale (RRES) (Waelde et al., 2010)

This chapter shall utilise the terms ‘race’ and ‘ethnicity’ as defined in the introduction. However, some of the studies refer to groups of ‘ethnic minorities’, despite this grouping being based on racial identity.

Abstract

This paper presents a psychometric critique of the Race-Related Events Scale (RRES). The RRES is a brief screening questionnaire used to assess individuals' exposure to racial discriminatory stressful events. The tool was developed to advance the psychometric assessment of such experiences, due to conceptual issues with previous tools. This paper conducted a literature search of papers utilising the RRES in empirical research or papers which investigated the psychometric properties of the tool. The results revealed five relevant papers which commented on several psychometric properties to support the validation of the tool. However, there were limitations to this critique, specifically the absence of empirical psychometric investigation into the RRES, limitations of the existing evidence and absence of theoretical grounding of the RRES which questions its utility.

Introduction

The psychological impact of racial discrimination has gathered increased interest in empirical research (Waelde et al., 2010). A growing number of studies have identified a strong association between experiences of racial discrimination and negative physical health outcomes (McKinnon et al., 2023). This is beyond the typically reported socioeconomic differences and psychological effects of racial discrimination, that has been a result of longstanding historical racial trauma (Bernard et al., 2021).

There are an array of definitions of racial discrimination dependent on the school of thought. The American Psychological Association (APA) separates the two terms into 'racism' and 'discrimination'. The APA definition of the two terms was chosen due to my psychological practitioner background. I follow these guidelines in the writing of my research, in addition APA provide practical diagnostic manuals which I also utilise to guide my practice. These definitions may also reflect an individualistic lens to the experiences of 'racism' and 'discrimination', as the definitions largely focus on the impact of these phenomenon's on the individuals as part of a group or personal attitudes leaning towards racism. As opposed to other definitions from other schools of thought, such as sociology which would propose an alternative explanation emphasising that racism is a social construct embedded into the power of historical, systemic, structural, and institutional influences which perpetuate racial inequality (Clair & Denis, 2015).

The APA defines 'racism' as '*a system of structuring opportunity and assigning value based on phenotypic properties (e.g., skin colour and hair texture associated with "race" in the United States), which ranges from daily interpersonal interactions shaped by race to racialized opportunities for good*

education, housing, employment, and other resources, and unfairly disadvantages people belonging to marginalized racial groups. Racism is a form of prejudice that generally includes negative emotional reactions to members of the group, acceptance of negative stereotypes, and racial discrimination against individuals; in some cases, it leads to violence' (APA, 2023).

Whilst 'discrimination' is noted as '*the unjust and differential treatment of the members of different age, gender, racial, ethnic, religious, national, ability identity, sexual orientation, socioeconomic, and other groups at the individual level (e.g., behavioral manifestation of prejudice involving negative, hostile, and injurious treatment of the members of targeted groups) and the institutional/structural level (e.g., operating procedures, laws, and policies) that favour certain groups over others and has the effect of restricting opportunities for other groups. Discrimination is usually the behavioral manifestation of prejudice and therefore involves negative, hostile, and injurious treatment of the members of rejected groups'* (APA, 2023).

The terms 'ethnicity' and 'race' have been critically examined in Chapter 1, which has implications for the above APA definitions of 'racism' and 'discrimination'. As there are no current standardised biological or scientific definitions of how to group individuals by race based on their phenotypic properties, it has implications for how individuals perceive racism. The APA definition of racism discusses this occurring from racial categories with distinct features, yet these have not been standardised across research (Kaneshiro et al., 2011). It also fails to capture the nuances of self-identification, mixed heritage individuals and the perspective of others regarding how individuals are grouped as part of a race. Thus, it provides methodological challenges for researchers examining the effects of racism on a racial group as a collective.

Additionally, the definition does not acknowledge the role of historical and systemic influences leading to the occurrence of racism (Clair & Denis, 2015). Rather, the critique of this term and definition suggests racism should be explored as through an individualistic lens. This also reflects the individualistic approach often utilised within a psychological and practitioner lens.

Furthermore, the definition of discrimination refers to the occurrence of prejudice at an 'individual' and 'institutional' level. Yet, it fails to outline how discrimination occurs at a group level, whilst it bases its' definition on differential treatment of group members from different groups. Therefore, it also leads to methodological issues in assessing discrimination of groups in the absence of this definition and lack of standardised group characteristics.

These definitions, and their subsequent critiques, are particularly relevant for this chapter, as the chapter is exploring the utility of a psychometric assessing the impact of racial discriminatory events on racial groups. Subsequently, with the absence of clear definitions of a racial group and definition of racism, with the employed definition pointing towards an individualistic lens, the results of this chapter should be interpreted within consideration of this critique.

Increasing empirical research has led to the development of psychometric assessments to measure the effects of racial discriminatory events (Waelde et al., 2010). Waelde et al. (2010) provided a critique of previous measures concluding they do not comprehensively assess traumatic events. Previous psychometrics also do not align with the Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision's (DSM–IV–TR) (APA, 2000) outline of psychological trauma. Considering this, Waelde et al. (2010) developed the 'Race-Related Events Scale' (RRES). The RRES was created to bridge this gap by

measuring an ethnic minority respondents' exposure to possibly traumatic events of racial discrimination (Waelde et al., 2010). The RRES itself does not enquire how stressful the experience was for the respondents (Waelde et al., 2010). Rather it is a checklist scale of respondents exposure to potentially occurring stressful experiences, as opposed to assessing the effects of the events. Therefore, this paper will provide an overview of the RRES psychometric assessment; review the literature and theoretical underpinnings identifying the need for the tool; critique the tool's psychometric properties specifically its validity and reliability; and explore alternative options to the RRES.

Theoretical Grounding

Crusto et al. (2015) has critiqued the absence of the theoretical underpinnings which informed the development of the RRES. Therefore, this critique will provide an overview of the wider theoretical background of this research area to stipulate the necessity of such tool.

There have been efforts to develop the theoretical background of 'racial trauma' or 'race-related events' (Bernard et al., 2021). Carter's (2007) race-based traumatic stress theory provides an explanation for the trauma responses some ethnic minority individuals' experience due to racism. The theory argues individuals could interpret racial discriminatory events as a threat to their safety (Carter, 2007). These events could lead to a psychological impact characterised as a traumatic response to this threat (Polanco-Roman et al., 2016). This impact affects the individuals mental health by invoking traumatic stress symptoms as the events are perceived as harmful or threatening (Carter, 2007). The traumatic stress symptoms can be exhibited as anxiety, avoidance, or aggressive behaviours (Carter, 2007). However, there are critiques that this

theory overextends the definition of 'trauma' of that defined by psychological diagnostic manuals (e.g., DSM-5, APA, 2013). According to this, trauma symptoms are defined to arise from *'exposure to actual or threatened death, serious injury, or sexual violence'* (DSM-5, APA, 2013). Thus, as the theory poses trauma symptoms can derive by racial discriminatory events such as a microaggression, it fails to incorporate the diagnostic requirements of trauma.

Lanier et al's. (2017) paper applied the biopsychosocial model to the phenomenon of racial discriminatory distress. The authors suggested that the biopsychosocial model can be applied to suggest racism is a substantial psychological stressor in ethnic minorities which can lead to negative health outcomes (Clark et al., 1999). The model proposes '*the perception of an environmental stimulus as racism results in exaggerated psychological and physiological stress responses that are influenced by constitutional factors, sociodemographic factors, psychological and behavioural factors, and coping responses'* (Clark et al., 1999, p. 806). Thus, suggesting even limited exposure to racial discriminatory events and subsequent racial discrimination stress can result in negative outcomes for Black youth (Lanier et al., 2017).

Yet the biopsychosocial model, and Lanier et al's. (2017) additions, were based on African-American samples and not all ethnic minorities. This should be considered when critiquing the theoretical explanation of the race-related stress research area and any subsequent psychometric assessments examining this phenomenon.

Particularly, as whilst racial discrimination is acknowledged globally, it occurs differently between societies in that it is not a '*spatially homogenous phenomenon'* (Nelson et al., 2017). It is widely acknowledged that racism is 'everywhere but different' and thus the type of racially discriminative behaviour

and the ethnic group being discriminated against varies by location (Nelson et al., 2017). It is often dependent upon the history of the country; the current ethnic mix and the socio-demographic characteristics of the inhabitors (Nelson et al., 2017).

In turn, Nelson et al's. (2017) neo-liberal anti-racism perspective, proposes that anti-racist efforts are localised and specific to the geographical location (Nelson et al., 2017). Subsequently, the theory suggests that anti-racism efforts should be 'depoliticised', meaning that racial discrimination should be perceived as an issue of poor relationships and understanding between racial groups, as opposed to an issue stemming from systemic structures (Nelson et al., 2017). As there is insufficient sharing of successful strategies in targeting racism between areas, this shifts the responsibility of tackling racism onto an individual responsibility approach (Nelson et al., 2017). Therefore, maximising on the individual differing nature of racial discrimination between locations (Nelson et al., 2017). Thus, the nuance that the disparity between the occurrence of racism globally must also be considered when discussing Lanier et al's (2017) contributions to the research area.

Alternatively, Yip et al. (2008) incorporated the Social Identity Theory (SIT) (Tajfel et al., 2001) to develop the 'Buffering Hypothesis'. This suggests an individual's racial or ethnic identity may act as a 'buffer' – a protector – against the negative consequences of race-related events (Yip et al., 2008). The SIT suggests individuals may concentrate on the positive attributes of their ethnic identity membership which increases their self-esteem (Tajfel et al., 2001). This ultimately protects them from the impact of racial discrimination (Yip et al., 2008). However, there are limitations of Yip et al's. (2008) theory, as the authors only applied their conclusions to an American-Asian sample, which

further exacerbates the issue of cross-cultural application within this theoretical domain.

Overall, there have been attempts to develop the theoretical explanation of race-related stress. Yet, there are numerous conceptual issues primarily around the consideration of differences between ethnic minorities and the overlapping of terms within the field. For example, the Perceived Racism Scale (McNeilly et al., 1996) examines exposure to racist speech and attitudes in a number of settings, specifically for African Americans. However, the tool is not applicable to additional ethnic minority groups (Waelde et al., 2010).

Furthermore, there are several definition terms for similar phenomena or there is a large overlap in the theoretical definition between terms. For example, race-based traumatic stress also refers to a similar phenomenon but focus more on trauma symptoms. This proves difficult to navigate the research to identify which is supportive of the examined effects in the employed psychometric. This is important when considering the internal validity of the RRES to ensure it is measuring what it intended (Rönkkö et al., 2022).

Yet, the RRES has minimal theoretical underpinnings (Crusto et al., 2015), and thus it was important to provide an overview of theories and subsequent theoretical limitations within the literature area. This also adds to the justification for this critique of the RRES.

Previous tools

The RRES authors identified five previous published psychometric tools assessing race-related stress (Waelde et al., 2010). These were: the Racism Reaction Scale (Thompson et al., 1990); the Perceptions of Racism Scale (PoRS) (Green, 1995); the Schedule of Racist Events (Klonoff et al., 1999); the Index of

Race-Related Stress (Utsey, 1999); and the Perceived Racism Scale (McNeilly et al., 1996). The majority of these tools predominately assess individuals exposure to racial discrimination in different settings, whilst the PoRS (Green., 1995) examines agreement with declarations of racist attitudes in medical environments (Waelde et al., 2010). Some of the psychometrics' items partially align with PTSD criteria for traumatic events but are not a comprehensive assessment (Waelde et al., 2010).

Waelde et al. (2010) noted these studies only assessed African Americans' experiences of racial discrimination broadly and are therefore not cross-culturally valid. The Race-Related Stressor Scale (Loo et al., 2001) was designed specifically to measure Asian Americans' experiences of racial discrimination in the Vietnam war zone, thus not cross-culturally valid. The RRES authors discovered one tool which was created to assess racial discriminatory experiences across different ethnic minority groups – the General Ethnic Discrimination Scale (Landrine et al., 2006). Yet, the scale explores unfair treatment as opposed to traumatic stress (Waelde et al., 2010).

Hence, the authors noted a significant gap within the field where no previous psychometric tool had comprehensively assessed exposure, for all ethnic minority groups, to potentially traumatic racially discriminative experiences. Specifically, Crusto et al. (2016) identified three primary limitations of previous assessments: 1) the previous tools lacked cross-ethnicity application; 2) the tools did not use the DSM-4 criteria for PTSD to inform their development; and 3) the measures mostly include questions enquiring about broad experiences of racism. Hence, the RRES was designed to fill this research need (Waelde et al., 2010).

Overview of the RRES tool

The RRES is a brief screening tool which examines a respondents' perceived contact with distressing, race-related events (Waelde et al., 2010). It contains 22 statements which are checklist items whereby respondents tick '*yes*' or '*no*' to denote whether they had experienced any of the items because of their racial identity (Waelde et al., 2010). For example, one item states: '*Insulted or called an insulting name because of my race or ethnicity'* (Waelde et al., 2010). There is an additional open-ended item which enables participants (Waelde et al., 2010). A total summed score is calculated from the addition of the first 22 items that were ticked '*yes*', excluding the additional 'other' item (Crusto et al., 2015; Waelde et al., 2010).

Considering the limitations of previous tools, the RRES was designed to be applicable to all ethnic minority populations (Crusto et al., 2015). It includes a range of racial discriminatory events from minor daily stressors to overtly aggressive, potentially traumatising events (Crusto et al., 2015) to apply to all ethnic minorities (see Appendix H.2). The authors conducted an Analysis of Variance (ANOVA) to examine ethnic difference in the number of race-related evets and African Americans exhibited significantly more race-related stressors than other ethnic minority groups (Waelde et al., 2010).

However, the tool was designed to assess racial discriminatory events applicable to all ethnic minority groups based within Western cultures (Waelde et al., 2010). Secondly, to ensure the measure aligned with the DSM-4 PTSD criteria, the authors employed the RRES and measures of trauma (Waelde et al., 2010). In the seminal study, to assess for relation to trauma symptoms, a technique was employed modelled on the PTSD section of the *Structured Clinical Interview for the DSM-4* (SCID-Id) (First et al., 2002). There have been more

recent developments to the interview and diagnostic manual since, known as the *Diagnostic and statistical manual of mental disorders (5th ed.)* (APA., 2013) and the *Structured Clinical Interview for the DSM-5 (First., 2014).* Thus, there may be more recent additional criteria for PTSD now added.

Additional questions were affiliated with Criterion A1 and A2 of the PTSD criteria from the DSM-4 which participants only needed to endorse one of the questions to score for each criterion (Waelde et al., 2010). PTSD symptoms and dissociative symptoms were also assessed (Waelde et al., 2010). The authors discovered participants who met the criteria for a trauma response endorsed significantly more race-related events (Crusto et al., 2015). Finally, to address the issue of enquiring about global experiences of racism, the RRES includes items which focus on behaviour-specific events (Kressin et al., 2008). Subsequently, the tool does not include questions regarding singular examples of racist events or statements which may be interpreted as 'vague' (Kressing et al., 2008). Hence, the tool addresses some of the limitations of previous tools.

Yet, the RRES still possesses limitations. As previously mentioned, the authors of the psychometric did not explain the theoretical underpinnings which informed the creation of their tool (Crusto et al., 2015). Additionally, the tool is a self-report measure and enquires about the occurrence of race-related stressors rather than the effects, as the authors claim. It is denoted as a screening tool, but the creators did not examine the underlying factor structure of the measure to ensure its construct validity and reliability (Crusto et al., 2015). This suggests there are still conceptual and empirical issues with the measure which need to be investigated.

Thus far, this article has provided a comprehensive description of the RRES and the wider theoretical underpinnings of its examined area. It shall now

offer an evaluation of the psychometric properties of the RRES, and the method utilised to obtain such information.

Method

This article employed a strategic approach to identify previously published psychometric critiques of the RRES. A protocol for conducting a systematic review which includes empirical studies investigating the psychometric properties of health and well-being measures has been developed (Maguire et al., 2022). In this protocol, Maguire et al. (2022) proposed the 'COSMIN Risk of Bias checklist' should be followed. It suggests for a review to assess the methodological quality of studies examining psychometric properties should comment on ten aspects of measurement quality (e.g., internal consistency, construct validity etc) (Maguire et al., 2022; Mokkink et al., 2010). However, this strategy was deemed too restrictive to apply to inform this critique due to the lack of available research. Yet, it provides a useful guide when selecting papers to include and psychometric properties to consider (Maguire et al., 2022).

Literature Search

A search for relevant literature published post-2010 was conducted on empirical or commentary papers including the RRES tool. This time frame was chosen as the RRES was first published in Waelde et al's. (2010) paper. A search of several electronic research databases was performed: NuSearch, Google Scholar and ScienceDirect. NuSearch is owned by the University of Nottingham and enables students to electronically access several research databases including APA PsychInfo, APA PsychArticles. ScienceDirect consists of empirical

papers in several science research domains. All databases were searched for English language papers only.

Search Strategy

The search strategy for the current critique began by utilising the primary paper – which introduced the RRES (Waelde et al., 2010) – was identified. From this paper, it was observed which papers had cited the authors' original paper. The current critique used a selection criterion to review only articles which used the RRES in an empirical study or commented on the psychometric properties of the tool. Additional independent searches using the following search term 'Race-Related Events Scale' was conducted. Following this, results' titles, abstracts, and references were screened followed by a read of the full text. Information and analysis results were collated from the selected papers.

Results

The literature search discovered the primary paper (Waelde et al., 2010). From the primary paper, 26 additional articles cited the seminal paper. When the selection criteria were applied, NuSearch revealed eight relevant papers which cited the primary paper. There were five primary research papers, one meta-analytic review, one systematic review and one psychometric critique. Following identification of relevant papers, the full articles were screened for reports on the RRES' psychometric properties. Of the five primary empirical research papers, there was a disparity in the psychometric properties reported. Predominantly, the empirical studies reported few psychometric properties, whilst others cited previous papers' psychometric scores (e.g., DeMendoza., 2018). One paper (Crusto et al., 2015) conducted an Exploratory Factor Analysis

to examine the RRES' construct validity. Whilst the only other article reporting on the RRES' validity properties was the original paper (Waelde et al., 2010).

Reliability

Internal Consistency

Three papers (Crusto et al., 2015; McKinnon et al., 2023; Waelde et al., 2010) reported on the internal consistency of the RRES. Internal consistency or reliability refers to whether a tool is coherent in measuring the same construct (Bothamley et al., 2018). It examines if all items on a psychometric test are correlated to determine whether they are consistent in measuring the same phenomenon and is calculated using a Cronbach's alpha coefficient (Field., 2013). A Cronbach's alpha is computed for each subscale or factor within the psychometric assessment, whereby a coefficient value equal or above .7 suggests a good level of internal consistency (Bothamley et al., 2018). Please see Table 4 for a summary of the reported Cronbach's alpha from each identified paper.

Table 4

A summary of the Internal Consistency reported for the RRES (Waelde et al., 2010) across papers.

Sample	*n*	*M (SD)*	Internal consistency Cronbach's α	Source
Ethnically diverse Undergraduate students	408	3.8 (3.9)	.86	Waelde et al. (2010)
Ethnically diverse caregivers of Head Start pre-schoolers	201		.789-.881	Crusto et al. (2015)
African-American women	422	3.7 (3.5)	.87	McKinnon et al. (2023)

n = Sample number
M = Mean RRES score
SD = Standard Deviation

Test-retest Reliability

Two empirical research papers (Condon et al., 2022; Waelde et al., 2010) reported the test-retest reliability of the RRES. Test-retest reliability refers to the consistency of a psychological assessment over a period (Qin et al., 2019). A strong predictor of a reliable psychometric is if a participant receives an identical result when the test is repeated (Qin et al., 2019). A Pearson's R correlation coefficient is calculated and produces a value between -1 and 1, where a coefficient greater or equal to 0.8 indicates good reliability. Please see Table 5 for a summary of the reported Pearson's R correlation coefficients for the RRES from each paper.

Table 5

A summary of the test-retest reliability reported for the RRES (Waelde et al., 2010) across papers.

Sample	*n*	*M (SD)*	Test-Retest Reliability R_s	Source
Ethnically diverse Undergraduate students	408	3.8 (3.9)	.66	Waelde et al (2010)
African American Mothers	250	3.44 (4.54)	.93	Condon et al (2022)

n = Sample number
M = Mean RRES score
SD = Standard Deviation

Validity

Of the identified papers, only two commented on the RRES' validity properties. These papers included the seminal paper (Waelde et al., 2010) and Crusto et al's. (2015) psychometric evaluation. Waelde et al. (2010) discussed the general 'validity' of the RRES, and subtypes of 'Construct Validity'. Validity of a psychometric assessment is defined as an instruments' capacity to measure what it intends to measure (DeVon et al., 2007). It is important a psychometric tool is valid in what it is measuring to enable researchers to have confidence to use the tool. Waelde et al. (2010) conducted a univariate ANOVA to assess the RRES' validity in measuring race-related stress in ethnic minorities. The authors assessed ethnic disparities in the number of race-related stressors for four different ethnic identity groups (Waelde et al., 2010). The ANOVA revealed ethnicity groups differed in the number of race-related items they endorsed (F(3, 375(= 9.8, p = .001) (Waelde et al., 2010). Post-hoc analyses identified White individuals endorsed significantly fewer race-related items than all ethnic

minority groups (Waelde et al., 2010). This suggests the RRES is valid in assessing individuals' exposure to race-related stressors (Waelde et al., 2010).

Construct validity

The authors of the RRES did not investigate the underlying factor construct validity of the psychometric (Crusto et al., 2015). Whilst their initial validation study endorsed the utility of the measure via subtypes of construct validity (convergent, discriminant), Waelde et al. (2010) did not assess the underlying factor structure of the tool (Crusto et al., 2015).

Construct validity is the extent a psychometric assessment can measure the intended concept as opposed to other similar concepts and is noted as the foundation of a tool's clinical utility (Clark et al., 2019; Mokkink et al., 2010). It is essential for a psychometric assessment to be created using precise, detailed description of the intended concept(s) that are significantly associated to measure the targeted clinical phenomenon (Clark et al., 2019).

Within this research area, there are several overlapping defining terms, thus it should have been essential for the authors to establish the construct validity of the RRES. To establish this, Crusto et al. (2015) used a sample of ethnically diverse caregivers of 'Head Start' pre-schoolers and conducted an Exploratory Factor Analysis (EFA). An EFA enables researchers to assess whether the underlying components of a psychometric do measure a single construct (Nunnally et al., 1994). Crusto et al. (2015) identified a three-factor model which the RRES' items fitted. These were: Everyday Discrimination (12 items), Direct Race-Related Events (7 items) and Indirect Race-Related Events (3 items) (Crusto et al., 2015). Crusto et al (2015) discovered the three factors explained 81% variance in their study sample. Factor 1 (Everyday Discrimination)

explained 36% variance; Factor 2 (Direct Race-Related Events) explained 25% of variance; and Factor 3 (Indirect Race-Related Events) explained 20% of the variance (Crusto et al., 2015). The 'other' item is not included in the overall scoring of the tool, nor in the psychometric evaluation (Crusto et al., 2015; Waelde et al., 2010). This suggests the RRES has a good factor structure, and thus good construct validity. Some of the RRES questionnaire items had high loadings on more than one factor suggesting this analysis should be repeated in additional samples or some items may need to be discarded (Crusto et al., 2015). Thus, Crusto et al. (2015) provided initial empirical evidence for the construct validity of the RRES – an important psychometric property (Maguire et al., 2022).

Additionally, Waelde et al. (2010) provided discussion of two subtypes of construct validity – convergent and discriminant validity. Correlations between participants' RRES scores and two measures of trauma symptoms were significantly correlated, but with small effect sizes (Waelde et al., 2010). These correlations suggest the RRES is theoretically similar to the trauma symptoms assessments – thus has limited convergent validity. The authors suggested the low magnitude of the convergent validity is due to the wide variety of events assessed in the RRES (Waelde et al., 2010).

Furthermore, the authors supported the discriminant validity via comparison analyses of the race-related stress exhibited between ethnic groups. Discriminant validity concerns whether a tool measures the constructs it was intended to measure and not any other similar construct (Rönkkö et al., 2022). In an assessment of discriminant validity, Waelde et al. (2010) reported White participants exhibited less total race-related stressors and endorsed all the measures' items less than ethnic minority participants and African-Americans

endorsed significantly higher RRES scores than all other groups (Waelde et al., 2010).

Discussion

The present psychometric critique of the RRES discovered few papers which reported on the psychometric tool. Of the identified papers, few followed the proposed assessment of Maguire et al's. (2022) 'COSMIN Risk of Bias checklist' to comment on essential psychometric properties of a tool. Thus, this is an initial failing of the available literature examining the utility of the RRES psychometric. Despite this, there was evidence to suggest the RRES has good internal consistency ranging from .79-.87, thus above the required .7 level (Bothamley et al., 2018). The internal consistency range was concluded from three papers (Crusto et al (2015); McKinnon et al (2023); Waelde et al (2010)) which had a combined sample number of 1,031 participants and explored ethnically diverse undergraduate students, caregivers, and a group of African-American populations.

The data regarding test re-test reliability came from two papers (Condon et al., 2022; Waelde et al., 2010) which had a combined sample number of 658 participants, in samples of ethnically diverse student and African-American mothers. The data reported on this psychometric property was inconsistent, which may be accounted for by the different approaches the two studies used. Therefore, suggesting a need for further investigation to consolidate this psychometric property.

Crusto et al's. (2015) efforts to establish the underlying factors, and subsequent construct validity, of the RRES advanced the psychometric validation of the tool. Whilst there has been initial attempts to provide sufficient empirical

support for the psychometric properties of the RRES, the lack of empirical investigation, limitations of the existing evidence and absence of theoretical grounding of the RRES questions its utility.

The existing evidence also has limitations to support the efficacy of the tool. Some of the identified studies (Condon et al., 2022; McKinnon et al., 2023; used Black-only samples which suggests the results from these papers are not cross-culturally valid (Crusto et al., 2015). Similarly, Crusto et al. (2015) highlights the application of their findings were also limited due to the underrepresentation of some ethnic, gender and socioeconomic identities. Whilst the seminal paper utilised an ethnically diverse population, African-American participants constituted 4.4% of their sample (Waelde et al., 2010). The study revealed significant results, but the authors may have yielded greater effect sizes with a more equally represented sample. This, alongside the absence of all psychometric properties being investigated, reduces the power of the studies in supporting the psychometric validation of the RRES.

Additionally, these population samples issues are also important to consider within the context of the studies informing the theoretical underpinning of this critique. Both Lanier et al. (2017) and Yip et al. (2008) based their conclusions on only one ethnic minority group each (African-American and American-Asian respectively). It appears this is a consistent limitation of studies within this topic area exploring the traumatic effects of racial discriminatory events.

There were also limitations concerning the theoretical conception of the RRES itself and the psychometric properties which were investigated. Crusto et al. (2015) highlighted the RRES' authors failed to provide the theoretical underpinnings of the tool. This limits the tool's evidence-based, theoretical

support and questions the use of the psychometric in achieving good clinical practise (Fried., 2020). Whilst Crusto et al. (2015) conducted an EFA to resolve this limitation, Fried (2020) proposes the use of factor analysis models can lead to inflated statistical inferences to validate the existence of psychological constructs to justify clinical use. Crusto et al. (2015) did not examine whether the three factors identified in the RRES were related to other clinical constructs as claimed by the RRES' authors.

This finding is also important in consideration of the critique of Carter's (2007) race-based traumatic stress theory. As an attempt to provide theoretical underpinnings of the tool, the theory also appears to overextend the diagnostic definition of a traumatic event to racial discriminatory events (e.g., microaggressions). Crusto et al's. (2015) and Carter's (2007) failures to explore the defined clinical constructs of trauma limits the RRES' ability to achieve its intention to examine trauma symptoms occurring from race-based events. Overall, this suggests Crusto et al's. (2015) efforts to improve the psychometric validation of the tool are also limited.

Furthermore, Rönkkö et al. (2022) claims there are conceptual issues with the definition of discriminant validity and suggests there are two groups of researchers with different definitions. Waelde et al. (2010) examined one definition of discriminant validity, concerning whether a tool examines the concept it intended. However, the authors do not clarify which definition of discriminant validity they are examining. The authors claim the RRES enquires how stressful the event was for individuals, (Waelde et al., 2010) but it is a checklist of stressful experiences. Thus, there are queries as to whether it does examine what it intended, and ultimately its discriminant validity. Future

researchers should be alert to this conceptual issue when investigating the psychometric properties of the RRES.

Conclusion

Overall, this paper has investigated, described, and critiqued the psychometric properties of the RRES. Whilst the authors made sufficient attempts to establish the validity and reliability of the RRES, there has been minimal further psychometric validation for the tool. The authors also failed to provide a theoretical background to the tool and the psychometric itself failed to examine what it intended. It does not enquire how stressful the item was for participants, (Waelde et al., 2010) and rather it is a checklist of stressful events.

Crusto et al. (2015) made further efforts to add to this body of research by establishing the construct validity of the tool, alongside additional research to support the psychometric properties of the RRES. However, there were limitations to these studies, primarily the lack of culturally diverse samples; absence of investigation of all psychometric properties; and conceptual issues with the definition of the psychometric properties. Ultimately, this warrants additional research to consolidate psychometric properties of the RRES or adaptations in future empirical use.

Chapter Four – Comparing negative outcomes of ACEs and racial trauma between White and Ethnic minority individuals

Chapter four comprises of the first empirical study conducted as a part of the current thesis. The previous chapter included a psychometric critique of the RRES (Waelde et al., 2010), which is a tool that was employed in the study within chapter four. Following the critique in chapter three, subsequent amendments were made to improve the tool before its application in chapter four. Therefore, it is the next logical chapter within the thesis.

This chapter shall utilise the terms 'race' and 'ethnicity' as defined in the introduction. However, some of the included studies refer to groups of 'ethnic minorities', despite this grouping being based on racial identity. The participants were also grouped as 'ethnic minorities' in the study and will refer to ethnic identity as a measured variable. This is used interchangeably with their race.

Abstract

Background

Adverse Childhood Experiences (ACEs) literature has been commonly criticised for the lack of consideration of ethnic minorities' experiences. ACEs have also been linked to an increased likelihood of negative life outcomes, including offending behaviour, antisocial behaviour, illicit substance misuse and poor mental health. Notably, ethnic minority individuals are consistently overrepresented within the Criminal Justice System (CJS). Thus, there is a clear gap within the literature to assess the relationship between ACEs and negative life outcomes across all ethnicities.

Method

The present study employed an racially diverse sample to explore how ACEs, ethnically diverse ACEs and subsequent negative life outcomes operate between ethnicities. In an online study, five questionnaires were employed to obtain participant demographic information, and exposure to ACEs and an array of negative life outcomes including poor mental health, substance misuse, antisocial behaviour, and racial trauma. 106 participants completed the online study, which comprised of 53 ethnic minority and 53 White participants. The study also modified the conception of racial discrimination previously defined within the ACEs literature (Cronholm et al., 2015), to be considered as racial trauma and utilised an adapted measure of racial-based trauma.

Results

ACEs were found to be not significantly different between ethnic groups, nor did poor mental health and antisocial behaviour outcomes. However,

substance misuse and racial trauma was significantly more likely for ethnic minority participants. Regression analyses revealed predictive relationships between ACEs and antisocial behaviour and poor mental health, and ethnicity and substance misuse.

Conclusions

This study explored the associations between individual demographic characteristics; exposure to ACEs; and the impact of racial trauma on negative life outcomes in a comparative sample between racial groups. It redefined racial trauma as an ethnic-specific adversity to identify whether it operates in a similar manner to ACES. Whilst racial trauma did not lead to the same negative life outcomes as ACES, it was discovered that racial trauma and engagement in substance misuse was higher in ethnic minority participants. Thus, suggesting there is specific areas of intervention for ethnic minority individuals at risk of negative life outcomes compared to White individuals.

Introduction

ACEs

Adverse Childhood Experiences (ACEs) are a key public health issue and increase the risk of negative life outcomes (Mersky et al., 2017). The World Health Organisation (WHO, 2018) define ACEs as traumatic life events occurring before 18. ACEs encompass a variety of negative events which may occur singularly or are repeated and can affect a child's development or parental attachment (CDC, 2020). As highlighted in the thesis introduction, the seminal ACEs literature refer to the ten traditional negative life events which occur in childhood such as physical and sexual abuse (Felitti et al., 1998). Seminally, Felitti et al. (1998) identified the ten original ACEs which increased the risk of poorer physical health outcomes in adults. These adversities have also been shown to increase the risk of other negative life outcomes including poor mental health (Hughes et al., 2017), Anti-Social Behaviour (Connolly, 2019) and offending (Baglivio et al., 2015). There are growing indicators ACEs are not equally distributed between ethnicities, gender, and Socioeconomic Status (SES) (Maguire-Jack et al., 2020; Mersky et al., 2017; Slopen et al., 2016). For example, Walsh et al's. (2019) systematic review identified 40 research papers which revealed low socioeconomic status was significantly associated with a higher number of ACEs.

ACEs & Ethnicity

In the seminal study, Felitti et al. (1998) discovered 50% of White participants reported zero ACEs, whilst only 39% of Black, 43% Latino, 66% Asian and 41% of 'other race' participants reported this. Furthermore, Mersky et al. (2021) explored the association of ACEs and intersectional risk factors

including ethnicity, gender, and SES. The authors' discovered ACEs were higher in participants who were either female, an ethnic minority or had a low SES (Mersky et al., 2017). However, the intersectional risk of all three demographic characteristics was not significant. For example, SES moderated the differences in ACEs amongst ethnicities (Mersky et al., 2017).

However, research has expanded the original ACEs framework, now known as Conventional ACEs (ACEs-C), due to the lack of consideration of ethnic minority's experiences of adversity (Finkelhor et al., 2013). An Expanded ACEs (ACEs-E) framework was introduced to include additional adversities, which developmental researchers highlighted also affected negative life outcomes (Finkelhor et al., 2013). These included community violence, low SES, low educational attainment, and peer influence (Finkelhor et al., 2013), which are highly prevalent in ethnic minorities (Cronholm et al., 2015). Finkelhor et al (2013) found these additional adversities were better predictors of mental health symptoms than some ACEs-C. Qualitive research from ethnic minority-only samples have revealed further ACEs beyond the original ACEs-C framework, including racial discrimination, neighbourhood safety, bullying and living in foster care (Pacher & Coll, 2009; Wade et al., 2014) as more detrimental factors.

Cronholm et al. (2015) developed this by investigating both ACEs-C and ACEs-E and employed the Perceptions of Racism in Children and Youth (PRaCY) (Pachter et al., 2010) tool. In an ethnically diverse sample, Cronholm et al (2015) discovered specific demographic characteristics were associated with an increased risk of experiencing ACEs-E. Black males from low SES backgrounds were more likely to experiences ACEs-E, suggesting the role of intersectional demographic factors (Cronholm et al., 2015). Additionally, 13.9% of individuals

only experienced ACEs-E, suggesting their experiences were not captured within the original framework (Cronholm et al., 2015).

However, there were limitations to this study as the assessment of ethnicity and racial discrimination was inadequate (Bernard et al., 2020). The study disregarded the experiences of biracial individuals and failed to encapsulate the psychological impact of racial discrimination (Bernard et al., 2020). Racial discrimination is argued to operate via similar biopsychosocial pathways to traumatic experiences such as ACEs (Nurius et al., 2016). Bernard et al. (2020) also proposes racial discrimination should be conceptualised as 'racial trauma', defined as traumatic response to racial discriminatory experiences (Carter, 2007). It is also associated with negative life outcomes like those linked with ACEs (Bernard et al., 2020). Therefore, it is essential racial trauma is assessed appropriately and included within an assessment of ACEs (Bernard et al., 2020), which Cronholm et al., (2015) did not achieve. Yet, there are few studies explicitly comparing the differences between ethnicities in both ACEs-E, racial trauma, and their prediction of negative life outcomes (Mersky et al., 2017).

Negative Outcomes

Intersectional demographic characteristics, ACEs and racial trauma are also associated with several negative life outcomes. Some of these include substance misuse (Schauss et al., 2020), ASB (Baglivio et al., 2015; Fagan et al, 2018), criminality (De Lisi et al., 2017; Fox et al., 2015) and mental health (Bernard et al., 2020; Kim et al., 2020). There are psychological and social theories which can be extended to explain the effects of intersectional demographic characteristics or racial trauma to explain increased risk of

negative life outcomes. For example, Agnew's (1992) General Strain Theory (GST) may suggest individuals engage in ASB to cope with negative emotions caused by increased exposure to life stressors, due to their intersectional demographic characteristics. If ethnic minorities experience more ACEs and additional adversities, such as racial trauma, this may explain this disproportional representation of this population within the Criminal Justice System (Sturge, 2020).

Mersky et al. (2021) also investigated ACEs and the association with negative life outcomes, including physical and mental health and substance misuse, in an urban, minority sample. The researchers discovered an increased exposure to ACEs was significantly associated with poorer physical and mental health outcomes, and higher levels of substance misuse. However, Mersky et al's. (2021) sample only included African American and Hispanic individuals, thus questioning whether it is representative of all ethnic minority's experiences. It also fails to highlight the differences between ethnic minorities and White individuals, which the present aims to resolve. Therefore, this study aims to resolve this limitation.

Present Study

The present study is aimed to utilise an racially diverse sample to explore how ACEs, racially diverse ACEs and subsequent negative life outcomes operate between racial groups. Limited studies have previously assessed and compared the relationship between these variables across all ethnicities. ASB, mental health and substance misuse engagement will be used as measures of negative life outcomes of experiencing ACEs.

The study will also modify the conception of racial discrimination previously defined within the ACEs literature (Cronholm et al., 2015), to be considered as racial trauma. Whilst the current ACEs-E framework includes racial discrimination, the present study will further this work by considering the psychological impact this adversity has and will employ a more sensitive racial trauma assessment. By advancing Cronholm et al's (2013) study and employing an improved measure of racial trauma, a revised version of the Trauma Symptoms of Discrimination Scale (TSDS) (Williams et al, 2018) shall be used to achieve this.

Finally, previous ACEs research has largely disregarded the role of intersectional demographic characteristics (Mersky et al., 2017). Therefore, the study shall employ a comprehensive assessment of participants' demographic characteristics.

Research Questions

The project will investigate the following research questions:

1. Do ethnic minority individuals experience more ACEs and racial trauma than White individuals?
2. Do ethnic minority individuals exhibit more subsequent negative life outcomes than White individuals?
3. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative life outcome for White individuals?
4. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative life outcome for Ethnic minority individuals?

Method

Design

The present study employed a cross-sectional, online survey design. This research design was selected to investigate the differences in the dependent variables (DV's) between participants. This design also enabled assessment of difference between participants' individual demographic characteristics, and relationship between them, particularly ethnic identity. There were six independent variables (IV's) – ethnicity (2), gender (3), sexuality (5), Socioeconomic Status (3), ACE-Binary scores (ACE-B), ACE-Frequency (ACE-F), and Racial trauma scores – which were obtained via questionnaires. There were three DV's – participants' experiences of Mental Health (MH), Substance Misuse (SM) and Anti-Social Behaviour (ASB).

Participants

A minimum sample number required was calculated for the present study by an a priori power analysis, using the G* Power programme (Faul et al., 2009). An effect size from Cronholm et al's. (2015) comparable study supported the expectation of medium effect sizes (f^2) in this study. The a priori power analysis revealed a required total sample number of 102 participants, would be adequate to detect medium effect sizes with 85% power. whilst conducting a multiple linear regression analysis with $\alpha = .05$, with six predictor variables. An accurate sample calculation reduces the likelihood of type two errors, which is important when testing predictive statistical relationships (Martinez-Mesa et al., 2014).

106 participants initially completed the study. There were 25 male (23.6%), 78 female (73.6%) and 3 'other gender' (2.8%) participants with an

age range of years *(M=25.5, SD=2.82)*. Prior to the merging of the ethnic minority groups, there were 20 Black Caribbean or Black African, 10 Mixed Ethnicity, 23 Asian and 53 White participants. Participants' sexuality comprised of 62 Heterosexual, 16 Homosexual, 23 Bisexual, 2 Asexual, and 3 'Prefer not to say'. Participants' Socioeconomic Status (SES) was defined by combining two variables to create an overall SES score. SES measured by obtaining information regarding their parents' highest earning occupation and their income.

Participants were recruited via a convenience sampling method, via social media advertisement. The advert included a poster (Appendix D.2) detailing participant entry requirements; details of what participants were required to do during the study; and anticipated time length for study completion. Additionally, the advert included a link to the study. The advert was posted on the primary researchers' social media accounts and shared with organisations of interest (e.g., 100 Black Men London). By contacting community-based partnerships, this was an attempt to recruit a representative sample to increase ethnic minority participation.

A Facebook page was also created for the study, where the study advert was posted and boosted by Facebook's paid advertisement scheme. The study advert was restricted to UK respondents only to complete the study. Following collection of the minimum comparison sample number of White participants, the ethics committee were contacted to amend the study advert and sampling method. This led to further attempts to recruit a representative sample of ethnic minority participants, which included amending the study advert to obtain only ethnic minority participants (Appendix D.3). Therefore, in total, £20 amount was spent on the study advert and reimbursed by the school.

These sampling methods were quick, efficient, and enabled access to participants across the country thus producing a more representative sample population. Whilst these sampling methods may reduce demand characteristics, the primary researcher acknowledges social media advertising may lead to a sample bias.

Measures

To conduct the study, an online survey platform - the Joint Information Systems Committee (JISC) (formerly known as Bristol Online Survey) – was used. JISC platform was accessible via several IT devices. A Participant Information Sheet (PIS) (Appendix E); consent form (Appendix F); demographic questionnaire (Appendix G.1); and debrief sheet (Appendix J) were all created to meet ethical criteria. The study then employed three established questionnaires, and one amended questionnaire. These included: the Adverse Childhood Experiences – International Questionnaire (ACE-IQ) (WHO, 2018); the Trauma Symptoms of Discrimination Scale (TSDS) (Williams et al., 2018); the Subtypes of Antisocial Behaviour questionnaire (STAB) (Burt et al., 2009); and an adjusted Race-Related Events (Waelde et al., 2010).

Demographic Questionnaire

Participants were required to complete a demographic questionnaire. Four demographic variables were obtained (age, ethnicity gender, sexuality, and SES), in addition to information regarding participants experiences of Mental Health (MH) and Substance Misuse (SM).

Participants' SES was defined by combining two variables to create an overall SES score. SES was obtained by participants reporting their highest

earning parents' income and occupation. Participants were assigned to categories 0-low SES, 1- middle SES, 2- high SES based on their answers. Parental income below £25,000 fell under low; between £25,001-£45,000 was deemed in the middle category; and anything over £45,001 fell into the high category.

Participants reported their parents' occupation, and examples of occupations which fell into each SES category shall be provided, however this is not an exhaustive list. For example, service or labour jobs were deemed to be 'low'; education or healthcare jobs as 'middle'; and management, legal or medical professionals as 'high'. This assessment of SES was informed by amending the UK Government's guidelines to assessing SES and social grade assessments within the UK Census (UK Government, 2021; Office for National Statistics, 2022). For example, individuals' whose parents' occupation was a solicitor and parental income was £60,000 were scored 3 having a high SES.

Using a tick-box method, participants were requested to self-identify their demographic characteristics, excluding their SES. The tick-box method was also used for participants to indicate their experiences of specific MH conditions; use of problematic substances; and whether this impacted their daily living. To determine whether their experiences of MH and/or SM was a negative life outcome, participants must have indicated their experiences affected their daily living.

Mental Health

Individual's experiences of poor mental health as a negative life outcome was assessed by questions regarding present, historic or diagnosed mental health issues. This questionnaire was designed using an adapted version of the

Marshfield Clinic Adult Psychiatric History questionnaires (Marshfield Clinic Health System, 2019). Participants were also asked to indicate which mental health diagnosis they had experienced; if this had affected their daily living; and if they could function whilst experiencing the mental illness. This provided categorical data. This method was chosen as it is similar to a psychiatric history questionnaire which is regularly employed in practise. This measure only allowed for participants to report diagnosed psychiatric difficulties. However, it provided participants with an option to declare additional poor mental health experiences in the 'other' category.

Substance Use

Participants' experiences of substance use was examined using two questions regarding present or historic use. Individuals were asked to specify which illicit substances they had used; if their use had affected their daily living; and if they could function whilst using the substance. Illicit substances explored included: marijuana, alcohol, cigarettes, cocaine, amphetamines, methamphetamines, and opiates, heroin, ecstasy. Participants were also able to specific 'other' illicit substances not included in the questionnaire. This provided categorical data.

Adverse Childhood Experiences

Originally in research, ACEs were examined using a 10-item tick box instrument known as the Adverse Childhood Experiences (ACE-Q) (Felitti et al., 1998). However, the ACE-Q lacked culturally diverse ACEs, thus the Adverse Childhood Experiences – International Questionnaire (ACE-IQ) (WHO, 2018) (Appendix G.2) was employed in this study.

The frequency version of the ACE-IQ was employed in this study, which provided a binary (ACE-B) and frequency (ACE-F) ACE score. The binary scores indicated whether individuals had ever experienced an ACE, whilst the frequency score added additional supplementary words including 'many times or always'. Individuals scored for the frequency of an ACE only if their response is identical as phrased in the scoring question. The ACE-IQ had 29 items which investigated 13 ACEs, coded into six subgroups (Core questions: C, Marriage questions: M, Parents/guardian questions: P, Family questions: F, Abuse questions: A and Violence questions), and included additional culturally diverse ACEs (e.g. neighbourhood violence).

A binary and frequency ACE score were calculated for each participant. For binary ACEs, if participants answered affirmative to an experience, they scored one point, which was summed and given a total score out of 13. ACE frequency was scored the same, but only if participants responses matched the frequency value identified in the scoring. For example, a participant would score one point if they reported they had experienced bullying 'many times' but would score 0 if the frequency reported 'few times' or 'once'.

Racial Trauma

Race-Related Events Stress Scale (RRES) (Waelde et al., 2010).

The RRES was a 22-item brief screening tool which investigated individuals' experiences of everyday stressful race-related events (Waelde et al., 2010) (Appendix H.1). Respondents ticked 'Yes' or 'No' to indicate whether they have experienced each item, e.g., '*Ignored because of my race or ethnicity'* (Waelde et al., 2010). The RRES has exhibited good internal consistency ranging from .79-.87 (Crusto et al., 2017; McKinnon et al., 2023; Waelde et al., 2010)

and mixed test-retest reliability from .66-93 (Condon et al., 2022; Waelde et al., 2010).

Crusto et al (2017) conducted an Exploratory Factor Analysis (EFA) of the RRES which revealed a three-factor model which explained 81% variance in their study sample, suggesting good construct validity. However, the RRES authors' claimed the tool was designed upon the DSM-4 criteria for PTSD, but the psychometric itself does not allow for indication of the items' impact. Therefore, the RRES was adapted in this study by adding in an additional Likert scale, for participants to rate how stressful (1- Not stressful – 5-Very stressful) each item was if they had experienced it.

Trauma Symptoms of Discrimination Scale (TSDS) (Williams et al., 2018).

The TSDS included 21 items which examined participants anxiety-related trauma symptoms triggered by experiences of discrimination (Williams et al., 2018) (Appendix H.2). Individuals rated items using a Likert scale from 1 (never) to 4 (often) indicating the level of distress caused by discrimination and given a total summed score out of 84. Participants were asked to hold the RRES items in mind, and then complete the TSDS. There have been no published investigations into the TSDS' psychometric properties, but good validity and reliability was found in the original study (Williams et al., 2018).

Anti-Social Behaviour

ASB was assessed via the Subtypes of Anti-Social Behaviour (STAB) (Burt et al., 2009) questionnaire (Appendix I). The STAB had 32-items which participants self-reported their engagement in ASB in the previous year (Burt et

al., 2009). It used a 5-point Likert scale (1- 'Never' – 5- 'Nearly all the time') to respond to questions regarding types of ASB, with participants given a summed total score out of 160 (Burt et al., 2009). The STAB enquired about different types of ASB, fitting into three behaviour constructs (physical aggress, rule-breaking and social aggression) which were based on the DSM-V's criteria for conduct-related disorders and provide a comprehensive structure of ASB (Burt et al., 2009). The tool has exhibited good psychometric properties, for example good reliability of the STAB's factor loadings were shown to have Tucker congruence coefficients for the three factors all above .94 (Burt et al., 2009). Furthermore, a confirmatory factor analysis discovered a comparative fit index score of .98, exhibiting strong internal validity (Burt et al., 2009).

Procedure

Initially, participants were welcomed with the study and presented with the PIS and consent form. Informed consent was obtained via individuals signature and notification of the date of consent. Individuals then completed the demographic questionnaire to obtain demographic information and their self-reports of experiences with substance use and poor mental health. The participants then completed the four established questionnaires the ACE-IQ (WHO, 2018); the RRES (Waelde et al., 2010); the TSDS (Williams et al., 2018); and the STAB (Burt et al., 2009). The established questionnaires were not randomised between participants as there were no anticipated order effects. Finally, participants were provided with the debrief sheet; an opportunity to withdraw their data; and an option to sign up to participation in a second follow-up qualitative study. Overall, the entire study took around 15-20 minutes for participants to complete.

Ethical Considerations

The study was awarded ethical approval by the Medical School Faculty Ethics Committee (Reference: FMHS 497-0322). Participants were asked questions concerning sensitive topics including, but not limited to racial discrimination, sexual and physical abuse, illicit substance use and mental illness etc. This may have induced subsequent negative feelings for participants who had experienced these events. To limit this impact, individuals were given a prior trigger warning in the PIS and only individuals aged 18+ were allowed to complete the study. In addition, participants were asked to provide informed consent to discussing such negative events and were able to withdraw their consent at any stage during and after the study. A debrief sheet also provided the full purpose of the study and an array of community services participants could contact to seek support if needed. Individuals were also advised to contact the researchers or ethics committee if they had any concerns.

Results

Participant's age, gender, ethnicity, parents' highest earning occupation and parents' industry were recorded to collect demographic information. In addition, their experiences of poor mental health and substance misuse were obtained. Furthermore, individual's ACE-B, ACE-F, STAB, TSDS, RRES and RRES Stress scores were calculated. The study produced ordinal data from the Likert scale questionnaires employed and utilising it as interval data. For example, the TSDS involved self-reported ratings of trauma symptoms such as 'often' and was assigned a score of '4'. This may prove to be a limitation of the study – see limitations.

Data handling

Firstly, to commence the data analysis, the raw data were exported from JISC into an Excel spreadsheet using the code responses option. For the one participant who withdrew consent, their data was then removed. The dataset was checked for inattentive responses (e.g., consistent high scoring), however no inattentive responses were found. Furthermore, for the second data collection, participants who reported their racial identity as White, and thus did not complete the rest of the study, their responses were withdrawn.

Gender was coded as 1 for males, 2 for females and 3 for other (e.g., non-binary). Gender was comprised of males – 23.6% males, 73.6% females and 2.83% 'other' gender. Ethnic groups were combined due to unequal distribution between the groups. Ethnicity was therefore coded as 1 – Monoracial Black, 2 – Asian, 3 – Mixed ethnicity and 4 – White, as typically identified categories within the UK Census. However, the research questions stipulate investigating a difference between ethnic minorities and White participants, thus all ethnic minorities groups were combined and coded 1 - Ethnic Minorities and 4 - White. The 'White' category remained coded as '4' as to not create any change to the already coded data and increase the risk of 'human error' as the researcher.

Categorical scores were given for individuals' combined parents' highest earning occupation and parents' industry (1- low SES, 2 – moderate SES, 3 – high SES). Further categorical scores were given to whether participants experienced any mental health conditions (1 – no, 2 – yes) and substance misuse (1 – no, 2 – yes). Finally, participants' raw ACE-B, ACE-F, STAB, TSDS, RRES and RRES Stress scores were summed to calculate their overall scores.

The data distribution was checked for the DV's, ACE-B and ACE-F scores across ethnicities. Inspection of the histograms created and verified using Shapiro-Wilk's test of normal distribution were utilised for collinearity tests. ACE-B scores were normally distributed across ethnicities. ACE-F, STAB, TSDS were normally distributed across all ethnicities except White participants. Whilst RRES and RRES Stress scores were normally distributed across Black and Asian groups, but not for mixed ethnicity and White participants. As this variable was exploring experiences of racial discrimination, it was expected the data would not be normally distributed across all ethnic groups, thus the data was not transformed. Therefore, leaving 106 responses for the final analysis.

Analysis

For the first two research questions, six independent samples t-tests and two independent Chi-Square tests were conducted (Appendix K.1, K.2). This was to compare participants' DV's, ACEB and ACEF scores across ethnicity groups. The results for each t-test are displayed in Table 6 and the Chi-Square tests in Table 7.

The homogeneity of variance was confirmed for some variables by Levene's Test for Equality of Variance (ACEB= .112, ACEF= .308, STAB= .232). For TSDS, RRES and RRES Stress scores, this test was violated ($p<.001$). However, this was anticipated due to the nature of the value being tested (exposure to racial trauma). Therefore, the data was not transformed.

Bootstrapping of 2000 samples for all analyses was utilised to allowed for any slight deviations and generated the same coefficient with slightly adjusted CI's. The Chi-Square test for substance misuse between groups, revealed less

than five in the 'did experience' cell for White participants. Thus, this analysis should be interpreted with caution.

Table 6

A table displaying the results of the six independent samples t-tests for ACEB, ACEF, STAB, TSDS, RRES and RRES Stress scores between ethnicity groups (N=106)

Ethnicity							
	Ethnic Minorities *(N=53)*		White *(N=53)*		t(104)=	D	95% CI (LL, UL)
	M	SD	M	SD			
ACEB	6.96	3.04	6.45	3.15	.848	3.09	(-.682, 1.70)
ACEF	4.53	-.043	4.11	3.34	.653	-3.27	(-.845, 1.68)
STAB	57.6	16.0	57.2	14.5	.120	15.3	(-5.54, 6.26)
TSDS	42.1	16.9	21.9	9.69	7.53**	13.8	(14.9, 25.5)
RRES	6.70	3.99	.396	1.01	11.2**	2.91	(5.17, 7.42)
RRES Stress	26.3	20.1	1.55	3.77	8.81**	14.5	(19.2, 30.3)

*** T-test significant at the 0.01 level (Two-tailed)*

M=Mean

SD= Standard Deviation

D= Cohen's d efficient

CI= Confidence Interval

LL=Lower Limit

UL= Upper Limit

Table 7

A table displaying the results of the two Chi-Square tests for Mental Health and Substance Misuse

		Ethnic Minorities *(N=53)*		White *(N=53)*		X(1, 106)
		Counts	% within ethnicity	Counts	% within ethnicity	
MH	Did not experience	11	20.8%	14	26.4%	.471
	Did experience	42	79.2%	39	73.6%	
SM	Did not experience	35	66%	49	92.5%	11.2**
	Did experience	18	34%	4	7.5%	

*** Chi-Square significant at the 0.01 level (Two-tailed)*

MH= Mental Health

SM= Substance Misuse

Correlations

A number of Pearson's R correlations were conducted to observe if there were correlations between all continuous variables across the entire sample. Please see Table 8 for a summary.

However, it was of interest for the third and fourth research question to explore whether some of these variables correlated within each racial group. Thus, Pearson's R correlations were conducted and revealed the same variables were correlated within ethnic groups (Appendix K.4).

Table 8

A table displaying the correlation coefficients between variables across all ethnicity groups (N= 106)

	ACEF 95% CI (LL, UL)	STAB 95% CI (LL, UL)	TSDS 95% CI (LL, UL)	RRES	RRES Stress
ACEB	.920** (.884, .945)	.481** (.320, .615)	.243* (.055, .415)	.144 (-.048, .326)	.120 (-.072, .304)
ACEF	-	.451** (.285, .591)	.219* (.029, .393)	.148 (-.044, .329)	.128 (-.065, .311)
STAB		-	.178 (-.013, .356)	.086 (-.107, .272)	.088 (-.1050, .274
TSDS			-	.747** (.649, .821)	.751** (.654, .824)
RRES				-	.966** (.951, .977)

** Correlation significant at the 0.05 level (Two-tailed)*

*** Correlation significant at the 0.01 level (Two-tailed)*

CI – Confidence Interval

LL – Lower Limit of confidence interval

UL – Upper Limit of confidence interval

Regressions

For the third and fourth research questions, several univariate analyses were conducted to assess any significant relationships within each of the variables of interest (Appendix K.5). For example, a one-way ANOVA revealed no significant differences between genders for STAB scores $F(2, 103)=.889$, $p=.414$ (95% (.000, .080)). These analyses were conducted between ethnic groups as directed by the research questions. The analyses discovered similar non-significant association results were revealed for both ethnic groups and for all dependent variables (MH, STAB, SM). Gender and SES were not significantly associated with any of the dependent variables for both genders (Appendix K.6, K.7), thus these variables were not included in the regression analyses and only linear regression analyses were conducted.

However, significant associations were found for one independent variable separately with STAB and SM as outcome variables across the sample. For STAB scores, ACEB scores were significantly associated, and ethnicity was significantly associated with SM. Therefore, these independent variables were entered to conduct three separate linear regression analyses. As linear regressions, the independent variables were entered simultaneously, and only main effects of the variables were investigated.

The first linear regression revealed ACEB were a significant predictor of STAB scores $F(1,105)= 31.3$, $p<.001$. The model explained 23.2% of the variance. The final predictive model was STAB= 41.5 + (2.38*ACEB). Whilst the second linear regression revealed ethnicity was a significant predictor of SM engagement $F(1,105)= 12.3$, $p<.001$. The model explained 10.6% of the variance. The final predictive model was SM= 3.96 + (1.21*Ethnic Minorities).

The final linear regression revealed ACEF scores was a significant predictor of experience of poor mental health $F(1, 105)= 13.8$, $p<.001$. The model explained 11.7% of the variance. The final predictive model was MH= 1.57 + (.045*ACEF). Bootstrapping of 2000 samples was used to check the results for all regression analyses, which generated the same coefficients with slightly adjusted CI's.

Discussion

This study has increased the research area by conducting a comparison of how ACEs and their subsequent negative life outcomes operate between White and ethnic minority samples. It is also advanced the research area by developing the conceptualisation of racism as racial trauma to investigate its association within the ACEs framework. It has developed the work of Cronholm et al. (2013) to employ an improved measure of racial trauma, to broaden the concept of childhood adversity within ethnic minority individuals.

Prior to the discussion of the findings, it is also important to highlight the ethical considerations of the participants within the study completing a survey that explored several sensitive, and potentially traumatic topics. The study explored several experiences of childhood and adult trauma, which may have been emotionally evoking for participants for the purpose of research. The

impact of the study was mitigated by signposting to appropriate support services if participants felt affected by their experience of completing the survey. Participants were also informed of their right to withdraw from the study throughout.

Findings

ACEs

In the sample, there were no significant differences between ethnic minority and White participants in exposure to the number of ACEs in any instance (ACEB) or frequency (ACEF). However, as anticipated, ethnic minority participants did reveal significantly higher racial trauma scores across all three domains. Therefore, for the first research question, the null hypothesis was partially rejected. Regarding participants' experiences of subsequent negative life outcomes, the findings revealed mixed results. There were no significant differences in the engagement in antisocial behaviour (STAB scores) and experiences of poor mental health. Yet, ethnic minority participants revealed significantly higher engagement in substance misuse as a negative life outcome. Hence, partially answering the second research question.

Racial Trauma

In the study's sample, significant differences between exposure to race-related events and subsequent racial trauma (as assessed by TSDS and RRES Stress scores) were observed. This supports Polanco-Roman et al's. (2016) findings which discovered Black individuals experienced higher rates of racial trauma compared to Hispanic and White individuals.

Whilst other studies found rates were similar across ethnicities, but the types of racial discrimination experienced was different (Sutter et al., 2018). It is acknowledged ethnic minorities experience racism in different forms, but the effects operate similarly (Liu et al, 2020,). However, different ethnicities process racism differently because of the contribution of other cultural factors (Anderson et al., 2018). The current study is congruent with previous research which argues certain characteristics are risks for engaging in ASB as a maladaptive coping strategy (Anderson et al., 2018). However, the measures of racial trauma (TSDS, RRES, RRES Stress) did not correlate with any negative life outcomes, except mental health.

Participant exposure to negative race-related events (RRES scores) and symptoms of trauma (TSDS) was significantly associated. Therefore, this supports the growing concept within the literature that experiences of racial discrimination should be conceptualised as racial trauma. This also points to the growing opinion that racial trauma should be conceptualised as an ethnic minority-specific ACE. However, TSDS scores were significantly associated with ACEs, but ACEs and RRES were not. These results suggest, within this sample, severity of racial trauma did not meet the significance criteria to be aligned with the impact of ACEs. Similarly, RRES did not predict negative life outcomes in this sample as ACEs did. Overall, this is in conflict with previous research, suggesting there is need for further research to conclude the impact of racial trauma in ethnic minorities' and subsequent negative life outcomes.

Predicting Negative Outcomes

Anti-Social Behaviour.

Preliminary analyses revealed no significant associations between STAB scores and all additional variables, except ACEB and ACEF (see Table 8). Participants' ACEB and ACEF scores were significantly correlated with STAB scores, whilst racial trauma was not for either ethnic group. Interestingly and unsurprisingly, individuals' ACEs scores across both domains were significantly correlated with TSDS scores. This result is not unsurprising due to the nature of ACEs being a measure of potentially traumatic events occurring in childhood (Felitti et al., 1998), and the TSDS assessing for trauma-related symptoms (Williams et al., 2018). This also supports previous research which found strong associations between exposure to childhood ACES and adult trauma symptoms (Haim-Nachum et al., 2022).

Whilst, in this sample STAB and TSDS scores were not significantly correlated but exhibited a p-value close to the significance level (p=.068). It was expected, based on extensive literature identifying relationships between trauma and subsequent anti-social behaviour, that these scores would be significantly correlated. However, this result was not found in this sample. Therefore, TSDS scores were not included in the final predictive model. In plain terms, STAB scores were estimated to be 41.5 units higher per 1 unit increase in ACEB scores. Therefore, answering the third and fourth research questions. This suggests a predictive link between participants exposure to adverse childhood events and engagement in antisocial behaviour in adulthood.

ACEF scores were also entered into a linear regression for STAB scores, but ACEB scores explained a larger proportion of variance in STAB scores. This is logical as ACEB and ACEF scores assess similar phenomena. In addition, this

finding also supports previous research which found similar associations between an increased exposure to ACEs and engagement in anti-social behaviour (Connolly, 2019) and offending (Baglivio et al., 2015) in adulthood.

Substance Misuse.

Similar analyses were conducted for substance misuse as an outcome variable and negative life outcome following exposure to ACEs and racial trauma. There were no significant associations found between participants' gender, SES, ACEs, racial trauma, and substance misuse. Therefore, this suggests the identified independent variables do not predict the outcome variable of substance misuse across both ethnic groups. Subsequently, a multiple regression analysis was not conducted.

There was a significant difference between ethnicity and substance misuse. Ethnic minorities were significantly more likely to engage in substance misuse than White individuals. This was entered into a regression analysis and was identified as a significant predictor. In plain terms, substance misuse engagement was 3.96 times higher in ethnic minority participants than in White participants. Therefore, answering the third and fourth research questions. This suggests there was a difference between ethnic group and substance misuse engagement. This finding supports a wealth of previous research which found ethnic minority individuals were more likely to engage in substance misuse as a coping strategy (Ehlke et al., 2022; Mersky et al., 2017; Johnson et al., 2022), particularly when exposed to trauma.

However, the substance misuse findings should be interpreted with caution due to the measure employed to assess participants' substance misuse. Participants were able to identify problems with different types of substances,

however these substances were grouped together as one variable in the analysis. Empirical research has discovered there are differences in the subsequent negative life outcomes individuals experience dependent on the substance individuals' misuse (e.g., alcohol vs cannabis) (e.g., Zilberman et al., 2019). Therefore, this limits the findings of the current study. Further efforts should be made for future research to explore the relationship between ACEs and the misuse of individual illicit substances or alcohol as a negative life outcome.

Mental Health.

Finally, further analyses were conducted between poor mental health as an outcome variable, and negative life outcome, following exposure to ACES and racial trauma. There were no significant associations between an individuals' demographic characteristics and exposure to racial trauma. Therefore, a multiple regression analysis was not conducted.

However, there was a significant association between occurrence of mental health difficulties and exposure to ACEs. Individuals with a higher number of ACEs were more likely to have experienced higher frequency of mental health conditions. This was entered into a linear regression analysis and ACES score was revealed as a significant predictor of mental health outcome. The analyses were conducted with both ACEB and ACEF scores separately. ACEB and ACEF were also highly correlated as they measured the exposure to the same adversities, but one measures the occurrence of the adversity (ACEB) and the other the frequency (ACEF). As ACEF scores explained a slightly larger proportion of the variance within the scores, this variable was chosen to be reported.

In plain terms, frequency of mental health conditions was estimated to be 1.57 times higher per 1 unit increase in ACEF scores. Therefore, partially answering the third and fourth research questions and suggesting there is a predictive link between an individual's exposure to ACEs and their subsequent experiences of poor mental health in adulthood. Additionally, this finding supports previous research (Bernard et al., 2022; Mersky et al., 2017) which discovered individuals' with a higher number of ACEs were more likely to experience poorer mental health outcomes, including ethnic minority samples.

However, the findings relating to poor mental health within this study should be interpreted with caution due to the measure employed to assess participants' experiences of poor mental health. This is because the measure employed only allowed for participants to report diagnosed psychiatric difficulties. This method of assessment may have failed to capture all participants' experiences of poor mental health, such as symptoms (e.g., low mood) that they have not sought medical assessment or treatment to yield a diagnosis. This issue is particularly relevant for ethnic minority populations as utilised in the current study, as empirical research has found this group have less access to mental health treatment and less likely to seek such treatment (Shim et al., 2016). However, participants were able to report psychiatric problems they were experiencing, but this would have been reliant on their insight and understanding of their current difficulties.

Implications

The findings of the present study have several implications. Firstly, whilst ACEs were not found to be significantly different between ethnicities, the phenomenon did significantly predict negative life outcomes in this sample.

Thus, it highlights the need for early intervention within communities, to prevent exposure or mitigate the effects of exposure to ACES.

The Centre of Disease Control (CDC) suggested that exposure to ACES can be prevented by establishing a safe, nurturing environment and relationships (CDC, 2019). A number of strategies were proposed to assist with this early intervention including increasing economic support; parenting interventions; and promoting social norms against violence and adversity amongst other strategies (CDC, 2019). These interventions would assist in preventing exposure to ACES or mitigate their effects; and in turn leading to the prevention of subsequent negative life outcomes such as anti-social behaviour and poor mental health.

Similarly, in this study, it was established that the ethnic minority participants were more likely to engage with illicit substances in adulthood. Previous research has suggested that some ethnic minority individuals may utilise substances as a coping mechanism for experiences of racial discrimination (Borrell et al., 2006; Clarke, 2004). However, the Stress-Coping Theory (Wills et al., 1985) proposed the subsequent engagement with substances as a coping strategy is dependent on individual characteristics. Therefore, in consideration of this, clinical and social efforts could be made to prevent this increased engagement in substances. The findings of this study could indicate a need for early intervention and education on pro-social means of coping within these ethnic minority groups.

Furthermore, no previous study has investigated the effects of racial trauma as a predictor of several negative life outcomes. The present study has acknowledged the impact of racial trauma on ethnic minority individuals and explored its associations with adverse adult outcomes. Whilst the associations

did not reach significance to indicate a need for racial trauma to be conceptualised as an ACE, it did exhibit significant impact within ethnic minority individuals worth attending to. In that, whilst it is an important adversity for ethnic minority individuals, the findings of the present study suggests it does not operate like ACEs.

In addition, the study modified the conception of racial discrimination previously defined within the ACEs literature (Cronholm et al., 2015), to be considered as racial trauma. It has furthered previous research by considering the psychological impact this adversity has and employed a more sensitive measure of racial trauma. Previous research failed to conceptualise the impact racial discriminatory events had on ethnic minority individuals, whilst this study termed this as racial trauma. To achieve this, it explored if trauma-like symptoms occurred using a more sensitive measure of racial trauma. Advancing previous research.

Limitations

Whilst interpreting the results of this study, there are some limitations to consider. Firstly, it is unclear if all participants within the study knew the intended definition of 'racial trauma'. The participants understanding would predominantly have been based on their prior knowledge and the information provided within the study. It may have been beneficial to provide the participants with a specific definition of the term to aid their understanding.

The targeted participant demographic (young ethnic minority individuals) are widely accepted to be unrepresented within UK empirical research across various domains (Smart et al., 2016). A variety of hypotheses for this trend have been posed. These have included a lack of access to completing research

due to unequal socioeconomic status; a lack of education concerning the empirical process; subsequent fear and mistrust around varying research topics; and a lack of interest and compliance (Smart et al., 2016; Walter et al., 2013). Thus, this may explain the difficulties encountered regarding participant recruitment despite the research design being that of an online study which pertains to the targeted population's preferences.

Additionally, the current study generated ordinal data from Likert scale questionnaires employed but utilised it as interval data. For example, the TSDS involved self-reported ratings of trauma symptoms such as 'sometimes' and was assigned a score of '3'. This may have been a limitation of the study, as each participant may perceived 'sometimes' differently, thus potentially not accurately capturing their personal experiences. However, this is a common limitation of self-report data.

It is also important to acknowledge the disparity between the number of males and females who participated in the current study. There is empirical evidence which indicates there are sex differences in individuals' willingness to participate and actual participation in health research studies, and specifically within the Black community (Otufowora et al., 2021).

However, this has implications for the results of the empirical studies, including the current study. This can lead to sample bias, in which the findings of the study may be more applicable to the disproportionately represented population. As within this study, females constituted 73.6% of the population. Subsequently, this may mean the results of the study can be primarily generalised to other females.

Furthermore, the combining of the ethnic minority participants may have been a limitation of the current study. This combination may have prevented the

development of more nuanced conclusions about the specific, individual ethnic minority groups examined in this study. However, this decision was justified by the research questions and the design of the study exploring the differences between ethnic minority and White participants.

Whilst using the White group as the homogenous comparator could have also added to the difficulty in drawing more nuanced conclusions from the findings. There are several limitations to using a more socially dominant group such as a White group as the comparator or reference group (Johfre & Freese, 2021). It proposes that this group are the 'baseline' for any phenomenon, whilst other ethnic groups are 'deviations' (Johfre & Freese, 2021). Furthermore, using a homogenous ethnic group assumes that there are no individual difference in the measured variables, and the participants within the group all have protection from racism or social class discrimination. Whilst there is widely acknowledged disparity in SES within the group. It can also reproduce epistemic injustice and disregard the complexity and specific experiences of this group (Malinowska, 2026). Thus, it is difficult to draw more nuanced conclusions from the data within this study.

Conclusions

In summary, this study has explored the associations between individual demographic characteristics; exposure to ACEs; and the impact of racial trauma on negative life outcomes in a comparative sample between ethnicities. It has attempted to redefine racial trauma as an ethnic-specific adversity to identify whether it operates in a similar manner to ACES. Whilst racial trauma did not lead to the same negative life outcomes as ACES, it was discovered that racial trauma and engagement in substance misuse was higher in ethnic minority

participants. Thus, suggesting there is a negative life outcome from exposure to the adversity of racial trauma but may manifest differently to ACES. Furthermore, this study advanced previous research (Cronholm et al., 2015) by employing a more sensitive measure of racial trauma.

Future work should continue to comparatively examine ACES between ethnic groups with the aim of devising ethnic-specific frameworks. Efforts should also focus on validating the findings in marginalised groups (e.g., ethnic minority offenders), where the results may be more extreme. Clinical and organisational efforts should be made to develop early intervention support measures to prevent or mitigate the exposure to ACES across all ethnicities to prevent negative life outcomes.

Chapter Five – A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes

This chapter shall utilise the terms ‘race’ and ‘ethnicity’ as defined in the introduction. However, some of the studies refer to groups of ‘ethnic minorities’, despite this grouping being based on racial identity. The participants were also referred to as ‘ethnic minorities’ in the study and will refer to ethnic identity as a measured variable. This is used interchangeably with their race.

Abstract

Background

Adverse Childhood Experiences (ACEs) literature has more recently made developments to include additional adversities, more specific to ethnic minorities. One of these additional adversities has included racial discrimination. However, the concept of racial discrimination has also been criticised as it fails to capture the traumatic response it can evoke in an ethnic minority individual and should be termed as 'racial trauma'. These additional adversities, including racial trauma, have also been linked to an increased risk of negative life outcomes.

Method

The current study used a semi-structured interview qualitative research design to obtain data to understand how ethnic minorities experiences of racial trauma or discrimination may have led to their engagement in negative life outcomes. Reflexivity and positionality statements were provided and considered throughout the study.

Results

From seven participants, a reflexive thematic analysis was applied, and four key themes were derived to answer the research questions. These were: occurrences of racism; impact of racism; approaches to help; and additional adversities.

Conclusion

The study discovered that an individuals' interpretation of an experience of racial discrimination, and whether it develops into racial trauma, is dependent

on the specific individual's various biological, psychological, and social factors. Future research should afford efforts to further exploration of the individual experience of racial trauma. Primarily focusing on the biopsychosocial factors which predispose an individual to developing a traumatic response to a racial discriminatory event.

Introduction

The overrepresentation of ethnic minorities within the prison population in England and Wales has remained consistent for the past 18 years (Sturge, 2022). According to the yearly UK Prison Population Statistics, conducted by the Ministry of Justice, ethnic minority individuals constituted 27% of the prison population compared to 13% of the general population (Sturge, 2022). These results are yielded for each ethnic minority group: Black or Black British individuals (12% prison population; 3% general population); Asian or Asian British individuals (8% prison population; 7% general population); and mixed ethnicity individuals (5% prison population; 2% general population).

Additionally, similar statistics were also discovered in Scotland (Sturge, 2022). These consistent statistical trends pose the question as to why this overrepresentation has occurred and remained static for almost two decades. There are a few preliminary studies investigating this matter, with additional proposals of theoretical explanations (Leiber et al., 2019). Leiber et al. (2019) identify two traditional explanations of the selection bias perspective, whereby criminal proceedings are tainted by racial discrimination (Leiber, 2002), and the differential offending hypothesis. The latter proposes the varying criminal outcomes for different ethnic groups are related to their behaviour, as opposed to the discriminatory practises of the police (Tillyer et al., 2012).

ACEs and Race

As highlighted in the thesis introduction, the seminal ACEs literature refer to the ten traditional negative life events which occur in childhood such as physical and sexual abuse (Felitti et al., 2018). A commonly highlighted limitation of the ACEs literature is the lack of cross-cultural investigation, and

rather the primary examination of this phenomenon within a White, middle-class population (DeLisi et al., 2017; Fagan et al., 2017; Maguire-Jack et al., 2020). However, of the few studies comparing the prevalence of ACEs across ethnic groups, a consistent trend of Black youth reporting a higher exposure to ACEs than White individuals (e.g., Baglivio et al., 2015; De Lisi et al., 2017; Fagan et al., 2017; Maguire-Jack et al., 2020). Despite this trend within the literature, Bernard et al. (2020) highlights there is minimal research investigating why these disparities occur.

However, there have been empirical efforts to explore Black people's experiences of ACEs. For example, Sødal et al. (2023) conducted qualitative research to explore Black people's experiences of being asked to share details of their ACEs by a mental health professionals (Sødal et al., 2023). The study examined the personal experiences of Black individuals who had contact with a mental health or counselling service within the UK, where they had been asked about ACEs (Sødal et al., 2023). Participants were either Black African, Black Caribbean, Mixed Black and White heritage or Black Jew.

The authors found four key themes with additional subthemes (Sødal et al., 2023). The four key themes included: '*Lack of trust and safety as individual and systemic'; 'It is the person, not the questions'; 'Engaged client', 'hard to reach' clinician?';* and '*People are not tick boxes'* (Sødal et al., 2023). Additional subthemes identified the participants emphasised not trusting the mental health professional or the system; racism within the healthcare system; wanting to feel heard and understood by their clinician; and wanting to feel safe (Sødal et al., 2023).

Overall, the study found that Black people perceived it to be vital and useful for ACEs to be explored by their mental health professional (Sødal et al.,

2023). However, it was concluded that Black individuals placed more emphasis on a trusting therapeutic relationship to achieve this. However, there were limitations of this study, in that it merged racial groups for it to be a Black sample (e.g., African vs Caribbean vs Mixed Heritage), yet it had few Black African or Mixed heritage participants (Sødal et al., 2023). Additionally, the study included only one male participant. Thus, these limitations restrict the ability to generalise the study's findings to all Black individuals and Black males.

Despite this, Sødal et al's. (2023) study furthered the research area by providing additional insights into the practical experiences of Black people being asked about ACEs in the UK using a qualitative approach. Yet, the research area is still limited in the available qualitative research revealing detailed information regarding ethnic minority individuals' experiences of ACEs.

Racial trauma

As previously highlighted throughout this thesis, there have been attempts to expand the ACEs framework to include additional race-specific ACEs. Yet, Bernard et al. (2020) criticised the literature for the assessment and conceptualisation of the inclusion of racial discrimination as an race-specific ACE. The authors suggested researchers have failed to encapsulate the psychological impact of racial discrimination on ethnic minority individuals (Bernard et al., 2020). Rather, Bernard et al. (2020) argue the experiences should be conceptualised as 'racial trauma' to capture the traumatic response racial discrimination can evoke in ethnic minorities.

Racial discriminatory experiences are extremely stressful events which can lead to trauma-like symptoms, as outlined in the DSM-5 description for Post-Traumatic Stress Disorder (PTSD) (APA, 2013). These experiences have also

been associated with negative life outcomes, such as poor mental health (Matheson et al., 2019), substance misuse (Marks et al., 2021), physical health (Cave et al., 2020; Priest et al., 2013) and delinquency (Gibbons et al., 2007), like ACEs.

For example, a qualitative interview study discovered racial trauma led to an engagement in substance abuse due to the mental stress it causes in American Indians (Skewes et al., 2019). The participants revealed community-wide problems with historical racial trauma, stemming from colonization leading to race-specific based stress and subsequently behavioural health problems (Skewes et al., 2019). Yet, the impact of racial trauma has also been shown to increase Black youths' likelihood of involvement with the CJS and increased school discipline outcomes (Galan et al., 2022). Priest et al's. (2013) systematic review also examined the prevalence of delinquent behaviour following exposure to racial discrimination in 121 studies. The authors discovered statistically significant positive associations in 69% of examined outcomes (Priest et al., 2013). However, the majority of the included studies were conducted in the USA, thus may not accurately represent the experiences of ethnic minority individuals across all Western cultures.

Whilst the emphasis on experiences which increase an individual's likelihood of negative life experiences is important for practical, preventative measures, some researchers have also suggested focusing on 'protective factors' for ethnic minorities (Jolliff et al., 2016). Protective factors are defined as variables which reduce the likelihood of an event occurring, in this instance the likelihood of an 'at-risk' group (ethnic minorities) from experiencing negative life outcomes (Werner et al., 1992).

Alternatively, researchers could also investigate the protective factors against the development negative life outcomes arising from ACEs or racial trauma. Regarding violent offending, high academic achievement, higher risk of getting caught, low peer delinquency and low hyperactivity predicted low levels of violence amongst African American boys (Jolliff et al., 2016). Whereas protective factors for prescription drug misuse were identified as family, school, community attachments in Latino males, but none associated for Black or mixed individuals (Wu et al., 2022).

The theory of positive racial identity has also been suggested as a protective factor for Black and Asian youth. However, Yip et al. (2008) only applied this theory to an American-Asian sample, but the positive effects of racial identity has also been discovered in African-American youth (Jones et al., 2016). Additional protective factors for ethnic minorities have also included: religious identity, family cohesion, (Wong et al., 2012).

Ethnic minorities in the Criminal Justice System (CJS)

There have been qualitative empirical efforts to explore the overrepresentation of ethnic minority individuals within the CJS in the UK and USA. Specifically exploring the factors contributing to the overrepresentation and the opinions of those involved in the CJS why this trend occurs.

For example, Irwin-Rogers (2018) conducted four focus groups with 26 males of different races, serving prison sentences in a London prison. The qualitative study explored the men's experiences across the CJS, and in particular experiences of racism (Irwin-Rogers, 2018). The study revealed themes surrounding systemic forms of racism for example the police's overuse of 'stop and search' methods; targeting 'gang areas' within the UK; and

assigning individuals as a 'gang nominal' through a combination of intelligence sources, which participants proposed were unreliable and inaccurate (Irwin-Rogers, 2018). Furthermore, the participants also identified racial discrimination occurring across a number of CJS processes such as legal aid; general police and prison decision-making; and a lack of racial diversity in CJS professional (Irwin-Rogers, 2018). This study highlighted the lived experiences of individuals within the CJS, particularly surrounding factors and occurrences of racism within the system. Thus, it highlighted the wider systemic racism across the CJS. However, the conclusions were drawn from a small group of participants, thus it does not mean the experiences are representative of the entire population's contact within the CJS (Irwin-Rogers, 2018).

Furthermore, Floyd et al. (2025) conducted a systematic review of racially-marginalised males experiences within the CJS. The review discovered ten studies and revealed three primary themes – *'feeling powerless in a powerful system'; 'racism'*; and *'feeling disconnected from cultural identity'* (Floyd et al., 2025). The authors discovered ethnic minority participants experiences of the CJS involved '*feeling judged straight away, for your colour'; being treated differently; 'blatant racism'*; and '*feeling like they had to suppress their culture'* to avoid racism amongst others (Floyd et al., 2025). Thus, this study provided crucial insights into the lived experiences of ethnic minorities within the CJS. However, it failed to account for the experiences of females and the reasons why these experiences occurred (Floyd et al., 2025). It also grouped ethnic minorities together, and rather highlighted that research should explore individual accounts from specific racial groups (Floyd et al., 2025).

Additionally, the perspectives of American CJS judges' surrounding the overrepresentation of ethnic minorities have been explored. Holbrook et al.

(2022) explored the opinions of 632 American judges in mixed-methods online survey, of which approximately 65% agreed that systemic racism occurred within the CJS. Whilst others felt that racism occurred, but it was not systemic (Holbrook et al., 2022). Additionally, whilst disparate treatment was acknowledged, some judges proposed this was not because of racism, but due to low SES, education, or something other than race (Holbrook et al., 2022). Subsequently, this study attempted to obtain qualitative data understanding judges' perspectives of the reasons for the overrepresentation of ethnic minorities within the CJS.

Whilst the above studies have attempted to conduct qualitative research to explore the overrepresentation of ethnic minority individuals within the CJS, there are common issues. There are strengths in obtaining evidence surrounding the lived experiences of males serving prison sentences, and judges perspectives, however it fails to account for additional experiences and factors. There is an absence of qualitative studies exploring ethnic minority females perspectives or females' experiences of the CJS. Additionally, there is a lack of explanation as to why racism leads to overrepresentation within these qualitative studies. Nor is there qualitative studies exploring the lived experiences of ethnic minorities who encounter factors increasing their likelihood (e.g., adversity, low SES), but did not suffer negative life outcomes such as contact with the CJS. In addition to their perspectives of why this did not occur for them but did for other ethnic minority individuals.

Present Study

The present study aims to obtain additional information regarding ethnic minorities experiences of ACEs and negative life outcomes by employing a semi-

structured interview qualitative research design. This will allow the current study to uncover rich, detailed qualitative explanations as to why and how ethnic minorities experiences of racial trauma or discrimination may have led to their engagement in negative life outcomes. It shall also observe the role of high and low racial trauma scores, as individuals have experienced racial discriminatory acts but have been affected differently, and the impact on their engagement in negative life outcomes.

Furthermore, it shall aim to fill the gap within the literature exploring the lived experience of ethnic minorities contact with predisposing factors for negative life outcomes and the reasons why this did or did not occur for them. Participants' perspectives of the reasons for the overrepresentation of ethnic minorities within the CJS shall also be explored.

The study will employ an array of predetermined open-ended questions enquiring about participants' experiences of racial trauma or discrimination; the subsequent impact leading to negative life events including anti-social behaviour, poor mental health, and substance use. The predetermined interview questions will also allow the participants to expand on other contributing factors to their experiences.

Research Question(s)

1. Do individuals with higher racial trauma scores experience worse negative life outcomes?
2. What are the protective factors for ethnic minorities who report lower racial trauma scores?
3. What has prevented ethnic minorities from experiencing negative life outcomes?

4. What protective factors do ethnic minority individuals have against racial trauma and negative life outcomes?

Method

Positionality and Reflexivity

In all qualitative research, it is important to discuss the role of reflexivity and positionality within the development, design, and interpretation of the data. This is due to the typical methodology of Thematic Analysis (TA) is employed in qualitative research, which relies on research subjectivity as a vital research component to the methodology of a study (Braun & Clarke, 2019). Subsequently, researchers must engage in reflexivity to justify how their subjectivity influenced the research (Olmos-Vega et al., 2023).

Positionality refers to a researcher's social position and perspective within the wider world and social contexts which influence their approaches whilst conducting empirical research (Rowe, 2014). It also involves the position the researcher has towards the research topic; the participants of a qualitative study; ultimately affecting the interpersonal dynamics during the qualitative interview processes (Yip, 2022). It can also include how the participants view the researcher defined by their personal characteristics and as their role as the researcher, whether they are an 'insider' or 'outsider' to the population (Yip, 2022). There are a number of personal characteristics which influence a researcher's positionality, including: race, gender, personal experiences, beliefs, education level (Yip, 2022).

However, since the introduction of TA, there has been significant confusion or an absence of acknowledgment of the concept of reflexivity by qualitative researchers (Braun & Clarke, 2019; Olmos-Vega et al., 2023).

Olmos-Vega et al. (2023) synthesised previous definitions of reflexivity to conclude: *"Reflexivity is a set of continuous, collaborative, and multifaceted practices through which researchers self- consciously critique, appraise, and evaluate how their subjectivity and context influence the research processes".* Importantly, reflexivity does not apologise for the role of subjectivity within qualitative research, but rather it can emphasise, neutralise, acknowledge, or explain it (Braun & Clarke, 2019).

Walsh's (2003) approach to reflexivity shall be applied in the current study, as it comprises of comprehensive reflexive practices which should be utilised throughout a research project (Braun & Clarke, 2019). The approach proposes there are four interwoven facets of reflexive processes, which interact. These processes include contextual, personal, interpersonal, and methodological (Walsh, 2003).

Personal reflexivity refers to the researcher reflecting on their individual expectations and judgement to the research participants and data (Walsh, 2003). The interpersonal reflexive process involves reflecting on the interactions within the researcher and participant relationships (Walsh, 2003). Whilst methodological reflexivity requires the researcher to critically evaluate the influence of their positionality on their methodological decisions within the research design (Walsh, 203). The final reflexive process, contextual reflexivity, refers to situating the research project within the relevant cultural and historical circumstances (Walsh, 2003). Walsh's (2003) four reflexive processes within the context of this study shall be explored in the section below.

Positionality and reflexivity are symbiotic research concepts whereby reflexivity is the active, ongoing process of critically acknowledging how the researcher's positionality influences the design, collection, and interpretation of

research data (Jamieson et al., 2023). Subsequently, reflexivity manages the impact of the researcher's positionality by transforming it into a transparent, considered, ethical research process (Jamieson et al., 2023).

I shall provide my own positionality statement below, and comment on my reflexivity throughout the remainder of the chapter.

Positionality Statement

There are several aspects of my identity, I must acknowledge, as the primary researcher which are deeply implicated in the epistemological and methodological aspects of this study. This includes my research questions, methodology and interpretation of the results, which I shall discuss, drawing on a reflexive stance, prior to the remainder of the study transcript. The aspects of my identity include my race, ethnicity, gender, SES background, previous research projects and my professional employment within forensic mental health. As a mixed White and Black Caribbean British female, it was likely the participants felt a sense of similarity to me in our experiences, which helped to facilitate the interviews. My own lived experiences of racial discrimination across society positions me in a complex space, which is neither inside nor outside the population in this study. As a mixed-race female, this insider perspective meant I had experiences which were similar to the participants, and may have enabled participants to feel comfortable, build rapport to share their sensitive experiences or racism and sexism. This may have also headed the data collection, as participants may have presumed a shared understanding, and under-elaborated on their key experiences. However, I remain critically aware that participants may have not recognised this as I have White British heritage also, acting as the '*outsider'* factor. Also, I acknowledge that my experiences are

not interchangeable with those of the participants within this study, and that we are all a combination of intersectional factors of our identity.

I have also experienced low SES during my childhood, where I was supported by under-privilege programmes and financial bursaries to facilitate my access to Russell Group education. Thus, an additional similar experience with the participants.

All aspects of my personal background were all factors which may have influenced the design of the research questions due to my own experiences of some of the variables explored. This is further exacerbated by my prior research in this area, thus increasing my familiarity the research area. This may have skewed my design of the research questions, data collection and interpretation of the data in that it would exhibit in a similar way to the research I was already aware of.

Finally, I am a trainee forensic psychologist in my professional career, in which I have significant experience working with and treating individuals who have experienced a number of the adversities (e.g., poor mental health, substance misuse, trauma) explored in the current study. This may have influenced my interaction with the participants as a therapist as opposed to a researcher approach, and my reflections on the observations yielded in the data.

Furthermore, I acknowledge the broader context of the research, including the power dynamics within a researcher-participant relationship. Whilst aspects of my personal identity may have disrupted the typical positionality within this relationship, it is important to acknowledge I still held a position of power in obtaining and reporting on the participants' personal experiences. Subsequently, I approach this significant responsibility with great ethical awareness, aiming to highlight participants' experiences while being transparent about the personal

interpretation I bring to the data analysis. To mitigate these risks, I have adopted a reflexive approach that included engaging in ongoing critical self-reflection and seeking supervisory and peer discussion to challenge my interpretations of the data.

Reflexive processes

As informed by Walsh's (2003) approach, please see below for my reflexive processes during this study.

Personal Reflexivity.

I (RR) was the primary researcher within this study which was conducted as part the requirements for my Forensic Psychology Doctorate course. All contributors and participants were aware of this factor during completion of the study. I am also a Mixed White and Black Caribbean female, who came from a low SES background in the West Midlands. I am also a psychology professional who works within a forensic mental health setting. These factors made both an insider and outsider researcher as whilst some of my demographic characteristics were obvious to the participants (race), some were not (e.g., SES).

Due to my racial identity; my experiences during childhood and within a professional setting; and my prior research within this area, this influenced many of my research ideas stemming from my personal experiences and knowledge of the research area. As an individual, I have first-hand experience of racial discrimination, poor mental health and have grown up with ethnic minority peers who have been exposed a number of factors within the study which have led to negative life outcomes. I also have professional experience of working

with individuals who have experienced the extremities of these negative life experiences.

Within my personal reflexivity, I reflected on how I anticipated more individuals within the study to experience more severe negative life outcomes due to my knowledge and experience within the research area. This is likely to have influenced my design of the research questions to draw out more information regarding participants' experiences of negative life outcomes and questions surrounding the disproportion of ethnic minorities within the CJS. Additionally, I had to manage my assumptions surrounding this during the interview processes. Rather, I started to realise the nuances within the participants' experiences and subsequently considered alternative theories to explain my findings.

Interpersonal Reflexivity.

Whilst, I had no prior relationships with the participants in this study, there are aspects of interpersonal reflexivity to consider. My experience as a psychology professional and being trained in a number of therapeutic modalities, has provided me with skills in developing therapeutic relationships with new individuals. Consequently, my interactions with the participants in the study were influenced by my professional experience.

After the first interview, I reflected on my interactions with the participant which I concluded were guided by therapeutic processes (Motivational Interviewing skills (Miller & Rollnick, 2013). Following this, I had to carefully consider how I document these interactions and refrain from explicitly using these skills in the remaining interviews. However, these skills, alongside my

racial identity as an insider researcher, may have facilitated the participants divulging additional detail about their adverse experiences.

Additionally, I had to consider how to manage the power dynamics of a researcher-participant relationship were affecting both my and the participants interactions with each other. Some participants were conscious sharing information around engaging in some of the topics which may criminally implicate them (e.g., ASB, SM) that I then held. I managed these dynamics by referring to the confidentiality and 'right to withdrew' elements of the consent form.

Methodological Reflexivity.

The current study was designed from developments of prior qualitative research within this area, and as a follow-up study to my first empirical study. The methodological decisions were informed by the topics from the first study and prior empirical research establishing predictive links between ACEs and racial discrimination with the assessed negative life outcomes. The decision to design it as a follow-up study may have led to some shortcomings in failing to design research questions exploring additional factors or including participants with more rich experiences of the assessed factors. However, the advantage of this methodological decision is that it assisted in providing additional, contextual information to the findings in study 1. It also pointed me to the importance of intersectionality, individual differences, and a theoretical model vital to the findings of the thesis. By engaging in methodological reflexivity, this has enabled me to understand and outline the advantages and disadvantages of the decisions made within the study.

Contextual Reflexivity.

The current study was conducted within the cultural and social climate of the UK. Thus, the study's findings were influenced by the cultural context of the UK which is vital to the interpretation of the results. I reflected on the implications of this on the study's findings. If the study was conducted within an alternative culture, whether that be another Western culture or an Eastern culture, the findings of the study would have likely been different and reflected the cultural context of that specific country. The perspective of ethnic minorities within the UK and their associated experiences of racial discrimination is largely not widely discussed. Therefore, it was necessary to reflect on how this influenced the participants' interpretation and recall of their adverse experiences. The theme of covert racism and microaggressions within the cultural context of the UK was highlighted by many participants, and I reflected on how this context influenced the study's findings. Whilst the study's findings may have been different in another cultural context, it still can positively impact the cultural context of the UK to offer new insights into the experiences of ethnic minorities within the UK.

Design

The present study was a qualitative semi-structured interview research design. To investigate the research questions, semi-structured interview questions were designed prior to the interviews. This allowed the primary researcher to develop pre-planned questions prior, but also enabled the participants to expand further on their experiences using open-ended questions (Alsaawi., 2014). This research design has enabled researchers to obtain in-depth responses from participants about a particular topic (Bryman., 2008).

Additionally, it has allowed participants to expand widely on their personal experiences; aided researchers to understand the 'how' of a research area' and provided contextual understanding to quantitative phenomena (Alsaawi, 2014; Robson, 2011) such as the data obtained in Study 1.

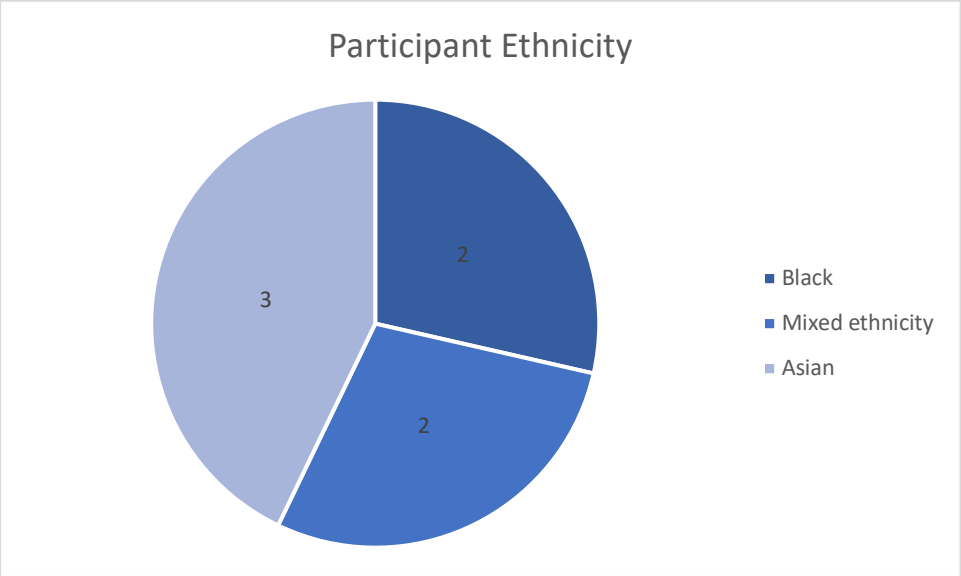
Participants

A purposive sampling method was utilised to obtain participants, as individuals were contacted to participate in the present study based on their participation in Study 1.

Seven participants completed the study. There were two males (28.6%) and five females (71.4%) with an age range of 21-30 years *(M=25.3 years, SD=3.2).* To participate in the study, individuals needed to have completed Study 1 and identify as an ethnic minority. Participant ethnicity is displayed in Figure 1. The participants' racial trauma scores from Study 1 ranged from 4-22 *(M= 9, SD= 6.63).*

Figure 2

Participant Ethnicity



Measures

To conduct the study, participants were required to have computer access to Microsoft Teams software. This software was used to allow the primary researcher and participants to meet online to conduct the interviews. Participants accessed Microsoft Teams on an array of electrical devices that were not recorded for the purposes of the study, as it was deemed an extraneous variable.

A Participant Information Sheet (PIS) (Appendix N), consent form (Appendix O), and debrief sheet (Appendix P) were all created. The study also employed the primary measure of the pre-planned, semi-structured interview questions (Appendix M). In addition, participants' demographic information (age, gender, ethnicity, SES) and racial trauma scored from Study 1 were confirmed.

Semi-Structured Interview Questions

The primary measure employed in this study was the semi-structured interview questions (Appendix M). There were 14 primary questions, with an additional subsidiary question inviting participants to elaborate further on their answers if they wished. The interview questions were devised by the author following research on how to conduct this (e.g., Bearman, 2019). The primary topics of interest were identified from the research questions which included experiences of racial discrimination, racial trauma, several negative life outcomes, additional adversities, protective factors, and ethnic minorities in the CJS. The questions also mapped onto areas assessed in the first study, that participants had already completed. The questions were also designed to enable participants to provide additional information regarding their experiences of each phenomenon, the development of their experience and their personal opinions. A final question was devised to provide participants to offer any additional relevant information if they wished, to ensure there were several opportunities to obtain the relevant data.

The interview questions primarily investigated participants' experiences of racial discrimination and the subsequent negative effects these experiences had on different aspects of their lives (e.g., mental health, antisocial behaviour, criminality, substance use). Additional questions enquired regarding participants experiences of alternative adversities; comparisons between the effects of these adversities; and protective factors for the prevention of negative life outcomes because of racial discrimination. Finally, individuals were also asked about their experiences and opinion of the Criminal Justice System; the overrepresentation of ethnic minorities; and preventative measures that could be taken to reduce

such statistics. Participants were also invited to make any additional comments following completion of the pre-prepared interview questions.

Procedure

All participants had previously completed Study 1 and had voluntarily left their contact email address to sign up to complete the current study. The author emailed the study advert (Appendix Q), consent form (Appendix O) and PIS (Appendix N) to the prospective participants' email address. Participants then responded to the email and a suitable date and time to conduct the interviews was arranged collaboratively with the primary researcher. A Microsoft Teams meeting link invite was emailed to the participants. Individuals were required to read through the PIS and returned the signed consent form prior to the interviews occurring.

To commence the interview, the primary researcher started the Microsoft Teams meeting and admitted participants to the meeting room. Introductions were conducted and participants were thanked for their anticipated participation. Individuals were provided with an overview of the study. The primary researcher then confirmed the signed consent forms had been sent and participants had the opportunity to read through the PIS. Participants were provided with an opportunity to ask any questions and their right to withdraw during the interview was emphasised. The Microsoft Teams programme provided a tool to transcribe the interview which was utilised throughout the interviews. The transcript was reviewed and cross-checked five times.

Ethical Considerations

The study was granted ethical approval from the Medical School Faculty Ethics Committee (Reference: FMHS 222-0223) (Appendix L). Participants were asked questions regarding sensitive topics, including but not limited to racial discrimination, substance use, and poor mental health. To mitigate any ill-effects from study completion, all participants were required to be over 18-years-old and provide informed consent prior. Individuals were able to withdraw from the study at point during and after study completion and were provided with a debrief sheet. The debrief sheet provided participants with an overview of the purpose of the study and signposted individuals to an array of support services if they required further support following study completion.

Results

Data Analysis

To ensure the study employed a systematic approach to conducting a reliable reflexive thematic analysis, Braun et al's. (2006) theoretical model was applied. Braun et al's. (2006) six-step guide to conducting a thematic analysis which allows the research to interpret the data (Maguire & Delahunt, 2017).

Step 1 of the model involves becoming familiarised with the data. To achieve this step, and commence data analysis, all interviews and subsequent transcripts' were downloaded into a OneDrive file. Each interview was repeatedly re-watched five times whilst cross-checking the transcripts produced by Microsoft Teams. This was to ensure the transcripts were accurate and did not miss any participant commentary. Step 2 of generating codes was completed in line with conducting a theoretical thematic analysis. This study aimed to address specific research questions; thus, a section of the data was coded if it captured

something relevant to one of the questions (Maguire & Delahunt, 2017) (Appendices S.1-S.7). Examples of generated codes include being young, increased teaching of ethnic minority history, shared experiences, negative perception in the media. These related to the questions enquiring about experiences of racial discrimination. Step 3 identified four initial themes, whereby the codes fit together into broader themes. For Step 4 to increase reliability, the research supervisor independently reviewed the codes and themes from two participant's transcripts. To define the themes for Step 5, the initial themes and codes were reviewed furthermore. Please see the sections below for the final themes, also to achieve Step 6 of the model.

Themes

From seven participants, the thematic analysis was applied and produced over 30 codes. Four key themes were derived from the codes to answer the research questions to complete steps 3-5. These were: occurrences of racism; impact of racism; approaches to help; and additional adversities. An additional code relating to the interview admin process (e.g., instructions, interview questions) was also identified, but discounted as it was not relevant to the research questions. Please see Table 9 for a summary of how the codes fit into the themes.

Table 9

A table displaying the identified themes and codes from the present study.

Themes			
Theme 1: Occurrences of racism **Codes** Occurred in schools, Racist bullying in schools, Police treated me differently, Racist laws, Racial slurs, Overt racism, Microaggressions, On public transport, In public	**Theme 2:** Impact of Racism **Codes** Felt excluded, Felt isolated, Racial trauma is severe, Mistrusting of others, Impacted MH, Fights over racism, Overthinking, Jump to conclusions, Avoid places, Avoid people	**Theme 3:** Approaches to help **Codes** Age is protective, Religion was a protective factor, Education helps, Shared experiences, Friends and family support, Teach children how to cope, Teach ethnic minority history, Socioeconomic support, Being a girl	**Theme 4:** Additional adversities **Codes** Bullying, Gang culture, Neurodiversity, Parental imprisonment, Parental separation, Witnessed parental domestic violence, Intersectionality, Low socioeconomic status, Gender, Sexuality, Assimilating into British culture

Theme 1: Occurrences of racism

All participants reported experiences of racial discrimination, irrespective of whether their racial trauma score was high or low. There was some variation in the reports of experiences of racial discrimination, however there was also common experiences across participants. For example, all participants reported experiencing racial discrimination within a school setting, either by their peers or teachers – *"For example it was a lot of my experiences that were sort the racial discrimination started off in, in the school education system" (Participant 7).*

Additionally, Participant 2 reported - *"the school teacher…said to me people of your background basically…you know, White mum, Black dad. You're gonna be in prison probably by the time you're 17 and probably gonna have several kids with several women and probably end up killing someone".*
Participant 1 stated - *"first getting into secondary school…they'll say some stuff and…you come to learn that it is actually racial discrimination".*

Participants also described experiencing racial discrimination in other public places, such as pubs, clubs, parks, and public transport. A number of participants also discussed the occurrence of systemic racism across their lives, within organisational policies; biased policing; and a lack of equal opportunities (Braveman et al., 2022). Participants also reported hearing racial slurs - *"we've heard the n word used like against us by other groups" (Participant 1)* and *"I had a person yell "ne how" to me out of nowhere" (Participant 5).*

Theme 2: Impact of racism

The second theme encompassed the impact of the racial discrimination participants' experienced on their mental wellbeing. Several participants reported their experiences of racial discrimination impacted their mental health,

e.g. *"I had a lot of self-loathing"; I wanted to be invisible" (Participant 2)***.** Some individuals reported anxiety symptoms relating to the anticipation of racial discrimination. One participant described utilising illicit substances to cope with the impact of her racial trauma, and subsequent anxiety symptoms towards encountering new environments to avoid her fear of experiencing racial discrimination - *"I would use like cannabis to like kind of like quieten my anxiety"* and *"it's just the anxiety of about going outside, like in certain areas…it evokes anxiety when I think about travelling to certain places" (Participant 4).*

In addition, all participants reported their experiences of racial discrimination led to them avoiding certain places and/or people, e.g. *"I avoid certain types of people…certain pubs" (Participant 1)*. Some participants reported engaging in antisocial behaviour due to experiences of racism - *"had a few fights break up over it"* and *"I felt this constant need to kind of fight because I've just felt like people belittled me all the time" (Participant 2).*

Theme 3: Approaches to help

A number of common sources of intervention were proposed by participants to prevent the impact of racial trauma leading to negative life outcomes for themselves and the wider ethnic minority community. For example, education was highlighted across participants in various forms. This included education for ethnic minorities regarding their cultural history; education to further their socioeconomic prospects; and education to non-ethnic minority individuals regarding the impact of racial discrimination - *"in school…like just having a nice little system to help kids actually learn like how to properly diffuse it within yourself" (Participant 2) and "how important education was and is in society… through those conversations that actually we can reach*

the same resolution, not always but a better understanding" (Participant 7). Similarly, efforts to balance in the unequal distribution of socioeconomic disadvantage across ethnicities were also highlighted (Bernard et al., 2020).

Furthermore, one participant highlighted that being an older female with a strong faith, protected her from experiencing negative life outcomes from her racial trauma. She felt if she had been a young male, with no religion would have led to her utilising illicit substances to cope and being involved in the criminal justice system. This was supported by the higher prevalence of negative life outcomes in the male participants.

Additionally, several participants discussed also their own protective factors against the effects of racial discrimination for themselves. This included the support of family, friends, religion, and their wider community – *"I think speaking to my grandad about it…the experiences were the same…about how people judged him" (Participant 2).* Participant 7 highlighted the importance of her faither - *"had I not had my faith…I probably would be heavily substance abusive and it's quite literally the only thing that would stop me" (Participant 7).*

Theme 4: Additional adversities

All participants reported experiencing additional ACEs in their childhood. The type of ACEs varied across individuals, however there were commonalities between participants from the same ethnic background. For example, parental separation and domestic violence was prevalent in Black or mixed Black and White participants - *"I grew up experiencing domestic abuse in my house" (Participant 4).* Parental separation was reported in one of the Asian participants – *"my parents don't have the best relationship with each other, and I think are now moving towards separation, but were quite hostile with each other all*

through my childhood, not openly but sort of bad mouthed each other to me" (Participant 6). This participant was the only Asian participant to report parental separation or hostile parenting, which was an interesting observation.

Furthermore, four participants (Participants 1, 2,5 and 6) reported experiencing bullying during their childhood – *"I have been bullied since I was a child because I have been the "different" girl…also, because I am Chinese looking Thailand…being Chinese get picked on because I have like a paler skin and Chinese features…I'll get called names " (Participant 5).* However, this participant's experiences of peer bullying appeared complex due to the racial discrimination within a racial group (Asian), but that her ethnicity contributed to her being bullied. The participant did identify additional factors which contributed to her bullying, including frequently moving schools and her Autism. Yet, it is difficult to separate which aspects of her identity (ethnicity/neurodivergence), or life events (moving schools) contributed more significantly to her experiences of bullying. Rather, this points to the complexities of this theme and the role of intersectionality for all ethnic minority individuals.

Further evidence of this complex theme surrounding bullying reported involving an element of race included – "*kind of belittle me…kind of like fetishise…at the same time you're bullying me… ohh, you're not a proper N word because you're gay" (Participant 2).* This further evidenced the complexity of bullying experienced by individuals within the study, as it indicated there was an element of racial discrimination in the bullying the participants experienced. The participants may have also been bullied based on additional features of their identity, but it is difficult to assess which aspect to attribute this too. Thus, emphasising the importance of assessing the individual as a comprehensive combination of all parts of their identity.

Low SES was common across most participants irrespective of ethnicity. Yet, this additional adversity is difficult to assess in isolation due to the additional complexity of the link between historical, systemic racism leading to ethnic minorities often experiencing low SES (Bernard et al., 2020). Furthermore, individuals with lower racial trauma scores explained their experiences of ACEs had a greater impact on their wellbeing compared to their experiences of racial trauma.

Discussion

Findings

This study identified a number of factors relating to the link between exposure to racial trauma and subsequent negative life outcomes including antisocial behaviour, poor mental health, and substance use. In addition to factors which increase and protect against an individuals' risk to develop negative life outcomes. The findings related to four key themes: occurrences of racism, impact of racism, approaches to help and additional adversities to answer the research questions.

Occurrences of racism

All participants were able to provide examples of instances where they had experienced racial discrimination. Whilst participants had their own individual experiences, there was mutual, shared experiences of racial discrimination amongst the sample. The most common occurrence of racism was reported to have been in schools during their youth. Participants also highlighted receiving racial discrimination from their peers in school, in addition to race-based bullying.

Additionally, a number of participants depicted various experiences that could be captured under the term 'microaggressions'. These included: touching hair; inappropriate touching of sexualised body parts; commending their standard of English; being called exotic; and many others. Whilst many participants reported being subject to racial slurs. In consideration of the contextual reflexivity outlined above, these findings regarding the occurrences of racism reflect the cultural context of the study being conducted in the UK. That is, whilst racism is still acknowledged to exist within the UK, the type of racism is more covert (YouGov Survey, 2020). Subsequently, this theme from the study reflects the cultural context of the UK and may be different if conducted in an alternative context.

Furthermore, several participants described their experiences of impact of systemic racism on them as individuals and their peers. One participant expressed how they had observed how systemic racism in several areas including education, policing, healthcare, socioeconomic welfare, and family systems. It was a shared opinion amongst participants how the impact of systemic racism was a contributory factor towards the overrepresentation of ethnic minorities within the criminal justice system. Within these discussions, the presence of transgenerational trauma was also highlighted, whereby the impact of racism can filter down family generations leading to emotional and psychological effects (Hankerson et al., 2022). Thus, highlighting a wider, more complex occurrence of racial discrimination impacting ethnic which is felt amongst many.

Impact of racism

In the present sample, only few participants revealed higher racial trauma scores. To answer the first research question, interestingly, it was found that those with higher racial trauma scores shared they experienced fewer negative life outcomes. Whilst individuals with lower racial trauma scores reported higher levels of substance use; poorer mental health; and behavioural difficulties (e.g., Participant 2). Therefore, in this sample, it appears individuals with higher racial trauma scores do not experience worse negative life outcomes, and subsequently answering the first research question.

Poignantly, all participants with the highest RT scores were female. In this research area, the influence of intersectional risk factors for negative life outcomes is widely accepted (Bernard et al., 2020). In that, being an ethnic minority male increases an individual's likelihood of experiencing negative life outcomes following adversity including RT (Mersky et al., 2022). Thus, this finding supports the wider body of pre-existing research which highlights males are at a larger risk of experiencing negative life outcomes following exposure to RT.

In addition, the findings within in this theme relating to the impact of racism on the participants' overall life outcomes supports the results in Priest et al's. (2013) systematic review. Several participants reported exposure to racial discrimination led to a negative impact on their mental health. In addition to trauma-related symptoms. This also led to avoidance coping strategies like illicit substances. Thus, highlighting a large impact on the participants' mental health.

Four participants reported utilising alcohol or illicit substances to cope with the impact of racism, which is over half of the sample. Thus, highlighting an additional negative life outcome due to the impact of racism. A further negative life outcome regarding antisocial behaviour was explored within the sample. A

few participants, predominantly male individuals, reported engaging in antisocial behaviour or thoughts in response to experiences of racial discrimination. Specifically, this finding of males reporting higher levels of behavioural difficulties also supports Galan et al's. (2022) results which found racial trauma increased Black youth's likelihood of antisocial behaviour and increased school discipline outcomes.

The outcome of this theme should be considered within the context of personal and interpersonal reflexivity. As I mentioned above, I am a trained psychology professional who is skilled in engaging in developing and maintaining therapeutic relationships. This is likely to have supported individuals to reveal additional information about their personal experiences. It is important to acknowledge the data within this theme may have been yielded from my interactions with the participants being guided by my professional therapeutic skills. If the study was conducted by an alternative researcher, this theme may present differently or there may be an absence of detail within the theme.

Approaches to help

A number of protective factors were reported by the participants against the impact of racial discrimination and trauma, thus answering the fourth research question. These included: religious identity; family support; shared experiences, gender, and age. All participants discussed the importance of family support in coping with their experiences of racial discrimination, in which they could also benefit from their shared. A few participants highlighted the support of their religious identity. Participant seven was an Asian, Muslim female who placed great value on her religious beliefs in preventing her from experiencing an increased number of negative life outcomes.

These qualitative findings from the current study also supports previous research which highlighted similar protective factors for ethnic minorities against the engagement in negative life outcomes including substance misuse (Wong et al., 2012; Wu et al., 2022). However, more importantly the findings also support Yip et al's. (2008) 'Buffering Hypothesis', which suggests aspects of an individual's ethnic identify may also act as a 'buffer' against the negative consequences of race-related events. It appears for individuals with high racial trauma scores but had minimal negative life outcomes they also had strong protective factors against the risk of experiencing negative life outcomes. This may indicate the presence of the hypothesis. Subsequently, the findings within this theme assist in answering the third research question.

Furthermore, participants also suggested alternative approaches to help reduce the impact of racial discrimination and subsequently racial trauma. The introduction of educational interventions was proposed to support young people to learn how to cope with the impact of racial discrimination. Educational interventions were also proposed to teach ethnic minorities about the history of the marginalisation of their ethnic groups and how this has led to transgenerational trauma. The final proposition around educational measures was aimed at the White community to increase their awareness of the impact of racial discrimination on ethnic minorities. In consideration of methodological reflexivity, this theme may have occurred as a result of the methodological decision to include questions exploring the reasons for the overrepresentation of ethnic minorities in the CJS. If the interview questions were designed alternatively, this may have not revealed this theme.

Additional adversities

All participants reported being exposed to additional adversities throughout their lives. These adversities included: financial difficulties, neurodiversity, sexual abuse, discrimination regarding their LGBTQIA+ identity amongst others. However, the most common adversities reported were parental separation or domestic violence; bullying; and sexual discrimination. There was a divide between the participants as to whether their experiences of additional adversities, beyond racial discrimination, affected them more than their racial trauma. Interestingly, however, participants who reported their additional adversities affected them more were predominantly of East Asian ethnicity and with lower racial trauma scores. Thus, suggesting there is something different about this groups experience and internalisation of racial discrimination. This finding also helps to answer the second research question, as to what the difference for ethnic minorities is who report lower racial trauma scores, as it appears their experiences of additional adversities are more detrimental to their well-being.

Implications

Prior to the discussion of the implications of this study, it is important to acknowledge the sensitivity of the topic. The study explored a number of sensitive and potentially traumatic topics the participants may have experienced. This have caused the participants to experience 'emotional labour' from the study, which is common but can also be useful and problematic for qualitative research (Fisher & Monahan, 2024). The term refers to when a research participant or interviewer are required to manage or suppress their emotions evoked by the content of the research study (Fisher & Monahan, 2024). In the

context of this study, participants may have felt a need to not display their true emotions or feelings about their experiences of racism, adversity, poor mental health, or substance misuse to meet the expectations to complete the study. Emotional labour can provide additional useful data to the study beyond the empirical topic being explored (Fisher & Monahan, 2024).

The findings of the present study point towards an individualised experience of how racial discrimination can or cannot lead to negative life outcomes. For example, participant seven who was an Asian, Muslim female revealed the highest racial trauma score but minimal negative life outcomes. Whereas participant two was a mixed-race male, with a low racial trauma score, reported more engagement in negative life outcomes including antisocial behaviour, substance misuse and poor mental health. Therefore, this leads itself to a theory which suggests an individuals' internalisation and processing of their experiences of racial discrimination, and subsequent engagement in negative life outcomes, is dependent on the individual.

The Biopsychosocial model (Engel, 1977) proposes that an individual's experience is a combination of their biological, psychological, and social factors and their complex interactions as a whole. The model has been applied to a number of medical and psychological conditions, including the processing of traumatic experiences (Calhoun et al., 2022). It has been proposed that an individual's processing of a traumatic event is primarily influence by their individual cognitive and biological predispositions (e.g., genetic predispositions, temperament, coping strategies (Reck et al., 2023)). Some individuals possess tendencies or traits which affect their ability to adaptively respond to a traumatic event, whilst others may have biopsychosocial influences which make them

vulnerable to developing a trauma response (e.g., PTSD symptoms) (Calhoun et al., 2022).

Subsequently, the Biopsychosocial model can lend itself to being applied to an individual's processing, and potential subsequent internalisation, of an experience of racial discrimination. As previously mentioned, the effect of racial discrimination is now conceptualised as racial trauma due to its detrimental nature and similar consequential symptoms to PTSD (Jean et al., 2023). Therefore, the effects of racial discrimination are now deemed within the field as a traumatic experience, enabling the model to be applied to this phenomenon. The model would suggest that an individuals' interpretation of an experience of racial discrimination, and whether it becomes a traumatic event, is dependent on the specific individual's various biological, psychological, and social factors. This model is observed within the current sample. For example, it would explain why participant seven who had the maximum racial trauma score yielded the least amount of negative life outcomes. Whilst participant two presented with an opposite tendency.

The Biopsychosocial model is a key model in this thesis as it provides a comprehensive explanation to the findings across the thesis. It explains why whilst there were similarities in the experiences of adversity and racial discrimination between ethnic minorities, but also why there were significant differences in how these experiences led to an individual's life outcomes in adulthood. This model explains the variance both within and between ethnic groups, as it highlights the importance of individual differences in the interpretation and outcome of adverse events for all ethnic minorities. The model also provides a theoretical explanation to the concept of intersectionality, which is a factor assessed across the thesis.

Within this, there is evidence to support the role of protective factors within the Biopsychosocial model. Protective factors can act as buffers against the biopsychosocial factors which contribute to an individual's interpretation and the subsequent outcome of their experiences of adversity and racial discrimination (Tajfel et al., 2001). The model indicates life outcomes are due to the combination of the three factors, and protective factors within any domain can improve the likelihood of the life outcome (Frias Armenta et al., 2021). In the current study, some of the participants reported significant protective factors such as the role of religion and a strict culture (e.g., Participant 7). Thus, this explains why these individuals who reported more protective factors, yielded less negative life outcomes, also explained by the Biopsychosocial model.

Furthermore, this leads to recommendations within research and clinical practice. A wealth of research has already highlighted the importance of person-centred care within nursing, therapy, and other medical fields (Byrne et al., 2020); Yao et al., 2023). However, this study provides further support to this approach, particularly with ethnic minority individuals and with the consideration of intersectionality (Chantler, 2005). Clinicians should consider the experience of the individual in their psychological practice, with additional attention to how the individual's biopsychosocial predispositions affect their interpretation of racial discriminatory experiences. This may also affect how they work with the individual and their racial or ethnic identity (Arundell et al., 2021). In support, a systematic review has previously highlighted the increased effectiveness of culturally-adapted psychological interventions for Black and minority ethnic groups (Arundell et al., 2021).

Limitations

The present study is subject to some limitations. Firstly, the study design did not consider the participants' location or childhood environmental background within the country. There is acknowledgement within the literature that ethnic minorities in rural areas are more vulnerable to racism, including racialised exclusion and violence (Chakraborti, 2009). For example, participant seven had the highest racial trauma score (22/22) and described growing up in a rural area – *"I was brought up in an area…which had a really high BNP support….dominantly, excessively White"*. Whilst participant two grew up in London, exhibited a lower racial trauma score, but yielded more negative life outcomes. Thus, there may have been utility in examining the influence of the participants' home areas.

Secondly, although the study was successful in obtaining a breadth of representation of all ethnic minority identities, this also pertains itself to a limitation. The complex nature of racial identity and the impact of racial trauma is likely to vary between ethnic minority identities. It is acknowledged that ethnic minorities experience racism in different forms, but the effects operate similarly (Liu et al., 2020,). However, different ethnicities process racism differently because of the contribution of other cultural factors (Anderson et al., 2018). For example, Asian culture emphasises obedience and respect (Chien, 2016). Similarly, the Asian participants within the present study reported more protective factors including religion and a stricter culture. Therefore, the study may have revealed alternative themes if it examined the experiences of only one ethnic minority identity.

Finally, the intended gender split amongst the participants was not achieved. Some of the assessed negative life outcomes (e.g., antisocial

behaviour) are known to exhibit higher in males (Cronholm et al., 2015). Similarly, the role of intersectional demographic risk factors, whereby the demographic characteristics of an individual interact and operate together to constitute an individuals' overall life experience (Mersky et al., 2017), could not be assessed fully. Thus, the study may have failed to capture an accurate representation of all ethnic minorities' experiences. Similarly, the extremes of negative life outcomes may have been found in an alternative sample.

Conclusions

In summary, this study has explored the rich, unique experiences of ethnic minority individuals exposure to racial trauma and their engagement in subsequent negative life outcomes. It answered four research questions querying the phenomenon of racial trauma, and the specificity of why this varies between ethnic minority individuals. The study discovered that an individuals' interpretation of an experience of racial discrimination, and whether it develops into racial trauma, is dependent on the specific individual's various biological, psychological, and social factors. Thus, giving further evidence to application of the Biopsychosocial model (Engel, 1977).

Future research should afford efforts to further exploration of the individual experience of racial trauma. Primarily focusing on the biopsychosocial factors which predispose an individual to developing a traumatic response to a racial discriminatory event. It should also explore the contribution of an ethnic minority individual experiences of their childhood home environment, as this may also explain their individual response to racial discriminatory events. Clinical practices should also consider the individuality of racial trauma whilst working with ethnic minority groups.

Chapter Six - Discussion

Overview

The aim of the current thesis was to compare ACEs across ethnicities and establish the associated varying risk of negative life outcomes across ethnicity. As identified in Chapter One, the research area failed to conceptualise the unique adversities of ethnic minorities and the associations with negative life outcomes. Ethnic minorities are consistently overrepresented within the CJS (Sturge, 2024); thus, it is reasonable that empirical efforts are made to understand the complexities of this trend.

Chapter Two employed a systematic review to explore studies which have compared the phenomena of ACEs between White and ethnic minority individuals, and their subsequent contact with the Criminal Justice System (CJS). This included a range of offence types (e.g., sexual offences, violence) in addition to antisocial behaviour. A specific search process, including the use of a PECO framework (Morgan et al., 2018) and inclusion criteria, led to the identification of 12 suitable papers. The heterogeneity of the outcome measures did not lend itself to a meta-analysis, thus a narrative synthesis of the findings were presented.

The findings of the systematic review were mixed. A number of ACE types were found to have significant relationships with specific offending types, for each ethnic group. For example, three studies provided supportive evidence that ACES significantly increased the risk of violent offending (Craig et al., 2021; Fagan et al., 2018; Johnson, 2018). Craig et al (2021) discovered that ACES significantly increases the odds of violent rearrest for both Black males and females, and Hispanic males. Whereas, the review found for White juveniles, ACEs reduced the likelihood of committing a homicide (De Lisi et al., 2017). The

review also found varying number of ACEs were linked to different offence types, across ethnic groups.

In the review, of the five studies that reported the mean number of ACEs, White offenders were more likely to experience a higher number of ACEs than their ethnic minority counterparts. Four studies reported this finding, whilst Muir et al. (2022) who uniquely compared the mean number of ACEs between White and Indigenous Canadian offenders. The authors found Indigenous individuals experienced significantly higher ACEs compared to their White counterparts. The remaining seven studies did not provide a mean ACE score for each ethnic group, although some did report average ACEs in alternative methods. Thus, the review partially answered the primary research question for the systematic review and the overall thesis, that ethnic minority individuals did not experience a higher number of ACEs than their White counterparts.

However, this finding should be interpreted with great caution. As the studies reporting this finding only represented 33.3% of the studies included in the reported. Whilst the remaining 66.7% did not report a mean ACE score or found Indigenous participants endorsed a higher mean number of ACEs. Thus, these findings should not be overextended to support particularly views which aim to discredit the inequal treatment of ethnic minorities. Furthermore, all of the studies were conducted within the USA, except one study occurring in Canada. Thus, it is likely the findings represent the historical and current societal, cultural, and racial context of these countries and should not be extended to alternative cultures such as the UK.

As the result is concluded from less than half of the included papers, this issue and additional research points to opposing findings. The adversities of ethnic minority offenders may have not been comprehensively captured by the

ACEs measures used, and thus may explain the findings of the systematic review. The limitations of the ACEs tools has been a common theme throughout the thesis and a unexpected conclusion from the commencement of the work. It has been concluded that the ACEs tools fail to capture a comprehensive account of ethnic minority individuals' adverse experiences. Thus, greater consistency in the evidence and improvement in the tools employed would assist in consolidating the findings of the review.

Alternatively, the findings may also point to the importance of individual differences, also established the latter chapters of this thesis. It may suggest that the original ACEs may not be the most significant element contributing to the negative outcomes for the ethnic minority offenders included in this review. There are a number of additional factors that have also been found to influence ethnic minority offending rates, such as racial disparities in sentencing outcomes (Kamalu et al., 2010). Furthermore, the review may also provide support to the wider notion within the ACEs field that there should be an ethnic minority-specific ACE framework.

Prior to Chapter Four, Chapter Three was strategically conducted to evaluate the suitability of the RRES (Waelde et al., 2010) psychometric measure that was employed in Chapter Four. The RRES was developed as an advancement on previous psychometric tools used to examine individuals exposure to racial discriminatory stressful events. The critique discovered few relevant papers which examined the psychometric properties to support the validation of the tool. It also identified an absence of theoretical grounding, and that it was limited in its ability to resolve the issue identified by the authors as it does not examine what it intended. It does not enquire how stressful the item was for participants and rather it is a checklist of stressful events.

Subsequently, the tool itself; the studies exploring the psychometric properties; and the theories attempting to explain the occurrence of race-based trauma, all fail to incorporate the clinically defined diagnostic aspects of trauma. The theoretical studies informing the psychometric critique (e.g., Lanier et al., 2017) had a common limitation of examining only one ethnic minority group each. This meant their findings lacked cross-cultural application to other ethnic minority groups, due to the unique experiences between ethnic groups. Thus, the critique of the tool lent itself to further adaptation as conducted in Chapter Four.

Chapter Four compared ACEs and ethnically diverse ACEs within an ethnically diverse sample and examined their associations with subsequent negative life outcomes. As highlighted in Chapter Three, the study partially adapted the RRES psychometric to assist in the modification of the conception of racial discrimination as previously defined within the ACEs literature (Cronholm et al., 2015), to be considered as racial trauma. This was achieved by adding a section for participants to rate how 'stressful' each event was. Participants also completed the TSDS whilst focusing on an experience of racism to further support the development of an assessment of racial trauma.

Within the study, ACEs were found to not be significantly different between racial groups, nor did poor mental health or antisocial behaviour as negative life outcomes. This finding is important to consider as it is opposing to previous research as described in the introduction, specifically that ACEs are unequally distributed across racial groups (e.g., Mersky et al., 2021; Maguire-Jack et al., 2020; Slopen et al., 2016; Zettler et al., 2018). For example, Mersky et al. (2021) found that ACEs were not equally distributed in a USA nationally representative sample. The authors found ACEs were most prevalent in non-

Hispanic Blacks, Hispanics, and American Indians (Mersky et al., 2021). These groups experienced a significantly higher number of ACEs compared to non-Hispanic White participants, which the authors claim supports previous research (Mersky et al., 2021).

It suggests there is further need within the research area to consolidate the wider discussion within the field as to whether ACEs are equally distributed across ethnic groups. It may also point to alternative theories regarding ACEs and their association with negative life outcomes across ethnic groups. It is widely acknowledged that SES is not equally distributed across ethnicities (Bernard et al., 2020), nor are some of the negative life outcomes associated with ACEs, for example criminality (Sturge, 2020; 2022; 2024). However, in Chapter Four, SES was not significantly associated with ethnicity or negative life outcomes. Yet, ACEs significantly predicted both experiences of mental illness and anti-social behaviour, in separate linear regression analyses.

Furthermore, the study also redefined experiences of racial discrimination as racial trauma, by assessing the subsequent trauma symptoms from events of racial discrimination. It also required participants to assign stress levels to specific experiences of race-related events, to define racial trauma as an ethnic-specific ACE. Whilst racial trauma did not lead to the same outcomes as ACEs, as expected, racial trauma was significantly higher in ethnic minority participants. Additionally, substance use was also significantly higher in ethnic minorities.

However, there were limits to the study's findings due to the methods in which substance misuse and poor mental health were measured. Whilst participants were able to identify issues with different types of substances, these were then grouped together as an outcome. Yet, other empirical research has discovered there are different negative life outcomes associated with different

types of substances (Zilberman et al., 2019). Similarly, the method of mental health only assessed for diagnosed psychiatric difficulties and may not have captured all participants' experiences of poor mental health. Additionally, only 23.6% of the study's sample were males, thus queries whether the study's findings is fully representative of male ethnic minority individuals. Furthermore, using a White population as a comparator may have limited the study to draw more nuanced conclusions from the findings as this method proposes White individuals are the 'baseline' for the negative life outcomes explored (Johfre & Frees, 2021). Therefore, in consideration of these findings and the theoretical explanation, efforts should attend to the individual's experiences of adversity and their processing of such, to prevent further negative life outcomes. This being in support of the Biopsychosocial Model (Engel, 1977) which was also highlighted as vital in explaining the findings of the next chapter.

Chapter Five included a follow-up study to Chapter Four. Participants had completed the first empirical study and volunteered to participate in the second study in Chapter Five. The chapter used a semi-structured interview qualitative research design to explore how ethnic minority individuals' experiences of racial trauma may have led to their engagement in negative life outcomes. Reflexive thematic analysis revealed four key themes in the participants' responses. These were: occurrences of racism; impact of racism; approaches to help; and additional adversities.

From the chapter, it was proposed that participants in the study individually interpreted their experiences of racial discrimination. It was concluded that racial trauma develops based on the interpretation of the event and is dependent on the individual's various biopsychosocial and personal factors (Engel, 1977). Subsequently, it could be considered an ethnic-minority specific

adversity, yet it is unclear it can be concluded as an ACE. This is because racial trauma develops dependent on the individual's personal characteristics, unlike other ACEs, and was not found in this thesis to operate in a similar manner to ACEs. This is different to previous research which found racial discrimination was associated with negative life outcomes (e.g., Cave et al., 2020; Gibbons et al., 2007; Marks et al., 2021; Matheson et al., 2019; Priest et al., 2013) like ACEs. However, it may be that racial trauma is more complex due to the social nuances of the event (Bernard et al., 2020), that additional factors must be considered rather than simplify it to be singularly predictive of an outcome. There is scope for further research to explore the specific biopsychosocial factors which predispose an individual to develop a traumatic response to a racial discriminatory event.

Implications for future practice

This thesis aimed to explore if ethnic minority individuals experienced a higher number of ACEs than White individuals. It also aimed to explore whether racial trauma should be defined as an ethnic-specific ACE. Whilst ethnic minorities were found to exhibit significantly higher levels of racial trauma, and therefore can be suggested as an ethnic-specific adversity, it remains unclear whether it operated similarly to ACEs. There was evidence both for and against the argument, yet this thesis points to an alternative theoretical explanation.

This thesis opens discussion to the role of individual differences in the processing of trauma, adversity and how the two lead to the development of negative life outcomes. Across the thesis, expected results of ethnic minorities experiencing higher levels of adversity and negative outcomes were not found to be significant, besides a few (e.g., racial trauma). It may be that the samples

utilised were not reflective of the extreme cases where these associations are found, or that as highlighted individual differences were more robust within the samples. It could suggest that adversities are dependent on the individual's own internalisation of their experiences, of both general adversity and ethnic-specific.

The Biopsychosocial model (Engel, 1977) proposes that an individual's experience is a combination of their biological, psychological, and social factors and their complex interactions as a whole. Some individuals have tendencies which affect their capacity to adaptively respond to a traumatic event, whilst others may have biopsychosocial influences which make them susceptible to developing a trauma response (e.g., PTSD symptoms) (Calhoun et al., 2022). Therefore, the Biopsychosocial model can lend itself to being applied to an individual's processing of an experience of racial discrimination or ACE.

Similarly, the 'Buffering Hypothesis' which incorporates the Social Identity Theory (Tajfel et al., 2001) proposes an individual's ethnic identity may act as a barrier against the expected negative consequences of ethnic-specific events (Yip et al., 2008). It may be that the participants within this thesis held strong associations with their ethnic identity to protect against their negative experiences, to prevent the development of negative life outcomes.

This all lends itself to influence both future clinical practice and research. It suggests that clinicians should consider the individual as a whole during interventions, and any individual differences they may possess. Specifically, the individual's ethnic identity in the development of psychological interventions (Young, 2014). Particularly, for individuals who experience the extremes of adversity and negative life outcomes, such as ethnic minority offenders, as ethnicity appears to play a crucial role in their exposure and processing of such experiences (Young, 2014). In practice, these interventions should also consider

the role of an individual's race and ethnicity; the ethnic-specific adversities; and respond to the way cultural factors affect the CJS process for each individual (Young, 2014).

Furthermore, the findings of the current thesis lend itself to suggest the importance of future research. Further empirical efforts should continue to compare ACEs between ethnic groups as to consolidate the discussion which group experiences a higher prevalence. This would also be vital within the offending behaviour research domain, due to the overrepresentation of ethnic minorities within the CJS.

Additionally, future research should also explore the influence of individual biopsychosocial factors on the association between ACEs, ethnic-specific adversities, and subsequent negative life outcomes. Ideally, the next empirical research should involve a study using a method of co-production. The use of co-production is a collaborative approach to conducting empirical research, which involves stakeholders such as the public, policy makers, individuals with lived experience (e.g., offenders/patients), researchers, clinicians, and service providers (Redman et al., 2021). It also involves researchers sharing the responsibility and power with the stakeholders to design, implement, interpret, and disseminate a research study (Redman et al., 2021).

In the context of this thesis, a collaborative, co-produced empirical study involving the invaluable input of individuals with lived experience of ACEs, racism, and negative life outcomes (e.g., contact with the CJS) would assist in overcoming the limitations of this thesis. For example, it would balance the research-participant power inequity within a qualitative study. It would also provide vital insights into the design of a study, ensuring that all factors are

accounted for in an individual's experience. As such, this would provide findings that could guide psychological interventions.

Limitations

The limitations of each section of the thesis have been outlined within each chapter. However, there are limitations across the thesis. One of the key limitations is the conflation of the terms 'race' and 'ethnicity'. As identified in the thesis introduction as a conceptual issue: race is a categorisation defined by biological, physical characteristics such as skin colour (National Research Council, 2004). Whereas ethnicity is rooted in more societal constructs and cultural experiences, such as history, religion, cultural practices, and language (National Research Council, 2004). Thus, it could be possible from these definitions, that individuals could be of the same race, but of a different ethnicity. For example, White Irish or White Irish Travellers would be of the same race as White British people but may consider themselves ethnically different due to the difference in culture, religion, and language. Participants across the entire thesis may have self-identified based on their own interpretation of the terms 'race' and 'ethnicity', which are often used interchangeably across society. Therefore, this conflation may explain why racial trauma did not operate like the original ACEs, as it was examined by ethnicity and not race.

A further limitation was the primary use of self-report data across the chapters. It is widely acknowledged that self-report data can lead to response bias, whereby participants may respond inaccurately to the posed questions (Rosenman et al., 2011). There are several reasons why individuals may provide biased evaluations of a self-assessed behaviour, including misunderstanding or a

desire to be perceived positively known as 'social-desirability' (Rosenman et al., 2011). Subsequently, leading to bias within the data.

However, more nuanced for ACEs research, individuals are required to recall experiences of childhood adversity as adult's (Reuben et al., 2016). This has led to queries around the validity of such retrospective data, due to the possibility of bias (Reuben et al., 2016). For example, adults may have difficulty recalling memories from childhood, particularly if the memories are traumatic (Malmo et al., 2010). Similar to self-report issues, they may present with social desirability, further complicated by potential additional adult diseases, psychopathology or personality styles which may unconsciously intensify an individual's tendency to recall childhood adversity (Reuben et al., 2016). Whereas alternative methods of ACE assessment, known as 'prospective ACEs' have also been used in empirical research. This involves utilising data reported within studies by assessments and observations of childhood adversity by adults, such as parents, teachers, or social service workers (Reuben et al., 2016). This provides an absence of self-report data and reduces adult response bias. Some of the included papers in Chapter Two did utilise prospective ACES, but most commonly retrospective data is used in ACEs research. Thus, a limitation of the thesis.

Within the self-report data, a number of the tools used to obtain this type of data had limits. For example, the ACE-IQ (WHO, 2018) and RRES (Waelde et al., 2010) employed simplistic questions to assess complex, potentially traumatic, life events. These questions are answered by participants using short phrases ('yes/no'; 'many times'; 'few times') which limited participants ability to comprehensively share or provide an account of their adverse experiences. This may have a detrimental consequences for the voices and unique experiences of

ethnic minority individuals' (Floyd et al., 2025). It can lead to these experiences being minimised, overlooked and inaccurate generalisations to other ethnic minority individuals. Subsequently, it queries the value these tools can provide to the research area, or rather there should be a advocation for an increase in empirical research which can fully obtain rich, data regarding these experiences via qualitative methods.

Conclusion

Overall, this thesis has answered its primary research question, by concluding across the chapters that the evidence was inconsistent surrounding whether ethnic minority individuals experienced a higher number of ACEs. Whilst, in Chapter two, four studies found White individuals experienced a higher number of ACEs, the remaining eight studies either found opposite results or did not report a mean number of ACES for participants. In Chapter four, there were no significant differences in the number of ACEs between White and ethnic minority participants. Yet, ethnic minority individuals did experience more negative life outcomes. The findings suggest there may be additional, underlying psychological processes, not due to ACEs, influencing the relationship between ethnic minority identity and an increased risk of negative life outcomes.

The findings of the thesis points to the importance of the consideration of individual differences in the processing of childhood adversity. Thus, there is further need for empirical research to identify the individual differences and underlying psychological processes to subsequently provide guidance for real-world clinical practice.

An additional conclusion from these findings highlights the limitations of the pre-existing ACEs assessment tools. Rather, the reason for the inconsistent

findings across the thesis is due to the limits of assessing individual's adverse life experiences via psychometric assessments. The experiences of trauma, adversity, criminality, deprivation, racial discrimination, poor mental health, and many other negative life outcomes are too complex, delicate, and nuanced to be assessed quantitatively. Instead, it may have detrimental consequences and does a disservice to the sensitive experiences of ethnic minority individuals' by limiting their answer to a number or a short phrase (Floyd et al., 2025).

From the beginning of the thesis, this was not something that was considered to be revealed within the research. Additionally, the pre-existing ACEs framework also limited the experiences of adversity to a few experiences. Both of these issues have led to the conclusions that there is a significant need to qualitatively explore the unique experiences of ethnic minorities to accommodate the sensitivity of the topic with integrity. As a primarily quantitative researcher this was not an advantage I had considered at the beginning of the thesis, but ultimately I recognise the importance of using methods which serve to produce the most effective and accurate real-world applicable research. This has been a significant reflection and learning experience throughout the development of my thesis.

Furthermore, racial trauma was shown to be an ethnic-specific adversity, but it did not operate like ACEs. As in Chapter four, racial trauma and ACEs did not predict the same negative life outcomes. Further evidence is required to decipher whether it operates similarly to other ACEs. The development of a racial discriminatory event to become racial trauma was dependent on an individual's characteristics. There are clinical implications of this finding on clinical practice as it highlights the need to consider an individual's experience and personal factors in the design of psychological intervention.

To conclude, this thesis has provided additional findings to the complex research area of ACEs within ethnic minority individuals. It has highlighted a number of conceptual, methodological, and epistemological issues which fail to account for the nuances of the topic. Ultimately, the thesis points to the importance of future research examining adversity in ethnic minorities individually and using a qualitative approach.

References

Agnew, R. (1992). Foundation for a general strain theory of crime and delinquency. Criminology (Beverly Hills), 30(1), 47–88. https://doi.org/10.1111/j.1745-9125.1992.tb01093.x

Alsaawi, A. (2014). A critical review of qualitative interviews. European Journal of Business and Social Sciences, 3(4).

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.).

American Psychiatric Association Dictionary of Psychology. (2023). American Psychiatric Association. https://dictionary.apa.org/racism

American Psychological Association. issuing body., & Ovid Technologies, Inc. publisher. (2001). APA PsychArticles. Ovid Technologies.

American Psychological Association. issuing body., & Ovid Technologies, Inc. publisher. (n.d.). APA PsycINFO. OVID Technologies.

Arundell, L.-L., Barnett, P., Buckman, J. E. J., Saunders, R., & Pilling, S. (2021). The effectiveness of adapted psychological interventions for people from ethnic minority groups: A systematic review and conceptual typology. Clinical Psychology Review, 88, Article 102063. https://doi.org/10.1016/j.cpr.2021.102063

Astridge, B., Li, W. W., McDermott, B., & Longhitano, C. (2023). A systematic review and meta-analysis on adverse childhood experiences: Prevalence in youth offenders and their effects on youth recidivism. Child Abuse & Neglect, 140, Article 106055. https://doi.org/10.1016/j.chiabu.2023.106055

Baglivio, M. T., Wolff, K. T., DeLisi, M., & Jackowski, K. (2020). The Role of Adverse Childhood Experiences (ACEs) and Psychopathic Features on Juvenile Offending Criminal Careers to Age 18. Youth Violence and Juvenile Justice, 18(4), 337–364. https://doi.org/10.1177/1541204020927075

Bearman, M. (2019). Eliciting rich data: A practical approach to writing semi-structured interview schedules. Focus on Health Professional Education: A Multi-Professional Journal, 20(3), 1-11.

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Halbert, C. H., & Danielson, C. K. (2021). Making the "C-ACE" for a Culturally-Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth. Journal of Child & Adolescent Trauma, 14(2), 233–247. https://doi.org/10.1007/s40653-020-00319-9

Bernard, D. L., Halliday, C. A., Are, F., Banks, D. E., & Danielson, C. K. (2021). Rumination as a Mediator of the Association Between Racial Discrimination and Depression Among Black Youth. Journal of Racial and Ethnic Health Disparities, 9(5), 1937–1945. https://doi.org/10.1007/s40615-021-01132-2

Bernburg, J. G. (2019). Labeling theory. In Handbook on crime and deviance (pp. 179-196). Cham: Springer International Publishing. DOI: 10.1007/978-1-4419-0245-0_10

Bornstein, M. H., Putnick, D. L., & Suwalsky, J. T. D. (2018). Parenting cognitions → parenting practices → child adjustment? The standard model. Development and Psychopathology, 30(2), 399–416. https://doi.org/10.1017/S0954579417000931

Borrell, L. N., Jacobs, D. R., Williams, D. R., Pletcher, M. J., Houston, T. K., & Kiefe, C. I. (2007). Self-reported Racial Discrimination and Substance Use in the Coronary Artery Risk Development in Adults Study. American Journal of Epidemiology, 166(9), 1068–1079. https://doi.org/10.1093/aje/kwm180

Bothamley, S. L., & Tully, R. J. (2018). Use of the social problem-solving inventory-revised with forensic populations: psychometric critique. International Journal of Offender Therapy and Comparative Criminology, 62(9), 2669-2686.

Braun V., Clarke V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Braun, V., & Clarke, V. (2019). Reflecting on reflexive thematic analysis. Qualitative Research in Sport, Exercise and Health, 11(4), 589–597. https://doi.org/10.1080/2159676X.2019.1628806

Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic And Structural Racism: Definitions, Examples, Health Damages, And Approaches To Dismantling: Study examines definitions, examples, health damages, and dismantling systemic and structural racism. Health Affairs, 41(2), 171–178. https://doi.org/10.1377/hlthaff.2021.01394

Brook, J. S., & Pahl, K. (2005). The Protective Role of Ethnic and Racial Identity and Aspects of an Africentric Orientation Against Drug Use Among African American Young Adults. The Journal of Genetic Psychology, 166(3), 329–345. https://doi.org/10.3200/GNTP.166.3.329-345

Burt, S. A., & Donnellan, M. B. (2009). Development and validation of the Subtypes of Antisocial Behavior Questionnaire. Aggressive Behavior, 35(5), 376–398. https://doi.org/10.1002/ab.20314

Byrne, A.-L., Baldwin, A., & Harvey, C. (2020). Whose centre is it anyway? Defining person-centred care in nursing: An integrative review. PloS One, 15(3), e0229923-. https://doi.org/10.1371/journal.pone.0229923

Calhoun, C. D., Stone, K. J., Cobb, A. R., Patterson, M. W., Danielson, C. K., & Bendezú, J. J. (2022). The Role of Social Support in Coping with Psychological Trauma: An Integrated Biopsychosocial Model for Posttraumatic Stress Recovery. Psychiatric Quarterly, 93(4), 949–970. https://doi.org/10.1007/s11126-022-10003-w

Carter, R. T. (2007). Racism and Psychological and Emotional Injury. The Counseling Psychologist, 35(1), 13–105. https://doi.org/10.1177/0011000006292033

Cave, L., Cooper, M. N., Zubrick, S. R., & Shepherd, C. C. J. (2020). Racial discrimination and child and adolescent health in longitudinal studies: A systematic review. Social Science & Medicine (1982), 250, Article 112864. https://doi.org/10.1016/j.socscimed.2020.112864

Center for Disease Control and Prevention (CDC). (2019). ACEs linked to at least 5 of the top 10 leading causes of death. https://archive.cdc.gov/www_cdc_gov/media/releases/2019/p1105-prevent-aces.html

Center for Disease Control and Prevention (CDC). (2021). About the CDC-Kaiser ACE Study. https://www.cdc.gov/violenceprevention/aces/about.html

Chakraborti, N. (2010). Beyond "Passive Apartheid"? Developing Policy and Research Agendas on Rural Racism in Britain. Journal of Ethnic and Migration Studies, 36(3), 501–517. https://doi.org/10.1080/13691830903265996

Chantler, K. (2005). From disconnection to connection: "Race", gender and the politics of therapy. British Journal of Guidance & Counselling, 33(2), 239–256. https://doi.org/10.1080/03069880500132813

Chien, C.-L. (2016). Beyond Authoritarian Personality: The Culture-Inclusive Theory of Chinese Authoritarian Orientation. Frontiers in Psychology, 7, 924–924. https://doi.org/10.3389/fpsyg.2016.00924

Clair, M., & Denis, J. S. (2015). Sociology of Racism. In J. D. Wright (Ed.), The International Encyclopedia of the Social and Behavioral Sciences (2nd ed., pp. 857-863). Elsevier. https://doi.org/10.1016/B978-0-08-097086-8.32122-5

Clark, L. A., & Watson, D. I. (2019). Constructing validity: New developments in creating objective measuring instruments. Psychological Assessment, 31(12), 1412–1427. https://doi.org/10.1037/pas0000626

Clark, R. (2004). Interethnic group and intraethnic group racism: Perceptions and coping in Black university students. Journal of Black Psychology, 30(4), 506-526. https://doi.org/10.1177/0095798404268286

Clark, R., Anderson, N. H., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans: A biopsychosocial model. American Psychologist, 54(10), 805–816. https://doi.org/10.1037/0003-066x.54.10.805

Condon, E. M., De Mendoza, V. B., Ibrahim, B. B., Crusto, C. A., & Taylor, J. Y. (2022). Racial Discrimination, Mental Health, and Parenting Among African American Mothers of Preschool-Aged Children. Journal of the American Academy of Child and Adolescent Psychiatry, 61(3), 402–412. https://doi.org/10.1016/j.jaac.2021.05.023

Connolly, E. J. (2020). Further Evaluating the Relationship Between Adverse Childhood Experiences, Antisocial Behavior, and Violent Victimization: A Sibling-Comparison Analysis. Youth Violence and Juvenile Justice, 18(1), 3–23. https://doi.org/10.1177/1541204019833145

Council, N. R., Education, D. of B. and S. S. and, Population, C. on, Panel on Race, E., Anderson, N. B., & Bulatao, R. A. (2004). Understanding Racial and Ethnic Differences in Health in Late Life : A Research Agenda. (1st ed.). National Academies Press.

Craig, J. M. (2019). The Potential Mediating Impact of Future Orientation on the ACE–Crime Relationship. Youth Violence and Juvenile Justice, 17(2), 111–128. https://doi.org/10.1177/1541204018756470

Craig, J. M., Trulson, C. R., DeLisi, M., & Caudill, J. W. (2020). Toward an Understanding of the Impact of Adverse Childhood Experiences on the Recidivism of Serious Juvenile Offenders. American Journal of Criminal Justice, 45(6), 1024–1039. https://doi.org/10.1007/s12103-020-09524-6

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences: Expanding the Concept of Adversity. American Journal of Preventive Medicine, 49(3), 354–361. https://doi.org/10.1016/j.amepre.2015.02.001

Crouch, E., Radcliff, E., Strompolis, M., & Srivastav, A. (2019). Safe, Stable, and Nurtured: Protective Factors against Poor Physical and Mental Health Outcomes Following Exposure to Adverse Childhood Experiences (ACEs). Journal of Child & Adolescent Trauma, 12(2), 165–173. https://doi.org/10.1007/s40653-018-0217-9

Crusto, C. A., Dantzler, J., Roberts, Y. H., & Hooper, L. M. (2015). Psychometric Evaluation of Data From the Race-Related Events Scale. Measurement and Evaluation in Counseling and Development, 48(4), 285–296. https://doi.org/10.1177/0748175615578735

DeLisi, M., Alcala, J., Kusow, A., Hochstetler, A., Heirigs, M., Caudill, J., Trulson, C., & Baglivio, M. (2017). Adverse Childhood Experiences, Commitment Offense, and Race/Ethnicity: Are the Effects Crime-, Race-, and Ethnicity-Specific? International Journal of Environmental Research and Public Health, 14(3), 331-. https://doi.org/10.3390/ijerph14030331

De Mendoza, V. B., Huang, Y., Crusto, C. A., Sun, Y., & Taylor, J. Y. (2018). Perceived Racial Discrimination and DNA Methylation Among African American Women in the InterGEN Study. Biological Research for Nursing, 20(2), 145–152. https://doi.org/10.1177/1099800417748759

DeVon, H. A., Block, M. L., Moyle-Wright, P., Ernst, D. M., Hayden, S. J., Lazzara, D. J., Savoy, S. M., & Kostas-Polston, E. A. (2007). A Psychometric Toolbox for Testing Validity and Reliability. Journal of Nursing Scholarship, 39(2), 155–164. https://doi.org/10.1111/j.1547-5069.2007.00161.x

Downes, M. J., Brennan, M. L., Williams, H. C., & Dean, R. S. (2016). Development of a critical appraisal tool to assess the quality of cross-sectional studies (AXIS). BMJ Open, Gillbreath 2024 aces6(12), e011458–e011458. https://doi.org/10.1136/bmjopen-2016-011458

Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent Violence Perpetration: Associations With Multiple Types of Adverse Childhood Experiences. Pediatrics (Evanston), 125(4), e778–e786. https://doi.org/10.1542/peds.2009-0597

Dunn, E. C., Soare, T. W., Zhu, Y., Simpkin, A. J., Suderman, M. J., Klengel, T., Smith, A. D. A. C., Ressler, K. J., & Relton, C. L. (2019). Sensitive Periods for the Effect of Childhood Adversity on DNA Methylation: Results From a Prospective, Longitudinal Study. Biological Psychiatry (1969), 85(10), 838–849. https://doi.org/10.1016/j.biopsych.2018.12.023

Ehlke, S. J., Cohn, A. M., Boozary, L. K., Alexander, A. C., Waring, J. J. C., Businelle, M. S., & Kendzor, D. E. (2022). Discrimination, Substance Use, and Mental Health among Sexual and Gender Minority Adults Accessing Day Shelter Services. Substance Use & Misuse, 57(8), 1237–1247. https://doi.org/10.1080/10826084.2022.2076874

Elsevier Science Publishers, publisher, & Ovid Technologies, Inc. publisher. (2021). EMBASE. Elsevier Science.

Engel, G. L. (1977). The Need for a New Medical Model: A Challenge for Biomedicine. Science (American Association for the Advancement of Science), 196(4286), 129–136. https://doi.org/10.1126/science.847460

Fagan, A. A., & Novak, A. (2018). Adverse Childhood Experiences and Adolescent Delinquency in a High-Risk Sample: A Comparison of White and Black Youth. Youth Violence and Juvenile Justice, 16(4), 395–417. https://doi.org/10.1177/1541204017735568

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. Behavior Research Methods, 41(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Field, A. (2013) Discovering Statistics Using IBM SPSS Statistics: And Sex and Drugs and Rock "N" Roll, 4th Edition, Sage, Los Angeles, London, New Delhi.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. Child Abuse & Neglect, 48, 13–21. https://doi.org/10.1016/j.chiabu.2015.07.011 -- change in date text

Fisher JA, Monahan T. Mutual Emotional Labor as Method: Building Connections of Care in Qualitative Research. Qual Rep. 2023 Nov;28(11):3192-3212. Doi: 10.46743/2160-3715/2023.6251.

Floyd, R., McKail, R., Akra, A., & Saunders, T. (2025). Racially-Marginalised Men's Experiences of Prison in the United Kingdom: A Systematic Literature Review. Race and Justice, 0(0). https://doi.org/10.1177/21533687251332245

Frías Armenta M, Martín AM, Corral-Frías NS. Editorial: Biopsychosocial Protective Factors Related to Antisocial Behaviors. Front Psychol. 2021 Sep 17;12:757355. Doi: 10.3389/fpsyg.2021.757355.

Fried, E. I. (2020). Lack of Theory Building and Testing Impedes Progress in The Factor and Network Literature. Psychological Inquiry, 31(4), 271–288. https://doi.org/10.1080/1047840x.2020.1853461

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. Child Abuse & Neglect, 46, 163–173. https://doi.org/10.1016/j.chiabu.2015.01.011

Galán, C. A., Auguste, E. E., Smith, N. A., & Meza, J. I. (2022). An Intersectional-Contextual Approach to Racial Trauma Exposure Risk and Coping Among Black Youth. Journal of Research on Adolescence, 32(2), 583–595. https://doi.org/10.1111/jora.12757

Gerrard, M., Stock, M. L., Roberts, M. E., Gibbons, F. X., O'Hara, R. E., Weng, C.-Y., & Wills, T. A. (2012). Coping With Racial Discrimination: The Role of Substance Use. Psychology of Addictive Behaviors, 26(3), 550–560. https://doi.org/10.1037/a0027711

Gibbons, F. X., Yeh, H.-C., Gerrard, M., Cleveland, M. J., Cutrona, C., Simons, R. L., & Brody, G. H. (2007). Early experience with racial discrimination and conduct disorder as predictors of subsequent drug use: A critical period hypothesis. Drug and Alcohol Dependence, 88, S27–S37. https://doi.org/10.1016/j.drugalcdep.2006.12.015

Gilbreath, S., Cheng, Y., de Francisco Lopes, V., & Novak, A. (2024). Adolescent Domestic Violence Referrals and Adverse Childhood Experiences: Race and Sex Differences. Youth Violence and Juvenile Justice, 22(2), 90–107. https://doi.org/10.1177/15412040231219997

Gillborn, D. (2015). Intersectionality, Critical Race Theory, and the Primacy of Racism. Qualitative Inquiry, 21(3), 277–287. https://doi.org/10.1177/1077800414557827

Giovanelli, A., & Reynolds, A. J. (2021). Adverse childhood experiences in a low-income Black cohort: The importance of context. Preventive Medicine, 148, 106557. https://doi.org/10.1016/j.ypmed.2021.106557

Green, L. E. (1995). Development of the Perceptions of Racism Scale. Image--the Journal of Nursing Scholarship, 27(2), 141–146. https://doi.org/10.1111/j.1547-5069.1995.tb00838.x

Hankerson, S., Moise, N., Wilson, D., Waller, B., Arnold, K., Duarte, C., Lugo-Candelas, C., Weissman, M., Wainberg, M., Yehuda, R., & Shim, R. (2022). The Intergenerational Impact of Structural Racism and Cumulative Trauma on Depression. American Journal of Psychiatry, 179(6).

Harris, D. A., Thomsen, L., Ogilvie, J., Harris, D. J., & Rynne, J. (2025). Onset, frequency, and temporal ordering of chronic adverse childhood experiences in adolescents adjudicated for sexual offences. Child Abuse & Neglect, 161, Article 107256. https://doi.org/10.1016/j.chiabu.2025.107256

Heilicher, M., Pereira, K.M.K., Cohen, T.R. et al. Stigmatizing Labels Used for Individuals Involved in the Criminal Legal System: A Meta-Study of Academic Literature. Am J Crim Just (2025). https://doi.org/10.1007/s12103-025-09854-3

Hicks, M. R., & Kogan, S. M. (2019). Racial Discrimination, Protective Processes, and Sexual Risk Behaviors Among Black Young Males. Archives of Sexual Behavior, 48(2), 507–519. https://doi.org/10.1007/s10508-018-1341-1

Holbrook, M. A., Dunbar, A., & Miller, M. K. (2025). Judges' Perceptions of Systemic Racism in the Criminal Justice System. Race and Justice, 15(2), 281-297. https://doi.org/10.1177/21533687221087388

Holcombe, E. A., Jones, M. S., Lehmann, P. S., & Meldrum, R. C. (2023). Differential Exposure to Adverse Childhood Experiences Among Florida High School Students: The Intersection of Race, Ethnicity, and Gender. Journal of

Adolescent Health, 72(4), 553–559. https://doi.org/10.1016/j.jadohealth.2022.11.005

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet. Public Health, 2(8), e356–e366. https://doi.org/10.1016/S2468-2667(17)30118-4

IBM Corp. (2020). IBM SPSS Statistics for Windows (Version 27.0) [Computer software]. IBM Corp.

Irwin-Rogers, K. (2018). Racism and racial discrimination in the criminal justice system: Exploring the experiences and views of men serving sentences of imprisonment. Justice, Power, and Resistance, 2(2), 243-266.

Jamieson, M. K., Govaart, G. H., & Pownall, M. (2023). Reflexivity in quantitative research: A rationale and beginner's guide. Social and Personality Psychology Compass, 17(4), e12735. https://doi.org/10.1111/spc3.12735

Jean, P. L., Lockett, G. M., Bridges, B., & Mosley, D. V. (2023). Addressing the Impact of Racial Trauma on Black, Indigenous, and People of Colour’s (BIPOC) Mental, Emotional, and Physical Health Through Critical Consciousness and Radical Healing: Recommendations for Mental Health Providers. Current Treatment Options in Psychiatry, 10(4), 372–382. https://doi.org/10.1007/s40501-023-00304-7

Jiao J, Zhao J. Individualism, Collectivism, and Allocation Behavior: Evidence from the Ultimatum Game and Dictator Game. Behav Sci (Basel). 2023 Feb 14;13(2):169. Doi: 10.3390/bs13020169.

Johfre, S. S., & Freese, J. (2021). Reconsidering the reference category. Sociological Methodology, 51(2), 253-269. https://doi.org/10.1177/0081175020982632

Johnson, M. E. (2018). Trauma, Race, and Risk for Violent Felony Arrests Among Florida Juvenile Offenders. Crime and Delinquency, 64(11), 1437–1457. https://doi.org/10.1177/0011128717718487

Johnson, M. E., Lloyd, S. L., Bristol, S. C., Elliott, A. L., & Cottler, L. B. (2022). Black girls and referrals: racial and gender disparities in self-reported referral to substance use disorder assessment among justice-involved children. Substance Abuse Treatment, Prevention and Policy, 17(1), Article 68. https://doi.org/10.1186/s13011-022-00462-6

Jolliffe, D., Farrington, D. P., Loeber, R., & Pardini, D. (2016). Protective factors for violence: Results from the Pittsburgh Youth Study. Journal of Criminal Justice, 45, 32–40. https://doi.org/10.1016/j.jcrimjus.2016.02.007

Jones, M. S., Shurtliff, T. M., & Gerlinger, J. (2022). Racial differences in the effects of early adverse childhood experiences on adolescent delinquency: The

role of middle childhood mechanisms. Journal of Criminal Justice, 82, Article 101977. https://doi.org/10.1016/j.jcrimjus.2022.101977

Jones, S. C. T., & Neblett, E. W. (2016). Racial–Ethnic Protective Factors and Mechanisms in Psychosocial Prevention and Intervention Programs for Black Youth. Clinical Child and Family Psychology Review, 19(2), 134–161. https://doi.org/10.1007/s10567-016-0201-6

Kamalu, N. C., Coulson-Clark, M., & Kamalu, N. M. (2010). Racial Disparities in Sentencing: Implications for the Criminal Justice System and the African American Community. African Journal of Criminology and Justice Studies, 4(1), 1.

Kaneshiro B, Geling O, Gellert K, Millar L. The challenges of collecting data on race and ethnicity in a diverse, multi-ethnic state. Hawaii Med J. 2011 Aug;70(8):168-71.

Klonoff, E. A., & Landrine, H. (1999). Cross-Validation of the Schedule of Racist Events. Journal of Black Psychology, 25(2), 231–254. https://doi.org/10.1177/0095798499025002006

Kressin, N. R., Raymond, K. L., & Manze, M. G. (2008). Perceptions of Race/Ethnicity-Based Discrimination: A Review of Measures and Evaluation of Their Usefulness for the Health Care Setting. Journal of Health Care for the Poor and Underserved, 19(3), 697–730. https://doi.org/10.1353/hpu.0.0041

Lacey, R. E., Howe, L. D., Kelly-Irving, M., Bartley, M., & Kelly, Y. (2022). The Clustering of Adverse Childhood Experiences in the Avon Longitudinal Study of Parents and Children: Are Gender and Poverty Important? Journal of Interpersonal Violence, 37(5–6), 2218–2241. https://doi.org/10.1177/0886260520935096

Laajasalo, T., Aaltonen, M., Pitkänen, J., Ellonen, N., & Martikainen, P. (2025). Adverse childhood experiences (ACEs) and juvenile violent delinquency in multiple successive birth cohorts. Nordic Journal of Criminology, 26(2), 1–14. https://doi.org/10.18261/njc.26.2.3

Landrine, H., Klonoff, E. A., Corral, I., Fernandez, S., & Roesch, S. C. (2006). Conceptualizing and Measuring Ethnic Discrimination in Health Research. Journal of Behavioral Medicine, 29(1), 79–94. https://doi.org/10.1007/s10865-005-9029-0

Lanier, P., Maguire-Jack, K., Lombardi, B., Frey, J., & Rose, R. A. (2018). Adverse Childhood Experiences and Child Health Outcomes: Comparing Cumulative Risk and Latent Class Approaches. Maternal and Child Health Journal, 22(3), 288–297. https://doi.org/10.1007/s10995-017-2365-1

Lee, K. A., Bright, C. L., & Betz, G. (2020). Adverse Childhood Experiences (ACEs), alcohol use in adulthood, and Intimate Partner Violence (IPV) perpetration by Black Men: A Systematic review. Trauma Violence & Abuse, 23(2), 372–389. https://doi.org/10.1177/1524838020953101

Leiber, M. J., & Fix, R. (2019). Reflections on the Impact of Race and Ethnicity on Juvenile Court Outcomes and Efforts to Enact Change. American Journal of Criminal Justice, 44(4), 581–608. https://doi.org/10.1007/s12103-019-09479-3

Liu, S. R., & Modir, S. (2020). The outbreak that was always here: Racial trauma in the context of COVID-19 and implications for mental health providers. Psychological Trauma: Theory, Research, Practice, and Policy, 12(5), 439–442. https://doi.org/10.1037/tra0000784Anderson 2018 process racism

Li, L., Pereira, S. P., & Power, C. (2016). Childhood Maltreatment And Biomarkers For Cardiometabolic Disease In Mid-Adulthood: Associations And Potential Explanations. Journal of Epidemiology and Community Health (1979), 70, A67–A68.

Lockwood, A., Peck, J. H., Wolff, K. T., & Baglivio, M. T. (2022). Understanding Adverse Childhood Experiences and Juvenile Court Outcomes: The Moderating Role of Race and Ethnicity. Youth Violence and Juvenile Justice, 20(2), 83–112. https://doi.org/10.1177/15412040211063437

Loo, C. M., Fairbank, J. K., Scurfield, R. M., Ruch, L. O., King, D. L., Adams, L. E., & Chemtob, C. M. (2001). Measuring exposure to racism: Development and validation of a Race-Related Stressor Scale (RRSS) for Asian American Vietnam veterans. Psychological Assessment, 13(4), 503–520. https://doi.org/10.1037/1040-3590.13.4.503

Lymperopoulou, K. (2024). Ethnic Inequalities in Sentencing: Evidence from the Crown Court in England and Wales. British Journal of Criminology, 64(5), 1189–1210. https://doi.org/10.1093/bjc/azae005

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. All Ireland journal of higher education, 9(3).

Maguire, S., Davison, J. M., McLaughlin, M., & Simms, V. (2022). Protocol for a systematic review exploring the psychometric properties of self-report health-related quality of life and subjective wellbeing measures used by adolescents with intellectual disabilities. Systematic Reviews, 11(1). https://doi.org/10.1186/s13643-022-01957-w

Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating Racial Differences in Clusters of Adverse Childhood Experiences. American Journal of Orthopsychiatry, 90(1), 106–114. https://doi.org/10.1037/ort0000405

Malinowska, J.K. Whitby default: conceptual and methodological limits of binary White logic in global health equity research. Med Health Care and Philos (2026). https://doi.org/10.1007/s11019-026-10330-w

Malmo, C., & Laidlaw, T. S. (2010). Symptoms of Trauma and Traumatic Memory Retrieval in Adult Survivors of Childhood Sexual Abuse. Journal of Trauma & Dissociation, 11(1), 22–43. https://doi.org/10.1080/15299730903318467

Marks, L. R., Acuff, S. F., Withers, A. J., MacKillop, J., & Murphy, J. G. (2021). Adverse Childhood Experiences, Racial Microaggressions, and Alcohol Misuse in Black and White Emerging Adults. Psychology of Addictive Behaviors, 35(3), 274–282. https://doi.org/10.1037/adb0000597

Marshfield Clinic Health System. (2019). Psychiatric/MH questionnaire. In Marshfield Clinic Health System (pp. 1–7). https://www.marshfieldclinic.org/MedicalSpecialties/Documents/adult%20history%20form-2020.pdf

Martínez-Mesa, J., González-Chica, D. A., Bastos, J. L., Bonamigo, R. R., & Duquia, R. P. (2014). Sample size: how many participants do I need in my research? Anais Brasileiros de Dermatologia, 89(4), 609–615. https://doi.org/10.1590/abd1806-4841.20143705

Matheson, K., Foster, M. D., Bombay, A., McQuaid, R. J., & Anisman, H. (2019). Traumatic Experiences, Perceived Discrimination, and Psychological Distress Among Members of Various Socially Marginalized Groups. Frontiers in Psychology, 10. https://doi.org/10.3389/fpsyg.2019.00416

McKinnon, I., Johnson, D. A., Murden, R., Erving, C. L., Parker, R., Van Dyke, M. E., Vaccarino, V., Booker, B., Moore, R. H., & Lewis, T. T. (2022). Extreme racism-related events and poor sleep in African-American women. Social Science & Medicine, 310, 115269. https://doi.org/10.1016/j.socscimed.2022.115269

McNeilly, M., Anderson, N. H., Armstead, C. A., Clark, R., Corbett, M., Robinson, E., Pieper, C. F., & Lepisto, E. M. (1996). The perceived racism scale: a multidimensional assessment of the experience of White racism among African Americans. PubMed, 6(1–2), 154–166. https://pubmed.ncbi.nlm.nih.gov/8882844

Merrick, M. T., Ports, K. A., Ford, D. C., Afifi, T. O., Gershoff, E. T., & Grogan-Kaylor, A. (2017). Unpacking the impact of adverse childhood experiences on adult mental health. Child Abuse & Neglect, 69, 10–19. https://doi.org/10.1016/j.chiabu.2017.03.016

Mersky, J. P., Choi, C., Plummer Lee, C., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. Child Abuse & Neglect, 117, Article 105066. https://doi.org/10.1016/j.chiabu.2021.105066

Mersky, J. P., & Janczewski, C. E. (2017). Racial and ethnic differences in the prevalence of adverse childhood experiences: Findings from a low-income sample of U.S. women. Child Abuse & Neglect, 76, 480–487. https://doi.org/10.1016/j.chiabu.2017.12.012

Mersky, J., Plummer Lee, C., & Janczewski, C. (2023). Adverse adult experiences and health outcomes: Racial and ethnic differences in a low-income sample. Stress and Health, 39(3), 627–637. https://doi.org/10.1002/smi.3212

Moher, D., Shamseer, L., Clarke, M., Ghersi, D., Liberati, A., Petticrew, M., Shekelle, P., & Stewart, L. A. (2015). Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. Systematic Reviews, 4(1), Article 1. https://doi.org/10.1186/2046-4053-4-1

Mokkink, L. B., Terwee, C. B., Knol, D. L., Stratford, P. W., Alonso, J. A., Patrick, D. L., Bouter, L. M., & De Vet, H. C. (2010). The COSMIN checklist for evaluating the methodological quality of studies on measurement properties: A clarification of its content. BMC Medical Research Methodology, 10(1). https://doi.org/10.1186/1471-2288-10-22

Morgan, R. L., Whaley, P., Thayer, K. A., & Schünemann, H. J. (2018). Identifying the PECO: A framework for formulating good questions to explore the association of environmental and other exposures with health outcomes. Environment International, 121(Pt 1), 1027–1031. https://doi.org/10.1016/j.envint.2018.07.015

Muir, N. M., & Viljoen, J. L. (2022). Adverse childhood experiences and recidivism in Indigenous and White female and male adolescents on probation. Child Abuse & Neglect, 126, Article 105512. https://doi.org/10.1016/j.chiabu.2022.105512

National Center for Biotechnology Information issuing body. (1996). PubMed / NCBI, National Library of Medicine. National Library of Medicine.

National Library of Medicine issuing body., & Ovid Technologies, Inc. publisher. (n.d.). MEDLINE via OVID. Ovid Technologies Inc.

Nelson, J., & Dunn, K. (2017). Neoliberal anti-racism: Responding to 'everywhere but different' racism. Progress in Human Geography, 41(1), 26–43. https://doi.org/10.1177/0309132515627019

Nunnally, J. C., & Bernstein, I. H. (1994). Psychometric Theory (McGraw-Hill Series in Psychology, Vol. 3). New York, NY: McGraw-Hill.

Nurius, P. S., Green, S., Logan-Greene, P., Longhi, D., & Song, C. (n.d.). Stress pathways to health inequalities: Embedding ACEs within social and behavioral contexts. International Public Health Journal, 8(2), 241–256. http://www.ncbi.nlm.nih.gov/pubmed/27274786

Office for National Statistics. (2022). Population and household estimates, England and Wales: Census 2021. [Data collection]. UK Data Service. SN: 9156, DOI: http://doi.org/10.5255/UKDA-SN-9156-1

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio, L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. Medical Teacher, 45(3), 241–251. https://doi.org/10.1080/0142159X.2022.2057287

Olusoga, D. (2020, June 7). Britain is not America. But we too are disfigured by deep and pervasive racism. The Guardian. https://www.theguardian.com/commentisfree/2020/jun/07/britain-is-not-america-but-we-too-are-disfigured-by-deep-and-pervasive-

racism#:~:text=When%20black%20Britons%20draw%20parallels,that%20charge%20was%20later%20dropped.

Otufowora A, Liu Y, Young H 2nd, Egan KL, Varma DS, Striley CW, Cottler LB. Sex Differences in Willingness to Participate in Research Based on Study Risk Level Among a Community Sample of African Americans in North Central Florida. J Immigr Minor Health. 2021 Feb;23(1):19-25. Doi: 10.1007/s10903-020-01015-4.

Pachter, L. M., & Coll, C. G. (2009). Racism and Child Health: A Review of the Literature and Future Directions. Journal of Developmental & Behavioral Pediatrics, 30(3), 255–263. https://doi.org/10.1097/DBP.0b013e3181a7ed5a

Pachter, L. M., Szalacha, L. A., Bernstein, B. A., & García Coll, C. (2010). Perceptions of Racism in Children and Youth (PRaCY): properties of a self-report instrument for research on children's health and development. Ethnicity & Health, 15(1), 33–46. https://doi.org/10.1080/13557850903383196

Paez A. Gray literature: An important resource in systematic reviews. J Evid Based Med. 2017 Aug;10(3):233-240. Doi: 10.1111/jebm.12266.

Petrozziello, A. J. (2025). Intersectionality as method for human rights research: Identifying who is made stateless and how through UN treaty body reviews. Journal of Human Rights, 24(2), 182–198. https://doi.org/10.1080/14754835.2025.2477493

Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging adults. Psychological Trauma: Theory, Research, Practice, and Policy, 8(5), 609–617. https://doi.org/10.1037/tra0000125

Ports, K. A., Tang, S., Treves-Kagan, S., & Rostad, W. (2021). Breaking the cycle of Adverse Childhood Experiences (ACEs): Economic position moderates the relationship between mother and child ACE scores among Black and Hispanic families. Children and Youth Services Review, 127, Article 106067. https://doi.org/10.1016/j.childyouth.2021.106067

Priest, N., Paradies, Y., Trenerry, B., Truong, M., Karlsen, S., & Kelly, Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Social Science & Medicine (1982), 95, 115–127. https://doi.org/10.1016/j.socscimed.2012.11.031

Qin, S., Nelson, L., McLeod, L., Eremenco, S., & Coons, S. J. (2019). Assessing test–retest reliability of patient-reported outcome measures using intraclass correlation coefficients: recommendations for selecting and documenting the analytical formula. Quality of Life Research, 28(4), 1029–1033. https://doi.org/10.1007/s11136-018-2076-0

Quinn-Hogan, A. N. (2021). The stain of a criminal label: Post-release stigmatization and its effects on reintegration and recidivism among ex-offenders.

Redman, S., Greenhalgh, T., Adedokun, L., Staniszewska, S., Denegri, S., & Co-production of Knowledge Collection Steering Committee. (2021). Co-production of knowledge: the future. Bmj, 372. Doi: https://doi.org/10.1136/bmj.n434

Reuben, A., Moffitt, T. E., Caspi, A., Belsky, D. W., Harrington, H., Schroeder, F., Hogan, S., Ramrakha, S., Poulton, R., & Danese, A. (2016). Lest we forget: comparing retrospective and prospective assessments of adverse childhood experiences in the prediction of adult health. Journal of Child Psychology and Psychiatry, 57(10), 1103–1112. https://doi.org/10.1111/jcpp.12621

Riedl, D., Lampe, A., Exenberger, S., Nolte, T., Trawöger, I., & Beck, T. (2020). Prevalence of adverse childhood experiences (ACEs) and associated physical and mental health problems amongst hospital patients: Results from a cross-sectional study. General Hospital Psychiatry, 64, 80–86. https://doi.org/10.1016/j.genhosppsych.2020.03.005

Robson, C. (2024). Real world research : a resource for users of social research methods in applied settings / Colin Robson. (Fifth edition.). Wiley.

Rönkkö, M., & Cho, E. (2022). An Updated Guideline for Assessing Discriminant Validity. Organizational Research Methods, 25(1), 6–14. https://doi.org/10.1177/1094428120968614

Rosenman, R., Tennekoon, V., & Hill, L. G. (2011). Measuring bias in self-reported data. International Journal of Behavioural and Healthcare Research, 2(4), 320-332. Doi: 10.1504/IJBHR.2011.043414

Rowe, W. E. (2014). Positionality. In D. Coghlan, & M. Brydon-Miller (Eds.), The Sage Encyclopaedia of Action Research (pp. 628-628). Sage.

Schilling, E. A., Aseltine, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: a longitudinal survey. BMC Public Health, 7(1), Article 30. https://doi.org/10.1186/1471-2458-7-30

Scopus. (2005). Elsevier B. V.

Sharghi S, Khalatbari S, Laird A, Lapidus J, Enders FT, Meinzen-Derr J, Tapia AL, Ciolino JD. Race, ethnicity, and considerations for data collection and analysis in research studies. J Clin Transl Sci. 2024 Oct 29;8(1):e182. Doi: 10.1017/cts.2024.632

Shim RS, Compton MT, Rust G, Druss BG, Kaslow NJ. Race-ethnicity as a predictor of attitudes toward mental health treatment seeking. Psychiatry Serv. 2009 Oct;60(10):1336-41. Doi: 10.1176/ps.2009.60.10.1336.

Skewes, M. C., & Blume, A. W. (2019). Understanding the Link Between Racial Trauma and Substance Use Among American Indians. The American Psychologist, 74(1), 88–100. https://doi.org/10.1037/amp0000331

Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial Disparities in Child Adversity in the U.S.: Interactions With Family Immigration History and Income. American Journal of Preventive Medicine, 50(1), 47–56. https://doi.org/10.1016/j.amepre.2015.06.013

Smart, A., & Harrison, E. (2017). The under-representation of minority ethnic groups in UK medical research. Ethnicity & Health, 22(1), 65–82. https://doi.org/10.1080/13557858.2016.1182126

Sødal, E. H., Huddy, V., & McKenzie, J. (2023). Black people's experiences of being asked about adverse childhood experiences in the UK: A qualitative study. Psychology and Psychotherapy: Theory, Research and Practice, 96, 902–917. https://doi.org/10.1111/papt.12482

Sturge, G. (2018). UK Prison Population Statistics, House of Commons Library Briefing Paper Number CBP-04334. 2018.

Sturge, G. (2020). UK Prison Population Statistics, House of Commons Library Briefing Paper Number CBP-04334.

Sturge, G. (2024). UK prison population statistics. London: House of Commons Library. Number 04334.

Tajfel, H., Turner, J. C., Hogg, M., & Abrams, D. (Eds.) (2001). The social psychology of intergroup relations. New York: Psychology Press.

Thompson, C. E. (1990). Cultural Mistrust and Racism Reaction among African-American Students. Journal of College Student Development, 31(2). https://eric.ed.gov/?id=EJ412817

The University of the West Indies. (2025). *Jamaica.* *https://www.uwi.edu/jamaica.php*

Tillyer, R., & Engel, R. S. (2012). Racial differences in speeding patterns: Exploring the differential offending hypothesis. Journal of Criminal Justice, 40(4), 285–295. https://doi.org/10.1016/j.jcrimjus.2012.04.001

Utsey, S. O. (1999). Development and Validation of a Short Form of the Index of Race-Related Stress (IRRS)—Brief Version. Measurement and Evaluation in Counseling and Development, 32(3), 149–167. https://doi.org/10.1080/07481756.1999.12068981

Vasileiou, K., Barnett, J., Thorpe, S., & Young, T. (2018). Characterising and justifying sample size sufficiency in interview-based studies: systematic analysis of qualitative health research over a 15-year period. BMC Medical Research Methodology, 18(1), Article 148. https://doi.org/10.1186/s12874-018-0594-7

Wade, J. A. (2014). Overcoming Adversity: A Case Study of Educational Experiences and Success Among African American Males at a Texas Community College.

Wade, R., Shea, J. A., Rubin, D., & Wood, J. (2014). Adverse Childhood Experiences of Low-Income Urban Youth. PEDIATRICS, 134(1), e13–e20. https://doi.org/10.1542/peds.2013-2475

Waelde, L. C., Pennington, D., Mahan, C., Mahan, R., Kabour, M., & Marquett, R. (2010). Psychometric properties of the Race-Related Events Scale. Psychological Trauma: Theory, Research, Practice, and Policy, 2(1), 4–11. https://doi.org/10.1037/a0019018

Walsh, D., McCartney, G., Smith, M., & Armour, G. (2019). Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. Journal of Epidemiology and Community Health (1979), 73(12), 1087–1093. https://doi.org/10.1136/jech-2019-212738

Walsh, R. (2003). The methods of reflexivity. The Humanistic Psychologist, 31(4), 51–66. https://doi.org/10.1080/08873267.2003.9986934

Walter, J. K., Burke, J. F., & Davis, M. M. (2013). Research Participation by Low-Income and Racial/Ethnic Minority Groups: How Payment May Change the Balance. Clinical and Translational Science, 6(5), 363–371. https://doi.org/10.1111/cts.12084

Wang, J. H., Merrin, G. J., Wang, X., Liu, Q., & Kiefer, S. M. (2025). Co-occurring Early Adolescent ACEs and Associations With Later Peer Relationships. Journal of Youth and Adolescence. https://doi.org/10.1007/s10964-025-02157-0

Webster EM. The Impact of Adverse Childhood Experiences on Health and Development in Young Children. Glob Pediatrics Health. 2022 Feb 26;9:2333794X221078708. Doi: 10.1177/2333794X221078708

Werner, E. E., & Smith, R. S. (1992). Overcoming the odds: High risk children from birth to adulthood. Cornell University Press.

Wilkinson, R., Cowden, R. G., Chen, Y., & VanderWeele, T. J. (2023). Exposure to negative life events, change in their perceived impact, and subsequent well-being among US adults: A longitudinal outcome-wide analysis. Social Science & Medicine, 324, 115861. https://doi.org/10.1016/j.socscimed.2023.115861

World Health Organization. (2018). Adverse childhood experiences international questionnaire. Adverse childhood experiences international questionnaire (ACE-IQ), 2020-09.

Wolff, K. T., Cuevas, C., Intravia, J., Baglivio, M. T., & Epps, N. (2018). The Effects of Neighbourhood Context on Exposure to Adverse Childhood Experiences (ACE) Among Adolescents Involved in the Juvenile Justice System: Latent Classes and Contextual Effects. Journal of Youth and Adolescence, 47(11), 2279–2300. https://doi.org/10.1007/s10964-018-0887-5

Wong, E. C., & Osilla, K. C. (2012). Substance use disorders in Asians. Handbook of adult psychopathology in Asians: Theory, diagnosis, and treatment, 59-82.

Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. Psychology of Violence, 8(6), 735–747. https://doi.org/10.1037/vio0000212

Wills, T. A., Shiffman, S., Shiffman, S., & Wills, T. A. Coping and substance use: A conceptual framework Coping and substance use 1985 Orlando. FL Academic Press, 3, 24.

Wu, S., & Farmer, A. Y. (2022). Risk and Protective Factors of Youth Prescription Drug Misuse: Variations Across Racial/Ethnic Groups. Child & Adolescent Social Work Journal, 39(4), 499–514. https://doi.org/10.1007/s10560-021-00752-1

Yang, P., Kuo, J., Hart, C. A., Zia, S., & Grigsby, T. J. (2025). [Rev. of Racial/Ethnic Differences in Adverse Childhood Experiences and Health-Related Outcomes: A Scoping Review]. Trauma, Violence & Abuse, 26(1), 103–117. https://doi.org/10.1177/15248380241275972

Yannon, M. G., Decrop, R., Le, M., Beery, S., & Tompsett, C. J. (2024). Cumulative Adverse Childhood Experiences (ACEs) and Recidivism: A Meta-Analysis. Criminal Justice and Behavior, 51(11), 1696–1714. https://doi.org/10.1177/00938548241267230

Yao, L., & Kabir, R. (2023). Person-centered therapy (Rogerian therapy).

Yip, S. Y. (2024). Positionality and reflexivity: negotiating insider-outsider positions within and across cultures. International Journal of Research & Method in Education, 47(3), 222–232. https://doi.org/10.1080/1743727X.2023.2266375

Yip, T., Gee, G. C., & Takeuchi, D. T. (2008). Racial discrimination and psychological distress: The impact of ethnic identity and age among immigrant and United States-born Asian adults. Developmental Psychology, 44(3), 787–800. https://doi.org/10.1037/0012-1649.44.3.787

YouGov Survey. (2020). 84% of BAME Britons think the UK is still very or somewhat racist. https://yougov.com/en-gb/articles/30531-nine-ten-bame-britons-think-racism-exists-same-lev

Zettler, H. R., Wolff, K., Baglivio, M., Craig, J. M., & Epps, N. (2018). The Racial and Gender Differences in the Impact of Adverse Childhood Experiences on Juvenile Residential Placement. Youth Violence and Juvenile Justice, 16(3), 319–337. https://doi.org/10.1177/1541204017698213

Zhang, Y., Yin, Y., Zhang, X., Ye, J., & Zhang, J. (2022). Association of adverse childhood experiences with diabetes: A systematic review and meta-analysis. Journal of Diabetes and Its Complications, 36(10), Article 108289. https://doi.org/10.1016/j.jdiacomp.2022.108289

Zilberman, N., Yadid, G., Efrati, Y., & Rassovsky, Y. (2019). Negative and positive life events and their relation to substance and behavioral addictions.

Drug and Alcohol Dependence, 204, 107562. https://doi.org/10.1016/j.drugalcdep.2019.107562

Zimmerman, M. A., Stoddard, S. A., Eisman, A. B., Caldwell, C. H., Aiyer, S. M., & Miller, A. (2013). Adolescent Resilience: Promotive Factors That Inform Prevention. Child Development Perspectives, 7(4), 215–220. https://doi.org/10.1111/cdep.12042

Appendix

Systematic Review

Appendix A.0

PRISMA Reporting Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a systematic review.	Page 33
ABSTRACT			
Abstract	2	See the PRISMA 2020 for Abstracts checklist.	Page 35-36
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge.	Page 37-42
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses.	Page 42-43
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses.	Page 43-44
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	Page 46-47
Search strategy	7	Present the full search strategies for all databases, registers, and websites, including any filters and limits used.	Page 45-48
Selection process	8	Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	Page 45-48
Data collection process	9	Specify the methods used to collect data from reports, including how many reviewers collected data from each report, whether they worked independently, any processes for obtaining or confirming data from study investigators, and if applicable, details of automation tools used in the process.	Page 48-49
Data items	10a	List and define all outcomes for which data were sought. Specify whether all results that were compatible with each outcome domain in each study were sought (e.g., for all measures, time points, analyses), and if not, the methods used to decide which results to collect.	Page 50
	10b	List and define all other variables for which data were sought (e.g., participant and intervention characteristics, funding sources). Describe any assumptions made about any missing or unclear information.	Page 48-49
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	Page 49-50
Effect measures	12	Specify for each outcome the effect measure(s) (e.g., risk ratio, mean difference) used in the synthesis or presentation of results.	Page 50
Synthesis methods	13a	Describe the processes used to decide which studies were eligible for each synthesis (e.g., tabulating the study intervention characteristics and comparing against the planned groups for each synthesis (item #5)).	Page 48-50, 55
	13b	Describe any methods required to prepare the data for presentation or synthesis, such as handling of missing summary statistics, or data conversions.	Page 48-50, 55
	13c	Describe any methods used to tabulate or visually display results of individual studies and syntheses.	Page 48-50, 55
	13d	Describe any methods used to synthesize results and provide a rationale for the choice(s). If meta-analysis was performed, describe the model(s), method(s) to	Page 50

Section and Topic	Item #	Checklist item	Location where item is reported
		identify the presence and extent of statistical heterogeneity, and software package(s) used.	
	13e	Describe any methods used to explore possible causes of heterogeneity among study results (e.g., subgroup analysis, meta-regression).	Page 50
	13f	Describe any sensitivity analyses conducted to assess robustness of the synthesized results.	N/A
Reporting bias assessment	14	Describe any methods used to assess risk of bias due to missing results in a synthesis (arising from reporting biases).	Page 49-50, 55
Certainty assessment	15	Describe any methods used to assess certainty (or confidence) in the body of evidence for an outcome.	Page 55
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	Page 50-51
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	Page 50-54
Study characteristics	17	Cite each included study and present its characteristics.	Page 53-54
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	Page 55
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimates and its precision (e.g., confidence/credible interval), ideally using structured tables or plots.	Page 56-63
Results of syntheses	20a	For each synthesis, briefly summarise the characteristics and risk of bias among contributing studies.	Page 55-56
	20b	Present results of all statistical syntheses conducted. If meta-analysis was done, present for each the summary estimate and its precision (e.g., confidence/credible interval) and measures of statistical heterogeneity. If comparing groups, describe the direction of the effect.	Page 55-56
	20c	Present results of all investigations of possible causes of heterogeneity among study results.	Page 55-56
	20d	Present results of all sensitivity analyses conducted to assess the robustness of the synthesized results.	Page 55-56
Reporting biases	21	Present assessments of risk of bias due to missing results (arising from reporting biases) for each synthesis assessed.	Page 55
Certainty of evidence	22	Present assessments of certainty (or confidence) in the body of evidence for each outcome assessed.	Page 55
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	Page 63-69
	23b	Discuss any limitations of the evidence included in the review.	Page 71-73
	23c	Discuss any limitations of the review processes used.	Page 71-73
	23d	Discuss implications of the results for practice, policy, and future research.	Page 70-71
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	Page 43
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Appendix A.1

Section and Topic	Item #	Checklist item	Location where item is reported
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	N/A
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	N/A
Competing interests	26	Declare any competing interests of review authors.	N/A
Availability of data, code and other materials	27	Report which of the following are publicly available and where they can be found template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	Page 43

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. Doi: 10.1136/bmj.n71. This work is licensed under CC BY 4.0. To view a copy of this license, visit https://creativecommons.org/licenses/by/4.0/

Appendix A.1

Systematic Review Protocol

Systematic Review Protocol Draft
A systematic review on the engagement in offending in youths who have been exposed to Adverse Childhood Experiences (ACEs): A comparison between ethnicities

Identification
This document is a proposed protocol of a systematic review.

Authors
Primary author
Name: Roisin Roza Reid
Institution affiliation: The University of Nottingham
Email: roisin.reid@nottingham.ac.uk

Roles and Responsibilities
- The primary author (R Reid) shall complete all aspects of the systematic review, including systematic review protocol development; developing the inclusion/exclusion criteria; developing the PECO search term framework; searching for relevant literature; excluding and including process; title, abstract and full text screening; quality appraisal; data extraction and synthesis; and writing up the systematic review.
- A fellow doctorate student (unknown at present) will assist in the screening, inclusion, reviewing and quality assessment processes, as the second blind reviewer.
- The secondary author (Dr Hunt) will oversee the review process, as a more experienced reviewer, he will assist in making the final decisions if there are any disagreements between the two reviewers.

Introduction
Background
Adverse Childhood Experiences (ACE's) (Felitti et al., 1998) research has rapidly increased over the last two decades, due to the identifiable links between this phenomenon and subsequent negative life outcomes in adulthood (Connolly., 2019). For example, individuals who experience 4+ ACE's in childhood are more likely to experience poorer health outcomes (Felitti et al., 1998); risky health behaviours (Lacey & Minnis., 2020); substance misuse (Marks et al., 2021); poor mental health (Letourneau et al., 2019) and anti-social behaviour (Connolly., 2019).
However, this research area is identified to lack cross-ethnicity investigation (Maguire-Jack et al., 2020), despite early results suggesting ethnic minority groups experience more negative outcomes. An example of this is the overrepresentation of ethnic minorities in the Criminal Justice System (CJS) (Sturge, 2020). In 2020, ethnic minorities constituted 27% of the UK prison population, but only 13% of the general population (Sturge, 2020). Ethnic minorities also disproportionally experience additional adversities and negative life outcomes, such as low socioeconomic status, neighbourhood violence, low educational attainment, and poor perinatal care (Finkelhor et al., 2013; Kim et al., 2020). Therefore, there is a clear disparity between non-White ethnic

minorities and Caucasian individuals experiences of ACE's and the development of negative life outcomes. Thus, a clear need for culturally specific investigation into this phenomenon to improve the current understanding, aid intervention and prevention of negative outcomes for individuals at-risk.
The author has previously conducted a scoping review which revealed no previous systematic review had been conducted in this area. Therefore, this systematic review will aim to fill a gap within the literature.

Method

Review Question(s)

Primary:

- Are non-White ethnic minority youths who offend more likely to have been exposed to ACEs than White youths who also offend?

Secondary:

- Do non-White ethnic minority youths experience more ACEs? If so are there specific types/clusters? Why and what is the difference between these ethnicities?
- Are there additional adverse experiences exclusive to non-White ethnic minority youths not captured by the ACEs framework?
- Is offending a riskier outcome of experiencing ACEs in non-White ethnic minority youths compared to Caucasian youths who offend? If so why?
- What are the risk factors for non-White ethnic minority youths? – Are there intersectional risk factors that affect this?
- Are there any protective factors for non-White ethnic minority youths?
- Do non-White ethnic minority youths commit certain offence types?
- Are there any other culture-specific negative outcomes for non-White ethnic minority youths who experience ACEs?

Objectives

- To consolidate the understanding whether non-White ethnic minority offenders experience more ACE's.
- To understand what factors, predispose non-White ethnic minority youths who offend which make them more likely to ACE's.
- To understand what types of ACE's non-White ethnic minority offending youths are more likely to experience.
- To identify whether non-White ethnic minority youths experience additional adversities which lead to their offending behaviour

Definitions

- Adverse Childhood Experiences - Adverse Childhood Experiences (ACE's) (Felitti et al, 1998), according to the World Health Organisation (WHO, 2018), refer to negative events which occur before 18. The original ACE's framework included 10 events: physical, sexual, and emotional abuse, physical and emotional neglect, witnessing domestic violence, family member with mental health issues, family member with substance misuse difficulties, family member imprisoned and losing a parent to separation, divorce, or death (Felitti et al., 1998).

- ACEs-C - The original ACE's framework is known as Conventional ACEs (ACEs-C).

- ACEs-E – Literature points to a more culturally aware ACEs framework known as the Expanded ACEs (ACEs-E) framework including adversities such as: racial discrimination, low neighbourhood safety, being bullied, spending time in foster care, and observing community violence (Pachter et al, 2014; Wade et al, 2014).

- Ethnic minority – an individual from an ethnic group within a community which has a different cultural identity from the primary population

- BAME – is an umbrella term which refers to individuals from the Black, Asian and minority ethnic communities, but in March 2021 the term was recommended to be no longer used by the Commission on Race and Ethnic Disparities (REF)

- BME – is an umbrella term which refers to individuals from the Black and minority ethnic communities, but in March 2021 the term was recommended to be no longer used by the Commission on Race and Ethnic Disparities (REF). Rather, it is recommended their ethnicity label (e.g., Black Caribbean) or POC is used (see below for definition).

- Intersectionality - Intersectionality refers to an individual who identifies with multiple types of discriminated characteristics, which inter-relate including ethnicity, sexuality, gender, and religion (Gillborn, 2015). For example, being a Black female who identifies as a Lesbian. Yet, for ACEs and the development of negative life outcomes the intersectional factors at risk are distinct from those typically regarded as being intersectional (Gillborn, 2015). These are defined as being a Black male, of low socioeconomic status living in a violent neighbourhood increase the risk for experiencing ACE's and negative outcomes (Cronholm et al, 2015, Giovanelli et al, 2021).

- People of Colour (POC) – 'is a representation of groups of people who are not White or of European parentage' (Oxford Dictionary, 2019). The term is not used interchangeable with someone's individual ethnicity (e.g., Black Caribbean) as it a grouping term of all minority ethnicities and is viewed as problematic for some.

Eligibility criteria

The eligibility criteria to be included in this systematic review was developed using a Population, Exposure, Comparator and Outcome (PECO) question framework (please see below). Therefore, the eligibility criteria was:

1. All studies included in the systematic review must assess a combination of the PECO framework terms, specifically observing the differences in ACEs between Caucasian and ethnic minority individuals who have committed criminal offences or have had contact with the criminal justice system.
2. Only empirical cross-sectional research studies with comparative population samples will be included in the review.
3. It shall also only include studies from 1998 as the seminal ACEs study (Felitti et al., 1998) was conducted in this year, thus the first time the ACEs phenomenon was devised.

4. Finally, only empirical studies written in English, assessing Westernized cultures, and where English is the first language shall be included in the review (e.g., United Kingdom, United States of America, Canada).

Criteria	Search terms
Population	Black youths, ethnic minorities, youths, Black offenders, BAME, BME, POC, Asian, non-white
Exposure	Adverse childhood experiences, ACEs, ACEs-C, ACEs-E, adversity
Comparator	Caucasian, White, White offenders, White youths
Outcome	Offending behaviour, criminality, offending

Types of study to be included

- Cross-sectional and cohort studies.
- Published in peer-reviewed journals.
- Published from 1998 onwards.
- The study was conducted in a Westernized-culture country, where English is the first language.
- Grey literature shall also be searched and will be included if it fulfils the criteria.
- The study examined the number of ACEs or adversity experienced by participants prior to the age of 18-years-old.
- The study examined participants' criminal convictions, criminality or contact with the criminal justice system.
- The study compared these phenomena between ethnic groups.

Condition or domain being studied:
Adverse childhood experiences (e.g., ACE-Q, ACE-IQ),

Engagement in offending behaviour: contact with the Criminal Justice System (CJS) (e.g., juvenile prison, secure centres)

Participants/population
Ethnic minority individuals under the age of 30 (youth age range defined as 18-30 by WHO).
Studies only including both Caucasian and ethnic minority individuals
Individuals who have been convicted by the Criminal Justice System CJS) (e.g., juvenile prison, secure centres)
All participants exposed to one or more type of ACEs before aged 18 as defined by CDC-Kaiser Adverse Childhood Experiences Study (Felitti et al., 1998).

Intervention(s), exposure(s)
Exposure to one or more types of Adverse Childhood Experiences before the aged 18 years old as defined by CDC-Kaiser Adverse Childhood Experiences Study (Felitti et al., 1998).

Comparator(s)/control
Caucasian individuals who have been in contact with the Criminal Justice System

Inclusion:
Studies published from 1998 onwards (seminal study Felitti et al (1998))
Studies published in peer-reviewed journals

Search strategy
Sources: APA PsychInfo, Medline, Endbase, Web of Science, SCOPUS, International bibliography of the social sciences (IBSS)

Data management

- Several data management tools shall be used to manage and record the articles and titles screened and included in this systematic review. Rayyan shall be used to screen articles' titles and abstracts during the inclusion process. EndNote shall be used to cite and sort article references. Microsoft Word and RevMan will be used for data extraction. RevMan allows for basic analysis and meta-analysis (if there is any need) calculation. Both will assist in the production and writing of the narrative description and discussion of the results.
- All data will be managed in line with the University of Nottingham's data management policy and the study will adhere to UK General Data Protection regulations (GDPR). The results shall also be kept on the University of Nottingham's OneDrive platform, in a password protected file.

Data extraction (selection and coding)

- At least two reviewers will apply the eligibility and inclusion criteria during the screening process to include articles in the systematic review. This will include screening articles' titles, abstracts, and full texts to determine whether the articles will be included or not in the review. The reviewers will apply the eligibility criteria, screen, and review studies independently and will be blinded to each other's decisions.
- If the two reviewers disagree during the inclusion process, a discussion between the two reviewers will occur to reach a decision. If a conclusion is not reached, a third more experienced reviewer (supervisor) will assist in making the final decision.
- All article data, including article publishing year, study design, participant characteristics (age, ethnicity, offending behaviour, socio-economic status, offender status), methods (e.g., sampling method, sample size, data source), and results (offending outcome) from the eligible studies will be recorded and collated on an Excel spreadsheet. Other information such as: study authors, number of ACEs experienced, types of ACE's exposed, other additional adversities/ACE's experienced and protective factors will also be recorded.

Risk of bias (quality) assessment

- The two reviewers will separately conduct a risk of bias (quality) assessment for all included studies and will be blinded to each other's conclusions.
- If the two reviewers disagree, a discussion between the two reviewers will occur to reach a decision. If a conclusion is not reached, a third more experienced reviewer (supervisor) will assist in making the final decision.
- For cohort studies, the Critical Skill Appraisal Programme (CASP) Cohort study checklist will be used.

- For cross-sectional studies, the Appraisal tool for Cross-Sectional studies (AXIS) will be used.

Data synthesis

- Findings and results from the included studies will be presented in a table displaying relevant details (authors, sample, sample size, studies phenomenon) of the studies. A narrative description and discussion of the results will be provided.
- It is unclear if the results will require a meta-analysis at present. If a meta-analysis is possible, a minimum of two studies will be required for this to be conducted. A random-effects meta-analysis will be conducted on the number of ACE's experienced and offending outcome between ethnic groups. Mean, standard deviation, 95% confidence intervals and sample size will be reported.

Analysis of subgroups or subsets

- All quantitative data will be collated in Excel but analysed using SPSS.
- Percentage of participants that have experienced several ACE's will be calculated according to ethnicity group.
- An average number of ACE's participants' have experienced will be calculated according to ethnicity group.
- An average number of each type of the ACE's participants have experienced will be calculated according to ethnicity group.
- Percentage of participants' that have committed offences will be calculated according to ethnicity group.

Contact details for further information

Roisin Reid
roisin.reid@nottingham.ac.uk

Organisational affiliation of the review

The University of Nottingham

Review team members and their organisational affiliations

Miss Roisin Reid. The University of Nottingham
Dr Nigel Hunt. The University of Nottingham

Type and method of review

Systematic review

Anticipated start date

01 September 2022

Anticipated completion date

01 June 2023

Funding sources/sponsors

None

Conflicts of interest

None

Language
English

Country
United Kingdom

Subject index terms
Adverse Childhood Experiences; ACE's; Ethnic Minorities; Black; Asian; Offenders; Offending Behaviour; Adversity; Child Abuse; Sexual Abuse; Mental Health; Physical Health; Protective Factors; Racism; Gangs; Racial Discrimination; Intersectionality; Intersectional Risk Factors; Risk Factors; People of Colour; Non-White

Appendix A.2

Systematic Review Search Strategy

Database	Key term	Search terms
Embase	Non-White Ethnic minority youth	Ethnic minorities OR exp ethnic group OR exp Black person OR Black youth OR exp African American OR Asian American or exp Asian or Asian or exp British Asian
		AND
	Adverse Childhood Experiences	Adverse childhood experiences OR exp childhood adversity
		AND
	White people	Whiteford exp Caucasian
	Offending	Criminality OR exp criminal behaviour OR sexual crime OR exp Criminal Behaviour OR Offending Behaviour OR exp Offender
Medline	Non-White Ethnic minority youth	Ethnic minorities OR exp "Ethnic and Racial Minorities" OR exp Black People OR exp "Black OR African American" OR Black youth OR exp Asian People OR exp Asian OR Asian
	Adverse Childhood Experiences	**AND**

	White people Offending	Exp Adverse Childhood Experiences OR adversity OR ACEs **AND** Exp White OR exp White people **AND** Criminality OR exp Criminal Behaviour OR exp Sex Offenses OR exp Crime OR Offending Behaviour OR exp Criminals
APA PsychArticles	Non-White Ethnic minority youth Adverse Childhood Experiences White people Offending	$ethnic minorities OR Black youths OR Asian OR Black offenders **AND** $adverse childhood experiences OR ACE OR childhood adversity **AND** Caucasian OR White **AND** Offending behaviour OR criminality OR offending OR delinquency
APA PsychInfo	Non-White Ethnic minority youth	Exp "Racial and Ethnic Groups"/ or exp Minority Groups/ OR exp "Racial and Ethnic Differences"/or ethnic minorities Exp Black People/ or Black youth OR Asian or exp Asians

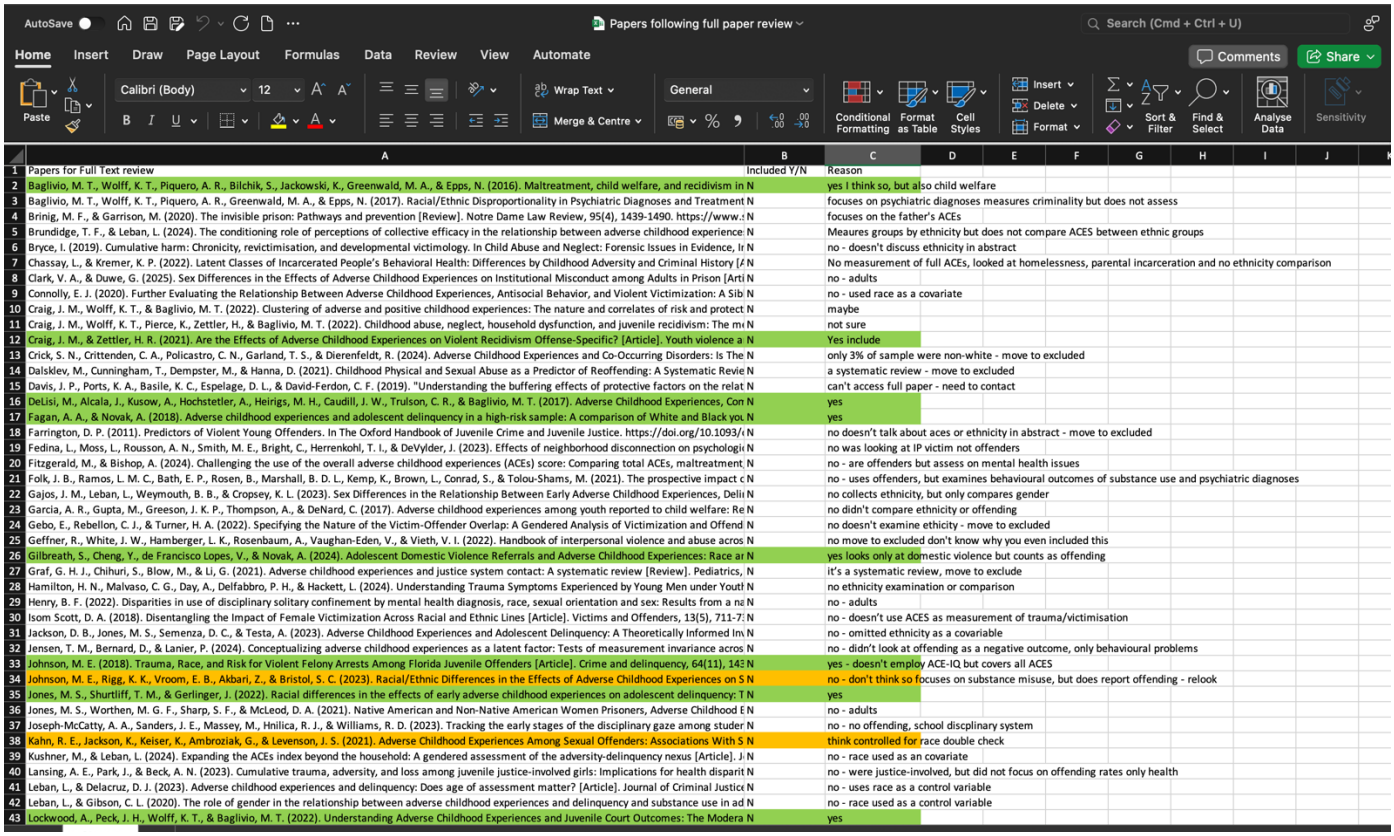
		AND
	Adverse Childhood Experiences	Adverse childhood experiences or exp Childhood Adversity OR ACEs
		AND
	White people	Caucasian or exp White people
		AND
	Offending	Criminality or Exp Criminal Behaviour OR exp violence or exp Criminal Offenders or exp Antisocial Behaviour OR exp Violent Crime or Exp Criminal Behaviour or exp Recidivism OR offending or exp Criminal Justice or exp Sex Offenses or exp Crime or exp Juvenile Delinquency
Scopus	Non-White Ethnic minority youth	"Black" AND "Youth" OR "ethnic" AND "Minorities" OR "youths" OR "Black" OR "BAME" OR "BME" OR "POC" OR "Asian" OR "non-white"
		AND
	Adverse Childhood Experiences	**"**adverse" AND "childhood" AND "experiences" OR "ACES" OR "ACES-C" OR "ACES-E" OR "childhood" AND "adversity"
	White people	

	Offending	**AND** "White" OR "Caucasian" OR "White" AND "Offenders" OR "White" AND "youths" **AND** "Offending" OR "Offending" AND "Behaviour" OR "Criminality"

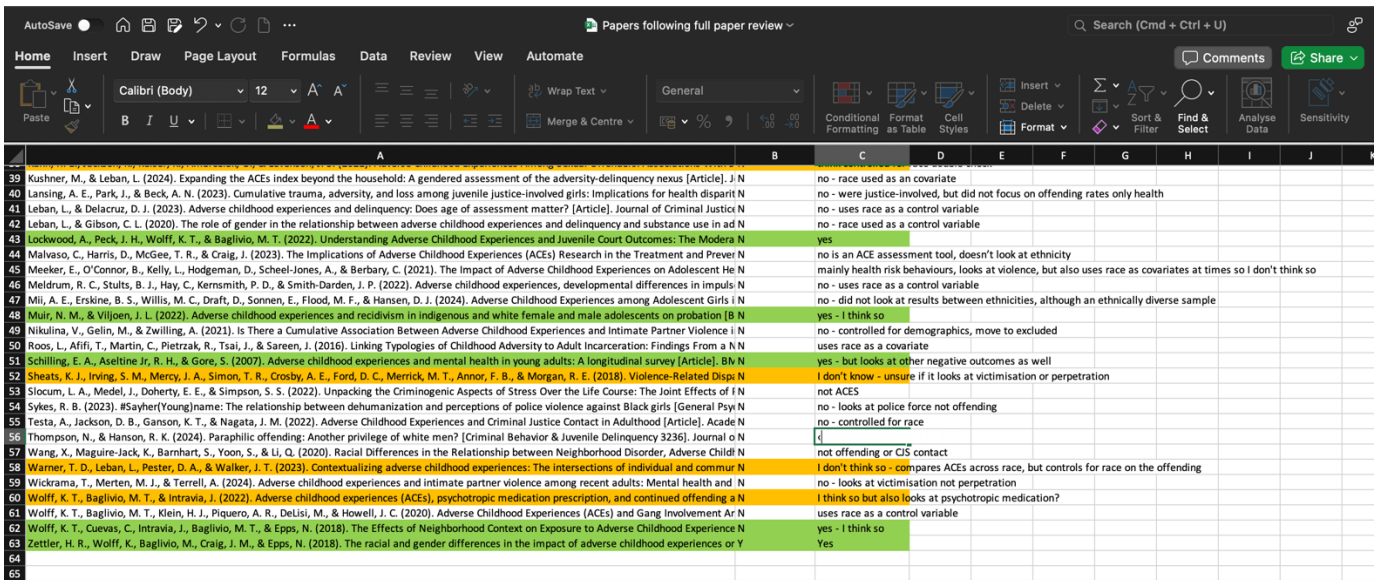
Grey literature Searches
Etheses
Keywords: "adverse childhood experiences" "ethnicity " "offending"
Government website – 17/01/2025 – 5,612 hits
Keywords: "adverse childhood experiences" "ethnic minorities" "white" "offending"
Screened first 50 pages of results, got 4 relevant from titles so was abandoned

Appendix B

Systematic Review Searches Spreadsheet



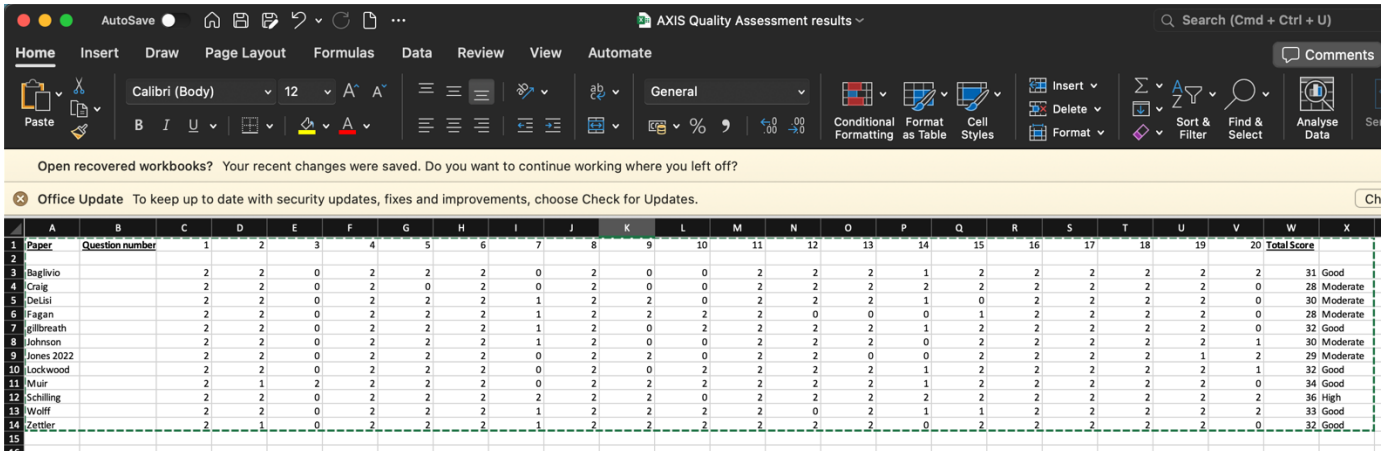
	A	B	C
1	Papers for Full Text review	Included Y/N	Reason
2	Baglivio, M. T., Wolff, K. T., Piquero, A. R., Bilchik, S., Jackowski, K., Greenwald, M. A., & Epps, N. (2016). Maltreatment, child welfare, and recidivism in	N	yes I think so, but also child welfare
3	Baglivio, M. T., Wolff, K. T., Piquero, A. R., Greenwald, M. A., & Epps, N. (2017). Racial/Ethnic Disproportionality in Psychiatric Diagnoses and Treatment	N	focuses on psychiatric diagnoses measures criminality but does not assess
4	Brinig, M. F., & Garrison, M. (2020). The invisible prison: Pathways and prevention [Review]. Notre Dame Law Review, 95(4), 1439-1490. https://www.:	N	focuses on the father's ACEs
5	Brundidge, T. F., & Leban, L. (2024). The conditioning role of perceptions of collective efficacy in the relationship between adverse childhood experience	N	Meaures groups by ethnicity but does not compare ACES between ethnic groups
6	Bryce, I. (2019). Cumulative harm: Chronicity, revictimisation, and developmental victimology. In Child Abuse and Neglect: Forensic Issues in Evidence, Ir	N	no - doesn't discuss ethnicity in abstract
7	Chassay, L., & Kremer, K. P. (2022). Latent Classes of Incarcerated People's Behavioral Health: Differences by Childhood Adversity and Criminal History [A	N	No measurement of full ACEs, looked at homelessness, parental incarceration and no ethnicity comparison
8	Clark, V. A., & Duwe, G. (2025). Sex Differences in the Effects of Adverse Childhood Experiences on Institutional Misconduct among Adults in Prison [Arti	N	no - adults
9	Connolly, E. J. (2020). Further Evaluating the Relationship Between Adverse Childhood Experiences, Antisocial Behavior, and Violent Victimization: A Sib	N	no - used race as a covariate
10	Craig, J. M., Wolff, K. T., & Baglivio, M. T. (2022). Clustering of adverse and positive childhood experiences: The nature and correlates of risk and protect	N	maybe
11	Craig, J. M., Wolff, K. T., Pierce, K., Zettler, H., & Baglivio, M. T. (2022). Childhood abuse, neglect, household dysfunction, and juvenile recidivism: The m	N	not sure
12	Craig, J. M., & Zettler, H. R. (2021). Are the Effects of Adverse Childhood Experiences on Violent Recidivism Offense-Specific? [Article]. Youth violence a	N	Yes include
13	Crick, S. N., Crittenden, C. A., Policastro, C. N., Garland, T. S., & Dierenfeldt, R. (2024). Adverse Childhood Experiences and Co-Occurring Disorders: Is The	N	only 3% of sample were non-white - move to excluded
14	Dalskiev, M., Cunningham, T., Dempster, M., & Hanna, D. (2021). Childhood Physical and Sexual Abuse as a Predictor of Reoffending: A Systematic Revie	N	a systematic review - move to excluded
15	Davis, J. P., Ports, K. A., Basile, K. C., Espelage, D. L., & David-Ferdon, C. F. (2019). "Understanding the buffering effects of protective factors on the relat	N	can't access full paper - need to contact
16	DeLisi, M., Alcala, J., Kusow, A., Hochstetler, A., Heirigs, M. H., Caudill, J. W., Trulson, C. R., & Baglivio, M. T. (2017). Adverse Childhood Experiences, Con	N	yes
17	Fagan, A. A., & Novak, A. (2018). Adverse childhood experiences and adolescent delinquency in a high-risk sample: A comparison of White and Black you	N	yes
18	Farrington, D. P. (2011). Predictors of Violent Young Offenders. In The Oxford Handbook of Juvenile Crime and Juvenile Justice. https://doi.org/10.1093/(	N	no doesn't talk about aces or ethnicity in abstract - move to excluded
19	Fedina, L., Moss, L., Rousson, A. N., Smith, M. E., Bright, C., Herrenkohl, T. I., & DeVylder, J. (2023). Effects of neighborhood disconnection on psychologic	N	no was looking at IP victim not offenders
20	Fitzgerald, M., & Bishop, A. (2024). Challenging the use of the overall adverse childhood experiences (ACEs) score: Comparing total ACEs, maltreatment	N	no - are offenders but assess on mental health issues
21	Folk, J. B., Ramos, L. M. C., Bath, E. P., Rosen, B., Marshall, B. D. L., Kemp, K., Brown, L., Conrad, S., & Tolou-Shams, M. (2021). The prospective impact c	N	no - uses offenders, but examines behavioural outcomes of substance use and psychiatric diagnoses
22	Gajos, J. M., Leban, L., Weymouth, B. B., & Cropsey, K. L. (2023). Sex Differences in the Relationship Between Early Adverse Childhood Experiences, Delir	N	no collects ethnicity, but only compares gender
23	Garcia, A. R., Gupta, M., Greeson, J. K. P., Thompson, A., & DeNard, C. (2017). Adverse childhood experiences among youth reported to child welfare: Re	N	no didn't compare ethnicity or offending
24	Gebo, E., Rebellon, C. J., & Turner, H. A. (2022). Specifying the Nature of the Victim-Offender Overlap: A Gendered Analysis of Victimization and Offend	N	no doesn't examine ethicity - move to excluded
25	Geffner, R., White, J. W., Hamberger, L. K., Rosenbaum, A., Vaughan-Eden, V., & Vieth, V. I. (2022). Handbook of interpersonal violence and abuse across	N	no move to excluded don't know why you even included this
26	Gilbreath, S., Cheng, Y., de Francisco Lopes, V., & Novak, A. (2024). Adolescent Domestic Violence Referrals and Adverse Childhood Experiences: Race ar	N	yes looks only at domestic violence but counts as offending
27	Graf, G. H. J., Chihuri, S., Blow, M., & Li, G. (2021). Adverse childhood experiences and justice system contact: A systematic review [Review]. Pediatrics,	N	it's a systematic review, move to exclude
28	Hamilton, H. N., Malvaso, C. G., Day, A., Delfabbro, P. H., & Hackett, L. (2024). Understanding Trauma Symptoms Experienced by Young Men under Youth	N	no ethnicity examination or comparison
29	Henry, B. F. (2022). Disparities in use of disciplinary solitary confinement by mental health diagnosis, race, sexual orientation and sex: Results from a na	N	no - adults
30	Isom Scott, D. A. (2018). Disentangling the Impact of Female Victimization Across Racial and Ethnic Lines [Article]. Victims and Offenders, 13(5), 711-7:	N	no - doesn't use ACES as measurement of trauma/victimisation
31	Jackson, D. B., Jones, M. S., Semenza, D. C., & Testa, A. (2023). Adverse Childhood Experiences and Adolescent Delinquency: A Theoretically Informed Im	N	no - omitted ethnicity as a covariable
32	Jensen, T. M., Bernard, D., & Lanier, P. (2024). Conceptualizing adverse childhood experiences as a latent factor: Tests of measurement invariance across	N	no - didn't look at offending as a negative outcome, only behavioural problems
33	Johnson, M. E. (2018). Trauma, Race, and Risk for Violent Felony Arrests Among Florida Juvenile Offenders [Article]. Crime and delinquency, 64(11), 143	N	yes - doesn't employ ACE-IQ but covers all ACES
34	Johnson, M. E., Rigg, K. K., Vroom, E. B., Akbari, Z., & Bristol, S. C. (2023). Racial/Ethnic Differences in the Effects of Adverse Childhood Experiences on S	N	no - don't think so focuses on substance misuse, but does report offending - relook
35	Jones, M. S., Shurtliff, T. M., & Gerlinger, J. (2022). Racial differences in the effects of early adverse childhood experiences on adolescent delinquency: T	N	yes
36	Jones, M. S., Worthen, M. G. F., Sharp, S. F., & McLeod, D. A. (2021). Native American and Non-Native American Women Prisoners, Adverse Childhood E	N	no - adults
37	Joseph-McCatty, A. A., Sanders, J. E., Massey, M., Hnilica, R. J., & Williams, R. D. (2023). Tracking the early stages of the disciplinary gaze among studer	N	no - no offending, school discplinary system
38	Kahn, R. E., Jackson, K., Keiser, K., Ambroziak, G., & Levenson, J. S. (2021). Adverse Childhood Experiences Among Sexual Offenders: Associations With S	N	think controlled for race double check
39	Kushner, M., & Leban, L. (2024). Expanding the ACEs index beyond the household: A gendered assessment of the adversity-delinquency nexus [Article]. J	N	no - race used as an covariate
40	Lansing, A. E., Park, J., & Beck, A. N. (2023). Cumulative trauma, adversity, and loss among juvenile justice-involved girls: Implications for health disparit	N	no - were justice-involved, but did not focus on offending rates only health
41	Leban, L., & Delacruz, D. J. (2023). Adverse childhood experiences and delinquency: Does age of assessment matter? [Article]. Journal of Criminal Justice	N	no - uses race as a control variable
42	Leban, L., & Gibson, C. L. (2020). The role of gender in the relationship between adverse childhood experiences and delinquency and substance use in ad	N	no - race used as a control variable
43	Lockwood, A., Peck, J. H., Wolff, K. T., & Baglivio, M. T. (2022). Understanding Adverse Childhood Experiences and Juvenile Court Outcomes: The Modera	N	yes



	A	B	C
39	Kushner, M., & Leban, L. (2024). Expanding the ACEs index beyond the household: A gendered assessment of the adversity-delinquency nexus [Article]. J	N	no - race used as an covariate
40	Lansing, A. E., Park, J., & Beck, A. N. (2023). Cumulative trauma, adversity, and loss among juvenile justice-involved girls: Implications for health disparit	N	no - were justice-involved, but did not focus on offending rates only health
41	Leban, L., & Delacruz, D. J. (2023). Adverse childhood experiences and delinquency: Does age of assessment matter? [Article]. Journal of Criminal Justice	N	no - uses race as a control variable
42	Leban, L., & Gibson, C. L. (2020). The role of gender in the relationship between adverse childhood experiences and delinquency and substance use in ad	N	no - race used as a control variable
43	Lockwood, A., Peck, J. H., Wolff, K. T., & Baglivio, M. T. (2022). Understanding Adverse Childhood Experiences and Juvenile Court Outcomes: The Modera	N	yes
44	Malvaso, C., Harris, D., McGee, T. R., & Craig, J. (2023). The Implications of Adverse Childhood Experiences (ACEs) Research in the Treatment and Prever	N	no is an ACE assessment tool, doesn't look at ethnicity
45	Meeker, E., O'Connor, B., Kelly, L., Hodgeman, D., Scheel-Jones, A., & Berbary, C. (2021). The Impact of Adverse Childhood Experiences on Adolescent He	N	mainly health risk behaviours, looks at violence, but also uses race as covariates at times so I don't think so
46	Meldrum, R. C., Stults, B. J., Hay, C., Kernsmith, P. D., & Smith-Darden, J. P. (2022). Adverse childhood experiences, developmental differences in impuls	N	no - uses race as a control variable
47	Mii, A. E., Erskine, B. S., Willis, M. C., Draft, D., Sonnen, E., Flood, M. F., & Hansen, D. J. (2024). Adverse Childhood Experiences among Adolescent Girls i	N	no - did not look at results between ethnicities, although an ethnically diverse sample
48	Muir, N. M., & Viljoen, J. L. (2022). Adverse childhood experiences and recidivism in indigenous and white female and male adolescents on probation [B	N	yes - I think so
49	Nikulina, V., Gelin, M., & Zwilling, A. (2021). Is There a Cumulative Association Between Adverse Childhood Experiences and Intimate Partner Violence i	N	no - controlled for demographics, move to excluded
50	Roos, L., Afifi, T., Martin, C., Pietrzak, R., Tsai, J., & Sareen, J. (2016). Linking Typologies of Childhood Adversity to Adult Incarceration: Findings From a N	N	uses race as a covariate
51	Schilling, E. A., Aseltine Jr, R. H., & Gore, S. (2007). Adverse childhood experiences and mental health in young adults: A longitudinal survey [Article]. BM	N	yes - but looks at other negative outcomes as well
52	Sheats, K. J., Irving, S. M., Mercy, J. A., Simon, T. R., Crosby, A. E., Ford, D. C., Merrick, M. T., Annor, F. B., & Morgan, R. E. (2018). Violence-Related Dispa	N	I don't know - unsure if it looks at victimisation or perpetration
53	Slocum, L. A., Medel, J., Doherty, E. E., & Simpson, S. S. (2022). Unpacking the Criminogenic Aspects of Stress Over the Life Course: The Joint Effects of E	N	not ACES
54	Sykes, R. B. (2023). #Sayher{Young}name: The relationship between dehumanization and perceptions of police violence against Black girls [General Psy	N	no - looks at police force not offending
55	Testa, A., Jackson, D. B., Ganson, K. T., & Nagata, J. M. (2022). Adverse Childhood Experiences and Criminal Justice Contact in Adulthood [Article]. Acade	N	no - controlled for race
56	Thompson, N., & Hanson, R. K. (2024). Paraphilic offending: Another privilege of white men? [Criminal Behavior & Juvenile Delinquency 3236]. Journal o	N	
57	Wang, X., Maguire-Jack, K., Barnhart, S., Yoon, S., & Li, Q. (2020). Racial Differences in the Relationship between Neighborhood Disorder, Adverse Childh	N	not offending or CJS contact
58	Warner, T. D., Leban, L., Pester, D. A., & Walker, J. T. (2023). Contextualizing adverse childhood experiences: The intersections of individual and commur	N	I don't think so - compares ACEs across race, but controls for race on the offending
59	Wickrama, T., Merten, M. J., & Terrell, A. (2024). Adverse childhood experiences and intimate partner violence among recent adults: Mental health and	N	no - looks at victimisation not perpetration
60	Wolff, K. T., Baglivio, M. T., & Intravia, J. (2022). Adverse childhood experiences (ACEs), psychotropic medication prescription, and continued offending a	N	I think so but also looks at psychotropic medication?
61	Wolff, K. T., Baglivio, M. T., Klein, H. J., Piquero, A. R., DeLisi, M., & Howell, J. C. (2020). Adverse Childhood Experiences (ACEs) and Gang Involvement Ar	N	uses race as a control variable
62	Wolff, K. T., Cuevas, C., Intravia, J., Baglivio, M. T., & Epps, N. (2018). The Effects of Neighborhood Context on Exposure to Adverse Childhood Experience	N	yes - I think so
63	Zettler, H. R., Wolff, K., Baglivio, M., Craig, J. M., & Epps, N. (2018). The racial and gender differences in the impact of adverse childhood experiences or	Y	Yes
64			
65			

Appendix C

Systematic Review Quality Assessment Scoring



Paper	Question number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	Total Score	
Baglivio		2	2	0	2	2	2	0	2	0	0	2	2	2	1	2	2	2	2	2	2	31	Good
Craig		2	2	0	2	0	2	0	2	0	0	2	2	2	2	2	2	2	2	2	0	28	Moderate
DeLisi		2	2	0	2	2	2	1	2	2	0	2	2	2	1	0	2	2	2	2	0	30	Moderate
Fagan		2	2	0	2	2	2	1	2	2	2	2	0	0	0	1	2	2	2	2	0	28	Moderate
gillbreath		2	2	0	2	2	2	1	2	0	2	2	2	2	1	2	2	2	2	2	0	32	Good
Johnson		2	2	0	2	2	2	1	2	0	0	2	2	2	0	2	2	2	2	2	1	30	Moderate
Jones 2022		2	2	0	2	2	2	0	2	2	0	2	2	0	0	2	2	2	2	1	2	29	Moderate
Lockwood		2	2	0	2	2	2	0	2	0	2	2	2	2	1	2	2	2	2	2	1	32	Good
Muir		2	1	2	2	2	2	0	2	2	2	2	2	2	1	2	2	2	2	2	0	34	Good
Schilling		2	2	0	2	2	2	2	2	2	0	2	2	2	2	2	2	2	2	2	2	36	High
Wolff		2	2	0	2	2	2	1	2	2	2	2	0	2	1	1	2	2	2	2	2	33	Good
Zettler		2	1	0	2	2	2	1	2	2	2	2	2	2	0	2	2	2	2	2	0	32	Good

Study 1

Appendix D.1

Study 1 Ethics Application

Application form

1 Title of Project: Comparing negative outcomes of ACE's and racial trauma between Caucasian and Ethnic minority individuals

Short title for use in footers of documents (i.e., Dynamic study): Comparison study

2 Names, Qualifications, Job Title, School/Divisional/Unit/Address, email of all Researchers:

Chief Academic/Supervisor: Dr Nigel Hunt, Associate Professor, Faculty of Medicine & Health Sciences

Room B19 Yang Fujia

Jubilee Campus

Wollaton Road

Nottingham

NG8 1BB

UK0115 84153150115 846 6625

nigel.hunt@nottingham.ac.uk

Other key researchers/collaborators: N/A

Students name and course: Roisin Roza Reid, DForenPsy

Have you completed the Research Integrity Training course? **Yes**

If not please go to

https://www.nottingham.ac.uk/graduateschool/traininganddevelopment/research-integrity.aspx

If yes please submit evidence of course completion.

Have your read the Code of Research Conduct and Research Ethics? **Yes**

https://www.nottingham.ac.uk/research/resources/documents/code-of-research-conduct-and-research-ethics-v7.0-june-2020.pdf

3 Type of Project: (Please select one or more from list below and delete as appropriate)

Doctorate Thesis Year 2 project

Questionnaire-based study

4 Location of study:

Online

5 Description and number of participants to be studied:

A minimum sample size number required was calculated by an a priori power analysis, using the G* Power programme (Faul et al., 2009). Effect sizes from Cronholm et al (2015) support the expectation of medium effect sizes (f^2). The analysis indicated a required total sample number of 102 participants, would be

sufficient to detect medium effects with 85% power using a multiple linear regression analysis with alpha at .05. However, as this is a comparison study it is necessary each ethnic group obtains 102 participants each (e.g., 102 Black participants, 102 Caucasian participants etc.). This. This accurate sample calculation can reduce the likelihood of errors, which is vital when testing predictive relationships between two variables (Martinez-Mesa et al., 2014).

6 <u>Summary of Experimental Protocol</u> - Please give details below (no longer than this side of A4) under the following headings: -

1.Background

Adverse Childhood Experiences (ACEs) are traumatic events which occur in an individual's life prior to 18 and are shown to increase the risk of experiencing several negative life outcomes (Connolly., 2019; Felitti et al., 1998). ACEs research has several limitations due to its' lack of comparative cross-ethnicity investigation and consideration of culturally diverse adverse events (Bernard et al., 2020; Maguire-Jack et al., 2020). Cronholm et al., (2015) discovered intersectional demographic characteristics increased an individual's risk of experiencing expanded ACEs but utilized an inadequate assessment of racial trauma.

This study is aimed to compare the prevalence of expanded ACEs, racial trauma, and subsequent negative life outcomes (Mental health, substance misuse, Anti-Social Behaviour) between several ethnicities. Specifically, between a Caucasian and an ethnic minority sample. It also proposes to advance previous research by employing a more comprehensive assessment of racial trauma.

2. Aims

The project aims to investigate the following research questions:

1. Do ethnic minority individuals experience more ACEs and racial trauma than Caucasian individuals?
2. Do ethnic minority individuals exhibit more severe subsequent negative outcomes than Caucasian individuals?
3. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative outcome for Caucasian individuals?
4. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative outcome for Ethnic minority individuals?

3. Research protocol and methods

The current study will use a cross-sectional online survey design, to observe individual differences in participant's and the relationship with subsequent negative life outcomes. Initially, individual will be provided with an introduction sheet (Appendix A) and consent form (Appendix B) to inform them of the study purpose and obtain consent, respectively. Participants shall then complete a series of questionnaires assessing their demographic data, mental health, substance use (Appendix C), and experiences of ACEs (Adverse Childhood Experiences International questionnaire (ACE-IQ) (WHO, 2018) (Appendix D)), racial trauma (Adjusted Race-Related Events (Waelde et al., 2010) (Appendix E), Trauma Symptoms of Discrimination Scale (Williams, Printz & DeLapp, 2018)) (Appendix F) and anti-social behaviour (Subtypes of Antisocial Behaviour questionnaire (STAB) (Burt & Donnellan, 2009) (Appendix G)),. After completing the study, individuals shall be provided with a debrief form (Appendix H) to ensure they are fully debriefed of the study's purpose.

4.Measurable end points/statistical power of the study

The study will provide several measurable end points including participants' : age (numerical), gender (categorical), ethnicity (categorical), Socioeconomic Status (categorical), Mental Health (categorical), Substance misuse (categorical). ACE score (numerical), racial trauma score (TSDS questionnaire numerical score) and antisocial behaviour scores (STAB questionnaire numerical score).

5.Key references

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a Culturally Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth. Journal of Child & Adolescent Trauma, 14(2), 233–247. https://doi.org/10.1007/s40653-020-00319-9

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences. American Journal of Preventive Medicine, 49(3). https://doi.org/10.1016/j.amepre.2015.02.001

Mersky, J., Topitzes, J., & Reynolds, A. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. Child Abuse & Neglect, 37(11), 917–925. https://doi.org/10.1016/j.chiabu.2013.07.011

Do not go over the page

7 <u>Lay Summary of project</u> (in lay words) maximum 200 words)

Summaries which include language which is too technical for lay members of the Committee will be rejected.

Adverse Childhood Experiences (ACEs), according to the World Health Organisation (WHO) are traumatic events occurring before 18. Felitti et al (1998) identified ten adversities were linked to negative health outcomes in adulthood, whilst further research identified links to other negative social outcomes (Baglivio et al., 2015; Connolly, 2019; Hughes et al., 2017).

ACEs research has several limitations due to its' lack of comparative cross-ethnicity investigation and consideration of culturally diverse adverse events (Bernard et al., 2020; Maguire-Jack et al., 2020). Yet, ethnic minorities are disproportionally more likely to experiences negative life outcomes, such as criminality (Sturge, 2020). The few studies examining ACEs in ethnic minorities, found Black youth report more ACEs, but did not identify why (Bernard et al, 2020). Bernard et al (2020) suggests ACEs fail to encompass all ethnic minorities' adversities, such as racial trauma. Cronholm et al (2015) furthered this by investigating an 'Expanded ACEs framework' to assess ethnic minorities' experiences and found there were intersectional demographic characteristics which increased an individual's risk to experience ACEs. This included being Black, male, and from low socioeconomic background (Cronholm et al., 2015). Yet, the authors' utilized an inadequate assessment of racial discrimination, whilst more recent researchers suggest it should describe as racial trauma to capture the devasting effects it has (Bernard et al., 2020).

Therefore, in review of previous research the current study is aimed to compare the prevalence of expanded ACEs, racial trauma, and subsequent negative life outcomes (Mental health, substance misuse, Anti-Social Behaviour) between several ethnic groups. Specifically, between a Caucasian and an ethnic minority sample. It also

proposes to advance previous research by employing a more comprehensive assessment of racial trauma.

8 Will written consent be obtained from all volunteers?

Yes

The primary researcher will obtain written consent from the study volunteers, via the study consent form (see attached documents).

9 Will an inconvenience allowance be offered **No**

10 FUNDING **No**

11 Studies involving NHS Staff, organisations, Services

Does the study involve any premises, services staff who hold a contract with a hospital, Primary Healthcare or Social Care Trust? **No**

If you answer yes please contact the University Sponsor Office before you start and submit your application to this Committee: Please e-mail sponsor@nottingham.ac.uk who will advise you where you need to apply to for approvals i.e. HRA/Hospital Trust R&D approval which is a University research governance requirement.

12 How will the subjects be chosen?

The study shall recruit participants from all ethnicities, aged 18-30 years old.

Please include a copy (as a separate attachment) of your proposed poster or advert, e-mail/letter of invitation text to be posted on social media sites.

Thank you for your interest in this study. You are invited to take part in a research project. This study is investigating the relationship between Adverse Childhood Experiences (ACEs), race-based trauma and potential subsequent negative outcomes. It aims to assess whether participants' different individual characteristics and personal experience are associated with negative life outcomes (e.g., Mental Health, Substance Use), and if this is different across ethnicities. Please contact the researchers to discuss any questions you may have before giving consent or if you would like more information.

13 Describe how possible participants will be approached.

The participants shall be obtained via a convenience sample. Participants will be approached using a social media advert online, which will be shared online via websites, social media outlets and word of mouth. These websites may include (but may not be limited to): Facebook, Twitter, Instagram, Reddit. The primary researcher will also spend between £20-30 on Facebook advertising to obtain a higher number of participants. This sampling method will enable access to wide-ranging geographical participants within the UK and is quick and easy. It may also help to reduce the possibility of demand characteristics and researcher bias.

14 What sources of information will be included? i.e., pre-existing research database, student records, visits to other organisation, online resources

To begin, participants will receive an introduction sheet (Appendix A) and consent form (Appendix B) to inform them of the study purpose, and to gain their consent. Participants will then complete a demographic questionnaire (Appendix C), noting their demographic information (age, gender, ethnicity, socioeconomic status, sexuality). Individuals shall then complete five questionnaires on the JISC online platform - - to assess the dependent variables as measures of negative life outcomes. After study completion, participants shall be given a debrief sheet (Appendix H) to ensure they are fully debriefed of the purpose of the study.

15 Whose permission will be sought to access this information (e.g., GP, consultant Head of Organisation)? N/A

16 For interview/focus groups: N/A

17 Data Storage and Data management

Data Management Plan

Data description

What data will you create?

The study shall generate quantitative questionnaire responses, from four separate questionnaires investigating Adverse Childhood Experiences, racial trauma symptoms, mental health, substance mise and anti-social behaviour. Some questionnaires are answered using a 4 or 5-point scale, e.g., never (1) – always (5), which produces a quantitative result. The mental health and substance misuse questionnaires require a dichotomous 'yes' or 'no' answer as to whether participants have ever experienced the

concept, which will be assigned a quantitative number (1-yes, 2-no). The remaining questionnaires – Adverse Childhood Experiences International questionnaire (ACE-IQ) (WHO, 2018) (Appendix D), Subtypes of Antisocial Behaviour questionnaire (STAB) (Burt & Donnellan, 2009) (Appendix G), Adjusted Race-Related Events (Waelde et al., 2010) (Appendix E) and the Trauma Symptoms of Discrimination Scale (Williams, Printz & DeLapp, 2018) (Appendix F)– will produce quantitative data.

Data collection / generation

What are your methodologies for data collection / generation? How will you ensure data quality? What data standards will you use?

The data will be collected on 'JISC' (formerly Bristol Online Surveys), which is an online survey platform. Individual's raw data will be exported into individual excel files and will be stored on the University OneDrive service, in a password protected folder.

The researcher shall collect the minimum required information only, for the purpose of the study. All participant data shall be anonymised before any statistical analysis is conducted.

Data storage and security

Where and how data will be stored, backed-up, transferred, and secured during the active phase (short to medium term) of research?

Participants' data will initially be stored on the JISC online platform whilst responses are being gathered. A randomly generated participant ID number will be assigned to participants, to ensure anonymity and protect the participants identity during this study. After data collection, all data will be collated into an Excel spreadsheet and remain anonymised for statistical analysis. Participants email address shall be retained for up to three months of study completion, so if they wish to withdraw their data or

participate in further planned studies, they may do so. All raw data and signed study forms will be kept on the University of Nottingham's OneDrive platform, in a password protected file.

The University of Nottingham provides storage for research data and holds a license for Microsoft OneDrive, which meets the criteria to be information security management compliant. It encrypts sedimentary and in transit data and is approved by the University's Handling Restricted Data Policy. Individuals' information will be stored for up to seven years, after the study is terminated, for potential audit and peer review purposes.

Data management, documentation, and curation

What are your principles, systems, and major standards for data management and creation? What metadata and documentation will you keep?

The primary researcher and supervisor will ensure participants' rights to privacy and informed consent are achieved. This will be gained via a signed consent form, after individuals have been provided with a study information sheet. Individual's will also receive a debrief sheet to ensure participants are fully informed of the study's purposes. All data will be managed in line with the University of Nottingham's data management policy and the study will adhere to UK General Data Protection regulations (GDPR).

Ethics & Privacy

Are there any ethical or privacy related issues associated with your data?

Participants' demographic data (age, ethnicity, gender, sexuality, and socioeconomic status) will be collected and anonymised, as these variables form the main research areas within this study. Individuals can also select 'prefer not to say' in

response to the demographic questions. Email addresses will be collected, purely for the basis for if participants wish to withdraw after their participation and participate in the second follow up study. Yet, if participants wish would do neither, their contact details will be destroyed before analysis. However, they will also be given a study identity code to ensure anonymity. As the study collects personal information, the study shall adhere to the Data Protection Act 2018, including GDPR requirements. Therefore, all participants will be made aware of the procedure followed (in the study information sheet) to ensure participant confidentiality, information privacy and appropriate data management.

Data preservation

How will you ensure the long-term storage and preservation of data?

The primary researcher and supervisor will be responsible for the maintenance and protection of the study data. The University is a General Data Protection Regulation compliant body, which means the research team will adhere to these policies. Therefore, participant data will be stored in a password protected folder to ensure security.

The data will be stored in the primary researchers OneDrive, whilst other UoN staff members may request access to the raw data for marking and audit purposes. All research data will be deposited into the UoN research data archive once the study is completed and wrote up for academic purposes.. Participants' data shall be stored the archive for a minimum of seven years, according to the University's policies. If the research is published, it will be allocated a DOI link for interested parties to view the raw data.

Data sharing and access

How will the data generated be shared and published?

The raw data shall only be available to the primary researcher and supervisor to access. This will include participants' consent and debrief forms, questionnaire answers, demographic characteristics, and any other relevant data. All participants' raw data shall be anonymised prior to statistical analysis, and the study's results shall only be displayed according to groups of participants, rather than specific individual data. The study will adhere to the University of Nottingham Data Protection Policy (https://www.nottingham.ac.uk/governance/records-and-information-management/data-protection/data-protection-policy.aspx), for data sharing purposes.

Data access may be requested by external researchers for audit or viewing purposes. If this occurs, the responsible individuals will follow guidance from the University Information Compliance office, to ensure the correct procedures are adhered to. If the study is published, it will provide a data availability statement, which includes a DOI link directly to the relevant data set if external researchers want to observe the raw data.

Roles & responsibilities

Who will be responsible for managing data, data security, data quality, and data security both during the award and post-award?

The primary researcher (Roisin Reid) will be responsible for data collection storage and management. The Supervisor of this study will manage the access to this data and will assess how the data is used. Only responsible members of the University of Nottingham (primarily the Primary Researcher & Supervisor) will be provided access to the data for monitoring or audit of the study, to ensure it is being conducted correctly.

Relevant policies

What are the relevant institutional, departmental or study policies on data sharing and data security?

The University of Nottingham follows The General Data Protection Regulation (GDPR) laws. Therefore, the University is the data controller, according to UK Data Protection laws. These laws state the University is legally responsible for the data and will store the data for seven years for potential peer review.

The University of Nottingham also has several relevant policies the study obey. For example: the University of Nottingham Research Data Protection Policy, Data Management Policy, Records Management Policy, and the Records Retention Policy,.

IPR

Who will own the copyright and IPR of any data that you will collect or create? Will you create a licence(s) for its use and reuse? If you are planning to use existing data as part of your research, do any copyright or other restrictions determine its use?

The University of Nottingham will own the data and be the data controller.

Budgeting

What are the costs or funding required for capturing, processing, storing, and archiving your data?

No immediate costs are anticipated for the data management of this study, besides use of the University's access to OneDrive. The primary researcher shall spend £20-30

on Facebook advertising to advertise the study and obtain the data, if the minimum participant number is not achieved.

Further Help

Would you like your plan to be reviewed by specialists in Libraries? No

18 <u>What ethical problems do you foresee in this project?</u>

The present study investigates sensitive information about the participants. Specifically, around their experiences of Adverse Childhood Experiences (ACEs), racial trauma, Mental Health, substance use and other personal information. Respondents will be unable to see the questionnaires prior to completion, which may bring unveil uncomfortable memories or emotions for them. However, participant will be able to withdraw from the study at any point and will be informed of the topics covered in the information sheet (Appendix A). Therefore, only individuals over 18 will be recruited and informed of the study purpose. All individuals will be fully debriefed after study completion and signposted to an array of relevant support services they can access to mitigate any emotional upset (Appendix H). Participant anonymity and confidentiality will also be maintained, nor will the project retain or share any personal information throughout.

19 What are the possible limitations of the proposed design of this study?

The study uses all self-report measures to assess the variables, which may lead to social desirability or inaccurate reporting of the information investigated. The study will also not randomise the questionnaires, as it is not expected the completion of one

questionnaire will affect the answer of a following one. This may lead to some order effects (Glenn., 2016), but this is not anticipated. Furthermore, the study is an online survey which may lead to inequal gender representation in the study. However, the primary research aims to combat this limitation by contacting social media accounts who have a following of the targeted audience, to decrease the likelihood of a gender inequal representation.

DECLARATION: I will inform the Medical School Ethics Committee as soon as I hear the outcome of any application for funding for the proposed project and/or if there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations as to the rights, welfare, and dignity of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

Signature of Lead Investigator:  Date: 15/03/22

**Nb If you are student your supervisor must sign this form otherwise it will be rejected

Name and address for correspondence with applicant:

Roisin R Reid

1 The Moorlands,

Moorland Road,

Cardiff

South Glamorgan

CF24 2LL

Please submit your completed application to:

Administrative Support

Faculty of Medicine & Health Sciences Research Ethics Committee

c/o Faculty PVC Office

B Floor, Medical School (nr Bridge)

QMC Campus, Nottingham University Hospitals

Nottingham

NG7 2UH

e-mail: louise.sabir@nottingham.ac.uk

Research Proposal

Student: Roisin Roza Reid Student ID: 1004113

Project Title: Comparing negative outcomes of ACE's and racial trauma between Caucasian and Ethnic minority individuals

Overview of the Topic

ACEs

Adverse Childhood Experiences (ACEs) are a key public health issue and increase the risk of negative life outcomes (Mersky et al., 2017). The World Health Organisation (WHO., 2018) define ACEs as traumatic life events occurring before 18. ACEs encompass a variety of adversity which may occur singularly or are repeated, which may affect a child's development, parental attachment, or safety (CDC, 2020a). Seminally, Felitti et al (1998) identified the ten original ACEs which increased the risk of poorer physical health outcomes in adults. These experiences included: parental imprisonment, parental divorce, domestic violence, emotion, physical and sexual abuse, household substance misuse, household mental health and neglect (emotional, physical) (Felitti et al., 1998). These adversities have also been shown to increase the risk of other negative life outcomes including poor mental health (Hughes et al., 2017), Anti-Social Behaviour (Connolly., 2019) and offending (Baglivio et al., 2015). There are growing indicators ACEs are not equally distributed between ethnicities, gender, and Socioeconomic Status (SES) (Maguire-Jack et al., 2020; Mersky et al., 2017; Slopen et al., 2016). For example, Walsh et al's (2019) systematic review identified 40 research papers which revealed low socioeconomic status was significantly associated with a higher number of ACEs.

ACEs & Ethnicity

In the seminal study, Felitti et al (1998) discovered 50% of Caucasian participants reported zero ACE's, whilst only 39% of Black, 43% Latino, 66% Asian and 41% of 'other race' participants reported this. Furthermore, Mersky et al (2021) explored the association of ACEs and intersectional risk factors including ethnicity, gender, and SES. The authors' discovered ACEs were higher in participants who were either female, an ethnic minority or had a low SES (Mersky et al., 2017). However, the intersectional risk of all three demographic characteristics was not significant. For example, SES moderated the differences in ACEs amongst ethnicities (Mersky et al., 2017).

However, research has expanded the original ACEs framework, now known as Conventional ACEs (ACEs-C), due to the lack of consideration of ethnic minority's experiences of adversity (Finkelhor et al., 2013). An Expanded ACEs (ACEs-E) framework was introduced to include additional adversities, which developmental researchers highlighted also affected negative life outcomes (Finkelhor et al., 2013). These included community violence, low SES, low educational attainment, and peer influence (Finkelhor et al., 2013), which are highly prevalent in ethnic minorities (Cronholm et al., 2015). Finkelhor et al (2013) found these additional adversities were better predictors of mental health symptoms than some ACEs-C. Qualitive research from ethnic minority-only samples have revealed further ACEs beyond the original ACEs-C framework, including racial discrimination, neighbourhood safety, bullying and living in foster care (Pacher & Coll., 2009; Wade et al., 2014) as more detrimental factors.

Cronholm et al (2015) developed this by investigating both ACEs-C and ACEs-E and employed the Perceptions of Racism in Children and Youth (PRaCY) (Pachter et al., 2010) tool. In an ethnically diverse sample, Cronholm et al (2015) discovered specific

demographic characteristics were associated with an increased risk of experiencing ACEs-E. Black males from low SES backgrounds were more likely to experiences ACEs-E, suggesting the role of intersectional demographic factors (Cronholm et al., 2015). Additionally, 13.9% of individuals only experienced ACEs-E, suggesting their experiences were not captured within the original framework (Cronholm et al., 2015). However, there are limitations to this study as the assessment of ethnicity and racial discrimination was inadequate (Bernard et al., 2020). The study disregarded the experiences of biracial individuals and failed to encapsulate the psychological impact of racial discrimination (Bernard et al., 2020). Racial discrimination is argued to operate via similar biopsychosocial pathways to traumatic experiences such as ACEs (Nurius et al., 2016). Bernard et al (2020) also proposes racial discrimination should be conceptualised as 'racial trauma', defined as traumatic response to racial discriminatory experiences (Carter., 2007). It is also associated with negative life outcomes like those linked with ACEs (Bernard et al., 2020). Therefore, it is essential racial trauma is assessed appropriately and included within an assessment of ACEs (Bernard et al., 2020), which Cronholm et al., (2015) did not achieve. Yet, there are few studies explicitly comparing the differences between ethnicities in both ACEs-E, racial trauma, and their prediction of negative life outcomes (Mersky et al., 2017).

Negative Outcomes

Intersectional demographic characteristics, ACEs and racial trauma are also associated with several negative life outcomes. Some of these include substance misuse (Schauss et al., 2020), ASB (Baglivio et al., 2015; Fagan & Novak, 2018), criminality (De Lisi et al., 2017; Fox et al., 2015) and mental health (Bernard et al., 2020; Kim et al., 2020). There are psychological and social theories which can be extended to explain the effects of intersectional demographic characteristics or racial

trauma to explain increased risk of negative life outcomes. For example, Agnew's (1992) General Strain Theory (GST) may suggest individuals engage in ASB to cope with negative emotions caused by increased exposure to life stressors, due to their intersectional demographic characteristics. If ethnic minorities experience more ACEs and additional adversities, such as racial trauma, this may explain this disproportional representation of this population within the Criminal Justice System (Sturge, 2020).

Mersky et al (2021) also investigated ACEs and the association with negative life outcomes, including physical and mental health and substance misuse, in an urban, minority sample. The researchers discovered an increased exposure to ACEs was significantly associated with poorer physical and mental health outcomes, and higher levels of substance misuse. However, Mersky et al's (2021) sample only included African American and Hispanic individuals, thus questioning whether it is representative of all ethnic minority's experiences. It also fails to highlight the differences between ethnic minorities and Caucasian individuals, which the present aims to resolve. Therefore, this study aims to resolve this limitation.

Present Study

The present study is aimed to utilize an ethnically diverse sample to explore how ACEs, ethnically diverse ACEs and subsequent negative life outcomes operate between ethnicities. Limited studies have previously assessed and compared the relationship between these variables across all ethnicities. ASB, mental health and substance misuse engagement will be used as measures of negative life outcomes of experiencing ACEs. The study will also modify the conception of racial discrimination previously defined within the ACEs literature (Cronholm et al., 2015), to be considered as racial trauma. Whilst the current ACEs-E framework includes racial discrimination, the present study will further this work by considering the psychological impact this

adversity has and will employ a more sensitive racial trauma assessment. Finally, previous ACE's research has largely disregarded the role of intersectional demographic characteristics (Mersky et al., 2017). Therefore, the study shall employ a comprehensive assessment of participants' demographic characteristics.

Research Questions

The project will investigate the following research questions:

1. Do ethnic minority individuals experience more ACEs and racial trauma than Caucasian individuals?
2. Do ethnic minority individuals exhibit more subsequent negative outcomes than Caucasian individuals?
3. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative outcome for Caucasian individuals?
4. Do individuals' demographic characteristics, ACEs and racial trauma scores predict each negative outcome for Ethnic minority individuals?

Proposed methods

1. Participants

A minimum sample size number required was calculated by an a priori power analysis, using the G* Power programme (Faul et al., 2009). Effect sizes from Cronholm et al (2015) support the expectation of medium effect sizes (f^2). The analysis indicated a required total sample number of 102 participants, would be sufficient to detect medium effects with 85% power using a multiple linear regression analysis with alpha at .05. This accurate sample calculation can reduce the likelihood of errors, which is vital when testing predictive relationships between two variables (Martinez-Mesa et al., 2014).

The study shall only recruit participants aged 18-30 years old, as this group are at a higher risk of engaging in negative behaviours due to their childhood experiences (Zapolski et al., 2019). There will be no requirements regarding gender or ethnicity, as it is intended to compare the outcome measures between ethnic groups (e.g., Ethnic Minorities v Caucasian). Participants will be split into seven ethnic categories, depending on how individuals self-identify in the demographic questionnaire.

2. Procedure

To investigate the research questions, the study shall employ a cross-sectional online survey design. This design has been selected to measure differences in the dependent variables between participants, and between ethnic groups. The inability to account for individual differences amongst participants are a limitation of a between-subjects experimental design (Budiu., 2018). However, this study will be investigating the differences between individuals' personal characteristics. Furthermore, this study design will also reduce participant fatigue as a confounding variable, as no participants shall repeat any measures. Yet, the researcher acknowledges between-subjects experimental designs require a large sample number to increase statistical power (Budiu., 2018), thus this may be a limitation of this design method if this is not met.

The independent variables include – ethnicity (7), gender (5), sexuality (6) and Socioeconomic Status (6) which will differ amongst participants. The dependent variables will be participants' scores on each measure.

A convenience sampling method shall be used to obtain participants. A study advert shall be created and published via online social media outlets, including but not limited to Facebook, Twitter, Instagram, LinkedIn etc. Some specific social media accounts may be approached by the primary researcher to boost participant numbers – e.g., DForenPsy Twitter account. If this occurs, the primary researcher will obtain

gatekeeper consent. The primary researcher shall also spend between £20-30 to create a Facebook advert to obtain a higher number of participants. These sampling methods were chosen as they are quick, easy and reach widespread geographical participants to provide a more representative sample population and may help to reduce demand characteristics. However, the researcher acknowledges social media advertising may lead to sample bias and inequal gender representation, as females are more likely to participate in voluntary experimental research (McLeod., 2019) – hence a limitation of the experimental design.

To begin the study, participants will be presented with an introduction sheet (Appendix A), on the JISC platform, to inform them of the study purpose. To gain consent, individuals will the need to complete and sign a tick-box consent form (Appendix B). Participants shall then complete a demographic questionnaire (Appendix C) to obtain their demographic information, before completing further questionnaires assessing the remaining dependent variables. Individuals shall then answer four questionnaires – the Adverse Childhood Experiences – International Questionnaire (ACE-IQ) (WHO, 2018) (Appendix D), an adjusted Race-Related Events (Waelde et al., 2010) (Appendix E), the Trauma Symptoms of Discrimination Scale (Williams, Printz & DeLapp, 2018) (Appendix F) and the Subtypes of Antisocial Behaviour questionnaire (STAB) (Burt & Donnellan, 2009) (Appendix G). The questionnaires shall not be randomised between participants to avoid order effects, as the questionnaire responses are not dependent on one another. Finally, participants shall receive the debrief sheet (Appendix H) to ensure they are fully debriefed.

3. Measures

Demographic questionnaire

To begin the study, an initial questionnaire assessing participant's demographic information, mental health, and substance misuse. All information will be gathered using tick box exercises and will provide categorical data besides their age. Participant's demographic information shall include their age, ethnicity, gender, sexuality, and Socioeconomic Status (SES). Individual's SES shall be assessed using their parent's occupation and occupation industry, which fit into categories which translate into 'approximated Social Grades' (UK ONS, 2011). These social grades are a socioeconomic classification which were constructed by the UK Office for National Statistics to assess SES. This assessment has been chosen as it provides a comprehensive interpretation of participants' SES and are used in previous social sciences research (Croizet & Dutrévis, 2004).

Mental Health

Participants' experiences of mental health will obtained by asking questions about any present, historic, or diagnosed mental health issues (Appendix C). Participants' will be able to specify any mental health issues they have experienced. Brief definitions will also be provided of each mental health issue to help clarify what may fit into the category. This assessment was chosen as it is similar to a Psychiatric History Questionnaire which is often used in practice. Other previous studies have used clinical psychiatric diagnoses (e.g., Schauss et al., 2020) as an assessment of mental health as a negative outcome. Therefore, this study has aimed to combine both assessment types.

Substance Misuse

Individual's experiences of substance misuse shall be assessed using questions regarding any present or historic substance misuse (Appendix C). Participants will have

the option to specify which substance they have used, whether it has affected their daily living or whether they can function whilst using the substance.

The main study will then employ four questionnaires, displayed on an online survey programme (JISC), to assess the variables.

Adverse Childhood Experiences

Seminally, ACEs were examined using the original 10-item Adverse Childhood Experiences Questionnaire (ACE-Q) (Felitti et al., 1998). The original assessment produced a dichotomous 'YES/NO' answer as to whether individuals had experienced an ACE. However, the ACE-Q was criticized for its lack of culturally diverse ACEs. Therefore, this study shall use the World Health Organisation's (WHO, 2018) revised measure - Adverse Childhood Experiences -International Questionnaire (ACE-IQ) – to assess participants' ACEs.

There is a binary and frequency version of the ACE-IQ, which provide separate scores (ACE-B and ACE-F). The binary score reflects if an individual has ever experienced an ACE, whilst the frequency score reflects this ACE was frequently experienced. This captures a more accurate depiction of an individual's experiences of ACEs (Zarse et al., 2019). Whilst both contain the same 29 items, the frequency version adds supplementary words such as 'many or few times' into the question phrasing. Only if the participant has responded with the identical answer as phrased in the question, then they score for the specific ACE. The ACE-IQ also assesses for 13 ACEs, coded into six groups (Core questions: C, Marriage questions: M, Parents/guardian questions: P, Family questions: F, Abuse questions: A and Violence questions), and includes more culturally diverse ACEs (e.g., Community Violence) (Zarse et al., 2019). The revised questionnaire shall be employed in this study and

shall be a methodological development on previous studies in this area (e.g., Cronholm et al., 2015).

Whilst the ACE-IQ is limited as self-report and retrospective report of ACEs (Connolly., 2020), it has demonstrated a strong reliability. There is limited investigation into the tool's psychometric properties as it is a recent development (Kidman et al., 2019). However, Christoforou & Ferreira (2020) recently discovered the ACE-IQ had strong reliability (Cronbach's alpha coefficient r=.854) and convergent validity (Pearson's r=.850). It has also shown consistent reliability in predicting negative adult life outcomes (Christoforou & Ferreira., 2020; Zarse et al., 2019), therefore suggesting it is a valid tool to use.

Racial Trauma

The Race-Related Events Scale (RES) (Waelde et al., 2010) (Appendix E) is a brief screening tool which assesses participants' experiences of everyday stressful race-related events. It has 22 items which individuals answer, 'Yes' or 'No' as to whether they have ever experienced the event, e.g., have they ever been 'Ignored because of my race or ethnicity' (Waelde et al., 2010). It also has a further option for respondents to describe any other race-related event. However, this study will amend the tool. Participants' shall answer whether they have experienced each RES item, and if they have participants will be required to complete a Likert scale to record how stressful the event was (Not stressful – Very stressful).

With the RES examples in mind, participants will then complete the Trauma Symptoms of Discrimination Scale (TSDS) (Williams, Printz & DeLapp, 2018) (Appendix F). The TSDS is a 21-item questionnaire which measures anxiety-related trauma symptoms, caused by discrimination (Williams et al, 2018). A Likert scale is used to rate items from 1 (never) to 4 (often), as a measure of distress caused by

discrimination, which produces a total summed score (Williams et al, 2018). It is a recent developed tool measuring discriminatory-related trauma symptoms but is not specific to racial trauma. Researchers can decipher which form of discrimination (e.g., homophobia, sexism…) respondents consider. Therefore, this study has chosen two tools to assess racial trauma. Despite this, the TSDS has demonstrated good validity in preliminary research (Williams et al, 2018), but no psychometric assessments have been conducted yet.

Anti-Social Behaviour

Finally, to assess Anti-Social Behaviour as a negative life outcome, individuals will complete the Subtypes of Anti-Social Behaviour (STAB) (Burt & Donnellan, 2009) (Appendix G). The STAB is a 32-item self-report questionnaire, which measures individual's perception of their engagement in ASB over the last year (Burt & Donnellan, 2009). It uses a 5-point Likert scale (never-nearly all the time) to answer the questions (McLeod, 2019).

The STAB enquires about several types of ASB, which fit into three behavior constructs – physical aggression, rule-breaking and social aggression (Burt & Donnellan, 2009). These three constructs are proposed to provide a comprehensive structure of ASB, including both 'reactive' and 'proactive' forms of aggression (Burt & Donnellan, 2009). The tool's items were also based on the DSM-V's diagnostic criteria for Conduct Disorder and Anti-Social Personality Disorder – which are two psychiatric disorders which include a pervasive engagement in ASB (APA, 2013). Therefore, the tool has good theoretical support to be included in this study. The STAB is a self-report assessment of ASB, but it has been consistently validated in community and forensic samples to reliably assess everyday displays of ASB (O'Connell et al, 2020). Burt & Donnellan (2009) compared two studies employing the STAB, and it demonstrated

good reliability with similar factor loadings and Tucker congruence coefficients above .94, for all three behavior constructs. Yet, the tool is criticized for its lack of assessment on younger samples and more extreme examples of physical aggression (e.g., stabbing), which would be viewed as ASB (Burt & Donnellan., 2009). There are more suitable assessments of extreme or physical aggression (e.g., Reactive-Proactive Aggression questionnaire (Raine et al, 2006)), however this is not a primary interest of this study.

4. Proposed analytical methods

Each participant's raw data from the study will be downloaded from the JISC online platform and collated into an Excel spreadsheet. The JISC platform shall be programmed to score the questionnaires following their guidelines. This data set shall be checked for inattentive responses – consistently high or low scoring – and subsequently removed. The researcher shall then score each participant, as outlined by each questionnaire's instructions, and calculate a total score for each individual. This data shall then be inputted into SPSS (IBM Corp, 2017) to conduct the planned data analysis.

For the first research question, two separate 1-way ANOVAs shall be performed to see if ethnic minority individuals experience more ACEs and racial trauma than Caucasian individuals. For the second research question, three further 1-way ANOVAs shall be conducted to identify whether ethnic minority participants exhibit higher scores on the negative outcome measures, than Caucasian participants.

Preliminary univariate statistical analyses shall be conducted between the predictor and outcome variables to identify any significant relationships between them, prior the planned regressions for the third and further research questions. Three separate simultaneous multiple linear regressions shall be conducted for both the third and

fourth research question. These separate regressions shall examine whether participants' demographics (IVs), ACEs, and racial trauma scores (predictor variables) can predict each negative life outcome (ASB, MH, SM) (outcome variables) for Caucasian participants. The same shall repeated for ethnic minority participants to answer research question four. Multiple linear regressions are the most appropriate analyses to perform to answer the latter research questions, as it examines a predictor relationship. If one or more of the predictor variables exhibit significance, it can be concluded these variables are a significant predictor of the outcome variable.

5. Timeline

November

Source questionnaires

Identify variables

Format questionnaires for JISC

December

Finish JISC

Create results database

Create study advert

February

Ethics application submission

March - April

Approval

Advertise

Collect data

Start data compilation

May

Analysis

6. Staffing issues/equipment

The primary researcher shall promote the study on social media, collect and analyse all data. Therefore, no staffing issues are anticipated. In addition, participants shall complete the study on their own electrical devices, providing no potential equipment issues.

Proposal Word Count: 3,300

References

Agnew, R. (1992). Foundation for a General Strain Theory of Crime and Delinquency. Criminology, 30(1), 47–88. https://doi.org/10.1111/j.1745-9125.1992.tb01093.x

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). https://doi.org/10.1176/appi.books.9780890425596

Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The Relationship between Adverse Childhood Experiences (ACE) and Juvenile Offending Trajectories in a Juvenile Offender Sample. Journal of Criminal Justice, 43(3), 229–241. https://doi.org/10.1016/j.jcrimjus.2015.04.012

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a Culturally Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth. Journal of Child & Adolescent Trauma, 14(2), 233–247. https://doi.org/10.1007/s40653-020-00319-9

Budiu, R. (2018). Between-Subjects vs. Within-Subjects Study Design. Nielsen Norman Group, 13.

Burt, S. A., & Donnellan, M. B. (2009). Development and validation of the Subtypes of Antisocial Behavior Questionnaire. Aggressive Behavior, 35(5), 376–398. https://doi.org/10.1002/ab.20314

Carter, R. T. (2007). Racism and Psychological and Emotional Injury. The Counseling Psychologist, 35(1), 13–105. https://doi.org/10.1177/0011000006292033

Center for Disease Control and Prevention (CDC). (2021). About the CDC-Kaiser ACE Study. https://www.cdc.gov/violenceprevention/aces/about.html

Christoforou, R., & Ferreira, N. (2020). Psychometric Assessment of Adverse Childhood Experiences International Questionnaire (ACE-IQ) with Adults Engaging in Non-Suicidal Self-Injury. Mediterranean Journal of Clinical Psychology, 8(3). https://doi.org/10.6092/2282-1619/mjcp-2601

Connolly, E. J. (2020). Further Evaluating the Relationship Between Adverse Childhood Experiences, Antisocial Behavior, and Violent Victimization: A Sibling-Comparison Analysis. Youth Violence and Juvenile Justice, 18(1), 3–23. https://doi.org/10.1177/1541204019833145

Croizet, J.-C., & Dutrévis, M. (2004). Socioeconomic Status and Intelligence: Why Test Scores Do Not Equal Merit. Journal of Poverty, 8(3), 91–107. https://doi.org/10.1300/J134v08n03_05

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences. American Journal of Preventive Medicine, 49(3). https://doi.org/10.1016/j.amepre.2015.02.001

DeLisi, M., Alcala, J., Kusow, A., Hochstetler, A., Heirigs, M., Caudill, J., Trulson, C., & Baglivio, M. (2017). Adverse Childhood Experiences, Commitment Offense, and Race/Ethnicity: Are the Effects Crime-, Race-, and Ethnicity-Specific? International Journal of Environmental Research and Public Health, 14(3), 331. https://doi.org/10.3390/ijerph14030331

Fagan, A. A., & Novak, A. (2018). Adverse Childhood Experiences and Adolescent Delinquency in a High-Risk Sample. Youth Violence and Juvenile Justice, 16(4), 395–417. https://doi.org/10.1177/1541204017735568

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. Behavior Research Methods, 41(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. Child Abuse & Neglect, 48, 13–21. https://doi.org/10.1016/j.chiabu.2015.07.011

Fox, B. H., Perez, N., Cass, E., Baglivio, M. T., & Epps, N. (2015). Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent, and chronic juvenile offenders. Child Abuse & Neglect, 46, 163–173. https://doi.org/10.1016/j.chiabu.2015.01.011

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet Public Health, 2(8), e356–e366. https://doi.org/10.1016/s2468-2667(17)30118-4

IBM Corp. (2017). IBM SPSS Statistics for Windows. Armonk, NY: IBM Corp. Retrieved from https://hadoop.apache.org

Kidman, R., Smith, D., Piccolo, L. R., & Kohler, H.-P. (2019). Psychometric evaluation of the Adverse Childhood Experience International Questionnaire (ACE-IQ) in Malawian adolescents. Child Abuse & Neglect, 92, 139–145. https://doi.org/10.1016/j.chiabu.2019.03.015

Kim, H. G., Kuendig, J., Prasad, K., & Sexter, A. (2020). Exposure to Racism and Other Adverse Childhood Experiences Among Perinatal Women with Moderate to Severe Mental Illness. Community Mental Health Journal, 56(5), 867–874. https://doi.org/10.1007/s10597-020-00550-6

Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating racial differences in clusters of adverse childhood experiences. American Journal of Orthopsychiatry, 90(1), 106–114. https://doi.org/10.1037/ort0000405

Martínez-Mesa, J., González-Chica, D. A., Bastos, J. L., Bonamigo, R. R., & Duquia, R. P. (2014). Sample size: how many participants do I need in my research? Anais Brasileiros de Dermatologia, 89(4), 609–615. https://doi.org/10.1590/abd1806-4841.20143705

McLeod, S. A. (2019, August 03). Likert scale. Simply Psychology. https://www.simplypsychology.org/likert-scale.html

Mersky, J. P., Choi, C., Plummer Lee, C., & Janczewski, C. E. (2021). Disparities in adverse childhood experiences by race/ethnicity, gender, and economic status: Intersectional analysis of a nationally representative sample. Child Abuse & Neglect, 117, 105066. https://doi.org/10.1016/j.chiabu.2021.105066

Nurius, P. S., Green, S., Logan-Greene, P., Longhi, D., & Song, C. (n.d.). (2016). Stress pathways to health inequalities: Embedding ACEs within social and behavioral contexts. International Public Health Journal, 8(2), 241–256. http://www.ncbi.nlm.nih.gov/pubmed/27274786

O'Connell, K., Berluti, K., Rhoads, S. A., & Marsh, A. A. (2021). Reduced social distancing early in the COVID-19 pandemic is associated with antisocial behaviors in an online United States sample. PLOS ONE, 16(1), e0244974. https://doi.org/10.1371/journal.pone.0244974

Office for National Statistics. (2011). https://www.ons.gov.uk/methodology/classificationsandstandards/otherclassifications/thenationalstatisticssocioeconomicclassificationnssecrebasedonsoc2010#understanding-soc2010

Pachter, L. M., & Coll, C. G. (2009). Racism and Child Health: A Review of the Literature and Future Directions. Journal of Developmental & Behavioral Pediatrics, 30(3), 255–263. https://doi.org/10.1097/DBP.0b013e3181a7ed5a

Raine, A., Dodge, K., Loeber, R., Gatzke-Kopp, L., Lynam, D., Reynolds, C., Stouthamer-Loeber, M., & Liu, J. (2006). The reactive–proactive aggression questionnaire: differential correlates of reactive and proactive aggression in adolescent boys. Aggressive Behavior, 32(2), 159–171. https://doi.org/10.1002/ab.20115

Schauss, E., Zettler, H., Naik, S., Ellmo, F., Hawes, K., Dixon, P., Bartelli, D., Cogdal, P., & West, S. (2020). Adolescents in residential treatment: The prevalence of ACEs, substance use and justice involvement. Journal of Family Trauma, Child Custody & Child Development, 17(3), 249–267. https://doi.org/10.1080/26904586.2020.1781018

Slopen, N., Shonkoff, J. P., Albert, M. A., Yoshikawa, H., Jacobs, A., Stoltz, R., & Williams, D. R. (2016). Racial Disparities in Child Adversity in the U.S. American Journal of Preventive Medicine, 50(1), 47–56. https://doi.org/10.1016/j.amepre.2015.06.013

Sturge, G. (2020). UK Prison Population Statistics, House of Commons Library Briefing Paper Number CBP-04334.

Wade, R., Shea, J. A., Rubin, D., & Wood, J. (2014). Adverse Childhood Experiences of Low-Income Urban Youth. Pediatrics, 134(1), e13–e20. https://doi.org/10.1542/peds.2013-2475

Waelde, L. C., Pennington, D., Mahan, C., Mahan, R., Kabour, M., & Marquett, R. (2010). Psychometric properties of the Race-Related Events Scale. Psychological Trauma: Theory, Research, Practice, and Policy, 2(1), 4–11. https://doi.org/10.1037/a0019018

Walsh, D., McCartney, G., Smith, M., & Armour, G. (2019). Relationship between childhood socioeconomic position and adverse childhood experiences (ACEs): a systematic review. Journal of Epidemiology and Community Health, 73(12), 1087–1093. https://doi.org/10.1136/jech-2019-212738

Williams, M. T., Printz, D. M. B., & DeLapp, R. C. T. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. Psychology of Violence, 8(6), 735–747. https://doi.org/10.1037/vio0000212

World Health Organization. (2018). Adverse childhood experiences international questionnaire. Adverse childhood experiences international questionnaire (ACE-IQ), 2020-09.

Zarse, E. M., Neff, M. R., Yoder, R., Hulvershorn, L., Chambers, J. E., & Chambers, R. A. (2019). The adverse childhood experiences questionnaire: Two decades of research on childhood trauma as a primary cause of adult mental illness, addiction, and medical diseases. Cogent Medicine, 6(1), 1581447. https://doi.org/10.1080/2

Zapolski, T. C. B., Rowe, A. T., Banks, D. E., & Faidley, M. (2018). Perceived Discrimination and Substance Use among Adolescents: Examining the Moderating Effect of Distress Tolerance and Negative Urgency. Substance Use & Misuse, 54(1), 156–165. https://doi.org/10.1080/10826084.2018.1512625

Appendix D.2

Study 1 Advert

WHO CAN TAKE PART?

Anyone aged between 18-30 years old

WHAT IS THE PROJECT ABOUT?

This study is investigating the relationship between Adverse Childhood Experiences (ACEs), race-based trauma and potential subsequent negative outcomes. It aims to assess whether participants' different individual characteristics and personal experience are associated with negative life outcomes (e.g., Mental Health, Substance Use), and if this is different across ethnicities.

WHAT IS INVOLVED?

You will be asked to complete questions regarding your demographic information, childhood and adulthood experiences. All information will remain anonymous and confidential. You will also have the opportunity to sign up to a follow up study investigating your experiences of racial discrimination.

HOW LONG WILL IT TAKE?

10-20 minutes

Appendix D.3

Study 1 Advert Ethnic Minorities

WHO CAN TAKE PART?

Anyone who identifies as an ethnic minority aged between 18-30 years old

WHAT IS THE PROJECT ABOUT?

This study is investigating the relationship between Adverse Childhood Experiences (ACEs), race-based trauma and potential subsequent negative outcomes. It aims to assess whether participants' different individual characteristics and personal experience are associated with negative life outcomes (e.g., Mental Health, Substance Use), and if this is different across ethnicities.

WHAT IS INVOLVED?

You will be asked to complete questions regarding your demographic information, childhood and adulthood experiences. All information will remain anonymous and confidential. You will also have the opportunity to sign up to a follow up study investigating your experiences of racial discrimination.

HOW LONG WILL IT TAKE?

10-20 minutes

Appendix E

Study 1 Participant Information Sheet

Participant Information Sheet

Study Title: Comparing negative outcomes of ACE's and racial trauma between Caucasian and Ethnic minority individuals

Researchers: Dr Nigel Hunt (Supervisor) and Roisin Reid (Primary researcher), University of Nottingham

Faculty of Medicine & Health Sciences Research Ethics Reference:

Thank you for your interest. You are invited to take part in this research project. Before you decide whether you would like to take part, it is important you understand why the research is being conducted. Please take time to read through this information sheet before signing the consent form, which is your written agreement to take part. You may also contact the researchers via email to discuss any queries you may have before giving consent.

This study is investigating the association between individual differences, negative childhood experiences, racial trauma, mental health, substance use and difficult behaviour. It is looking at whether a participants' individual demographic characteristics are associated with an increased risk of the number of negative childhood events they experience or impact the severity of behaviours they engage in.

Why have I been chosen?

You have been chosen to take part as you are between 18-30 years old.

Do I have to take part?

Participation in this study is voluntary. You may choose not to take part or withdraw at any stage during the study by clicking the exit button. Furthermore, if you wish to remove your data or withdraw after completing the study, please contact the main researcher via email up to one month after completing (see contact details below).

What do I have to do?

In this study, you will firstly be asked to provide some basic demographic information (ethnicity, age, gender, sexuality, socioeconomic status) and whether you have experienced mental health or substance use issues. You will then be required to complete three questionnaires. The three questionnaires will look at your experiences of negative childhood and adult experiences and difficult behaviour. The questionnaires vary in length, with the longest asking 32 questions. Please follow the instructions for each separate questionnaire on how to answer them. Furthermore, the questionnaires will be conducted online following your agreement of consenting to take part. If you agree to take part, you are expected to answer all questions, and as honestly and accurately as possible. The study should take you around 20 minutes to complete.

What are the possible disadvantages and advantages taking part?

It is possible you may find the topics discussed or questions asked upsetting or uncomfortable. The questions ask about previous traumatic experiences which

may recall some painful memories and feelings. Please take the time to consider carefully about whether it may be too upsetting for you to do this now. We will also provide you with some support services you can contact at the end of the study if you wish to seek support for your feelings and experiences. However, your contribution together with other participants will help the researchers to understand more about the relationship between negative childhood experiences and individual differences, on individuals displays of difficult behaviour. It will also help inform researchers on the impact of different experiences individuals have, which can lead to offending.

Will my taking part in this project be kept confidential?
All information in this study will remain confidential. No personal data or contact details will be collected besides your ethnicity, gender, socioeconomic status, and questionnaire scores. Only the primary researcher and study supervisor will have access to your demographic data.

We will not ask for your name or any other personal ID during the main study. However, there will be an opportunity to leave your contact details to participate in future planned studies, which will involve asking participants about their experiences of racism. Your IP address will not be visible or stored by the research team, because the online survey platform does not pass this information onto the researchers. The platform also uses an encrypted webpage, which minimizes the risk of a breach of confidentiality.

What will happen to the results of the research project?

When you finish this study, please click the submit button and retain your personal receipt code. Your results will be uploaded to a database with a code number, which is protected with a password. Then your results shall be collated with other participants results, for preliminary analysis. The primary researcher shall score your questionnaires during this and copy these scores into SPSS (a statistical analysis programme) to conduct specific statistical tests for the project. This data will be kept for a minimum of seven years and only responsible members of the University will be given access to your data. If participants partially complete the study, or close their browser prematurely, their data shall be deleted before analysis.

Ethical review of the study

This project has been approved by the Faculty of Medicine & Health Sciences Research Ethics Committee at the University of Nottingham. The reference number for this study is X, and you may contact the Ethics committee regarding this study if have any complaints. Please see below for the Ethics committee's contact details:

Administrative Support, Faculty of Medicine & Health Sciences Ethics Committee, c/o Faculty PVC Office, B Floor, Medical School (nr Bridge), Campus, Nottingham University Hospitals, Nottingham, NG7 2UH

Contact for further information

Primary Researcher - Roisin R Reid

Email - roisin.reid@nottingham.ac.uk

Supervisor - Dr Nigel Hunt

Email – nigel.hunt@nottingham.ac.uk

Appendix F

Study 1 Consent Form

DForenPsy
Project Consent Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Title of Project:

Ethics Approval Number or Taught Project Archive Number:

Researcher(s): Roisin Roza Reid (roisin.reid@nottingham.ac.uk)

Supervisor(s): Dr Nigel Hunt (nigel.hunt@nottingham.ac.uk)

The participant should answer these questions independently:

- I confirm I have read and understood the information sheet
  YES/NO
- Have you had the opportunity to ask questions about the study?
  YES/NO
- Have all your questions been answered satisfactorily? YES/NO
- Do you understand that participation in this study is voluntary, and you are free to withdraw from the study?
  YES/NO
  (At any time and without giving a reason)
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected.
  YES/NO
- Do you agree to take part in the study? YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals)

I have explained the study to the above participant, and he/she has agreed to take part.

Signature of researcher: Date:

Appendix G.1

Study 1 Demographic Questionnaire

Demographic Questionnaire

1. Gender

What is your gender?

Male ☐ Female ☐ Non-Binary ☐ Other ☐ Prefer not to say ☐

2. Age

How old are you? Please enter a whole number. ☐

3. Ethnicity

Please specify your ethnic origin

White British ☐ Black – African ☐

(English/Irish/Welsh/Scottish)

Mixed White& Asian ☐ Asian ☐

White European ☐ Black – Caribbean ☐

Mixed White& Black African ☐ Mixed White& Black Caribbean ☐

Mixed Other (Please specify) ☐ Other (Please specify) ☐

4. Sexuality

What is your sexuality?

Heterosexual

Homosexual – Gay, Lesbian

Bisexual

Asexual

Prefer not to say

5. Parents' occupation

What is your parent's occupation?

What industry do your parents work in?

6. Mental Health – Have you ever been diagnosed, experienced or currently experiencing Mental Health issues?

   If so, what please tick which – anxiety, depression – low mood, personality disorder, psychotic disorder (psychosis), OCD, ADHD, ASD, Bipolar, eating disorder, sleeping disorder, other – please specify

7. Substance Misuse – Have you ever used the following drugs, if so, please tick which, marijuana, alcohol, cigarettes, cocaine, amphetamines, methamphetamines, and opiates, heroin, ecstasy

   Have they affected your daily living? Yes/No

   Can you function whilst using the substance? Yes/No

Appendix G.2

Study 1 Adverse Childhood Experiences Questionnaire

Adverse Childhood Experiences International Questionnaire (ACE-IQ) Guidance for Analysing ACE-IQ

Context

The ACE-IQ is designed to be integrated within broader health surveys to allow analysis of associations between adverse childhood experiences and subsequent health outcomes and health risk behaviours. This means that there are some key aspects of its design which need to be understood so that it is applied properly, and so that the data generated is useful.

Coding

Question codes

As a standalone questionnaire the question numbers run from Q0 - Q8. However, as these questions will most often be integrated into other surveys, we have coded them into six groups (C, M, P, F, A, V) to allow cross-referencing for researchers. Hence, whatever numbers are given to the questions when included within your own survey, please keep the letter codes present as well so that it's possible to easily refer between questionnaires.

Question codes:

Core questions: C

Marriage questions: M

Parents/guardian questions: P

Family questions: F

Abuse questions: A

Violence questions: V

Analysis

Response codes

A numerical code has been ascribed to each possible response for a question. This number has been placed within square brackets [ ] and is there to allow the data to be entered and more easily processed within a

spreadsheet for data analysis. Note: in all cases, [66] is the code for "not applicable"; [77] is the code for "don't know/not sure" and [88] is the code for "refused".

As the development of the ACE-IQ is at the pilot stage, we would like to adopt two methods of analysis to allow us to ascertain the most appropriate approach to determine an accurate overall ACE score for a participant. The first we'll call the binary version, the second the frequency version. In both cases the questions from the ACE-IQ about childhood experience have been sorted into 13 categories: emotional abuse; physical abuse; sexual abuse; violence against household members; living with household members who were substance abusers; living with household members who were mentally ill or suicidal; living with household members who were imprisoned; one or no parents, parental separation or divorce; emotional neglect; physical neglect; bullying; community violence; collective violence.

To calculate the ACE score using the binary version, check the participant's answers against Table 1 in "Calculating the ACE score from the ACE-IQ" (see below). If the participant answered in the affirmative (whether with once, a few times, or many times) then that counts as a yes, and so that response should be circled, and a 1 placed in the final column. Once completed you will get an answer from 0 to 13. This is the ACE (binary) score for that individual.

To calculate the ACE score using the frequency version check the participant's answers against Table 2 in "Calculating the ACE score from the ACE-IQ" (see below). This time, only circle yes if the

participant's answers exactly match the written question in the table (you'll note that for some questions only certain frequencies are included). As before, once completed you will get an answer from 0 to 13. This is the ACE (frequency) score for that individual.

Once you've calculated the two ACE scores, you can then look at the relationship between the ACE scores and the health outcome or health risk behaviour you're interested in by plotting a dose-response curve, or rather exposure (ACE score) - behaviour/health outcome curve. One important area to examine at this pilot stage is whether a relationship is seen between (binary) ACE score and health outcome/behavior or whether a relationship is only seen between ACE score and health outcome/behavior when the frequency ACE score is used (it is this latter phenomenon which is seen in the original ACE studies).

If you look at the Centre for Disease Control (CDC) website for the ACE study, you can see the different ways that the data generated can be analysed. Not only can you generate the dose-response curves discussed above, but you can also generate data on demographics and prevalence within certain populations from the ACE-IQ responses. See http://www.cdc.gov/ace/data.htm

Further details of health outcomes and behaviours which have been analysed to determine their relationship with exposure to ACEs can be found here:
http://www.cdc.gov/ace/outcomes.htm

Calculating the ACE score from the ACE-IQ

Table 1: Calculating the ACE score from the ACE-IQ - BINARY VERSION
All questions are yes/no - if the participant entered yes for any of the categories, mark a 1 in the response column

Category	Q	Written question	Response

Physical abuse	A3 A4	Did a parent, guardian or other household member spank, slap, kick, punch or beat you up? OR Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc.? Yes No	
Emotional abuse	A1 A2	Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you? OR Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house? Yes No	
Contact sexual abuse	A5 A6 A7 A8	Did someone touch or fondle you in a sexual way when you did not want them to? OR Did someone make you touch their body in a sexual way when you did not want them to? OR Did someone attempt oral, anal, or vaginal intercourse with you when you did not want them to? OR Did someone actually have oral, anal, or vaginal intercourse with you when you did not want them to? Yes No	
Alcohol and/or drug abuser in the household	F1	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs? Yes No	
Incarcerated household member	F3	Did you live with a household member who was ever sent to jail or prison? Yes No	
Someone chronically depressed, mentally ill, institutionalized, or suicidal	F2	Did you live with a household member who was depressed, mentally ill or suicidal? Yes No	
~~Mother~~ Household member treated violently	F6 F7 F8	Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated? OR	

		Did you see or hear a parent or household member in your home being slapped, kicked, punched, or beaten up? OR Did you see or hear a parent or household member in your home being	
		hit or cut with an object, such as a stick (or cane), bottle, club, knife, whip etc.? Yes No	
One or no parents, parental separation, or divorce	F4 F5	Were your parents ever separated or divorced? OR Did your mother, father or guardian die? Yes No	
Emotional neglect	P1 P2	Did your parents/guardians understand your problems and worries? OR Did your parents/guardians really know what you were doing with your free time when you were not at school or work? Yes, No* * Note: for this question, it's the "no" answer which scores a "1".	
Physical neglect	P3 P4 P5	Did your parents/guardians not give you enough food even when they could easily have done so? OR Were your parents/guardians too drunk or intoxicated by drugs to take care of you? OR Did your parents/guardians not send you to school even when it was available? Yes No	
Bullying	V1	Were you bullied? Yes No	
Community violence	V4 V5 V6	Did you see or hear someone being beaten up in real life? OR Did you see or hear someone being stabbed or shot in real life? OR Did you see or hear someone being threatened with a knife or gun in real life? Yes No	

Collective violence	V7 V8 V9 V10	Were you forced to go and live in another place due to any of these events? OR Did you experience the deliberate destruction of your home due to any of these events? OR Were you beaten up by soldiers, police, militia, or gangs? OR Was a family member or friend killed or beaten up by soldiers, police, militia, or gangs? Yes No	

Table 2: Calculating the ACE score from the ACE-IQ - FREQUENCY VERSION
All questions are yes/no - if the participant entered yes for any of the categories, mark a 1 in the response column

Category	Q	Written question	Response
Physical abuse	A3 A4	Did a parent, guardian or other household member spank, slap, kick, punch or beat you up many times? OR Did a parent, guardian or other household member hit or cut you with an object, such as a stick (or cane), bottle, club, knife, whip etc. many times? Yes No	
Emotional abuse	A1 A2	Did a parent, guardian, or other household member yell, scream or swear at you, insult or humiliate you many times? OR Did a parent, guardian or other household member threaten to, or actually, abandon you or throw you out of the house many times? Yes No	

Contact sexual abuse	A5 A6 A7 A8	Did someone ever touch or fondle you in a sexual way when you did not want them to? OR Did someone ever make you touch their body in a sexual way when you did not want them to? OR Did someone ever attempt oral, anal, or vaginal intercourse with you when you did not want them to? OR Did someone ever actually have oral, anal, or vaginal intercourse with you when you did not want them to? Yes No	
Alcohol and/or drug abuser in the household	F1	Did you live with a household member who was a problem drinker or alcoholic, or misused street or prescription drugs? Yes No	
Incarcerated household member	F3	Did you live with a household member who was ever sent to jail or prison? Yes No	
Someone chronically depressed, mentally ill, institutionalized, or suicidal	F2	Did you live with a household member who was depressed, mentally ill or suicidal? Yes No	
~~Mother~~ Household member treated violently	F6 F7 F8	Did you see or hear a parent or household member in your home being yelled at, screamed at, sworn at, insulted or humiliated many times? OR Did you see or hear a parent or household member in your home being slapped, kicked, punched, or beaten up a few times or many times? OR Did you see or hear a parent or household member in your home being hit or cut with an object, such as a stick (or cane), bottle, club, knife?	
		whip etc. a few times or many times? Yes No	
One or no parents, parental separation, or divorce	F4 F5	Were your parents ever separated or divorced? OR Did your mother, father or guardian die? Yes No	

Emotional neglect	P1 P2	Did your parents/guardians rarely or never understand your problems and worries? OR Did your parents/guardians rarely or never really know what you were doing with your free time when you were not at school or work? Yes No	
Physical neglect	P3 P4 P5	Did your parents/guardians not give you enough food many times even when they could easily have done so? OR Were your parents/guardians many times too drunk or intoxicated by drugs to take care of you? OR Did your parents/guardians not send you to school many times even when it was available? Yes No	
Bullying	V1	Were you bullied many times? Yes No	
Community violence	V4 V5 V6	Did you see or hear someone being beaten up in real life many times? OR Did you see or hear someone being stabbed or shot in real life many times? OR Did you see or hear someone being threatened with a knife or gun in real life many times? Yes No	
Collective violence	V7 V8 V9 V10	Were you ever forced to go and live in another place due to any of these events? OR Did you ever experience the deliberate destruction of your home due to any of these events? OR Were you ever beaten up by soldiers, police, militia, or gangs? OR Was a family member or friend ever killed or beaten up by soldiers, police, militia, or gangs? Yes No	

Appendix H.1

Study 1 Racial Trauma Measure 1

Race-Related Events Scale – Amended

Please circle "YES" if this has ever happened to you because of your race or ethnicity and "NO" if it has not:

If 'YES', how stressful did you find this: Likert scale – 1 – Not stressful, 2 - Slightly Stressful, 3 - Moderately Stressful, 4- Stressful, 5 - Very Stressful

1. Treated rudely or coldly because of my race or ethnicity
2. Ignored because of my race or ethnicity
3. Treated unfairly by teacher or boss because of my race or ethnicity
4. Insulted or called an insulting name because of my race or ethnicity
5. Told to leave a place and not come back because of my race or ethnicity
6. Followed by someone because of my race or ethnicity
7. Harassed by police or security guards because of my race or ethnicity
8. Verbal conflict with someone because of my race or ethnicity
9. Physical fight with someone because of my race or ethnicity
10. Someone hurt my family member because of his/her race or ethnicity
11. Someone threw something at me because of my race or ethnicity
12. Someone pushed or shoved me because of my race or ethnicity
13. Someone stole something from me because of my race or ethnicity
14. Someone chased me because of my race or ethnicity
15. Someone beat me or hurt me because of my race or ethnicity
16. Threatened with a knife, gun or other weapon because of my race or ethnicity
17. Someone threatened to kill me because of my race or ethnicity

18. Heard about someone (who is the same race or ethnicity as me) getting injured or killed because of
their race or ethnicity
19. Saw someone (who is the same race or ethnicity as me) get treated in a racist or prejudiced way
20. Saw someone (who is the same race or ethnicity as me) almost get seriously injured or killed
because of their race or ethnicity
21. Saw someone (who is the same race or ethnicity as me) seriously injured because of their race or
ethnicity
22. Saw someone (who is the same race or ethnicity as me) get killed because of their race or ethnicity
23. Other (please specify):_____

Appendix H.2

Study 1 Racial Trauma Measure 2

Trauma Symptoms of Discrimination Scale

Trauma Symptoms of Discrimination Scale (TSDS)

When answering the following questions, keep in mind that discrimination is defined as: Being unfairly treated due to an individual characteristic of yourself (e.g., race/ethnicity, gender, sexual orientation, religion).

PART 1: Frequency of Experiences

Experiencing discrimination can be very stressful, and sometimes people can feel specific types of stress due to discrimination that impact their daily lives. This can be caused by one very stressful experience of discrimination, or several smaller experiences of discrimination over the course of one's life. Based on these experiences in your life, answer the following questions. Please keep in mind that ratings should reflect whether the type of stress was caused by discrimination.

Never (1) Rarely (2) Sometimes (3) Often (4)

1. Due to past experiences of discrimination, I often worry too much about different things.
2. Due to past experiences of discrimination, I often try hard not to think about it or go out of my way to avoid situations that remind me of it.
3. Due to past experiences of discrimination, I often fear embarrassment.
4. Due to past experiences of discrimination, I often feel nervous, anxious, or on edge, especially around certain people.

5. Due to past experiences of discrimination, I often feel afraid as if something awful might happen.

6. Due to past experiences of discrimination, I often have nightmares about the past experience or think about it when I do not want to.

7. Due to past experiences of discrimination, I often have trouble relaxing.

8. Due to past experiences of discrimination, I often feel numb or detached from others, activities, or my surroundings.

9. Due to past experiences of discrimination, I often avoid certain activities in which I am the center of attention (i.e., parties, meetings, answering questions in class).

10. Due to past experiences of discrimination, I often cannot stop or control my worrying.

11. Due to past experiences of discrimination, I often find that being embarrassed or looking stupid are one of my worst fears.

12. Due to past experiences of discrimination, I often become easily annoyed or irritable.

13. Due to past experiences of discrimination, I often feel constantly on guard, watchful, or easily startled, especially around certain people or places.

14. Due to past experiences of discrimination, I often feel so restless that it is hard to sit still.

15. Due to past experiences of discrimination, I feel the world is an unsafe place.

16. Due to past experiences of discrimination, in social situations I feel a rush of intense discomfort, and may feel my heart pounding, muscles tense up, or sweat.

17. Due to past experiences of discrimination, I feel isolated and set apart from others.

18. Due to past experiences of discrimination, I avoid certain situations or speaking to certain people.

19. If I think about past experiences of discrimination, I cannot control my emotions.

20. Due to past experiences of discrimination, I am nervous in social situations, and am afraid people will notice that I am sweating, blushing, or trembling.

21. Due to past experiences of discrimination, fear of social situation causes me a lot of problems in my daily functioning.

Appendix I

Study 1 Antisocial Behaviour Measure

Subtypes of Antisocial Behaviour Questionnaire

The following items describe several different behaviors. Please read each item and report how often you have done this using the following scale.12 3 4 5never hardly ever sometimes frequently nearly all the time

1._____ Felt like hitting people

2._____ Broke into a store, mall, or warehouse

3._____ Blamed others

4._____ Hit back when hit by others

5._____ Broke the windows of an empty building

6._____ Tried to hurt someone's feelings

7._____ Got angry quickly

8._____ Shoplifted things

9._____ Made fun of someone behind their back

10._____ Threatened others

11._____ Littered public areas by smashing bottles, tipping trashcans, etc.

12._____ Excluded someone from group activities when angry with him/her

13._____ Had trouble controlling temper

14._____ Stole a bicycle

15._____ Gave someone the silent treatment when angry with him/her

16._____ Hit others when provoked

17._____ Stole property from school or work

18._____ Revealed someone's secrets when angry with him/her

19._____ Got into fights more than the average person

20._____ Left home for an extended period of time without telling family/friends

21._____ Intentionally damaged someone's reputation

22._____ Swore or yelled at others

23._____ Sold drugs, including marijuana

24._____ Tried to turn others against someone when angry with him/her

25._____ Got into physical fights

26._____ Was suspended, expelled, or fired from school or work

27._____ Called someone names behind his/her back

28._____ Felt better after hitting

29._____ Failed to pay debts

30._____ Was rude towards others

31._____ Had trouble keeping a job

32._____ Made negative comments about other's appearance

Appendix J

Study 1 Debrief Form

Year 2 DForenPsy Study Debrief Form

Title of study: Comparing negative outcomes of ACE's and racial trauma between Caucasian and Ethnic minority individuals

Researcher: Roisin R Reid Supervisor: Dr Nigel Hunt

Email: roisin.reid@nottingham.ac.uk Email: nigel.hunt@nottingham.ac.uk

Faculty of Medicine & Health Sciences Research Ethics Ref No:

Thank you for participating in this study. This debrief sheet shall provide you with information regarding the true purpose of the study and answer any questions you may have. Please also see below for signposting to support services, if you require any support with the sensitive topics, we have asked about today.

This study is investigating Adverse Childhood Experiences, racial trauma and Anti-Social Behaviour, mental health, and substance misuse across ethnicities. We would like to explore if ethnicity, gender, and socioeconomic status is associated with the how Adverse Childhood Experiences, racial discrimination trauma and level of antisocial behaviour, mental health and substance misuse outcomes occur across ethnic groups between 18-30 years old. Ethnic minorities are over-represented in offending statistics. Their adverse experiences and the possible consequences of such experiences need to be better understood. Your

participation in this study may help relevant professionals or the public gain further insight into this area.

Confidentiality

All research information collected today will remain anonymous and confidential. This data will only be accessed by the researcher and the supervisor, as outlined above. Participants demographic details (age, race, gender, sexuality, and socioeconomic status) will be recorded, and results will be stored anonymously. The researcher will store the data for up to seven months and will be deleted once the project is complete. You may be asked to complete a follow up study to discuss your experiences of racism, please tick the box if you are happy to be contacted about this and leave your contact details.

Right to Withdraw

Participation in this study is voluntary and individuals have the right to withdraw at any stage (even if you have completed all the questions). If you wish to withdraw your data at a later date, please contact the researcher or supervisor (as above) with your receipt code up to 1 month after you have completed the study. The receipt code will only identify which entry is your response in the dataset and not any of your personal information.

If you have any further queries or complaints, please contact the researcher's supervisor who will be happy to assist. If you wish to contact the Ethics Committee, please write to:

Administrative Support, Faculty of Medicine & Health Sciences Ethics Committee, c/o Faculty PVC Office, B Floor, Medical School (nr Bridge), QMC Campus, Nottingham University Hospitals, Nottingham, NG7 2UH

Support Services

Adverse Childhood Experiences

Abuse or Neglect

Sexual – Incest & Sexual Abuse Survivors (Nottingham) http://www.isas-notts.org.uk/contact.cfm (0115 8240314)

Childhood sexual abuse –Support Line @supportline.org.uk (Helpline: 01708 765200)

Childhood abuse – National Association for People Abused in Childhood support@napac.org.uk(Helpline: 0808 801 0331)

Victim Support - https://www.victimsupport.org.uk/help-and-support/get-help (24/7 Helpline: 08081 689111)

Mental Health

Samaritans – https://www.samaritans.org/how-we-can-help/contact-samaritan/ Helpline: 116 123, Email: jo@samaritans.org

MIND - https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/getting-help-in-a-crisis/

Shout – https://giveusashout.org Text: SHOUT to 85258

Substance use

Turning Point - https://www.turning-point.co.uk/contact-us.html

NHS - https://www.nhs.uk/Service-Search/other-services/Drug%20addiction%20support/LocationSearch/339

Change, grow live - https://www.changegrowlive.org/local-support/find-a-service

Racial trauma

The monitoring group - http://www.tmg-uk.org/projects/trauma-therapy-project/

Helpline: (020 7582 7438)

Stop the Hate - https://www.stophateuk.org/help-in-the-uk-national-organisations/

The Black, African and Asian Therapy Network - https://www.stophateuk.org/help-in-the-uk-national-organisations/

If you wish to withdraw your response after reading the detailed study information on this page, please tick Yes.

Yes

Appendix K.1

Study 1 Independent Samples T-Tests

T-Test

Group Statistics

	ethnicity		Statistic	Bootstrap[a] Bias	Std. Error	95% Confidence Interval Lower	Upper
ACEB	1.00	N	53				
		Mean	6.9623	.0026	.4129	6.1541	7.7441
		Std. Deviation	3.03798	-.04449	.24014	2.51883	3.47093
		Std. Error Mean	.41730				
	4.00	N	53				
		Mean	6.4528	.0011	.4384	5.5959	7.2930
		Std. Deviation	3.14744	-.05074	.24825	2.60872	3.59453
		Std. Error Mean	.43233				
ACEF	1.00	N	53				
		Mean	4.5283	-.0003	.4323	3.6786	5.3723
		Std. Deviation	3.19617	-.04313	.23752	2.69444	3.61828
		Std. Error Mean	.43903				
	4.00	N	53				
		Mean	4.1132	-.0057	.4555	3.2223	5.0222
		Std. Deviation	3.34354	-.05126	.28454	2.72779	3.83619
		Std. Error Mean	.45927				
STAB	1.00	N	53				
		Mean	57.5849	-.0440	2.1910	53.2926	61.8034
		Std. Deviation	16.08085	-.26308	1.61849	12.47214	19.00241

		Std. Error Mean	2.20887				
	4.00	N	53				
		Mean	57.2264	-.0298	1.9884	53.5653	61.2218
		Std. Deviation	14.51742	-.33089	2.08828	10.41306	18.54986
		Std. Error Mean	1.99412				
TSDS	1.00	N	53				
		Mean	42.1132	-.0184	2.3316	37.6305	46.7453
		Std. Deviation	16.90887	-.28541	1.76901	13.18985	19.97716
		Std. Error Mean	2.32261				
	4.00	N	53				
		Mean	21.9434	-.0051	1.3333	19.4631	24.6222
		Std. Deviation	9.69420	-.29715	1.94970	5.71176	13.25567
		Std. Error Mean	1.33160				
RRES	1.00	N	53				
		Mean	6.6981	-.0223	.5491	5.6271	7.8444
		Std. Deviation	3.98837	-.10184	.56546	2.82698	4.96585
		Std. Error Mean	.54785				
	4.00	N	53				
		Mean	.3962	.0051	.1454	.1429	.7037
		Std. Deviation	1.00651	-.03270	.24964	.46587	1.43241
		Std. Error Mean	.13825				
RRESStress	1.00	N	53				
		Mean	26.3208	-.0842	2.7601	21.0463	31.7996
		Std. Deviation	20.11675	-.64009	3.49734	13.30753	26.35437
		Std. Error Mean	2.76325				
	4.00	N	53				
		Mean	1.5472	.0266	.5525	.6228	2.7391

	Std. Deviation	3.77016	-.11580	.93580	1.94400	5.45718
	Std. Error Mean	.51787				

a. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
						Significance				95% Confidence Interval of the Difference
		F	Sig.	t	df	One-Sided p	Two-Sided p	Mean Difference	Std. Error Difference	Lower	Upper
ACEB	Equal variances assumed	.081	.777	.848	104	.199	.398	.50943	.60088	-.68212	1.70099
	Equal variances not assumed			.848	103.870	.199	.398	.50943	.60088	-.68214	1.70101
ACEF	Equal variances assumed	.149	.700	.653	104	.257	.515	.41509	.63535	-.84484	1.67503

	Equal variances not assumed			.653	103.789	.257	.515	.41509	.63535	-.84487	1.67506
STAB	Equal variances assumed	.716	.399	.120	104	.452	.904	.35849	2.97584	-5.54272	6.25970
	Equal variances not assumed			.120	102.931	.452	.904	.35849	2.97584	-5.54344	6.26042
TSDS	Equal variances assumed	21.937	<.001	7.534	104	<.001	<.001	20.16981	2.67725	14.86072	25.47891
	Equal variances not assumed			7.534	82.851	<.001	<.001	20.16981	2.67725	14.84472	25.49490
RRES	Equal variances assumed	32.630	<.001	11.153	104	<.001	<.001	6.30189	.56502	5.18143	7.42234
	Equal variances not assumed			11.153	58.597	<.001	<.001	6.30189	.56502	5.17112	7.43265

RRESStress	Equal variances assumed	43.074	<.001	8.812	104	<.001	<.001	24.77358	2.81136	19.19856	30.34861
	Equal variances not assumed			8.812	55.648	<.001	<.001	24.77358	2.81136	19.14097	30.40620

Bootstrap for Independent Samples Test

			Bootstrap[a]				
						95% Confidence Interval	
		Mean Difference	Bias	Std. Error	Sig. (2-tailed)	Lower	Upper
ACEB	Equal variances assumed	.50943	.00149	.60701		-.69867	1.70240
	Equal variances not assumed	.50943	.00149	.60701		-.69867	1.70240
ACEF	Equal variances assumed	.41509	.00540	.63441		-.80558	1.61673
	Equal variances not assumed	.41509	.00540	.63441		-.80558	1.61673
STAB	Equal variances assumed	.35849	-.01423	2.98482		-5.73259	6.00707
	Equal variances not assumed	.35849	-.01423	2.98482		-5.73259	6.00707
TSDS	Equal variances assumed	20.16981	-.01332	2.67844	<.001	14.84478	25.42556
	Equal variances not assumed	20.16981	-.01332	2.67844	<.001	14.84478	25.42556
RRES	Equal variances assumed	6.30189	-.02734	.56229	<.001	5.18526	7.44814

	Equal variances not assumed	6.30189	-.02734	.56229	<.001	5.18526	7.44814
RRES Stress	Equal variances assumed	24.77358	-.11081	2.77640	<.001	19.56580	30.44877
	Equal variances not assumed	24.77358	-.11081	2.77640	<.001	19.56580	30.44877

a. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples

Independent Samples Effect Sizes

		Standardizer[a]	Point Estimate	95% Confidence Interval	
				Lower	Upper
ACEB	Cohen's d	3.09319	.165	-.217	.546
	Hedges' correction	3.11573	.164	-.216	.542
	Glass's delta	3.14744	.162	-.221	.543
ACEF	Cohen's d	3.27069	.127	-.255	.508
	Hedges' correction	3.29451	.126	-.253	.504
	Glass's delta	3.34354	.124	-.258	.505
STAB	Cohen's d	15.31909	.023	-.357	.404
	Hedges' correction	15.43068	.023	-.355	.401
	Glass's delta	14.51742	.025	-.356	.405
TSDS	Cohen's d	13.78201	1.463	1.031	1.890
	Hedges' correction	13.88240	1.453	1.024	1.876
	Glass's delta	9.69420	2.081	1.524	2.627
RRES	Cohen's d	2.90862	2.167	1.682	2.644
	Hedges' correction	2.92981	2.151	1.670	2.625
	Glass's delta	1.00651	6.261	4.999	7.516
RRESStress	Cohen's d	14.47235	1.712	1.263	2.155
	Hedges' correction	14.57777	1.699	1.254	2.139
	Glass's delta	3.77016	6.571	5.252	7.883

a. The denominator used in estimating the effect sizes.
Cohen's d uses the pooled standard deviation.
Hedges' correction uses the pooled standard deviation, plus a correction factor.
Glass's delta uses the sample standard deviation of the control (i.e., the second) group.

Appendix K.2

Study 1 Independent Chi-Square Test Ethnicity*MH

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
ethnicity * MH	106	100.0%	0	0.0%	106	100.0%

ethnicity * MH Crosstabulation

Count

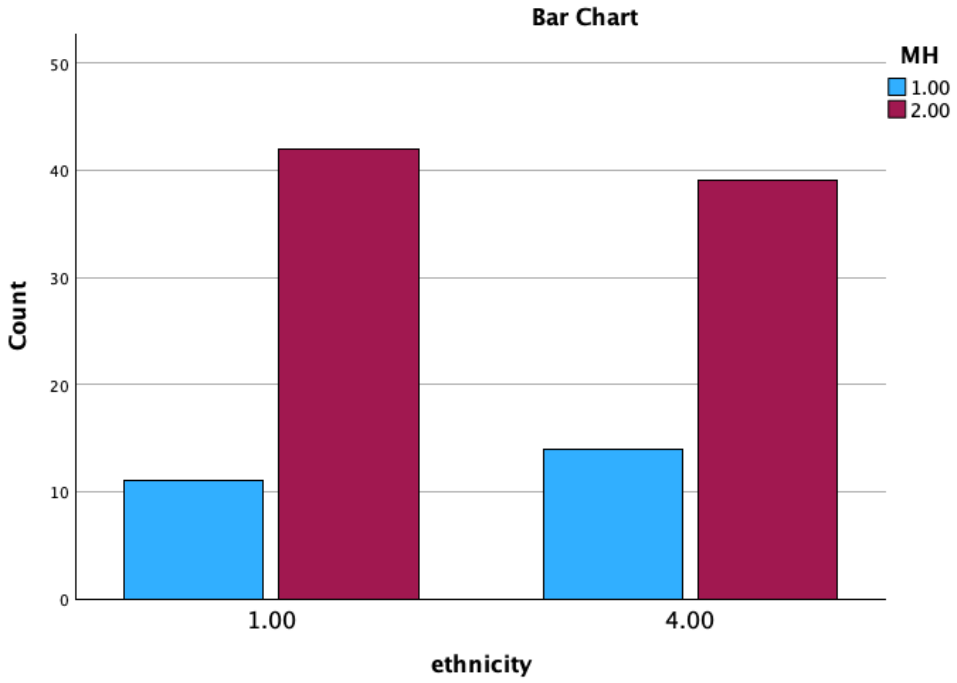
		MH		
		1.00	2.00	Total
ethnicity	1.00	11	42	53
	4.00	14	39	53
Total		25	81	106

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.471[a]	1	.492		
Continuity Correction[b]	.209	1	.647		
Likelihood Ratio	.472	1	.492		
Fisher's Exact Test				.648	.324
Linear-by-Linear Association	.467	1	.495		
N of Valid Cases	106				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.50.

b. Computed only for a 2x2 table


Bar Chart
MH
1.00
2.00
Count
50
40
30
20
10
0
1.00
4.00
ethnicity

Appendix K.3

Study 1 Independent Chi-Square Test Ethnicity*SM

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
ethnicity * Substance	106	100.0%	0	0.0%	106	100.0%

ethnicity * Substance Crosstabulation

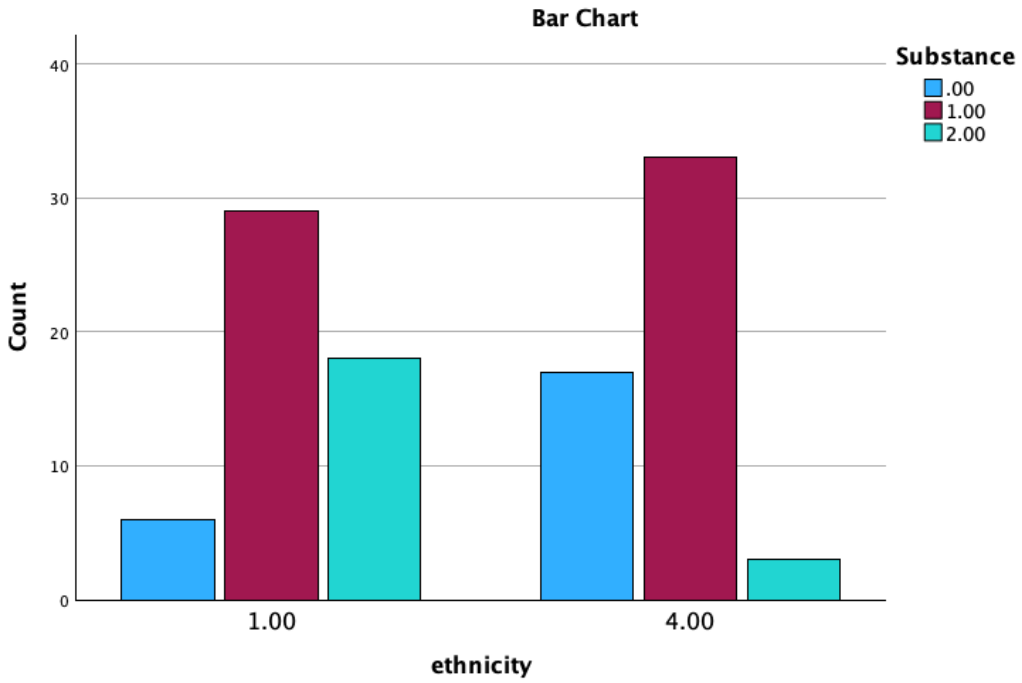
Count

		Substance			
		.00	1.00	2.00	Total
ethnicity	1.00	6	29	18	53
	4.00	17	33	3	53
Total		23	62	21	106

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	16.233[a]	2	<.001
Likelihood Ratio	17.628	2	<.001
Linear-by-Linear Association	15.232	1	<.001
N of Valid Cases	106		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 10.50.


Bar Chart
Substance
.00
1.00
2.00
Count
40
30
20
10
0
1.00
4.00
ethnicity

Appendix K.4

Study 1 Pearson's R Correlations

Correlations

Correlations

				Statistic		
Variable	Variable2	Correlation	Count	Lower C.I.	Upper C.I.	Notes
ACEB	STAB	.481	106	.320	.615	

Missing value handling: PAIRWISE, EXCLUDE. C.I. Level: 95.0

Correlations

Correlations

		ACEB	ACEF	STAB	TSDS	RRES	RRESStress
ACEB	Pearson Correlation	1	.920**	.481**	.243*	.144	.120
	Sig. (2-tailed)		<.001	<.001	.012	.142	.220
	N	106	106	106	106	106	106
ACEF	Pearson Correlation	.920**	1	.451**	.219*	.148	.128
	Sig. (2-tailed)	<.001		<.001	.024	.130	.193
	N	106	106	106	106	106	106
STAB	Pearson Correlation	.481**	.451**	1	.178	.086	.088
	Sig. (2-tailed)	<.001	<.001		.068	.383	.371
	N	106	106	106	106	106	106
TSDS	Pearson Correlation	.243*	.219*	.178	1	.747**	.751**
	Sig. (2-tailed)	.012	.024	.068		<.001	<.001
	N	106	106	106	106	106	106

RRES	Pearson Correlation	.144	.148	.086	.747**	1	.966**
	Sig. (2-tailed)	.142	.130	.383	<.001		<.001
	N	106	106	106	106	106	106
RRESStress	Pearson Correlation	.120	.128	.088	.751**	.966**	1
	Sig. (2-tailed)	.220	.193	.371	<.001	<.001	
	N	106	106	106	106	106	106

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Confidence Intervals

	Pearson Correlation	Sig. (2-tailed)	95% Confidence Intervals (2-tailed)[a]	
			Lower	Upper
ACEB - ACEF	.920	<.001	.884	.945
ACEB - STAB	.481	<.001	.320	.615
ACEB - TSDS	.243	.012	.055	.415
ACEB - RRES	.144	.142	-.048	.326
ACEB - RRESStress	.120	.220	-.072	.304
ACEF - STAB	.451	<.001	.285	.591
ACEF - TSDS	.219	.024	.029	.393
ACEF - RRES	.148	.130	-.044	.329
ACEF - RRESStress	.128	.193	-.065	.311
STAB - TSDS	.178	.068	-.013	.356
STAB - RRES	.086	.383	-.107	.272
STAB - RRESStress	.088	.371	-.105	.274
TSDS - RRES	.747	<.001	.649	.821
TSDS - RRESStress	.751	<.001	.654	.824
RRES - RRESStress	.966	<.001	.951	.977

a. Estimation is based on Fisher's r-to-z transformation.

Appendix K.5

Study 1 Univariate Analyses

One-way

Descriptives

STAB

		N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum	Between-Component Variance
						Lower Bound	Upper Bound			
1.00		25	60.6000	15.41644	3.08329	54.2364	66.9636	33.00	100.00	
2.00		78	56.6154	15.27261	1.72928	53.1719	60.0588	33.00	113.00	
3.00		3	51.3333	12.85820	7.42369	19.3918	83.2749	42.00	66.00	
Total		106	57.4057	15.24703	1.48092	54.4693	60.3421	33.00	113.00	
Model	Fixed Effects			15.26311	1.48248	54.4655	60.3458			
	Random Effects				1.48248[a]	51.0270[a]	63.7843[a]			-1.20819

a. Warning: Between-component variance is negative. It was replaced by 0.0 in computing this random effects measure.

ANOVA

STAB

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	414.428	2	207.214	.889	.414
Within Groups	23995.128	103	232.962		

Total	24409.557	105			

ANOVA Effect Sizes[a,b]

		Point Estimate	95% Confidence Interval Lower	Upper
STAB	Eta-squared	.017	.000	.080
	Epsilon-squared	-.002	-.019	.063
	Omega-squared Fixed-effect	-.002	-.019	.062
	Omega-squared Random-effect	-.001	-.010	.032

a. Eta-squared and Epsilon-squared are estimated based on the fixed-effect model.
b. Negative but less biased estimates are retained, not rounded to zero.

Post Hoc Tests

Multiple Comparisons

Dependent Variable: STAB

	(I) gender	(J) gender	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval Lower Bound	Upper Bound
Tukey HSD	1.00	2.00	3.98462	3.50788	.494	-4.3574	12.3266
		3.00	9.26667	9.32591	.583	-12.9110	31.4443
	2.00	1.00	-3.98462	3.50788	.494	-12.3266	4.3574
		3.00	5.28205	8.98002	.827	-16.0731	26.6372
	3.00	1.00	-9.26667	9.32591	.583	-31.4443	12.9110
		2.00	-5.28205	8.98002	.827	-26.6372	16.0731
Bonferroni	1.00	2.00	3.98462	3.50788	.776	-4.5525	12.5218

		3.00	9.26667	9.32591	.968	-13.4299	31.9632
	2.00	1.00	-3.98462	3.50788	.776	-12.5218	4.5525
		3.00	5.28205	8.98002	1.000	-16.5727	27.1368
	3.00	1.00	-9.26667	9.32591	.968	-31.9632	13.4299
		2.00	-5.28205	8.98002	1.000	-27.1368	16.5727

Homogeneous Subsets

STAB

	gender	N	Subset for alpha = 0.05 1
Tukey HSD[a,b]	3.00	3	51.3333
	2.00	78	56.6154
	1.00	25	60.6000
	Sig.		.458
Tukey B[a,b]	3.00	3	51.3333
	2.00	78	56.6154
	1.00	25	60.6000

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 7.769.
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Appendix K.6

Study 1 SES and MH Univariate Analysis

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
SES * MH	106	100.0%	0	0.0%	106	100.0%

SES * MH Crosstabulation

			MH		
			1.00	2.00	Total
SES	1.00	Count	14_a	51_a	65
		% within SES	21.5%	78.5%	100.0%
	2.00	Count	10_a	28_a	38
		% within SES	26.3%	73.7%	100.0%
	3.00	Count	1_a	2_a	3
		% within SES	33.3%	66.7%	100.0%
Total		Count	25	81	106
		% within SES	23.6%	76.4%	100.0%

Each subscript letter denotes a subset of MH categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	.466[a]	2	.792
Likelihood Ratio	.454	2	.797
Linear-by-Linear Association	.456	1	.499
N of Valid Cases	106		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .71.

Appendix K.7

Study 1 Gender and MH Univariate Analysis

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
gender * MH	106	100.0%	0	0.0%	106	100.0%

gender * MH Crosstabulation

			MH		
			1.00	2.00	Total
gender	1.00	Count	8_a	17_a	25
		% within gender	32.0%	68.0%	100.0%
	2.00	Count	16_a	62_a	78
		% within gender	20.5%	79.5%	100.0%
	3.00	Count	1_a	2_a	3
		% within gender	33.3%	66.7%	100.0%
Total		Count	25	81	106
		% within gender	23.6%	76.4%	100.0%

Each subscript letter denotes a subset of MH categories whose column proportions do not differ significantly from each other at the .05 level.

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	1.549[a]	2	.461
Likelihood Ratio	1.483	2	.476
Linear-by-Linear Association	.770	1	.380
N of Valid Cases	106		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .71.

Appendix K.8

Study 1 STAB Linear Regression

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	STAB[b]	.	Enter

a. Dependent Variable: ACEB

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.481[a]	.232	.224	2.72093	.232	31.333	1	104	<.001

a. Predictors: (Constant), STAB

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	231.974	1	231.974	31.333	<.001[b]
	Residual	769.960	104	7.403		
	Total	1001.934	105			

a. Dependent Variable: ACEB

b. Predictors: (Constant), STAB

Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B	
	B	Std. Error	Beta			Lower Bound	Upper Bound

1	(Constant)	1.111	1.034		1.075	.285	-.939	3.162
	STAB	.097	.017	.481	5.598	<.001	.063	.132

a. Dependent Variable: ACEB

Bootstrap for Coefficients

Model		B	Bootstrap[a] Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval Lower	Upper
1	(Constant)	1.111	.030	1.039	.283	-.843	3.249
	STAB	.097	.000	.017	<.001	.063	.129

a. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples

Bootstrap

Notes

Output Created		31-AUG-2024 09:30:30
Comments		
Input	Data	/Users/roisinreid/Documents/DForenPsy - Year 2/Research Thesis/Study 1/Results/2 group ethnicity.sav
	Active Dataset	DataSet6
	Filter	<none>
	Weight	<none>
	Split File	<none>

Syntax		BOOTSTRAP /SAMPLING METHOD=SIMPLE /VARIABLES TARGET=ACEF INPUT= STAB /CRITERIA CILEVEL=95 CITYPE=PERCENTILE NSAMPLES=2000 /MISSING USERMISSING=EXCLU DE.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.00

Bootstrap Specifications

Sampling Method	Simple
Number of Samples	2000
Confidence Interval Level	95.0%
Confidence Interval Type	Percentile

Appendix K.9

Study 1 SM Linear Regression

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	Substance[b]	.	Enter

a. Dependent Variable: ethnicity

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.326[a]	.106	.097	1.43180	.106	12.339	1	104	<.001

a. Predictors: (Constant), Substance

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	25.295	1	25.295	12.339	<.001[b]
	Residual	213.205	104	2.050		
	Total	238.500	105			

a. Dependent Variable: ethnicity

b. Predictors: (Constant), Substance

Coefficients[a]

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B

		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	3.955	.437		9.053	<.001	3.088	4.821
	Substance	-1.205	.343	-.326	-3.513	<.001	-1.885	-.525

a. Dependent Variable: ethnicity

Bootstrap for Coefficients

Model		B	Bootstrap[a] Bias	Std. Error	Sig. (2-tailed)	95% Confidence Interval Lower	Upper
1	(Constant)	3.955	-.013	.400	<.001	3.113	4.705
	Substance	-1.205	.009	.290	<.001	-1.728	-.593

a. Unless otherwise noted, bootstrap results are based on 2000 bootstrap samples

Appendix K.10

Study 1 MH Linear Regression

Regression

Variables Entered/Removed[a]

Model	Variables Entered	Variables Removed	Method
1	ACEF[b]	.	Enter

a. Dependent Variable: MH

b. All requested variables entered.

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.342[a]	.117	.109	.40268	.117	13.812	1	104	<.001

a. Predictors: (Constant), ACEF

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.240	1	2.240	13.812	<.001[b]
	Residual	16.864	104	.162		
	Total	19.104	105			

a. Dependent Variable: MH

b. Predictors: (Constant), ACEF

Coefficients[a]

Model	Unstandardized Coefficients	Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B

		B	Std. Error	Beta			Lower Bound	Upper Bound
1	(Constant)	1.571	.065		24.122	<.001	1.442	1.700
	ACEF	.045	.012	.342	3.716	<.001	.021	.069

a. Dependent Variable: MH

Study 2 Appendix

Appendix L

Study 2 Ethics Application

Faculty of Medicine &Health Sciences Research Ethics Committee Application form

ONLY FULLY SIGNED (electronic accepted) TYPE-WRITTEN APPLICATIONS WILL BE ACCEPTED, BY EMAIL or SHARED via OneDrive
Please complete this Form for Qualitative, Quantitative, and educational evaluation/anonymised secondary database studies involving people and/or their data and samples (i.e., hair or saliva).

Section 1	**Applicant**
Project full title: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes. Project short title: Racial Trauma Qualitative Acronym: RTQ	
a)	**Name of applicant**: Roisin Reid **University of Nottingham email address**: roisin.reid@nottingham.ac.uk
b)	**If a student**, provide your supervisor's name and role title i.e., Associate Professor in Neuroscience and research group/unit: Dr Nigel Hunt Associate Professor Faculty of Medicine & Health Sciences Provide your supervisor's University of Nottingham email address: nigel.hunt@nottingham.ac.uk Please confirm that the Supervisor/s has read and confirmed this submission meets the required quality standards and a signature is included. **x I confirm** Supervisor's signature: 

c)	**List the names of the Lead Researchers in this project, their job title, and employer if not UoN:**	
d)	**Level of research** ☐ Staff ☒ PhD/EngD/PsychD ☐ Masters ☐ Undergraduate ☐ External	**School/ Dept:** School of Medicine **Faculty:** Division of Psychiatry and Applied Psychology **School:**
e)	Internal Ref No.: Funder Ref No.: N/A Funder: N/A	
f)	Is this project a collaboration with an external body (i.e., charity) ? ☐ Yes ☒ No	
	If yes, please confirm that a legal agreement will be place. ☐ Yes ☐ No ☐ Not applicable	
f)	Do you or any member of the Research Team have any Conflicts of Interest in relation to this research? ☐ Yes ☒ No If Yes, please describe: Please confirm that you have followed the UoN Conflicts of Interest, Gifts and Hospitality guidance ☒ Yes ☐ No	
g)	Training and experience relevant to the Proposed Research Activities (for each of the Lead Researchers) Lead Researcher – Roisin Reid Supervisor – Dr Nigel Hunt	
h)	**☒ DBS Not required** **☐ DBS Required** **If required then please confirm that this will be acquired before the relevant project activity/s commence.** **☐ I confirm**	
i)	**Do you have a data management plan?** ☒ Yes ☐ No **If No, explain why:**	

Section 2: Please indicate which of the below criteria apply to your project.

2.1. Trigger Criteria:		
Trigger Criteria	Yes	No
1. Research projects that give rise to evident and significant risk of reputational damage to, or legal liability on the part of, the Researcher or the University of Nottingham.		X
2. Procedures where the probability and magnitude of harm or discomfort anticipated in the research project are greater in and beyond those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.		X
3. Procedures the nature of which might be offensive, distressing or deeply personal for the target group. This may include surveys and questionnaire-only research designs.	X	
4. Research projects that involve children under the age of 16 or other vulnerable groups.		X
5. Research projects involving prisoners or young offenders.		X
6. Research projects involving police, probation services, or those involved in the criminal justice system.		X
7. Research projects that involve those who may feel under pressure to take part due to their connection with the researcher (e.g., PI asking their students to participate in their research project or a researcher asking the people they manage to take part in their research).		X
8. Research designs requiring participants to take part in the research project without their knowledge and/or consent at the time and research projects that involve deception or withholding information from research participants even if the research participants are briefed afterwards.		X
9. Research projects accessing records and/or the collection of personal data, concerning identifiable individuals as defined by data protection legislation.		X
10. Research projects involving the linking or sharing of personal data, special category data (sensitive data) or confidential information beyond the initial consent given.	X	
11. Research projects involving the collection or access of audio, video recordings, photographs, or quotations where individuals may be identified (beyond images that are in the public domain and are being used in their intended context e.g., photographs of politicians).		X
12. Research projects offering incentives which may unduly influence participants' decision to participate. (Individual RECs may want to define this in line with acceptable practices in their field).		X
13. Research projects that are likely to lead to incidental findings or disclosures.		X
14. Research projects carried out by third parties wishing to recruit University of Nottingham's staff and/or students as participants (although the REC may require that it simply ratifies the approval from the third party (see section 3.8).		X
15. Research projects involving the new collection or donation of human tissue from a living person or the recently deceased as defined by the Human Tissue Authority (HTA).		X
16. Research projects which had previously received a favourable ethical opinion (FEO) but had not started within a year of the FEO.		X
17. Research projects which had previously received an FEO but have not been completed within five years of the FEO date.		X
18. Research projects involving **travelling** to countries/regions **against** the advice of the British Foreign Commonwealth Office.		X
19. Research Projects involving data collection outside the UK (except at UoN international campuses).		X

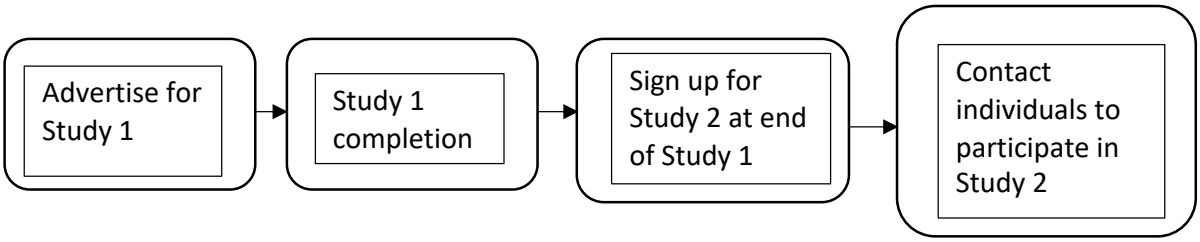
20. Research projects involving activities or the outcome of which may pose a security risk or may be perceived to pose a security risk.		X
21. Research projects involving activities that could potentially compromise the safety/wellbeing of the researcher.		X

2.2. Additional Checks:

2.2.1.	**Does this research involve non-human animals?** ☐ Yes ☒ No **If 'YES' please complete an Ethics Form for submission to the University AWERB** **https://www.nottingham.ac.uk/animalresearch/awerb/erp.aspx**
2.2.2.	**Does this research involve the collection of non-human samples (with genetic materials) from outside the UK?** ☐ Yes ☒ No **If yes, indicate what and where you are collecting:**
2.2.3.	**Does the research involve fieldwork or data collection off campus?** ☐ Yes ☒ No **If yes, please confirm that a Risk Assessment has been completed and signed off by the appropriate Safety Officer.** **☐ I confirm**
2.2.4.	**Is the research project going to be conducted outside the UK or involves international partners?** ☐ Yes ☒ No **please confirm all relevant permissions (including where applicable Non-UK REC approval/Favourable Ethical Opinion) have been or will be in place before the relevant research activities commence.** **☐ I confirm** This study will take place online. The interviews will take place online via Microsoft Office Teams.

Section 3	Research Project details
a)	Please provide a **lay summary** of the project. Adverse Childhood Experiences (ACEs) refer to traumatic events which occur in childhood which have been shown in empirical literature to lead to negative life outcomes (Felitti et al., 1998). However, ACEs research has several limitations due to its' lack of cross-ethnicity investigation and consideration of culturally diverse adverse events (Bernard et al., 2020; Maguire-Jack et al., 2020). Despite the widespread recognition ethnic minority individuals are more likely to experience ACEs; are disproportionally represented in the Criminal Justice System (CJS) (Sturge, 2020); and attempts to widen the ACEs framework to account for the experiences of ethnic minorities (Cronholm et al., 2015), the ACEs literature still falls behind. In support, minimal qualitative research from ethnic minority-only samples have identified additional ACEs beyond the original ACEs framework, including racial discrimination, neighbourhood quality, bullying and growing up in care (Pachter & Coll., 2009; Wade et al., 2014) as more detrimental factors. Yet again, these qualitative studies fail to explore the participants individual experiences to identify why these ethnic-specific events are more detrimental to an individuals' welfare and increase their risk of experiencing negative life outcomes. For example, racial trauma has led to an engagement in substance abuse due to the mental stress it causes (Skewes et al., 2019); the impact of racial trauma also increases Black youths' likelihood of involvement with the CJS; increased school discipline outcomes (Galán et al., 2022). Yet, there is also the notion within the literature intersectionality (at-risk discriminated characteristics) are more indicative of a risk factor for negative life outcomes, due to the complex nature of an individuals' life (Bernard et al., 2020). The present study aims to investigate these factors via in-depth qualitative interviews. As a follow-up study, from a quantitative cross-sectional study, the current study will employ interview questions to participants from the previous study (who have voluntarily agreed to participate) on their experiences of racial trauma, intersectional risk factors (gender, socioeconomic status, race) and why they feel this has or has not led to an engagement in negative life outcomes. The interviews will take place online via Microsoft Office Teams. Participants will also be provided with a participation gratitude in the form of a £10 Amazon voucher.
b)	**Proposed start date:** January 2023 **Proposed end date:** October 2023 These are the proposed dates for the entire completion of the research study, from ethical application to the study write up.
c)	Planned Size of Sample: The planned sample size will be 20 participants. The intent is for 10 participants with the lowest racial trauma scores and 10 participants with the highest racial trauma scores to be recruited, of those who voluntarily signed up to be involved in the follow-up. This will ideally lead to, and equal gender split of five men and five women within each category.
d)	Background or rationale of the project: Adverse Childhood Experiences (ACEs) refer to traumatic events which occur in childhood which have been shown in empirical literature to lead to negative life outcomes (Felitti et al., 1998). However, ACEs research has several limitations due to its' lack of cross-ethnicity investigation and consideration of culturally diverse adverse events (Bernard et al., 2020; Maguire-Jack et al., 2020). Despite the widespread recognition ethnic minority individuals are more likely to experience ACEs; are disproportionally represented in the Criminal Justice System (CJS) (Sturge, 2020); and attempts to widen the ACEs framework to account for the experiences of ethnic minorities (Cronholm et al., 2015), the ACEs literature

	still falls behind. Despite the evidence supporting the disproportional representation of ethnic minorities experiencing adverse life events, these studies fail to identify why this occurs (Bernard et al., 2020). The ACEs research field attempted to account for these differences by expanding the framework. The original ten ACEs were renamed to become the Conventional ACEs (ACEs-C) framework, primarily due to the lack of consideration of ethnic-wide experiences of adversity (Finkelhor et al., 2013). Finkelhor et al (2013) developed an Expanded ACEs (ACEs-E) framework to include the additional ethnic-wide adverse experiences, which developmental researchers also noted were related to negative life outcomes. These additional adversities were community violence, low SES, low educational attainment, and peer influence (Finkelhor et al., 2013), which are highly prevalent in ethnic minorities. Cronholm et al (2015) attempted to expand the literature by comparing ACEs-E between ethnicities and included a measure of racial discrimination. However, Cronholm et al (2015) employed a poor measurement of the impact of racial discrimination for ethnic minorities (Bernard et al., 2020). Bernard et al (2020) proposed the authors failed to encapsulate the psychological impact of racial discrimination and rather should be conceptualized as 'racial trauma' to capture the traumatic response racial discrimination can evoke. Therefore, Study 1 has attempted to amend this poor measure of racial trauma and compare these phenomena and the subsequent negative life outcomes across ethnicities (see Ethics reference: FMHS 497-0322). However, there are further gaps within the literature regarding more contextual understanding of why or how these early ethnic-specific adversities lead to engagement negative life outcomes. The qualitative studies which identified racial discrimination as a more detrimental factor for ethnic minorities, fail to utilise the participants' experiences to identify why or how these ethnic-specific events affect individuals' welfare and increase their risk of experiencing negative life outcomes. For example, a qualitative interview study discovered racial trauma led to an engagement in substance abuse due to the mental stress it causes in American Indians (Skewes et al., 2019). However, this study was an observation of American Indians, which is not an ethnic minority within the United Kingdom (UK) where this study will be conducted. Yet, the impact of racial trauma has also been shown to increase Black youths' likelihood of involvement with the CJS and increased school discipline outcomes (Galán et al., 2022). Hence, there are links between racial trauma and negative life outcomes in an ethnic minority based in the UK. As a follow-up to Study 1, the present study aims to fill the gap within the literature to understand why or how ethnic minorities' experiences, including racial trauma, may or may not lead to engagement in negative life outcomes. Please see the research project protocol for a more in-depth overview of the background.
e)	Aims and objectives: To understand ethnic minority individuals' experiences of racial trauma To understand why ethnic minority individuals, perceive acts of racial discrimination differently To understand how ethnic minority individuals' experiences of ethnic-specific adversity and racial trauma have led to their engagement in negative life outcomes To understand why ethnic minority individuals' experiences of ethnic-specific adversity and racial trauma have led to their engagement in anti-social behaviour or criminality To understand why ethnic minority individuals experiences of ethnic-specific adversity and racial trauma that are similar may have led to different levels of engagement in negative life outcomes or anti-social behaviour To understand what may have prevented engagement in negative life outcomes despite ethnic minority individuals experiences of ethnic-specific adversity and racial trauma
f)	Participant involvement: The participants will be required to provide their own personal answers to an array of interview questions. The interview is anticipated to last between 20-30 minutes to obtain their qualitative answers. There will be no further requirements for the participants to be involved in. Participants will also be provided with a participation gratitude in the form of a £10 Amazon voucher.
g)	Benefit to Research Participants:

	The results of this research study is anticipated to provide insight into how individuals' experiences of racial trauma influence their susceptibility to experience negative life outcomes. These outcomes may include contact with the Criminal Justice System, anti-social behaviour, substance abuse and poor mental health. For example, Skewes et al (2019) discovered a minority ethnic group identified stress caused by racial discrimination was a significant contributing factor to their engagement in substance abuse. This finding led to the suggestion that substance misuse interventions for this ethnic minority group would be more effective if the intervention also addressed the impact of racial discrimination and trauma in addition (Skewes et al., 2019). Therefore, this highlights the benefit similar qualitative interview-based research studies can have on the wider psychological field. In addition to guiding psychological intervention, the present study's research results could also influence how ethnic minorities are assessed, supported, and alter how psychological and CJS professionals perceive their difficulties. Participants will also be provided with a participation gratitude in the form of a £10 Amazon voucher.
h)	Inclusion and exclusion criteria Only individuals who have completed the lead researcher's first research study (Ethics Ref: FMHS 497-0322) will be included in the current proposed study. It will be a follow-up study from the first research study and only ethnic minority participants with the highest and lowest racial trauma scores and have signed up to participate in the follow up study will be included in the present study. Therefore, the inclusion criteria shall also extend to the participants' age, ethnicity, and racial trauma scores due to the criteria of the first study. Participants shall be aged 18-30, identify as an ethnic minority and have either significantly higher or lower racial trauma scores.
i)	Recruitment For the present study, individuals shall have already been recruited via social media advertisement for their participation in Study 1. Following their completion of Study 1, there was an option for the participants to sign up to participate in a follow-up study which is this study – Study 2. Individuals were asked to voluntarily sign up for Study 2 and provide their contact information if they wished to participate if they met the relevant criteria (highest/lowest racial trauma scores). Following ethical approval of this study, individuals shall then be contacted via the contact information (email) they provided if they meet the criteria and arrange their interview for participation in Study 2. Please see the figure below for a summary of this process.  If online, explain what platform you are using and how they comply with GDPR and University of Nottingham data security/compliance policy to ensure participants' privacy.
j)	Informed Consent Potential participants will have voluntarily signed up to complete this study during their participation in study 1 (Ethics reference: FMHS 497-0322). A summary of the present study was included during their opportunity to sign up. However, full informed consent shall be obtained during the interviews for the first study before the interview questions are employed. To gain consent, participants will be sent a copy of the consent form (Appendix C) (via email or messenger dependent on the interview delivery) for them to read through prior to their interview. The lead researcher will also read through the consent form in the initial delivery of the interview. This is to consolidate the participants' understanding before providing their consent to participation and allowing them to ask any relevant questions prior to participation. The participants will be asked to electronically sign the consent form and provide verbal consent also, which will be recorded during the interview via audio recording. If participants wish to withdraw from the study, their contact information, any already obtained data and interview recordings shall be deleted. It will be disclosed their study 1 data shall not be deleted unless they advise they wish to withdraw their data from study 1 also.

j)	Data Management Please see Appendix F for the Data Management Plan (DMP) for the present study.
k)	Ethical and/or Safety Considerations The present study will investigate ethically sensitive information about the participants. Specifically, around their experiences of racial trauma, Adverse Childhood Experiences (ACEs), Mental Health, substance abuse and the impact this has had on them. Respondents will not be able to see the interview questions prior to their completion, and these questions may unveil uncomfortable memories or feelings for the participants. These ethical issues will be considered during the research study to ensure the delivery of the questions are as sensitive as possible. Furthermore, the ethical and safety issues will also be mitigated by participants' being able to withdraw from the study at any point. Additionally, only participants over 18 will be able to participate. All individuals will be fully debriefed following their completion of the study and will be signposted to several relevant support services they can access to mitigate any emotional distress (Appendix D). Participant anonymity and confidentiality will also be maintained. Additionally, participants will be offered a £10 Amazon voucher as a participation gratitude.
l)	Details of reimbursements and/or incentives to participants N/A – There will be no monetary incentive or reimbursement for this study. All participation will be voluntary.
m)	Dissemination The full write up of this research study will be submitted as part of the Lead Researcher's DForenPsy research thesis submission. If this meets the examination criteria, it will be available on the University of Nottingham's etheses website, and the lead researcher will also aim to publish the research in a public educational journal.

List of Application documents:

1. Research Project protocol
2. Informed consent
3. Participant information sheet and & GDPR Privacy Notice
4. Invitation text (letter, email, or any other form)
5. Advertising materials and text
6. Demographic forms
7. Questionnaires, and interview questions/guides, focus group plans etc...
8. Debriefs
9. Information about charities and external organisations involved by including links
10. Other additional information that may be relevant to understanding the context of the study.

Declarations and Signatures of the Researchers

I/We, the researcher(s):

- Understand our responsibilities in line the University of Nottingham Code of Research Conduct and Research Ethics and UoN Policies and Guidance.
- Understand that, for studies conducted outside the UK, it is my/our responsibility to understand and adhere to all local regulations and guidelines and will ensure all required permissions are in place before any relevant Research activities commence.
- The research project activities will not commence before obtaining favourable ethical opinion from **School of Medicine Research Committee** REC and any other relevant permissions.
- Understand the Principal Investigator must ensure all researchers are suitably qualified and trained to conduct the research described, or are appropriately supervised until deemed qualified/trained
- Agree to maintain the confidentiality of the research participants and will grant access to data

only to authorised personals.

- Agree to immediately notify the REC in writing of any proposed change to the research as outlined in this application and await approval before proceeding with the proposed change.
- Make arrangement to halt the research project if the Principal Investigator changes and notify the REC of the successor.
- Will use the data collected only for the purposes outlined in this application and participants have consented to.
- Have made arrangements to ensure that personal data collected from participants will be held in compliance with the requirements of the GDPR and the Data Protection Act 2018.

Applicant Signature/s R R Reid	Date: 15/06/2023

Research Project Protocol

Research Proposal

Student: Roisin Roza Reid Student ID: 1004113

Project Title: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes.

Overview of the Topic

Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) refer to traumatic life events which occur in childhood which have been shown in empirical literature to lead to negative life outcomes (Felitti et al., 1998). Seminally, Felitti et al (1998) investigated the ten original ACEs which were shown to increase the risk of individuals experiencing poor physical health outcomes in later life. The ten original ACEs were: parental imprisonment, parental divorce, domestic violence, emotion, physical and sexual abuse, household substance misuse, household mental health and neglect (emotional, physical) (Felitti et al., 1998). Felitti et al (1998) also discovered a higher number of ACE's an individual experienced was significantly related to the severity of specific health problems (Felitti et al, 1998). It was found an accumulation of ACE's, typically 4 or more, increases an individuals' risk of health issues (Felitti et al, 1998). However, empirical

research has further developed since the original study and has discovered these ten specific adversities are also significantly correlated with the risk of experiencing wider social negative life outcomes. For example, experiencing the ten ACEs in childhood have also been significantly associated with individual's engaging in Anti-Social Behaviour (ASB) (Connolly., 2019); criminality (Baglivio et al., 2015); poor mental health (Hughes et al., 2017); risky sexual behaviour (Hicks et al, 2019), and substance misuse (Marks et al, 2021). Yet, these negative life experiences are not proportionally distributed across ethnicities, as well as ACE's also not being equally experienced between ethnicities, gender, and Socioeconomic status (Maguire-Jack et al., 2020). Therefore, this suggests there is growing need to investigate these experiences across ethnicities.

ACES & Ethnicity

The ACEs' research field has limitations in explaining the disproportionate results why individuals with at-risk characteristics are more likely to experience certain negative life events. Primarily, this is due to the lack of cross-ethnicity investigation and consideration of culturally diverse adverse events in ACEs research (Bernard et al., 2020; Maguire-Jack et al., 2020). Despite the widespread recognition ethnic minority individuals are more likely to experience ACEs; are disproportionally represented in the Criminal Justice System (CJS) (Sturge, 2020); and finally, that disadvantage, in all forms, is not equally distributed across ethnicities (Maguire-Jack et al., 2020), the ACEs literature still falls behind. However, Felitti et al's (1998) original study discovered 50% of Caucasian adults reported zero ACE's, whilst this was only found in 39% of

Black, 43% Latino, 66% Asian and 41% of 'other race' participants (Felliti et al, 1998). Similarly, ethnic minorities were also found to be significantly more likely to experience 4+ ACEs (Felitti et al., 1998). More recently, there have been wider attempts to examine the ACEs phenomenon in ethnic minorities. Subsequently, there is growing evidence Black youth are more likely to report several ACE's compared to Caucasian individuals (Baglivio et al, 2015; De Lisi et al, 2017; Fagan et al, 2017). Despite these studies supporting the disproportional representation of ethnic minorities experiencing adverse life events, these studies fail to identify why this occurs (Bernard et al., 2020).

Expanding the ACEs framework

The ACEs research field attempted to account for these differences by expanding the framework. The original ten ACEs were renamed to become the Conventional ACEs (ACEs-C) framework, primarily due to the lack of consideration of ethnic-wide experiences of adversity (Finkelhor et al., 2013). Finkelhor et al (2013) developed an Expanded ACEs (ACEs-E) framework to include the additional ethnic-wide adverse experiences, which developmental researchers also noted were related to negative life outcomes. These additional adversities were community violence, low SES, low educational attainment, and peer influence (Finkelhor et al., 2013), which are highly prevalent in ethnic minorities. This also led to further development of the ACEs psychometric questionnaire to become the ACE-IQ (WHO., 2018) to assess for additional adversities to be cross-culturally valid. Finkelhor et al (2013) discovered poor mental health outcomes were better predicted by the ACEs-E framework.

Similarly, Cronholm et al (2015), compared the two frameworks in a more racially diverse sample, and discovered 13.9% of Cronholm's et al (2015) sample experienced only ACEs-E. Therefore, these participants' experiences of adversity would have not been captured by the conventional framework. Further qualitative research from ethnic-minority only samples identified additional experiences of adversity beyond the conventional and expanded ACEs framework, including racial discrimination, bullying, neighbourhood criminality and growing up in social care environments (Pachter & Coll., 2009; Wade et al., 2014). The participants reported these experiences were more detrimental to their development and likelihood of experiencing negative life outcomes (Pachter & Coll., 2009; Wade et al., 2014).

Racial Trauma

Cronholm et al (2015) attempted to examine these additional experiences identified in the qualitative research, alongside the ACEs-E framework. However, Cronholm et al (2015) employed a poor measurement of the impact of racial discrimination for ethnic minorities (Bernard et al., 2020). Bernard et al (2020) proposed the authors failed to encapsulate the psychological impact of racial discrimination and rather should be conceptualized as 'racial trauma' to capture the traumatic response racial discrimination can evoke. Therefore, Study 1 has attempted to amend this poor measure of racial trauma and compare these phenomena and the subsequent negative life outcomes across ethnicities (see Ethics reference:). However, there are further gaps within the literature regarding more contextual understanding of why or how these early

ethnic-specific adversities lead to engagement negative life outcomes. The qualitative studies which identified racial discrimination as a more detrimental factor for ethnic minorities, fail to utilise the participants' experiences to identify why or how these ethnic-specific events affect individuals' welfare and increase their risk of experiencing negative life outcomes. For example, a qualitative interview study discovered racial trauma led to an engagement in substance abuse due to the mental stress it causes in American Indians (Skewes et al., 2019). The participants revealed community-wide problems with historical racial trauma, stemming from colonization leading to race-specific based stress and subsequently behavioural health problems (Skewes et al., 2019). However, this study was an observation of American Indians, which is not an ethnic minority within the United Kingdom (UK) where this study will be conducted. Yet, the impact of racial trauma has also been shown to increase Black youths' likelihood of involvement with the CJS and increased school discipline outcomes (Galán et al., 2022). Hence, there are links between racial trauma and negative life outcomes in an ethnic minority based in the UK.

Present Study

The present study aims to fill the gap within the literature, by employing a semi-structured interview qualitative research design. This will allow the current study to uncover rich, detailed qualitative explanations as to why and how ethnic minorities experiences of racial trauma or discrimination may have led to their engagement in negative life outcomes. It shall also observe the differences between ethnic minorities who report high and low racial trauma scores, that is

both groups have experienced racial discriminatory acts but have been affected differently, on their anticipated varying engagement in negative life outcomes. The study will employ an array of predetermined open-ended questions enquiring about participants' experiences of racial trauma or discrimination; the subsequent impact leading to negative life events including anti-social behaviour, poor mental health, and substance use. The predetermined interview questions will also allow the participants to expand on other contributing factors to their experiences.

Research Question(s)

1) Why do individuals with higher racial trauma scores experience worse negative life outcomes than those with lower racial trauma scores?

2) What are the differences, if any, between those with high and those with low racial trauma scores?

3) For individuals with high racial trauma scores, but report fewer negative life outcomes, what protective factors or coping strategies have prevented them from experiencing these?

Proposed Methods

Participants

A maximum sample of 20 participants will participate in the present study. The is to allow for 10 participants with the lowest racial trauma scores and 10 participants with the highest racial trauma scores to be recruited, ideally with an equal gender split. This is to allow for a wide range of qualitative interview answers, and to explore the qualitative differences in ethnic minority

individuals' experiences of racial discrimination or trauma. This difference is hoped to be observe both across gender and between individuals who report high and low racial trauma scores. The study shall only recruit participants who have completed the first study (reference: FMHS 497-0322); are therefore aged between 18-30 years old; and have revealed either the highest or lowest racial trauma scores during the first study. Only participants who identify as an ethnic minority shall be recruited from study 1.

Procedure

To investigate the research questions, the study shall employ a qualitative semi-structured interview research design. A semi-structured interview includes both pre-planned questions prior to the interview, but also allows for participants to elaborate on their experiences via open-ended questions (Alsaawi., 2014). It is suggested this type of research design is most suitable for researchers who have a comprehensive understanding of their research topic, but do not want to obstruct participants from revealing in-depth responses ((Bryman., 2008) as cited in Alsaawi., 2014). There are both limitations and strengths to this type of research design. As highlighted, it allows individuals to elaborate deeply on their personal experiences; it allows researchers to understand the process or 'how' of the research topic; enables researchers to observe non-oral cues such as body language (Goodenough & Waite., 2012); and can produce meaningful and contextual understanding to quantitative phenomena (Alsaawi., 2014). Yet, this research design relies heavily on participants' introspective ability and willingness to be open and

honest. There are also practical issues around interviewer reliability; influence of the interview; time-consuming processes involving the conduction, transcribing, and analysing of the interviews (Alsaawi., 2014). Considering these strengths and limitations, it was concluded this research design would be the most suitable to obtain the required data to answer the research questions. Furthermore, the current study shall deliver interview questions (Appendix A) to participants from the previous study (who have voluntarily agreed to participate) on their experiences of racial trauma, intersectional risk factors (gender, socioeconomic status, race) and why they feel this has or has not led to an engagement in negative life outcomes (Anti-social behaviour, substance misuse, poor mental health). This design has been selected as a follow-up for further investigation into participants who have contributed to Study 1. It is intended for the current study to further understand how individuals early experiences have led to later issues or what has prevented them from engaging in negative life experiences, and the differences between these groups.

The independent variable will be participants' racial trauma score category (highest vs lowest) and the dependent variable will be participants' question responses. A purposive sampling method shall be utilised to obtain participants. This sampling method involves the researcher choosing participants' based on a specific criterion or their knowledge of a specific phenomenon. By choosing individuals with the highest and lowest racial trauma scores, this is a purposive sampling approach.

To begin the study, participants will be provided with a Participant Information Sheet (Appendix B), to inform them of the study purpose and procedure. To

obtain consent, individuals will need to read through the consent form and either verbally provide consent or sign the consent form (Appendix C), emailed to them prior to conducting the interview. Individuals' demographic information shall then be confirmed with them, prior to asking the interview questions, as this information will have been obtained during Study 1. Following this, participants' shall then be asked the semi-structured interview questions (Appendix A). The interview questions are primarily open-ended questions which will allow participants to expand on their answers and experiences. After participants have been asked all questions, they will be provided with the debrief sheet (Appendix D) to ensure they are fully debriefed of the study's purpose. After study completion, participants will also be provided with a participation gratitude in the form of a £10 Amazon voucher.

Measures

Semi-structured Interview Questions

The primary measure method will be the questions asked in the semi-structured interviews.

Proposed analytical methods

Each participants' interview questions answers will be audio recorded on Microsoft Officer Teams software during the interview process. Individual's raw data will be transcribed by the lead researcher into separate Microsoft Word documents and will be stored on the University OneDrive service, in a password protected folder.

The researcher shall collect the minimum required information only, for the purpose of the study. All participant data shall be anonymized before a thematic analysis is conducted. The lead researcher shall follow Braun & Clarke's (2006) six-step guide to conducting a thematic analysis. The six-steps include:

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up

A thematic analysis will allow the lead researcher to identify themes within the participants' interview question answers (Maguire & Delahunt., 2017). It allows the researcher to utilise important or interesting themes to answer the research questions, by interpreting the participants answers (Maguire & Delahunt., 2017).

Estimated timescale

December

Generate study idea

Begin ethics application

January

Submit ethics application

February – March

Ethics approval

March – April

Contact potential participants

April – May

Conduct Interviews

June

Transcribe

Thematic Analysis

July – September

Write up

Staffing issues

The lead researcher shall contact the potential participants following data analysis of the first study (see Ethics reference: FMHS 497-0322); conduct the interviews; collect and analyse all the data. Therefore, no staffing issues are anticipated for the current study.

Word Count: 2,227

References

Alsaawi, A. (2014). A Critical Review of Qualitative Interviews. Social Science Research Network. https://doi.org/10.2139/ssrn.2819536

Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The Relationship between Adverse Childhood Experiences (ACE) and Juvenile Offending Trajectories in a Juvenile Offender Sample. Journal of Criminal Justice, 43(3), 229–241. https://doi.org/10.1016/j.jcrimjus.2015.04.012

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021). Making the "C-ACE" for a Culturally Informed Adverse Childhood Experiences Framework to Understand the Pervasive Mental Health Impact of Racism on Black Youth. Journal of Child & Adolescent Trauma, 14(2), 233–247. https://doi.org/10.1007/s40653-020-00319-9

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Connolly, E. J. (2019). Further Evaluating the Relationship Between Adverse Childhood Experiences, Antisocial Behavior, and Violent Victimization: A Sibling-Comparison Analysis. Youth Violence and Juvenile Justice, 18(1), 3–23. https://doi.org/10.1177/1541204019833145

Cronholm, P. F., Forke, C. M., Wade, R., Bair-Merritt, M. H., Davis, M., Harkins-Schwarz, M., Pachter, L. M., & Fein, J. A. (2015). Adverse Childhood Experiences. American Journal of Preventive Medicine, 49(3). https://doi.org/10.1016/j.amepre.2015.02.001

DeLisi, M., Alcala, J., Kusow, A., Hochstetler, A., Heirigs, M., Caudill, J., Trulson, C., & Baglivio, M. (2017). Adverse Childhood Experiences, Commitment Offense, and Race/Ethnicity: Are the Effects Crime-, Race-, and Ethnicity-Specific? International Journal of Environmental Research and Public Health, 14(3), 331. https://doi.org/10.3390/ijerph14030331

Fagan, A. A., & Novak, A. (2018). Adverse Childhood Experiences and Adolescent Delinquency in a High-Risk Sample. Youth Violence and Juvenile Justice, 16(4), 395–417. https://doi.org/10.1177/1541204017735568

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of Adverse Childhood Experiences. Child Abuse & Neglect, 48, 13–21. https://doi.org/10.1016/j.chiabu.2015.07.011

Galán, C. A., Auguste, E., Smith, N. A., & Meza, J. I. (2022). An Intersectional-Contextual Approach to Racial Trauma Exposure Risk and Coping Among Black Youth. Journal of Research on Adolescence, 32(2), 583–595. https://doi.org/10.1111/jora.12757

Goodenough, A., & Waite, S. (2012). Real world research: a resource for users of social research methods in applied settings (3rd ed.). Journal of Education for Teaching, 38(4), 513–515. https://doi.org/10.1080/02607476.2012.708121

Hicks, M., & Kogan, S. M. (2019). Racial Discrimination, Protective Processes, and Sexual Risk Behaviors Among Black Young Males. Archives of Sexual Behavior, 48(2), 507–519. https://doi.org/10.1007/s10508-018-1341-1

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. The Lancet. Public Health, 2(8), e356–e366. https://doi.org/10.1016/s2468-2667(17)30118-4

Maguire, M., & Delahunt, B. (2017). Doing a thematic analysis: A practical, step-by-step guide for learning and teaching scholars. All Ireland Journal of Higher Education, 9(3).

Maguire-Jack, K., Lanier, P., & Lombardi, B. (2020). Investigating racial differences in clusters of adverse childhood experiences. American Journal of Orthopsychiatry, 90(1), 106–114. https://doi.org/10.1037/ort0000405

Marks, L. R., Acuff, S. F., Withers, A. J., MacKillop, J., & Murphy, J. G. (2021). Adverse childhood experiences, racial microaggressions, and alcohol misuse in Black and White emerging adults. Psychology of Addictive Behaviors, 35(3), 274–282. https://doi.org/10.1037/adb0000597

Pachter, L. M., & Coll, C. G. (2009). Racism and Child Health: A Review of the Literature and Future Directions. Journal of Developmental & Behavioral Pediatrics, 30(3), 255–263. https://doi.org/10.1097/DBP.0b013e3181a7ed5a

Skewes, M. C., & Blume, A. W. (2019). Understanding the link between racial trauma and substance use among American Indians. American Psychologist, 74(1), 88–100. https://doi.org/10.1037/amp0000331

Sturge, G. UK Prison Population Statistics, House of Commons Library Briefing Paper Number CBP-04334. 2020.

Wade, R., Shea, J. A., Rubin, D., & Wood, J. (2014). Adverse Childhood Experiences of Low-Income Urban Youth. PEDIATRICS, 134(1), e13–e20. https://doi.org/10.1542/peds.2013-2475

World Health Organization. (2018). Adverse childhood experiences international questionnaire. Adverse childhood experiences international questionnaire (ACE-IQ), 2020-09.

Appendix M

Study 2 Interview Questions

Interview Questions

Demographic

- Age, gender, ethnicity, sexuality, socioeconomic status, racial trauma score - confirm

Main Questions:

1. What are your experiences of racial discrimination?
2. How have these experiences affected you? Could you please elaborate on that?
3. Would you define the effects of your experiences of racial discrimination as racial trauma?
4. Have these experiences led to you using any substances? (e.g., alcohol, tobacco, vaping, cannabis, illicit substances) Could you please elaborate on that? What substances did you use? Why do you think this has occurred?
5. Have these experiences led to you engaging in anti-social behaviour or thoughts? Could you please elaborate on that? Why do you think this has occurred?
6. Have these experiences led to you engaging in criminal behaviour or thoughts? Could you please elaborate on that? Why do you think this has occurred?
7. Have these experiences led to you experiencing poor mental health? Could you please elaborate on that? Why do you think this has occurred?

8. Have these experiences of racial discrimination led to you avoiding certain places or people? What do you mean by that? Why do you think this has occurred?
9. What other types of adversity have you experienced? Could you please elaborate on that?
10. Have these experiences affected you more than your experiences of racial discrimination? What do you mean by that?
11. If you have not been impacted by racial discrimination, why do you think it has not affected you?
12. What has helped to support you? Could elaborate on that?
13. What do you think leads to ethnic minorities being overrepresented in the Criminal Justice System? What do you think could help prevent this?
14. Is there anything else you think is important to discuss in relation to racial trauma or your experiences of racial discrimination?

Appendix N

Study 2 Participant Information Sheet

Participant Information Sheet

Study Title: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes

Researchers: Dr Nigel Hunt (Supervisor) and Roisin Reid (Primary researcher), University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Reference:

Thank you for your interest. You are invited to take part in the follow-up study for this research project. Before you decide whether you would like to take part, it is important you are provided with and understand important information regarding this study. Please take time to read through this information sheet before signing the consent form, which is your written agreement to take part. You may also contact the researchers via email to discuss any queries you may have before giving consent.

This study is a follow-up study investigating ethnic minorities' experiences of racial trauma, discrimination, Adverse Childhood Experiences (ACEs) and how these risk factors may or may not have led to an engagement in negative life outcomes (anti-social behaviour, substance abuse, poor mental health). It is also looking at what the differences are between individuals who experience

similar levels of racial trauma or ACEs and their varying experiences of subsequent negative life outcomes. ACEs refer to traumatic events which occur prior to the age of 18-years-old (Felitti et al., 1998). The study intends to identify both risk and protective factors for these negative life outcomes and a deeper understanding behind the complexity of these contributing factors.

Why have I been chosen?

You have been chosen to take part as you are between 18-30 years old; have participated in study 1 for this project; and have demonstrated high or low levels of racial trauma.

Do I have to take part?

Participation in this study is voluntary. You may choose not to take part or withdraw at any stage during the study by advising the lead researcher/interviewer. Furthermore, if you wish to remove your answers or withdraw after completing the study, please contact the main researcher via email up to one month after completing (see contact details below).

What do I have to do?

In this study, you will firstly be asked to confirm your basic demographic information (ethnicity, age, gender, socioeconomic status) which was obtained in Study 1. Following this, you will be asked a series of interview, open-ended questions regarding your personal experiences of childhood adversity, racial trauma, and subsequent engagement in negative life outcomes (anti-social

behaviour, mental health, and substance use). The interview will take place online via Microsoft Office Teams. Your interview will be audio recorded to allow the lead researcher/interview to transcribe your question answers to allow for a thematic analysis later. If you agree to take part, you are expected to answer all questions, and as honestly and accurately as possible. The study should take you around 20-30 minutes to complete.

What are the possible disadvantages and advantages taking part?

It is possible you may find the questions asked uncomfortable or evoke difficult emotions. The questions ask about previous childhood traumatic experiences which may recall some painful feelings. Please take the time to consider carefully about whether it may be too upsetting for you to do this now. At the end of the study, we will also signpost you to some support services you can contact, if you wish to seek support for your experiences or any negative emotions. However, your contribution could assist the researchers to understand more about the relationship between negative childhood experiences and racial discrimination on individuals displays of difficult behaviour.

Will my taking part in this project be kept confidential?

All information in this study will remain confidential. No personal data or contact details will be collected besides your ethnicity, gender, socioeconomic status, and questionnaire scores. All your personal information and question answers will remain anonymous as you will be randomly allocated a participant number.

Additionally, only the lead researcher/interview and study supervisor will have access to your data.

We will not ask for your name or any other personal ID during the main study. Your IP address will also not be visible or stored by the researchers.

What will happen to the results of the research project?
Your interview answers will be audio recorded during the interview and saved in a password-protected file on the University of Nottingham's Microsoft One Drive. Following the end of the study, the lead researcher/interviewer will listen to the audio recording and transcribe your answers onto a Microsoft Word Document, again which will be saved in a password-protected file on the University of Nottingham's Microsoft One Drive. This document will then be used to conduct a thematic analysis to identify similar themes across participants' answers. The results of the thematic analysis will then be written up as part of the lead researcher's thesis and submitted for examination as part of her DForenPsy qualification. Your results will be kept for a maximum of 7 years as per the University of Nottingham's data management policy.

This data will be kept for a minimum of seven years and only responsible members of the University will be given access to your data. If participants partially complete the study, or chose to withdraw their data during the interview, their data shall be deleted before analysis.

Ethical review of the study

This project has been given ethical approval by the Faculty of Medicine & Health Sciences Research Ethics Committee at the University of Nottingham.

What if there is a problem?

If you have a concern about any aspect of this project, please speak to the researcher [Roisin Reid] or the Researcher Supervisor (Dr Nigel Hunt) who will do their best to answer your query. The researcher should acknowledge your concern and give you an indication of how she intends to deal with it. If you remain unhappy and wish to complain formally, you can do this by contacting the FMHS Research Ethics Committee Administrator, Faculty Hub, Medicine, and Health Sciences, E41, E Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH or via E-mail: FMHS-ResearchEthics@nottingham.ac.uk. Please quote ref no: FMHS xx-xxx

Appendix O

Study 2 Consent Form

DForenPsy
Project Consent Form

The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

Title of Project: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes.

Ethics Approval Number or Taught Project Archive Number:

Researcher(s): Roisin Roza Reid (roisin.reid@nottingham.ac.uk)

Supervisor(s): Dr Nigel Hunt (nigel.hunt@nottingham.ac.uk)

The participant should answer these questions independently:

- I confirm I have read and understood the information sheet YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily? YES/NO
- Do you understand that participation in this study is voluntary, and you are free to withdraw from the study? YES/NO
  (at any time and without giving a reason)
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO
- Do you agree to take part in the study? YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals)

I have explained the study to the above participant, and he/she has agreed to take part.

Signature of researcher: Date:

Appendix P

Study 2 Debrief Sheet

Debrief form

Title of study: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes.

Researcher: Roisin R Reid Supervisor: Dr Nigel Hunt

Email: roisin.reid@nottingham.ac.uk Email: nigel.hunt@nottingham.ac.uk

Faculty of Medicine & Health Sciences Research Ethics Ref No:

Thank you for participating in this study. This debrief sheet shall provide you with information regarding the full purpose of the study and answer any questions you may have. Please also see below for signposting to support services, if you require any support with the sensitive topics we have asked about today.

This study is a follow-up study to the questionnaire you previously have completed. The current study continues to investigate Adverse Childhood Experiences, racial trauma and Anti-Social Behaviour, mental health, and substance misuse like Study 1. However, the current study has aimed to investigate further into your own experiences of these events to see how ACEs and racial trauma may have led to your engagement or lack of engagement in these life events. Ethnic minorities are over-represented in offending statistics. Their adverse experiences and the possible consequences of such experiences need to be better understood to prevent this to be a continuing pattern. Your

participation in this study may help relevant professionals or the public gain further insight into this area.

Confidentiality

All research information collected today will remain anonymous and confidential. You will be assigned a randomly allocated participant number to ensure the anonymity is maintained throughout data collection, data analysis and the research write-up process and publication if this is a viable outcome. This data will only be accessed by the researcher and the supervisor, as outlined above. Participants demographic details (age, race, gender, and socioeconomic status) will be recorded, and results will be stored anonymously. As required by the University of Nottingham's data management policies, the lead researcher will store the data for up to seven months and will be deleted once the project is complete

Right to Withdraw

Participation in this study is voluntary and individuals have the right to withdraw at any stage (even if you have completed all the questions). If you wish to withdraw your data later, please contact the researcher or supervisor (as above) with your receipt code up to 1 month after you have completed the study. The receipt code will only identify which entry is your response in the dataset and not any of your personal information.

If you have any further queries or complaints, please contact the researcher's supervisor who will be happy to assist. If you wish to contact the Ethics Committee, please write to:

FMHS Research Ethics Committee Administrator, Faculty Hub, Medicine, and Health Sciences, E41, E Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH or via E-mail: FMHS-ResearchEthics@nottingham.ac.uk. Please quote ref no: FMHS xx-xxx

Support Services

Adverse Childhood Experiences

Abuse or Neglect

Sexual – Incest & Sexual Abuse Survivors (Nottingham) http://www.isas-notts.org.uk/contact.cfm (0115 8240314)

Childhood sexual abuse –Support Line @supportline.org.uk (Helpline: 01708 765200)

Childhood abuse – National Association for People Abused in Childhood support@napac.org.uk(Helpline: 0808 801 0331)

Victim Support - https://www.victimsupport.org.uk/help-and-support/get-help (24/7 Helpline: 08081 689111)

Mental Health

Samaritans – https://www.samaritans.org/how-we-can-help/contact-samaritan/ Helpline: 116 123, Email: jo@samaritans.org

MIND - https://www.mind.org.uk/information-support/guides-to-support-and-services/crisis-services/getting-help-in-a-crisis/

Shout – https://giveusashout.org Text: SHOUT to 85258

Substance use

Turning Point - https://www.turning-point.co.uk/contact-us.html

NHS - https://www.nhs.uk/Service-Search/other-services/Drug%20addiction%20support/LocationSearch/339

Change, grow live - https://www.changegrowlive.org/local-support/find-a-service

Racial trauma

The monitoring group - http://www.tmg-uk.org/projects/trauma-therapy-project/

Helpline: (020 7582 7438)

Stop the Hate - https://www.stophateuk.org/help-in-the-uk-national-organisations/

The Black, African and Asian Therapy Network - https://www.stophateuk.org/help-in-the-uk-national-organisations/

If you wish to withdraw your response after reading the detailed study information on this page, please inform the lead researcher.

Appendix Q

Study 2 Contact Email

Advert/contact:

Study 1 - Please leave your contact email address if you would be open to participating in a follow-up study investigating your experiences of racial discrimination.

Contact email: Dear Study 1 participant, you recently participated in a previous research study called – 'Comparing negative outcomes of ACE's and racial trauma between Caucasian and Ethnic minority individuals'. You also voluntarily agreed to leave your email address to be potentially contacted regarding participation in a follow-up study investigating your experiences of racial trauma, discrimination, adverse childhood experiences and how these risk factors may or may not have led to an engagement in negative life outcomes (anti-social behaviour, substance abuse, poor mental health). This participation will involve a 20–30-minute question-based interview which will be delivered via Microsoft Teams and audio recorded. Please let me know your availability for your participation and if you are still willing to participate. Please see attached for the participation information sheet and consent form which will provide you with more information regarding the current study. You will also be provided with a £10 Amazon voucher for your participation.

Please do not hesitate to contact me regarding any questions you have about the study.

Many thanks,

Roisin.

Appendix R

Study 2 Data Management Plan

Plan Overview

A Data Management Plan created using DMPonline

Title: A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes

Creator: Roisin Reid

Affiliation: University of Nottingham

Template: University of Nottingham UG/PGT Data Management Plan ID: 114405

Start date: 07-01-2023

End date: 31-10-2023

Last modified: 07-01-2023

Created using DMPonline. Last modified 07 January 2023

A qualitative follow-up study investigating ethnic minorities' experiences of racial trauma and the subsequent links with engaging in negative life outcomes

Data description What data will you create?

The present study will generate qualitative, in-depth personal data. Using interview, open-ended questions, participants will provide their own answers of their personal experiences thus generating qualitative data.

Data collection / generation

What are your methodologies for data collection / generation? How will you ensure data quality? What data standards will you use?

The data will be collected via audio and video recordings on Microsoft Teams. Individual's raw data will be transcribed by the lead researcher into separate Microsoft Word documents and will be stored on the University OneDrive service, in a password protected folder.

The researcher shall collect the minimum required information only, for the purpose of the study. All participant data shall be anonymised before any thematic analysis is conducted.

Data storage and security

Where and how data will be stored, backed-up, transferred, and secured during the active phase (short to medium term) of research? When and how will you delete the data once the project is completed?

Participants' interview answers will be record via Microsoft Teams, which adheres to the GDPR guidelines and is used by the University of Nottingham Following data collection, participants answers will be inscribed into Microsoft Word documents and remain anonymised for thematic analysis. A randomly generated participant ID number will be assigned to participants, to ensure anonymity and protect the participants identity during this study. Participants email address shall be retained for up to three months of study completion if they wish to withdraw their data. All raw data and signed study forms will be kept on the University of Nottingham's OneDrive platform, in a password protected file.

The University of Nottingham provides storage for research data and holds a license for Microsoft OneDrive, which meets the criteria to be information security management compliant. It encrypts sedimentary and in transit data and is approved by the University's Handling Restricted Data Policy. Individuals' information will be stored for up to seven years, after the study is terminated, for potential audit and peer review purposes.

Data management, documentation, and curation

What are your principles, systems, and major standards for data management and creation? What metadata and documentation will you keep?

The primary researcher and supervisor will ensure participants' rights to privacy and informed consent are accomplished This will be gained via a signed consent form, after individuals have been provided with a study information sheet. Individual's will also receive a debrief sheet to ensure participants are fully

informed of the study's purposes. All data will be managed in line with the University of Nottingham's data management policy and the study will adhere to UK General Data Protection regulations (GDPR).

Ethics & Privacy

Are there any ethical or privacy related issues associated with your data?

Participants' demographic data (age, ethnicity, gender, sexuality, and socioeconomic status) has already been collected from Study 1. Email addresses have also been collected in Study 1 for if participants wish to withdraw after their participation and to participate in the current second follow up study. If participants wish to withdraw, their data will be destroyed. Participants will be given a study identity code to ensure anonymity. The study shall adhere to the Data Protection Act 2018, including GDPR requirements, as the present study collects personal information data. Therefore, all participants will be made aware of the procedure followed (in the study information sheet) to ensure participant confidentiality, information privacy and appropriate data management.

Roles & responsibilities

Who will be responsible for managing data, data security, data quality, and data security both during the award and post-award?

The primary researcher (Roisin Reid) will be responsible for managing the data, data security, data quality and data security during and post-award. The Supervisor (Dr Hunt) of this study will manage the access to this data and will

assess how the data is used. Only responsible members of the University of Nottingham will be provided access to the data for monitoring and/or audit of the study, to ensure it is being conducted correctly.

IPR

Who will own the copyright and IPR of any data that you will collect or create? If you are planning to use existing data as part of your research, do any copyright or other restrictions determine its use?

The University of Nottingham will own the data, the copyright of any data and be the data controller.

Appendix S.1

Study 2 Participant 1 Transcript

Had a bit of trial run earlier to make sure it records and it does so I am just going to ask you a list of questions that are already pre-pared. I will just double check some characteristics about yourself beforehand and then will start the questions and if you had any additional points to add then please feel free to add them on but you know just answer them the best you can if you cant just let me know just so you're aware everything will be kept confidential, the information you share, your email address, your demographic characteristics, your age, your gender all that will remain confidential. If you want to withdraw at point you can let me know and if you want to withdraw after the interview is do then you are free to do that and I will send a debrief form at the end as well as the amazon voucher I'll send that to your email address as well

Alright

Okay, so just Let me just double check your age would be 22

Yep

Gender male, ethnicity black African – am I right so far

Yep

Yeah, And then We've also got some information about your socioeconomic status erm and then racial trauma score you score 6/22 but all those are correct so far

Yeah that's all good all good

Fab then I'll start with the questions then so the first one is quite broad so say as little or as much as you want to the first one is what are your experiences of racial discrimination

Er I'd probably say at a younger age say about year 7ish, first getting into secondary school and then you meet some of the older years and they'll say some stuff and I'm like idno what that means and after a few months you come to learn that it is actually racial discrimination they wouldn't let you do or go certain places and stuff

Wouldn't let you go certain places and they would be saying things. Would they use racist terms, would they be saying those kinds of things

Yeah , kinda yeah

Okay, so you've kind of pin pointed it to school

Is there any other experiences that you've had outside of that

Just out and about in general really

And What does that look like out and about is that looks, or, how did the racial discrimination come about

Er it depends on what I've been doing really, there was a time when I went to Liverpool for a few days and was literally just walking down from the hotel and two guys drove past just threw a slur out and I was like okay and then some pubs I've been to I think its more common in pubs than out in the street and stuff, most of the time its pubs I don't know whether that's them being drunk or being stuck in the old times but I just leave them to it

Okay fab thank you, there's other settings as well that you've mentioned, how would you say these experiences have affected you would you

Er not much really don't really give them the attention they want, they'll say something and I'm just there like okay and I'll just carry on about my day afterwards

So quite dismissive, haven't affected you that much

Yeah, okay

The next is question is would call the effects of your experiences of racial discrimination as racial trauma

Nah

Okay

What has minimised the effects then

Just not being bothered that much really cause some of them you can tell theyre being idiots for no reason more like okay and you can just move on from it and stuff it only gets annoying when say if youre out and about and they keep saying it and they keep following you, not following you necessarily or go where youre going and then it starts to get annoying and im just like okay

Do you think that's about you as a person something about your character, something you've developed as you've gotten older, or do you just think that's something that's instilled into you

Definitely developed cause I can say when I was a lot younger, probably would have started or got into some type a way about it but yeah

Okay
Has any of the experiences, negative experiences of racial discrimination or erm those experiences you've already mentioned led to you engaging in any antisocial behaviour or thoughts

Younger yeah had a few fights break out and stuff over it

Okay, So fights when you were younger what about thoughts now that you've gotten older do those thoughts still occur, still have those antisocial thoughts towards them so think negatively of them and do those thoughts pass through your mind

Nah not really, idno I might cuss them up in my head and then just laugh about it but that's pretty must it but I don't the aggressiveness doesn't really pass over me anymore

And that's something as well that's come with time and developed with age

Yeah definitely

Sorry
Erm the next one is have these experiences led to your engaging in criminal behaviour or thoughts

Nah no

Okay

The next one is have these experiences led to you experiencing poor mental health

At a Younger stage yes not now

If so why do you think that occurred

Idno I think it's the case of when I was younger I would hear stuff whatever and if I didn't say anything it would be in be my mind until I got home and what not and then I would think about it too much for too long and then I probably idno I would stay in my bedroom all day and things like that

Okay it sounds like its kind of that over thinking is going through your mind we call it ruminating going over and over it in our minds and then that kind of stops us from thinking about anything else and then maybe stay in your room okay
is there any other ways it would have affected your mental health even when you were younger

Probably being aggressive because im still annoyed at something that happened Idno was said two days ago but I don't know that I'm still annoyed just kinda flew out, flies out yeah

So it kinda sounds like no looking back on your younger self that you would still be annoyed at a situation but not have the insight that is was because of this experience of racial discrimination it just tippled over and we didn't know what the cause was

Yeah
Okay cool fab

The next one is have these experiences of racial discrimination led to you avoid er avoid certain places or people

People yes places sometimes people now I can just tell if something is going to come out of their mouths that is just stupid it tends to have a build up once they get comfortable and I;m just there like okay that's it but places some of my friends like to go to set places where it happens but its not always guaranteed its going to happen it can sometimes happen so for the most part I just don't really go out but if everyones going out err yeah okay then

Are these specific places are they locations or are they specific pubs or clubs or something like that or is it a town, what are these places

It's a mixture of both so it can be a set town or only like a set pub in that town there might be other pubs that are fine but that one pub in particular I don't really like

Erm it's a bit repetitive but it says if so why do you think this has occurred that you've avoided certain palces

Some places just have too much going on like one palce we used to go to one week it would be okay and then the following 3 weeks one would be a fight one would be like the window getting broken into and the last week would be like police turn up and everyones locked out some places have too much going on and we end up stop going there

Hmm okay, so previously just kind of just things have happened when you've been there so leaded you to avoid it in the future
So last one in terms of the effects is have these experiences led you to using any substances

Nah

Erm, last few questions would, what other types of adversity have you experienced as opposed to racial discrimination, you can go into as much detail as you want or as little, so other types of adverse experiences

Erm

Do you want me to give an example
So it could be things like bullying,witnessing parents using substances, it could be different types of neglect, it could be witnessing domestic violence in the home, it could be parental mental health, suicide or death, or having a one single person household, things like that that would have led to negative outcomes for you

Erm idno just bullying younger that's pretty much it

Was the bullying based on race or other attributes of yourself

Nah it was mainly just general school year 7/8, yanno just like when the older years come over and playing football just boot the ball, just stuff like that and it just built up so I don't think it was anything to do with race it was just because really I didn't really see a set reason to it

Okay, no problem

Have these experiences affected you more than your experiences of racial discrimintation

Nah, no

No

So earlier you said kind of you said, you don't think your experiences of racial discrimination had affected you or word termed as racial trauma if that is the case, if you have not been impacted by racial discrimination why do you think it has not affected you

Idno, idno, I think its just from growing up, at a younger age I don't know when but after a while just kind just stop just caring about people and caring about giving them attention and giving them the reactions they wanted but since then if someone will say something I just look at them and say okay and if they don't get the expected anger or whatever they just think ahh whatever I'm not gonna get what I want and they just leave you alone then

So it's something about their expectations

Yeah

Action, do you think that like growing up or just getting used to it is the resilience or is it erm more of something that we've just had to get used to

Yeah it's a development of resilience, cause its not only just resilience normally growing up cause for example if you get a job it can happen theyre then too so you've got to be resilient in any situation given so yeah its definitely development over time

So, erm if these feel a little bit repetitive I do apologise, so what has helped to support you during these kind of experiences, is there other attributes you have or interests or it could be a personal network

Just having some good friends around and then some things in social media and having good family as well that's pretty much it rotating between those three

And then are there some shared experiences kind of between those kind of support systems

Hmm Probably the main one would be the family one, my brothers they experienced it and they just told me to ignore them if you want laugh at them and then just walk away they'll honestly just stop and I then I saw them do it and the people trying to get a reaction just kind of stopped, they kept trying from a distance and they just ignored them and then I was like okay doing it slowly and slowly and then just getting used to doing it

Erm these are just some last few questions erm what do you think leads to ethnic minorities being overrepresented in the criminal justice system, big question sorry

Yeah, urm it depends cause a lot people for example see black kids as aggressive I used to like think why but sometimes it can be as simple as a music video and actually sometimes we do look aggressive like in the music video and stuff and sometimes for the like people to it can be different idno like out and about I kind of blame music for like tracksuits making you a roadman just every takes it that way and everyone instantly thinks like a roadman is aggressive and anyone who wears a tracksuit now is aggressive and idno theres just somethings that don't help some things or make it what its not for no reason that's one way to look around it what is it I was talking to my friend and he bought a green balaclava for

whatever reason and I was like where you going and he was like ahh I'm going somewhere cold on holiday and he wore it for a bit before he left and then yeah police stopped him when I was with him police stopped him and said you can't wear that it's a hood thing or whatever and I was like ah I was confused he just took it off I just stood there and he was like don't bother arguing and I was like yeah and he took it off and things like that even clothing some clothing can be seen as er aggressive and just yeah

police were discriminating towards black youth

So it seems like theres some associations with elements of black culture so where that be music clothing are that then associated with some form of aggression so that's how you think that's how it affects other people perceptions of those items, those people and that's how you think leads to more contact with the criminal justice system

confirmation

Yeah and things that also the stuff that's happened in the past also plays on peoples minds that's always going to be there

history influences perception

What are you referring to about the past

further info

Like
Sorry
Like its mainly stuff in America that then gets shared over here then people start doing it over here and then once it happens it starts off a chain here and then its like a continuous thing or like erm just like the police are wrong and sometimes they are sometimes theyre not and then I've seen times where people like gone to a police persons house not even someone involved just a normal police officer and brick it down, burn it and I'm just like yeah I'm not sure that's a good look and setting his car on fire and its like yeah, like when the George ford stuff broke out in America that was somewhat fair but when it transpired over here and people started doing it over here, some people started doing it for what happened over there not for what even happened over here like a whole different thing I was slightly confused like why are we torching cars over here if its not gonna help anything over there doesn't look great and that and then that started a whole thing over here erm when that came about I had people ask me like X are you not gonna support the cause and I was like I will support it in my way that I actually see helpful not out causing havoc when it was something yeah that was a rough time

USA affair affect perception of racism in the UK

Absolutely, so its something around seeing other peoples reaction and they're kind of expecting you to react in the same way but is that actually giving any value to the true cause okay

clarification

Erm kind of gone off on a tangent but that's the whole point its about getting your experiences, your opinions on these topics, but I'm just going to revert you back to the question cause you hit on things which were really interesting but I just wanted to make sure I got all your opinion and perspective if there was anything else you think leads to ethnic minorities being overrepresented in the criminal justice system cause you spoke a little bit about perception but I wondered if there was anything else you thought about

clarification and interview question

Hmmm nah I think that everyone has their own perception that's a given, I just don't think it's a good idea to put your perception onto other people's straight off the bat if you find a

people don't racialist assume

reasoning and a logic to it then yeah that makes sense but if you doing it just it because you idno you saw a video f it I don't think that's a good idea to be doing stuff like that so I don't really talk to people anymore if they're like ahh cmon lets go to this type of party they've got this type of drugs there I'm just there like you're good

Hmm
You're good and then yeah some people's perspectives are a bit concerning now but I just leave them to it you can try talk sense into them but if they're perspective is off than someone elses it doesn't really matter anymore

Last two questions so erm in relation to the criminal justice system one what do you think could help prevent ethnic minorities be overrepresented what do you think could help it

I don't know in a weird way not probably stop American problems a trend over here like supporting them yeah that's all good and stuff I'm with that but starting to do them over here that would be a major help cause yeah that causes way too many issues

Okay, something around there's that kind of mirroring to the uk

Yeah

But we also see the statistics that ethnic minorities are overrepresented in the criminal justice system within the uk as well so we have a very similar experience here to the usa we still see that overrepresentation of black youth, Asian youth in the criminal justice system its still a pattern we see but erm its mainly around American culture can problems do you think theres anything else you think could help prevent it

That definitely plays a part, the other part I would say gangs maybe cause theyre a problem in some areas as well too especially when the kids are growing up cause they basically just go around if you cant help them you cant help them but that's also a problem too cause like ive seen some kids grow up and they don't necessarily live in gang-related areas but er some of them im still mates with they don't live in gang-related areas they just go over there and chill with them cause they know them from school or whatever and then they decide to just stick with them they know them from school doing what theyre doing and its not a good look now one of thems locked up forat 10 years and stuff and that's that

What do you think drove them cause you said they don't live in gang-related areas so what do you think drove them to that environment and those communities well yeah communities I suppose

I say social media I suppose cause I'm whole-heartedly convinced go on instagram like in a blue moon you see whats going on and I see gangs are the most glorified people to the highest degree possible and I;m really confused how people think hanging out with idno lets say 3 murders are known murderers are a good idea to be hanging out with them cause yeah they have a bad boys aesthetic to them doesn't mean it looks good cause if some thing goes wrong and you're there with them you're going too regardless of being around the wrong people

So something around social media glorifying kind bad boy aesthetic and erm theyre kinda seeking that I suppose is that what you're saying

Yeah I suppose its kinda the way they're portraying them whether that's be through music social media whatever the way its portrayed this is a look you want this look will give you whatever I think what it is they show what going for this life could bring you money whatever whatever whatever but they don't show exacetly what happens to get to that point or show you what happens when things go wrong in doing that type of lifestyle they just show you could get bare money if you do this you you get a load of money and in reality you don't you just get the worst things you could possibly do and now tou have to live with them for the rest of your life

Yeah absolutely so they kind of show the positives but not necessarily the huge negative consequences that could then have
Erm for you what prevented that being an outcome for you

Er my brothers had a few mates or whatever that would come over to the house they were like family friends or whatever they just grown up into that life and then whatever when we had game night with them errr they would explain why not to do this and stuff like that and then I actually listened and then growing up I still did the stupid stuff or whatever egging someones house or what not really and then I just decided that I'm not gonna go down that way and some of my friends would be like yeah you should come to this and smoke this, d this and I'm nah I'm alright and luckily just staying away jusyfar enough where I'm still friends with them, not now but then im still friends with them but I;m not gonna do the same things you do so

Okay

So it was just like a nice balance of just like we're still friends but I'll do me and you do you and we'll just keep it separate and stuff like that yeah

Does that feel like a lot of pressure or is it easy to manage

Er yeah I think its erm when both of you has an understanding like if that person doesn't wanna do that then its all cool its all good then to me theres no pressure whatsoever and to my other mates theres no pressure like when we see each other we see each other but if they wanna say if we were at a pub say they wanna go I wanna go meet two of my mates and go smoke they can go do that fine they'll ust meet us back at the pub say in half an hour and we'll just carry on talking and drinking and whatnot like we was yeah its not theres not like bridge that me not going I'll see you in half an hour or what not just leave them to it

And then last question is there anything else that you think is important to discuss in relation to racial trauma or experiences of racial discrimination

Hmmm nah I probably say in school they probably might not like teach it how to like properly deal with it like not just ignore cause just ignoring it doesn't necessarily happen off the bat just like that if you're a kid or teenager cause its not really in teenagers to just be

casually ignoring something that hurts we just lash out at teenagers its just how it is so I'd probably say like just having a nice little system to help kids actually learn like how to properly diffuse it within yourself or or just in general or just properly ignore it then yeah cause being in school and being told if someone says something to you yeah just ignore it and I'm just there like okay and then when it happens you ignore it the first time and they just keep saying it and following you too and then that's when that just leads to something happening

Hmm that's a really nice preventative idea so something around schools teaching how to deal with experiences of racial discrimination and erm kind of giving you the tools to kind of deal with it whether that be within yourself or interpersonally so with other people who are targeting you that's really nice er do you have any questions for me

No not really no

Fab thank you ever so much for your time so I'm gonna stop the recording if I can do that, I can do that

Appendix S.2

Study 2 Participant 2 Transcript

Study 2-20230616_180115-Meeting Recording

June 16, 2023, 5:01:18PM

1h 34m 20s

Roisin Reid 0:03
Fab OK, it's also transcribing as well, so if you need it, but I'm sure this sounds probably OK.

Roisin Reid started transcription

Participant 2 0:09
Ohh.

Roisin Reid 0:10
OK. So just before we get started, I'll give you a bit of information, but can I just check, I've got the right demographic information for yourself.

Participant 2 0:18
Hmm yeah.

Roisin Reid 0:18
Um, so age would be 30.

Participant 2 0:22
Yep, unfortunately.

Roisin Reid 0:26
Gender male

Participant 2 0:28
Yeah.

Roisin Reid 0:28
Yeah.
Um, ethnicity mixed white and black Caribbean.

Participant 2

If that's the see, this is the one thing. Yeah, that is what my ethnicity is. But I always get confused because people keep changing it, like the term knowledge. He's like, I don't know if it's supposed to be African, African, Caribbean, black, Caribbean, West Indian, but yeah, mum's white, dad's Caribbean. But yeah, that's the only question that I would ask you to answer at the end. Like, what, in terms of lack scientific and academic journals, what would be the correct term people use?

Roisin Reid

Hmm.

We tend to go with what is most commonly used in surveys or kind of if you're doing like a census kind of stuff.

Participant 2 1:08

Yeah.

Roisin Reid 1:09

At the moment, that's the terms we would use. So you kind of see trends going up and down to like BAME was really popular at one point. Now BAME is frowned upon, so then we use people of colour or ethnic minorities, but in terms of census.

Participant 2 1:12

Yeah.

Yeah.

Yeah.

Roisin Reid 1:25

Censuses that are used to kind of access that information about characteristics they use, mixed white and black Caribbean cause that's also would identify as well for research purposes sometimes they combine those groups together because you have white and black Caribbean and mixed white and black African and they may for research purposes if they haven't got enough participants or things like that they may choose together even though the experiences might be slightly different if not quite a lot.

Participant 2 1:53
Ohh right.
Yeah. Ohh cool.
Yeah.
Yeah.
Yeah.
Yeah.

Roisin Reid 1:56
But yeah, does that answer your question? OK.

Participant 2 1:58
Yeah. That. That's perfect. Thank you.

Roisin Reid 2:00
No worries. And then just in terms of your racial trauma score, you scored seven out of 22. So it is on the kind of the lower end, but just so just so that you know you'd fit into that category when I'm doing the interviews?

Participant 2 2:09
Hmm.
Hmm.

Roisin Reid 2:14
Um, so those demographic characteristics are correct?

Participant 2 2:18
All correct, yeah.

Roisin Reid 2:19
Stop. Wonderful. Just in case I've got the.

Participant 2 2:21
Not right, yeah.

Roisin Reid

Um, OK, so we'll start with the, um, interview questions.
They are open-ended, so there's set of questions, but they also provide you with the opportunity to kind of expand as much as you want and I may follow with a few questions.

Participant 2 2:30

Ohh.
Yeah.
Hmm.

Roisin Reid 2:40

I do have some set ones to to ask, um. They'll start with looking at kind of your experiences of racial discrimination and how that's affected different areas of your life. And then we'll go on to talk a little bit about other adversities and feel free to share as much or as little as you want to. And then that comparison between other adversities and racial discrimination, and then I'll just kind of do a few questions on your opinion on representation of minorities within the criminal justice system and what we can do to help that.

Participant 2 2:50

And.
Yeah.

Roisin Reid 3:11

Ohh, does that sound ok?

Participant 2 3:11

Yeah. Yeah, that's perfect. Yeah.

Roisin Reid 3:14

Okay, so just so you know as well after this finishes.
I'll send you the debrief form so it just gives you an overview of why we've done it, what what I'm using it for.

Participant 2 3:24
Yeah.

Roisin Reid 3:24
Uh, and also the Amazon voucher. Can I ask that you just acknowledge that you've received it just so I know that I've sent it to the right person.

Participant 2 3:32
Yeah. Yeah, I will. Yeah. I'll double check. I haven't checked it yet that I've got the Amazon voucher. But I will double check After to make sure..

Roisin Reid 3:34
I haven't sent it yet.
Yeah, I will send it with the debrief form.

Participant 2 3:39
Ohh, OK OK cool. Perfect.

Roisin Reid 3:43
Um.
Is there anything else just so you know? Um, if you want to withdraw or take a break at any point, please just let me know. Even after the interview, you don't want to the interview to be used then just please let me know there's no problem with that. Everything remains confidential in terms of your characteristics, your name, your e-mail addresses. I'll delete them after a month or two so everything gets wiped away. Is that OK with yourself?

Participant 2 3:52
Yeah.
Yeah.
Yeah.
Ohh, right. Perfect. Yeah. That's perfect.

Roisin Reid
Okay, shall we make a start then?

Participant 2 4:16
Yeah, go ahead.

Roisin Reid 4:17
Fab, OK, so done that. So the first question quite a big question is what are your experiences of racial discrimination and you can share as much or as little as you like?

Participant 2 4:28
Yeah, right. So.
I am really passionate about these topics, so if I talk too fast, so for too long. Ohh, you're like right Jordan, I really need to go. Just say shut up. Gotta move on. Let me know. But yeah, I think so. Start with the.

Roisin Reid 4:40
no.

Participant 2 4:45
And earlier ones. Well, just on a brief note before I go back to like when I was really young, I remember when I was around from about 17 to 25. I remember thinking, because to me, racism and discrimination meant I thought I had an idea of what I thought it meant. So in sense of that, it had to mean a very one specific size, fit alls. And if I didn't hit that criteria, it wasn't the case. And then I think.

Roisin Reid 5:13
Hmm.

Participant 2 5:15
Having therapy and kind of looking back at a lot of things, it's like I knew.
But these situations were uncomfortable and wrong, but I just didn't have the language to express them, oe articulate them. So, for example, when I was a baby

really young, my dad is.

How can I say like he's like chocolate kind of colour like coffee? Like he's really brown. He's really like golden. He looks a bit like will. He looks a lot like Will Smith in terms of colouring. And my mum is always called her Snow White cause she's a pale like she's just really white with jet black hair. And I remember when I was like 3, four me and my sister, our complexions were very different and she had very jet black hair. Mine had a lot of ginger and was really frizzy really curly.

Roisin Reid 5:57

Hmm.

Participant 2 6:03

Sorry about my skin was very light and and then the minute it gets really, really hot and I set outside my skin changes and then wer're kind of the same colour. I never really noticed anything but when I was at home with my parents and my sister because it was just, I just thought ohh your mum, your dad it it was just so simple. And then from my earliest memories about 3-4 I remember.

Roisin Reid 6:06

Hmm.

Yeah.

Participant 2 6:27

A lot of the time walking around cause it was the early 90s. People would stare a lot and just people kind of asking questions like is he yours to my dad? And then to my sister to my mum. Oh is she yours.

Roisin Reid 6:42

Hmm.

Participant 2 6:42

And.

I remember when, like the first major experience was when I was about 6:00, when I was in school and my dad came to pick me up from school and the teachers

wouldn't let me go home with him because they didn't think I was his son because they said no, he's black.

RR Roisin Reid 7:01
Hmm.

J Participant 2 7:01
And I remember, I think that's the first time I remember hearing the word, and I just, I didn't get what they meant by it. And I got quite upset because they kept saying it. And I said no, he no, he's not black. He's that's dad. And they were like, yeah, but you can't go with him cause we're not sure if it's him.

RR Roisin Reid 7:08
Yeah.
Hmm.

J Participant 2 7:18
And I remember I went home. I was really distressed and I wouldn't talk to my dad. And then I said to my mum, I started crying and I said, who's that man on the sofa? She went, what are you talking about? And I said.

RR Roisin Reid 7:28
You.
Yeah.

J Participant 2 7:31
She said it's it's your dad and I said yeah, but they said he's not my dad. They said he's black and she will went what? And I said no, he's black. He's not dad. And I don't remember what my mum kind of explained to me, but then.
After that I started noticing more thing. So like in school.
A lot of people trying to divide me and my sister because she was slightly darker and a lot of people would say ohh yeah, but she can't be like your real sister or your full sister. Ohh. Like you can't really go to her because she's darker and your lighter. So it was like this constant kind of divide that I never kind of got and.

RR **Roisin Reid** 7:53

Hmm.

J **Participant 2** 8:10

Just erm people saying I'm like the P word or the N word towards her. And then.

racial slurs

RR **Roisin Reid** 8:15

Hmm.

J **Participant 2** 8:19

Just kind of like as I've got older through school, it seemed that in terms of cause where I grew up in London, there was a lot like a large population of South Asians and because I kind of.

age is a factor

RR **Roisin Reid** 8:31

OK.

J **Participant 2** 8:33

Because where I grew up, it wasn't very common to see Caribbean people when people did see my dad, there was a lot, it seemed like European white people were. They kind of weren't happy with the fact that my dad was black and my mum was white. But with South Asians, it seemed that they.

Look were disgusted by it in a way. So I remember sometimes there would say things like which would really upset me like ohh erm there's a reason why people think you black people are a certain way and that's why you should just be put back in your cages. And I remember thinking.

I don't even know what to say to that. Like like I can't even like I was such at a loss for words and and then there would be like something.

Hybrid of intersectional prejudice

shock

J **Participant 2** 9:25

Things that I wouldn't say.

I don't know if you could call it discrimination, but again, it would be more of the

questioning a lot of the time. So when people that are just knew in school, they were friends, but people that I knew, if my dad came to pick me up, which was often.

felt the need to hide race

RR **Roisin Reid** 9:38
Hmm.

J **Participant 2** 9:39
Or like if my mum and dad were together, it was just it. It was like they were starstruck. It's like they just couldn't figure out.
That my parents were together, the way they work cause it's like you had white kids and erm Asian kids and then my family and it's like they just couldn't figure it out.
And when people would ask is your dad black? And I said yeah, he is.

Visible of interracial marriage

RR **Roisin Reid** 9:57
Umm.

~~Jordan~~

They;d be like are you sure? I'd be like yeah oh are you sure he's your dad, yeah but how do you know? And I'd just remember thinking you've asked me a question, I've given you the answer why would I lie

questioning

Roisin
Hmm, yeah

J **Participant 2** 10:13
Maybe you're just trying to be cool because you like listening to that sort of music, and that and I said.

Music associated with race

RR **Roisin Reid** 10:19
Right.

J **Participant 2** 10:19
When you, when you what do you mean? Like I see this guy with this guy lives in my house. He's with my mum and he comes. I've seen him in the shower. For God's sake. Like I know he's my dad. Like. And what is really ironic now is that as I've gotten

Struggled to understand race as a kid

RR **Roisin Reid**

Which suggests, obviously, that there were quite impactful because you know you that happened when you were younger. You can still remember it what about when you were older kind of teenagers, early 20s?

racism impacted me when I was you

J **Participant 2** 11:53

Yes, in my teenagers I remember.

Because I was quite emo and quite gothic, I remember feeling quite out of place with things because there wasn't a lot of.

felt out of place

See, this is the thing I kind of people.

There's a lot of this thing about like, who gets to use the the word black and are you part of like the black diaspora and things like that. And I came to the conclusion that to me, I know what the term black means now, and it generally means people like obviously, who are West African and Central African descent in the Americas. So obviously I do fit that demographic in it a sense and so I when I say black I I mean that more. And because there wasn't a lot of black or biracial kind of emos and goths I always felt quite out of place, but as a teenager I remember.

defining of race

RR **Roisin Reid** 12:42

Hmm.

J **Participant 2** 12:45

Feeling a little bit guilty for this, but I've gotten over it and I've accepted it's just how I feel and even though they say feelings are not facts to me, they're still important. And if it's just how I feel comfortable with, I can't help that I can explain why, which I will, which is that as a teenager it was funny cause I never

felt guilt

I all my friends in school were either mixed race or black and I kind of I didn't think I consciously gravitated towards them, but it just seems like I did so like my I had like 3 best friends. One was a Nigerian girl, one was a guy from the Congo and another one was half Nigerian and we never really spoke about the fact that we were black or mixed race or anything like that. We just did what normal kids did and we were all kind of like.

Normal upbringing with other POCs

older, I look completely like my dad, just slightly lighter. But when I was younger, it's kind of like I didn't look like either of my parents really.

And.

It's like now people when they see me that I grew up with and family members don't like. Ohh, you just look like so much like your dad. You don't look like your mum at all and.

It was just those were the early beginnings of just the constant questioning, but people never being satisfied with your answer. So with my sister. And she's only two years older than me when we used to hang out, people used to say ohh she your girlfriend and I said no, she's my sister and they're like ohh why you lying?

Roisin Reid 10:59
Yeah.

Participant 2 11:08
And it was. I'm not lying.

Roisin Reid 11:09
From.

Okay. So there's been quite a few large experiences of quite overt racism, but also kind of the covert, covert, minimising racism. So that kind of questioning or those kind of side remarks, but then those more over experiences of you know the slur words and.

Participant 2 11:12
You know.

Yeah.

Roisin Reid 11:31
Arguing that your dad is not your dad, you know big, big stuff on shades and of colour. And so it's been quite a range. And as you you spoke a lot when you're about when you were younger.

Participant 2 11:33
Yeah, yeah.

Roisin Reid 13:15
Okay.

Participant 2 13:38
Awkward and outcasts and things like that, but I never.
thought oh I just gravitated towards them because they were black. I just, I felt comfortable with them and as a teenager I remember a lot of times when I would be bullied in school or I'd have issues with kids.
It would always be white kids and I remember feeling really guilty for that because of my mum's side.

felt more comfortable among own race

Roisin Reid 14:05
Hmm.

Participant 2 14:05
But I remember thinking.
Ohh, I'm confused about like you know, as a teenager. Like, do I like girls? Do I like guys or like, do I like this music, that music? And I remember just being really confused about everything and constantly questioning. But the Caribbean and West African kids that I hang with, they just, they never really made me feel weird or awkward or different and we never got compared shade or anything like that where there's a lot of white kids were all. You're slightly darker. You're this or, you know, you're kind of black, but you're not.

Sexual identity

Never felt weird or compared to white kids

Roisin Reid 14:16
Ohh.

Participant 2 14:40
And.
Like so much like this weird kind of division and kind of obsession with like.

Obsessed with race

Roisin Reid 14:44
Yeah.

Participant 2

Just wanting to know everything about my parents and that when I I just really wasn't interested in their parents, I was interested in playing video games and they were just so obsessed about that and how every summer when I used to go really dark, they'd say ohh, have you been on sun beds? Have you done this? Have you done that? And then when I got into college, the same kind of thing happened, which is it was mainly white, and Asian kids that kind of seemed a bit off with me. And then I was starting to think.

Participant 2

Is it just me or is it that people seem to have an issue with?

It sounded bad, but like people that were like West African in a way because a lot of East Africans that I've started to become aware of, they never seemed to have this kind of.

It's like white people never really paid attention to them like it in that sense. Like if there was, like, Somalian or Eritrean, but it always seemed like Nigerians, Ghanaians and Caribbeans that they had this kind of.

Like there was some sort of aversion to it and then when I was in college because as a young kid and a teenager, my my mum kept my hair really, really short and I didn't even remember that my hair was naturally Afro and it's tied back now cause it's hot so hot out.

But that's another thing I always feel like I have to explain to people that my hair is naturally the way it is because I feel because people in college would say is that your real hair? Is it natural? And then which I cannot, it just escapes me. And I again, I don't have the language for it, but I didn't understand why people thought, you know, like you taught about consent and about you know how to approach people and you know, like when you first meet people and also being British it's that thing of when we're not a very tactile nation.

Roisin Reid 16:38

Yeah, yeah.

Participant 2 16:39

Where is my dad's very tactile, but obviously he's experiences are slightly different but.

Roisin Reid 16:41
Hmm.

Participant 2 16:44
The the audacity that people think they can just run their fingers through my hair like it's on show and no. Ohh it is real. Ohh it is soft. Oh my God, it tastes like it feels like cotton wool. It feels not so wiry. Oh my God. Your hair looks like the guy from home alone. When he gets electrocuted. And I'm like it's half eight in the morning. Why are we talking about this?

Roisin Reid 17:05
Yeah, absolutely.

Participant 2 17:06
And it it would be and then when I moved to Essex, it wouldn't even on a grander scale in my early 20s, when I moved to Essex and I was working in Barclays Bank and I was, you know, I was all suited and booted. And, you know, my hair was done very nice and it was very clean. And I made sure it was very professional looking, whatever that is. And again, it wasn't just the customers, but other people that I worked with would just come up and touch it. When I'm like, serving customers or doing stuff and I think.

Roisin Reid 17:20
Hmm.

Participant 2 17:38
I'm literally talking to someone who might have fraud on their bank account and you're running your fingers through my hair.

Roisin Reid 17:43
Hmm.

Participant 2

And.

It it, it's just it's that thing of I think people go ohh yeah. But it's not that I'm being racist. It's not like I hate your hair. I'm just curious about your hair.

Yeah, you. It's not that you hate it, obviously because you're saying that, but it it to me it's just weird because I wouldn't do that to someone. But I just don't have the inkling to do it.

Roisin Reid

Yeah.

Participant 2 18:06

So why?

Why rummage through my hair like that?

Roisin Reid 18:12

Not sounds like it's been quite a lot of microaggressions, but then earlier when you're talking about teenage years, it sounds like there's lots of kind of identity er. Difficulties, whether you kind of have that British identity as well as your identity as a black or mixed race male and then what you like and who you like and lots of kind of different pulls in different directions. But then you found sense of community with the people that you can identify with.

Participant 2 18:31

Yeah.

Yeah.

Roisin Reid 18:46

Which is really interesting I think. Um.

OK, so that was the first question.

Participant 2 18:54

Yeah.

Roisin Reid 18:54

How? How have those experiences affected you?

Participant 2 18:58

I think, well, I know in my late teens and early 20s I was very I was, I had a lot of self loathing about it and I was very angry with my parents in the sense of that, I thought. Because like my mom got called, a lot of slurs. Like she was like, called like, you know? Ohh, you're stealing black men. Your or a whore, you know, white men won't ever go near you again. And my dad's.

Um got a lot of like ohh you think are better than like black people even even though it was more Africans. And I do make a distinction between Africans and black people with. To me black means more.

African American and African caribbeans. And I remember thinking well, why did you have to have me like, why couldn't you like? Why couldn't I just be black or just be white? Because I feel kind of torn between both.

Also, I came to the realisation that I don't really have a choice and I was angry at that and I never wanted to admit what I knew kind of was the choice that society had put on me because I thought, well, why, why do I have to have a choice? Like what have I don't wanna choose and whatever. And if I do wanna choose, why can't I choose the one I want? And.

And for a while it was very much that I I was very ignorant about the history of Africa and the world in general. And now I'm a complete history nerd. But I remember thinking, when people used to ask me.

What? Like where I was from or what I was or whatever I just used to say ignorant things like ohh. Like Colombian or Brazilian or something because people for some reason have this image in their head that they think Brazilian the their colouring and their features isn't African because they see it as that. Ohh, it's exotic and they speak Portuguese. They don't speak English so like they can't be black because only black people speak English, they don't speak. I think as in kind of the ignorance that I grew up around.

And knowing that obviously that Brazil, 80% of the enslaved African stuff were taken to the Americans, that ended up in Brazil learning all of that. And my dad teaching me that and my granddad imparting more wisdom on me, it made me realise that a lot of the self Loathing I get I had was put on me, but that letter things like heavy

drinking, you know, like unprotected sex and kind of wanting to fight all the time because I just felt so much hatred or being something that I thought, well, I didn't choose this and I don't. And even though I have it, I still kind of don't get a choice. Or so I thought.

Roisin Reid 21:27
Hmm.
Yeah.

Participant 2
And and.
I had so much anger and hatred. I just took it out on myself cause I was always taught not to, you know, like try not to hurt people. So sometimes I would cut myself, sometimes I didn't. I was bulimic and anorexic, like swinging between both for a year and a bit, and I had like, therapy and all of that sort of stuff and got a lot better. And I think what really helped a lot was during COVID when we had to sit down and I spent so much time.

Roisin Reid 22:07
Yeah.

Participant 2 22:21
reading, and learning more and realise kind of the effects that kind of being pulled in different directions had. But also I know both my parents were kind of, they didn't really know what to do and like my mum was raised by her grandparents and my dad was in and out of care as a child. So he he, you know, and he didn't have a great life at all.
But I knew as adult and another thing that really got me, and this is when I kind of when I wanted to be, I had a girlfriend and when I was in college and I really liked her. And I thought ohh, she's pretty and you know, you're 16/17/18. You're thinking about babies and marriage and you think, you know it all and.
Her dad, who was separated from her mum. We went to go see him. He was working in the hospital. This really big shot, Doctor. You know. Nice suit. Grey hair. Spoke the Queen's English better than the queen. And I found out afterwards when I met him and that he would not allow me to ever marry or.

Have sex with his daughter because he wouldn't risk the chance that it would have the N word.
For a grandchild.

Roisin Reid 23:36
Right.

Participant 2 23:37
And he said I won't let any N blood be in my family. And I remember thinking. Ohh that's interesting.
Compared to my dad, I'm really light. So and the girl was white and I was thinking so baby could be quite white. Look quite light, but then obviously as my sister, who's had six kids.
Yeah, light jeans didn't come out there because their dad's English, and they all came out and really like caramel complected. So genes are an interesting thing. But what I realised then, which is what makes me really angry and.
And it made me kind of look into really dark stuff that I felt and feel so embarrassed about that but.
Um, my mum used to say things like ohh let's keep your head like a Skinhead and I had no idea what that connotation meant and my cousin of mine, who I'm really close with, who I've only known recently and when like we were talking about things and he's helped me a lot. He said that, you know, like the term Skinhead, the connotations and what it's that and said. Obviously my mum was just ignorant on that side and.

Participant 2 24:44
But it's kind of knowing all that history and kind of.
In a way, flirting with.
The fault that ohh I might be able to be so-called accepted by those sorts of people as I felt so lost and pulled and and.

Roisin Reid 24:59
Hmm.

J **Participant 2**

Hearing what he said about he wouldn't allow his grandchild to have any black in it. Just made me realise that even though in the Americas they had that one drop rule. And we didn't have that in Britain. It doesn't matter because because of the history between the States and Britain and the Caribbean and Africa, and because of the media and because we share the same language.

J **Participant 2**

And I knew which I always knew which is.

I have two sisters and a brother and my sister has kids and like my dad, my granddad, my cousin's because of how we look.

It doesn't matter what kind of shade we are or how thick or how big our hair is, or if I cut it all off.

People do just see. They see, even if they.

They do just see me as black, even if I'm not as black as, say, like Wesley Snipes in that term of, like, that dark, people just say, ohh yeah, Jordan's dad's black. If I ever say ohh my mum is like half Maltese from the island of malt. And if I say ohh my mum's half Maltese, no one's ever interested in that. If I say my great, great granddad was from Northern Ireland. No one's interested in that at all. Despite the political history, the religious stuff. The minute people know about my dad.

J **Participant 2** 26:20

That's all they want to know about.

RR **Roisin Reid** 26:22

Very preoccupied with that.

J **Participant 2** 26:24

Yeah. And when people ask me what am I? Where am I from if I say?

Ohh I'm English. Ohh, I'm from London. They don't mean what?

What? Like that they mean what kind of black are you? Because I can't quite tell. But I know you are black, but you're obviously mixed. But you're black, so it's always that

thing of like you're black adjacent. So even though I've got one white parent and a black parent, it's that thing of. Ohh yeah. But you're ohh, yeah, you're mixed. But you're black. It's always the blackest seen first. Because to be why it means you have no nothing else in you. And it's that kind of thing of that I didn't.

Black is seen first

Participant 2 27:03

Know that. But I did. And as I grew up, that's what I was so angry about. Which is? It's not that I want privilege or I. I want to be.

Well, I'd like to be treated with respect and like something silly, but it's not that I wanted to be white. It's the thing of that. If I did want that, I can't choose.

To be in that group because that group won't allow me even if they don't mean it horribly.

It's always referenced. It's always like ohh, but you're difference is because you're black, not because you're Irish or because of this. It's like you're difference comes from the fact that your dad is black.

want to be treated equally

Roisin Reid 27:37

Okay.

That's very interesting points that you make though, and I think it's important to raise you've kind of touched on a few things, but I am conscious that I think this may end when it goes 30. So I think you can just join back on the link like I'm more than happy to continue the questions.

interview moves

Participant 2 27:50

Hmm.

Okay.

Roisin Reid 27:59

I'm just. I just don't know what to say for the best, whether we just end it, cause I've just got a feeling. It's just gonna.

Participant 2 28:04

It's gonna cut as it does, yeah.

Roisin Reid
Um.

Participant 2 28:07
If that thing of when you're in the business meet and then you've got like 300 people and then it cuts and then he was like Ohh quit. Get back on, get back on and you think and people like the links not working and they're like I'll send another link.

Roisin Reid
Yeah.
I don't know why it does that though, because you can just go back in on it so.

Participant 2 28:24
I know it is weird and I'm surprised that you have to set timers for these things as well, like.

Roisin Reid 28:25
I know it's. I think it's going.

Participant 2 28:31
Ohh.
Let's say.

Roisin Reid 28:34
30 minutes.

Participant 2 28:36
There we go. There we go.

Roisin Reid 28:38
I'm mine. It's gone to 30.

Participant 2 28:41
Yes, still going.

Roisin Reid 28:43
Okay cool. Well, carry on.

Participant 2 28:44
Yeah. Ohh yeah, that was good, yeah.

Roisin Reid 28:46
Sorry.

Participant 2 28:47
Anti-climactic.

Roisin Reid 28:49
Um, so following those things that you've said, like you said, um, how it affected you, it kind of affected your self-esteem. So you termed it as self loathing and that led to substance use, aggression affecting your mental health and will come on to those more specific questions. But would you call the effects of your experiences of racial discrimination as racial trauma?

Participant 2 29:05
I would, yeah, because they're all stemmed from the fact that I was so confused by it, but I didn't start out that way because it's not that I knew my dad was different from my mum, but it just wasn't an issue for me. It was a significant as the fact that my mum had.

Participant 2 29:31
Long dark hair and my dad was just like, you know, short back and sides and that and my dad's really tall. Like, he's like 6 foot two and my mum is like 5 foot one. So it it it's that thing of two my dad it's like if I it's like when I used to draw pictures and people were like ohh your dad's really dark and it's like well yeah I know. Yeah of course. Yeah they my dad is just dark and people like ohh but like your mum's really white and I'm like yeah I know she is well pink.

Roisin Reid 29:36

Hmm.
Hmm.
Hmm.
Pay attention to the.
Yeah

~~Jordan~~ Participant 2

But it was just, it was something I knew but I didn't understand the societal and political attachments to it and the one thing I never kind of got was with the white people it felt like I was kind of pulled into a certain direction and was that thing of you're part of use but only to an extent but we'll tell you where that extent begins and ends

didn't understand implicit racism

Roisin
yeah

J **Participant 2** 30:31
Whereas have the Caribbean and other people that I was with, it was just we just spoke about normal stuff like ohh have you seen this new comic book for you seen this video game? Ohh it's really cool and it just wasn't.

not exposed to discussions race amongst POC

RR **Roisin Reid** 30:41
Yeah.

J **Participant 2** 30:43
I just felt more comfortable with them. Yeah.

interviewer process

RR **Roisin Reid** 30:43
Yeah. OK. So these you've kind of touched on a few of the next questions, but I'll ask them anyway.

J **Participant 2** 30:50
Hmm.

RR **Roisin Reid** 30:53

So have these experiences led you to using any substances that can literally be alcohol, tobacco, smoking, vaping, anything, anything like that as well?

Participant 2 31:01

Yeah.

Yes, drinking was a big one, which I don't do anymore and same with smoke. And so it would be like smoking cigarettes all the time drinking and it would always be.

It was like kind of thing of that.

Again, people would kind of say things like ohh you can drink more because ohh you've got black in you so it was always this kind of thing of that. Ohh, you're you're stronger. You're faster. And it was like well, yeah, but my dad's a boxer and he's taught me how to be healthy and how to do like to be athletic. So of course I'm gonna be athletic cause my dad's athletic not because he's black and he's some sort of like Superman and it's because he's a boxer. It's nothing magical but it would be the thing of that I would always binge drink.

And however, if someone drunk 12 shots, I'd always have to do 14, but it was kind of 1 because I felt so much hatred for myself. But it was also to kind of.

Roisin Reid 31:55

OK.

Participant 2 32:02

It was like I wanted the approval when I sense as in like ohh yeah I am stronger than you. I am better. Even though they're saying.

Ohh, you're superior, but you're worthless it away. So it's like ohh yeah, you've got black and you. So it makes you better than us. But you're not gonna be allowed to be.

Roisin Reid 32:13

Hmm.

Participant 2 32:20

Like seen as better. Like we'll keep you in line and it was always.

Roisin Reid
To almost then, you're trying to then overcompensate by doing that.

Participant 2 32:28
Yeah.

Roisin Reid 32:29
In their expectations.

Participant 2
Exactly, yeah.

Roisin Reid 32:31
You've kind of explained why you think that occurred, and then the next one is have these experiences led you to engaging in anti-social behaviour or thoughts?

Participant 2 32:43
And I've got into some fights, but nothing major, just it was that thing of.
I would always say to people that I'll never start, but I will finish. If you want to start and in it was mainly in school that.
I think.
Kind of being a guy anyway. Like when you're a teenager, you kind of enjoy that, like rough and tumble thing. But for me it was just.
I felt this constant need to kind of fight because I've just felt like people belittled me all the time and I remember cause I was so confused about my erm orientation as well. I remember my dad just being like, which I found really confusing because.

Roisin Reid 33:13
Hmm.

Participant 2 33:24
The stereotype of him being black, I would assume that if I was gay or bisexual or any form of not being straight that he'd have an issue with it, he he was just like.
Doesn't mean anything to me. You're just my son. And he said that's the only thing

I'd ever care about. So. And. And same with all his family, which again, kind of didn't make sense to me because I thought, right, so all these, like black people were being completely fine with me yet. And they don't even want me to answer. They're just like, OK, well, you're just not sure. That's fine. Just take your time. Whereas these other people would kind of be like.

Ohh, you're not the definition of what we call like a hard man because they had this thing of like ohh because you're black. You have to wear chains or do this or do that. And because I was a bit Gothic they were like ohh, you're just like gay or whatever. But then a lot of them wanted to engage with stuff, but it was always seen as the more passive or feminine side of things. So I always kind of felt like they started that. Ohh and some of them even said which always got my back up.

It's like, ohh, what? We're gonna tame you and we're we're gonna, you know, like treat you.

Like a dog. And like, we're gonna, like, civilise you and things like that. And I just remember thinking, I don't even know. I can't even spell civilised at the time and just really feeling like.

This this just this tension from them, and it would be.

Roisin Reid 34:51

Hmm.

Participant 2 34:53

It'd be like so if we're talking about like styles of dress like as again being a punk or being an emo being like.

Like a goth, whatever. Or there being about whether you're gay or whether you're straight. Just I felt like everything was always racialised. But I never got why? Because I never saw it that way. So I never saw it as that. Ohh. Well, with your Chinese, that means you're you're gonna be more intelligent than me. Or if you're white, you're gonna be more like this. I just. I just never. And maybe it's some ignorance on my part. I just never, ever saw it that way. I just. I never got this obsession with people to.

Roisin Reid 35:29

Yeah.

Participant 2 35:29

Kind of belittle me in that way, but kind of see it as like ohh, like you're strong but like you know, you're kind of you're tameable and kind of like fetitishise. And I remember thinking, I don't get why you're fetishing that. That's just weird. And at the same time, you're bullying me. So you're calling me like the N word and all of that and saying, ohh, you're not a proper N word because you're gay. But then you wanna do something with me because you're experimenting or whatever about.
You're kind of belittling me at the same time and thinking that I'm so worthless that I'm gonna take any form.
Of like.
Affection from you? Like anything's better than nothing. So you know, like any form of affection and the and that used to cause me to get into a lot of fights with people. Because I used to say, even though I had a very low opinion of myself when people would start saying things like ohh I wanna tame you. Ohh. You're like I bet you're like an animal and things like that. I would like it just. I thought no, nah nah nah. Just that really would get my back up and then I'd be like we'll go and then hit me because the minute you hit me I'll hit you back harder and.

People would be racist and fetishise me

I felt worthless so took any affection

racial assumptions

Roisin Reid 36:12
Yeah.
Hmm, OK.

response

Participant 2 36:39
Yeah, but I haven't been in trouble with the law or anything like that.

no crime

Roisin Reid 36:40
So.
So it's almost like, um, they've come, they've it's these kind of juggling these ideals of who you are, what you should be in their perception, and then what what's happened is that they've then fetishised you while still attacking you. So you it's almost like you don't know where you stand. And then that would their perceptions would lead you to feeling quite angry and and getting into fights. But it wouldn't ha its cost the point of criminal behaviour.

indecisive response

Participant 2 37:02
Yeah.

Yeah.
Yeah.

RR **Roisin Reid** 37:14
Yeah, cause that's the next question. Have these experiences led to you engaging in criminal behaviour?

J **Participant 2** 37:14
Hmm.
No, I was too scared of my dad to go that far.

RR **Roisin Reid** 37:25
And have these experiences led you to experiencing poor mental health? I know that you've you've mentioned.

J **Participant 2** 37:29
Yeah.

RR **Roisin Reid** 37:30
Um, sorry I'm I'm reading the small print on my screen.

J **Participant 2** 37:33
No, it's alright.
You know you're fine you're fine.

RR **Roisin Reid** 37:37
Ohh.
And what type of poor mental health have you experienced? You've kind of explained that. If so, why do you think that occurred?

J **Participant 2** 37:43
Yeah.
I think because.
Especially when you're a teenager, I think when you're a kid, you try and make sense of the world and then you get a solid understanding of what you think you know.

J

And then you go through being a teenager on hormones and everything and then it's that thing of you start noticing them. So because you're a kid, you're not interested in the news. It's the most boring thing in the world. But then you, when you're a teenager you kind of start listening to things and you and you start noticing what your parents talk about and you think, ohh, hold on a minute. There's this thing now people worrying about money, people worrying about this.

And then you start seeing other things on the news. So like this terrorist attack has happened or this has happened or this has happened and then people start using slurs and because the Internet was very in the early stages in the night and in the early 2000s for me, I didn't see that much. And also I had a I have a condition called verbal dyspraxia. So I couldn't actually speak until I was 7. And I couldn't read or write until I was 17, so I wasn't really on the Internet. But I remember just.

But whenever something political started happening.

10 if that people started saying right as teenagers because you're kind of adults now, you need to pick your side. And I remember kind of feeling like.

Ohh, what kind of side do you pick and where do you kind of go with these sorts of things and?

I think you know, it led me to when I was 17. I did consider ending my own life and I almost came close to doing that and I think.

The confusion just came a lot from.

That as cliché as it sounds. I just wanted someone to tell me that.

You're feeling really confused and like distressed and so much angst now. But it's gonna be OK. You're gonna get through it. You're you're gonna be fine. And it's OK. And sometimes you just have to feel things. And when you, you calm down, you can feel bit better. And I think my parents, they were arguing a lot. So they didn't really pay much attention to what was going on and.

Participant 2 39:57

I think.

It was just if someone could have just said that.

I get the world is really confusing, but this is kind of the reason why it happened. So for example, the reason why even though you're mixed race or biracial or 25% this or a 10th this or whatever the reason why the world sees you this way is because of what happened that this time period and unfortunately we still got a lot of the after effects from that. It's not saying that everyone's bad. It's not saying that everyone's

good, but it's kind of it's really, really nuanced and complex and just give yourself some time to appreciate that.

Roisin Reid 40:29
Hmm.

Participant 2 40:34
And you'll feel a bit better. So I think it would be if someone had just said. It's going to be okay let's please shows if you're gonna be fine. I think that would have been and also that I was OK that. Yeah, OK. You're you're not sure if you're gay or straight or something in the middle. OK, you are biracial, but the world. Fortunately, unfortunately just doesn't see you that way because there isn't really. That ideal doesn't exist to someone, because when you're when there's team A and team B.
Even if you are in the middle.
You're gonna go more towards one side and in this case it is that side and.
That is sad, but it doesn't have to be sad. You you make of it. What you you can. And I think if I've been told that, it would have been a lot less traumatic for a long a lot of the stuff that I went through, I think.

Roisin Reid 41:26
Ohh that's really interesting. And then that kind of hindsight. Now I'm being able to give that perspective of what would have helped.

Participant 2 41:31
Yeah.
Yeah.

Roisin Reid 41:33
Uh, and what actually led to?

Participant 2 41:34
For this? Yeah, because like a lot of the therapists and counsellors that I had in school, again it wasn't. It's like they were. Why? And it's not that I have an issue with that, but I feel like there's a part of me that they there's a burden that they just can't

share. Like, I just feel like there's a burden that they just can't share and it's not their fault. And I'm not saying it's my fault that I have it, but when I'm asking for help. It it's it's it's it's awkward because I can't say.
It feels like I can't say that people in your group have an issue with people in my group, but I'm not actually asking for the issue, but genetically ancestrally, technically, I am actually a part of your group as well.
But your group chooses to exclude me, but also only include me if it kind of benefits them to an extent, or if they get off on it. It's not because they just want me to benefit from whatever they have to offer it. Ohh you can benefit, but what do we get out of it more and let's make sure our benefit is more and.
I remember thinking that and feeling so when I did have therapy, I would always alter what I'd say and then it does delay the process of you getting to where you want to get because you can't be honest and it's not about me putting blame on people. But if I can't be honest that your group of people or having an issue with me purely because.
Of whatever reason it's hard to move forward with that.

Roisin Reid 43:05
Yeah, for sure. That's a really interesting point that you've raised kind of about when you are seeking help from professionals potentially not being able to have that paralleling process or common shared ground that can then create a barrier and think that's raised quite a lot in research anyway anyway.

Participant 2 43:19
Yeah.
Yeah.

Roisin Reid 43:24
Erm but it's interesting that's your personal experience as well.

Participant 2 43:27
Yeah.

Roisin Reid 43:28
Um.

So we're on to the kind of we've done like the effects that we're just kind of on to the last few questions. Um, have these experiences of racial discrimination led to you avoiding certain places or people?

Participant 2 43:43

Ermm.

It did for a while, but now it sounds terrible. But now I'm kind of insert myself into places to kind of see how.

People are because I'm thinking of writing a book about a lot of the stuff and also doing a blog and.

I just. I'll find it so interesting when also as well that when people know that my mum is white.

They think.

That some sort of discrimination or?

Really inappropriate stuff is OK cause it's like ohh. I won't be as affected because I'm not as black as someone with two black parents. So certain things like. Like, oh she's pretty for a black girl or he's quite you know quite dark or kind of casual conversations when you hear people say oh erm like its interesting like certain extended family members who I'm not that close to like family gatherings or something like that

Participant 2 44:48

When like a great aunt or something aren't of mine.

When a couple of years ago and they were doing all these like tea parties and that which I just don't get, but yeah.

And we like some, would go and it would all be like it would be like in Norfolk or Hertfordshire. Which is, you know, fine. It's a nice drive and you'd be around a lot. A lot of people, a lot of old people and a lot of people that are not used to seeing someone, I guess, who like, where's jeans, which I always don't about said maybe it's my jeans. Maybe they're too tight or something. But no, it would always be that kind of thing of like. Ohh, so this is [redacted]

Roisin Reid 45:12

Hmm.

Participant 2

This is about my nephew, blah blah blah. I wasn't a really like tropical looking. OK? Isn't he really nice? Like Ohh, isn't he like?

All of this stuff and I'm like, excuse the pun. I'm not. I'm not in the circus. I'm not a performing animal. Like, seriously, and I don't even agree with animals being put in the circus, let alone you've parading me like I'm one. But it would always be like ohh, look at his hairstyle and all of that and then.

Pulling you. Oh my god. You look like you look like a proper, like, drug dealer or something, but it does suit you. And I'm like.

Think there's a compliment in there somewhere, like somewhere like? Keep going, but there's underneath all that prejudice and complete lack of articulation that I think there's a compliment somewhere. So yeah, I would like you look like a thug today. Ohh you look like you sell drugs. Do you? Do you sell drugs? No, I don't sell drugs. Ohh, have you ever been to? No, I've never been to prison. That wouldn't recommend it. Never been inside of a prison. I don't. I don't think it's very nice. You just have to watch a documentary. They don't, you know. And my dad was in prison where he was a teenager cause he got in with the wrong crowd when he was in care and he said it was the worst thing in his life. He put the fear of God into me when I was 13. I never you know, just.

racial stereotypes about appearance

Roisin Reid 46:33

Hmm.

Hmm.

replies

Participant 2 46:57

And those kind of space where its just so inappropriate and even some stuff that I don't feel all could talking about, but.

It's like I wouldn't talk to like my sister's about it. Obviously I will with you, but I feel awkward when they say so. How many girls do you get? And like, I'm guessing like all those white girls kind of want.

You know something more tropical or like, you know, because they say. And it's also that kind of thing of, like, asking me very personal questions. But I've only known you for 5 minutes, which will I speak to my best friend who I've known since I was four. And like we've seen each other in nappies and now we're both in our 30s. Absolutely,

people feel like they can be inappropriate

I will talk about very deep personal family stuff with him because we're so close. It like I've known him longer than I've known my younger siblings cause we're the same age, but am I gonna talk to.

family are approachable

Participant 2 47:51

People who I've barely known for more than 10 minutes about my sex life, but also my body count back. It's that kind of thing of asking very deep questions that I think. If I asked you or if you asked each other, you wouldn't think it's appropriate, but for some reason you think it's a game where you find it funny to ask me and.

people are inappropriate

Roisin Reid 48:04

Ohh.

Yeah.

reflects

Participant 2 48:16

It's it's just interesting in those kind of perspectives and that and like also when it's political.

Ohh if I'm the so-called only black adjacent person which is my favourite term to use person in a in a room? They asked me what I think about political stuff like they're like ohh so you know in America this has happened. What do you think of the like? Well, I'm not American. I do have family in America but.

people assume I have interest in news media

Roisin Reid 48:41

Yeah.

reply

Participant 2 48:41

I've been given this that much thought, or if I have, what's your opinion on it while you're asking me my opinion, you could ask anyone or you know saying like ohh. So you're from London like, did you grow up in the hood? Did you grow up here? Did you like just those kind of spaces and you know?

people make assumptions

Roisin Reid 48:58

I yeah, kind of you earlier on you kind of mentioned more rural well Norfolk, more rural. Hertfordshire, probably more rural for you as well.

Participant 2

Yeah.

Yeah, I don't think outside of London or Manchester I considered you, but I know what you mean. Yeah. Norfolk was like, ohh. Norfolk was interesting. Yeah.

race in rural areas

Roisin Reid 49:09

I like.

OK. Yeah, yeah, yeah.

Yeah.

But then also you spoke about obviously growing up in a part of London that's was, did you you you mentioned that you kind of your family were the only mixed family with in that part of the when you your overall account?

interviewer question

Participant 2 49:27

Yeah, cause it was Whitechapel. Yeah. Yeah, it was, yeah.

It was a bit like Whitechapel and Bethnal Green, so it was mainly Pakistani and Bangladeshi and obviously yeah. And also there's also a lot of them. It was the language barrier as well for like quite a few years until their children and got into school and that whereas when I was at like university and when I've been around South London and that it's been a lot more.

different experience in different areas

Participant 2 49:58

I felt a lot more comfortable just in the sense of that. I just it sounds so ridiculous, but people just don't look at me. They just don't look at me like. And also, if I go into a shop and I get a coffee or something, people don't just randomly ask. Ohh, is that your real hair? Oh my God. Like where are you from? And I'm like.

I am. I'm just. I'm just getting a coffee. Like, why are you so interested? Like it's, you know, just yeah.

feel more confortable in cities

Roisin Reid 50:23

Yeah.

The very different.

replies

Participant 2 50:28
Yeah.

Roisin Reid 50:29
OK.
Um.
OK, um and then we just gonna look at other types of adversity. So what are the types of adversity have you experienced and have these experiences affected you more than your experiences of racial discrimination?

Participant 2 50:48
Other adversities.
Well, as I said, I was illiterate until I was 17 and.
That.
That made me feel inadequate in a lot of ways, but it.
Again with.
Black people. I never kind of.
It just wasn't a thing like my granddad was illiterate, but so was my dad until he was 25. But it was just never.
I don't know. I don't know if it's because in West Africa and the Caribbean, there's more of a thing about old traditions. So, like, my dad was very much like, OK, you might not be comfortable reading and writing stuff, but you're not stupid. So educate yourself. So it was.
I think in terms of when I was around.
That kind of environment, it wasn't an issue, but.
I remember.
Being around like a lot of teachers in college and that and they will like the way I spoke.
They will. I always thought that I spoke quite.
Just general East London, that sort of thing. I didn't realise that I used so many black-isms or black terms and so-called things that were not considered standard or appropriate and that those kind of things would hold me back cause people would judge you obviously on how you speak and they do judge you but.
Obviously I've I've got judged on how I looked anyway, so I kind of to me, I kind of

thought ohh it doesn't matter. It's the only person who's not gonna judge me is over the phone. If I sound a certain way. So what's like? What difference does it make?
But.
But don't think.
I've had many other issues that I've.
Stopped me from achieving stuff in a way no.

Roisin Reid 52:40
Hmm.
And would you say just to reiterate the last bit that those experiences, those other types of adversities have affected you more than your experiences of racial discrimination, what would you say?

Participant 2 52:51
No, that's definitely not no.

Roisin Reid 52:55
OK, um.
The next one is if you haven't been impacted by racial discrimination, so we'll skip that one. What has helped to support you or what has helped to reduce the impact of racial discrimination?

Participant 2 53:03
Yes.
I think I've.
I know what has helped me, but I don't know like in like a broader context, like if it would help a lot of people if it would help people, which is why I wanted to do this when I saw it cause I thought it would be interesting to kind of see the kind of work people are doing, but I think.
Speaking to my grandad my dad about it, and cause my step grandfather on my mother's side is also Black. He's mum's English and he's dad's from Sierra Leone and but he again it was it's the experiences is the same in the sense of that, yes, he has a white mum but.
That's that's not. That's a trivia though, thats irrelevant. So speaking to him about how people judged him and my step father how when he had a baby.

With a woman who then sadly ended her life because she got quite a lot of depression, they didn't want him to have the baby because they said Ohh well, he's black like he can't. You know, he's not that educated. Like, what's he gonna do with a baby even though it's his baby? It's like, well, yeah, because the white family was quite well off and he's not really gonna be able to raise her and.

assum black people are bad parent

RR **Roisin Reid** 54:25
Hmm.

reply

J **Participant 2** 54:29
You know, he didn't go to school and he's got mental health problems, that sort of thing. So what is he gonna do with the kid? Love and behold, she's turned out amazing. She's got three kids and now her English family are very much involved. And they apologised to him. And he said, I appreciate the apology, but it's not needed because he knew he said I knew it was gonna be fine and he said but whatever. But I think being able to speak to him and my dad about it.
As an adult.
And.
Um, kind of.
I think it was a thing that I didn't speak to them for a while, but I'm during college. I kind of distanced myself from my dad and my granddad and and and then there was a lot of political stuff that was happening, especially obviously in the United States, and that just got everyone talking, even people that were not interested in anything was speaking about things. And that's when I was doing. I did a lot more research. So I think knowing history is very important and knowing why things are the way they are and why.

People apologise for racist assumption

I avoid my own side

RR **Roisin Reid** 55:24
Hmm.

reply

J **Participant 2** 55:35
People so angry about certain things and.
Things like again, like that they do all these snippets on like TV and that where they go ohh, you know, slavery happened, it was bad. But the Brits were the first country to end it.

fake [illegible] media

They end that sentence not then saying, but you still have to work four years after that and after that, even though you know we kidnapped you, we beated you. We assaulted you. We did everything. We refused to educate you. We then give you your so called freedom. But you've still got to work for four years. And if you survive that, even though you were kind of living in big quotation marks, in bold letters on plantations, and you kind of had, like, I don't know, a plank of wood to sleep on, you're not even gonna have that now, we're just gonna.

Let you do whatever you want. That is kind of gonna mess people up. And when people can do family trees that go back 12/15/18 generations and your generation kind of only goes back two or three and people and then you ask why and it's like, well, no one knows how anyone got there or.

No one has a memory or so, and so died before they was able to pass anything on. So I think educating people and by educating, knowing the true history and it's not about putting blame on anyone. It's not about being very, very honest about why things are the way they are, there's disparities towards things. And I think a massive thing for me is because my dad was in care, he never knew his biological father. He only met him twice and during COVID.

Because of being bored and locked up like we all were and I started doing my family tree and I found my dad's birth family and I found like a lot of cousins and all of that sort of stuff. And like, I found my grandfather's brothers and his sisters. And sadly, all of them had just passed away, like during COVID. But I found, like, their children and their grandchildren and one of them who are speak to everyday, he's.

American but lives in Paris. We've met and we look very similar like physically. We went through very similar thoughts about identity and that and we're interested in like politics and history and technology and we're the same age. We're only four months apart and.

I think have knowing that if you have a burden that you can truly share with someone and that.

It's not bad if you're alone, but knowing that you actually are not.

I think it's the biggest thing and I always appreciate him for that and I think it's that sort of thing. So one would be educated in history and knowing why things are the way they are, but being able to connect with, even if it's just one person that all this adds whatever burden you feel, whether you're angry about this or angry about that. No, no, it's not something that's been put upon you. But you're not alone with that. I think that would be the major thing that has helped.

Roisin Reid 58:24
Hmm.
So you just to kind of summarise, it sounds like initially a lot of shared experiences with family and cousins and kind of that sense of being able to connect with other people and sense of community and that sense very kind of shared experiences, similar experiences. And then the other side is kind of something that's a little bit more introspective around your own desire to be educated and understanding of previous history. So doing that research.

Participant 2 58:44
Yeah.
Yeah.

Roisin Reid 59:07
So doing family tree and having that wider understanding as to why these experiences are happening or what we see is happening. Lovely.

Participant 2 59:10
Yeah.

Roisin Reid 59:17
Ohh okay.
Erm So these are more broader questions. So what do you think leads ethnic minorities being overrepresented in the criminal justice system?

Participant 2 59:23
Hmm.
I think um.
That's the thing. What I always found interesting, especially with the criminal justice system which I get sometimes way they try and do it, seem softer with it but.
In my, in my experience, seems like, especially between Britain and the United States, that it is disproportionately mainly.
Um West Indians, blacks Caribbeans African Americans, whatever you want to put it. So we'll say black and it it always again. It seems to me that there seems to be.

We say racism, but that it's it's like anti-Semitism. There's a very particular type of racism like anti-black racism that people seem to have an issue with because it just to me it seems like if you're Irish, Pakistani, Nigerian for some reason the Nigerian gets the harsher sentence and there seems to be this thing again, which is what I've kind of alluded to earlier, which is that I feel like people think that.

People of West African descent seem to be like not fully human in the sense, so it's not that where that, we're just subhuman, it's that thing of ohh, we're stronger than human. Ohh. So we're more dangerous. We're more. We're more prone to violence so.

Even if you get like someone who is like say from like an Irish traveller, who stereotypically are seen as very violent. Someone who is Jamaican still seems to get a harsher sentence. So I think there's this and I've been reading up and not from like the 18 like 50s and 60s like this, all this propaganda stuff, all this newspaper articles about like, can you see who has blackened them like the quantum, do you know, like mulatto?

Quadroon, Octoroon these kind of things I can't like. Does this predispose you to this sort of violence? And what if these black men go after our women? Are you gonna be prepared? Just all these sorts of things when half the population was illiterate anyway, not just the black population, but the whites as well. But all these images of people of African descent looking very, very intimidating, you know, like making the feet like obviously our features are different. Like, our noses might be wider, our lips might be fuller, our hair which I always find cool, defies gravity. But that they they make it look monstrous in a way. Kind of like what Hitler did with the Jews. It's like they.

If not, they make West Africans seem not human, but not only are they not worth humanity and respect, but they're stronger than us. So, and they're more dangerous. So there's these, these kind of gremlins that we need to put in and I think.

When it comes to things like drug dealing and and that it it's like.

There's a stereotype that, for example, West Indians have this thing where they love and sell weed. Maybe it's true, maybe it's not. But what is interesting is other drugs like heroin and cocaine and ecstasy that are done by predominantly more middle-class white people, they seem to the sentiment. It seems to be less for them when. Statistically, smoking weed and doing cocaine and heroin is more dangerous.

Roisin Reid 1:02:42
Hmm.

Participant 2 1:02:42
So it seems that it's it's very particular that there seems to me, and maybe it's because there's there's more people in the country in our country, but it seems that there is a massive issue with Caribbeans and West Africans that the justice system just seems to have this thing where and it's not that I'm saying that it's.
All, completely conscious or subconscious, but it just seems like when they see someone who vaguely looks African.
It's it's like they just think.
Well, you've been in a fight.
You're more likely to kill someone and I don't get what that is. It's like they just think we're more likely to cause more harm than any other demographic, which they may be reasons for that, but.

Roisin Reid 1:03:24
Hmm.

Participant 2 1:03:32
But as far as I'm aware being West African doesn't make you superhuman, so I don't understand why the like. If you say it's two years, that's fine. But why is it that?
A white person would get six months, whereas the Jamaican would get six years.

Roisin Reid 1:03:47
Hmm.

Participant 2 1:03:47
It always seems just way too extreme depending on the crime. If you equalise it.

Roisin Reid 1:03:53
You've kind of mentioned around the perception of ethnic minorities, particularly Black Youths of, black men, and of how the history or kind of transgenerational kind of trauma kind of filtered down.

Participant 2
Yeah.
Yeah.

Roisin Reid 1:04:10
What about in terms of? So we spoke a little bit more about like the perception within the criminal justice system. But for those individuals themselves, so black ~~youths~~ black men or ethnic minority youths, why do you think we tend to see this? Do we blame it completely on the system or do we think there's more of an engagement in offending what do you think?

Participant 2 1:04:16
Hmm.
I think I think it is partially the system because again, but.

Roisin Reid 1:04:37
Hmm.

Participant 2 1:04:40
It's it's more complicated than nuanced than that, I think to say, start with the system. I would say that it's definitely more hold on one second.

Roisin Reid 1:04:52
No problem.

Participant 2 1:04:53
Hold on.
I think someone's knocking on the door. I just need to see if it's my flatmate.

Roisin Reid 1:04:59
You're okay.

Participant 2 1:05:00

But didn't lock the door, so they should be able to get there.
Give me one second. Let me just check something one SEC.

Roisin Reid 1:05:06
Okay.

Participant 2 1:05:29
Sorry about that. Yeah, not even that Amazon delivery parcel, but not even for me for next door.

Participant 2 1:05:35
But no, as I would say, no, I think with the justice system because.
The dominantly it's not run by people that would know.
But the history of the transatlantic slave trade and the Caribbean, and that sort of thing, and the history of Windrush, I think.
So for example, when I say, I find it offensive that people fetishize me in a certain way. People think ohh yeah, but all these people want you like, why is that bad thing? And it's like, yeah.
But for example, if I don't want it.
Then and then, if it makes me angry, and then if this happens and that happens, and then I'll take drugs and all that sort of thing. So I think they don't understand history very well. And I think that.
They don't understand the very particular history that the enslaved West Africans had because it is very particular, like we've never seen a move like movement of people from one part of the world purely to the other.
Just because. Ohh well, it's really hot on these plantations and you know they're black, so they can handle it. Ohh, and they're really good at like these are good farmers. These are good at this. These are good at that. So we'll just keep them there.
And and then I think.
Because in the Caribbean and I was speaking about this with my granddad earlier, actually in the Caribbean and in the Americas because.
They have nothing. I never think with about music and everything was about all storytelling then telling everything through their music. I think when.
They they kind of quote unquote got freedom and they kind of had to work again to

kind of have everything that they do have. But again they worked twice as hard and they still weren't even considered half as good. So it's like, ohh yeah, you can work twice as hard. You can show that you're really good at something and you're really, really good. But we're not even going to give you half the respect that you, you one you deserve and two you've earned. So I think when you see pop culture and music, can you see a lot of people?

In places that.

Don't have a lot of opportunity, you know, like parts of Chicago and New York and in Jamaica. And people see it as that.

You know, everyone wants fancy things, you know, as a kid you want, like, really nice toys. So as another you kind of think you think ohh I need loads of cars loads of people to sleep with. I need this. I need that and I think kind of encouraging people to be so materialistic which is obviously a lot more of a Western ideal anyway and isn't actually an African one I think.

Roisin Reid 1:07:57

Hmm.

Participant 2 1:08:12

That causes a lot of confusion for people because people say, well, you're in Britain or America, you're in the West, you're actually a product of the West because even though you're black, you don't speak any African language eh languages, your surnames are not African.

And and some of your surnames are either from the people that were in charge of you or because when you were free, you didn't have a name, so you just picked up any name you found really. And you thought it kind of sounds alright. So you don't have.

And again, I can't.

I'm not that great at history at the moment, but I can't think of any other group in history like the Jews. Obviously, despite their horrible history, they still know. Their family trees and their surnames and things like that. So we're, a group of people that have.

No, because what all mixed as well and that's another thing would be and and Caribbean or American that even though you're quote unquote black, we all have European ancestry anyway and what all mixed different types of African groups. So I

always found the thing of being mixed race or biracial kind of redundant because being a black American or black Caribbean makes you mixed anyway, so I think. Again, not having access to names, not having access to languages or indigenous religions or anything like that, and then kind of being told by people that you're only worth something if you have the fastest, most expensive car. If you have the most so-called what people think of beautiful super skinny people on your arm. And again, all of these things that I'm not saying are necessarily bad, but they're western. So you want. So if you're like a so-called typical guy, whatever that is and you want to have five girls, they all have to be super skinny, Ssuper blonde, super like North, Western Nordic looking.

Well, if you're black, you're not going to achieve that. And even though I'm quite light skinned, it was that thing of I will never look like, say, Prince Harry for example. I won't ever look like that. And people know that, so.

Western culture makes Black people feel less,

Roisin Reid 1:10:15

Hmm.

Participant 2 1:10:18

I think that you get a lot of these young guys that hang out on the streets and that and they've got no direction, a lot of their.

Dads have left or died because again it's just it kind of just the cycle just competes like just continues and they think that.

Ohh, if we fight for this and we fight for that, we're going to finally get something, but it just ends. We just end up feeling more alone than ever because.

You're in a society and again, it's not about whether it's good or bad, but you're in a society which obviously naturally was created for the people that it served, but you've been brought into it not by choice, so you can't.

And when they say assimilate, well, you can assimilate. But.

You you can't, because again, 2 white people are not gonna comment on the fact that they're both white, whereas me and a white person, in my experience, they do comment on the fact. Ohh you're dad's black. Ohh are you going to the Caribbean this year? Ohh are you doing this? So again white people would just not have that shared experience. So I think that is what contributes a lot to the crime because then. When you're teenager and you're confused and you see all these images and you're

adversities lead to crime

Black people have forced to assimilate

White people don't understand

told all this stuff, that this is how you need to be European or British or American and you think, but you just don't fit that. So if you don't fit it.

Roisin Reid 1:11:34
Yeah.

Participant 2 1:11:37
What's the alternative?

Roisin Reid
So a lot of these kind of societal ideas, media pushing these kind of ideas that we should fit into this westernise idea of what we should be by getting materialistic or ideals, things or cars. That's what might drive people. And you also said.
Something around kind of not a lot of opportunity in those areas for young males.
What? What do you think could help to prevent this so that over representation within the criminal justice system? What do you think could help to prevent this happening?

Participant 2 1:12:13
I think again, a lot of it comes down to history and understanding why things are the way they are.

Roisin Reid 1:12:17
Hmm.

Participant 2 1:12:21
And again, it's not about putting blame anywhere. It's about saying these this is the situation that we find ourselves in now. We need to find a way to move forward so that everyone is happy and healthy and can achieve whatever potential they want to achieve. And obviously.
Things like personal responsibility, delayed gratification or important. However, you also have to be honest that when you are saying to people that if you're black, I think you're a drug dealer.
More people think, well, you're saying I'm black.
But you're saying I'm a drug dealer. I know I'm not a drug dealer cause I'm eight

years old, but I am black. So what you're saying is, is that I'm black and a drug dealer. I just don't know I'm a drug dealer yet, so I might as well just be one. And it's that kind of thing of it. Just you make it a full self-fulfilling prophecy. It's like when I said I didn't know my dad was black. He was my dad. It's like.

Well, now he isn't my dad, is he? He's he's he's black, who happens to be my dad. He's my black dad. So it's that thing of it's not about ignoring it, but the obsession with constantly telling people what they are without allowing them to think for themselves. And again, being black is not a bad thing, but, and you can say to someone, yeah, you are black, but it feels like.

The majority of society has to put a negative spin on that. So again, like the fact that most apparently black people are homophobic, bought, in my experience they haven't been. They've been the least time homophobic and when I came out as bisexual, they had absolutely no issue with it, whereas the alternative.

Otherside side of people. It was always like kind of, well, you know, and it. And then there were kind of like religion and things like that. And that's another thing a lot of. Caribbean people feel like they're not good if they can't be Christian or Muslim in some sense of the word, and it's that they don't even know the history prior to that kind of religion. And that's the thing. It's it's like if you're Irish, you can go back thousands of years. But with Caribbean people cause a lot of them don't even realise where the slaves came from.

They just have nothing to attach themselves to, and then you're telling people to be attached to, say, Britain or America, but saying you're not gonna fit that mould like, you know, you're not blue eyed. You don't look like this. You, you you're waist is not this length. It's not gonna be that size. And even if you do straighten your hair, it's still not gonna look at the same as someone who is European. So again, and you're black so you're likely to, you know, Ohh statistics are you're likely to be a drug dealer or I remember this one guy.

Roisin Reid 1:14:43
Hmm.

Participant 2 1:15:04
Who was the school teacher when I was in school said to me and people of your background basically. And he said this, you know, white mum, black dad. You're gonna be in prison probably by the time you're 17 and probably gonna have several

kids with several women and probably end up killing someone or being killed yourself. And I've not done any of those things purely because I thought if I am the first black guy to ever do to achieve.
Not not to do that, I'll prove that I'm, you know, I'll prove to you that you're wrong. And I did. And it's that thing of as well that.
If you're black and you have, say, three kids by two dads or two mums, people like ohh well, of course you know, because it's what they do. But if it's a white person, it's like ohh do you think like maybe the husband died? Or maybe it was a domestic abuse thing. It it just it's this kind of thing with that. If you really want to treat people the same.

Made me want to prove them wrong

better view of white people

Participant 2 1:16:02
You then have to you have to treat them in the same in all aspects and you can't say ohh well you know like she lost her husband. It's like a black woman with four kids by three men. You know, one of them might have been an assault. Or again, she might have had twins. It's like it's just the fact that people prejudge so much and it's like, yes, we all prejudge.

Can't assume based on race

Roisin Reid 1:16:05
Yeah.

Empathy

Participant 2 1:16:24
Ohh before you open your actual mouth you should just think about why would I judge them that way purely on the basis because how, how they present to me means that I think ohh it's likely to be this, so it's likely to be that and then.

Think before judging

Roisin Reid 1:16:30
Hmm.

empathy

Participant 2 1:16:39
I think yes, I think education is a massive thing, but also saying to people that it's gonna honestly be painful and take time for people in Britain and even America, even though African Americans have been there since before the United States was even the United States, which I always find it interesting when people say to them, well,

Education is helpful

you should just go back to Africa and it's like, well, they've been there probably longer than you guys have been.

Roisin Reid 1:16:55
Yeah.

Participant 2 1:17:03
Um.
I think.
People need to accept that it's gonna take time and a lot of work and a lot of. Painful conversations to have to kind of come to a more equal playing field, but it's also the thing of.

Roisin Reid 1:17:16
Okay.

Participant 2 1:17:18
In terms of reparations, which is another argument, the thing that you have to say to people as well is when, like young boys or hanging around on the streets and that our young girls or easily getting pregnant. And when people say, ohh well, you can get a social pass, it's really easy if you just get pregnant. When people think what I can't really afford food, I can't really do this. But if I had a baby, it might be a bit easier.

Roisin Reid 1:17:40
Hmm.

Participant 2 1:17:40
You have to think as well that if your family's been in Britain for centuries and your grandparents literally came here when they were teenagers with nothing in terms of inheriting stuff like houses, cars, generational wealth, that sort of thing, how are you going to inherit anything when people have not had the chance to build stuff? So when people say, like, I know some people that their 5th grade grandparents had like houses and today, like they've inherited them and they're OK and I have no issue with that. But it's like, well.

Roisin Reid
Yeah.

Participant 2 1:18:11
On my family tree in the Caribbean, I can only go back to only a second grade grandparent, so of course I'm not gonna have anything to inherit cause they had nothing and it's not about that, but it's about saying.
If you don't have access to money, your choice is to do stuff for limited. So when someone says to you on the street and a lot of these gangs started with white people as well, cause they just saw it as easy, you know? And and again, because I do feel like when people see a lot of black people, they think, well, they're not as, like they're not worth the human compassion as much as a white person. So if their lives are ended well, it doesn't matter. We're just bring up another one. Kind of like soldiers. Ohh one dies. We'll just bring another one. And when you don't have access to money.
When someone offers you the way to get money really quickly and you think ohh my mum's at home in the kitchen and she doesn't know. But I've seen that she's been crying for the last three weeks because she can't afford the rent and they're gonna kick her out and the landlord is saying. Ohh, what if you sleep with me? You won't have to pay rent. But she doesn't want to. But she doesn't wanna lose the house. But she can't afford to feed me. But she feeds me but she starves herself.
If I can get £500.
Just by doing this.

Roisin Reid 1:19:25
Hmm.

Participant 2 1:19:25
Well it's gonna help and it just makes sense, you know. And again, a lot of black people in Britain, like in places in America, they can't read very well. And again, especially in today's world, if you can't read, what are you supposed to do with anything? You can't learn anything in terms of information you can't learn or understand the law so.

Roisin Reid 1:19:27
hmm that's really...

Participant 2 1:19:46
It's going to make you go to crime because it's it's easier.
And you know, and then you switch off and you become numb to things. And then when people say ohh you're friends been murdered. Ohh you've been stabbed. You see on the news they just say yeah, that happens because their emotions have been shut off so they can't feel things like grief or pain or regret or when people got. Ohh do you regret getting involved in crime and stuff why would they regret they're still alive and the human condition is to survive. So even though they're not living.
Or enjoying life? That's still what alive so.

Roisin Reid 1:20:18
OK.

Participant 2 1:20:19
To their mind, it's like, well, what's still here, even if we're in prison for something that a white guy would only go to for, like, a couple years, but we're still alive. And I think that poses a massive disparity between both groups, definitely.

Roisin Reid 1:20:34
Absolutely as a really complex answer, you've kind of given that, but it's really interesting. We've kind of spoken about this kind of idea of hierarchical or kind of generational income allows people to have those opportunities, but they're necessarily does not happen for ethnic minorities. And then that then leads to gent transgenerational trauma and kind of disproportionate socioeconomic statuses. So kind of not that access to money or opportunities.
But then that leads to them gonna having those...

Participant 2 1:21:05
Yeah.

Roisin Reid 1:21:06

Roisin Reid 1:22:59
The complexity.

confirmation

Participant 2 1:23:00
In terms of yeah, the complexity of that with being black, that it comes with a lot of trauma and a lot of history because there is no such thing as black until the slave trade started because again, you weren't like you were Igbo, Yoruba, Igbo, Akan. Congo, you you. You were ethnic groups, so you know, you were like English, Irish, Scottish, Welsh. That's what they don't seem to understand. They seem to have like being Caribbean or American. Obviously we're all mixed anyway, but they kind of don't realise that the mixing that happened wasn't by choice and.

Black people are traumatised

Roisin Reid 1:23:35
Hmm.

reply

Participant 2 1:23:37
That causes again a lot of confusion and a lot of pain for people, and it's interesting as well that in terms of ethnic minorities, they still signal out black people as differently. So they all say, ohh, there's lots of foreigners. There's lots of immigrants, there's lots of Polish people. There's lots of Indians. There's lots of this. But then they say black people, it's like they don't say Nigerians or Jamaicans, they kind of they use the umbrella term black and they don't see that Jamaicans are, Nigerians are completely different, same as someone from the Central African Republic is gonna be different from Ghana.

Black people are seen compared to other minorities

Was they speak French and people in Ghana don't.
It's, it's very nuanced, and even though we use black as a collective term and it is important to see that there are similarities, we know the differences, but like the differences between Jamaica and Barbados and Trinidad and St. Lucia and Saint Vincent, but they don't. And it's interesting when people say, ohh, there wasn't many foreigners in this town, but there was a lot of black people. It's like they don't even see you as foreign because you're black. So you're not even seen as human enough. In a sense. It's like there's foreigners.

Unequal treatment between ethnic minorities

Roisin Reid
Yeah.

Participant 2 1:24:43
There's British people and then there's black people. It's not even we're not even seeing us that we have like nations or languages or history. It's like ohh, you're aliens. Then we've got foreigners which are other people. And then we've got.
Ohh, the indigenous Brits and that and I think that's the kind of thing that they need to kind of get into people's mind like the outroar of The Little Mermaid, arial being black when people forget in the cartoon version of the film, she was in the Ivory Coast with that other black mermaid anyway and again it's it's it's not even real but the amount of uproar and the fact that people don't like that Spiderman and the latest animated movie is very successful.

Roisin Reid 1:25:01
OK.
Yeah.

Participant 2 1:25:29
But it's telling the story of a Black Puerto Rican American Spiderman. But again, they say, why don't you just make your own versions of things? And it's like, yeah. But then people do and they complain. But also the reason why, for example, kids like me wanted a Spiderman that looked more like me is because I like Spiderman because in Britain and America, that is what.

Participant 2 1:25:52
We were interested in, so I'm not in Nigeria or Benin or anywhere else, so it's the thing of like, well, no, I'm a kid and I want I wanna be Spiderman, just like my friends wanna be Spiderman. But it's not about. I don't agree with tokenism but it's about saying honestly when kids say I want to be a superhero is like when I was a kid. I really wanted to be a firefighter and I used to say to my school teachers. Ohh I wanna be a fireman. I wanna like you know I wanna save.

know, like knowing that like, as far as we know like began in sub-Saharan Africa and you know there's more genetic diversity in Africa than anywhere else in the world.

Roisin Reid 1:28:12
Hmm.

Participant 2 1:28:12
I think knowing those things and it's not to say ohh.
Less put Africans on a pedestal. It's not about them. But saying that you know. Africa, like you know, the history of black people, did not bid like in the history of black people begun with slavery in a sense. But the history of being sub-saharan African is a lot older than that and kind of.
Given some encouragement towards people to say, you know, like this is the history of this country, that country and in terms of how race was not seen in that sort of way back in those kind of times, you know, you were just different groups of people and you can see human genetic populations on a continuum and it is a lot more of a continuum. And in terms of trauma, knowing that you can pass things down very, very easily without, you knowing. And when people say things like ohh, it just runs in the family.
So if you're saying something like having panic attacks runs in the family and your mum had it and your grandma had it and you don't know where it started from. Well then if someone says.
Like when in terms of health and disparities, they say, you know like. Caribbeans and West Africans and the more predisposed to things like diabetes and things like that. And people say ohh, but why would that be a case of racism a thing? And it's like, but the the genetic variants are there for one thing. But then when you put people under centuries of that sort of abuse, obviously you're your body is gonna react to certain way and it's gonna activate certain parts of your body. And then you have children and the horrible circumstances. And then they have children. And again, of course, trauma is gonna be passed on genetically because when people say things like there's no test for, like, depression for example, or like anxiety or schizophrenia, as in like, there's not a blood test that you can have. But when they say ohh. But my mum had it or my granddad had it and my great aunt had it. It's like. Okay, what do you telling me? All those years of abuse and.
Just complete inhumane like. Some of the things that you read about is like, you

Participant 2 1:26:23

People want to be a superhero, and again, the kind of factor that they were just then go on and say. Ohh yeah, but people of your backgrounds are just gonna be a drug dealer is like.

You know a lot more education, I think needs to be had, but I think a lot of people need to kind of.

They need to look at history a lot more, but also the psychology of that. If you tell people that they're bad and they're wrong and they're not worth anything.

Participant 2 1:26:51

Tell. Tell them enough times, and obviously they're gonna believe it, cause they're gonna feel no one's told me the opposite.

Roisin Reid 1:26:56

So some kind of education or kind of psychoeducation around the history of black people and their oppression, but also then some education around the psychology of self-fulfilling prophecies. Or yeah, just certain labels and attitudes and perspectives that that then has an impact on the the individual that has been placed of really interesting.

Participant 2 1:27:22

Yeah.

Roisin Reid 1:27:25

Lastly, is there anything else you think that is important to discuss in relation to racial trauma or experiences of racial discrimination?

Participant 2 1:27:33

I think.

The the only thing I I would say is that obviously.

In terms of the language that people use, they they need to understand that when they say things like races or social construct it is. But there is ancestral genetic differences between people, but that's not a bad thing. It's it's just human evolution. But I think people need to be a lot more educated in the science of things. So, you

wouldn't even put an actual animals through, and you don't think that had any form of psychological, physiological effect on people at all when it only ended less than 200 years ago, cause they keep saying this thing about ohh, it happened hundreds of years ago and it's like, well, the independence of some countries only happened in the 70s. Some still don't, but.

Roisin Reid 1:30:37
Hmm.

Participant 2 1:30:47
It's likely only ended in like I think it was like in terms of like because my granddad is Saint Lucian and Barbadian. I think it was like in Saint Lucia. It was like 1834. So I think it ended, but then they had another four years and now we're in 2023. So it's not even been 200 years.

Roisin Reid 1:31:06
Hmm.

Participant 2 1:31:06
But that's that's not long. That's like second great grandparents. And you're telling me?
If I knew my great grandfather and he said Ohh, I saw my mum get abused. I saw this. I have memories of them being on the plantation even just knowing that you don't think that would have an effect on people.
It's, you know, I think that's the kind of thing and it's not about being colour blind, but also you don't need to.

Roisin Reid 1:31:25
Yeah.

Participant 2 1:31:33
Again, you don't need to celebrate.
Black people in a sense of like ohh they had it so rough. Let's give them a leg up. It's like, no, it's not about having a leg up. It's about just being given the equal playing field that.

We obviously deserve, but also if anyone.
Thinks that we haven't earned it, we certainly have. So I think just kind of being aware of that and again.

Roisin Reid 1:31:53
Yeah.

Participant 2 1:31:57
When it comes to criminal justice systems have juries that are.
Very educated to a very, very high standard and not just letting anyone in, but being educated on the demographics of the people in the country. Because, for example, if you're in a country like Italy, there isn't many Caribbeans or African Americans in Italy, so it might not be as important, but for countries like Britain and France and America, it is very important and we have massive connections to the Caribbean still so.
I think you know there's a lot of work that needs to be done there.

Roisin Reid 1:32:32
Yeah, really, really interesting points. And that's erm the end of all the questions I have. Is there anything else you feel that needs to be added to kind of you?

Participant 2 1:32:37
Yeah.
Not that I can think of, no.

Roisin Reid 1:32:42
That's a nice. Now you've covered such a lot of areas and it's it's gonna be really interesting for me to kind of look through it. Some of the themes.

Participant 2 1:32:50
Yeah.

Roisin Reid 1:32:50
Ohh, I've already sent you the Amazon voucher. I'm not it's come through, but I'll also send you the debrief form so it'll give you an overview as to why I've done this

study and why it's a follow up of the first study and what I'm kind of looking at and what it's what's it is hoping to do at the end. Obviously I know you've spoken about kind of your some of your personal experiences on that debrief sheet, there is some contact services.

Participant 2 1:32:54
All right, perfect. Thank you.

Roisin Reid 1:33:20
If you ever feel like you need any support from what, there are specific substance use services, mental health services that are also racial identity groups that you can get in contact with. But if there is any further support that you need then please I can sign post you in the right direction.

Participant 2 1:33:22
Okay perfect.
Yeah.
All right, perfect. Thank you.

Roisin Reid 1:33:40
I think that's everything. Have you got any questions for me?

Participant 2 1:33:44
No, not at all. Just um, yeah. When the study is, like, complete and like, if it's part of it. Cause I can't remember if it's like, part of your thesis or like, if it's like a journal, that sort of thing. Please. I know you said delete my e-mail and that after, but please send me the end result of all your work. I'd be fascinated to read it so.

Roisin Reid 1:34:05
That's really interesting. I'll stop the recording and I'll give you a bit more information, erm but, so it'll be part of my studies and part of my thesis as a trainee forensic psychologist so.

Participant 2 1:34:17
Yeah.

Roisin Reid stopped transcription

Appendix S.3

Study 2 Participant 3 Transcript

Study 2-20230620_180327-Meeting Recording

June 20, 2023, 5:03:28PM

34m 26s

Roisin Reid started transcription

Roisin Reid 0:05

There we go. You can. I don't know if you can see the transcription. If it's in the chat or not, but I can see it.

Um.

) interview process

Participant 3 0:13

Ohh it's saying recording and transcription started by Roisin Reid, but I can't. I don't know what to say it, but yeah.

) reply

Roisin Reid 0:17

Yeah.

Okay back home before we start properly with the questions you sent me about the consent form and I just need to cheque your demographic characteristics, I've got the right entry on the first study. So I've got your age is 25.

) demographics

Participant 3 0:35

I'm now 26.

) age change

Roisin Reid 0:43

OK.

Ohh I need to OK right. Let me just make a note of that on my separate.

Account.

Because I'm guessing you would have done the first study a little bit of while ago.

) reply

Participant 3 0:58

It must have.

Surely I didn't get my own age wrong.

) reply

RR **Roisin Reid** 1:??
No, most likely not, but I can just.) reply

N **Participant 3** 1:07
It must be because my birthday was the 3rd of March.) reply
Did I do it before?

RR **Roisin Reid** 1:??
You must have.

N **Participant 3** 1:14 } replies
Okay.

RR **Roisin Reid** 1:16
ermm And then ethnicity.
Mixed white and Asian.
Your gender identity is female socio economic status.) demographics

N **Participant 3** 1:26
Yeah.) reply

RR **Roisin Reid** 1:33
Highest earning parents occupation. Dr consultant. Anaesthetist.) socioeconomic status
Cool. And then you'll.

N **Participant 3** 1:41
Yeah.) reply

RR **Roisin Reid** 1:43
Just for your interest, your racial trauma score was.) racial trauma score

N **Participant 3** 1:49
Ohh.) reply

Roisin Reid 1:49

Ohh.

one second.

Think it was.

It was four out of 22, which puts you into the lower group. So I've kind of grouped the based on low and high, so that's interesting.

demographic

Participant 3 2:15

Yeah.

OK.

replies

Roisin Reid 2:12

Just so that you are aware.

Um.

Participant 3 2:14

Yeah.

Roisin Reid 2:15

OK. But all those statistics demographic characteristics were correct. I've got the right person.

confirmed

Participant 3 2:20

Yeah, yeah, yeah.

We have.

reply

Roisin Reid 2:23

Fab. OK. So we will start with the questions. Have you any questions for me before we start?

interview start

Participant 3 2:30

I don't think so.

reply

Roisin Reid 2:32

Okay and you've returned the consent form and had a look through the information sheet.

Participant 3 2:37
I did.

Roisin Reid 2:38
Wonderful. Thank you. So there are.
14 questions that open-ended questions, but it also allows you to.
Add additional information if you feel comfortable doing so you you can share as much as as little as you want to.
Erm
And obviously you have the right to withdraw any points during the interview and also following the interview completion like up to three months.
Um, I'll send you the debrief sheet afterwards as well as the Amazon voucher. Can I ask that you e-mail me back just so that you know just so that I know. Sorry that you've got the Amazon voucher and erm I haven't sent it to the wrong person.

Participant 3 3:24
That's fine, yeah.

Roisin Reid 3:26
Thank you. OK. Ohh. I shall start with the first question, which is a fairly big question. So the phone is what are your experiences of racial discrimination?

Participant 3 3:39
Ohh.
I'd say that.
On the surface, probably very minimal, because I think in a lot of groups I pass as white quite easily, and particularly I I guess.
Most experiences of.
That of being kind of at school back at school since then, not not so much. And even when I was at school, not.
Particularly very much, I went to a predominantly white school. It was a really small school. So even though.

Roisin Reid 4:16
Hmm.

Participant 3 4:20
I passed for white
Quite easily. A lot of the time I'd say that.
I was still.
One of the minorities there where it was like kind of such a white school and I saw kind of how they.

Roisin Reid 4:32
OK.

Participant 3 4:36
Treated other people who were kind of fully Asian. The only other racial minority was Asian people at the school, South Asian, and err yeah, they were kind of often treated very badly, talked about badly by white kids, and I didn't want to be associated with that kind of side of myself. I had people who were even friends of mine kind of using. erm racist terminology, racial slurs to me, occasionally and sometimes.
They'd say that it was like as a joke kind of thing, but so it was, I'd say mainly.
Er in racial slurs, really, or observing racism towards people of my demographic around me.

Roisin Reid 5:24
Okay.
Ohh, pretty well summarised um, the next one is how did these experiences affect you if they did?

Participant 3 5:44
Yeah, I say that.
At the time, I definitely it was real. It's really hard at the time I didn't recognise that they affected me at all, cause I kind of you.
You end up just behaving how your
Defence mechanisms kind of just tell you to, so I was.

Ohh, was just trying to distance myself from that side, so even I wouldn't properly acknowledge that side of myself and I try to hide it as much as possible so it affected me in that way cause I was very out of touch with that side of myself, very kind of embarrassed of that side kind of didn't want my dad to pick me up from school, that kind of thing.
Um, and because I did pass very easily and I was able to kind of slip by under the radar almost sometimes.

ignore my Asian side

RR **Roisin Reid** 6:32
With.

reply

N **Participant 3** 6:35
I become very embarrassed, like if someone referenced it at all, or someone's every anytime. My last name was said because that was a very obvious indicator of my race.
And I become that embarrassed and changed the topic as quickly as possible. It was only hmm
Within the last five years, two years that I kind of realised that I was.
Very.
Not very accepting of my mixed.
Identity and that I was at school, always trying to be white and then when I went to university and I was around people who were of ethnic minorities predominantly, and because that was just who I ended up living with and I was trying to lean into that other side more and.
And it was only after I'd left university I realised. Ohh, you're actually you don't need to be just one or the other because you're literally not.
So yeah.

Became embarr of my rac

different experience between school and uni

realiz I am mix

RR **Roisin Reid** 7:38
Yeah. So just a few things to clarify. Your dad was the parent who was of an ethnic minority.

Dad was ethnic minorit

N **Participant 3** 7:46
Yeah, my dad's Indian and my mum's white British.

mixed heritage

RR **Roisin Reid** 7:47
Ohh.
Okay. And then it sounded like there was some kind of avoidance early on, but then with age seems to have improved.

N **Participant 3** 7:54
Yeah.
Yeah, yeah.

RR **Roisin Reid** 7:59
Okay um, would you define the effects of your experiences of racial discrimination as racial trauma?

N **Participant 3** 8:10
And.
I feel like I wouldn't. Um, and I don't know whether that is like.

Participant 3 8:19
N Through just like me, minimising using my own experiences or or or what exactly I think sometimes with.
The word trauma I think particularly because.
Of possibly, possibly because of the job, I'm in as well. Like when the word trauma is used. There's a there's a lot of conversations that go with the word trauma and there's somethings that my mind jumps to straight away.
I I can feel.
Quite violent.
And anything other than like that, but like kind of that ongoing consistent or anything like that but it?
In the sense that it.
Had an effect.
It was something negative that absolutely had an effect on how I view the world and view myself, then I suppose yes, but I wouldn't have ever previously, probably even currently really liked to say that I experienced racial trauma.

RR **Roisin Reid** 9:16
OK. Thank you for that.

RR **Roisin Reid** 9:19
Um, these next questions are looking at how those experiences have kind of affected different areas of your lives, so feel free to share as much or as little as you want to. You.
Um, have these experiences led you to use any substances, so anything like alcohol, tobacco, vaping, cannabis, illicit substances, those kinds of things?

N **Participant 3** 9:45
No, I don't use any of them, I think I.

Participant 3 9:49
N I think I've tried weed twice when I was like 17, and I've never even smoked. I drink very occasionally with friends, but not often.

RR **Roisin Reid** 10:02
Okay did those experiences lead you to engaging in any anti social behaviour or thoughts?

N **Participant 3** 10:11
No, no, no, not at all.

RR **Roisin Reid** 10:13
Okay.
Similarly, have these experiences led you to engaging in any criminal behaviour or thoughts?

N **Participant 3** 10:22
No.

RR **Roisin Reid** 10:24
Okay have these experiences led you to experiencing poor mental health?

Participant 3 10:30

Um.

I think.

Hmm I think.

I have.

I.

Did a number of years ago kind of go through a period where I feel that I experienced poor mental health for myself? It was poor mental health.

And it was. It wasn't in relation to that specifically. I then kind of as I.

Um started to learn er understand a bit more about kind of myself and my own racial identity and where I sat on that, I guess.

A little bit.

Kind of a vague answer, sorry about that, but.

A small amount not.

Big significant mental health situations for myself because of it, but.

Maybe a small amount of it, yeah.

Roisin Reid 11:33

Okay I'm it says like. Could you elaborate on that or why do you think that occurred?

Participant 3 11:40

Okay it was more the realisation aspect of it years down the line at the time.

Absolutely not. Because like I say I I got by very easily without having to overtly experience like negative racial trauma to myself. So it was only kind of years down the line when I realised how much kind of masking I guess I had done that it then kind of hit me.

When I was like ohh damn I.

I've not really known who I am and it was the kind of almost a little bit of an identity crisis.

Roisin Reid 12:15

Okay.

Participant 3 12:17
Yeah.

Roisin Reid 12:20
Thank you.
Um.
Have these experiences of racial discrimination led you to avoid certain places or people?

Participant 3 12:36
Um, only ever when I was at school. Not since then, when I was at school, there were kind of a a couple of certain people that I'd heard speak.
Overtly negatively about South Asian people making fun of them, and I never. I didn't want to risk being around them and then kind of cluing on. So only when I was at school, when I was considerably younger. But since then no not at all.

Roisin Reid 12:56
OK.
Okay um, I think you've answered the follow up question, which is why do you think that occurred?

Participant 3 13:08
OK.

Roisin Reid 13:09
The next few questions are around other adversities. Again, share as little or as much as you'd like to, and then the last bit of sections are thinking about ethnic minorities in the criminal justice system.
So what other types of adversities have you experienced other than my actual discrimination again.

Participant 3 13:33
Ohh.

Roisin Reid 13:34
And feel free.

Participant 3 13:37
Sorry, you broke up at the end there.

Roisin Reid 13:42
Did I? I said. What other the types of adversity? Have you experienced other than racial discrimination and feel free to share as little as much as you like?

Participant 3 13:49
Okay and.
Adversity I'm trying to think what I class of as adversity.
Maybe in my?
Parents, particularly like my dad's, some he, he's.
He had and has ongoing alcohol issues?
Um.
The.
Have kind of, as I've learned more about it.
I'm kind of realising the adverse effects on him on and on myself and my brother and.
He's been a very difficult I think person to have as a dad really. And so I I think the.
Uh, I've had a very kind of.
On my side of tumultuous relationship with him, I think it's been very.
Difficult to explain really. He's.
I think he's kind of out of touch with my life cause I think he's been quite focused on.
Himself and also.
At points in his life, very much kind of taken over by this, by his substance use problem and ill health that has resulted from it.
And it's been, it's been very, very ill and in a in a hindsight kind of way it's it was due to alcohol use. But he's been very, very ill and number of times and it was on the kind of years later I've realised what that was due to.

Roisin Reid 15:21

Hmm.
OK.

Participant 3 15:40
And.
So I think.
Yeah, I that's kind of my main.
Adversity that's kind of been present in my life that's been ongoing.

Roisin Reid 15:53
OK. Thank you for sharing that.
Um, have these experiences affected you more than your experiences of racial discrimination?

Participant 3 16:02
Yes

Roisin Reid 16:03
Although the.
OK, what did you say? That or what do you mean by that?

Participant 3 16:05
Yes.
Yeah.
Because the.
Issues with like my dad and I, I didn't mention it as well, I suppose for the other question.
I categorised it as family issues because my dad and also my brother has.
Really has always had very significant level of depression and suicidal ideation, which erm.

Participant 3 16:38
It's kind of easily lean on me a bit for it, and that's definitely being a really large part of my life, or it had been.
And.

And yeah, why have there been? Because they've been very kind of overt and obvious. And whereas the racial discrimination was.

Roisin Reid 16:57
Hmm.

Participant 3 17:00
More subtle in the way that it.
Was done at times and also just not fully acknowledged.
Myself not acknowledged it words. It's kind of difficult to not acknowledge the certain problems that have happened in family life, like my dad being very ill in hospital and my brother.

Roisin Reid 17:11
Hmm.

Participant 3 17:22
Being in the state that he's being in, so they've been more just of an obvious in my face and like also have felt more high pressure, I've felt more the particular adversities the family adversities, they felt more.
Much more high-pressured situations and.

Roisin Reid 17:37
Yeah.

Participant 3 17:39
Where something needs doing in this moment kind of thing, whereas with racial discrimination it felt very much like it's only me that that's affecting.

Roisin Reid 17:48
Okay.

Participant 3 17:48
So it's easier to push that off and to ignore it, whereas if it's with somebody else, it's felt much more imminent and more dire.

And yeah, why have there been? Because they've been very kind of overt and obvious. And whereas the racial discrimination was.

Roisin Reid 16:57
Hmm.

Participant 3 17:00
More subtle in the way that it.
Was done at times and also just not fully acknowledged.
Myself not acknowledged it words. It's kind of difficult to not acknowledge the certain problems that have happened in family life, like my dad being very ill in hospital and my brother.

Roisin Reid 17:11
Hmm.

Participant 3 17:22
Being in the state that he's being in, so they've been more just of an obvious in my face and like also have felt more high pressure, I've felt more the particular adversities the family adversities, they felt more.
Much more high-pressured situations and.

Roisin Reid 17:37
Yeah.

Participant 3 17:39
Where something needs doing in this moment kind of thing, whereas with racial discrimination it felt very much like it's only me that that's affecting.

Roisin Reid 17:48
Okay.

Participant 3 17:48
So it's easier to push that off and to ignore it, whereas if it's with somebody else, it's felt much more imminent and more dire.

Roisin Reid 17:57

That's really interesting. That kind of comparison of it been overt these experiences or kind of very in your face as opposed to those experienced racial discrimination mean more subtle.

validation from interview

Participant 3 18:06

Hmm.

reply

Roisin Reid 18:09

Um, very interesting.

Um, so if you've not been impacted by racial discrimination to the level of racial trauma, why do you think that? Why do you think it has not affected you?

interview question

Participant 3 18:12

Sorry, can you repeat that?

repeat question

Roisin Reid 18:27

Sorry, yeah. If you have not been impacted by racial discrimination to the level of racial trauma, why do you think it is not affected you?

interview question

Participant 3 18:36

Uh.

It.

Because.

I think it comes back to this idea of I was often able to like phew thank God I slipped by no one noticed or brush it off. If anyone ever did kind of notice. But I wasn't like fully white or that I'm half-indian or you know, whatever.

being white passing helped reduce effects

Roisin Reid 18:52

Hmm.

reply

Participant 3 19:04

It was.

That also was it was never overt.

racism wasn't overt

And unless it was on kind of a handful of occasions that it was, and even then, I.
Um, I wouldn't think badly of them for being like that. I just feel embarrassed about my embarrassed about myself or it, so it's like.
It maybe it's like it feels that trauma feels like it's something done.
To you and in my head, when anything negative like that ever happened racially.
Because I like internalised it so much, I was so kind of embarrassed of.
That whole bit
It was like I couldn't even be. I could never think that they were in the wrong for saying that because it was more like I was in the wrong for being.
The way I am.

Roisin Reid 19:58
Hmm.

Participant 3 19:59
So.
It's yeah, it just an also like I say, I was able to slip by without things constantly happening or anything like that or any really, really overly negative consequences that were very obvious.

Roisin Reid 20:13
Okay. Um, that's really interesting that I suppose just for context, it's kind of asking around why do you think it did not meet that kind of threshold, where it then led to these negative outcomes like substance use like anti social behaviour like criminality.
Um, those kinds of things..

Participant 3 20:30
Yeah. Yeah, like.
I'm probably simply because I I didn't experience the level of it, that I would.
Mean that I had to lean on something like that for support with that so.
Because.
Cause I don't like experience.
Most other people of many ethnic minorities.
And it wasn't. It never ended up. It never got so bad that I felt the need to lean on something like that for that support.

RR **Roisin Reid** 21:02
Okay I'll thank you similarly. The next question is what has helped to support you. We can add the reiterate or expand on that if you want.

N **Participant 3** 21:14
What has helped to support me?

RR **Roisin Reid** 21:16
Hmm.

N **Participant 3** 21:17
In the.
In the context of the racial.

RR **Roisin Reid** 21:21
Yeah. So not being affected by racial discrimination was held to support you.

N **Participant 3** 21:21
Yeah, yeah.
Oh oh.
Um.
I it's difficult really. I'd say that. What's?
A couple points really. Firstly, I'd say what's helped for it to not be so bad that I felt like I needed loads of support, was being half white and having that.

N **Participant 3** 21:52
Was like.
That's what kind of stopped it from going any further. That's what stopped it from being worse.
And.
So which is why?
When I was younger, I saw that was almost like that was the saving grace. You know, that was at least I'm half white, because then I can really lean into that. And what's supported me afterwards when I kind of realised.

Couldn't hide that from even from like myself when I was at university.
Um being around people of ethnic minorities was like a complete like.
I don't know. I don't know what the fans have been like. Page turner. Whatever it was a whole.
Yeah, it was like a different ball game, like a different world, completely like, instead of having to kind of be around well and I'm still friends with lots of white people. But instead of always having to be exclusively around white people, who I was always trying to get in there with, like, a little joke about my race before they would, even if it was just like a little tiny thing, it was like, just say, it get it out the way and then we can move on and carry on with our conversation kind of thing. Then I went to university.
Both friends with people of.
It was nearly exclusively just because I happened to be living with them at the time.
Like I said, friends with people of exclusively ethnic minorities.
And I'd never experienced that before and experienced people not being embarrassed of it and not shying away from it and actually being OK, talking about it and not in an embarrassed or in negative way. It was like eye opening.
Like I had never imagined, the people did that.
And that helped me to kind of embrace that side more and be more comfortable with it and also to not stand for it. If I then did experience people making little jokes. It was easier for me to feel like I was entitled to feelings of, and that's not OK you might think that's funny, but you're just being very ignorant.
Yeah. So definitely.
Being around people that racial minorities was a big support.

Roisin Reid 24:14
Some big points there.
The last two. So what do you think leads to ethnic minorities being overrepresented in the criminal justice system?

Participant 3 24:27
What do I think I leads to okay?
And I mean.
Ohh, people who are not of racial minorities being in charge of the criminal justice system.

Roisin Reid 24:39
Ohh.

Participant 3 24:40
Yeah, I don't know. We have.
Like racial bias is a thing, and it's it can be against one and it can be towards our own a lot of the time.
Viewing if we're viewing our own race more favourably than another because that's ours and it feels like a reflection of.
Us as a person then, if there's some like middle-aged white man that's in charge, then he will, you know, look more favourably on.
That white man who?
Committed that same crime as that black man.
Um, because it's almost like.
He can he can see that as a reflection of who he is, whereas that the black man that he doesn't relate to him at all.

Participant 3 25:29
So yeah.
I mean, I guess there's a lot of reasons. It's like generational as well. So it's not just to do with kind of, I mean massively also like I said to do with who's in charge, but also just generational traumas and people.
If.
Because people can say that like things have got better and times have changed and whilst they are changing.
And if they didn't used to be like that, then it has a knock on effect and obviously.
Things.
Used to be even worse and in terms of racial discrimination, particularly in the criminal justice system, I guess. And.
So if one person is raised in an environment where.
Racial minorities are not provided with the same amount of resources. Then they do look to other methods to then gain those same resources and safety and and then that is seen as.

Roisin Reid 26:30
Hmm.

reply

Participant 3 26:33
A normal way to be for that person.
And then it gets passed on.
Just generationally, I guess.

transgenerational trauma occurs

Roisin Reid 26:44
Hmmm, interesting. What do you think could help prevent this?

interview question

Participant 3 26:53
Ohh.
And.
Definitely more.
Definitely more representation. Generally I think for.
Just kind of throughout life, I feel people often very much stick to their racial groups.
A lot of the time for different reasons. And this, I guess goes for all different racial groups.
I think that a lot of white people stick to white people because they don't understand. They don't. Yeah, they don't have any kind of understanding or desire to understand.
At the experience of.
People of racial minorities.
And because they don't need to, it doesn't need to be a part of their life if they don't want it to be. If they want to just be able to go through life surrounded by.
erm white people, then they can do. It's very easy for them to do that and just kind of occasionally coming into contact briefly with people of racial minorities.
People, Racial minorities.
You know they can't do that so.
The rougher, more able to be around other lots of other races but.
People can still stick within. Their racial minority group because.
Well, if that person's going to discriminate against me, then why am I going to try and be around them? So of course I'm gonna stick to my racial group and.

increased representation would help - we attain,

unconscious segregation occurs

white people don't understand ethnic minorities experiences

white people can ignore

racial discrimination leads to segregation

So I feel like.
If there's more mixing of.
Uh, how do you phrase it like.
Definitely more representation in media needs to happen so that people are able to.
Um. *freeze*
And people who?

Roisin Reid 28:57
Sorry, Ninah, I think you cut out after more representation in the media.

Participant 3 29:03
Yeah, I think more representation immediately is just so that people are able to see people from an early age who are not like themselves and feel empathy for people who are not like themselves.

Roisin Reid 29:11
Hmm.

Participant 3 29:19
err
Yeah.

Roisin Reid 29:22
Is there anything specific about preventing the overrepresentation in criminal justice system?

Participant 3 29:29
erm I'm I think.
Having.
People.
From minority ethnic backgrounds.
In.
Like allowing them to be in higher positions where they're able to actually be a part of policy development.

Roisin Reid 29:52
Hmm.

Participant 3 29:53
Ohh, and not just the people that it's affecting would be good. So it's like representation in all areas I guess and that being a very significant one.
Um.
Yeah.

Roisin Reid 30:11
Okay fab. Lastly, is there anything else you think it's important to discuss in relation to racial trauma or your experiences of racial discrimination?

Participant 3 30:21
Ohh was that was that just like a A a general. Anything else kind of thing. OK. Yeah.

Roisin Reid 30:26
Hmm.

Participant 3 30:29
Um.
I don't know, I I only, but I think I.
So.
Only cause I've spoken a bit about my dad in this and his like I say he's the Indian parent.
And.
Yeah, I guess it's just the further reiteration of what your studies are basically probably showing, which is that like he's experienced very significant adverse childhood experiences and things and he has kind of leant into that.
It it, it just feels very poignant yesterday that.
Like going through bereavement at a young age of very close family members of through very kind of traumatic, in traumatic ways.

Roisin Reid 31:21
Hmm.

Participant 3 31:24
And then which very very directly.
Led to his substance misuse at a young age again, and it just feels very like, yeah, it's just very clear. It's right there.

Roisin Reid 31:32
Hmm.

Participant 3 31:39
You know he lost his his mom and his little brother in a very tragic way when he was aged 14 and then started drinking when he was 18. And it just feels like, wow, yeah. That's a lot.

Roisin Reid 31:50
Interesting. So a clear link there for him. Was there any contribution of racial trauma or racial discrimination to that specific negative outcome?

Participant 3 32:02
For him, yeah, I mean I he's.
But he's very he's very closed off person in all the ways, in all, the things he really needs to talk about. He doesn't do it so much.
Like talks about everything but the problem kind of thing. But when he has yeah, there's definitely been a lot of ritual trauma for him.
He's lived in a couple of different countries and I think experienced racial trauma and all of them.

Roisin Reid 32:27
OK.

Participant 3 32:28
Throughout his life, from being very young and through to now, like people posting

like horrible things through his letter box and just all sorts. Yeah, and that definitely contributes to.

Participant 3 32:42
And has contributed in the past to sustaining that kind of alcoholism 100%.

Roisin Reid 32:48
Hmm.
It's interesting and makes me think whether it's more prevalent in the generation before us.

Participant 3 32:57
Yeah, I mean, I can, I can speak, for my family like 100%. Yeah. Yeah, I know for a fact my mum's not. My mum's not gone through any.
But.
Yeah.
Uh.
My dad absolutely has and racial trauma. I've adverse childhood experiences, definite negative outcomes, not necessarily anti social erm
No criminal behaviours.
But yeah.
So the the way he sees the world and sees people, certain feelings.
That he has now, and ways that he behaves at a very challenging for us as his family to deal with a very direct results of that kind of stuff.

Roisin Reid 33:42
Hmm.

Participant 3 33:46
Yeah.

Roisin Reid 33:47
Interesting thank you and that's all the questions, but thank you very much for participating. Just so you're aware, just to clarify that I will send you the debrief sheet, which also has an array of services that sign posts people if they need any further

support following completion of the study. I will also e-mail you the Amazon voucher. Again please just make sure that you respond so that I know that you've got it. Ermm Do you have any questions for me?

interview process

N **Participant 3** 33:48
Yeah.
I do not.

reply

RR **Roisin Reid**
OK, I will stop the recording, but thank you very much for participating.

N **Participant 3**
Okay.

RR **Roisin Reid** 34:23
hang on.

interview process

◉ **Roisin Reid** stopped transcription

Appendix S.4

Study 2 Participant 4 Transcript

Study 2 Participant 4

June 21, 2023, 5:02:35PM

31m 49s

Roisin Reid started transcription Roisin Reid 0:03

RR But It's also transcribing as well, um, which is really helpful for me.

MM **Participant 4** 0:05
Hmm.

RR **Roisin Reid** 0:09
So just so you're aware and you sent me the consent form and the pot is spent information sheet, you've had a look over. So just for a bit of information before we start the actual interview, have you done anything like this before or kind of have insight I'm guessing into the process?

MM **Participant 4** 0:15
Yeah.
Yeah, I have some insight into the process, yeah.

RR **Roisin Reid** 0:27
Okay fab um so it's um 14 questions I've got um for the the semi structured interview um the start.
Start to look at kind of your experiences, the impact of your experiences on different areas of your life, and then it starts to look at things that can help intervene.

MM **Participant 4** 0:48
Hmm.

RR **Roisin Reid** 0:49
And some final questions around ethnic minorities, experiences of the criminal justice system and what we can do to kind of prevent that from being an overrepresentation demographic.

MM **Participant 4** 0:54

Hmm.

OK.

replies

RR **Roisin Reid** 1:01

As it tends to be, but there are also kind of ad libs to the question, so it gives you an opportunity to kind of expand if you haven't already expanded on your answers. So if it feels a bit repetitive, I do apologise, but it's just ensure that you've got that opportunity to then expand on your answers if you feel like you need to.

info about quest.

MM **Participant 4** 1:11

Hmm.

No problem

Hmm.

replies

RR **Roisin Reid** 1:20

Um, in terms of the process afterwards I will send you a debrief sheet so it will give you kind erm of information around the purpose of the study. What I'm trying to achieve.

And and also it gives you sign and post to a range of services around different areas that we might have discussed. So there are groups around mental health substance use.

post-interview process

MM **Participant 4** 1:37

OK.

reply

RR **Roisin Reid** 1:40

Um adversities. Also racial identity groups. If you feel you need support afterwards, and I will also e-mail you the Amazon voucher.

post-interview

MM **Participant 4** 1:44

OK.

Thank you.

reply

RR **Roisin Reid** 1:52
If I could just ask that you respond to me when I send the Amazon voucher just so that I would that you've got it and I haven't sent it to some random person.

MM **Participant 4** 1:56
Hmm.
Yeah, fair enough.

RR **Roisin Reid** 2:02
Erm OK and also of course you are able to withdraw and stop the interview at any point throughout and also following the interview completing you're able to withdraw your entry. All your responses up until a period of time.

MM **Participant 4** 2:11
Hmm.
OK.

RR **Roisin Reid** 2:21
Have you got any questions on what I've said so far?

MM **Participant 4** 2:24
No, not yet.

RR **Roisin Reid** 2:25
Fab. OK, no problem. If there is anything, please please just let me know. Um, feel free to interrupt me. Are you ready to start the interview questions.

MM **Participant 4** 2:30
Hmm
I am.

RR **Roisin Reid** 2:36
Fabulous. Thank you. OK. So like I said, there's 14. The first one is quite a broad question, but it is, what are your experiences of racial discrimination?

MM **Participant 4** 2:49
I would say my main experiences that I've.
Yeah, that have particularly affected me. I would say it's probably just on nights out.

racism on night out

RR **Roisin Reid** 3:00
OK.

reply

MM **Participant 4** 3:00
When I'm with like a group of friends and.
We are, yeah. We're just going out doing well. I guess other people our age do and I think on 2 occasions we've been like racially abused like we've heard the n word used like against us by other groups in one. Yeah, two instances this happened and another one instance it was a group of I guess like white women in their 20s, perhaps um and another instance was like an old white man and I think.
To me, individually I'm not too I'm not too worried or or I haven't experienced any individual racial abuse.

experience 2 incidents of racial abuse, use of slur word by white people

RR **Roisin Reid** 3:48
Hmm.

reply

MM **Participant 4** 3:49
But I do feel I do feel like as if blackness becomes more of an issue when it's enlarged, like when you're in a group or something like that.
Um.
I would say.
In terms of OK repeat the question again.

racism more when in a group

RR **Roisin Reid** 4:08
Yes, sure it is. What are your experiences of racial discrimination?

repeat question

MM **Participant 4** 4:08
I would say. Yeah, in terms if I discrimination something that's always felt odd to me and whether it's positive or negative discrimination. I remember again being at

discrimination can be positive and negative

university and being like on the committee as part of you know ACS or African and Caribbean society, we will just be having normal meetings or like gatherings and we'll be told that we can't use a certain like classroom anymore even though we've booked it or sometimes.

RR **Roisin Reid** 4:29
Yeah.
Hmm.
Hmm.

MM **Participant 4** 4:43
Random I guess the uni photographer would come in and like, take pictures of us without permission and.
One time we had like a BBQ.
In our own personal barbecue, and somehow it ended up on some BAME inclusivity like page.

RR **Roisin Reid** 5:01
Right. OK.

MM **Participant 4** 5:02
And that was we had to properly like have a go at everyone asking them to remove our personal images off this. Yeah, inclusivity page.
So yeah, I would say those, those are the ones that I've been really aware of. And I'm just like.
It's just kind of exhausting and yeah.

RR **Roisin Reid** 5:22
Ohh.
OK.
Fab.
The next question is how have those experiences affected you?

MM **Participant 4** 5:33
I would say again, it's it's definitely an exhausting experience and.

I feel especially when I'm in a group and there's loads of like minorities like black women like myself.
And it makes me feel particularly on guard.

RR **Roisin Reid** 5:48
Okay.

MM **Participant 4** 5:49
And cause I feel like, yeah, again in my individual self, I'm quite small, I don't think anyone sees me is threatening, but it's just the.
Um sense something you sense is as if you're disturbing the presence of someone else, and I'm very mindful like.
I'm going on a tube or a train or a bus with loads of like black women, so it's just like.
And I feel like to some extent it hinders my social satisfaction because the travel for me is just like it's just exhausting, like the thought of going on a tube like public transport and feeling as if people are judging you or feeling as if people have or people feel as if they have access to you for some reason. They speak to you like, even if you're speaking to your friends, they're coming up in to speaking to you like they wanna touch your hair. I had one friend like this woman just like slapped her arse. And it's just like.
You're not allowed to touch. You're not allowed to touch. It's like it's really weird. You almost become public property so.
Yeah. I think for me, it's just exhausting more than anything else. I have to prepare myself for a night out with my friends.
And so I think that's my main difficulty.
Also, just the sense of feeling like sad, like generally sad for the state of the world, and I think it's.
The sadness or upset is amplified by the idea that.
And you know.
We've probably been taught this idea that racism will almost like disappear, as like generations go on and on, and then you meet someone who's your age and you hear the way they think and hear the way they talk about you and they know what to say to offend you, like the use of the N word again.

RR **Roisin Reid** 7:36
Yeah.

MM **Participant 4** 7:42
Even if people like all racists, as they claim to be, they know the weight of the word and when they are ready to insult you, they use that word freely.
Um, yes, I would just say it's just an all round, exhausting experience and it's upsetting. And I think sometimes.
I give.
I give my I give way to the feelings of, like sadness just to you know, not feel angry. Like it's almost a feeling of, like, disappointment in the state of the world and like, disappointment and others. Just so I don't have to be angry because I feel like it's too much of A weight. I think when I was younger, it was easier to be angry, but it's just not good for me. Like, I can feel my heart rate. I can feel my skin getting hotter like it's just not. It's not worth it.
So yeah.

RR **Roisin Reid** 8:34
Interesting okay the next one is, would you define the effects of your experiences of racial discrimination as racial trauma?

MM **Participant 4** 8:45
I would say it's weird in the sense that I would say yes, just because it does affect my day-to-day in the sense that I'm just like ohh, I have to think about doing this or I have to think about going there in case this happens to me again. Um.
And so I think the limitations I put on myself and that anxiety it provokes in me, just even when I'm planning something, I think I would classify it as trauma.

RR **Roisin Reid** 9:10
Yeah. OK.
Uh, the next kind of section of questions are looking at how it's impacted other areas of your life. So the first one is, have these experiences led you to using any substances, e.g. Alcohol, tobacco, vaping, cannabis and illicit substances?

MM **Participant 4** 9:19
Hmm.

RR **Roisin Reid** 9:30
And feel free to share as little bike.

MM **Participant 4** 9:31
Hmm.
I suppose so. I think for me especially, maybe.
It's just the anxiety of about going outside, especially in certain areas.

RR **Roisin Reid** 9:46
Hmm.

MM **Participant 4** 9:47
Um, I use like I would use like cannabis to like kind of like quieten my anxiety a bit cause it kind of works that way for me.

RR **Roisin Reid** 9:56
Hmm.

MM **Participant 4** 9:56
Um.
And so like the images of other people, it's kind of like a blur to me. Like, I don't feel like judged or like, stared at and.
Yeah, my mind just doesn't perceive that. So yeah.

RR **Roisin Reid** 10:09
OK.
Um as a bit of a add section to that question.

MM **Participant 4** 10:14
Hmm.

You know it's racist or.

It's just like I do have those feelings of aggression. I do have those, especially like crimes like loitering, for example. Like, I don't like. I just don't believe that's a crime. I just I I just don't believe in it. And so I would say, yeah, in hindsight, I would say that anti social behaviour. There are times I've just been, especially when I was younger. I just be like, chilling in my area and but there's new builds now and you can't just like loiter.

Quote unquote, loiter. You can't just chill there, but I still would until I was removed or someone threatened to, like, call the police. But it's just that I kind of in my mind the way I perceive it, it's just almost like a it's a social segregation. It feels like a racial segregation. And I feel like that kind of incites, anti social behaviour. I mean, even though it's classified as anti social behaviour, but I just don't believe.

RR **Roisin Reid** 11:48

Hmm.

MM **Participant 4** 12:07

Loitering is a thing, but yeah.

RR **Roisin Reid** 12:10

OK. Uh again as an ad section, what do you think that occurred?

MM **Participant 4** 12:16

I think that occurred as a sense of.

Um.

Imposing myself as a person who's allowed to be in the society allowed to be in this place um and not using like law or like, I don't know social decency to guide my behaviour because again, I'm just.

I just don't think it's fair, especially cause I grew up in like South East London and like over the years it's been like new builds and they're like private privately.

RR **Roisin Reid** 12:43

Hmm.

MM **Participant 4** 12:47

RR **Roisin Reid** 10:15

It says like, why do you think that occurred? If you feel like you already explained that, you can just reiterate, but why do you think that?

MM **Participant 4** 10:23

Yeah. Again, if I'm going into a predominantly white space and I just don't wanna think about how others are perceiving me.

Because I'm aware that being a black person, I'm perceived as black foremost, and a person secondary, and I feel like when I smoke, it's just that's not a worry to me, yeah.

RR **Roisin Reid** 10:41

Hmm.

OK.

Next question is, have these experiences led you to engaging in anti social behaviour or thoughts?

MM **Participant 4** 10:51

Anti social behaviour or.

RR **Roisin Reid** 10:53

Anti social thoughts.

MM **Participant 4** 10:55

Ohh.

Ohh, I would say anti-social social thoughts for sure not. I haven't necessarily that hasn't I've slipped over into behaviour.

RR **Roisin Reid** 10:59

OK.

MM **Participant 4** 11:04

But.

Sometimes when someone does something in.

And secured new builds so they have their own security and things. But they also have their own green space and in my mind I'm like I too deserve green space. And then when they see you in your black or if you dress a certain way, they they immediately assume you're not from the area. And so they have.
Yeah, their response is a lot like ohh you can't be here like you're not supposed to be here without even questioning whether I live there. It's just that they see my blackness and it's just like ohh.

white people police exclude black people from certain areas

RR **Roisin Reid**
Hmm.

reply

MM **Participant 4**
We didn't sign up for this. This is not what our housing is supposed to. It's not meant to consist of people like you. And so, yeah, I think I kindly. I kind of just act against that.

rebel again racism

RR **Roisin Reid** 13:28
OK. The next question is, have these experiences led to you engaging in criminal behaviour or thoughts?

new question

MM **Participant 4** 13:36
Hmm.
I would say no, not criminal behaviour, definitely not.
Not really thoughts either I think I'm.
I'm really aware of my.
By I guess my blackness and what that means to people and what that would even mean to like the law if I were even to defend myself. So I don't even.

Being black doesn't allow for criminal temptation

law is racist

RR **Roisin Reid** 14:01
Hmm.

reply

MM **Participant 4** 14:03
Yeah. I don't even like, seduce that part of my mind that would ever engage in criminality just because I know the system is not on my side.

criminal system is racist

Roisin Reid 14:14

Um.

Have these experiences led to you experiencing poor mental health?

Participant 4 14:24

I wouldn't say so. I wouldn't say so, no.

Roisin Reid

OK.

Have these experiences of racial discrimination led to you avoiding certain places or people?

Participant 4 14:35

Ohh definitely in terms of places.

Yeah, like loads of places. Even if I have to think about going on holiday out of England or even within England, I'm just like ohh. It's just effort to even think about it.

And.

So yeah, definitely like limits where I'm willing to travel to. Um, it evokes anxiety when I start to think about travelling and think about living in new places.

Uh, sorry. Was there more to that question? What did you say?

Roisin Reid 15:06

I I can repeat it for you.

Err it says, have these experiences of racial discrimination led to you avoiding certain places or people?

Participant 4 15:15

Yeah. So definitely starting places certain places, I just won't go into. There's a pub that's really close to me and it's just a very it gives off bad vibes. It gives off residents only kind of pub and I'm just like I can't even be arsed to even go in there. It's not worth it. So yeah, definitely avoid that. I avoid certain types of people.

In the sense that.

Um.

MM Yeah, I do. I do find myself avoiding certain types of people. Like if I'm on like the bus or something again, I think it's a lot of its public transport. When I feel like I can't get out of somewhere, I think that's my main difficulty. But if I'm on like the tube and there's like loads of, like white men, for example, like, loud, rowdy, like laddish men, I'm going on and, like, soon as there's a stop, I'll just go on the next carriage. And for some reason, I think it's not even my being.

Avoids loud white men; fear a cris

Participant 4 16:12

A woman or my womanness. It's my blackness. That scares me more and most situations.

intersectiona

RR **Roisin Reid** 16:17

Okay.

Um, if there's anything you feel like you need to add, there is a a additional question to that. It's a why do you think that occur has occurred?

interview questio

MM **Participant 4** 16:27

I think it's.

I think that's occurred just through like my own experience.

Um hearing stories about other people's experiences and.

Hearing stories of racism leads to avoidance

RR **Roisin Reid** 16:38

hmm.

reply

MM **Participant 4** 16:41

Like.

Ignorance like I just think like some people just very ignorant and they'll do whatever. Whatever they think they have to do to either make someone laugh, like, make their friends laugh, or feel powerful. So therefore by intimidating someone.

Um.

Just like thoughtless behaviour.

And.

In I just don't think people actually understand the weight of their words, and they probably they won't ever.

They can't, like you, can't truly. For someone who's not erm adjacent to my

people think racism is fun

white ppl racists don't understand the impact

experience.
And some words with like hold a lot of weight and what so one person what certain people might consider. Banter for me is just like.
You know, just exhausting it feels.
It's just it's just painful. So yeah, I just don't. If I see if I have a feeling if I'm around a certain group, even if it's prejudice prejudicial for me to avoid them, I'm gonna do that to maintain my, like well-being.

Avoidance helps maintain my wellbeing

Roisin Reid 17:47
Hmm.
OK.
This next one is a little bit off topic, but um, it's saying what other type adversities have you experienced and then we'll compare in a second, what are the types of adversity have you experienced? Feel free to share as little or as much as you'd like to.

intentional question

Participant 4 18:10
Well, I think broadly in terms of like aces, I could start there like my dad's been to jail a few times, especially throughout my younger childhood. So I would say from the ages of like 6 to maybe 13, my dad is in jail for long periods of time.
I grew up experiencing domestic abuse in my house. My mother she suffers from like mental health, so that's also like difficult to just live with, but I suppose.

several childhood ACEs

parental imprisonment

Roisin Reid 18:38
OK.

reply

Participant 4 18:43
Um, in terms of adversity?
What adverse experiences, I would say, yeah, definitely like, even though it's limited, those two experiences of racial abuse were enough, more than enough for me.

racist experiences were adverse

Participant 4 19:00
Um, I was guess.
Just again, when my dad was in prison, we will vary like just poor for a long time, so that was difficult.

childhood poverty

Roisin Reid 19:08
Hmm.

Participant 4 19:11
Um.
Yeah, I would say that was difficult adversity, I think, yeah, financially I think. Financial adversities has been the constant through, um throughout my life, I'm in uni now studying a masters and that's been near impossible.

Roisin Reid 19:23
Hmm.

Participant 4 19:30
Uh.
Yeah, I would say so. I have. I had difficulty with alcohol for a very long time. So yeah, I would say I was an alcoholic. I had to get like external support and I've, like, stopped drinking now. So then been sober for like 2 years. But yeah, alcohol's another way for me to manage this anxieties or stress of being overworked or whatever.
Um.

Roisin Reid 19:57
OK.
Okay.

Participant 4 19:58
yeah.

Roisin Reid 19:59
Okay um, would you say that these experiences that you've just discussed have affected you more than your experiences of racial discrimination? Or the other way around?

Participant 4 20:10

I definitely think.
Yeah.
Those experiences have probably affected me more in terms of I always have a baseline of anxiety anyway.

RR **Roisin Reid** 20:21
Hmm.

MM **Participant 4** 20:21
And and.
I think the thoughts of racism just kind of like amplify it.
I don't think I've always understood racism, understood its impact, but I think I was lucky enough to live in a very multicultural area and I say multicultural was predominated by black people and like South East Asians. And I went to a school that was largely again black. And my experiences there, like I didn't see any racism or witness any racism in there on the one time that someone was racist like the whole school, like chased him out of the school.

RR **Roisin Reid** 20:29
Ohh.

MM **Participant 4** 20:58
And yeah, we never saw him again. So in my mind, I kind of had that idea, if that's like, ohh, that's people can't be racist, cause if they're racist, this happens. And I think I went to university in Bath and I was like, ohh, OK, this is a different experience entirely, yeah.

RR **Roisin Reid** 21:13
Ohh.
Hmm.
OK, fab, the next question is around if you've not been impacted by racial discrimination, but I think we've gathered that there has been some impact. Um last few So what has helped to support you in terms of your experiences of racial discrimination?

MM **Participant 4** 21:34

1.

I would say just feeling more centred within myself.

RR **Roisin Reid** 21:43

Okay.

MM **Participant 4** 21:43

And knowing what I yeah, knowing myself better, what I like, what I dislike cause. Certain places or certain environments cause I think there's it's layers in the UK. There's obviously race, but that's interwoven with classism and so I always found that difficult to navigate. But if I want to go somewhere.

Like if I want to go to exhibition or I wanna go to gallery or something and I'm worried that I'm gonna have to deal with classism and on top of like racism and.

What I've done instead, I suppose unintentionally, but it's worked for me is to kind of cosplay middle classism and like.

And I feel like that's kind of helped me in those situations to feel more comfortable, unfortunately. But yeah, it's just happened over a long.

Long long time.

RR **Roisin Reid** 22:44

Is there anything else that you'd elaborate on that in terms of what support or supported you or?

MM **Participant 4** 22:49

I would say friends as well, like at finding my community, especially in terms of like other black women.

RR **Roisin Reid** 22:51

Ohh.

MM **Participant 4** 22:56

And just, yeah, being around black women, seeing everyone embrace themselves and not toned down themselves and sometimes what helps me as well is just like

speaking up for myself or defending myself.
Cause I think a lot of the times I just wouldn't because it would feel exhausting or I was scared that I would be angry. But I think sometimes not seeing.

RR **Roisin Reid** 23:17
Hmm.

MM **Participant 4** 23:20
Like changing my understanding of anger.
Um has also been helpful because now I can defend myself and see it as a passionate defence rather than, you know, just uncontrollable anger. And that helps me word my feelings better.

RR **Roisin Reid** 23:36
Ohh OK, so last two err questions.
What do you think, Leeds to ethnic minorities being overrepresented in the criminal justice system?

MM **Participant 4** 23:51
Ohh wow, I would say it's a big question. I would say systemic racism.
How it just finds its way in every system, whether it's the family, whether it's education, it finds its way there.
Um, definitely policing, I would say. And how.
Yeah, it's just prejudicial policing as well because there's some people like, I'm just like.
I know they're carrying drugs and they're white. The police are just not doing a good enough job at this rate like.
So it just feels like there's obviously prejudicial policing, but also just how a lot of like black families are organised, especially families that have come from abroad and their children are first generation here. It's hard to make money.
And.
Yeah, the state. Ohh my gosh, such a big question, but like the status of like, illegality when it comes to immigrants and you're forcing them into roles that are cash in hand, they become used to that lifestyle. It's everything they do.
And so sometimes, yeah, that can be drugs or whatever it's gonna be because it's

cash in hand work.

So you have a lot of people going to prison for like somewhat minor drug offences in comparison to distributors.

RR **Roisin Reid** 25:09

Hmm.

MM **Participant 4** 25:10

So I think it's, yeah, definitely institutional racism, systemic racism and how it just finds its way into every system imaginable.

RR **Roisin Reid** 25:20

What do you think could help prevent this overrepresentation?

MM **Participant 4** 25:26

Prevent the overrepresentation? I feel like.

Education.

Education and actual education.

For everyone to see, different areas of life cause I feel like some people going to school and they don't like what they learn and so they just can't ever see that translating into a formal. I don't know job.

RR **Roisin Reid** 25:40

Hmm.

Hmm.

MM **Participant 4** 25:54

But it's like when you go into school, it's very streamlined. It's like you do this and you can you can end up doing this. But there's also other types of schools, you know, people can go into other types of learning, but that's not really available, I also think.

Starts at home supporting parents. A lot of parents are overworked, so they're stressed and that builds anxiety in the home through whatever the children experience. Whether that's domestic violence.

But er, yeah, starting at home, making sure parents are in a good place, making sure children are good place, it feels safe.

Enough.
So when I speak, I think it mainly black children or like minority children.

Roisin Reid 26:35
Hmm.

Participant 4 26:36
Yeah, making sure they feel safe enough to be home. Cause sometimes people children don't wanna go home. It's horrible there. So you just end up spending for me anyway I know my childhood. I just end up spending a lot, a lot of time just loitering or just like in parks and stuff. And you do meet other people who don't want to go home. And there's other people who don't want to go home. Maybe they're doing like things that are criminal just because.
Sometimes what else are you going to do in terms of like?
I don't know if fun or.
So yeah, I think it starts at home making sure children are comfortable in their environment.
Already, um, reducing that baseline anxiety to a near 0.
So when they do go into a world, they don't have to feel like they have to completely alter themselves or limit themselves or make themselves smaller.
Because I think the initial anxiety I've gotten from my development was at home has been the most.
Powerful.
Yeah. The most powerful contributor to my my genuine fear of like racism, cause it's the fear of the unknown. And it's the same unknown but.
In that kind of hung over my head during my childhood, like if my mum comes home angry, what's gonna happen and your mind's going through all these things. And I think it's almost the same as racism and it's just cause I have that initial anxiety, it's difficult for me to take on experiences and go move forward wherever whereas if I have a racist experience or yeah racist encounter, it stays with me for a long time.
So yeah.
Think that's think that's it.

Roisin Reid 28:21

fab finally, is there anything else you think is important to discuss in relation to racial drama or your experiences of racial discrimination?

MM **Participant 4** 28:37

I think it is difficult for people who have never been minoritised.
To feel as if.
They are becoming a minority or their thoughts or.
Ohh, relegated to minority status.
And I feel like that's what a lot of.
The local majority, so like white British people, are like facing at the moment.

RR **Roisin Reid** 29:05

Hmm.

MM **Participant 4** 29:05

Even though even though I don't necessarily empathise with it, I can see it from.
Yeah, I can kind of like understand.
Ohh.
It must be difficult.
To have to question your existence.
Question everything about yourself and about your thoughts, accept the fact that if you aren't antiracist and acting against racism, that you are too contributing.
To yeah, to racism and the continuation of it and the fact that.
As a person, you can't just exist anymore. You kind of have to be an activist. And I think that's exhausting. I think that's exhausting for everyone.
I think it's exhausting for especially minorities myself, always having to think like, ohh if I do this, they're gonna think this of black people, you know, I represent my race and I feel like because whiteness has never been seen as a race has been seen as a norm. When white people hear that, you know their race or what an individual from their race has done impacts their more impacts, how you see them.

RR **Roisin Reid** 30:07

Hmm.

MM **Participant 4** 30:23

You know, it can be hurtful and it can be painful, so I think it's.
The experiences.
Today, the modern experiences of like I guess, white British people.
As it is interesting, and I feel like to some degree some education.
Some I don't know what it is really, but something needs to happen around that.
Um, that whole process of why it becoming a race and not the norm.

education would support understanding of all

RR **Roisin Reid** 30:54
Hmm.
Okay, fab thank you. That's all the questions. Can I just double check? I should have checked at the start that I've more demographic characteristics, correct. So I'll just run through them. So I've got age as 26.

demogra

MM **Participant 4** 31:11
Yeah.

replys

RR **Roisin Reid** 31:12
Gender identifies as female, ethnicity asBlack Caribbean.

demographics

MM **Participant 4** 31:14
And.
Yeah.

reply

RR **Roisin Reid** 31:18
And then you'll actually trauma school was 5 out of 22. Just so you're aware, but were they all correct in terms of demographics, fab, just making sure I've got the right assigned to the right person. But thank you so much. Just for context, I will e-mail you the debrief sheet and send over the Amazon voucher. Please just let me know when you received it, but I'll stop recording and then we'll chat in a second.

racial trauma and voucher

MM **Participant 4** 31:25
Yeah.
Hmm.
Until.
Hmm.

replies

RR **Roisin Reid** 51:47

Um. stop

end

Roisin Reid stopped transcription

Appendix S.5

Study 2 Participant 5 Transcript

Study 2-20230626_210404-Meeting Recording

June 26, 2023, 8:04:05PM

18m 35s

Roisin Reid started transcription

Roisin Reid 0:05

Right. You might not be able to say. See the transcripts, but it is recorded now and it is transcribing. So just to confirm, you have sent me the consent form. You've had a look at the information sheet and I will also send you the debrief sheet and the Amazon voucher following completion of the study. Again, you're able to withdraw your consent at any moment in time.

Participant 5 0:23

Yes.

Roisin Reid 0:28

Before I get started, can I just double check your characteristics, your demographic characteristics? Sorry. That, I have the correct ones. So I've got age 24.

Participant 5 0:39

Yes.

Roisin Reid 0:39

And gender female.

Ethnicity, Asian.

And then your racial trauma score was 14 out of 22, which would fall into a kind of the higher bracket.

Participant 5 0:46

Yeah.

Roisin Reid 0:54

Im so I'm gonna start with the questions. So like I said there are 14. So the first one is quite a big one and it says what are your experiences of racial discrimination?

Participant 5

Here in the UK I used to get thrown.
Like a an empty.
Can of.
And soda and I I didn't really pay much attention to it, but it started a little bit more intense after COVID.
And um, some people try to cough at me in the library.

racist experience in UK

Roisin Reid

Hmm.

Participant 5

Yeah.

replies

Roisin Reid 1:33

Ohh wow. OK. And how long have you been in the UK? Sorry.

question

Participant 5 1:38

Um, almost seven years now. It was quite fine. I used to get asked where I came from.

subtle racism

Roisin Reid 1:41

OK.

reply

Participant 5 1:48

Um.
Someone kind of pester me after I tried to like ohh I'm Asian. Just don't ask what kind of Asian am I. Yeah, they try to like get to know a little bit more and make me feel like I don't belong here.

made to feel excluded

Roisin Reid 2:03

Hmm.

reply

Participant 5 2:04

Maybe that's not their intention directly, but it kinda shows.

indirect racism

Roisin Reid 2:09
OK.
So the next question is, how have these experiences affected you?

Participant 5 2:17
Um, at first I question a lot and also I don't feel.
Very safe. At first it didn't help. When I go to the.
Is it called the International Students services and they didn't take it too seriously.

Roisin Reid 2:38
OK.
Um, so there's just an add on to that question. It says if you feel, could you please elaborate on that?

Participant 5 2:48
Um.
I mean, they listen to.
Me when I tell them what happened, they say they will.
Follow up with the case that and they're just drop it and they never contacted me back. It feels like too much of an effort to actually push the case.

Roisin Reid 3:11
Hmm.
Would you define the effects of your experiences of racial discrimination as racial trauma?

Participant 5 3:22
Um.
Yeah, part of it, yeah. Is not the worst trauma I've been experiencing.
But yeah, it's it is quite a trauma here.

Roisin Reid 3:38
OK.

The next question is, have these experiences led you to using any sub substances so things like alcohol, tobacco, vaping, cannabis or other substances?

Participant 5 3:55
No, I drink alcohol, but that that's not the result of the trauma that I experienced here.

Roisin Reid 4:02
It's not related to that, OK.

Participant 5 4:04
Yeah.

Roisin Reid 4:05
The next question is have these experiences led to you engaging in anti social behaviour or anti social thoughts?

Participant 5 4:18
I've been angry but not anti social thoughts no.

Roisin Reid 4:22
OK.
Similarly, the next question is.
Have these experiences led to you engaging in any criminal behaviour or criminal thoughts.

Participant 5 4:32
Nah.

Roisin Reid 4:33
Okay the next one is have these experiences led to you experiencing poor mental health?

Participant 5 4:41

At times, yeah, I've I've had.
Trauma talking therapy. So I've been better. Yeah.

) experienced poor mental health

Roisin Reid 4:47
OK.
That's really positive that you've had that support.
Why do you think this has occurred?

) informed reply

Participant 5 5:03
Mainly it's because I didn't feel ohh do you mean the reason of the trauma or?

) clarifying question

Roisin Reid 5:08
Ohh sorry, it's in relation to the poor mental health. Why do you think you experienced poor mental health? Because of that those experiences.

) interview question

Participant 5 5:13
Oh.
Mainly because I don't feel safe, and sometimes I feel like I'm not welcomed here.
Yeah.

) don't feel welcome in UK

Roisin Reid 5:24
Yeah. OK. And was there. Any in particular diagnosis that you've received because of that?

) diagnosis

Participant 5 5:35
Um, I've been diagnosed with a CPTSD, but not because of the racial discrimination though.

) diagnosis due to discrimination

Roisin Reid 5:43
Okay it's not related okay.
Have these experiences of racial discrimination led to you avoiding certain places or people?

) interview question

Participant 5 5:55
Yes, I did avoid London for.

) Racism led to avoided London

Several months.
Yeah.

Roisin Reid 6:02
Hmm.

Participant 5 6:05
Um, yeah.

Roisin Reid
OK. I'm I'm sorry. You go, I'm sorry.

replies

Participant 5 6:08
That's okay um. I I think that's probably all. Yeah.

Roisin Reid 6:13
Why do you think this is occurred?

interview question

Participant 5 6:18
Um.
Ohh that's big question.
First of all I got.
Directly assaulted because.
The accessibility that they probably determined that I'm not about to fight back.

Assume Asian female won't fight back

Roisin Reid 6:46
Hmm.

Implies

Participant 5 6:48
So I'm more of a target rather than like a big man being Asian.
Um.
But the the the reason that this happened?
Probably because.
It's.
So.

Asians have Assumptions

The beliefs of white supremacy that they are superior, that I'm inferior, I'm not belong in their country, even if I'm a researcher contributing to their country and.

white supremacy beliefs

Roisin Reid 7:16
Hmm.
Hmm.

replies

Participant 5 7:32
Also, the police of.
Chinese people brought about the viruses and all that, make them target people who look.
Fit to the typical Chinese person, even though they don't know where I'm from, whether I've been to China.
Have I been contracted with COVID and all that stuff?

COVID lead to racism

Roisin Reid 7:57
Hmm.

reply

Participant 5 7:57
Yeah.
And probably the way I speak in English as well because my English is not perfect. As you can see I I.

assumption due to accent

Roisin Reid 7:59
Okay.

reply

Participant 5 8:06
I can communicate, but it's not British English and people can notice that so.
Yeah.
Yeah, that's probably why, yeah.

Assumptions due to accent

Roisin Reid 8:17
Okay.
OK.

reply

So you obviously avoided London.
Um, did you avoid any people?

interview question

Participant 5 8:30
Typically.
White men normally.

Avoided White men

Roisin Reid 8:33
OK.

Participant 5
Yeah.

replies

Roisin Reid 8:37
OK, so the next few questions are kind of looking at other experiences.
Types of adversity um, and comparing those to those experiences of racial trauma.
So feel free to share as much or as little as you would like to, only with what you feel comfortable.
So the question says, what other types of adversity have you experienced?

interview question

Participant 5 9:02
Hmm.
Can you explain adversity, a little bit?

participant question

Roisin Reid 9:11
Yes, of course. No problem. So adversity would be an exp, a negative experience that can include anything from bullying, abuse. It could be poor mental health. It could be your parents being divorced, it could be.
Neglect so physical or emotional neglect.
Um, it could be a parent having poor mental health or being in prison. It's it's anything that is a negative event that may have.
Connected your development. Um, or your wellbeing.
Is that clear?

definition of adversity

Participant 5 9:47

Okay.
Yeah, it's very clear. Thank you.

RR **Roisin Reid** 9:48
Hmm.
No problem.

Participant 5 9:51
Yeah. Its going to be quite a long story. I've been bullied since I was a child because I have been the "different" girl plus

RR **Roisin Reid** 10:02
Hmm.

Participant 5 10:02
I Keep moving schools and because my parents keep moving houses, so I've never been like.
Belonging into any groups of students. And yeah, I've been targeted erm quite a lot. Many teachers suggest that my mom get me evaluated for autism. She keep denying it.
Because autism has a very bad representation in Thailand and it might lead to me getting like.
Hysterectomy and stuff. So she kind of avoid that and it's getting better now because people are receiving more information. But yeah, I missed out on the diagnosis.

RR **Roisin Reid** 10:37
Okay.
Hmm.

Participant 5 10:49
And didn't get any support on that.
Um.
Also, because I'm Chinese looking in Thailand, people are split into several special background and being Chinese get picked on because I have like a paler skin and Chinese features in my face. Yeah, I'll get called names and all that stuff.

Roisin Reid 11:06
Ohh.
Okay.

Participant 5 11:16
And for.
The family background because I'm a woman in Chinese family erm, they expected.
Me the old the, the older child to be a man and so.

Roisin Reid 11:31
Hmm.

Participant 5 11:34
Yeah, my parents were disappointed at having a girl as their first born.
Um.
So my mom tried to raise me as a typical boy.
Engage me with all that activity, that stereotype from boy.

Roisin Reid 11:48
OK.
Hmm.

Participant 5 11:53
And I was not allowed to be like a girly girl in, you know, my first few years.
Um, after I've grown up a bit. I have talent and dancing and at the beauty contest and all that.
Um, my dad took me to his friends and he started molesting me in front of my dad while he was laughing. So.
And that lasted a few years.

Roisin Reid 12:19
OK.

Participant 5 12:20

Um.
Yeah, I've been through.
Uh, several bad, romantic relationship as well.
Being approached by teachers and older men when I was in secondary school.

Roisin Reid 12:36
OK.

Participant 5 12:37
Yeah, I can talk about it now. All the trauma has been processed.

Roisin Reid 12:42
And I think that shows a great lot of development and you know a lot of processing that you've made such progress that you're able to talk about it. But just to reiterate you're able to share as little or as much as you'd like, as long as you feel comfortable, OK.

Participant 5 12:58
Yeah.

Roisin Reid 13:00
Erm,
So the next question is kind of comparing those experiences to those racial trauma experiences. So have these experiences that that you've just mentioned affected you more than your experiences right of racial discrimination or less so?

Participant 5 13:19
I would say much more because I experienced those as a child and did not get support at the time.
Um.
Yeah, erm it affect my development process as well.

Roisin Reid 13:38
Hmm.

Participant 5 13:39

And have a long-term effect, yeah.

) long-term effect of trauma.

Roisin Reid 13:40

OK.

Yeah, for sure.

The next question is is around if you'd not been impacted by racial discrimination, but you've obviously said that you have been, so we'll skip that one.

So the next question is what has helped to support you during these times?

So during the times of racial discrimination

) interview question

Participant 5 14:01

I have a.

Yeah, I have a support system, even though the.

The Uni has failed me. I have the talking therapy. I have friends who have, like, quite an extensive understanding on these topics.

I have.

My boyfriend that I can openly talk to.

And he.

) family and supportive relationships are protective

Roisin Reid 14:29

Good.

) reply

Participant 5 14:30

Yeah, he really cares. Even though he doesn't stay in UK, he.

Push himself to learn about what it could happen, what the effect could be, how he could support me. So that's quite a good support system for me.

) supportive relationships

Roisin Reid 14:40

Hmm.

Good.

Really good.

And then last two questions. So one is, what do you think this is a little bit more of a

) interview questions

Hmm.

What do you think we could do? interview question

Participant 5 16:33

Ohh.

Um.

Allowing.

People from the minority backgrounds to have a say and have an actual power.

To.

Make the next move, being the judge of what to do next. ethnic minorities should have more of a voice

Roisin Reid 16:58

Hmm. reply

Participant 5 17:00

And getting more information from us as well. efforts should be made to get ethnic minority input

Roisin Reid 17:05

Fab. And lastly, the last question is, is there anything else you think it is important to discuss in relation to your racial trauma or your experiences of racial discrimination? interview questio

Participant 5 17:23

I don't know. I couldn't think of anything right now. reply

Roisin Reid 17:26

OK, that's fine. Thank you very much for answering those questions. That's all of the questions. And again, thank you for participating in the study.

Um, like I said at the start I will send you the debrief form after we get off the call and also the Amazon voucher.

Um, if I like I said, if you could just please reply to just to acknowledge that you've received it. So I know it's gone to the right person.

And do you have any questions at all about what we have discussed? end of intervie

Participant 5 17:52

broader question, what do you think leads to ethnic minorities being overrepresented in the criminal justice system.

Participant 5 15:07
Ohh the.
Barrier to actually get qualified and the social status. The economic status.
The.
The entrance process to actually become like.
One of the officers, one of the staff being part of the system, it's just.
Much more difficult for us.

Roisin Reid 15:38
Hmm.

Participant 5 15:40
Especially for women.

Roisin Reid 15:41
What do you?
Sorry, sorry. Yeah. Uh, what do you think could help prevent this?

Participant 5 15:43
Yeah, yeah.

Roisin Reid 15:50
So prevent ethnic minorities being over represented in the criminal justice system.

Participant 5 15:57
Um.
Well, they've been campaign. They've been effort being pushed into it to, you know.
Getting my a more diversity in the workplace and the uni trying to help.
Minorities to get more scholarship and all that to offset the imbalance, but still it's still not enough and we could do better.

Roisin Reid 16:28

hmm?

No, I don't think so. I think everything has been explained to me, yeah.

reply

RR **Roisin Reid** 18:09

Wonderful. That's really good to hear. Um, if you do have any questions following when we get off this phone call, please feel free to contact me. You've got my contact e-mail address. You'll also be able to see my supervisors contact e-mail addresses as well.

Um, but yes, thank you very much. I'm gonna stop the recording, but I won't end the call yet um.

Thanks and close of interview

Participant 5 18:32

Okay.

reply

Roisin Reid stopped transcription

Appendix S.6

Study 2 Participant 6 Transcript

Study 2-20230630_140700-Meeting Recording

June 30, 2023, 1:07:06PM

36m 53s

AT the information sheet you've already returned and the consent form, and had the chance to look at both. I will give you a debrief sheet and the amazon voucher following completion of the study.

Participant 6 0:10

Hmm.

Yep.

RR **Roisin Reid** 0:19

just so you're aware as well Participation is is, you know, is voluntary. You can withdraw at any moment throughout the interview and following the interview and up to three months after the interview. So if you feel like you want to withdraw, that's absolutely fine.

AT **Participant 6** 0:23

Yeah.

RR **Roisin Reid** 0:33

Please feel free to share as this will as much as you would like to as much as you're comfortable with. Um, I'm just going to check your characteristics, your demographic characteristics just so I have the correct corresponding study one entry. So I'm just gonna run through a few.

Characteristics Age I've got as 21.

AT **Participant 6** 0:57

Yes.

RR **Roisin Reid** 0:58

Ethnicity. Amen.

Gender identity, non binary sexuality, bisexual. And then your racial trauma school. Let me just get it up because I've already summed that one.

AT **Participant 6** 1:12
Ohh my racial score.

RR **Roisin Reid** 1:14
Yeah, yeah.
Ohh it was 5 out of 22 so it would be on the on the kind of lower range. racial score

AT **Participant 6** 1:19
Yeah, sounds about right

RR **Roisin Reid** 1:24
Cause I'm kind of capturing it between low and high racial trauma scores just so you're aware. So there are 14 questions. Info about interview
Some are looking at kind of your experiences of racial discrimination, the wider effects, and then there are a few questions at the end. Just kind of comparing those experiences with other experiences.

AT **Participant 6** 1:46
Ohh.

RR **Roisin Reid** 1:47
Some of the questions have. Info ab interv
Kind of what I call adlibs so extra bits that might ask you to expand further if we feel that's necessary, but if you're happy I will start with the questions.

AT **Participant 6** 2:00
Yeah, go ahead.

RR **Roisin Reid** 2:01
Ohh yeah, so the first one is what are your experiences of racial discrimination? interview question

AT **Participant 6** 2:07
Ohh well mostly online. place of racism
Um.

I think just the biggest, my biggest source of racial discrimination experiences is I was in this anime server like this disc, this discord server for anime enthusiasts and with offshoot server that was basically.

RR Roisin Reid 2:22
Hmm.
Yeah.

AT Participant 6 2:31
Offshoot offer like a larger server because the people who rent it didn't like the rules in the bigger one, so.
Some I mean.
I it was. It was a lot of paedophiles.
I I I did not join because I was a paedophile I joined because my boyfriend invited me. My boyfriend at the time. I'm I'm still not sure why he was in there.

RR Roisin Reid 2:46
Okay

AT Participant 6 2:54
Ohh.

RR Roisin Reid 2:56
O.
OK.

AT Participant 6 2:57
But anyway, there is this 55 year old Canadian guy who um.
Like when the pandemic started, I think was when it became open. Um.
So he kept like him and the other people cause they were like ohh, you know, it's just jokes. You know, you're autistic, you wouldn't understand. But we're just having a little bit of fun.
Um, you know, just kept asking me if I if I had bat soup like kept shitting on Asian culture in general, sort of talking about ohh you should shut down all the web markets, which I mean what the web mark, what markets are basically the equivalent

of like ALDI or Tesco here, like they're just budget stores where you can buy food. So essentially if you say shut down the wet markets, you're basically saying making everyone shop at M&S.

RR **Roisin Reid** 3:33
Hmm.

AT **Participant 6** 3:41
You know, it's not great.

RR **Roisin Reid** 3:41
Yeah.

AT **Participant 6** 3:45
I think some people, for some people like I I can see the reasoning if they've never actually been here, but it's misguided.
Um, and then, you know, one time I I I mentioned like having duck I mentioned I had Peking duck and I was like wow, that's really yummy. And then he went on like this racist tirade at me. He was like, you know, there are two types of animals, animals that you see in the wild and animals that you eat.

RR **Roisin Reid** 3:53
Okay.

AT **Participant 6** 4:10
And then he was like, what do you eat dog too? Do you eat dog? And then he sent like, a link to a BBC article on the Yulin Dog Festival.
Um.
And then, of course, the other person came in with the ohh, you're autistic. You probably don't understand. He was just joking. He was just making. He was just having a he was just having a bit of fun.
I left eventually.
So my experiences with racial discrimination have significantly decreased.

AT **Participant 6**

Ohh.

I was in Burger King cause it was like 9 and all the restaurants were closed for dinner and I was eating a burger.

And there is a man who later turned about, who later turned out to be a Nigerian.

Like I posted. I post someone else posted about the same guy in a Facebook group and I found out a little bit more about him, but.

RR **Roisin Reid**

Hmm.

AT **Participant 6** 5:46

He sat down across from me.

Um, he started. He just sort of watched me as I was eating my burger first thing he said to me was I bet you'd rather be eating sushi right now, right?

Um.

RR **Roisin Reid** 5:58

oh Dear.

AT **Participant 6** 5:58

Like this 40/50 year old guy me I think.

Second year maybe?

RR **Roisin Reid** 6:04

Hmm.

AT **Participant 6** 6:05

Um.

You know like 20.

Um, never really having experienced sexual harassment. Just sort of thinking.

Is this gonna escalate?

Kind of intersectional, I guess. Whoo, fun.

But I couldn't be that mad because I would rather have been eating sushi, I went to

RR **Roisin Reid** 4:38
Okay.

AT **Participant 6** 4:40
But I think the like I expected because I grew up in Hong Kong, I moved to the UK for university.

RR **Roisin Reid** 4:45
OK.

AT **Participant 6** 4:49
I expected a lot more racism, honestly.

RR **Roisin Reid** 4:51
Hmm.

AT **Participant 6** 4:53
Because I moved in 2020, you know, I moved at beginning of pandemic. I gotten all this racist hate from these Americans right before I got there. I expected at least a couple people to be like that. Or at least like random people in the street. No, they're really nice. Everyone in Oxford is really nice and tolerant. I think it might just because because Oxford generally has a high Asian population.

RR **Roisin Reid** 5:13
OK.

AT **Participant 6** 5:14
Um, because you know, I guess a lot of Asians go into higher education. I don't know.
But there was one incident that sticks out to me.

RR **Roisin Reid** 5:25
OK.

wasabi and I checked it was closed and that's the only reason I was in Burger King. So I was.

So I was mad at him, but I was also mad that I couldn't be that mad at him because he was right.

Roisin Reid 6:37
Hmm.

Participant 6 6:38
But he was still racist.

Roisin Reid 6:41
Yeah.

Participant 6 6:43
And well, I ended up cause I hadn't finished my burger and I didn't. Kind of I kind of didn't want to leave halfway because I I I was worried he was gonna follow me.

Roisin Reid 6:47
Okay.

Participant 6 6:50
Um, so I said. Yeah, kind of haha. And then he kept asking me questions like ohh, why are you in Oxford? Are you visiting here? And then I was like ohh no, I'm not. I'm not a tourist like you did I think you did ask like, are you a tourist? And I said no, I'm not a tourist. I'm. I'm studying here and he's like ohh what college you sitting at and I stopped and I was like, you know just one around here. Ha ha ha. And then I finished really left and that's probably the only.

Overtly racist experience I've had in Oxford. I think I've had people. I've had people talk ignorantly, like in conversations I've had people talk ignorantly about Chinese food, Chinese culture. I guess I'm sometimes the Chinese Government. I I just kind of discuss it with them and the like and then they usually don't concede anything, but they at least listen to me and I think that's that's more just.

RR **Roisin Reid** 7:20
hmm

AT **Participant 6** 7:39
Ignorance that comes from growing up in a foreign country rather than any sort of active prejudice against active prejudice against me personally because of my race.
Um.

RR **Roisin Reid** 7:44
OK.

AT **Participant 6** 7:51
I have gotten.
Cause I'm from Hong Kong, right?

RR **Roisin Reid** 7:55
Yeah.

AT **Participant 6** 7:56
My native language is English. I was raised in English.
I speak Mandarin. I speak Cantonese. I'm not great at them.
I've gone discriminated against by mainlanders, sort of like.

RR **Roisin Reid** 8:08
Ohh.

AT **Participant 6** 8:09
Like in the in first year it was a. It was a big dilemma for me. Like do I join the mainline gang or do I join the white People gang? Because generally like especially during COVID?
If you hung out with white people too much, they wouldn't hunt. They wouldn't hang out with you.

Roisin Reid 8:24
OK.

reply

Participant 6 8:26
Like there is like the white people, Asians and the Asian people, Asians and.
You kind of, you know.
And then um.
Eventually I ended up being with the white people asians, if only just because speaking English.
Makes it a lot easier for me to sort of let loose and make friends.
Um.
I think luckily.
Um.
After the period in which hanging out with like white people was less likely to give you a little disease because they were breaking all it, like pretty much every white person who was breaking all the COVID rules, having parties in their rooms. And then there was a super spreader event at every single staircase was on lockdown.
Somehow I've somehow managed to avoid getting covered until now.
Which is kind of nice, but yeah, ever since like since that's over. And since especially I think since China's opened up.
Um, especially since China's removed the mask rules. They've sort of started living with Covid.

difference within cultures

influence of co on young peop

Roisin Reid 9:17
Hmm.

reply

Participant 6 9:23
Um.
The two communities have started integrating a little more, like I know a guy who would literally tape a bin bag to the bottom of the door to avoid the air circulating in from the hallway.

more within cultu integrati

Roisin Reid 9:28
OK.

reply

AT **Participant 6**

Yeah, but no.

I think now he's a little bit better. I'm not sure. I think he might just be a germaphobe.

RR **Roisin Reid**

Hmm.

AT **Participant 6**

And you know, I think there's a little bit more they they are still quite cliquey like they still hang out with people that they can speak Mandarin easily with and a lot of people I think misunderstand them because they're like ohh, you know.

RR **Roisin Reid** 9:56

Hmm.

AT **Participant 6** 10:02

They're racist. They don't want to hang out with white people. I think it's just that they want to like, it's just like me wanting to speak English. I like. They just want to speak in a language they can relax in, cause they're not. They're English. Isn't that great? Like they come here for a STEM degree.

RR **Roisin Reid** 10:16

You.

AT **Participant 6** 10:16

But they can't really relax and you know, go have a pint cause I guess I we kind of drink like I kind of drink a lot less than the average student as well. So that that's made it a little bit awkward to go to social gatherings. But it's been fine. Actually, it's been fine. Just a little bit awkward.

RR **Roisin Reid** 10:29

Hmm.

AT **Participant 6** 10:55

And also I mean.

I had one person like I was on a school trip in Munich and I had a person yell "ne how" to me out of nowhere and I got a little bit ticked off because.

Um.

Well, first of all.

Mandarin isn't my first language. That's English. Mandarin isn't my second language. That's Cantonese. So that would be like "leho" or when people don't really say that, it's just the time dependent on the day. It's like time of the day dependent. So it's like good morning. Good evening. Goodnight. There's.

RR **Roisin Reid** 11:01

hmm.

AT **Participant 6** 11:06

Um.

Or, you know, people just say "hello".

Um and I got ticked off cause I didn't really want to be mistaken for a mainlander because there's like a big stigma against being from the mainland and like mainly speaking Mandarin here.

Um like?

My mom used to tell me, hey, don't.

Don't crawl under the table. You'll get mistaken for mainlander or like there. There's always these news stories about.

Mainlanders, you know, peeing in subway or like, pulling out a bottle and peeing in the middle of the street or like, there's a stereotype that have bad fashion sense. So, you know.

RR **Roisin Reid** 11:41

Hmm.

AT **Participant 6** 11:45

Um, etcetera, etcetera. But.

I have more mainland friends now like I talk to them at uni.

Like I've I've lived in a flat with mainly mainlanders for the past year. I like to think I've at least partially gotten over it.
Yeah, that's about it.

gotten over discriminat belief

Roisin Reid 12:04
I suppose that that kind of comes on to our next question. It's a it's around. The second one is how have these experiences of racial discrimination affected you?

interview question

Participant 6 12:15
Ohh.
I guess the main thing is I get kind of cagey like. Especially when a white person is sort of cold.

~~expectance~~ Expectation of white people

Roisin Reid 12:24
Hmm.

reply

Participant 6 12:25
Towards me in a way that they don't seem cold, like if they if like I think a recently I was I was at a sushi restaurant with my friend and we were speaking Mandarin. And the waitress came up to me and she was like the waitress came up to us and she was kind of cold and like she didn't have a smile on. And she's like. I I can't remember what she said, but she was quite curt and then I was I I got a little bit cagey and I was like she is she being racist cause like the the last time I came to that restaurant with like a white friend and a mixed friend we didn't get treated the same because we were so. But then my mom arrived cause it was me, her and my mom and she spoke.

expect racism from white pe so unfl how sh perceiv extra

Roisin Reid 12:51
Hmm.
Okay.

reply

Participant 6 13:08
She just was really nice to this lady. She was like, are you OK? How's your day been? Are you are you having a good day? I hope you. I wish you have a good day. Alright. You know. And then she like.

mom perceiv remind to avoid racist – experi

She smiled at me like like ohh Thank you for your concern, etcetera, etcetera. And then I sort of I relaxed a little because my mom was just just turned to me and she's like, she's not racist. She's just having a bad day.

RR **Roisin Reid** 13:32
Hmm.

AT **Participant 6** 13:32
Ohh.

RR **Roisin Reid** 13:34
OK.

AT **Participant 6** 13:34
And I did.
I did sort of watch her a little bit more and she did treat the other tables about the same, so it was very much just.
I think just because of my experiences, my few experiences of like overt racism, I jump to conclusions a little bit.

RR **Roisin Reid** 13:49
Hmm.
OKOK.

AT **Participant 6** 13:54
Also, I loved that server like most of the people on there, I like them. I was friends with them. They weren't paedophiles.
But it was just that one guy kept coming at me, like, not just for the race, but obviously I'm non binary, he's super transphobic. It started as a debate about like. Children transitioning and then it boiled down to him saying, like, you're not trans, you're just insecure. And then I was like, great, thanks.
And then I just left, so I've I haven't lost contact with them. I I talked to them in like DM's, but it's it's it lost me a social space, I think.

Roisin Reid 14:24
Yeah, that's.

Participant 6 14:34
Although probably ultimately for good, because people kept telling me to get out of there.
So.

Roisin Reid 14:41
So in a few ways, it's kind of affected you. Um, the next question is would you define the effects of your experiences of racial discrimination as racial trauma?

Participant 6 14:54
Ohh, I guess like a low grade like a low grade trauma like it it has.
It's made me more fearful of future racial experiences, but only slightly. Like it's it's made it so that my brain jumps to that conclusion more quickly.

Roisin Reid 15:11
OK.

Participant 6 15:11
Um.
But I don't know how what to what extent that is my own racial experiences and to what extent that is my parents telling me.
Hey.
Because they are both immigrants from.
So my dad moved to the US, when he was 9 and my mom went to UK boarding school when he was when she was 16 and they both stayed in their respective countries until like their 30s and they move back to Hong Kong. So they sort of really built it up in my head like they were just my dad, was really discriminated against.

Roisin Reid 15:36
OK.

Participant 6 16:43

He went he I think he he was in like.
He lived in like a majority black district in Texas, and his parent friend and his parents ran a Chinese takeaway.
And he ran it well. He was like there butchering chickens at 10 years old.
So apparently he's never really gone into detail about it, but apparently he was the subject of a lot of racial discrimination. My mom used to get yelled at by like old white ladies to go back to her country. So they say, so they were very much like before I went. They were like, it's probably better now, but you really need to be ready for it so.

Parents were subject to more racism in some distr...

Roisin Reid 16:14

reply

OK.

Participant 6 16:16

Um.
I suppose you could call them multi general. I suppose you could call them multi generational trauma, but it didn't really.

multi-generational trauma

Roisin Reid 16:22

reply

for sure.

Participant 6 16:24

It's not really caused me any lasting negative emotions, it just makes me. A little bit more likely to jump to that conclusion when someone's. Seems to be treating me differently.

Assume people treat me diff... due to ra...

Roisin Reid 16:35

Yeah. OK. So these next questions around how your experiences may have affected different areas of your lives, so may be relevant, some might not be. So the next one is, have these experiences of racial discrimination led you to using any substances such as alcohol, tobacco, vaping, cannabis or illicit substances?

Interv... questi...

Participant 6 16:58

I guess they drink a little. I drink a lot more in the UK than I do in.
Um Hong Kong because?
Everyone around me is drinking.
Um, I don't.
Even if I drink like 1/2 pint like I'll still get looked at a little bit because people are just Downing three pints. You know, basically at a casual dinner.
So.
I do try to 1 to fit in at least a little bit. Um.
Unless you know.
I have an excuse like I need to work the next day. I have a concussion cause I have had two concussions. That's the reason why I missed my exams this year.
Um.
But yeah, I think when I came back to Hong Kong, I found I drank like I was comfortable drinking a lot more than my friends. And I was like, whoa, I didn't realise I changed that much, but I don't think that's trauma trauma. I think it's just.

Influ of UK cultu ✓

change in pers due to exper

RR Roisin Reid 17:49
Hmm.

reply

AT Participant 6 17:53
An experience of being in a being a racial minority rather than.
Yeah.

impact of being a ethnic minority

RR Roisin Reid 18:00
OK. Thank you.
Next one is have these experiences led you to engaging in in any anti social behaviour or thoughts?

interview question

AT Participant 6 18:11
Ohh well I left that server.

impact of racism in behaviour

RR Roisin Reid 18:14
Hmm.

reply

AT Participant 6 18:15

Um.
But otherwise, not really, no.

RR Roisin Reid 18:19
OK. Uh. Similarly, the next one is, have these experiences led to you engaging in any criminal behaviour or thoughts?

AT Participant 6 18:27
No.

RR Roisin Reid 18:29
Have these experiences led to you experiencing poor mental health?

AT Participant 6 18:34
Well, the reason.
Well, the reason I left the server is because I started thinking about the conversation we had.
Um, even like when I was in my research placement doing work.
And then I was like, wait, this is affecting my mental health. I need to get out of there, but.
The racial discrimination was really only one really only one part of it. I think what really did it was just the the sort of debate on trans rights and.

RR Roisin Reid 19:01
OK.

AT Participant 6 19:02
Him just openly discrediting me.

RR Roisin Reid 19:06
Hmm.
Yeah, I suppose that comes into that kind of intersection. Intersectionality comes into play there, right?

AT **Participant 6** 19:11
Yea.

RR **Roisin Reid** 19:14
OK.
Um.
Is there anything else that you'd add on in terms of experiencing poor mental health or not?

AT **Participant 6** 19:25
Um.
Well, I suppose it's not quite racial discrimination per se, but.

RR **Roisin Reid** 19:32
Hmm.

AT **Participant 6** 19:34
In Hong Kong, there's big stigma against mental health, so if you ever mention it, it's very much like you're saying Red card safe. Or get me the hell out of here.

RR **Roisin Reid** 19:37
Okay.

AT **Participant 6** 19:44
Which is very much not like it is in the US in the UK, US.

RR **Roisin Reid** 19:45
OK.

AT **Participant 6** 19:50
Before I go to university, I asked for a deferred application first for like you know. I would like some more time to spend at home reasons and then when they denied me, I went and I saw my mom's psychiatrist and I got like a letter saying that I had anxiety disorder and if I could have a break.

And that, you know, I expected that to work because like I said, I had I grown up in an environment where you don't mention mental health unless it's absolutely necessary. So if you do, if you are open about it at all, something must be seriously, seriously wrong.
Um.
And then they denied me again and I was really shocked. I thought it was gonna be a sure thing.

negative stigma against mental health in eth mirori

RR **Roisin Reid**
Wow.

reply

AT **Participant 6** 20:37
But only when I got to the UK that I realised like.
It's not.
That big of a deal here, like people are a lot more open about their depression, about their anxiety disorder. So that would be considered like ohh you know.
Mentioning just mentioning an anxiety disorder like half the people here have an anxiety disorder. They just signed me up for the DAS and sort of that was it.
Um, but.
I think.
University admissions department.
Um should understand that.
Most people in non-Western countries, if they have mental health conditions, we'll keep them undiagnosed unless absolutely necessary. So it's a lot bigger of a red flag when they're mentioned, like possibly just.

more accepto of m ment healt in West cou

RR **Roisin Reid** 21:24
Hmm.

reply

AT **Participant 6** 21:30
Generally being more mindful.
Of assumptions for other countries and.
Just general unspoken rules.
In of non-Western countries cause that's I I have had to go to England and like learn all the social niceties, learn all the rules, learn all the implications. I think a very

Have to adjust to new cultu

international facing department like that should at least know the basics or at least know the relevant points.

Roisin Reid 21:51
Hmm.

Participant 6 22:00
For pretty much every country, they act like they should have, like a consultant or something.

Roisin Reid 22:05
Hmm. Yeah, that's a good point.

Participant 6 22:08
And I mean, ultimately I turned out alright. I never really. I never really felt like I was fully sort of on top of things, but I guess that's just what comes with writing five essays a week.

Roisin Reid 22:20
Yeah, most definitely.

Participant 6 22:23
The.

Roisin Reid 22:24
The next few are looking at kind of other adversities.
Um and other effects, so the next one is. Have these experiences of racial discrimination led to you avoiding certain places or people?

Participant 6 22:39
Well, yeah, the server.
Um.
Ohh I was at a pub.
I went to, I went to High Barnet with a friend to support the other friend coming out to their mom.

Roisin Reid 22:55
Ohh.

reply

Participant 6 22:56
And then on the way to their house, they were like, thank you for thank you guys for accompanying me here. I'm I don't think they want to. I don't think they would want. I I cannot explain your presence to my mom. So I think that's about it. Thank you. So we won't we we wondered around for dinner. I suggested a pub we went to into pub. All white guys except for one white girl who was a barmaid. We went in there. They all stared at us. Me Asian her visibly trans we were there for about 5 seconds and we were like.
They don't like us here, so we just walked straight back out.

experience of race and transph in a pub

Roisin Reid 23:30
Right. OK. Yeah. Hmm. OK.
Ohh, the next one is what other types of adversity have you experienced?

interview question

Participant 6 23:43
Well.
A lot. I was bullied all through primary school. Um.
My parents don't have the best relationship with each other and I think are now moving towards separation, but we're.
Quite hostile with each other all through my childhood. Not openly, but sort of. They would both bout they would both like bad mouthed me to the each other behind each other's back.

experience of the ACE's

Roisin Reid 24:06
Cool.

reply

Participant 6 24:06
Ohh, anxiety autism. I came out in a country that doesn't have a word for non binary.
Ohh.

other adversity anxiety aut gen

RR **Roisin Reid** 24:14
Ohh OK.

AT **Participant 6** 24:18
Obviously, super high workload in Oxford. I mean, what types of adversity have you experienced? There's a lot. So I'll just, I'll just give you that laundry list and be done with it.

RR **Roisin Reid** 24:25
Yeah, OK, enough.
Um, the the reason is cause the next question is says have these experiences that you've just mentioned affected you more than your experiences of racial discrimination? Or the other way around?

AT **Participant 6** 24:41
Ohh yeah.

RR **Roisin Reid** 24:42
Okay.

AT **Participant 6** 24:43
I mean, maybe, maybe not. If I was black in an America, maybe not. If I was black and in the UK, but I think Asians do get like a slightly better end of the stick. Like one thing, I think Asians uniquely face in Oxford is getting portered where you like, get stopped by the porters if you tailgate your friends where white people don't, because I think you're like a foreign tourist. But I know all the two. I know all the.

RR **Roisin Reid** 25:03
Okay.

AT **Participant 6** 25:09
The the porters and they like greet me and they called me by name. So my friends, I do hear about it from my friends. But I personally don't get it because I've bribed them with affection, I guess.

RR **Roisin Reid** 25:19
OK.
Ohh.
OK, um.
The next question is around if you've not been impacted by racial discrimination, but I think we've kind of gathered that there has.

AT **Participant 6** 25:30
I was lightly affected.

RR **Roisin Reid** 25:36
What has helped to support you?
With these experiences, or to be less affected?
Ohh what has helped to support you.

AT **Participant 6** 25:43
Ohh.
Well, I think even if the sort of ignorant comments or like the the statements that would only make sense if you hadn't been to an Asian country. I know they're not out of malice and I don't really count them as racism, but they do wear on me after a little bit.

RR **Roisin Reid** 25:55
Hmm.

AT **Participant 6** 26:00
Um.
I just. I I remember like.
I tend to share my culture with my friends at university, so like my parents were over for Christmas one time and then they stayed for Chinese New Year and we had this big Chinese New Year's dinner with all of my uni friends and they really appreciated it. They love the culture of like eating communally and having all these shared dishes.

Roisin Reid 26:25
Hmm.

Participant 6 26:26
And then I hold hotpots fairly regularly. So like a Chinese hot pot is where you have one big pot of broth in the centre and then you dip your own food and you cook it and then you take it out and you eat it and it's great. And it's honestly a lot better in England than Hong Kong, cause in England it's a lot colder. And so you crave that kind of thing a lot more.

Roisin Reid 26:33
Ohh.

Participant 6 26:44
And I do I do mainly I do mainly invite Chinese people and in that case it's sort of a therapy to be with people that share your cultural assumptions and, like, know what you're talking about. But I do like, I think at least half of the people that have been there accumulated cumulatively over the three years, maybe a third have been white people and like.

I teach like I show them how it works. I show them like generally how things go at a hot pot and they learn. And they're like, wow, this is so cool. And I like to think I opened their minds up a little bit, and that's nice. It's a nice feeling and it's just sort of honestly. It's also just nice not being the fish out of water for once.

Roisin Reid 27:21
Yeah. Umm.

Participant 6 27:22
So I guess that's how I deal with it.

Roisin Reid 27:25
fab. So we went to the last two questions and the next one's a little bit kind of broader. Um, it's looking at what do you think leads to ethnic minorities being over representative, over represented in the criminal justice system.

AT **Participant 6** 27:44

Ohh.

Um.

Well, I mean, it's probably like mainly socio-economic factors, right? Like white people have more generational wealth.

Um, generally I think, especially in the US, black people were generally brought over as slaves as part of the slave trade.

Impact of poor SES across cultu

RR **Roisin Reid** 28:02

Hmm.

reply

AT **Participant 6** 28:02

Um, so they and then into, like, predatory jobs like sharecropping, and then sort of generally targeted and race riots. And, like, you know, lynchings and black districts are burned down, etcetera, etcetera. Like the crack epidemic redlining. So there's been a concerted effort to keep black people down.

and

I suppose aside from black people, there's like immigrants, so.

Um.

Sort of. People who moved for increased economic up to opportunity.

Contin oppressio of blac people

RR **Roisin Reid** 28:36

Hmm.

reply

AT **Participant 6** 28:37

Or right, like refugees who had to move and who haven't necessarily had the time to build the skills to fit in in the UK.

Refugee struggle to assim into U

RR **Roisin Reid** 28:44

Hmm.

reply

AT **Participant 6** 28:44

Um, and who might have to take a lower income jobs, and they might otherwise like

you know, people who who are doctors in Syria and then they have to be a taxi driver in the UK.

Roisin Reid 28:54
Ohh.

Participant 6 28:54
Um, I imagine sort of.
Lower income, lower perceived status in society. That would probably lead to a lot of hostility, hostility which would lead to crime.
Or you know.
Um.
Generally, socially negative attitudes like.
I guess.
If I was honestly, if I were stopped by a cop every time I crossed the street or whatever, I would probably get in the mood to do a couple of crimes too, cause it just seems like people expect you to, so you end up doing it.

Roisin Reid 29:27
Hmm.

Participant 6 29:27
Um.
Or.

Roisin Reid 29:30
Interesting.

Participant 6 29:32
I mean, I guess.
Ethnic minorities know know of a lot more like.
Unjust laws like there's a lot more unjust laws discriminating against.
Specific race racial groups of people than there are like racial like white people.
As a group like, there's a Chinese exclusion act.

Roisin Reid 29:55

Hmm.

Participant 6 29:56

That's the only one I can name, but I'm sure there are others so.
Kind of.
If people know that laws are not necessarily just.
Then they are more likely to break the law in general.
Um, they decide for themselves.

Roisin Reid 30:09

OK.

Participant 6 30:11

What's Just? And What's not? And you know you you do get a lot of people who are like, ohh, but it's illegal, so it must be wrong, right? And I think those people are generally white people.
Like in Hong Kong? Sure, there's a lot of Asian people who think that way.
But that's because we're like a 95% Asian country. So we're we are the white people here essentially.
But yeah, I think there's probably a lot in you are more qualified to talk about that than I am.

Roisin Reid 30:34

OK.
That's a really intelligent answer? Really Comprehensive. Lovely. as ad libbed to that it's. What do you think could help prevent this, that overrepresentation?

Participant 6 30:52

Um.
Increased social assistance honestly.
Like free school meals, you know better extracurricular programmes.
Um, just.
Interacting like providing support for young ethnic minority kids or providing

support for just ethnic minority people in general, like community centres with sort of activity classes.

Um.

Lessening poverty in general, I guess. Um.

If there are any sort of unjust laws currently that discriminate unfairly, discriminate against.

Immigrants against um.

Ethnic minorities in direct or indirect ways.

Um.

Trying to debate those and modify them so that they're they discriminate less, I guess like I mean I did look at this sort of pathway to permanent residency and that it's apparently the years that you're in the UK student don't count towards your five years before permanent residence like you have to be on a work visa.

Um.

Roisin Reid 32:04

Wow.

Participant 6 32:07

Honestly, probably just making it easier to become a UK citizen.

Because if you are you citizen, you feel sort of a belonging to the UK and I know I I know quite a few Hongkongers who have moved to the UK and who've put their whole ass into it like.

Roisin Reid 32:17

Hmm.

Participant 6 32:26

Cause they you know they got the BNO, they're on that path.

They sort of. They feel really warmly accepted by the UK and so that there's this sort of fear of.

Do acting contrary to expectations and like disappointing them cause you know.

Roisin Reid 32:43

Hmm.

Participant 6 32:44

It's like, ohh, you're Hongkongers. You fought for your freedom. You're you're so welcome here.

That you end up wanting to be nice to these people.

Um.

Whereas I imagine if you're refugee and people are like, well, hey, we don't want you here. Get out, even though honestly, their circumstances are similar and probably they deserve to be in the UK more than your average Hong Kong protester like they. I would I imagine that would get you to going to commit a couple crimes like you. You lost your home, you lost your family. You have no skills. And now people are yelling at you like you, you're gonna wanna go steal some money.

Roisin Reid 33:21

Yeah.

Interesting. OK. And then on to the final one it is.

Is there anything else that you think is important to discuss in relation to your racial trauma or experiences of racial discrimination?

Participant 6 33:40

I think that covers it. We're 10 minutes over.

Roisin Reid 33:43

We are 10 minutes over and I'm very conscious that it is getting late for you, so I'm literally sending the.

Participant 6 33:50

Ohh no. Trust me could have given much briefer answers like this is on me.

Roisin Reid 33:56

Not at all, not at all. I'm trying to send the.

Voucher as we speak, but it's cut off a zero and it says 1 pound and £10.

Participant 6 34:06

Ohh.

RR **Roisin Reid** 34:09

So you why don't do it in Rush, but thank you ever so much for your time, like your and your answers, it was really, really interesting to hear him. Some really educated answers. And I agree with a lot of what you said.

Um, like I said, I will send you the debrief sheet and the Amazon voucher when we.

AT **Participant 6** 34:23

Thanks.

RR **Roisin Reid** 34:28

Finish. I was trying to do them, but it's not working. Do you have any questions for me?

AT **Participant 6** 34:34

Um, not really, no. I guess you seem cool in general, and that's cool. And it's cool that you're doing a project on this, I guess. Could could you send me the paper when you're done?

RR **Roisin Reid** 34:45

Yeah, of course. That's absolutely fine. It's it. Like I said, it fills part of my thesis.

AT **Participant 6** 34:47

Yeah.

RR **Roisin Reid** 34:51

A.

Um, I have two studies of systematic review and a psychometric critique. I'll probably try and publish this one at some point, but I'm happy to send the final write up to you anyway.

AT **Participant 6** 35:02

Ohh actually there is one more thing.

RR **Roisin Reid** 35:05
Yeah.

AT **Participant 6** 35:07
I've gotten so many, like ohh you're gonna eat a dog. Ohh. You're gonna eat a cat that I've gone from like.
Maybe I and also interacted with enough vegans that I've gone from. I wouldn't wanna eat a dog, so to theoretically, I guess I wanna eat a dog too.
Saying to my mom, jokingly, if we're going to China, let's go eat a dog and then her saying sure I know a place. So now I'm just I I have active plans to eat a dog.

RR **Roisin Reid** 35:31
Ohh interesting.
What? And that comes from?

AT **Participant 6** 35:37
Just being like, screw it if everyone thinks I'm gonna eat, eat a dog, I'm gonna eat a dog.

RR **Roisin Reid** 35:37
That experience of.

AT **Participant 6** 35:43
I have a dog.

RR **Roisin Reid** 35:43
Ohh do you, I heard it.

AT **Participant 6** 35:44
I would not even eat my dog.

RR **Roisin Reid** 35:48
Halfway through the study. Interesting but yeah, thank you ever so much for your time. Like I said, some really great answers.

I, like I said, I'll send you the debrief sheet and I will send you the Amazon voucher. Currently, I have two. I think I'm just gonna stop the recording.

AT **Participant 6** 36:07
Alright.

RR **Roisin Reid** 36:07
Uh.

AT **Participant 6** 36:09
Ohh God, I hope that's confidential.

RR **Roisin Reid** 36:12
What is?

AT **Participant 6** 36:15
If I have a career in 10 years and someone puts out a clip saying I'm going to eat a dog, that's my career done.

RR **Roisin Reid** 36:22
Everything, everything remains confidential. Everything reminds anonymous. I don't. I won't use any identifiers other than your ethnicity.
Um and your participant number, you get allocated a random participant number, cause I also echo that you know for future careers are very important.

AT **Participant 6** 36:32
Thank you.
Yeah.

RR **Roisin Reid** 36:43
Okay. But if you if you feel like you want to withdraw at any point, you can contact me afterwards. It's absolutely fine.

AT **Participant 6** 36:49
Yeah, that's alright. Thanks.

RR **Roisin Reid** 36:50
Like I'm gonna stop the recording right now.

) end of interview

AT **Participant 6** 36:53
Hmm.

◉ **Roisin Reid** stopped transcription

Appendix S.7

Study 2 Participant 7 Transcript

Study 2-20230721_114612-Meeting Recording

July 21, 2023, 10:46:15AM

40m 59s

Roisin Reid started transcription

Roisin Reid 0:03

Start recording and transcription. Wonderful. Thank you. It's working so. Obviously you have just sent me the consent form, and I'm guessing you've had a read of the participant information sheet and before we get started on the questions, I just want to double check some characteristics demographics that I have the right entry for study, one study two. So I've got it here. So your age is 28.

interview and demog

Participant 7 0:25

Yeah.

Yeah.

reply

Roisin Reid 0:33

Yeah, gender female.

demographic

Participant 7 0:35

Yep.

reply

Roisin Reid 0:36

Ethnicity, Asian.

ethnicity

Participant 7 0:38

Yeah.

reply

Roisin Reid 0:39

And then racial Trauma score was quite high. He scored 22 out of 22.

racial trauma score

Participant 7 0:43

Okay.

reply

Roisin Reid

OK, so um, as you would have seen in the information sheet.
Um, there are 14 questions.
Some of them have kind of add-ons at the end if, um, you feel that you might need to kind of expand further.
Within like your first answer, you might not have kind of felt like you've answered it fully. I may kind of suggest can you expand on that something like that. But in total there are 14 questions. The first few will kind of look at your own experiences of racial discrimination and then it will look at how that may have impacted their different areas of your life.

Participant 7 1:10

OK.

Roisin Reid 1:22

Um, the next kind of section of questions. Look at other adversities besides, um, anything related to racial discrimination. And then there's a few questions looking at kind of your opinion on the criminal justice system and the interaction with race. Descrim, discriminatory behaviour or ethnic minorities.
Um.
At the end I will send the um debrief sheet and also the Amazon voucher. Can I just ask that you respond back to me when I send the Amazon voucher just so I know it's gone to the right person and I've not sent it to a random person.

Participant 7 1:53

Yeah.
Yeah. No, that's fine. Yeah, that's great. I will do.

Roisin Reid 1:59

Wonderful. Thank you.
As always with any study, everything remains confidential.
You know, none of your personal information in terms of your name or address will be kept.

If you want to withdraw, you can withdraw at any point throughout the study and also following the end of the study as well.

Participant 7 2:18
Okay.

Roisin Reid 2:19
Um, please feel free to share as much or as little as you want to to the questions that are asked.
Um. And do you have any questions for me before we get started?

Participant 7 2:28
No, no, I'm happy to get started.

Roisin Reid 2:30
Wonderful okay. So the first question is what are your experiences of racial discrimination?

Participant 7 2:38
I think I've probably had a high proportion of experiences, and particularly being younger and or starting off in younger life. I think there was a lot of sort of bias media reporting.
Taking place and it was probably a little bit of bad timing. My age at the time. What are the media were reporting and then how I suppose the environment that I was around or even for example it was a lot of my experiences that were sort the racial discrimination started off in, in the school education system. So it was things like peer bullying and different colour skin.

Roisin Reid 3:20
Okay.

Participant 7 3:23
And bullying from a supply teacher, which was yeah, which was I think, was when I was really sort of aware of, wow, this is not not OK, actually. And I'll, I'll I'll lead on that in a minute. But it was going to the park. I was brought up in an area of

Lancashire which had a really high BNP sort of.

As a support I suppose, and there were actually they sort of held the majority vote for quite a long time and really strong memories is we went to the park, it was the summer holidays. We went to the park as a family and sort of a middle-aged white lady came out crying and begged us. Don't go in the park, they're gonna hurt you and being sort of 5-6 years old it was it was just like, I couldn't believe what I was hearing and seeing that.

That we weren't in some, you know, sort of foreign place for us. This is this was our world. This was where we lived. This was our home. And to see that was, that was what was happening to people like us and and could have possibly been us had we been in the park 5-10 minutes earlier was really scary.

Um, I I think you know the so next significant traumatic sort of racial experience was. Being.

Being school, we had a supply teacher, regular male supply teacher was white as well actually, and it was really difficult because I could start to see. I was always a really sort of conscientious, really sort of good kid at school, never caused any issues. The last person to cause a problem in a classroom, etcetera.

And um, I just noticed each day was nit-picking finding a problem with the way I was sitting, behaving, working the list went on and my mum actually worked as a teaching assistant in the primary school.

And ohh she yeah, she had been working but she worked part time and the particular instant that happened was on a Friday afternoon and my dad was picking me up from school that day. And he actually witnessed it from outside the classroom.

And I remember crying so much because I thought my mum's gonna lose her job because my dad obviously sort of came in. And when I look back on it as a parent, he probably dealt with it really calmly. But I was so sort of scared of the consequential effects

Like my mum's gonna lose her job and nobody's gonna believe me. And you know, like, it sounds unbelievable. How can a a teacher, you know, like respected professional, a supply teacher, blah, blah, blah. You know, all of this and how they're gonna believe me as an 8-year-old child.

Um, so so that like that straight away when I sort of think of racial trauma and discrimination, these are the things that come to mind as I've got older, I've I, I would say it got worse, but actually it was. It was all pretty terrible. And a lot of bullying when it came to secondary school.

Once again, a lot in the media at this time, a lot of pushing and shoving and in public places. You know, the one kid to another. It didn't matter, they weren't bothered. The teachers became aware of sort of cyber bullying and comments that were going online at this point and chose to do nothing. I remember sort of going to the teacher and saying, I know that, you know, cause I know that. So you've seen what's on there. It's sort of came to my attention. And I said what are you gonna do about it? And they said, well, nothing, we can't do anything.

Participant 7

About it. And it was one of those things where you are quite literally one in a 100 in in 200 actually at the time where so it didn't matter, it didn't, it didn't need to be done. It didn't. I I think that times have changed. I think there's a lot more awareness and I think that the country's gone through a lot of changes and.

On an international scale, that means that there has to be more tolerance. You know, in line with British values, but I really don't like that word tolerance.

Uh.

Um I'm sort of smiling, almost laughing because as I'm in my living room at the moment, I'm just looking at the wall of photos and despite all my experiences. Um, I did go on to love and marry a white man and we would be married now for seven years and we've got two mixed race children, so I often think about that and I think, well, I know how much it affected me and I think he's heard about how much it's affected me, but clearly didn't affect me enough to go and marry somebody from a different race, etcetera. And all of this and that so.

When I, I definitely think I've had a a not nice experience of even growing up and being 28 erm but more examples. I mean the list goes on, but more examples. My mother-in-law for example, she is.

A blonde haired white lady and she's absolutely lovely and we went to the supermarket together and she.

Was absolutely appalled when we got stopped at the till or after the till by a a member of staff asking to prove that we'd paid for the items with a receipt and she's actually a really high flying lawyer. And so she sort of was like, what's going on here? And I said Mandy, this is a normal day everyday for me. And she was just absolutely flabbergasted cause she just couldn't understand how, why, what was the need for it? Why?

Why would we possibly sort of not pay? And why would we walk out and she really

just couldn't get over that? Some people have to live like that everyday because I suppose what she's sort of 65 years old or something like that and never ever been questioned about her normal everyday movements and.
So I think that was really eye opening for her to see. Actually this is just how some of us have to live everyday because some people really don't have to live like that. Erm it's interesting that we'll probably talk about sort of law enforcement and things like that later on because my husband also got the shock of his life when there was something once, I think we were in the city centre and has seen how differently a police officer spoke to me than they did to him not realising we were together.
Erm so it's almost like I could sit here for hours and list off. You know, this has happened and this has happened, but and you get to a point where you try to make it light hearted, but actually it's really not that funny. It's really quite serious then adding the mix of having mixed race children and having explained to him why people ask my son my children do look white and ask them and ask them where's their mummy when he stood right next to me and all of that.
But I'm sure the be an opportunity to discuss that a bit later on.
So.

Roisin Reid 10:30
Okay.

Participant 7 10:31
If I if I if I've given enough examples, I'm happy to move on.

Roisin Reid 10:32
OK. So the next question is how have these experiences affected you?

Participant 7 10:42
Erm very truthfully, and I almost wish my husband was here because I I think you could half answer these and I think there made me really mistrusting of people in general and that and he always said sort says and comments that you know it's a shame because I call him naive and he says I mistrust everyone and you know, he's probably not far off wrong. It makes you really question everybody's motives um and their attitudes and the way they behave around you and to some extent.
Don't do like this word becoming sensitive, but you do become really sensitive to.

Um.

Everything really. I suppose you see in the way people behave in the way people look at you, for example, and the way people stand away from you and you know and and a whole host of things. So I do you become you become. It can be quite all consuming really and you have to find a middle ground where there's a a a divide between sort of safety awareness and and being vigilant and and sort of trying not to read too much into things even though you you kind of can guess what's gonna happen next.

And.

I don't know whether this is a good time to mention, but there is a documentary that was on ITV last year about the Al Hilli murders that took place in the murder in the French Alps. Now, I don't know whether you've watched it or not, but I do recommend it's a very good watch, particularly for somebody like me. I sat with my husband, watched it, and the whole time through our pointed out how.

I said, you know, if this was me, this is what they'd be saying and that's what the and I said, that's exactly what they here doing, profiling and to an extent for a media narrative of. Ohh, this is what they're behave like and this is what their culture is and this us and them. And I think this is what my big problem with racial discrimination is that everything always talks down to us and them and the media narrative is always. Why are we not unified? You know, we do everything here and and there's not the recognition that actually they're causing the divide. They're causing the hatred and they're causing all of it, really. And the it's never gonna be resolved if we don't breakdown the door really. Of us and them. And the other side of I I think have really strong hatred for the media's role in racism and the effects on on everybody, really.

Because.

I get really antagonised when I see headlines of this poor white person who just was in, you know, he was a victim of his own circumstances, even though he's the murderer or the killer or the this and that. And and when it would be somebody with an ethnic minority background it be find the most, you know offensive picture possible and look, look he's just you know out there and he done this and he'd done this and instead it's the angelic child that.

But he was just so sweet at school and he would have never thingied. Ohh he did fall on the wrong path but blah blah blah and like I say Roisin I'll be here forever if I carry on so.

Roisin Reid 13:53

That's OK. The next question is would you define the effects of your experiences as racial discrimination of racial discrimination as racial trauma?

interview reply

Participant 7 14:03

Um, I think the discrimination very, very soon became trauma. Yeah, I think.
Even hearing myself talk to you now, massive amounts of trauma, and I think even that in itself it racial trauma is not really recognised. You know, you can go to counselling for bereavement and grief and you know depression and anxiety and lardy, Dadada and the list goes on and that's fantastic. But actually, I don't think racial Trauma gets recognised for how serious the severity of it really can be from physical, emotional and mental point of view.

racial trau is not recognise

racial traum is severe

Roisin Reid 14:41

OK. So the next questions are looking at how it might have impacted different areas of your life.
And the next one is, have these experiences led you to using any substances?

interview question

Participant 7 14:53

Er, no, I am a Muslim. So my faith firstly and foremost is ohh we've held that strong point for me so.
Um, I do often say to my husband that had I not had my faith. Quite truthfully, I can tell you I probably would be heavily substance abusive and.
It is quite literally the only thing that would stop me. I sort of really am aware of my own tendencies and I know that I would.
Find it very easy to have a crutch in the form of substance abuse though. But no, I don't.

religion was a protective factor

would hav abused substance to cope

Roisin Reid 15:33

Have these experiences led to you engaging in any anti-social behaviour or thoughts?

interview question

Participant 7 15:40

No.

reply

Ohh if anything gets made me do the complete opposite and sort really take a stand against things I I'm a strong believer of knowledge is power and I used to push back on sort of how important education was and is in society but actually I I really see it quite simply now as a lot of this is a case of a lack of education for many people. So I tried to use my voice in a positive way.
And show through people that through kindness and through education, and through those conversations that actually we can reach the same resolution. Not always, but a better understanding.
And so, yeah, I suppose that's where I lie with it.

RR **Roisin Reid** 16:34
Okay.
Similarly, have these experiences led to you engaged in any criminal behaviour or thoughts?

S **Participant 7** 16:38
Could you just repeat that again please?

RR **Roisin Reid** 16:40
Yeah, sure. Erm have these experiences led to you engaging in any criminal behaviour or thoughts?

S **Participant 7** 16:47
No, I think had I not had the strong mindedness I did have or sort of the home environment that I did have possibly very, very easily to to have done so, I often say I hope I'm not on a tangent. I often say had I been born a boy and I used to wish I was born a boy because I felt like it gave me more options in situations like this.

S **Participant 7** 17:13
Um and now I've sort of got to the age of 28 and I have my own children and I think I laugh and and I sort of say it openly now, and I say I've probably been saved in my life by the fact that I haven't been born a boy because I think it would have been way easier for me to sort of access.
Sort of violent, criminal, aggressive, etcetera. And I think just.
Being able to have that hold on myself as a woman, has restricted the impulsivity.

Whereas I think in another life it would have, I would have been one of those people.
Not that I wouldn't have been intelligent and smart and blah blah blah, but I think that would have been what would have come for out, you know, to the forefront before any of my other qualities.
I think I might have lost you there Roisin. I don't know if you're still there.
Have I got you back?
Are you back?

Roisin Reid 18:39
Ohh OK.
Okay. Yeah, sorry. I think it's my Internet.

Participant 7 18:39
That's OK. Can you hear me now?

Roisin Reid 18:42
Yeah, yeah, it's fine.

Participant 7 18:44
Our brilliant I've kind of lost you halfway through that so.

Roisin Reid 18:48
That's OK. Sorry, last kind of few then.
Have these experiences led to you experiencing poor mental health?

Participant 7 18:57
Ohh yeah, definitely really definitely made me question everything really made me question my identity, made me question who I am, how I want to be, how I want to live my life. It's made me not want to be in certain communities and it for a long time I wanted to be invisible and and it's only when a a friend of mine said. But why would you want to be invisible when you've got so many sort of.
Positive things about you. Why would you not want people to see it? And for for most of my life, that's all I wanted. I didn't want to be seen. I didn't want to people to know who I was. But now I, I mean, I still understand why. But now I sort of see things a bit differently. And I think I don't care what people see. Not bothered how people

perceive me. I know what I am and I'm staying true to myself and and that's it. Really.
So. So. Yeah.

Roisin Reid 19:54
Have these experiences of racial discrimination led you to avoiding certain places or people?

Participant 7 20:00
Yeah.
All of it. And none of it. And when I met my husband, he was from a really sort of dominantly excessively, predominantly white area and everywhere we'd go, I thought, say to him I'm the only brown person here. Like I I know everyone's looking at me cause I quite literally looking at me and you because I'm the only brown person here over the years, though I have noticed.
I'm now no longer the only brown person and that this few more sporadic ethnic minorities. I say brown person, cause it's just you get to a point where if everyone else can have a term for you might as well have a term for myself.
So um.
So yeah, so I have seen a change in recent years.
Which is why I do hope that there is some sort of positive outcome in the future for everyone really, but.
Yeah, there is. There is definitely change, yeah.

Roisin Reid 20:59
Okay, what do you think this has occurred? That you avoided certain places or people?

Participant 7 21:08
Because erm
At first you sort of go out with your head held high and think well, I've got nothing to be ashamed of. And then after so many incidents happen.
You just, it just becomes an easier to avoid. I mean, I'm not proud of that and I don't like the fact that I do that, but for the sake of my mental health than it not ruining my day or my week or my mindset, then it's just easier just to think I'm not. I'm not going there. What's the point if I'm just gonna get agro?

RR **Roisin Reid** 21:39

Hmm.

S **Participant 7** 21:41

And another little story. Here is my wedding venue that we used was a a village hall near my husband's well, my husband's parents village and my husband actually went to go and paid the deposit. And as he walked into the village hall to pay the deposit. There was the.

Like the bar, if that makes sense. The sort of had the bar there at the at the village hall at side and quite literally as he walked in, he heard.

S **Participant 7** 22:12

One old white man said to another old white man. Ohh, they shouldn't let him in here. Monkeys. Black people referring to black people bother and that I think my husband lost. Lost it. If we use kind words and and immediately walked over to him and said it's unacceptable and.

You shouldn't ever speak like that, and the the, the the man carried on. So I think my husband really kicked off verbally and.

It all sort of stopped, essentially, and he said it's unacceptable. Look at the world we live in, these people are not just somebody else. These are. These are our friends. These are our family. These are our doctors. These are and sort of went through the whole list of it. And when he came out, he said, I haven't paid the deposit because this has just happened. And and I didn't care at that point. I just thought, do you know what? And I'm really proud of him doing that.

And not not kicking off. Not. That's not the part I was proud of. I was proud that he spoke up at a time where some people would shy away. Just think I know my own mother in that situation would have just walked away and said nothing and just quietly you've gone out the back door. And what's the need to make a fuss? And you can't change people's mindset this and that.

Um and and I asked my husband afterwards and I said what made you do that? Because I said it's not the first time, you know, kind of thing. I'm sure you've come across in your life. And he said it's the first time I've come across it with this understanding of how people can behave just because somebody else's skin colour is different. And I was actually pregnant with my son at the time, very early stages,

quite literally sort of few weeks in. And he said that could have been my child that he was talking about. And it's not acceptable.

Roisin Reid 24:04
Hmm.

Participant 7 24:04
So yeah, so I think even for him that's really stayed in his head that.
Um.
That's just not right. And and then obviously you know the conversation went back to his family and they start to, you know, when it's just that wider message that it's not doesn't just happen to strangers somewhere else and you hear about it somewhere else. It's not just a story. It was happening on their doorstep. So yeah, it was.
It was reassuring us suppose for me to know that actually I'm marrying someone who understands what the trauma looks like for me and how it feels and not somebody who just wants to play it blind eye and behave ignorantly towards it. So yeah, so I've got to say, I was really so proud of.
Proud of how the situation was overcome.

Roisin Reid 24:58
Fab. OK. So the next question is, what are what other types of adversity have you experienced other than racial discrimination? So feel free to share as little or as much as you'd like to.

Participant 7 25:12
And I often say.
And once again, I'll mention my mother-in-law here. She's sort of owns a law firm, etcetera, and hires a lot of people and blah blah. So we we we kind of have these conversations quite as quite normal at our dinner table conversations as opposed to what I'm saying and.
And she one day she saw came and and I think I think we were all in jest and whatever making comments as you do sort of thing between the family and she sort of said well I don't have a label you know there's nothing that I can get labelled with you know for nobody to tick my box because and she said well you know I'm not gay

and I'm not this and I'm not this and I'm not.
And and it just really made me see something that that's what people think, don't they? Ohh, you're and. And I did actually point out and I said, well, you're a woman, Mandy, and that still counts for something these days. So I do think there's always sort of sexual discrimination that takes place no matter where you are.
And then I suppose it depends on the kind of sort of field that you're working as well. You might see it more or less. Um, but it also depends on that. But I think that's what people like to see. How do you fit in the box or do you not? And if you don't fit in the box, well, what does that mean? Then what should we do with that and?
So.
So I suppose it's really broad range. But yeah, I think sort of what comes to mind is immediately is sexual discrimination. The really ironic thing here is I've not always worn A hijab, and I became a teacher. God, I was gonna say a few years ago, but a few more years ago than than I even think. And that's when I actually made the decision to wear a hijab in the workplace because I found when I initially started training.
The reception I got from particularly sort of men PE teachers, that kind of laugh at, joke, blah, blah, blah.
And I didn't find it appropriate in the workplace and as soon as I was still the same person and and put this on and I noticed they just didn't wanna look at me. They didn't wanna speak to me and that was fine. It was their loss. And then I still made friends. And I suppose I made really true friends because they were willing to still find out who I am or because I didn't have this. And you know, so they didn't see me with the long hair and they didn't see me as beautiful in their eyes. And I was more than OK with it because I certainly wasn't looking for anything.
So for me, that's been really telling whether I I don't think it quite answers what your your question sort of talking about, but for me that's almost been my own little experiment and and I've had nothing but positivity from it. The irony from it all is when I wear it and I go out and about be it with my kids that otherwise so that the number of people that almost believe that I can't speak English or I'm not. Yeah. And I just think wow literally like if I was wearing a hat would it do the same thing.
Like my it almost fills me with joy. The fact that a piece of cloth can have that effect. It it's incredible. I honestly find it incredible.
It's like I feel like the girl that gets too lives like my husband laughs and he was like people think ohh poor little naive X. You know, like she just, you know, goes home,

does this, whatever. And I'm like, I love it. I literally get this dual identity of life that I don't think I ever realised I would feel like I had. I feel like it's my superpower and I've heard so many women.
Talk about that and I never understood it until one day I did it and I was like, it's true. It's really true. Honestly, I'm like, everybody needs to do it and go and see what it's like, how different the world sees you all, because your hair's covered up. It's honestly, it's phenomenal. So.
We'll we'll leave that one there then.
Have I got you back? I think it cut out.

RR Roisin Reid 29:25
It's right. You're back now.

S Participant 7 29:27
Ohh great.

RR Roisin Reid 29:29
Okay

S Participant 7 29:29
So yeah.

RR Roisin Reid 29:31
OK.

S Participant 7 29:31
It's definitely interesting anyway.

RR Roisin Reid 29:34
For sure. Have these experiences of other adversity affected you more than your experiences of racial discrimination or less?

S Participant 7 29:42
Truthfully, no. And the racial discrimination.
I don't even think anymore how different my life would be or what we would look

like.
Because I quite literally know that I could have walked into a completely different life. If my skin colour was a different skin colour, I mean I find that quite scary in some ways now wasn't an adult, but I think particularly being younger.
It was almost like, no, I wish I was, but I just know that my life could have been so much more.
Not that it isn't now, and I look at my life now and I to be quite honest, I don't think I could have achieved more in my life than I have done already. And I count myself really fortunate for that. But.
If we eliminated race completely or most, I think the opportunities that I would have had for myself would have been far greater without challenge, without having to work twice as hard without having to raise your name out there three times as hard and all the rest of it that comes with having an ethnic minority name. Having a face that looks visibly.
From another ethnic background and having to almost prove yourself all the time and having those conversations all the time. It gets really, really weary.
I think I may have lost you again Roisin.
Have I got you again?

Roisin Reid 31:28
Yeah.
Hello.

Participant 7 31:33
Hi.

Roisin Reid 31:35
Sorry, I think it is me, but we've got last two questions. So I don't, I don't know if it's, it's probably pointless cutting back in and out.

Participant 7 31:41
That's OK, that's fine.

Roisin Reid 31:48
So the next one is what has helped to support you.

Participant 7 31:54

And truthfully, I don't think there is anything supportive out there.

And.

I think that I am very fortunate that I have a really good understanding of myself, to be able to work through it myself and and primarily do you racial experiences that I experienced when I was younger is predominantly the reason I initially became a teacher to make sure that the teenagers who were going through similar experiences had somewhere for support, had some understanding, and that was really evident in the schools that I worked in where I was.

Three out of I think.

Say 60 plus members of staff that were ethnic minority and even then still didn't meet the ethnic minority needs of the the pupils that we had in our care. So I think it really tell him that there really isn't the representation out there and the really isn't the support and the understanding. And I I know I mentioned earlier about my PhD, but it what initially led me to looking at the racial experiences of black and ethnic minority children sort of young girls coming and crying.

Because it's PE time and it's raining outside and the teachers aren't listening and understanding what that physical effect of the rain's gonna do to them. I just. It was really, really upsetting actually. If you start to think about it.

And because they can't understand and and they don't even have something to gauge it against even it's just, almost all or nothing for them. And and there's no, there's no middle ground of understanding of, or compromise or sort of, why not try this or it's just nothing. It's just clear cut. So yeah, that's what really my mission is out there to change that.

Roisin Reid 33:51

OK. What do you think leads to ethnic minorities being overrepresented in the criminal justice system?

Participant 7 33:59

A lack of mistrust with.

With, you know, sort of official.

Officials I suppose you know, sort of people in sort of what we class as senior positions and just the lack of communication, the lack of awareness and

understanding, not willing to understand different cultures and communities in the way they live their lives and and the way they've assimilated their lives actually into Britain and.

Roisin Reid 34:29
Hmm.

Participant 7 34:30
And it's still making us and them in some, in some ways, the us and them is almost like police and civilian, but in in, but it goes deeper than that because it's then it's police and white civilian police and ethnic minority, civilian and policing stereotyping ethnic minorities.
Um, you know, they're Asian. That means this. They're black. That means this. They're gonna they're more likely to have a a gun. They're more likely to have this. They're more likely to need to be stopped and searched. Well, why? Why does the colour of the skin mean they need to be stopped and searched more. Without question. We without warrant that you know, why does this ethnic minority area need to be given a section 60? That's it. They're gonna come in, blah, blah, blah, no warning.
And my parents area suffered something recently where it meant that they had the order, the cucumb stop, search anyone. Etcetera. And I remember trying to explain to my dad that, you know, they can literally stop you. And I know that you're not doing anything, I know that you are quite literally walking to the shop and back like you do everyday, but, you know, trying to get in his head that they will literally stop you. They can say anything. They can do anything. You know, you need to know what it means. And you just stood there really steadfast. And he said I've done this for the last 40 years. This walk that I do everyday at this time and they can see me everyday at this time because I'm not doing anything wrong and.
And I don't blame him for thinking like that.
I really don't blame him for thinking like that, but it's the fact it's fear mongering, scaremongering and and goes back to like an us and them mentality. Well, if they do this, then we're gonna do this back and it just leads to escalation really.

Roisin Reid 36:03
Hmm.

Participant 7 36:20
Think they need to be better community relations or what?

Roisin Reid 36:21
And what do you think could help prevent this over representation.

Participant 7 36:28
A better community relations.
And probably one of the, I think one of the issues with the police force in general is that there's an underrepresentation of ethnic minorities in the first place. If there was ability to recruit more ethnic minorities. But they're in itself is another predicament because it's seen as.

Roisin Reid 36:47
Hmm.

Participant 7 36:54
For.
For ethnic minorities, it's almost like the police are the enemy. And if you're joining up with the enemy, so there's a bit of a revolving door there. But I think the barriers just need to be broken down and the police need to. It's almost like if the police did.

Participant 7 37:10
Their true, honest job right then you'd be showing people that there's nothing to mistrust here, but because there's such a long standing history of mistrust with the police force in general. I mean, there's there's always going to be things, but just the way things have played out over the last sort of 50-60 years, even undercover officers having, you know, separate leading double lives and then leading double families and it all coming out of the wash and then there's been sort of scandals where.
You know, through police investigations, etcetera, police officers have been misusing their powers.

Roisin Reid 37:45
Hmm.

Participant 7 37:48
All those sort of things are just created sort of that.
Mistrust on a wider scale anyway. And when you bring race into it and you look at people's experiences, even when we sort of talk about police, we think about police, street Patrol, etcetera. But what about the police at border agencies when you, you're the airports and?
There's so much more to it than just the police that we see on the street or the police, that you're supposed to go to when you've been burgled and there's so much more to it that.

Roisin Reid 38:20
Hmm.

Participant 7 38:20
I'm sure you'll be researching.

Roisin Reid 38:24
Lastly, is there anything else you'd think is important to discuss in relation to racial trauma or your experiences of racial discrimination?

Participant 7 38:34
I would like to see future recommendations looking at where we can go to support young people and getting this message out there earlier. The schools are doing a really good job at the moment.
I think it's been escalated because of Windrush, but looking at black history looking and also because of events that are taking place in America in the recent few years, but looking at black history, why that's so important looking at women in in science and women in blah blah blah and looking at the role of women in history, fantastic. But we don't celebrate ethnic minorities, we find different terminologies for them different cover ups.

Roisin Reid 38:52
Hmm.
Yeah.

Participant 7 39:18
Different ways to just gather them into that corner and chuck them over there.
I feel like I have another rant on coming, so I will stop, but there's so much lack, a lot of mine is through sort of education that I've seen and.
Yeah. So yeah, so so there is, there's always gonna be a lot more to say, but you know saying.

Roisin Reid 39:38
Fab

Participant 7 39:43
That Britain is not we don't live in a racist society well
It's not institutionally racist qas what he said. Britain is not institutionally racist.
And.
I think.
I think we've proven that 10 times over that it is but, but yeah, probably a good point to end on there.

Roisin Reid 40:08
I will send you the debrief sheet and the Amazon voucher erm on the debrief sheet there are er a list of kind of charities an services that you can signpost yourself to if you feel like you need any support following anything that we've discussed today.
Thank you so much. That's all of the questions.

Participant 7 40:10
Brilliant.

Roisin Reid 40:31
I'll stop the recording and Speak to you in a second.

S **Participant 7** 40:32
Perfect.

RR **Roisin Reid** 40:34
Stop, stop.
Fab I think that stopped.

S **Participant 7** 40:40
Amazing.

RR **Roisin Reid** 40:42
And it has frozen.
We're Back.

S **Participant 7** 40:51
Are you there?
Let's try.

RR **Roisin Reid** 40:59
I'll be back.

◉ **Roisin Reid** stopped transcription

end of interview