

Racial Disparities in the Education System

Opportunities for Justice in Schools



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KEYWORDS

- Racial/ethnic disparities • School-based mental health • School segregation
- School discipline • School resource officers • Trauma-informed • Public education

KEY POINTS

- Racial disparities in the US education system are influenced by a long history of structural racism, not group differences between youth.
- Increasing community partnerships and reducing teacher bias, clinician bias, and exclusionary discipline are prime targets for system transformation.
- Mental health clinicians can support racial equity in schools by advocating for a trauma-informed developmental framework and self-reflecting on diagnostic treatment patterns.

INTRODUCTION

Most of the youth with mental health concerns in the United States obtain care through the US public school system.¹ Despite the importance of addressing the mental health needs of students from ethnic and racially diverse backgrounds, significant racial disparities persist in the US public school system, affecting academic outcomes, earning potential, and mental health disorder burden.^{2–4} Although these disparities are endemic to the system, the challenges brought by COVID-19 have exacerbated the

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burden faced by students of color. These students faced greater structural inequities and higher rates of traumatic stress at the start of the pandemic, followed by disproportionately higher barriers to instruction, high projected learning loss, and increased psychosocial burdens when compared with their White peers as the pandemic proceeded.⁴⁻⁶ Communities of color also experienced a disproportionately higher rate of hospitalization and death due to COVID-19 and greater housing instability and unemployment, which can be negatively reflected in students' performance.⁷⁻¹⁰

In recognition of these additional burdens faced by youth of color and the essential role of education in case conceptualization, we suggest that mental health clinicians consider the social and structural factors influencing educational outcomes as *social determinants of education* (SDoE), expanding on Krieger's framework of social determinants of health.¹¹ We propose that SDoE include the child's neighborhood; the economic resources of the family and community; access to food, clothing, shelter, and health care; and exposure to sources of trauma, such as community or family violence, racism, police brutality, immigration trauma, sudden death, neglect, or abuse.^{12,13} These factors contribute to persistent racial disparities in education. Addressing these disparities to move toward educational equity requires clinicians, educators, and school administrators to collaborate in reducing barriers and increasing supports for minoritized students through innovative policy and practice change.

The pursuit of school equity is grounded in the legal right of every child to enroll in the public school system and receive an accessible education in the least restrictive environment.¹⁴ Teaching is structured to meet academic benchmarks, facilitate skill progression, and engage students in the learning process as demonstrated through outcomes such as academic achievement, graduation rates, attendance, and rates of discipline.¹⁵ When youth are not able to access equitable educational opportunities, they are not equally valued or prepared for their role in civic life.

To equitably provide education for all students and ensure that minoritized youth living in underresourced communities can access the curriculum, public schools are legally required to support students and their families by linking them to services such as physical and mental health care, housing, and food assistance.^{16,17} Schools in underresourced communities bear the brunt of a higher level of services needed with fewer community and school district resources. This disparity is largely due to a long history of redlining and redistricting, concentrating people of color in areas with lower property values, and perpetuating a cycle of reduced resources but greater need.¹⁸ Such exclusion efforts in communities and voting districts have resulted in multigenerational disenfranchisement in housing, education, employment, and wealth building that have shaped the social determinants predicting academic and social outcomes.¹⁸

All of these determinants are linked to worsened educational outcomes in terms of academic performance and graduation rates. More than 1.3 million students who are unhoused—and disproportionately identified as LGBTQ+, Black, and Native American—often have multiple periods of school dropout.¹⁹ Youth with at least one risk factor including minoritized racial or language status, household poverty, or single-parent home, are 66% more likely to drop out than students without one of these risk factors.²⁰ School dropout is also mediated by childhood psychiatric diagnoses, particularly conduct disorder and substance use, which are more commonly diagnosed in youth of color and may serve as proxies for more complex trauma-driven behaviors.^{21,22}

Currently, most public school students are children of color, with greater than 51% identifying as minoritized students, with particular growth seen in Latinx, Asian, and multiracial student populations.²³ Minoritized students face the greatest barriers to

educational equity and mental health care.²⁴ This is a clear call to action. What can mental health clinicians working within the school system do?

As clinicians, we can support our education colleagues in moving toward educational equity by highlighting the role of psychological well-being in promoting academic success and developing strategies to buffer the risks that arise from experiences of racial trauma.^{3,15,25} In this article we review an abbreviated historical legacy of school inequity; identify current trends of racial disparities in education; discuss opportunities for antiracist school transformation; and implore clinicians to reflect on ways they can personally improve diagnosis and treatment of underresourced and minoritized youth.

THE HISTORICAL LEGACY OF A SEPARATE AND UNEQUAL EDUCATION SYSTEM

Slavery is fundamentally intertwined with the inception of the United States, and enslaved people were prohibited by law from any educational opportunities, including learning to read or write.²⁶ Following the Civil War, the Thirteenth and Fourteenth Amendments to the U.S. Constitution illegalized slavery and legislated that Black Americans held status as citizens with equal legal protections, respectively. However, in reaction to the brief period of Reconstruction, states rushed to create Jim Crow laws that siphoned away what little educational, occupational, and social opportunity Black Americans had. The US Supreme Court upheld a “separate-but-equal” paradigm in their *Plessy vs Ferguson* decision in 1896 that permitted the continued segregation of public spaces.²⁷ Decentralized school systems created separate and grossly underfunded facilities for Black Americans and other youth of color.

In 1909, the group later known as the National Association for the Advancement of Colored People (NAACP) issued a platform identifying the desegregation of American public schools as a primary legal focus.²⁸ NAACP attorneys brought multiple cases to trial, paving the way for the 1954 *Brown vs Board of Education* Supreme Court decision, which held that separate education was fundamentally unequal.²⁹ Segregation was no longer *de jure* in schools; however, it remained *de facto* throughout the country and particularly in the South, which doubled down on Jim Crow exclusion, violence, and intimidation of Black youth and families attempting to seek an integrated education.³⁰ Further complicating the integration process was the effective shutting out of Black teachers—who had provided rigorous instruction and socioemotional support to Black children in the face of legal opposition—from the White teaching workforce.³¹ To this day there remains a missing “added value” of the benefits of same race teachers for Black and Latinx students.³²

The pressure needed to enforce desegregation came from the Federal Civil Rights Act of 1964, which prohibited discrimination in federally funded programs and allowed for withholding of federal funds from noncompliant districts.³⁰ The same year the Department of Education Office for Civil Rights was created to engage in data collection and review. In 1965, the Elementary and Secondary Education Act (ESEA) was passed with the aim of providing federal funds to school districts serving impoverished students, to offset funding deficits from property tax revenue.³³ Mandated busing further advanced integration, although simultaneously and through the present, additional court decisions limiting desegregation efforts have dampened states’ ability to further this process.³⁴

As the primary federal law authorizing spending on K-12 schools, the ESEA was reauthorized most recently in December 2015 when it was renamed from “No Child Left Behind” (NCLB) to the “Every Student Succeeds Act” (ESSA). Despite intentions,

NCLB parameters resulted in penalizing schools serving underresourced students by focusing primarily on grade level testing, leading some schools to “teach to the test,” lower standards, apply for waivers, or receive fewer federal dollars, compounding the funding problem for underresourced districts.³⁵ ESSA gives states more oversight and flexibility in terms of goals, consequences, and choice of outcome measurements; however, it also relies on individual states to determine how they will address equity without federal regulation.³⁶

In recent decades school discipline policies have contributed to the “pushing out” of primarily minoritized students from schools, echoing earlier segregation. The use of zero-tolerance policies with automatic suspensions and expulsions originated during the 1980s in response to the “War on Drugs” and intensified following high-profile but rare events of school shootings.³⁷ Over time, these policies expanded in scope to include minor infractions such as dress code violations or subjective “defiance” from a student, leading to further widening of achievement gaps and increased promotion of mass incarceration of students of color.

School surveillance increased hand-in-hand with zero tolerance. Schools installed metal detectors, camera surveillance, and an increased police presence including School Resource Officers (SROs), leading some youth and educators to compare their school environment with jail.³⁸ Increased law enforcement presence is associated with worsened educational outcomes and increased carceral contact for minoritized students and those with disabilities.^{39,40} Such funneling of youth out of schools through campus expulsions or arrests to the juvenile detention system has become known as the “school-to-prison pipeline” and remains a significant problem.^{39,41}

RACIAL DISPARITIES IN US PUBLIC SCHOOLS

Although not an exhaustive list, several examples of racial disparities in schools that directly affect mental health outcomes include (1) use of a deficit model for school achievement; (2) higher rates of exclusionary discipline among children of color; and (3) disproportionate rates of adverse childhood experiences (ACEs) and disruptive behavior psychiatric diagnoses among children of color. As clinicians consider a patient’s school history, awareness of these disparities can be critical in their assessment and ultimately how they intervene (see later section, *A Path to Justice in the Education System*).

Bias in the Classroom

The deficit model in education refers to the practice of attributing a student’s academic or behavioral difficulties to a deficit within the student, their family, or their culture and often leads to reduced expectations.^{42,43} Research demonstrates that educators engage in deficit thinking more often when working with students of color, students with disabilities, youth with lower socioeconomic backgrounds, or English learners, which paves the way for misinterpretation of behaviors or skills, overrepresentation in special education, and disproportionate use of exclusionary practices such as suspension and expulsion.^{42–45}

Overrepresentation of minoritized and low-income students in special education has been described since the late 1960s.⁴⁶ Compellingly, recent data suggest that racial bias is the primary predictor: Black and Latinx youth are more often assigned to “lower status” disabilities such as Emotional Disturbance or Intellectual Disability that result in separate class settings than White youth, who are more likely to receive “higher status” disability categories that involve increased accommodations and services within the general education classroom.^{46,47} In addition, these assignments

increase as a function of the percentage of White youth in a school—for example, there is more exclusionary classroom push-out of minoritized youth when more White youth are enrolled.⁴⁶

Implicit bias also has profound effects in the classroom. Higher aggregate rates of negative bias toward Black students compared with White peers from teachers is associated with higher suspension rates for Black students when compared with White students.⁴⁸ In addition, a longitudinal study of Latinx adolescents found that overt racial-ethnic discrimination is associated with rule-breaking behaviors (eg, cutting classes, lying, cheating) that were mediated by posttraumatic symptoms.⁴⁹ In addition, data suggest that school staff microaggressions insinuating that female, Black, or Latinx students are less capable than White male students are a powerful factor in driving students of color away from certain fields of study.⁵⁰

Disparities in Exclusionary Discipline

Exclusionary practices such as suspensions and expulsions developed alongside mandated integration, targeting the removal of Black students.³⁷ Such disparate out-of-school discipline practices begin early: data from preschools show higher rates of suspensions and expulsions for Black preschoolers, especially Black boys, compared with their White counterparts, which continues today despite extensive awareness of this issue.⁵¹ In fact, according to the 2017-2018 Civil Rights Data Collection, Black preschool children were suspended 2.5 times greater than their proportion in the preschool population. Similarly, American Indian/Alaskan Native and Multiracial preschool children were suspended 1.5 times greater than their proportions in the preschool population⁵² (Fig. 1). These disproportionalities by race and ethnicity persist in K-12 schools, despite past studies that fail to demonstrate any differences in behavior between Black and White students.⁵³

With heightened concerns about school safety and the increased presence of SROs, minor school disruptions and mental health incidents are increasingly managed by law enforcement. A recent scoping review found a lack of empirical evidence or

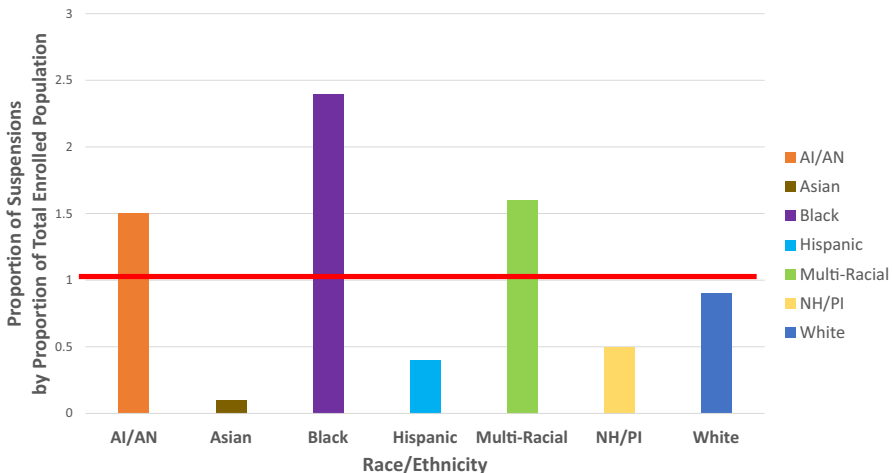


Fig. 1. Proportionality of US public preschool students with at least one out-of-school suspension in 2017 to 2018, by race/ethnicity, $n = 2833$. AI/AN, American Indian/Alaskan native; NH/PI, native Hawaiian/Pacific Islander. (Data from the Office for Civil Rights, U.S. Department of Education, Civil Rights Data Collection. <https://ocrdata.ed.gov/estimations/2017-2018>. Accessed September 15, 2021.)

rigorous research evaluating the impacts of SROs in school mental health response.⁵⁴ On the other hand, studies indicate that the presence of SROs is associated with higher rates of exclusionary discipline and more referrals of youth of color and with disabilities to law enforcement.^{39,55} These referrals and arrests are not evenly distributed and have increased in the past several years.⁵² Across US K-12 public schools, American Indian/Alaskan Native, Black, and Native Hawaiian/Pacific Islander students are disproportionately represented in school-related arrests⁵² (Fig. 2). In addition, youth with disabilities—many including youth of color—are disproportionately arrested.⁵²

Adverse Childhood Experiences, Behaviors, and Mental Health Diagnosis

Viewing these racial disparities through a mental health lens, we conceptualize these chronic harms of daily discrimination in the classroom as forms of ACEs. ACEs are potent social determinants found to have both immediate and long-lasting effects on physical and mental health.⁵⁶ Minoritized youth have higher rates of exposure to ACEs than White peers, and youth detained in juvenile settings—who are disproportionately youth of color—have disturbingly high rates.^{57,58} School-based racial micro-aggressions can exacerbate the impact of ACEs for Black youth and diminish psychological resources for resilience.²⁵

Reactive behaviors associated with trauma exposure can be categorized by mental health professionals as disruptive behavior disorders (DBDs) such as oppositional defiant disorder and conduct disorder.^{59,60} DBDs are stigmatized diagnoses that are applied frequently to Black and other youth of color, often at the expense of considering other diagnoses, such as posttraumatic stress disorder, attention-deficit/hyperactivity disorder (ADHD), or depressive or anxiety disorders, which are more commonly diagnosed and treated in White children.^{21,61,62} Trauma and loss can play a large role not only in behavior but also in school attendance and academic outcomes among minoritized youth.^{63,64} In acknowledging these potential effects, mental health clinicians can advocate for patients with a trauma history, thereby

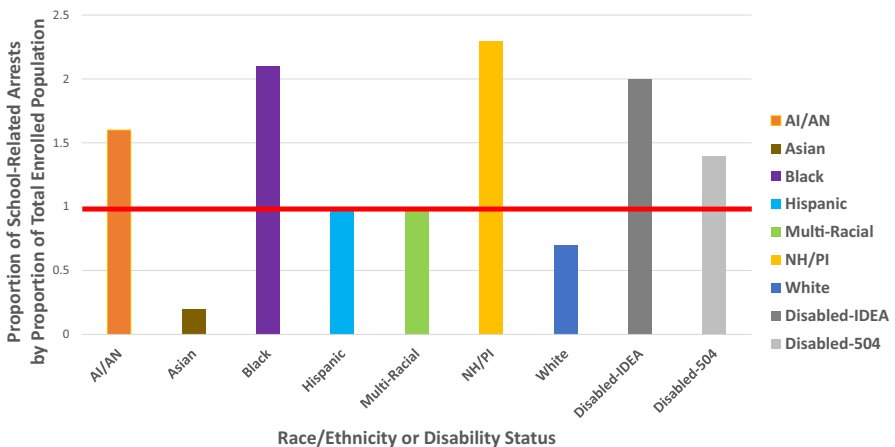


Fig. 2. Proportionality of US public K-12 students with a school-related arrest in 2017 to 2018, by race/ethnicity and by disability, total arrests $n = 54,321$. AI/AN, American Indian/Alaskan native; Disabled 504, students served under section 504 of the Rehabilitation Act of 1973; Disabled-IDEA, students served under the individuals with Disabilities Education Act; NH/PI, native Hawaiian/Pacific Islander. (Data from the Office for Civil Rights, U.S. Department of Education, Civil Rights Data Collection. <https://ocrdata.ed.gov/estimations/2017-2018>. Accessed September 15, 2021.)

helping to build supportive school structures and an educational plan that takes into account the role of trauma on school behaviors and academic performance.

When behavioral manifestations of trauma are accurately diagnosed, the doors can open to more evidence-based treatments and deeper partnerships with caregivers.²¹ Because of multiple factors, including the history of racism in mental health diagnostic labels, the process of psychiatric diagnosis for children who are referred for classroom behaviors or academic difficulties requires particular context sensitivity and family collaboration. For example, families of minoritized children in treatment of ADHD have described specific stages of engagement—from processing stigma to becoming advocates for their child to gaining empowerment through support and information—that are opportunities for clinicians to join families in this process more collaboratively.⁶⁵

A PATH TO JUSTICE IN THE EDUCATION SYSTEM

Given our Nation's chronic and entrenched racial disparities in schools, we propose that a multilevel socioecological justice approach that extends beyond allocation of resources is essential to implementing an antiracist education system (Fig. 3).⁶⁶ This path to justice requires policy and structural changes, community voices at the table, and a whole school approach that recognizes the role of trauma and builds on the strengths and resilience of all students. Although we apply this framework to a limited discussion of social-emotional learning and disciplinary practices, similar ecological approaches can be applied to other areas of disparities in the education system such as school segregation and the use of high-stakes testing.⁶⁷ We take the position that this broad framework is essential to the work of mental health clinicians and actionable by us at all levels, albeit at a broader scope than clinicians often envision their role.

Policies to Foster Educational Justice

Policies at the local, state, and federal levels are needed to provide additional funding to underresourced schools serving minoritized students. Federal policies such as ESSA can potentially be used to reimagine education and their accountability systems. Instead of focusing on standardized test scores, which can be inherently biased, states can measure school climate and discipline practices by race and promote culturally responsive practices in their classrooms.

Congressional action can also invigorate local policy change. In 2018, Congress reevaluated the role of SROs on K-12 campuses and issued a report recommending

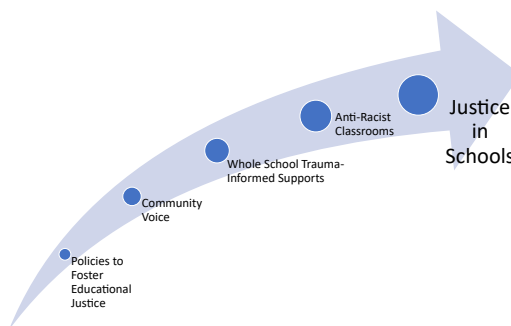


Fig. 3. Path to justice in the education system.

that schools reevaluate their safety plans to determine the necessity of SROs and hire those with backgrounds in child development, among other recommendations.⁶⁸ Since this report, several cities across the country have been reassessing their use of SROs and looking toward alternatives.

A recent example of this involves a series of resolutions by Los Angeles Unified School District. In 2007 the school board approved the Discipline Foundation Policy with the goal to reduce exclusionary discipline practices, later implementing a School Climate Bill of Rights in 2013 that went further to eliminate suspensions based on “willful defiance,” implement Restorative Justice programming, develop a Positive Behavior Intervention and Support taskforce, and devise guidelines for SROs.⁶⁹ In 2021, largely in response to student activists and community members, the school board reallocated funding from the Los Angeles School Police Department to the Black Student Achievement Plan, which was developed in 2019 and expanded to support the hiring of school climate coaches, nurses, and counselors in schools serving predominantly Black students.⁷⁰

Transforming Schools Through Community Voices

A promising approach with the potential to “disrupt inequality” in traditional educational systems is the *Community-Schools Model*, which calls for shared educational decision-making between district and school administrators and local communities.⁷¹ The 4 pillars of this model—integration of mental health and social services with academics, family engagement, extended learning programs, and shared decision-making between school and community partners—have been shown to enhance positive youth development and school outcomes.

Whole-School Trauma-Informed Supports

Educational systems can benefit from comprehensive whole-school tiered approaches to health promotion, preventive services, and access to needed treatment, such as described in the Multi-Tiered Systems of Supports (MTSS) model.⁷² We reframe the MTSS model for addressing racial disparities within a trauma-informed framework and invert the traditional triangle diagram to emphasize the importance of prevention (Fig. 4). Fallon and colleagues provide a comprehensive discussion of MTSS in promoting racial equity.⁷²

As an example of a Tier 1 universal approach and alternative to exclusionary discipline, Restorative Justice (RJ) refers to a range of practices based on an acknowledgment of the impact of harm caused by a behavior on the harmed and the harmer; reconciliation between the two; and reintegration of the harmer into the community.⁷³ To date, the implementation process of RJ across school districts and states can vary widely, yielding mixed research findings.⁷⁴ Preliminary evidence, however, suggests that RJ can improve disparities in disciplinary practices, rates of misbehavior, and school climate, with possible additional positive effects on reducing bullying and school absenteeism.⁷⁵

Antiracist Classrooms

The integration of racism history, exploration of child circumstances, and practitioner self-reflection can be challenging. For example, Blitz and colleagues found that implementation of a culturally responsive trauma-informed approach for elementary schools was met with resistance by majority White teachers who felt attacked as “insensitive” to race and culture (p. 533) when informed that they took a colorblind approach to the students who were disproportionately disciplined and doing poorly academically.⁷⁶ Yet impactful instruction of young children of color who have

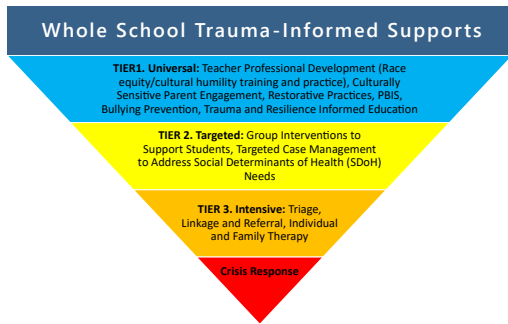


Fig. 4. Multi-tiered system of support (MTSS), adapted with a trauma-informed racial justice approach for schools. (*Adapted from Lavelle C. and Kataoka S.H. Trauma Screening and Support: A Framework for Providing Comprehensive, Data Driven School Mental Health Services, National Center for School Mental Health Annual Meeting. Las Vegas, NV: October 2018, Presentation.*)

experienced trauma depends on authentic relationships, trust building, and practice of cultural humility, which includes recognizing one's own identity and its impact in working with students and their families.⁷⁷ For this reason, it is important to account for racial trauma in designing antiracist and trauma-sensitive classrooms. Joseph and colleagues provide recommendations to educators for using critical race theory and ACEs frameworks to select nonpunitive responses to child behaviors.⁷⁸

DEVELOPMENTAL CONSIDERATIONS ON THE PATH TO JUSTICE

Mental health professionals can offer significant contributions as advocates for developmentally informed school practices that may help bend the arc to more equitable outcomes. In addition to promoting these frameworks, we encourage clinicians to reflect on some particular challenges and opportunities embedded in each developmental stage as detailed in [Table 1](#).

DISCUSSION

We have summarized some of the many educational disparities related to behavior and social-emotional well-being for students from preschool through high school, following a review of the history that has led us to this point. A persistent and disturbing trend in educational racial disparities is the practice of excluding youth of color, whether through exclusionary disability designation, exclusionary discipline, or bias in the classroom that can result in disengagement from school. As mental health clinicians in partnership with school and community stakeholders, we can play important roles in all levels of advocacy, research, and clinical care on a path toward educational justice.

Acknowledging the structural core of racial disparities in education and beyond, we can advocate for *policy changes* that directly address root causes of persistent inequities in these systems. Areas of focus include increasing funding for underresourced schools serving Black students; funding universal high-quality preschools for all children; mandating trauma-informed and antiracist practices for all school staff; limiting SROs on K-12 campuses as part of a commitment to reduced practice of exclusionary discipline; and funding ample after-school and year-round programming to provide structured, safe opportunities for continued growth and mastery, on both academic and socioemotional levels.

| Table 1 Developmental considerations on the path to justice in the education system | | | |
|--|---|--|--|
| School Level | Developmental Focus | Disparities | Path to Justice |
| Early Childhood Education (ECE) | <ul style="list-style-type: none"> • School readiness • Family involvement • Early social skills • SEL | <ul style="list-style-type: none"> • Lower quality ECE in low-income settings^{79,80} • High rates of ECE suspension/expulsion of Black boys⁵¹ | <ul style="list-style-type: none"> • Policies for universal preschool • Extend high-quality preschools for low-income and children of color, which can yield higher HS graduation rates, employment, home ownership⁸¹ • Support teachers through the IECMHC model, teaming ECE staff with MH clinicians⁸² |
| Elementary | <ul style="list-style-type: none"> • Academic skills • Social skills • Community building • Self-esteem | <ul style="list-style-type: none"> • Underresourced families have more barriers to school engagement, including work inflexibility, transportation, outside support, or immigration concerns⁸³ • Overrepresentation of White teachers in underresourced schools with challenges connecting to minoritized students⁸⁴ | <ul style="list-style-type: none"> • Positive reinforcement of strengths improves academic behaviors and reduces violent, sexual, substance use behaviors⁸⁵ • Parental engagement is associated with academic achievement⁸⁶ • School-based parental networks can improve engagement rates⁸⁴ |
| Secondary | <ul style="list-style-type: none"> • Individual and peer group identity building • Choosing educational/career path | <ul style="list-style-type: none"> • Bullying based on race disproportionately occurs in youth of color^{87,88} • Black and Latinx youth are sorted into lower-achieving academic tracks⁸⁹ | <ul style="list-style-type: none"> • Evidence-based bullying prevention can decrease bullying in minoritized youth⁹⁰ |

Abbreviations: SEL, social-emotional learning; HS, high school; IECMHC, infant and early childhood mental health consultation model.

A critical change in the *research framework* of school disparities involves the measurement of rates of racial discrimination and trauma in the school setting to better understand both risk factors and influences on subsequent emotional distress and academic failure.^{91,92} Essential to the future of research in this and other areas is the development of research partnerships with school communities, using measures and practices that are meaningful to them. Increased emphasis should be placed on interventions and practices that have promising face validity in communities of color.

Clinically, mental health professionals can support school staff in monitoring students' SDoE and early signs of academic difficulty and school disengagement. Youth with such risk factors should be prioritized for increased social and emotional supports, with a focus on parental engagement and tailoring of the educational plan to align with the youth's interests, abilities, and culture. During transition periods, schools should bolster supports to encourage healthy development and prevention of substance use, gang involvement, and risky sexual behaviors. Importantly, it is incumbent on mental health clinicians to continue in antiracist self-education, reflection, and self-evaluation. Key areas for self-monitoring include the overuse of disruptive behavior diagnoses in youth of color, which can negatively affect both the perception of the child and the resources the school provides, and the assessment for underrecognized areas of concern such as anxiety, depressive, or trauma-related disorders.

SUMMARY

Because of complex and entrenched racial inequity in the US education system, Black, Latinx, American Indian, and other youth of color have disparate educational outcomes that are largely driven by SDoE, which include their community of residence, school funding, and burden of ACEs. The resulting educational disparities involve exclusionary systems of discipline and bias that lead to increased carceral contact and reduced educational achievement. Opportunities to improve educational disparities in minoritized youth include enacting antiracist policies, centering community partners, implementing whole-school trauma-informed approaches, and investing in antiracist classrooms. Mental health clinicians can contribute to these efforts by advocating for developmentally informed practices, lending a preventative lens, and reflecting on the equity of their diagnostic practices.

CLINICS CARE POINTS

- Racial disparities in the US education system are influenced by a long history of structural racism, not group differences between youth.
- Reducing teacher bias, clinician bias, and exclusionary discipline are prime targets for system transformation.
- Mental health clinicians can offer advocacy, a developmental framework, and trauma-informed practices.

DISCLOSURE

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