

Compound Fractures: Healing the Intersectionality of Racism, Classism and Trauma in Schools with a Trauma-Informed Approach as Part of a Social Justice Framework

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Abstract

Our most vulnerable students experience multiple and repetitive exposure to overlapping negative experiences that impact them emotionally, psychologically, and physically as a result of their intersecting identities and factors. Race and/or socio-economic class are highlighted as the most significant indicators for the achievement of Blacks and Latinos. Add the negative effect of trauma, and these students face nearly insurmountable odds in their struggle to escape marginalization. In this article, I argue that Social Justice Leadership is the most effective strategy to help marginalized students create opportunities to move beyond the intersection of these identities and factors and increase their chance to prosper while maintaining their humanity. A Social Justice Framework that includes the foundational concepts of Cultural Responsiveness, Diversity & Inclusion, Educational Justice and Trauma-informed Care is the most effective strategy to combat and dismantle institutional racism and advance social justice. This approach increases the probability that the negative effects of the intersectionality of racism, classism, and trauma can be diminished.

Keywords: Compound Fractures, Social Justice, Cultural Responsiveness

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In many of our schools with chronically low achievement, students experience additional marginalization as a result of their intersecting identities and other identity-related factors. These identities fall under the categories of “minority,” “at-risk,” “Latino/Latina,” “African-American,” “disabled”, and “low socio-economic,” which are often accompanied by exposure to factors like trauma, racism and classism. The combination of these identities and factors “compounds” or intensifies students’ struggles to create opportunities that allow them to move beyond their status and prosper.

In this article, I argue that Social Justice Leadership is the most effective strategy for helping marginalized students create opportunities to move beyond these identities and factors so that their chances of prospering while maintaining their humanity can increase. The implementation of a Social Justice Framework that includes the foundational concepts Cultural Responsiveness, Diversity & Inclusion, Educational Justice and Trauma-informed Care is the most effective strategy to engage and activate stakeholders to combat and dismantle institutional racism and advance social justice. When these core values/strategies are implemented in a school and community setting, there is a greater probability that the negative effects of the intersectionality of racism, classism, and trauma can be diminished.

Intersectionality

Some students identify with multiple marginalized groups and situations and often experience additional marginalization as a result of their intersecting identities and identity-related factors. This "intersectionality" increases the burden of marginalization. Intersectionality is defined as the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage; or can be a theoretical approach based on such a premise. (Oxford Dictionary, 2018). Kimberlé Crenshaw, law professor and social theorist, first coined the term “intersectionality” in her 1989 paper “*Demarginalizing The Intersection Of Race And Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics.*” Crenshaw stated that intersectional theory asserts that people are often disadvantaged by multiple sources of oppression such as race, class, gender identity, sexual orientation, religion, and other identity markers. Intersectionality recognizes that identity markers (e.g., "female" and "Black") do not exist independently of each other and that each informs the other, often creating a complex convergence of oppression. Repetitive exposure to overlapping negative experiences can impact students emotionally, psychologically, and physically. The racial achievement gap, which refers to disparities in test scores, graduation rates, and other success metrics, reflects the systemic impact of trauma and ongoing impact of institutional racism on communities of color (Lebron, Morrison, Ferris, Alcantara, Cummings, Parker & McKay, 2015). Socio-economic class also has a direct effect on student achievement. In a 2011 study, Reardon, a Stanford University sociologist, found that the gap in standardized test scores between affluent and low-income students had grown by about 40 percent since the 1960s and is now double the testing gap between Blacks and Whites.

In America, this “gap” phenomenon has reached critical mass because it affects so many of our students. 49% of American children in urban areas (9.7 million) live in low-income families. Families of color are disproportionately represented in impoverished urban neighborhoods. Black and Latino families with children are more than 83% of the inner city youth who report experiencing one or more traumatic events (Collins et al., 2010). According to a Pew Research analysis of Census data, of the 11 million Black children living in the country, 38% -- or 2 out of every 5 Black children -- live in poverty (*National Poverty Center, 2012*). These findings indicate that while race is repeatedly highlighted as the most vexing indicator for the academic achievement of African-Americans and Latinos; socio-economic class is just as if not more significant. Add the negative effect of trauma and our children are facing nearly insurmountable odds in their struggle to escape marginalization. This recognition must be countered with an effective strategy that is child-centered, research-proven and reality-driven: Social Justice Leadership.

Understanding the Effects of Trauma on Children

Trauma has been conceptualized as a response to a negative external event or series of events which render a child “temporarily helpless” and surpass the child’s “ordinary coping and defensive operations” (Terr, 1991). A wide range of experiences can result in childhood trauma and a child’s response to potentially traumatizing events will vary depending on the characteristics of the child (e.g., age, stage of development, personality, intelligence and prior history of trauma), environment (e.g., school and family supports), and experience (e.g., relationship to perpetrator) (Cole, et al., 2005). There are types of trauma related to race, gender, sexuality, ability, etc. as well as structural violence. Race-Based Trauma is defined as an individual’s personal exposure to racism that causes emotional stress, physical harm and/or fear (Bryant-Davis, 2007; Bryant-Davis & Ocampo, 2005). “These assaults can be verbal attacks, physical attacks, or threats to livelihood, but because they are racially motivated, they strike the core of one’s selfhood” (Bryant-Davis & Ocampo, p. 480). In situations where Race-Based Trauma is experienced, individuals can be overwhelmed by the situation to the extent that they are unable to employ effective coping strategies and may experience negative symptomology (Bryant-Davis). Individuals who have experienced Race-Based Trauma may report negative symptomology including depression (Karlsen & Nazroo, 2002), increased alcohol consumption, poor self-concept, health complications, and decreased self-esteem (Williams & Williams-Morris, 2000; Verkuyten, 1998). In addition, individuals who were exposed to racially traumatic events experienced posttraumatic symptomology similar to that of individuals who were survivors of domestic violence and/or sexual assault, (Bryant-Davis & Ocampo).

Gender identity and sexual orientation are also factors in marginalization and exposure to trauma. Sexual orientation disparities in exposure to violence over the life course are well documented (Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). Individuals with minority sexual orientation (e.g., gay, lesbian, bisexual) report elevated frequency, severity, and persistence of physical and sexual abuse in childhood (Austin, Jun, Jackson, et al, 2008). Throughout their lifetimes, sexual orientation minorities are also more likely to experience violence in their communities, including hate crimes (Herek, 2009). Intimate partner violence and sexual assault in adulthood are likewise

disproportionately prevalent among sexual orientation minorities (Balsam, Rothblum, & Beauchaine, 2005). Sexual orientation disparities also exist in exposure to other types of potentially traumatic events.

Individuals with physical and intellectual disabilities also experience trauma at a disproportionate rate. Exposure to environmental stressors such as poverty is higher among people with intellectual disabilities when compared to their non-disabled peers (Emerson & Hatton, 2007). For example, narrative interviews with women with intellectual disabilities revealed experiences of domestic violence from childhood and continuing on into intimate relationships in adulthood (Pestka, Wendt, 2014) and students with intellectual disabilities were exposed to more interpersonal abuse than typically developing peers (Reite, Bryen, Shacher, 2007). The increased likelihood of being exposed to environmental stressors means people with intellectual disabilities are at a higher risk of having their resilience compromised and developing mental and physical health problems including PTSD (Emerson, 2007). Almost half the nation's children have experienced at least one type of serious childhood trauma, according to a new survey on adverse childhood experiences by the National Survey of Children's Health (2012), which translates into an estimated 34,825,978 children nationwide say the researchers who analyzed the survey data (National Survey of Children's Health, 2012). Even more concerning, nearly a third of U.S. youth ages 12-17 have experienced two or more types of childhood adversity that are likely to affect their physical and mental health as adults. Across the 50 U.S. states, the percentages range from 23 percent for New Jersey to 44.4 percent for Arizona (Stevens, 2013). While trauma cuts across class and race, low-income children, youth and their families, and children, youth and families of color disproportionately experience trauma (Bassuk, Friedman, Holland & Kelly, 2005).

Traumatic events that occur as a result of witnessing or experiencing racism, discrimination, or structural prejudice (also known as institutional racism) can have a profound impact on the mental health of individuals exposed to these events. Racial trauma (also known as race-based traumatic stress) refers to the stressful impact or emotional pain of one's experience with racism and discrimination (Carter, 2007). Common traumatic stress reactions reflecting racial trauma include increased vigilance and suspicion, increased sensitivity to threat, sense of a foreshortened future, and more maladaptive responses to stress such as aggression or substance abuse (Comas-Diaz, 2016). These traumatic stress reactions are worsened by the cumulative impact of exposure to multiple traumas. This is particularly important for youth in low-income urban communities where there is an increased risk for community violence and victimization (Wade et al., 2014).

Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events. These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving professionals. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children

and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life (National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011). The condition has numerous names: secondary traumatic stress (STS), vicarious trauma, compassion fatigue. The symptoms are similar in some ways to post-traumatic stress disorder: withdrawing from friends and family, feeling unexplainably irritable or angry or numb, inability to focus, blaming others, feeling hopeless or isolated or guilty about not doing enough, struggling to concentrate, being unable to sleep, overeating or not eating enough, and continually and persistently worrying about students when they're at home and even in their sleep (Van Dernoot Lipsky & Burk, 2009).

The consequences of work-related indirect exposure to traumatic events have been conceptualized using several terms which have been used interchangeably. The constructs used most often include vicarious traumatization (McCann, & Pearlman, 1990), compassion fatigue (Figley, 1995), and secondary posttraumatic stress disorder, also called secondary traumatic stress (STS). While overlapping, these constructs are not identical in content or theoretical foundation. STS accounts for three clusters of symptoms, such as intrusion, re-experiencing, and avoidance (Bride, Robinson, Yegeddis, & Figley, 2004), whereas vicarious traumatization has core elements such as a professional's engagement at work and cognitive effects of indirect exposure to traumatic events (McCann & Pearlman, 1990).

In a growing number of professions, including firefighters, law enforcement, trauma doctors and nurses, child welfare workers, and therapists and case managers, it is now understood that working with people in trauma — hearing their stories of hardship and supporting their recovery — has a far-reaching emotional effect on the provider. But while STS is now well understood in many helping professions, Stephen P. Hydon, a clinical professor at the University of Southern California, argues there is a dearth of research, understanding, or acknowledgment of how it affects educators. One of the handfuls of studies of STS in schools found that more than 200 staff surveyed from across six schools reported very high levels of STS. Teachers, counselors, and administrators may recognize the cumulative stressors that they face, but they don't always realize that their symptoms are a common reaction to working with traumatized children — and that these symptoms have a name.

The research also clearly indicates that these economically disadvantaged children of color experience trauma at a level that intensifies the effect of racism and other discrimination and impacts their academic achievement. Poor children of color are disproportionately handicapped by the marginalizing effect of racism, classism, and trauma and suffer the effects due to the intersection of their identities and factors. This fact is especially salient and important for school leaders and other educators who are tasked with helping this student subgroup escape their current conditions and realize the American Dream. Social Justice Leadership — one that recognizes the institutionalization of these barriers and promotes equity for these marginalized citizens — is the most effective strategy to combat this multi-headed hydra.

Social Justice Leadership

Social Justice Leadership fully understands that the intersectionality of race, class, and trauma amplify the marginalization of our students in our lowest-performing schools. The societal marginalization of poor Black and Brown students must be met with a comprehensive strategy that addresses the inequity and institutionalized discrimination that exists based upon race and socioeconomic class. Social justice provides equitable outcomes to marginalized groups by recognizing past disadvantage and existence of structural barriers embedded in the social, economic and political system that perpetuate systemic discrimination. Social justice recognizes that there are situations where the application of the same rules to unequal groups can generate unequal results. Social justice provides a framework to assess the impact of policies and practices. The implication of the aforementioned is that strategies are required to ensure substantive inclusion and the elimination of marginalization and oppression (Nieuwenhuis, 2010).

Trauma-informed care is part of the tool kit utilized by Social Justice Leaders to combat the intersectionality of racism (race); classism (socioeconomic class) and trauma. An example of this strategy is evidenced in the evolution of the field of Social Work. The two guiding professional organizations of social work, the National Association of Social Workers (NASW) and the Council on Social Work Education (CWSE) worked to implement standards and integration of social justice within social work training (Abramovitz, 1998). In addition, accredited Schools of Social Work require an assessment of students' ability to demonstrate competency in social justice practice behaviors (CSWE, 2015). In acknowledgment of the ambiguity in operationalizing social justice, some social work programs have made additional efforts to supplement NASW's and CWSE's description of social justice through the creation of principles or guidelines for practice (Finn & Jacobson, 2003).

In conjunction with the inclusion of social justice as part of their guiding principles, Social Work recognized that trauma was a significant factor in its clinical services. Trauma-informed approaches in Social Work emerged partly in response to research demonstrating that trauma is widespread across society, that it is highly correlated with mental health and that this is a costly public health issue (Sweeney, Filson, Kennedy, Collinson & Gillard, 2018). Trauma-informed approaches represent a holistic approach to shaping organizational culture, practices, and policies to be sensitive to the experiences and needs of traumatized individuals. Each school must develop strategies to guide the design and implementation of trauma-informed systems that take these key elements into consideration.

One well-known trauma-informed approach is the Sanctuary Model® (2013), developed by Dr. Sandra Bloom, Associate Professor at Drexel University in Philadelphia. This model engages organizational leaders and staff to develop an organizational culture where staff members model, and clients build skills, in key areas such as safety, emotional management, self-control, and conflict resolution. At the same time, open communication, healthy boundaries, healthy social relationships, and growth and change are promoted. The model also utilizes the S.E.L.F. curriculum to guide individual treatment and organizational change. S.E.L.F. stands for "safety, emotions, loss, and the future." The Sanctuary Model has been used across a variety of settings including residential facilities, juvenile justice facilities, mental health programs, and schools. Being trauma-informed in schools means being informed about, and sensitive to, trauma

and providing a safe, stable, and understanding environment for students and staff. A primary goal is to prevent re-injury or re-traumatization by acknowledging trauma and its triggers, and avoiding stigmatizing and punishing students (Bloom, 2007).

In 2005 in Massachusetts, the organization Massachusetts Advocates for Children, Harvard Law School, and the Task Force on Children Affected by Domestic Violence launched *Helping Traumatized Children Learn*, a policy agenda for the state. Schools are encouraged to adopt a "Flexible Framework" for trauma-sensitive practices and supports at the school-wide level (Cole, O'Brien, Gadd, Ristuccia, Wallace & Gregory, 2005). Washington State has also taken steps at the state-level to bring special attention to the needs of students who have experienced trauma. The Washington State Office of the Superintendent of Public Instruction's *Compassionate Schools Initiative* released the second edition of its handbook *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success* in 2011. In addition to providing background information on trauma and the importance of self-care for school staff, this handbook outlines six principles which should guide interactions with students who have experienced trauma (Wolpow, Johnson, Hertel & Kinkaid, 2011).

Social Justice Leadership embraces trauma-informed care in our schools as an important and integral component of the overall mission to create and promote equitable schooling and education by examining and understanding the issues of race, diversity, marginalization, gender, spirituality, age, ability, sexual orientation and identity. Social Justice Leadership understands that a trauma-informed approach is not an intervention; rather, it is a way of providing services to children and families that facilitates the improved functioning of those negatively affected by trauma (Keesler, 2014; SAMSHA, 2014). Because students from racial/ethnic minority and low socioeconomic backgrounds may disproportionately experience some potentially traumatic events, provision of trauma-informed care in schools may minimize disparities in academic, behavioral, and psychosocial outcomes related to the experience of trauma. When framed this way, the use of a trauma-informed approach becomes more than an issue of mental health service delivery, it becomes an issue of social justice (Ridgard, Laracy, DuPaul, Shapiro & Power, 2015).

A Social Justice Framework

The incorporation of a trauma-informed approach is essential and must be linked with cultural competence, diversity and inclusion and educational justice as pillars of a Social Justice Framework. This school-wide approach will include training on how to respond to the symptoms of chronic interpersonal trauma and stress for students and staff through; realizing the widespread impact of trauma, recognizing the signs and symptoms of trauma in students and staff, responding to trauma by integrating knowledge and building resiliency through programmatic offerings and trainings, and creating school policies and protocols infused with trauma-informed practices to limit re-traumatization.

A Social Justice Framework is essential to meeting the needs of marginalized students. According to Marilyn Cochran-Smith, a leading scholar in education, a Social Justice Framework is one that "actively address[es] the dynamics of oppression, privilege, and isms, [and recognizes] that society is the product of historically rooted, institutionally

sanctioned stratification along socially constructed group lines that include race, class, gender, sexual orientation, and ability [among others]. Working for social justice in education means guiding students [and often being guided by students] in critical self-reflection of their socialization into this matrix of unequal relationships and its implications, analysis of the mechanisms of oppression, and the ability to challenge these hierarchies." (In Sensoy & DiAngelo, 2009).

Think of the Social Justice Framework as the continued commitment to thoughtfully consider and actively challenge societal and institutional norms that privilege some and not others. The schools must be led by Social Justice Educational Leaders who are able to clearly and explicitly articulate their distinctive understanding of "social justice" and trace the ways that this understanding is operationalized in particular facets of their schools and school districts.

Theoharis (2007) defined social justice leadership as an orientation that makes issues of race, class, gender, disability, sexual orientation, and other historically marginalizing factors central to its advocacy, leadership practice, and vision, and with a result of such leaders' demonstrated success in making their schools more just. Social Justice Educational Leadership results in the transmutation of the school culture, policies and procedures in a tangible way to embrace equity with the framework offering a set of core values that empower all of the stakeholders to work toward that goal.

Understanding the intersectionality of our students is the linchpin of any social justice agenda. Such understanding recognizes that students, their families, and their communities live multiple, layered identities derived from social relations, history and the operation of structures of power and that they are exposed to different types of discrimination and disadvantage that occur as a consequence of the combination of identities (Crenshaw, 1994). One all too prevalent result of the intersection of race and socioeconomic status is the marginalization that systematically punishes, alienates and eventually precipitates a removal and transition of a subgroup from the educational setting to incarceration. The School to Prison Pipeline represents an institutionalized effort to accelerate the disproportionate tendency of minors and young adults from disadvantaged backgrounds to become incarcerated, because of increasingly harsh school and municipal policies.

The Social Justice Framework is applied to every aspect of the school and utilizes a holistic approach moving towards equity. Trauma-informed care is as much about social justice as it is about healing (Rich & Grey, 2005). Being trauma-informed in schools means being informed about, and sensitive to, trauma and providing a safe, stable, and understanding environment for students and staff. A primary goal is to prevent re-injury or re-traumatization by acknowledging trauma and its triggers, and avoiding stigmatizing and punishing students. (Stein, et al., 2003)

While there has been extensive research and literature on adopting a trauma-informed approach in schools and other agencies, there is sufficient evidence that it should be part of an overall social policy rather than just an intervention. In 2011 the United States released its first National Prevention Strategy, which outlined priorities and strategic directions for preventing injury and disease and improving the nation's health and

wellness. Because of the influence of trauma on many adverse physical and mental health outcomes, a trauma-informed care approach is relevant to this strategy as a whole as well as to many specific policies and initiatives referenced in the *National Prevention Strategy* (Straussner & Calnan, 2014). These range from large-scale federal efforts, such as the *National Forum on Youth Violence Prevention*, to state and local efforts, such as the variety of innovative health and prevention programs funded through the Centers for Disease Control and Prevention's *Community Transformation Grant Program*. A trauma-informed care approach recognizes the intersection of trauma with many health and social problems for which people seek services and treatment, aiming to sensitively address trauma along with an individual's issues. Trauma-informed care is conceptualized as an organizational change process centered on principles intended to promote healing and reduce the risk of re-traumatization for vulnerable individuals (Wolf, Green, Nochajski, Mendel & Kusmaul, 2014).

The literature indicates a growing interest in trauma-informed care among service providers, researchers, and government agencies, with this interest concentrating primarily on direct service settings (Ardino, 2014). Policy in the trauma-informed care literature is typically discussed only at the institutional level, for example in terms of ensuring that an agency's policies and procedures adequately promote clients' confidentiality and safety (Elliott, et al, 2005). Because a social determinant of health perspective drives public health toward an emphasis on promoting "health in all policies," we argue that the principles of trauma-informed care constitute a meaningful framework for analyzing social policy and guiding advocacy efforts. Such a framework builds on previous policy analysis models, such as Rapp, Petus, and Goscha's model of strengths-based social policy analysis (Rudolph, Caplan, Ben-Moshe & Dillon, 2013). Trauma-informed social policy should move beyond broad notions of trauma as a universal experience and address its specific sociopolitical and economic roots as well as its disproportionate impacts among marginalized populations (Bowen & Murshid, 2016). A Social Justice Framework will address the sociopolitical and economic roots of trauma as well as the equally disabling effects of institutional racism, misogyny, and other forms of marginalization.

The integration of a trauma-informed approach as an integral part of an overall Social Justice Framework recognizes that the student population, faculty, staff and community are all affected by the school culture and environment; including the effects of trauma. In schools where all of our stakeholders experience the negative effects of racism, classism, and trauma; the Social Justice School leader must adopt a holistic interventional approach.

As discussed earlier, educators who are directly exposed to a large number of young people with trauma in their work are prone to developing secondary traumatic stress. Coping with the effects of others' trauma can be draining and can have lasting negative effects. It is not uncommon for educators who deal with traumatized children to develop their own symptoms of traumatic stress (Perlman & Saakvitne, 1995). In order to best serve their students and maintain their own health, educators must be alert to the signs of secondary traumatic stress in themselves and their coworkers. In a trauma-informed school, staff should be encouraged to practice self-care along with other strategies to guard against or heal from the effects of secondary traumatic stress. A Social Justice

Framework ensures the mental well-being of both students and teachers and the trauma-informed approach meshes well with the Framework's other components.

Ever since 1966, when Johns Hopkins University sociologist James S. Coleman determined in his government-commissioned report that low-income children of color benefit from learning in integrated settings, most education researchers have agreed that economic inequality and social injustice are among the most powerful drivers of educational achievement gaps. This approach fails to address the core problems shaping student achievement at a time when researchers like Sean Reardon at Stanford University found that income levels are more correlated with academic achievement than ever and the gap between rich students and less affluent kids is growing. (Menefee-Libey & Schneider, 2018).

The Social Justice Framework includes cultural competence, diversity & inclusion, educational justice, and trauma-informed care. When these core values/strategies are implemented in a school and community setting; there is a greater probability that the negative effects of intersectionality of racism, classism, and trauma can be diminished. Social justice should not be considered separate from the goal of student achievement (Kapustka et al., 2009; Wasonga, 2009). Student achievement is the primary goal and by implementing this strategy to diminish or remove the obstacles to achievement; our students will prosper. A growing concern among educators is whether emerging school leaders are prepared to face these pressures and create schools that advocate for education that advances the rights and education for all children (Spring, 2001). Furthermore, studies suggest that leadership preparation programs need to better prepare school leaders to promote a broader and deeper understanding of social justice, democracy, and equity (Marshall & Oliva, 2006; Young & Mountford, 2006).

Much of educational reform in the United States has consistently failed to improve the educational outcomes of marginalized students because strategies have largely been based upon a reorganization of the same interventions with the result that there is still too much failure. As Payne (2008) explained, "There is a mammoth disconnect between what we know about the complex, self-reinforcing character of failure in bottom-tier schools and the ultimately simplistic thinking behind many of the most popular reform proposals" (p. 46). Moreover, there appears an assertive, pervasive unwillingness from American society to engage fully with the fact that sociocultural factors such as race, ethnicity, and poverty can, and do, matter greatly in urban schools.

Social Justice Leadership confronts inequality and dispels the inferiority myth of marginalized students replacing it with a belief system based upon self-determination and empowerment. The implementation of a Social Justice Framework that includes the foundational concepts of Cultural Responsiveness, Diversity & Inclusion, Educational Justice and Trauma-Informed Care is the most effective strategy to engage and activate stakeholders to combat and dismantle institutional racism and advance social justice.

Conclusion

The historic *Brown V. Topeka* Board of Education Supreme Court decision is turning sixty-five this year. The growing consensus is that while it was both monumental and

widely lauded, the long-term expectations of the law have fallen short; especially in the eyes of African-Americans. In their article; *Success and Failure: How Systemic Racism Trumped the Brown v. Board of Education Decision*, Feagin and Barnett (2004) argue that despite the positive effects in education and other areas resulting from the Court's *Brown* decision, the decision has by no means been successful in dismantling institutionalized racism in American education. They note that although schools may be officially desegregated, they nevertheless remain effectively segregated due to discrimination in schools by administrators, teachers, and students; racial bias in school curriculum; the separation of students into different ability tracks reflecting racial, class, and gender stratification; and the use of standardized testing that contains significant racial and class bias. The *Brown* Decision has had a wide and far-reaching effect on our national education system, but has fallen short in its relief for those marginalized by centuries of racism and white privilege.

Zion and Blanchett (2011) argued that the reason large scale improvement in outcomes for all students has yet to be realized is that the problem has not yet been framed appropriately. The problem must be framed as part of the history and legacy of racism, and as an issue of civil rights and social justice, viewed through a critical lens. While the battle for equality has been slow and tedious, the resistance and retreat have been swift and direct. *Brown* taught us that there is no judicial remedy because racism in America is systemic and institutionalized. Social Justice Leadership using a Social Justice Framework confronts inequality and dispels the inferiority myth of marginalized students replacing it with a belief system based upon self-determination and empowerment.

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