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Protecting White Victimhood and Technologies of Whiteness Through “Trauma-Informed” School Social Work

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Abstract

Few studies have explored how whiteness might be reinforced in the “trauma-informed” assessments, practices, and policies of school social workers. This critical qualitative research study asks: How does whiteness structure how Canadian school social workers recognize, understand, and respond to students’ expressions of trauma in K-12 schools? Data were collected from nineteen school social workers in Ontario using vignettes and semi-structured interview questions. Data were analyzed through critical thematic analysis, guided by critical trauma and critical whiteness theories. Findings include school social workers protecting white victimhood and the embedding of (neoliberal) technologies of whiteness into trauma-informed practices. Additionally, participants demonstrated using “wise practices” to resist these pressures and meet the needs of racialized students. Recommendations include the adoption of different trauma assessment tools; alternative training of social workers; policy advocacy; and future areas for research.



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Increasingly framed as a way of supporting students who have experienced trauma and creating safe, equitable environments for learning, trauma-informed practices (TIP) are growing in Canadian K-12 schools (Record-Lemon & Buchanan, 2017). While there is no agreed-upon framework for TIP in schools, SAMHSA's (2014) trauma-informed principles are commonly integrated into policies, trainings, and staff practices, including cultivating safety; peer support; trustworthiness and transparency; collaboration and mutuality; empowerment and choice; and attending to cultural, historical, and gender issues. At the same time that TIP are spreading across the country, a recent synthesis of existing literature found that Black, Indigenous, and/or Person of Colour (BIPOC) people in Canada are at regular risk of racial trauma; however, racial trauma is frequently overlooked in the Canadian context (Williams et al., 2022). Importantly, these TIP programs and practices are being rolled out across the Canadian education system which scholars have already articulated as being deeply interwoven with whiteness and racism (e.g., Carr & Lund, 2007; Dei et al., 1997; Dei et al., 2005; James & Howard, 2020; Rezai-Rashti et al., 2015; Rudolph, 2023). Thus, despite the risk of alienating well-meaning school employees who engage in TIP, it is essential to examine the ways in which TIP programs and policies that claim to support those most marginalized may reproduce whiteness (Golden et al., 2021). This article explores how TIP are embedded with whiteness and enacted by school social workers, specifically in how trauma is defined and assessed, who is identified as a trauma victim, what supports are provided, and how these practices impact racialized¹ students.

Haley (2020) defines whiteness as “an ideology of [w]hite normativity at the foundation of the political and economic justification to possess, dispossess, and monitor the domestic, private, and intimate domains of multiply marginalized and colonized peoples’ lives” (p. 212). Okun (1999/2021) describes white supremacy culture as the often unnamed and uninterrogated behaviors, beliefs, and values that are seen as superior, normative, and passed down intergenerationally. Whiteness includes the privileging of individualism, power hoarding, either/or thinking, belief in one right way, the right to comfort, perceived objectivity, defensiveness, perfectionism, and protecting oneself as “good.” Whiteness ideology can be internalized by someone of any racial background and adopted into a variety of systems, but functions to keep white people and culture in power (Baima & Sude, 2020). Whiteness is more than an identity - it is a structure that is enacted. School social workers often play decision-making roles in the lives of students who have experienced trauma, being situated between education and mental health; the school and outside agencies; and students, parents, teachers, and administrators. Thus, this study will consider how the logics of whiteness are enacted through TIP by school social workers, a focus that has been largely absent in existing literature.

Situating Myself

As other scholars have done when engaging with critical whiteness research (e.g., Jupp et al., 2022; Miller & Tanner, 2019; Tanner, 2023), I begin with discussing why, as a white woman, I have engaged in this study. I grew up in a white, bi-cultural family in Bermuda, whose population is predominantly Black. Bermuda has a long history of colonization and anti-Black racism; however, the small population size has forced the island to have difficult and regular conversations about racism. I spent my youth discussing racism with Black and white people including with my

¹ The term “racialized” has been chosen to signify the social construction of race and the ongoing systemic processes of racism and white supremacy that tie groups with heterogeneous experiences and backgrounds together.

family, friends, and in the public. When leaving the island for university, I was genuinely surprised to witness how quickly conversations about whiteness and racism became emotionally laden and race-evasive in North America. I began to consider how my scholarship as a white woman could be more relationally accountable to the many racialized individuals and communities with whom my life is deeply intertwined by more intentionally bringing this focus into my work.

Prior to academia, my clinical career was at the Post Traumatic Stress Center in New Haven, Connecticut. I worked in, and eventually directed, a school-based public health trauma-centered program. The goal was to work with students and families to provide earlier support and link them up with services and resources when appropriate (e.g., when a family was facing poverty, ensuring basic needs could be met). Regardless of the form of trauma (e.g., abuse, community violence, surveillance by police, racism), we worked towards schools becoming places where students' experiences were heard, validated, and integrated into the educational experience. My time running this program demonstrated the possibility of a trauma frame both politically and clinically when working with students. We actively resisted many of the self-responsibilizing trauma practices that focused on resilience, posttraumatic growth, and grit, but we consistently needed to fight to speak openly and honestly with students about the real difficulties in their lives and to see their behaviours as survival strategies.

Running this program also made clear to me that even within a supposedly social justice-oriented trauma program, racism played a major role in our work. Who was referred for services and how behaviours were understood in the school system were too often governed by whiteness. While I do think our program was engaging in innovative work, racism was only included in some of our official trauma screening assessments and educational tools and failed to be seen as a central source of harm. Further, our program often competed for paid contracts in what James (2010) calls "the trauma industry." There were times when I was personally complicit in 'selling' our work using harmful school reform discourse; this discourse rarely attends to the underlying inequitable structures that exist in education, and instead takes an individualized approach that can reinforce white norms. For example, when schools with predominantly racialized students would partner with us, we often felt pressure to simply calm down 'bad behaviours.' While our program shifted some norms, my experience was that we did not truly disrupt the whiteness of the schools or the clinic I was working in.

I am also not engaging in this research with innocence. I am deeply implicated in whiteness and do not wish to suggest that this research will absolve me of this. Others have argued there is a level of perversity to white scholars benefiting from analyzing racism and white structures (e.g., Caouette & Taylor, 2007; Comeau, 2007). Despite the possible risks, I believe that the burden should not be placed on racialized scholars to do this research alone, but rather, as a white scholar who is relatively comfortable discussing whiteness and racism, I have a responsibility to contribute to this work and it is from this location that I write.

Theoretical Framework

Critical Trauma Theory

Breaking from neuro/biological and psychological lenses of viewing trauma, critical trauma theory articulates how trauma is constructed and understood as a political and cultural object (Casper & Wortheimer, 2016). Critical trauma theory traces the ways particular people are

seen as victims and particular events as trauma, documenting how this has changed over time (Fassin & Rechtman, 2009; Stevens, 2011). This theory has interrogated what these constructions of trauma do or produce in terms of subjectivity, affect, defining “normalcy,” and politics (Casper & Worthheimer, 2016; Fassin & Rechtman, 2009; Stevens, 2016). For example, some have pointed to the risks of pathologizing survival and depoliticizing trauma by focusing on the PTSD diagnosis, the brain, or framing natural reactions to horrific circumstances as a disorder (Burstow, 2003; Herman 1997; Linklater, 2014; Million, 2013). Million (1993) argued that the use of medicalized trauma discourse by colonial governments fails to address the political nature of historic and ongoing colonial violence against Indigenous people in Canada. She argued that the spread of individualist “healing programs” inhibits the kind of collective and politicized healing and activist movement required to end traumatizing violence.

In addition, with the creation of “objective” diagnostic criteria and the neuro/biological underpinnings of trauma, one might imagine the recognition of suffering was equalized; however, the exclusion of particular individuals from victimhood has always been part of the conceptualization of trauma (Stevens, 2011, 2016). For example, dominant definitions of trauma frame it as a single, horrific, and aberrant event, rather than chronic and structural experiences of harm (Fassin & Rechtman, 2009). While the DSM-V includes the consideration of repeated exposure of trauma and provides new criteria for children, the definition requires “actual or threatened death, serious injury, or sexual violence” (APA, 2013, p. 271) to qualify as trauma. This definition limits harm to direct bodily harm in an obvious, egregious attack, as opposed to ongoing material, embodied, and emotional traumas from living as a racialized person within a white supremacist society and its institutions (Hinton & Good, 2016). Stevens (2011) argued that the history of privileging more “spectacular” interpersonal events directs our attention away from chronic, “non-spectacular” experiences like racism and colonization, reproducing a hierarchy of victimhood. Relatedly, as I offered in the *Critical trauma, Anti-Black racism, and Whiteness (CAW)* theoretical framework, trauma functions as a form of white property that has value for white people, while Black people are often erased, pathologized, and punished because experiences rooted in colonialism and racism too often do not ‘count’ (Mayor, 2023).

Critical Whiteness Studies

Prior to the formalization of critical whiteness studies, Black scholars had long discussed the importance of critically examining white supremacy and whiteness (e.g., Baldwin, 1984; Du Bois, 1921; Morrison, 1992). Building on this work, critical whiteness studies highlight how whiteness creatively adapts to maintain white people’s humanity and dominance by negating another’s humanity (Ahmed, 2004; Frankenberg, 1993; Saldanha, 2007; Lensmire, 2017). Whiteness was created to justify those with European lineage as “civilized” humanity who needed to “save” other racial groups who were positioned as lesser or dehumanized, all while maintaining white innocence and goodness (Du Bois, 1921). The protection of good white innocence persists through the construction of a few “bad” racists to hide how white people are complicit in and benefit from this system without having to engage in intentional harm (Ahmed, 2004). In this way, racism continues to proliferate when people acknowledge racism exists but fail to take responsibility for personal or systemic change.

Harris (1993) articulated the largely unnamed but fiercely protected social and economic advantages to being classified as white, embedded in U.S. law and protected by the courts. In this foundational article, Harris articulated how whiteness is both an identity and a form of property

(defined broadly as anything valued that a person has a right to own, expect, or be entitled to). She demonstrated how whiteness as property enshrines white people as the only full humans, affirmed through their right to own “property-people” by enslaving Black² people and dispossessing Indigenous people of their land. Harris (1993) traced how whiteness as property continued after slavery through the legal and social normalization of material and wealth accumulation for white people and the dispossession of resources for racialized people, so much so that the introduction of policies to address these inequities are interpreted as an unfair targeting of white people.

Furthermore, Thandeka (1999) articulated the ways in which whiteness is a learned and constructed process, where white children are disciplined into internalizing white supremacy through the threat of rejection from their family and community and shame tactics. White people learn to see race as belonging to “the Other” (i.e., to BIPOC people) and themselves as unraced or simply an individual (Morrison, 1992). Morrison (1992) highlighted the ways in which white people learn to see themselves as unraced or simply an individual, with race being visible and belonging to “the Other” (namely Black people) who are collectively excluded. As Ahmed (2004) wrote, “But of course whiteness is only invisible for those who inhabit it. For those who don’t, it is hard not to see whiteness; it even seems everywhere” (p. 1). Importantly, despite claims of the invisibility of whiteness or ‘to not see race’ (i.e., colour-blind racism), it requires significant effort for those of us who are white to act as though we do not see whiteness or racism. Matias (2016) called this a racial epistemology of ignorance and Comeau (2007) called it white evasion. These claims often function to enable white people from having to change; they defend white innocence and help maintain the status quo of hoarding power.

In response to the embodied behaviour of the supposed invisibility of whiteness, critical whiteness scholars have argued for the need to intentionally make visible how whiteness operates as a structure and is embodied by individuals. Jeyasingham (2012) discussed the usefulness of critical whiteness studies in social work suggesting, “It questions a preoccupation with the problems experienced by racial others and instead problematizes the normative practices that sustain white centrality” (p. 672). Jeyasingham (2012) argued that insufficient critical focus has been paid to whiteness in terms of its construction, what it embodies, and what it generates. Ahmed’s (2007) phenomenology of whiteness suggested that whiteness is better understood as a habit, where certain behaviours become ‘natural’ through a repetition of decisions, work, and individual actions, affecting what certain bodies ‘can do.’ She traces these habits back to colonialism, which made the world ‘white’ and thus available to white bodies and racialized bodies in prescribed ways. Individuals who are white (and even those who are not white but have internalized structures of whiteness) can embody these kinds of behaviours, shaping how they perceive, react to, act in, and act upon the world.

Bonilla-Silva (2010) highlighted how color-blind racism is systemic and institutionalized but can be traced by carefully examining the literal language, discursive cracks, and grammar commonly spoken by white people. Of particular interest for this study, Bonilla-Silva (2010) outlined a kind of rhetorical incoherence (e.g., grammatical mistakes, pauses, repetition, language that does not fully make sense to the listener) that dramatically increases when white people are asked to speak about a topic that is emotionally-laden - race and racism. Leonardo and Porter

² Stemming from W.E.B. DuBois’ campaign calling for the capitalization of those of African descent (Coleman, 2020), and the history of white supremacist groups capitalizing white to bolster racist ideologies, I capitalize Black and not white.

(2010) articulated how the white anxiety to create “safe spaces” to discuss race functions as a form of violence against racialized people, as this “safety” protects white people and is dangerous for those who are not white. Similarly, Matias (2016) suggested “emotionalities of whiteness” elevate individual white pain and direct sympathy away from those who are racialized, ensuring white control over the victim role. These kinds of studies reflect what Jupp et al. (2016) call the “second wave” of critical whiteness studies in education published between 2004-2014. Their analysis highlighted a first wave of studies that focused on white privilege and race-evasive identities and a second wave that “situated individual teachers’ White identities and often “good intentions” within the machinations of whiteness at work within larger institutional and societal structurings” (p. 1168). They also noted an emergence of race-visible studies that demonstrated further complexity and nuance, offering opportunities to connect theory into practice.

Building on this second wave, more recent studies articulate how neoliberal ideologies facilitate the ongoing proliferation of whiteness and racism (e.g., Bonilla-Silva, 2017; Omi & Winant, 2014; Rhee, 2013; Taylor, 2021). In this study, whiteness is seen as operating underneath, through, and beyond neoliberal policies and ideologies. Indeed, as Taylor (2021) articulated, “neoliberalism provides both the material and discursive means for the continuing construction of whiteness” (p. 594). Rhee (2013) called this the “neoliberal race project,” discussing how the individualism and self-responsibilization ideologies of neoliberalism simultaneously (re)create racist structures while promoting the idea that each person has the capacity and responsibility to succeed. In this way, logics of colour-evasiveness and equality (rather than racial justice and equity) are embedded in neoliberal policies and ideologies, making neoliberalism “as much a racial project as a class project” (Omi & Winant, 2014, p. 221). Specific to the school setting, Bonilla-Silva (2017) described the discursive shift away from systemic barriers towards individual achievement, co-locating this shift within the logics of whiteness and neoliberalism. This relationship between whiteness and neoliberalism plays out in the assumptions and behaviors of school social workers and on the lives of students who have experienced trauma. As will be discussed later in this article, this relationship shapes the beliefs about whose trauma matters, the actions of school social workers and other staff, and normalizes the differential treatment of white and racialized students via the perpetration, institutionalization, and operationalization of neoliberal whiteness through technologies like trauma assessments and interventions.

As will be further elaborated, I offer in this article the concept of *technologies of whiteness* as a way of conceptualizing mechanisms through which the logics of whiteness are protected and proliferated through systems and institutions and are embodied and enacted by individual people. These technologies of whiteness serve to regularize white ideological values, assumptions, and hierarchies, all while being framed as commonsense and neutral ‘best practices,’ as is common in the neoliberal regime. These technologies are thus interwoven with neoliberal logics and are often justified through the needs for cost-saving measures (without considering who will suffer when cost is a primary concern), universal standards and policies (without considering what and who are not included in a ‘universal’ approach), evidence-based practices (without considering what evidence counts and who is counted in that evidence), and managing liability (without considering how liability protects institutions of power over people).

Literature Review

Whiteness and Social Work

Theories utilized by social workers often adopt white, middle-class norms (along with other dominant norms like patriarchal, cis-heterosexual, Christian, etc.) as the “healthy” standards (Akumatsu, 2008). Social work is rooted in a specific legacy of colonialism and whiteness, even though this history is often minimized or ignored (Gregory, 2021). It is a profession of mostly white women who benefit significantly from this “helping work;” this gendered white saviorism has been part of the colonial project to justify ongoing intrusion into racialized groups’ lives and communities while maintaining goodness and innocence (Badwall, 2014). Vincent’s (2023) recent study demonstrated the ways in which whiteness is enacted through discourses and practices of “professionalism,” resulting in relationships with refugee clients based on power and control over relationality and care. Despite this, current studies that explore how whiteness may continue to be embedded and resisted by social workers are rare (Badwall, 2014; Murray-Lichtman & Elkassem, 2022; Vincent, 2023). Due to this gap in research, Friedline et al. (2023) called on social work researchers to focus on white supremacy research.

School Social Work

Despite schools being a popular place where social workers practice, there is a dearth of literature on school social work in Canada, with fewer than 10 articles and no chapters or books published over the last 20 years on this topic (Bates, 2006; Crooks et al., 2020; Elkassem & Csiernik, 2018; Lalonde & Csiernik, 2010; Lovarco & Csiernik 2015; Mayor, 2019; Mayor, 2025). According to the Canadian Association of Social Work (2002), truancy officers began working in schools in the 1800s, were renamed as attendance counsellors in 1919, and formally introduced as social workers in the 1940s. Huxtable (1998) reported that Canadian school social workers often serve as attendance counsellors, and address emotional, behavioural, familiar, community, and school system issues; however, this was not based on any formal research.

Of importance to this study, school social work is taking place within the ongoing neoliberalization of schools and social work. Lalonde and Csiernik (2010) conducted an exploratory study on what kinds of social work services were being offered and challenges school social workers face in Ontario. Their findings suggested that most had high caseloads, covered large geographical areas, and that educators and families often did not understand their role. Allen-Meares et al. (2013) reported that school social workers worldwide are increasingly required to employ evidence-based practice (EBP). Bates (2006) critiqued the increasing neoliberal pressure for EBP, with her qualitative findings demonstrating the tensions school social workers report about rigidly applying these models “as prescribed,” choosing instead to adapt approaches as needed, tailor interventions to each child, and incorporate practice wisdom as “legitimate evidence.” Notably, this research was conducted 15 years ago and therefore may not be reflective of the current context of increased pressure for brief interventions, EBP, and manualization (typically defined as an intervention that pre-determines and prescribes a fixed protocol, the length and frequency of sessions, clinical guidelines, and standardized procedure for each client) in the field of social work and the school reform era.

In the existing literature on school social work in Canada, most of the articles do not include the word racism and rarely call for a critical approach to practice; a notable absence. The

international literature on the role of school social work in perpetuating or challenging racism and whiteness remains thin. Meza (2020) articulated the need for a critical school social work lens, arguing that school social work's tendency to try to quantify effective interventions without considering racial inequity results in the harmful status quo continuing for racialized students. Gregory (2020) explored how whiteness contributes to most school shootings but is almost always erased from the narrative and research, arguing that school social workers "must engage whiteness directly, not simply as a benign attribute, but a social construction with potentially toxic effects that should be problematized" (p. 159). Phillipppo and Crutchfield (2021) named the need for an anti-racist practice, research, and training model for school social workers. Many of the existing critical articles highlight the need for school social workers to advocate for individual students and to push for macro-level structural change in discipline policies (Dutil, 2020; Huguley et al., 2020; Joseph et al., 2020; Kyere et al., 2020), end the use of police in schools (Sosa, 2020), address the overrepresentation of racialized students in special education (Bean, 2011), and fight for educational justice (Ball & Skrzypek, 2020). Most, however, implicitly assume that school social workers are prepared for doing this anti-racist advocacy and structural change work, without exploring how school social workers may (unintentionally) support racist structures at the macro-level or protect white students and staff at the micro-level.

Critiques of Trauma-Informed Education

A small group of scholars have critiqued the TIP in schools movement. As argued by others, many TIP programs ignore the systemic and socio-historical context of both schools and the population they are meant to be supporting (Gherardi et al., 2020; Golden, 2020; Golden, Duane, et al., 2023; Golden, Khasnabis, et al., 2023; Khasnabis & Goldin, 2020; Joseph et al., 2020; Mayor, 2019, 2025; Petrone & Stanton, 2021), often reproducing a Western biomedical understanding and assessment of trauma and implicit pathologization (e.g., ACEs checklist) (Gherardi et al., 2020; Golden, 2020; Mayor, 2019; Petrone & Stanton, 2021). Golden et al. (2021) found that these biomedical and pathology-based deficit models of viewing students who have experienced trauma are rooted in white saviorism and result in the weaponization of TIP against students. Others have already outlined how TIP programs, policies, and trainings are influenced by neoliberalism through their focus on developing individual resilience, self-regulation, and coping skills to deal with trauma that is assumed to happen outside of school (Gherardi et al., 2020; Golden, 2020; Mayor, 2019).

Relatedly, Herrenkohl et al. (2019) found that most trauma-informed school interventions are designed to reduce trauma symptoms by using cognitive behavioral therapy (CBT) techniques. TIP research has been dominated by CBT approaches (Chafouleas et al., 2019; Zakszeski et al., 2017) which label beliefs about the world not being safe as "distortions" that need to be adjusted. This approach assumes there is an innocent pre-trauma time, where a life of safety was interrupted by an unusual and terrible experience (Stevens, 2011, 2016), a myth only accessible to those with some experiences of power and, likely, whiteness. Many trauma-specific CBT programs (e.g., Cognitive Behavioral Intervention for Trauma in Schools [CBITS], Support for Students Exposed to Trauma) spend 1-2 sessions discussing the traumatic event/s with the students (Chafouleas et al., 2019). While rarely critiqued in the psychology literature, dedicating only 1-2 sessions on the trauma requires careful thinking about what kinds of trauma these programs are created for (i.e., aberrant, single events) and whether ongoing traumas resulting from colonial and racist systems are likely to be expressed in this timeframe. Additionally, many schools implement TIP within a

larger behaviorist structure – often Positive Behavioral Interventions and Supports (PBIS) – which labels, punishes, and surveils students, particularly those who are racialized and disabled (Kim & Venet, 2023).

There are risks to merely adapting these existing models for students who have experienced racial trauma. For example, CBITS frames itself as “culturally responsive,” using a study with Indigenous students as an example of the model’s cultural responsiveness (Morsette et al., 2009). However, even though white people have enacted extreme genocidal and colonial violence against Indigenous groups, the belief that all white people hold racist beliefs was used as the example to teach Indigenous students what cognitive distortion was (Morsette et al., 2009). Few agreed to participate in this study and for the seven students who did, there was a 43% attrition rate, perhaps related to a disconnect between the Indigenous participants and the treatment provided. This contrasts with Indigenous-centered trauma work grounded in the context of colonialism, intergenerational trauma, and Indigenous ceremony and practices (e.g., Brave Heart et al., 2020). It also contrasts with the holistic trauma framework that rejects a white-dominant colonial logic (Farinde-Wu et al., 2023).

Scholars that are critical of the more dominant and often whitewashed TIP in schools have pointed out a need to incorporate a critical race theory and/or social justice perspective (Davis et al., 2022; Gherardi et al., 2020; Golden, 2020; Joseph et al., 2020; Mayor, 2019), particularly given that many TIP school programs do not include racism as trauma (Khasnabis & Goldin, 2020; Mayor, 2025; McAdoo et al., 2023). Duane (2023) importantly defined school-based trauma (SBT) as “the response to an event or series of events – witnessed or experienced in person or virtually – at school” (p. 5), which are rooted in dehumanization and cause specific harm to Black youth. Others have discussed how TIP fail to recognize schools as potential places of trauma for racialized and marginalized students (Gherardi et al., 2020; Khasnabis & Goldin, 2020; Kim & Venet, 2023; Petrone & Stanton, 2021), particularly for Black students (Duane, 2023; Mayor, 2025; McAdoo et al., 2023). Previous findings from the larger study from which this study is drawn indicated that Black students are specifically erased from episodic and interpersonal trauma support; trauma definitions reinforce colonial and anti-Black logics; punitive and carceral school-based responses produce additional trauma for Black students, and school social workers fail to see racism as their responsibility (Mayor, 2025). No known research has explored the role that school social workers may play in maintaining and perpetuating whiteness through TIP.

Methods

This article is situated within a larger critical qualitative study focused on how whiteness and anti-Black racism structure K-12 school social workers’ definitions of trauma and their responses to students in Canada (see Mayor, 2022, 2025). This article presents findings from the research question: How does whiteness structure how Canadian school social workers recognize, understand, and respond to students’ expressions of trauma in K-12 schools?

Recruitment Process

All aspects of this study were approved by the Research Ethics Board of Wilfrid Laurier University (REB #6236). This study focuses on school social workers, who are disproportionately

middle-class white women³ and whose assumptions about trauma, race, and behavior are likely to have an impact on students. A purposive sample was sought from three K-12 school boards in Ontario, Canada. Due to a provincial strike and COVID-19, the sample was expanded to any school social workers with work experience in a public or private K-12 Ontario school. Recruitment materials were distributed by the Ontario College of Social Workers and Social Service Workers and the Ontario Association of Social Work's website. A total sample of 19 participants completed a consent form, a demographic questionnaire on Qualtrics, and an interview. Participants received a \$20 gift card and each chose their own pseudonym. For a table with the sample's detailed demographic background, see Mayor (2025).

Data Collection and Analysis

Semi-structured interviews were conducted by the author that explored participants' reactions to four piloted brief vignettes (see Table 1). The full interview guide with the vignettes in context can be found in the Appendix. No social identifiers for the students described in the vignettes was provided; two focused on "spectacular" (interpersonal and/or episodic) trauma and two on "non-spectacular" trauma (systems rooted in inequity or racism) (Stevens, 2011). In qualitative vignette research, only the beginning of a story is provided to collect data about participants' assumptions and attitudes (Törrönen, 2018). In this study, participants were asked to imagine each of the vignettes happening at their school. Questions were used to debrief what they would do in response, the intersectional identity of the student they were imagining, and how, if at all, they understood trauma to be playing a role in the vignette. This study was interested in how participants analyzed these scenarios, whether race and/or trauma was part of their conscious consideration, and how educational and social work practices and policies constrain and shaped their decisions. Extensive field notes documented the nuances of how participants responded, including any verbal and non-verbal changes. All interviews were audio-taped and professionally transcribed.

Lawless and Chen's (2018) critical thematic data analysis was utilized, with coding organized and documented using NVivo. During the first phase of open coding, recurrence, repetition, and forcefulness were examined. During closed coding, the data was explicitly coded using the theoretical framework previously articulated. Two key themes were developed: the protection of white victimhood and the embedding of (neoliberal) technologies of whiteness into TIP. As is common in the write-up of critical thematic analysis, the links between the theoretical framework and the themes have been explicitly articulated in the findings. As is common in qualitative research, the quotations shared in the findings of this article were selected based on how well they illustrate the thematic findings, represent the breadth and depth of patterns in the data, and are easy for the reader to read in terms of length and complexity (Eldh et al., 2020).

Methodological Integrity and Research Reflexivity

I position myself as being complicit with the kinds of reproduction of whiteness through TIP that I critique in this article, thus peer debriefings with racialized and white scholars provided

³ While there are no available demographic statistics of school social workers in the Canadian context, Johnson and McKay-Jackson's (2020) study demonstrates the "overwhelming whiteness" of school social workers at 81% in their sample.

feedback on my analysis and methodological decisions. A number of ethical quandaries emerged during data collection as a white researcher, demonstrating how the research process itself offers opportunities to reify and to interrupt whiteness at work (see Mayor, 2022). Additionally, I incorporated member-checking, providing emerging analysis from earlier interviews for participants' feedback. Participants could review or edit their interview and see the quotations selected for dissemination; five individuals engaged in this process. Throughout the research process, arts-based self-reflexive memos helped me remain accountable to working from an anti-racist research praxis, including interrupting whiteness, anti-Black racism, and colonialism as it emerged in participants and myself (see Mayor, 2022).

Protecting White Victimhood

The findings described below offer ways of understanding how 'trauma-informed' schools and school social workers may protect whiteness through their individual assessment and practice with students and their support of an inequitable school system. These findings affirm the literature which suggests that social work is built on white norms (e.g., Badwall, 2014, 2016; Jeffery, 2005; Todd, 2011) and that education is a space dominated by whiteness and a site of trauma (e.g., Carr & Lund, 2007; Dei et al., 1997). Two themes are elucidated: school social workers engage in practices that protect white victimhood and (neoliberal) technologies of whiteness are embedded into mainstream TIP. Included are examples of contrary findings where participants provided examples of their capacity to resist and challenge whiteness. Summarized stories and direct quotations from participants that illustrate these themes are included below.

A core theme was how TIP may protect white students and dismiss the trauma of racialized students. Paige, a white participant, explained that trauma referrals come from (largely white) staff, stating,

I don't think I've thought of this before but now that you mention it, I think that [...] there's more white kids that are being referred percentage wise than kids of colour who are not even likely to be referred or have an advocate in the same way. And those kids [that have the most challenges or need] have not been referred by the school. The pathway to which they came to me was usually a friend.

Paige had not noticed most of the students she sees are white until asked, perhaps speaking to how whiteness shapes who is seen as the normative trauma victim. In this example, white students have staff advocating for them, while racialized students must rely on peer referrals.

Amy, a white participant, explained how a child's trauma needs to be "verified" by either the police or child welfare in order to receive a trauma assessment that is required for mental health services. This requirement, she simply said, "*is out of my hands.*" This practice problematically forces children and families to be in contact with two institutions which disproportionately harm racialized families. This requirement also makes clear what kinds of harm are likely to be 'verified' as trauma – only interpersonal forms of trauma (e.g., sexual abuse) and possibly community forms of trauma (e.g., natural disaster). Ongoing experiences of racism, state-produced forms of trauma (e.g., police brutality) and historic, colonial, or anti-Black forms of trauma (e.g., loss of language and land) would fall outside of these pathways for trauma supports.

Relatedly, participants commonly reported using trauma diagnostic tools in schools that reinforce whitewashed forms of trauma ("spectacular" and interpersonal) and the pathologization

of racialized students. For example, participants identified using the original Adverse Childhood Experiences (ACEs) Questionnaire (Dube et al., 2003; Felitti et al., 1998) when conducting a trauma screening with students. Mr. Ferris, an Indigenous participant, critiqued ACEs for being based on a study of and by white people that leaves out racism, colonial, and intergenerational trauma. He highlighted how trauma must include ongoing Indigenous genocide, stating,

The intent was to destroy the Indigenous population [...] I think Indigenous people are trying to find their own way of describing what happened to us. And we have ‘trauma-informed this’ and ‘trauma-informed that’. But we’re just starting to learn to hear and listen and hear our stories and to feel the impacts.

He argued that the original ACEs model has no room for conceptualizing the harm of the 60s scoop, the loss of relationships to the land, or residential schools.

Participants also often lacked clarity about how they would support students in the vignettes that involved colonial or racist trauma. In response to vignette #3, Jean, a white participant, stated,

Oh wow so then you’re getting into the whole structural violence thing. And does that cause violence to someone? Well yes I think it can but I think that the perception of it being trauma by others would be less likely. And I’m saying that because when I think of structural violence and things like social murder and all of those kinds of things, they’re so ingrained in our systems that if you, for some people, if you can’t put your finger on an event like “This happened” and you know in a very specific way, then they would struggle to see that as trauma. But I think that is a type of trauma that I don’t think we’ve really got our head around yet. Personally. But I’m sitting here thinking, how would I approach that? What kind of intervention would I be offering? And I can’t think of lots of resources in my room that would immediately jump to mind.

In part, Jean’s response demonstrated some of the ways in which white people are not trained to see racism as daily, ongoing, and traumatic in educational institutions. Jean’s answer also reflected the failure of dominant TIP practices and definitions to include the realities of structural violence for racialized students. Her response indicated she was unprepared personally, but perhaps most importantly that school social work as a field has not prepared her, to support racialized students who experience structural trauma.

Unfortunately, many participants avoided discussing racial trauma with students. For example, Sophia, a white participant, refused to answer questions during the interview about the identity of the student she was picturing in the vignette, often claiming she had not imagined any aspect of the student’s identity (e.g., “*I hadn’t thought of race at all*”). Using this color-evasive logic, she emphasized how the gender, race, etc. of the student had no impact on her understanding of the scenario or what she would do during it. I was left to wonder if, for example, Sophia was supporting a young woman who had been sexually assaulted, whether it might seem like common sense to consider her gender when asking her questions about her experience and if the mention of race might be provoking a race-evasive response. While I cannot know this with any certainty, this example may reflect how white people are often taught to avoid conversations about race or to even admit that they notice race.

Given her previous responses, when Sophia later claimed to regularly talk about racism with her students, I asked her about these conversations. In response, she folded her arms, turned her body away, and her speech pattern became more anxious and faster, followed by long silences and unfinished sentences. She was unable to give a single example of these conversations and struggled to formulate a question about racism, saying,

We talk about everything. We talk about absolutely – ‘Do you think that-’ [pause]... You know [long silence]... I’ve worked with so many people from so many places and nationalities that [silence]... Do I? [pause]... I’m trying to think of how I word it. [silence] So I mean I will say, ‘What’s it like being a Black man?’ or ‘What’s it like being a Black woman?’ or [pause]... ‘Do you think that...’ um [long silence]... I don’t... If they start a conversation about a teacher feeling racist, then we’ll have that conversation. But sometimes we’ll just talk about being a person in the world. But I’m also a white woman, so I’m also understanding and I’ll say, ‘I’m a white woman.’

Given Sophia’s significant shift to an anxious tone, affect, and speech pattern, I found myself doubting whether she has regular conversations about racism. These kinds of anxious responses occurred with several white participants and are examples of what Bonilla-Silva (2010) calls rhetorical incoherence – a kind of common race-evasive linguistic and affective response that is an interpersonal demonstration of systemic and institutionalized colour-blindness. This difficulty discussing racism in interviews with a white interviewer may be a signal that discussions about racism might be awkward or not happening at all with students who are facing racial trauma in and out of school.

Additionally, participants tended to display greater concern when they imagined a white student who had experienced an episodic form of trauma during vignettes #2 and #4. For example, Gemma imagined a white male student in vignette #2 who had experienced domestic violence or physical abuse, and described feeling sad, worried, and a tightness in her chest. In contrast, Bryan, a white participant, pictured a Middle Eastern refugee child who had experienced a bombing in the past and reported having no affectual response. When asked how he thought other social workers might respond to this scenario, he replied,

I think they’d want to talk to the kid. They would feel worry or fear for the kid. They’d want to learn about why that response was like that. But I also see other social workers, myself included, saying ‘Let it go.’ [laughs]. If there’s no other fears or concerns for this student, just let it go.

While not all participants responded in this way to imagined racialized students, there was a pattern of difference in the quality of concern and depth of empathy.

Sarah gave several examples of how Yezidi refugee students who had experienced captivity, rape, torture, and the deaths of family members were treated in her district. She described advocating to the principal for three Yezidi students to be excused from a lesson on sexual coercion given they have all experienced extreme sexual violence and would not have supports for them at school. She reported, “*The principal got really pissed at me and turned to me and said, ‘You know, I did hear the captivity actually wasn’t that bad for some of the kids.’*” While Sarah expressed frustration at the principal’s lack of empathy, racism was absent from her analysis about why these students’ experiences were dismissed. Instead, Sarah rationalized this as a dissociative coping mechanism for educators, stating,

Most of these teachers have children of their own. So the only way I make myself feel better is that they aren't missing that gene that gives them compassion but that it's actually so horrific that they are dissociating themselves from it.

It is notable that this white social worker preserved the "goodness" of her colleagues who were unable or unwilling to sit with racialized students' pain.

Jean, a white participant, repeatedly noted racialized students needed to "*keep their heads down*" at school. She described administrators providing a room for racialized Muslim students to use at lunch during Ramadan but being scared to announce this option and "out" the students. Since Jean noted these students needed to keep their heads down or might not want to be outed as Muslim, it indicated to me that there might be an anti-Muslim climate for racialized students in the school or community. Thus, I asked her if these students were being targeted by white students. She stated,

I don't think it's a reality. I do think that there are one or two students in the schools that I work in, and I really do mean one or two, like it's a small number of students, who enjoy creating discomfort. I'm going to say they enjoy that. They're comfortable – that's a better word, not enjoy – they're comfortable creating that discomfort. So when something like that is highlighted, there's a few of them that would be like 'Oh yeah let's go check this out and see what we can-'. But that doesn't necessarily mean they're against it right? It means they're interested in it or they're drawn to it.

Jean appeared to work hard to defend and maintain the goodness of these white students who enjoyed making racialized Muslim refugee students feel uncomfortable. She also minimizes the students' experiences by framing this as "discomfort" rather than racist and anti-Muslim harassment by students. Both white administrators (who were afraid to name racial or religious differences) and Jean (who quickly excused the discriminatory behavior of white students), failed to interrupt racism and anti-Muslim hate as a form of trauma in school and reinforced whiteness as goodness. Furthermore, in the story she told, the Muslim students are not only left experience this discriminatory school climate, they also do not appear to easily learn the information about the religious accommodation made for them during lunch.

In contrast, when participants told stories about white students who complained about their treatment, they were taken seriously and accommodations were provided. For example, Suzy, a white participant, described young white male students boldly claiming teachers were treating them unfairly and receiving protection in response to vignette #1, noting,

I think that certain kids are taught that their needs are the most important needs [...] they're taught that at home. But then at school, too, certain kids are given more entitlements than others so it's reinforced in that way as well. Like the little white boy who's moved to another class. If he were a little Black boy, would he be moved to another class because he complains about his teacher not liking him? It runs so deep... so yeah, I think a lot of it is about entitlement, about a sense of "what I deserve."

In addition, there were times when white participants seemed to focus on their own suffering *over* the difficulties of their racialized students. For example, Claire, a white participant, argued school social workers should not be in a school for more than five years because some

schools have higher levels of trauma. She told a story about one school with a large Black population in a structurally disadvantaged neighborhood where, within a month, a student was stabbed to death on school property and another student was shot at a family gathering on graduation night. My concern as a listener was for the students and families most impacted by these deaths and the systemic factors that make it more likely for racialized and poor students to face these traumas. Yet Claire described her first thought as: “*Oh no! Not [name of school social worker] again!*” By focusing on her professional allegiance to her colleague, Claire appeared to reposition school social workers as the victims and did not center the impact on students and their families, which may serve as an example of white privilege. Further, rather than calling for more structural supports for staff working in these schools or for systemic community change for these students and families, Claire’s focus was on the individual trauma of this school social worker.

(Neoliberal) Technologies of Whiteness Embedded into TIP

Time-Limited Approaches

Many participants noted that systemic challenges and the lack of priority and funding given to mental wellness and school social workers has serious impact on them, the ability to do their job well, and the students they serve. Participants described covering large numbers of schools without consideration for the various needs at each location and receiving an unsustainable number of referrals, resulting in a lack of relationships with students, families, teachers, and administrators. Gemma, a white participant, highlighted how recent austerity policy budget cuts in Ontario significantly impacted the TIP of social workers, saying,

School social workers are so overwhelmed with their roles and responsibilities that often you’re struggling to keep your head above the water with the individual cases you have. With the cuts from the provincial government two years ago, [...] we lost probably about 30 staff and they gave their jobs to us. So then the additional expectations and more and more and more and you get to the point where you’re like, ‘What am I focused on?’ and focus on the students falls behind.

Similarly, Jean, a white participant, understood moving social workers to different schools as an intentional Board strategy so that schools do not become “dependent” on having mental health support. Paige, a white participant, discussed how despite her best efforts, the lack of time she has with each student deeply impacts her support, stating, “*You want to always be doing right by somebody and be helpful to them. And that’s something that I’m afraid of. That I’m being set up to fail almost. What if I do more harm than good?*” This intentional underfunding impacts all students, but disproportionately harms racialized students and shapes what trauma interventions school social workers can provide. Participants discussed feeling increased pressure to only provide brief counselling and to close the case or refer the student to community services, despite multi-year wait lists for children to be seen. Sophia, a white participant, named her anger at being pressured by the ministry to be done in 4-6 sessions, stating, “*We have a lot of challenging situations with kids who are dealing with so many difficult situations and don’t have lots of trusting relationships and I’m very much based on relationship... You’re just getting to know a kid in four sessions.*” Shalini, a racialized participant, highlighted how brief counseling mandates disproportionately impact racialized and poor students, noting wealthier white families can afford to put their children in private services.

Many participants talked about the increasing pressure from school boards and the government to only offer manualized “evidence-based” therapeutic interventions. The most reported was cognitive behavioural therapy (CBT). Jo, a white participant, indicated that in a previous school board, all the social workers received the same CBT training to customize with each student. Jo appreciated this plan, lauding it for the consistency and generalizability it provided across the team. In contrast, a white participant, Jean, was uncomfortable with the prescription of interventions, saying, *“You’re not the counselor and you’re not the client. So what gives you the [right]? It would make me feel very uncomfortable that they were influencing the environment in a way that wasn’t necessarily in the client’s best interest.”* Jean suggested the rationale for using CBT was inappropriate given that these manualized approaches are not necessarily the right fit for all students but are often simply easier to research.

Similarly, Mr. Ferris, an Indigenous participant, critiqued the introduction of the Ontario Structured Psychotherapy program that lasts 8-16 weeks, arguing that expecting someone to confront memories of residential school in limited sessions is what *“makes help seeking traumatic.”* Mr. Ferris underscored how time-limited and manualized models are inappropriate for working with colonial traumas like residential schools, Sixties and Millennial Scoops, loss of language, removal from land, and missing and murdered Indigenous women and girls. To underscore his point about the harm of mandating culturally inappropriate trauma interventions, Mr. Ferris told a story about being brought in to after a student suicide, learning that the surviving students spent their evenings making nooses. Mr. Ferris highlighted the kinds of serious colonial and intergenerational trauma these Indigenous students face, articulating, *“And this is a perfect example of where 8 to 12 sessions isn’t working, couldn’t work.”* He implored school social workers to instead work from a place of *“wise practices.”* He explained, *“You know, who cares if these social workers know ‘best practices!’ Wise practices are the ones that fit where you’re located and what’s happening around you and can best support the people in front of you.”* Mr. Ferris explained that popular trauma models are created with a white client in mind, suggesting that true TIP center Indigenous forms of healing like learning the language, circle process, time on the land, ceremony, and using the arts to express one’s story.

While ‘wise practices’ is a term that describes weaving elements of healing from Indigenous and Western different modalities in order to best meet the needs of Indigenous people, rather than assuming all approaches work for all individuals or groups (Wesley-Esquimaux & Snowball, 2010), some non-Indigenous participants also described bringing in activities and approaches outside of the white dominant and neoliberal domain of ‘evidence-based practices’ or ‘best practices,’ pushing back against the increasingly required individual CBT interventions. For example, Fatima, a racialized participant, incorporated restorative circle principles in her individual counseling sessions, including radical practices of deep listening. She noted, *“[The students] just say they’re grateful. I’ve had them cry. I’ve had kids just cry and say, ‘Oh I didn’t know you were going to listen to me.’ That tells me a lot that kids just don’t get listened to a whole lot of times.”* Maria, a white participant, highlighted how truly collaborative work with racialized families is needed, where white social workers are willing to ask the hard questions of whether their approach is working and if they can do better. In these examples, school social workers demonstrate their capacity to reject the prescribed white colonial model of trauma-engaged practices that often rely on deficit narratives or behavioural modification, and instead weave practices that help them engage meaningfully with their students.

Self-Responsibilizing Trauma Interventions

Participants described utilizing TIP centered on self-regulation skills (e.g., breathing techniques, learning about emotions) and behavioral approaches (e.g., positive and negative reinforcement), often laced with white neoliberal values of self-responsibilization (Golden, 2020). While it can be helpful for students to identify their emotions or feel grounded in their bodies, this focus risks framing individual students who are unable to manage their trauma reactions as the problem, without addressing the traumatizing conditions that racialized students face in and out of school. These kinds of interventions do not address the core issues of why students are, as Truth described, “*frequently acting out of expressions of fear or terror*” in the first place. For example, if a child is reacting to the racism embedded in a teacher’s surveillance and punishment (vignette #1), the use of breathing techniques are unlikely to be offered in the moment and also will not alter the conditions that created a lack of safety for the student. While school social workers cannot control all of the ways in which racism and white supremacy are built into the education system, to believe that these kinds of TIP tools are the solution reinforces an idea embedded with whiteness that a lack of grounding, socio-emotional, or cognitive behavioural skills are the main issues for racialized students.

Worse, Sarah, a white participant, discussed the use of a punitive behavioral management approach. A teacher asked her to do a classroom observation on an Indigenous student who had experienced colonial and interpersonal traumas. The teacher has been previously told by a behavioral teacher on special assignment that every time the student did something disruptive, she should rip off one of five tickets from a laminated card attached to Velcro. When all five were gone, he would be suspended. Sarah explained, with sarcasm,

Never mind that really lovely, soothing whip of the Velcro... that doesn't just send him more into... fight or flight. Again, there's nothing relationship-based... in that approach at all. It's so misinformed, and it's actually not just misinformed, but more... you are doing more damage at that point.

She pointed out how the loud ripping Velcro sound may evoke a hyper-aroused startle response, humiliate the child, and function to punish his trauma responses. Despite being framed as therapeutic and trauma-informed, this intervention was likely to result in his suspension and risked contributing to the school-to-prison pipeline for an Indigenous student because exclusionary discipline is linked with higher chances of contact with the criminal punishment system. Sarah reported working with the teacher on alternative interventions rooted in building a relationship, but she underscored how these behavioral modification practices continue to proliferate, aligning with Kim and Venet’s (2023) critique about the intertwining of the punitive nature of PBIS with TIP.

Pathologizing the Neuro/Biological Impacts of Trauma

Participants often adopted a deficit-oriented neuro/biological explanation for the impact of trauma, commonly referring to Siegel and Bryson’s (2012) conceptualization of *upstairs brain* (responsible for complex thought, planning, morality, empathy, and decision-making) and *downstairs brain* (responsible for basic bodily functions like breathing, emotions like anger and fear, and impulses). For example, Gemma, a white participant, explained, “*The impact of trauma on the ability to self-regulate and the ability to think. You know, your downstairs brain is so strong*

and powerful, it's hijacked your upstairs brain. And what impact that does and [...] what's the teacher to expect [when that happens]?" In this explanation, a brain is "hijacked" (evoking a criminalized term) and a student who has experienced trauma is unable to think (reinforcing a narrative of damage and lack of rationality/intelligence). Gemma explains trauma to teachers by saying, "You know, they live in their downstairs brain," using language that suggests she sees survivors as operating from a fixed state. The term "*primitive brain*" was also used to describe a student's trauma reaction. These understandings of trauma risk viewing a child as permanently damaged and reinforce a pathologizing narrative that some children do not have access to higher order thinking, empathy, or decision making. Given that these descriptions of what makes "traumatized" brains different aligns closely with racist arguments about the brain (e.g., white people as having access to this higher order thinking and racialized people as being more aggressive and "primitive"), this conceptualization of a "traumatized brain" is more dangerous when applied to a racialized child. Susan was one of the only participants who explicitly critiqued this urge to "*psychiatrize*" students who have survived trauma.

Liability-Centered Policies

Participants also shared practices that prioritized limiting the risk posed to the school, perhaps over the needs of the student. Examples of liability-centered risk management emerged when talking with participants about non-suicidal self-injury (NSSI) and suicide assessments in response to vignette #4 (where a student appeared to have cuts on their arms). Many participants listed required protocol, which often included a formal suicide assessment, alerting other school employees, calling parents, and potentially calling child welfare or emergency services. Little attention was given to how students were feeling or why NSSI might appear to be a good option from the student's perspective. When Carol, a racialized participant, was asked if she inquires about the student's source of distress, she replied,

I think I'm focused more on the behaviour because of its risk level than the motivations behind the behaviour [...]. I think that most of the reasons people are cutting is, you know, a little more benign. It's a way of testing something to see if it works for them. And so while I would definitely be interested in why they're doing it, I'm not expecting to get to that any time soon. What's more important to me is helping them not cut themselves.

Carol demonstrated a common belief – the way to help the student is by stopping the behavior that disturbs them, rather than focusing on the circumstances that disturb the student.

Michelle, a racialized participant, critiqued how adults pathologize and control children through policies that conflate NSSI with suicidality and regularly remove them from school. She described how school social workers move into autopilot when enforcing these policies, focusing on managing risk and punishing the child for finding ways to cope. As Michelle pointed out, when this is the "trauma-informed" response, students learn not to tell the truth again. She noted,

It's a very cold approach to policy, like, 'This is what our pieces of paper are telling us to do.' It doesn't make the student feel good. And who's talking to the student saying, 'Good for you for identifying that you're in some pain. I'm sorry that you're dealing with that. How can I help solve the problem that's causing you to feel like this? Tell me about it.' There's no conversation.

Refusing these liability norms steeped in whiteness, Michelle described getting curious about what the self-injury provides for the child, working on harm reduction, expanding bodily autonomy, and advocating for less punitive responses.

When discussing suicide prevention, Mr. Ferris, an Indigenous participant, highlighted the need to ask youth explicitly about traumatic experiences. He told a story about a Pentecostal minister screaming at Indigenous parents that they were at fault for their children's suicidality because they had the devil in them. Mr. Ferris explained that because their parents were being blamed, the youth were not talking about their distress. He emphasized how important it is to directly name colonial and state-produced traumas to challenge collective deficit narratives, saying *"You have to be able to ask, cause they wanna be asked directly."* He noted that suicidality is the natural and intended outcome if you take everything away from Indigenous youth and attempt to dehumanize them, powerfully stating, *"They are dying to please their oppressors."* Mr. Ferris emphasized the harm that social work settlers do when they skip over the truth, stating, *"I really, really want you to capture this. I want you to capture that when working with Indigenous people, Christine, the obligation is **truth** and then reconciliation."* White social workers have a responsibility to ask and speak about these traumas, rather than deflect or minimize them, or they have no business working with Indigenous youth.

Discussion

The findings demonstrate how school social workers can play an under researched but important role in protecting and resisting whiteness through TIP in schools. The fantasy of good, innocent whiteness and white saviorism is well documented in critical whiteness studies (e.g., Ahmed, 2004; Frankenberg, 1993) and social work (e.g., Badwall, 2014). This study demonstrates several participants positioning themselves as "good white people" and the risk of perpetrating white saviorism (Golden et al., 2021). White participants often claimed to discuss racism with students, while simultaneously struggling to hold conversations about whiteness and racism during interviews. These exchanges were marked with long silences, thin answers, different affect and body language, and frequent changes to the topic, providing examples of how "emotionalities of whiteness" (Matias, 2016) and the embodiment of rhetorical incoherence (Bonilla-Silva, 2010) can be deployed by school social workers. In addition, the minimization of the trauma of racialized students and protection of (white) school employees were depicted in participant responses, despite their claims to do "trauma-informed" or social justice work.

As critical trauma theory argues, the decision of who is seen as a trauma victim is far from neutral; an event "becomes" a trauma when a life of relative safety is interrupted and marked by an unusual and terrible experience of harm (Burstow, 2003; Fassin & Rechtman, 2009; Stevens, 2011). Indeed, white participants often imagined white trauma victims and framed themselves as victims of this system, reflecting trauma as a white entitlement. The privileging of white trauma victims is embedded in the selection of assessment and diagnostic tools that legitimize whitewashed forms of trauma ("spectacular," episodic, past-tense, and interpersonal) and fail to include racist and colonial traumas. School social workers frequently referenced using the original ACEs checklist (Felitti et al., 1998), which, as Joseph et al. (2020) argued, was normed on middle class white people and "reinscribe[s] whiteness as property in trauma evaluation" (p. 163). Relatedly, an overwhelming number of participants reported never asking about trauma in school because of the risk this may pose to students. This was the case even when traumatic experiences

were getting in the way of learning or when students were experiencing traumatic, racist experiences at school.

Given that how trauma is defined and who is imagined as a victim are embedded with whiteness, it is unsurprising that social workers commonly used “trauma-informed” technologies of whiteness, including a focus on neuro/biological deficit models, self-responsibilization, behavioral modification, and liability-centered decision making. By seeing responses to trauma as symptoms that need to be regulated, ways of surviving are labelled as pathology (Burstow, 2003; Casper & Wortheimer, 2016; Fassin & Rechtman, 2009). While well-intentioned, these neoliberal practices place the burden on the individual’s ability to adapt to adversity (Mayor, 2019). When self-regulation is mistaken as the end goal, these interventions do nothing to end traumatizing conditions and fail to recognize how trauma responses are ways of surviving. Critical practice techniques that clearly locate the source of the problem in traumatizing conditions are needed. However, participants talked about increasing pressure from school boards or government to only offer brief, structured, and manualized therapeutic interventions, a reflection of both whiteness and neoliberal ideologies. This finding aligns with previous research that found manualized CBT strategies are the most common in trauma-informed schools (Chafouleas et al., 2019; Zakszeski et al., 2017) and that mental health and TIP in education are influenced by the neoliberal ideologies of corporatization and standardization (Gherardi et al., 2020; Golden, 2020). This widespread adoption of CBT practices in TIP has occurred under the assumptions that positivist, randomized control trials, and supposed “universality” of interventions make this approach the best, rather than the easiest to study. As argued by participants, CBT and other manualized models are not typically built for students facing ongoing colonial and racist traumas.

Importantly, the underfunding of schools and mental health care reflect the undervaluing of both, creating neoliberal austerity conditions that encourage these “trauma-informed” technologies of whiteness to proliferate and to be seen as common sense. The findings demonstrate social workers being positioned to work from a liability-centered approach, which puts the focus on minimizing their own risk. Participants discussed their fear of not following policies, even when they disagree with the results of enacting them. When school social workers have high caseloads and are spread across multiple schools, these austerity measures are used to justify time-limited behavioral interventions, even when these approaches may not be in the best clinical or educational interest of the child. These pressures leave less time for school social workers to fight for systemic change in and out of school and build meaningful relationships to support students who are exposed to trauma. A few, notably often racialized participants, described resisting these policies.

Limitations

The findings must be considered in relationship to the limitations of this study. With a sample size of 19 and this being a qualitative study, the findings cannot be generalizable to the population, but may be useful in guiding our theoretical understanding of potential risks in trauma-informed school social work. Further, while the purposive sampling strategy allowed school social workers to be recruited from a range of public and private, religious and secular, English- and French-speaking, and rural and urban communities across the province, it is important to note that the sample was not randomized. As part of the research ethics agreements, no information about the individual schools where participants worked were collected and the school districts cannot be publicly reported. Given that the context where school social workers are employed likely influences their behaviors, this is a limitation of the study. Thus, meaningful comparisons about

how policies, social work practices, and whiteness may differ across different kinds of schools and communities is outside of the scope of this study.

Additionally, data collection took place November 2019–October 2020, coinciding with a province-wide school strike, the COVID-19 pandemic, and the murder of George Floyd. It is likely that those interviewed later had further exposure to anti-Black racism and white supremacy concepts given the widespread 2020 media coverage on these topics. Responses might be shaped by frustration during the work action and work conditions during the pandemic. The findings must also be contextualized based on what participants chose to share with me in a single interview and may reflect socially desirable answers. Last, students were not interviewed about how their expressions of trauma have been recognized or supported by school social workers. Relying on those who are predominately white and in authority risks re-centering these perspectives, therefore speaking with racialized students is essential future research.

Recommendations

While the findings discussed in this article only represent a small sample of school social workers in Ontario, the data and existing literature suggest that there are a number of practice, policy, and research recommendations that ought to be considered. First, it is essential to develop more robust and meaningful ways to help (especially white) social workers reflect upon the propensity towards protecting whiteness and build capacity for discussing and acting against racism. This differs from teaching frameworks of cultural competency (which reifies a white norm and suggests one can be “competent”), anti-oppression (which often avoids direct discussion about racism), or diversity (which lacks socio-historical and political analysis). This training ought to have praxis at its core, where social workers practice anti-racism at the individual level and how to advocate for structural change. School social workers also need to be trained to become more comfortable directly asking about traumatic experiences, including colonial and racist trauma, working from the reality that students are dealing with ongoing and past traumas whether or not the social worker asks them about them. Intentionally naming these truths is a form of resisting whiteness; rather than pretending that the problem is merely neuro/biological, cognitive, or behavioral, there is importance in having honest discussions with students about strategies for surviving and resisting racist trauma (Farinde-Wu et al., 2023; McAdoo et al., 2023). Individual school social workers should not be left to individually seek out different training; instead, the training needs to be institutionally transformed. These changes to the training pre-service school social workers receive need to happen both in the universities where social workers receive their formal education and in the field with school social work supervisors when students are doing their practicum field placements.

Another implication for practice is the careful examination of diagnostic assessments being used, adopting different assessments that include state-produced and racist forms of trauma, and to actively plan for supporting students who are identified as having these trauma experiences. The findings of this study suggest that the conventional ACEs checklist (Felitti et al., 1998) is used by some school social workers when doing trauma assessments, which was normed on middle-class, highly educated, white adults and leaves out systemic and race-based forms of traumatic stressors in childhood. Updates to the ACES checklist have recommended additions that target more structural forms of trauma, including low socioeconomic status and community violence (Finkelhor et al., 2015) and experiencing racism, witnessing violence, living in an unsafe neighbourhood, experiencing bullying, and living in foster care (Cronholm et al., 2015). Further

Zhen-Duan et al. (2023) highlighted how interventions need to be at community and structural levels, rather than simply the individual level, to address these expanded ACEs and name the ways in which structural racism and socioeconomic inequalities are at the root of these adverse experiences. If ACEs checklists are being used in schools, it is essential that school social workers utilize the expanded ACEs list and consider whether individual-level interventions are best suited for addressing the child's experiences. However, importantly, Ellis and Dieta (2017) demonstrated how ACEs screening models do not result in professionals knowing how to act. Thus, when school social workers are being trained in TIP, emphasis must not be placed on standardized assessment alone and instead focus on creating conditions that reduce exposure to these traumatic experiences and working with youth and their families to determine what forms of healing, support, intervention, and advocacy best serve their needs.

Importantly, the care for students who have experienced trauma cannot fall on the shoulders of school social workers alone. In addition to tackling systemic inequities, well-funded mental health care should be a legislated right and built into the provincial public health care plan. Without it, youth face long waiting lists for community mental health care and inaccessible costs. These waitlists also help justify the brief, manualized, "best practices" for trauma interventions. Before adopting these programs, school social workers need to ensure that there is transparency about who the programs have been created for and tested with to see if they are a good match with any particular student. Social workers must resist requirements to use manualized and self-responsibilizing approaches that require all students to receive identical trauma treatment, but instead advocate for the flexibility of "wise practices" (Wesley-Esqimaux & Koptie, 2020) to meet unique student needs within their specific sociopolitical and cultural context. Models like EMBRace (designed to address race-based stress for Black parents and adolescents) (Anderson et al., 2019) or holistic trauma frameworks (Farinde-Wu et al., 2023) might also be considered. Further policy changes are needed that increase the number of social workers in schools and reduce how many schools they are assigned. While increasing school social workers will not solve the problem alone, creating better working conditions might allow for more transformative support to be enacted.

It is also important to understand referral pathways of students who have experienced trauma (i.e., which students are referred to school social workers, by whom, and why), and how these might vary. Future studies might examine what forms of TIP training school professionals receive, who designs it, and what assumptions are built into the "best practices" that are taught. Additionally, it is critical to hear directly from students and families about their experiences with TIP in schools in future research. Given the lack of data about school social work in Canada, let alone specific to TIP or anti-racist work, a larger nationwide study about the role of school social workers is needed. Last, based on this study and the related findings by Williams et al. (2022), more research in the Canadian context on racial trauma is needed.

Conclusion

As this study demonstrates, despite their stated principles, some school social workers are complicit in harmful educational, clinical, and institutional policies and practices. Given how trauma is defined and who is imagined as a trauma victim is embedded with whiteness, it is unsurprising that many of the interventions used by school social workers reinforced whiteness. The articulation of these (neoliberal) technologies of whiteness, and how they are positioned within TIP in schools, is one of the unique contributions of this article. Importantly, these

technologies of whiteness are produced by larger systems which school social workers are left to enact, navigate, and challenge. The findings also included a range of examples of how racialized and white social workers can and do work to actively reduce the harm of these traumatizing ideologies and practices steeped in whiteness. As Herman (1992) suggests, trauma has the potential to be activated towards political change because it calls attention to and validates the experiences of those most marginalized in society. May we each take on this political work to advocate for more just systems and embody intentional individual actions for the benefit of all our students.

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Appendix: Interview Guide

Vignettes

I am going to read a brief scenario to you about a student. While the scenario is fictional, it was created based on real stories from schools. As I read the scenario, I invite you to close your eyes and try to really imagine this happening in a school. I would also like you to try to picture the

student or students that the scenario is about. I will read the scenario to you twice. After I read you the scenario, I am going to ask you some questions based on what you are feeling and what you imagine. The study is in part about what and who you imagine, so please feel free to fill me in about some of these assumptions when answering my questions. Do you have any questions for me? Are you ready?

1. *A student makes a comment in the back of the classroom. Multiple classmates are also laughing and talking. The teacher asks the student to stop talking and pay attention to the lesson. The student becomes upset, asking why they are the one being singled out. The teacher approaches the student and asks them to calm down. The student stands up, angry.*
2. *The wind slams the door shut unexpectedly. Several students startle, but one student ducks fully down in their seat, half hiding behind their desk.*
3. *During a lesson on Canadian history and multiculturalism, a student interrupts, saying, "Why are you lying to us? Forget this!" and walks out of the classroom.*
4. *In the hallway, one student rolls up the sleeves of their shirt and you notice that they appear to have cuts on their arm. When they see you looking at their arm, they quickly push their sleeve back down and walk away.*

After each scenario, the following questions will be asked:

- What emotions do you feel? What is happening in your body?
- Can you tell me more about the student and their background? Who were you picturing?
 - *(Follow up on specific social locations, with particular focus on race, of the student if not provided)*
- What are your first impressions? What do you think is going on?
- How do you think most social workers would react in this scenario? What would they do?
- What would you do in this scenario?
- Do you think trauma might be at play here? If so, how?
- What if this student were another identity? Would that change your understanding of this scenario or what you imagine happening?
- Does this scenario remind you of an experience you have dealt with at school? Can you tell me more about this?
- Is there anything else about this scenario that you would like me to know about?

Interview Questions

- How would you define trauma? What are some examples?
- How do you identify which students need trauma support?
- How would you describe your role when working with students who have experienced trauma?
- Do you think racism is a form of trauma? Talk me through your answer.
- Is there anything else you would like to add?

Author

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