Common Wounds, Collective Healing: A Phenomenological Exploration of Racial Trauma as an Outcome of Experienced Systemic Racism in the UK

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A thesis submitted for Doctorate in Clinical Psychology DOCTC84036 Clinical Psychology

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August 2025

Abstract

Rationale and Aims: The phenomenon of systemic racism (SR) is thought to be well understood, yet little is done to frame this concept from the perspectives of those most affected, the Global Majority (GM) populations. In the United Kingdom (UK), SR is often denied or inadequately addressed. A possible implication of this is racial trauma (RT); however, UK-based RT research is limited. This study aimed to explore how GM groups perceive SR to manifest across five UK institutional settings: education, employment, media, law enforcement and healthcare. Furthermore, the study highlighted how these experiences contribute to RT and how it presents in GM individuals in the UK. This study also explored participants' coping strategies, acts of resistance and healing.

Methods: This study utilised Interpretative Phenomenological Analysis (IPA). This incorporated the use of five focus groups and five one-to-one interviews. Sixteen GM individuals, aged 19-40 years old, participated in the study.

Findings: Six superordinate and 19 sub-themes emerged, revealing unique experiences of SR and RT. Participants lived experiences of SR were characterised by institutional neglect, implicit biases, systematic exclusion and acts of resistance. The subsequent distress from these experiences aligned with existing definitions of RT. The group discourse facilitated empathy as participants made sense of their own stories and others. It was reported that focus group participation was healing.

Discussion: The findings of this study reveal how SR and RT manifest in a UK context. Several frameworks are explored in relation to the findings, offering a lens to better understand SR and RT in the UK. The study offers unique insights into how SR is perceived and how this elicits RT in GM communities. The findings challenge traditional trauma frameworks and support the recognition of RT. This can inform community and clinical interventions to shape policy reforms, thereby reducing racial disparities.

Acknowledgements

This research is dedicated to everyone who has fought a fight against systemic racism in the UK. To the silenced, there is power in your voice. To the unseen, you are important. To the demoralised, there is hope. And to the persistent, thank you for your strength.

I am deeply grateful to my past and present teachers, tutors and supervisors who, over the years, have taught me the skill of reflexivity, without which this research would not have been possible.

I must thank every single one of the participants who were brave enough to share their stories that shaped this work. Your voices have been a great source of encouragement for me, and I know they will inspire others too. This work is for and because of you, and I hope it contributes to a deserved and lasting change.

I would also like to express my gratitude to both my supervisors, my sounding boards, who have been incredibly supportive throughout this process. To Jasmeet Kaur (primary supervisor), thank you for sharing your expertise and knowledge in the area of systemic justice and racism. Your insight helped me to frame the work as resistance-focused and empowering. Your input has informed the direction of the project from the outset. To Susana Alyce (secondary supervisor), thank you for your thorough guidance on IPA and trauma. Your feedback across multiple chapters was extremely thoughtful, encouraging and deeply appreciated.

I am immensely grateful to my friends and family who have reminded me of the village in my corner. I have not been alone at all during this process. Your constant reminders of your pride in me, your genuine interest in my research, and the promises of celebration upon

completion allowed me to cling onto hope when overwhelmed. Without your words of encouragement, this journey would have been much lonelier and felt heavier.

To my mother, from a young age, you nurtured my curiosity of the world, giving me the space to ask questions. You are the reason I know there is power in my voice. You cultivated compassion and empathy within me, always teaching me to be kind and do for others. You have had a massive hand in shaping my passions, academic growth and career trajectory. I would not be who I am or where I am without you. Thank you for being my strongest support.

Above all, I thank God, who has been and forever will be my firm foundation.

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Chapter 1: Introduction

James Baldwin's (1962) words speak to the essence of this study:

"Not everything that is faced can be changed, but nothing can be changed until it is faced."

This study seeks to explore the political and institutional roots of racism in the UK and the psychological impacts that occur as a result. This will demonstrate how collective healing is possible through frameworks that prioritise resistance and resilience. In doing this, the current study will shift from focusing on a difficult reality to hopes of a future shaped by action. This research by no means intends to intellectualise the issues of systemic racism (SR) and racial trauma (RT), but aims to contribute to a discourse on the pursuit of social justice and hope for change. This work is a contribution to the ongoing efforts to inspire actionable change within its readers.

1.1 Chapter Overview

In this chapter, I candidly discuss the inequitable state of some UK systems that are often overlooked. Racism is viewed as a distant concept or a historical occurrence, yet it is a lived reality for many. By holding a magnifying glass to overlooked inequality and indifference, we can understand how and why it continues.

1.2 Researcher Position

Given the research question (outlined in Chapter 2), it is of key importance to highlight my relationship to the research from the outset so that there's a clear understanding of the lens through which this thesis is written. This will contextualise my perspective and potential biases, demonstrating my commitment to transparency and a reflexive process. This chapter goes beyond being solely an introduction to an academic thesis. It has served to be a personal exploration of SR and RT in the United Kingdom (UK), both of which have shaped the person I am and my career path in Clinical Psychology. Therefore, I begin with my positionality statement, followed by my philosophical orientation.

1.2.1 Positionality

Positionality is a term used to describe how researchers view the world through a socio-political lens (Foote & Gau Bartell, 2011; Savin-Baden & Major, 2013). Positionality brings attention to the personal and protected characteristics of a researcher, influenced by three areas: the investigated topic, research participants, and the context of the research (Chiseri-Strater, 1996; Sikes, 2004). As a Black British woman, a Trainee Clinical Psychologist, and a former Social Worker, my personal and professional experiences significantly shape the lens through which I approach this research. My personal experiences have influenced my commitment to addressing issues that sustain racial injustice, which I have personally faced and witnessed. This drives my determination to advocate for change. The structural biases that infiltrate research practices often result in the erasure of marginalised voices, a factor that has influenced this investigation throughout.

This thesis is not solely an academic project, but a commitment I hold a personal stake in. Holding this in mind reflexively, I am attentive to avoiding to avoiding the influence of my own biases in the analysis and conclusions. By showing my reflexive workings, readers can understand how my view has shaped this research.

1.2.2 Reflexivity

Reflexivity informs positionality and is the process of acknowledging the role and influence one plays in the course of research (Cohen et al., 2011). This requires high levels of self-awareness to scrutinise internal and external biases, such as values, which could affect how data is interpreted or understood (May & Perry, 2017). Reflexivity requires recognition and disclosure of a researcher's preconceptions: hence, this process begins before the study commences. This may stem from previous life experiences that shape pre-study beliefs (Malterud, 2001). My 'insider' status allows me to immerse myself in the research with a high level of empathy and authenticity, reflecting my personal investment in this topic

(Merton, 1972). However, I also acknowledge that this presents a risk of my narratives overshadowing or skewing the data analysis. Therefore, reflexivity was vital in ensuring that my interpretations remained grounded in the data.

My reflexive process started with keeping and updating a journal (Appendix A) documenting my thoughts, feelings, and assumptions at each stage of the research journey. This allowed me to engage critically with my internal process and enhanced my self-awareness, ensuring my biases would not impact the validity of the findings (Finlay, 2002). Before and during the study, I also utilised peer debriefing spaces, accessed through a Hermeneutic Phenomenology course provided by Lancashire University, facilitated by Gill Thomson and Susan Crowther. This enabled me to receive critical feedback and remain curious by questioning my outlook. Creswell & Poth (2018) maintain these practices uphold research credibility.

Bracketing is a recommended reflexive tool that involves setting personal experiences aside to avoid influence on the data (Moustakas, 1994). However, Heidegger (1962) argues that removing oneself from the process of knowing and understanding is not possible, as they depend on each other. With this in mind, I considered bracketing to be a helpful tool to an extent. The aim was not simply to set aside my biases, but to note and examine them throughout. By engaging in reflexivity at every stage of the research process, researchers come to understand that positionality is dynamic. Therefore, reflexivity should be an ongoing endeavour that maintains the integrity of the research practices.

1.2.3 Ontological Stance

A thorough consideration of one's underlying assumptions concerning being and reality provides a foundation for any research study (Willig, 2013). Therefore, I must first clarify the assumptions I hold about knowledge, how it is acquired, and how it defines human experiences. To examine the impact of SR and RT, I adopted a 'critical realism' (CR)

ontology, allowing me to examine the real world, independent of how it is perceived. CR asserts that an objective reality is shaped by underlying structures that are not necessarily observable or measurable, such as SR. This reality influences, yet exists independently of how it is perceived and experienced by individuals (Mills, 1998; Puwar, 2004; Willig, 2013; Zhang, 2022). Thus, CR entails the consideration of 'causal mechanisms', in other words, how hidden structures determine experiences and events (Stutchbury, 2021). This ontological stance acknowledges SR as an objective, hidden reality that gives rise to experiences and observable and changeable events such as overt acts of racism and consequential trauma.

CR suggests that structures are not immediately observable and function in a manner that constrains or facilitates agency within society (Stutchbury, 2021). For example, colonial ideologies link whiteness with rationality and intelligence while portraying non-white people as driven by instincts (Jordan et al., 1968). This maintains an ingrained racial hierarchy in which racialised individuals exist in relation to their subjugation (Mills, 1998). However, how racialised groups experience this reality may vary, as Hook (2001) points out, race is not about an empirical 'truth'. Therefore, I employ CR to explore SR (a real and hidden structure) in relation to how it influences RT (an influenced yet independent experience).

1.2.4 Epistemological Stance

Willig (2013) proposed three essential principles for identifying a methodology's epistemological origin: the kind of knowledge the methodology aims to produce, the assumptions that are made about the world as a result of the methodology, and how a methodology conceptualises the role of the researcher in the research process. Interpretivism asserts that the pursuit of knowledge is not solely cognitive; rather, accurate understanding entails the acknowledgement of emotions, senses, and social contexts (Smith et al., 2009; Willig, 2013). These are important considerations when examining complex and nuanced phenomena such as SR and RT.

Interpretivism attributes meaning to experience rather than seeking objective, quantifiable truths (Junjie & Yingxin, 2022). Early psychological researchers such as Francis Galton (1822–1911) and Gustave Le Bon (1841–1931) positioned race as a biological determinant of intelligence and behaviour, establishing concepts of scientific racism (Teo, 2006). These early empirical approaches diminished the sociocultural significance of race, reducing it to measurable variables. Arguably, such approaches are inappropriate, as they limit the examination of nuanced and complex race-related outcomes (Teo, 2006). Conversely, an interpretivist approach emphasises the importance of personal context and meaning, which heavily influence race as a social construct and racism as a personal experience.

Fanon (1952) proposes that oppressive systems shape self-perception and identity; therefore, racism as a concept that cannot be understood without first acknowledging subjective realities. This challenges positivist concepts, which frame research as objective, and instead suggests that personal narratives are essential to understanding SR. Fanon's views imply that experiences of oppression and identity are valid and necessary when investigating systemic oppression and trauma. This outlook aligns with interpretivism, which assumes meanings are constructed through subjective realities (Smith et al., 2009; Willig, 2013). This informed the conduct of this study.

1.2.5 Critical Consideration of Ontological and Epistemological Positions

While CR and interpretivism offer a basis for this thesis, they are not without their issues. Therefore, it is important that a critical consideration of my ontological and epistemological positions in relation to this study and their relationship to each other is given.

As previously highlighted, CR supports the basis of this study, as it positions SR as a foundational structure that underpins individual perception. This enables this research to

examine racism beyond isolated occurrences or a subjective experience, but recognises it as a systematic mechanism that has a lasting impact.

While valuable in the context of this study, CR has been critiqued for prioritising obscure and hidden structures over subjective lived experience. In this study context, this potentially risks diminishing the personal, affective, and relational elements of racism, which ultimately shape RT and facilitate its understanding (Hook, 2001; Willig, 2013). CR also makes a distinction between what should be deemed as "real", often referring to underlying, measurable mechanisms, and what is abstract, typically framed as individual experiences (Puwar, 2004; Zhang, 2022). This may reinforce oppressive dynamics reflective of wider societal structures, therefore maintaining the marginalisation of racialised voices. In this research, it is important to acknowledge CR's limitations given the intention to examine both SR as a structure and the consequent manifestations of RT. A greater emphasis on hidden structures, at the cost of personal accounts, may group varied accounts of trauma into a single causal explanation. This may reduce sensitivity to differences across individual and cultural contexts (Mills, 1998; Stutchbury, 2021). Although CR provides a valuable lens for conceptualising racism as a social structure, I mindfully apply it alongside interpretivism to ensure that individual realities take precedence and are centred in the analysis of this research, in line with my methodology (discussed in Chapter 3), positioning and intentions to empower participants.

Conversely, interpretivism foregrounds meaning-making, experience, and context, highlighting how meanings of racism and trauma are shaped by subjective realities. Although its application is also necessary for this thesis, here I reflect on the limitations of this epistemology.

Interpretivism is situated within relativism, a stance that opposes the premise of objective truth and advocates for the existence of multiple realities that are dependent on

experience (Smith et al., 2009; Schwandt, 1994). However, it has been argued that interpretivism's reliance on relativist assumptions may prevent the cohesion of acquired knowledge into unified frameworks, due to its emphasis on individual accounts (Willig, 2013). Without some unanimity, broader structures and mechanisms cannot truly be understood (Hammersley, 2002). In the investigation of SR, interpretivism may risk obscuring the broader societal and historical foundations that reinforce this construct. Furthermore, Teo (2006) highlights that relying too much on relativist ideologies can diminish racism's impact by framing it only as a collection of subjective experiences, therefore hindering its ability to reflect the role of structural power dynamics. Thus, interpretivism may introduce some difficulties in accounting for the endurance and recurrence of RT across societal settings, which systemic structures are at the core of. As such, data derived from an interpretivist lens can be restricted to the specific contexts in which they are produced, failing to account for broader implications (Smith et al., 2009). This raises some concerns as it is not possible to separate personal accounts of oppression from broader social structures (Fanon, 1952).

Together, CR and interpretivism create a tension; however, this relationship is dynamic and conducive to the study of SR as an underlying cause of RT. CR positions SR as an underlying structural power that produces real and observable outcomes, one being trauma, which is best understood through an interpretivist lens. To maintain a balance between subjective meaning-making and systemic mechanisms, the current study's focus and aims necessitate consideration of both structural and experiential phenomena.

With this said, this study must also be grounded by conventionally objective definitions, which can later be scrutinised through an interpretivist lens. On this basis, I examine the definition of race and the origins of the term as a foundational step.

1.3 Understanding Racism

Racism, being a complex concept, requires an in-depth understanding to fully grasp its impact. Therefore, a clear definition of the term must first be established, along with how it developed historically.

1.3.1 Defining Race

The concept of race was socially constructed as a system to categorise individuals on the basis of their physical characteristics (Carter & Pieterse, 2005). Racial groups have maintained diverse cultural practices; however, culture encompasses values, norms, and belief systems based on nationality or ancestry (Hofstede, 2011; Marger, 2014; Murry et al., 2001). Race is distinct from culture and refers to the societal categorisation of individuals based on phenotypical characteristics, primarily skin colour (Omi & Winant, 2014). In the United States (U.S.), definitive racial groupings exist as Black/African, Latinx, Asian, Middle Eastern, Pacific Islanders, and Native-Indigenous populations (Jensen et al., 2021). However, racial classifications can be fluid, as they depend on cultural and temporal contexts; hence, they are not fixed (Bonilla-Silva, 2006; Jamal et al., 2008). This has been exemplified by the gradual shift of Irish and Italian immigrants from "non-white" to "white" in the U.S. (Roediger, 2005). Fundamentally, reductionist racial categorisations fail to account for the diversity of ethno-racial identification. As such, race and ethnicity scholars, like Bonilla-Silva (1997), advocate for structural and context-dependent definitions of race. Throughout this study, Global Majority (GM) will be the term used to refer to non-white racial categories, as it accurately reflects their status as the majority population globally. As a constructed, social categorisation system, race has real-world implications, particularly in reinforcing racial hierarchies, which I explore in the next section.

1.3.2 Defining Racism

Racial categories, developed by scholars such as Carl Linnaeus and Johann

Blumenbach, frame non-white individuals as separate and inferior to their White counterparts (Müller-Wille, 2014). Historically, such categorisations have generated a global, racial-social hierarchy, through which whiteness is assumed to be 'superior' (Grosfoguel, 2016; Marger, 2014; Smedley & Smedley, 2005). The phenomenon of 'whiteness' reflects the systemic advantages, which influence how White people see themselves and others concerning societal norms and practices (Frankenberg, 1997). This can further establish system beliefs and values that subjugate GM individuals who differ from Eurocentric norms, further reinforcing a racial hierarchy. Grosfoguel (2016) simplifies this notion by stressing the historical division of two groups: those who are considered to be 'human' and 'subhuman'- the GM. Consequently, those from the latter group are systematically denied access to resources, rights, and power, manifesting as racial discrimination (Grosfoguel, 2016; Chavez-Due˜nas et al., 2019). Although racial hierarchy is predominantly a European phenomenon, other such systems can be found in local non-European contexts. For example, South Asia's caste systems or contentious ethnic divisions in some African states are a result of local history shaping ethnic hierarchies (Chakrabarty, 2000; Fanon, 1952). In the next section, I examine the influence of global history on the development and maintenance of racial hierarchies.

1.3.3 Historical Underpinnings

The transatlantic slave trade and British colonialism were significant driving forces behind the establishment of racial hierarchies. Between the 16th and 19th centuries, the British Empire, along with other European states, established a global economy dependent on racial exploitation (Sanchez-Albornoz & Curtin, 1971). This involved the enslavement and transportation of African people to America, in addition to the exploitation of land and resources owned by indigenous populations in Africa, Asia, and America (Rodney, 1972; Williams, 1945). This had a dual function: boosting the global economy and justification for the dehumanisation of GM groups (Smedley, 2007). Colonisation has permitted and

maintained White supremacist ideologies, advancing various iniquitous practices and atrocities, such as racial segregation, genocides, and the displacement of native people from their land (Hall, 1992; Grosfoguel, 2016). However, there have been occasions where racially oppressed societies have actively resisted. The Haitian Revolution (1791–1804) and the Indian Rebellion of 1857 are key examples of ethnic resistance (Dubois, 2009; Metcalf, 2007). Nonetheless, in Western societies, over time, racism has been integrated into education, law, and governance systems and thus normalised (Loomba, 2015). Racism has been transgenerationally inherited and has evolved, embedding itself within structures that sustain systemic racial inequality today (Gilroy, 1993).

1.4 Understanding Systemic Racism

The deep-seated nature of racism gave rise to the notion of systemic or 'structural' racism, a term established by Carmichael and Hamilton (1967). SR refers to a structure shaped by racial discrimination, typically perpetuated through education, legal and political legislation, beliefs and values. Through this, racial inequality is maintained (Banaji et al., 2021; Chavez-Dueñas et al., 2019). Carmichael and Hamilton (1967) suggest two reasons why this form of racism remains concealed and pervasive: it is intentionally overlooked to maintain power structures, or societies cannot address the issue effectively.

The elusive nature of SR may be attributed to its persistence, even in the absence of overt prejudice, misleading society into believing race does not contribute to disadvantage. This is understood as "colour-blind racism" (Bonilla-Silva, 2006). Colour-blindness upholds and normalises socio-political systems that disproportionately privilege White people (DiAngelo, 2018; Frankenberg, 1997). Colour-blindness raises the question of how a structure that is deemed 'invisible' by many can be dismantled. The answer lies in the role of institutional accountability and acknowledgement, which is discussed later in this chapter.

Beforehand, I will examine the theoretical frameworks that provide a basis for understanding SR.

1.4.1 Critical Race Theory

The central framework used to conceptualise SR within this thesis is Critical Race Theory (CRT) (Crenshaw, 1989; Ladson-Billings & Tate, 1995). With a CRT lens, the dynamic interaction between structural power, racial hierarchy, and intersectional identities can be examined. A CRT perspective facilitates an understanding of how multiple factors compound to generate racial inequality, therefore, it was deemed to be the most comprehensive framework available to frame SR within this research. CRT derives from Critical Legal Studies (CLS), a theory developed in the U.S. CLS pioneers leveraged their expertise in the law to challenge and dismantle systemically racist structures (Sciaraffa, 1999). Critical race theorists expanded on these efforts by broadening the focus beyond legal systems, asserting that systemic injustice is not exclusively maintained by legal systems alone, but by multiple systems (Crenshaw, 1989; Crossing et al., 2022; Ladson-Billings & Tate, 1995). CRT asserts SR's persistence is a product of structural power imbalances that function to preserve the interests of those who are privileged. Bell (1980) describes this as 'Interest Convergence', which proposes that while political advancements of racial equality may be made, they occur only when made in the interest of dominant groups. This notion opposes narratives of a structurally neutral, meritocratic society. In addition to assessing multiple societal structures, Crenshaw (1989) argues that we must consider intersectionality. This refers to various personal identities that intersect with race and challenge dominant narratives. SR is a complex issue that CRT unpicks by underlining its intended function and dynamic nature, this extends to examining the harms that result from this system such as RT.

CRT Limitations. CRT does, however, raise some concerns, such as its U.S.-centric focus and applicability to other cultures and socio-political contexts. This suggests that, CRT

requires adaptation rather than a broad application to all societies (Chávez-Moreno, 2024; Nicolai et al., 2024). This may result in a conceptual misalignment or dilution of the framework during the process of translation to other cultures, bringing into question CRT's credibility in other contexts (Bhambra, 2021). However, Gillborn & Ladson-Billings (2017) argue that CRT theory can effectively be applied to international dimensions. Likewise, Chakrabarty et al. (2016) oppose critiques of CRT's applicability, specifically detailing how it can be transferred to English contexts as racism is "endemic, global and micro as well as macro-political" (p. 2). Furthermore, Kevin Hylton (2010) frames CRT as more than the application of a theory based on societal histories and contexts. Rather, he suggests it is a political position that researchers can take when driven by desires for transformation. On this basis, CRT's applicability does not necessarily depend on a specific societal context but instead relies on the positionality and aims of the researcher. CRT was considered as a framework aligning with my own positions and aims to cultivate change.

It has also been argued that CRT is deterministic, posing a risk of discounting GM agency and resilience. This element of CRT may be perceived as victimising, evoking division and resentment from GM populations (Mocombe, 2017; Long, 2021). Eliasson (2023), however, acknowledges this implication by framing systemic oppression as the source of racialised victimisation rather than CRT itself. CRT simply highlights victim-related discourses endorsed through societal norms and whiteness. By examining racial dynamics to foster change, CRT may increase the visibility of GM victimisation; however, it is not the cause.

Due to my researcher positioning and aims to explore how SR manifests based on experiential data, CRT aligns well with this thesis. Despite its limitations, as a theoretical framework, CRT creates a basis for integrating supplementary theories that further explain the function and consequences of SR in society. Chakrabarty et al. (2016) argue that the

application of CRT requires the integration of other models to further understanding of phenomena in research. Accordingly, Structural Violence and Social Dominance Theory are two concepts I use alongside CRT to further ground understanding of systemic inequality throughout this thesis.

1.4.2 Supporting Frameworks for Understanding Systemic Racism

In this section, I draw on structural violence (SV) and social dominance theory (SDT) as theories to support the application of CRT in the context of this research. Together with CRT, these models provide comprehensive insights into how SR is both sustained and experienced. Furthermore, the integration of these complementary theories prevents the reliance on a single framework, allowing multiple dimensions of SR to be captured.

Structural Violence. Structural violence (SV), developed by Galtung (1969), describes the harm caused by systematic disadvantage. SV is embedded in institutional practices and inflicted without obvious perpetrators, often making it obscure and subtle. Nevertheless, the consequential disparities and outcomes of SV are apparent for those directly impacted. Galtung (1969) argues that SV extends far beyond what is done, or not done, to a subject, but it should be understood as a result of power structures that advantage certain groups while oppressing others (Parsons, 2007). Such societal dynamics can limit the choices and the autonomy of disadvantaged groups, resulting in a deprivation of resources and hindering their potential, which Galtung (1969) classifies as harm.

Through the lens of SV, SR can be understood as harm produced and maintained by racially inequitable societal structures. This reflects CRT's assertion that racism is embedded within societal systems and therefore has become normalised (Delgado & Stefancic, 2017). For example, whiteness functions as an unspoken standard, or what Harris (1993) defines as 'capital'. Whiteness as capital influences access to both power and resources across institutions, dictating who benefits from systems such as education, healthcare, or the labour

force (Frankenberg, 1997; DiAngelo, 2020). Ultimately, SV reinforces the argument made by critical race theorists like Harris, that structures uphold racial hierarchies.

Furthermore, Galtung's (1969) notion of SV takes CRT a step further by highlighting how imbalances in structural power, such as Harris' (1993) whiteness as capital, Bell's (1980) interest convergence, and Crenshaw's (1989) intersectionality, practically manifest as deprivation and harm. For example, Farmer (2004) explicitly cites some outcomes of SV as "death, injury, illness, subjugation, stigmatisation, and even psychological terror" (p. 308). These outcomes reflect existing literature on RT that highlights the cumulative psychological impacts of racism, supporting the notion that SR is a form of violence that can result in harm (Brondolo et al., 2009; Dolezsar et al., 2014; Paradies et al., 2015). Thus, incorporating CRT and SV provides a holistic picture that can capture both the material outcomes, such as RT, and ideological elements of SR.

Limitations of SV. SV is a perspective that allows us to understand the structural dynamics linked to SR, forewarning the risks of harm; however, there are some limitations that must be considered. Unlike CRT, which examines and integrates the role of agency through concepts such as intersectionality and counter-storytelling, SV may be deemed to be deterministic and possibly problem-centred (Crenshaw, 1989; Solorzano & Yosso, 2002). For instance, the emphasis on long-term impacts may neglect the immediate lived experiences, coping practices, and other nuances that possibly counteract potential harm (Raguz, 2019). Given this, Coady (2007) argues that equal attention must be given to the present to address latent harm, which SV fails to do. Furthermore, SV cannot explain the persistence of the power structures that cause harm. However, this is effectively captured by CRT concepts such as interest convergence and whiteness as capital (Bell, 1980; Harris, 1993). In this research, SV will facilitate the 'materialisation' of abstract concepts such as whiteness and SR that CRT examines, by emphasising actual harms that occur as a result.

Social Dominance Theory. Social Dominance Theory (SDT), developed by Sidanius and Pratto (1999), posits that social hierarchies are self-perpetuating systems that exist across societies. Within these hierarchies, power and resources are disproportionately distributed, which enables dominant social groups to access advantages while maintaining inequality for systemically marginalised groups (Pratto & Stewart, 2011). Applied in the context of SR, SDT highlights how racial hierarchies established in the 19th century may continue to influence socio-political outcomes for GM populations in the present day. Bergh et al. (2016) expand on this by emphasising the legitimisation of cultural narratives in the justification of inequality. For example, the myth of meritocracy downplays systemic race-related barriers in the role of achievement and success (Young, 1958).

Although SDT focuses on the hierarchical distribution of power more broadly across societal contexts, it has significant implications for the conceptualisation of SR, overlapping with CRT frameworks. For example, while CRT focuses on the ingrained nature of racism within policy, law, and culture, STD illustrates how these dynamics function to create and maintain dominant groups (Sidanius & Pratto, 1999). Within this hierarchy, whiteness dictates a top position, functioning as "capital" that affords access to privilege (Harris, 1993). Additionally, CRT provides further insight into why such hierarchies have been sustained over time. One example of this is Bonilla-Silva's (2010) notion of colour-blindness, which legitimises inequity and the hierarchy defined by SDT. Similarly, Bell's (1980) principle of interest convergence demonstrates how dominance is asserted and enacted as the needs of GM groups are addressed only when they align with the interests of privileged groups.

Limitations of SDT. Although SDT provides an explanation for the persistence of racial hierarchies that maintain SR, it predominantly focuses on hierarchy and power distribution, possibly oversimplifying complex systems of oppression. For instance, the framework does not account for the impact of other factors such as implicit bias, internalised

racism, individual differences, or personal agency (Turner & Reynolds, 2003). In contrast, CRT accounts for these nuances by addressing intersectional differences such as socioeconomic status, religion, ability, sexuality, gender, and education (Crenshaw, 1989). Crenshaw (1989) cautions notions about systemic inequality with the acknowledgement that how structural power is experienced is dependent on multiple, varying factors. This suggests that social dominance, mobility, and power are not determined solely by concrete structures. Furthermore, Tunçgenç (2010) urges social dominance theorists to consider historical and evolutionary data along with societal data when making inferences about the dominance of social groups to avoid a false cause fallacy. SDT's inattention to resistance and contextual variability implies that hierarchies are immovable, despite their dependency on historical, economic, and political climates (Dovidio et al., 2009). Conversely, CRT actively challenges the 'legitimised myths' that perpetuate hierarchies, maintaining the notion that structural inequality is contingent on actions and transformation, which embodies the essence of this thesis (Delgado & Stefancic, 2017).

1.4.3 Theoretical Integration and Research Positioning

CRT is the primary theoretical framework used in this research to foreground the notion of SR. CRT concepts such as whiteness as capital, colour-blindness, intersectionality, and interest convergence provide nuanced insights into the underlying mechanisms that produce structural inequality across social institutions. SV supplements CRT by framing the impact of inequitable power distribution as an avoidable harm. Additionally, SDT provides a conceptual map of how power is likely to be disproportionately distributed based on characteristics such as race, with the concept of dominance hierarchies. Together, these theories align with this study's critical realist ontological stance. While CRT frames SR as objective reality, illuminating the buried mechanisms that underpin this phenomenon, SV and SDT shed light on the experiences and observable events that occur as a result, such as

limited access to resources and structural power imbalance. Although theoretical, these supporting ideologies reflect systemic, real-world conditions that shape individual experiences of RT. CRT, SV, and SDT all speak to the endurance of SR, which consequently gives rise to RT, distinguished by its cumulative psychological and emotional impact (Carter, 2007; Comas-Díaz et al., 2019). As a core theory, CRT aids the exploration of how structural inequalities manifest as tangible harm, enabling the study to address underlying mechanisms and outcomes of racial discrimination holistically.

In the next section, I examine how political contexts contribute to SR in the UK by discussing historical and modern implications.

1.5 Situating Systemic Racism in a British Political Landscape

The topic of race is often deemed as contentious in political spaces; given this, British policy frequently fails to address SR efficiently (Puwar, 2004). The Race Relations Act (1965), a reactive response to the Notting Hill race riots in the late ’50s, was the UK’s first attempt to address racism through legislation (Hepple, 1969). However, this government-led intervention aimed to address overt acts of racism in response to public disapproval that disrupted and threatened social cohesion and harmony (Solomos, 2003). The Race relations Act (1965) reflects Bell’s (1980) principle of interest convergence, which suggests that race-related issues are only prioritised and are addressed when they align with the strategic interests of dominant racial groups. Thus, addressing the embedded nature of SR does not always align with the interests of dominant power structures, which often results in a ‘fire-fighting’ approach that overlooks the root issue (Bhui et al., 2015).

Political ideologies have significantly contributed to societal attitudes concerning race in the UK. Thatcherism, brought forth by Margaret Thatcher, leader of the conservative government from 1979-1990, endorsed nationalism, sustaining anti-immigration discourse and hostility towards GM groups within British society (Fontana & Parsons, 2015).

Thatcher's tenure introduced several exclusionary policies, namely the British Nationality Act (1981), the Immigration Act (1988), and spending cuts, which disproportionately disadvantaged GM populations. Thatcherism is still reflected in contemporary policies, such as the Brexit referendum (2016) 'Leave campaign'. This policy intensified animosity toward GM communities by positioning them as the scapegoats for wide-ranging social and economic issues (Goodwin & Heath, 2016). UK policy has engendered the normalisation of xenophobic discourse, providing a basis for far-right agendas, under the guise of free speech and protecting national identity (Mudde, 2009). This demonstrates the considerable weight of group-based hierarchies outlined in SDT, which systemically maintain the dominant group privilege (Sidanius & Pratto, 1999).

SR is not only reinforced by official political narratives, but it is also misrepresented, as exemplified by the Commission on Race and Ethnic Disparities (CRED) "Inclusive Britain" report (2022). The report pardons institutional accountability, depicting a post-racial Britain by attributing racial disparities to "other factors" (Government of the United Kingdom, 2022, P.12). This may reflect colour-blindness where "… we no longer see a Britain where the system is deliberately rigged against ethnic minorities..." (Bonilla-Silva', 2010; Government of the United Kingdom, 2022 p8). It could be argued that the assertions made in CRED report risks justifying inequality as it is not "deliberate" and could not be detected by the report's commissioners. These findings echo concerns raised by Butts (2002) of racism and its effects being often rationalised or denied.

Although nine of the 10 commissioners were from minoritised backgrounds, they also represented the institutions that perpetuate SR; Education and Economics to Medicine and Policing (Government of the United Kingdom, 2022). Moreover, the commission was also formed by political advisor, Munira Mirza, who has described anti-racism as a "bogus moral crusade", suggesting her bias (Mirza, 2017). Accordingly, the report was met with criticism,

with some highlighting its failure to accurately account for racial inequity (The BPS, 2020; Touihri-Mebarek, 2023). Such conflicts of interest demonstrate why and how there continue to be limitations in addressing SR politically.

In response to the "Inclusive Britain" report, the United Nations Working Group of Experts on People of African Descent (OHCHR, 2023) conducted their investigation based on the experiences of community members. Their findings revealed that racism in the UK was not only structural and traumatic but had worsened over the years. Furthermore, Political structures have been found to reinforce this dynamic with structural violence (Galtung, 1969). For instance, inadequate deregulation and austerity measures led to the Grenfell Tower tragedy (2017), where predominantly GM residents were subjected to unsafe living conditions, resulting in avoidable deaths (Cooper & Whyte, 2018). Likewise, the Hostile environment policy (2012) subjected Caribbean migrants with legal residency to undue detention and deportation, resulting in the Windrush scandal (2018) (Wardle & Obermuller, 2019; Slaven, 2021).

The available evidence highlights the pivotal role of British policy in shaping SR and related discourse. However, political influence has seen a shift in recent years. For instance, there has been a rise in grassroots organisations and campaigns, advocating for racial justice (Fekete, 2020). Additional, despite the publication of "Inclusive Britain", the Commission on Race and Ethnic Disparities was established in response to the Black Lives Matter movement in 2020 (Francis-Devine et al., 2020). This suggests that community activism has increased government awareness, driving policy discussion on racial inequalities.

British policy has shaped societal attitudes and legislative frameworks, significantly impacting racial dynamics in the UK. Naturally, institutions adopt socio-political ideologies which impact their functions. Therefore, it is also necessary to consider how SR is maintained and legitimated institutionally.

1.6 Unpacking Contexts of Inequality

The following section examines several institutions and how their functions maintain SR in the UK. These will be the focus of this study. While I focus on key institutions, I note that other sectors such as housing, immigration, social care, and environmental policy also perpetuate racial inequality. As various intuitions intersect, I exclude some, focusing on those with the most significant evidence base and the most direct and frequent impact on RT and SR.

1.6.1 Education

British curricula have been found to privilege Eurocentric knowledge, thereby omitting the influence of GM experiences and contributions to knowledge. As a result, Western ideologies and ways of thinking are privileged, which have been found to 'other' pupils from GM backgrounds (Arday, 2018; Nagre, 2023). Fricker (2007) conceptualises this as 'epistemic injustice', reflecting the prioritisation of dominant cultural narratives.

Dunne (2022) emphasises the harmful impact of a homogeneous education curriculum and epistemic injustice by stating "When you are harmed in your capacity as a knower, you are not treated as fully human" (p. 285). Riaz (2023) found this to be the case with racial discrimination against ethnically diverse and Muslim children in Scottish compulsory education, which diminished the self-confidence and sense of belonging of these students. Furthermore, concerns have been raised regarding implicit biases in school behaviour policies (DfE, 2018). This has been reflected in the underperformance and routine exclusion of Black Caribbean boys (Roberts & Bolton, 2023). Racialised discipline has been linked to a school-to-prison pipeline, through which systemic inequalities can determine the life outcomes of GM students (Mallett, 2015). This exemplifies SV, as educational settings are found to "increase the distance between the potential [of a student's capabilities] and the actual [disproportionate outcomes they face]" through institutional policies and practices (Galtung,

1969, p.168).

However, there are GM students who succeed despite significant barriers. For example, Rollock (2019) highlights the success of Black professors in academia despite race-related systemic barriers. This suggests the presence of variables that may support the outcomes of GM students in some circumstances. Institutional supports like culturally responsive teaching, accommodation of learning styles, and curriculum reforms have been found to improve GM student outcomes (Alsalhi et al., 2021).

1.6.2 Employment

Employment is a predominant institutional domain, found to produce racial disparities reflective of SR. Frequently, SR emerges in the hiring practices of organisations and the availability of career opportunities for GM individuals (Zwysen et al., 2020). This is demonstrated by the Office of National Statistics reporting a significant average wage gap between Black and Pakistani workers and their White counterparts, with GM candidates being less likely to be recruited into senior positions (ONS, 2023). Although it has been argued that wage disparities are attributed to career choices or differing education levels, research has demonstrated that these disparities persist even when these factors are controlled (Heath & Di Stasio, 2019).

The available evidence suggests employment outcome differences can be attributed to racial discrimination, reflecting Young's (1958) myth of meritocracy. Although GM employees possess similar credentials and talent to their White counterparts, systemic barriers prevent equitable access to career opportunities (Lawton, 2000). In an attempt to create equal opportunity, organisations implement diversity initiatives; however, disparities seemingly continue (Ashe & Nazroo, 2016). A possible explanation for this is Bell's (1980) notion of 'interest convergence', which would suggest employment settings are incentivised to make significant changes when it benefits the organisation. The consistent data on the racial wage

gap and lack of GM representation in leadership reflect embedded features of the UK's economy that are not coincidental. CRT theorists may argue that the labour market functions in a way that maintains White dominance and advantage while limiting access to power and economic mobility for GM individuals (Caldwell & Crenshaw, 1996).

1.6.3 Mass Media

According to Hall (1980), the model of Encoding/Decoding refers to how the mass media creates messages that reflect societal norms. As a result, information is interpreted through dominant, negotiated or oppositional readings. Orgad & Baldwin (2021) provide an example of this by highlighting how racially charged tabloid narratives portrayed Meghan Markle, reinforcing racial stereotypes and negative public perceptions. However, Hall (1980) also emphasises that Media content can be interpreted through oppositional readings that resist certain narratives. Notwithstanding this, the significant underrepresentation of GM people in leadership roles within media production limits opportunities for counter-narratives to be represented (Ofcom, 2024). Through media narratives, dominant power structures are maintained. This legitimises ideologies that misrepresent GM identities and uphold racial hierarchies, reinforcing notions of White social dominance (Sidanius & Pratto, 1999).

1.6.4 Law Enforcement

The criminal justice system in the UK has faced scrutiny, with UK policing being labelled as institutionally racist. On police frontlines, Black and Asian individuals are disproportionately racially profiled, experience excessive force, and police violence. Additionally, Black people are 6.2 times more likely to be stopped and searched despite proportionate levels of alleged criminal activity across races (Home Office, 2022). Patterns of SR remain from policing to incarceration, with Black people being overrepresented in UK prisons and Asian people being over-policed in the context of counter-terrorism measures, such as the 'Prevent' strategy (Brunson & Miller, 2006; Khalifa, 2018). Social dominance

theorists emphasise the use of disproportionate and excessive force against GM people, particularly in the criminal justice system, as a way of ensuring subordinance (Sidanius & Pratto, 1999). Through this, entire communities may be vilified, becoming targets of disproportionate policing measures.

It is important to note that the impacts of SR have not simply been disregarded by institutional bodies. Efforts have been made to address race-related issues within policing. For instance, the Macpherson Report (1999), prompted by the racially motivated murder of Stephen Lawrence, attempted to expose and address a racist culture ingrained in the metropolitan police (Lea, 2000). Furthermore, the Lammy Review (2017) acknowledges and scrutinises areas of concern in policing, such as biased stop and search practices (Fekete, 2018). Although policy reforms have been attempted in the UK, the Baroness Casey Review (2023) points to an enduring "existence of racism at all levels in the [metropolitan police]" (p. 329). This has been found to fracture relationships between GM communities and the justice system (Dodd, 2018).

1.6.5 Healthcare

The presence of medical racism is a significant issue for Healthcare organisations within the UK. Race-related healthcare disparities have resulted in poor health outcomes for GM populations. Specifically, a cohort study by Vousden et al. (2024) highlighted disproportionate maternal mortality rates, with Black women being 3.2 times as likely to die during pregnancy as White women. When age, socioeconomic status and multiple pregnancies were controlled, the risk remained 2.4 times higher. Moreover, COVID-19 death rates were highest among Bangladeshi and Pakistani individuals. Researchers found that, when variables such as socioeconomic status and pre-existing conditions were accounted for, this population remained most at risk (Raleigh, 2022). Galtung (1969) posits that structural violence is not dependent on how or what action is done, but rather on the occurrence of

avoidable suffering. In healthcare, it is systemic failure, reinforced by racial inequality, which contributes to insufficient care and poorer health outcomes for GM groups (Parsons, 2007).

The National Health Service (NHS) has made efforts to address SR within health structures in the UK, putting racial healthcare disparities on the agenda of the NHS Long Term Plan (NHS, 2019). Furthermore, the Advancing Mental Health Equalities Strategy (2020) aimed to address Black and South Asian overrepresentation in admissions to mental health services and systemic misuse of the Mental Health Act (1983) (NHS England, 2020). Additionally, the NHS founded the Race and Health Observatory, which aimed to address health inequalities by informing related policies through research (Naqvi et al., 2022).

The exposure to SR racism across various institutions demonstrates the persistence of this issue, which, with time, has damaging psychological and emotional consequences. Enduring significant levels of race-related distress can have various implications, which I will discuss in the next section.

1.7 Racial Trauma and Its Impacts

In this section, I explore the impact of racism on physical and mental health, holistically detailing how this influences well-being. This discussion will create a basis for understanding the long-term implications of SR, to contextualise this research.

1.7.1 Race-Related Stress Vs Racial Trauma

Some adverse outcomes of racism have been conceptualised through stress frameworks, often referred to as race-related stress (RRS) (Brondolo et al., 2009; Carter, 2007; Clark et al., 1999; Paradies et al., 2015). RRS has been defined as psychological distress resulting from a threat to one's well-being or a lack of resources to meet environmental demands in the context of racial discrimination (Harrell, 2000). While a helpful framework, RRS does not capture the lasting psychological injury of cumulative exposures to racism. RRS is sometimes used interchangeably with RT. However, RT is

differentiated by race-related acute distress, or psychological harm that overwhelms adaptive coping mechanisms (Carter, 2007; Carter et al., 2013; Van der Kolk, 1998). To understand and avoid oversimplification, a comprehensive overview of the term RT is required (Bryant-Davis & Ocampo, 2005; Carter et al., 2007).

Like post-traumatic stress disorder (PTSD), RT can encompass many symptoms: anxiety, numbing, shame, and hypervigilance (American Psychological Association, 2013; Carter & Forsyth, 2010). For RT to be present, there must be elements of intrusion, avoidance, and negative alterations to mood or arousal. This can manifest in various ways, for instance, behaviourally, emotionally, cognitively and physiologically. However, the conventional PTSD criteria in traditional diagnostic models fail to capture the chronic, cumulative nature of RT. This is not triggered by a single event, but progresses over time through ongoing racial threats (Butts, 2002). Carter's RT definition aligns with some PTSD criteria outlined in the DSM-5; however, RT classification should not be viewed as an exhaustive, inflexible 'checklist' (APA, 2013; Carter, 2007).

RT depends on socio-political and personal context, thus, the notion of RT may be considered to lack conceptual clarity, which presents a risk of conflation with general stress or trauma (Chavez-Dueˇnas et al., 2019; Kirkinis et al., 2021; Sellers et al., 2003). Nonetheless, Carter (2007) emphasises the role of expressed emotional and psychological pain resulting from racism as central to defining RT, which addresses this concern.

Carter's (2007) RT framework is positioned as central to this research. While CRT provides a basis for understanding the phenomenon of SR as an entrenched structure, Carter's theory facilitates the interrogation of RT as a direct outcome of SR. These outcomes encompass varied and complex individual responses. Carter's claim that RT extends beyond traditional diagnostic labels such as PTSD and is dependent on individual context aligns directly with the focus of this study. Through this lens, lived experience can be foregrounded

to illuminate the relationship between chronic harms and structural racism. This is consistent with the study's aims to examine lived experiences and personal impact of exposure to racism. The framing of RT will be reconsidered in the following chapters to demonstrate that Carter's theory has been grounded and considered throughout this thesis. In addition to a conceptual framing, Carter's model for RT informs the analytic lens used to make sense of participants' accounts as distress responses to SR. This further highlights the intersection between structural and experiential elements of racism.

1.7.2 Psychological Consequences of Racial Trauma

Literature suggests that RT induces a form of stress that traditional PTSD models cannot account for. For instance, experiences of racism appear to predict trauma-related symptoms far more than general life stress in GM student populations (Pieterse et al., 2012). Similarly, Loo et al. (2005) found that race-related stressors worsened PTSD outcomes in veterans. Although there are distinguishable differences between RT and PTSD, RT does not have validated diagnostic criteria. As previously mentioned, this results in a lack of clarity, causing RT and other chronic stressors to often be conflated. While traditional established models focus on acute trauma, RT entails prolonged, broader manifestations of distress, which current diagnostic models are unable to capture. Therefore, in the absence of Clinical frameworks, research findings on RT must be interpreted with caution (Carter, 2007; Kirkinis et al., 2021).

Carter (2007) advocates for Clinicians and researchers to avoid pathologising RT. Instead, he suggests RT should be understood through emotional and psychological outcomes, as they are wide-ranging and complex. Some reported psychological manifestations of RT have been reported to be: depression, anxiety, low self-esteem, and chronic feelings of hopelessness (Paradies et al., 2015; Williams & Mohammed, 2013). The cumulative nature of RT causes these symptoms to persist and may eventually erode coping

mechanisms, resulting in the adoption of maladaptive strategies (Carter, 2007). To manage RT, GM populations have been found to withdraw socially, engage in aggressive behaviours and misuse substances, subsequently reinforcing cycles of distress and marginalisation (Brondolo et al., 2009; Dolezsar et al., 2014; Paradies et al., 2015). Additionally, those faced with RT often exist in systems that limit their resources and ability to mitigate stressors. For example, interventions are often informed by Eurocentric models that overlook culturally specific coping mechanisms, such as strengthening racial identity and utilising social support, which have been found to buffer against these effects (Helms et al., 2012).

1.7.3 Physical Consequences of Racial Trauma

RT has also been found to significantly impact physical well-being. Although health disparities may occur due to structural inequality, there are also direct physiological consequences of the distress and trauma caused by racial discrimination (Collins et al., 2004; Paradies et al., 2015). This suggests the issue is not linear.

Williams and Mohammed (2013) explain this by underscoring the relationship between chronic exposure to race-related stress and the body's stress response system that produces sustained, elevated levels of cortisol, resulting in hypertension and cardiovascular issues. Though RT contributes to poor physical health, the role of personal health behaviours, genetics, and culture, influencing access to healthcare, cannot be discounted. Therefore, it is difficult to isolate racism as a solitary determinant of physical health outcomes (Braveman et al., 2011). Experiences of racism have also been found to perpetuate cycles, in which some individuals depend on substance misuse, a maladaptive coping strategy that subsequently harms their physical health (Gerrard et al, 2012). However, this is not the case for all, as resilience and social support networks have been found to mitigate the effects of racism (Martin et al., 2003). "Weathering", a term coined by Geronimus (1996; 2006), refers to a premature decline in health and increased disease risk as a result of socioeconomic factors

such as SR, exclusively affecting Black American populations. Although Geronimus's (1996) hypothesis establishes a correlational rather than causal relationship between SR and health deterioration, a similar phenomenon has been observed in the UK. For instance, experiences of racism in the UK have been linked to health disparities and early mortality within GM groups, supporting the notion of weathering (Paradies et al., 2015).

1.7.4 The Societal Implications of Racial Trauma

RT has impacts on both GM individuals and the broader community structures. Family relationships are among the most disrupted social bonds when individuals experience prolonged RT (Bernard & Pollock, 2024). Race-related stress, according to Murry et al. (2001), impairs the parental capacity to adequately care for their children, thus creating patterns of intergenerational trauma. Lavalette and Penketh (2013) highlight the impact of racism on families in need, resulting in a strain on social care systems. Equally, the impacts of SR have been felt by UK mental health services, which are managing an increase in demand exacerbated by race-related issues (NHS England, 2023).

Systemic failures extend beyond race-related harms, as the adverse impacts of RT exacerbate institutional shortcomings. As a result, support services become overwhelmed and are less able to meet the diverse needs of GM populations (Cooper, 2020). The frustration experienced by some GM communities due to poorly managed RT can often result in misunderstanding, leading to societal perceptions of aggressive behaviour (Ford et al., 2007). Misconceptions about GM experiences tend to worsen social tensions as well as heighten institutional mistrust (Benkert, 2006). With this said, the impacts of RT must not be viewed from a solely deficit-based lens. Some individuals within GM communities have developed strong resilience and adaptive coping mechanisms in response to systemic difficulties, allowing them to function and navigate within oppressive systems (Neblett et al., 2012).

1.8 The Role of Psychology in Addressing Racism

The field of psychology has played a key role in identifying racism as a cause of psychological distress (Comas-Díaz, 2000). For instance, frameworks such as Clark et al.'s (1999) biopsychosocial model of racism, and Harrell's (2000) multidimensional conceptualisation of racism-related stress apply a psychological lens to what has long been considered a socio-political issue. The American Psychological Association (2020) stresses the importance of psychology informing race-related matters by stating we should be "combating every level of racism through psychological science" (APA, 2021, p. 4). The APA also recognises the significance of institutional accountability, through an apology to GM populations for its complicity in SR in the past. Likewise, the British Psychological Society (BPS) has addressed structural racism through anti-racism and inclusion agendas. The BPS prioritises this by committing to training a culturally competent workforce and showing support for anti-racism, detailed in their 'Inequalities: Taking the Conversations Forward' position paper (BPS, 2020). Psychology is a discipline that claims to strive for anti-racism, not just in principle, but in practice. However, the extent to which these statements are enacted practically remains open to critique.

1.9 Conclusions of Literature and Frameworks

This chapter provided an overview of what SR is and how it relates to a UK societal context. Additionally, this chapter explored how SR contributes to RT in GM communities. There is a large body of research and several theoretical frameworks that illustrate the profound effects of SR on the mental well-being of GM individuals. Despite this extensive evidence base, studies detailing the impact of SR and RT in a British context are limited. This calls for further examination of the available literature to address the current gaps, which I review in the next chapter.

Chapter 2: Systematic Literature Review

In this chapter, the available evidence base for systemic racism (SR) and racial trauma (RT) in the UK will be examined in a Systematic Literature Review (SLR). As discussed in Chapter one, the conceptualisation of RT within this thesis depends on Carter's (2007) framework. However, much of the existing research that adopts Carter's definition has be conducted in U.S. societal contexts. This leaves a gap in understanding how this dynamic manifests in the UK. This is significant as the UK has a distinct history, norms, laws, and policies, all of which have been impacted by RT and SR. Accordingly, the relationship between SR and RT must be examined.

A SLR involves identifying, evaluating, and synthesising existing research on a specific topic. In this, all relevant studies must be considered to provide a comprehensive understanding of a subject matter, situating findings within the broader academic discourse (Liberati et al., 2009). This highlights gaps in the current literature, providing direction for future research (Snyder, 2019). This review was conducted after the data collection and analysis phases of this study to avoid influencing or biasing the results, which relied heavily on the researcher's interpretation. I aimed to avoid any potential biases from prior reading of previous studies that could affect the interpretation of the lived experiences explored in my research, thus reinforcing the integrity of the analysis (Smith et al., 2009).

2.1 Systematic Literature Review Theoretical Framing, Questions and Aims

A preliminary scoping review was conducted to provide insight into how institutional racism contributes to psychological distress among global majority (GM) groups in the UK. While there is research that addresses elements of how institutions influence RT, there appears to be a gap in the literature that links institutional structures more broadly with race-based distress experienced by GM groups in the UK. Therefore, conducting a more focused review in this area could enhance understanding and inform equitable practice and policies.

2.1.1 Race-Based Psychological Distress as a Conceptual Model

As mentioned in Chapter 1, Carter (2007) defines RT as an acute stress response to racism, resulting in the threat of or actual emotional or physical injury. Carter proposes that RT is a severe form of stress, with symptoms mapping onto some post-traumatic stress disorder symptom criteria. These may include elements of intrusion, avoidance, and negative alterations to mood or arousal; however, RT is distinct from well-understood trauma presentations. In contrast, less severe psychological responses to racism are commonly referred to as 'race-related stress' or 'race-based stress', which are used interchangeably (Brondolo et al., 2009; Carter, 2007; Clark et al., 1999; Harrell, 2000). These terms are defined more broadly than RT as "a person's emotional and psychological reactions and [the] subsequent mental health effect" (Carter et al., 2013, p.1).

While Carter's conceptualisation of RT is central to the conduct of this thesis, for the purposes of this SLR, the term Race-Based Psychological Distress (RBPD) is used as a less rigid construct to capture a broad range of psychological harm associated with SR. Due to its wide scope and applicability to the available literature, RBPD was used as a conceptual tool applied within the SLR, rather than a core framework applied directly to other aspects of the thesis. This decision was made on the basis of RT being a relatively novel concept that has primarily been explored in the U.S., which would have limited the scope of this review. Furthermore, the term RBPD was used pragmatically to include studies that reported distress outcomes that did not specify whether or not they aligned with broader existing trauma frameworks, such as race-related stress or race-based stress. Based on the American Psychological Association's (2013) general definitions of psychological distress and definitions of race-based stress, RBPD is operationalised as emotional, cognitive, behavioural, or physiological distress relating to exposure to racial discrimination, whether acute, cumulative, or chronic. RBPD may include (but is not limited to) anxiety, depressive

symptoms, intrusive thoughts, hypervigilance, low self-worth, and hopelessness (Paradies et al., 2015; Williams & Mohammed, 2013). Existing literature cites variations in how these symptoms can present depending on the nature of an individual's exposure, phenotype, personality, and life experiences, which impact general tolerance thresholds (Egerton et al., 2018; Kachadourian et al., 2023). Hence, much like Carter's (2007) concept of RT, RBPD is not based on pathology; rather, it aims to capture "emotional or physical pain or the threat of physical and emotional pain that results from racism in the [form] of … racial discrimination" in this review context (p. 88).

Although RBPD overlaps with related concepts, it also offers distinct utility in this review. For instance, RBPD is an expansive and broad concept allowing its application to a wide range of psychological outcomes, whereas RT is aligned with PTSD criteria. For instance, RBPD accounts for racial distress, whether it meets a trauma threshold or not. By comparison, Meyer's (2003) minority stress theory, while similar in some respects to RBPD, situates racism as one of many stressors, such as racism, homophobia, and sexism. However, RBPD frames racism as a primary stressor. Likewise, racial battle fatigue, the chronic experience of exhaustion from racial discrimination, is specific to academic and occupational settings (Smith, 2004). RBPD is applicable to all institutional contexts.

With RBPD as the focus of this review, heterogeneous studies that explored race-related psychological harms but used different terminology could be reviewed. RBPD is applied as an umbrella construct allowing a comprehensive synthesis of the available literature while remaining aligned with the overall aims of the SLR.

2.1.2 Systematic Literature review Questions and Aims

This review aims to answer the following question:

How do institutional structures in the UK contribute to race-based psychological distress for minority racial groups?

The aims of this SLT are as follows:

1) To understand how institutional structures in the UK contribute to race-based psychological distress among GM groups.

2) To determine how mechanisms of SR operate within UK structures.

3) To explore the psychological impact of structural inequalities on GM communities in the UK.

The review process began with an initial synthesis, followed by an examination of the relationships among the studies, and concluded with an evaluation of the synthesis.

2.2 Systematic Literature Review Methodology

A clearly outlined methodology is required for an SLT to support an understanding of how the process was conducted, ensuring transparency and replicability. Additionally, detailed reporting of a protocol can minimise potential bias, which is detailed in this section (Snyder, 2019).

2.2.1 Search Strategy

Electronic databases facilitated the search of the included literature: APA PsycInfo, MEDLINE Ultimate, APA PsycArticles, and Web of Science. The selected databases cover research from applied health and social sciences and varying disciplines, such as medicine, social work, midwifery, nursing, and psychology. These databases were selected to cover a broad range of multidisciplinary evidence relevant to the review question.

Key terms were applied across all databases to ensure a focused exploration of the topic (Table 1).This is a representation of the exact search terms and term combinations that were applied to all databases. Boolean operators allowed terms to be combined across four conceptual categories: systemic and institutional factors, psychological outcomes, geographic scope, and population. This ensured that the search produced studies that directly addressed the research question.

Table1

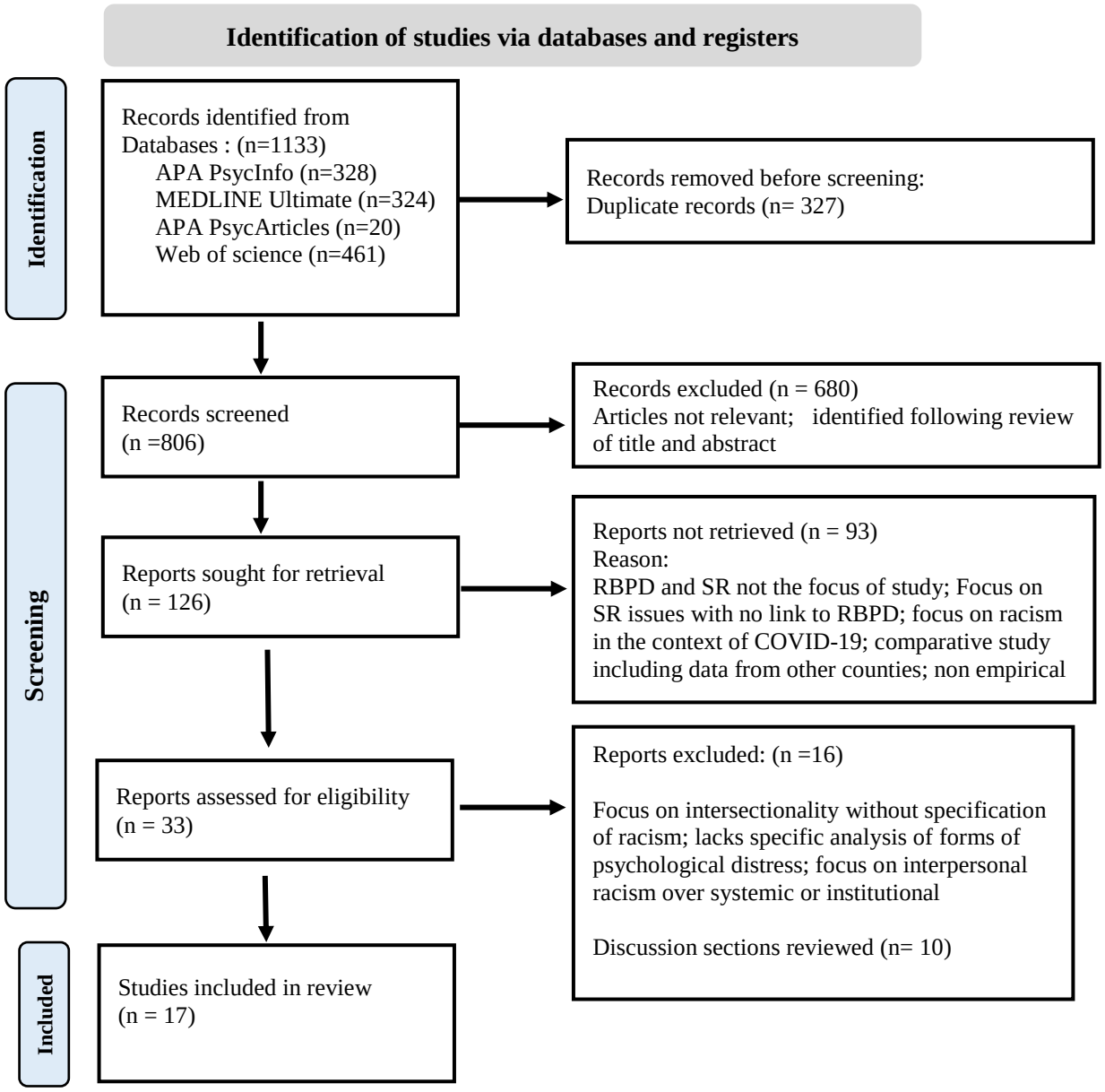
Search Terms Used Across all Databases

Category	Key Terms
Institutional/Systemic Factors	Systemic racism **OR** institutional racism **OR** structural racism **OR** discrimination **OR** racism
	AND
Psychological Outcomes	Racial trauma **OR** race-based traumatic stress **OR** race stress **OR** mental health
	AND
Geographic Scope	UK **OR** England **OR** Britain **OR** Great Britain **OR** United Kingdom **OR** Wales **OR** Scotland **OR** Northern Ireland
	AND
Population Focus	Minority groups **OR** minority **OR** minorities **OR** ethnic, Black, Asian **OR** African **OR** Arab **OR** BAME

A total of 1,133 papers were found in the initial searches, and duplicates were removed. Titles, keywords, and abstracts were used as search parameters to identify the study's relevance to the question. Titles were screened in the first instance; if deemed to be relevant or too vague, the abstract was reviewed. Reading these abstracts was essential to determine whether the study contexts could apply to the review question, which led to the identification of 126 studies for closer evaluation. When the abstracts did not provide sufficient context or clarity regarding their relevance, discussion sections were examined, a validated and recommended practice when abstracts are insufficient (Higgins & Green, 2011; Thomas & Harden, 2008). The outlined search strategy was applied consistently to all four data bases. All searches were conducted in December 2024. Figure 1 illustrates the PRISMA flow diagram representing the search process (Moher et al., 2009).

Figure 1

PRISMA flow diagram



2.2.2 Inclusion and Exclusion Criteria

Adherence an inclusion and exclusion criteria of a SLR ensures the selected studies remain relevant to the research question and aims. Furthermore, applying criteria to the search streamlines the process, enabling a focus on the most relevant literature (Snyder, 2019). Table 2, outlines the SLR inclusion and exclusion criteria applied to this literature search.

Table 2

Inclusion and Exclusion Criteria for Studies in the Systematic Literature Review

Category	Inclusion Criteria	Exclusion Criteria
Study type	• Peer reviewed • Empirical research	• Non-empirical studies (e.g., literature reviews, conceptual frameworks, books, letters, dissertations)
Publication timeframe	• Published between 2014-2024	• Publications before 2014
Geographical Scope	• Conducted in the UK	• Studies based outside of the UK • Studies that included multiple geographical context that included the UK
Institutional Focus	• Primary focus on the role, policies or practices of formal institutional structures (eg. government bodies, universities, health care institutions, police) • One or more institutions must be clearly named to allow it to be identified as a specific institution • Systemic racism and or discrimination to be identified within or linked to institutional structures, policies or operation	• Studies that did not link outcomes to institutions or systemic structures • Studies that did not focus on an identified institutional structure
Effects of Institutional Racism	• Explicitly or implicitly link at least one psychological, emotional, or physiological outcome to systemic/institutional racism (e.g., anxiety, depression, chronic stress, social exclusion, low self-esteem).	• Studies addressing racism without linking them to psychological, emotional, or physiological outcomes • Studies addressing interpersonal racism
Population	• Participants identifying or identified as coming from global majorly backgrounds (e.g., Black, Asian, Middle Eastern, mixed) • Participants aged 16 and over	• Studies with samples composed solely or primarily of White participants • Participants exclusively under the age of 16 (unless part of a mixed study)
Temporal context	• Broader context of institutional racism outside of short term unique events	• Studies focused in the context COVID-19 and racism

2.2.3 Rationale and Application of Inclusion and Exclusion Criteria

Defining Race-Based Psychological Distress. The term Race-Based Psychological distress (RBPD) became the focus of the review instead of RT. As discussed in earlier in this chapter, RBPD covers a range of adverse psychological and emotional impacts of racism, such as anxiety, depression, heightened, chronic stress, mistrust, feelings of alienation, and low self-esteem criteria are not exhaustive in capturing the nuance of perceived race-related distress (Williams & Mohammed, 2009; Peters, 2006). Operationalising RBPD was imperative as this concept was often represented indirectly through various study outcomes. Accordingly, I ensured that included studies explicitly or implicitly linked one or more forms of distress resulting from systemic and or institutional racism. While many of the initial studies focused on institutional racism, they did not address its psychological impact. Thus, ensuring studies aligned with the review's focus required some interpretation of what constituted distress. For instance, some studies were retained despite lacking explicit references to psychological distress. These studies reported on psychosocial, physiological, or emotional outcomes reflective of distress, such as anxiety, mood changes, or chronic illness (Carter, 2007).

Exclusion Criteria Based on Context. Another key inclusion criterion was a study focus on Systemic discrimination in any institutional structures within the UK. This was broadened to studies focusing on government policies, with the government being considered an institution. Three studies did not explicitly investigate a single named institutional structure; however, contextualised their findings within various institutions (please see Table 3).

Articles addressing racism without linking their relevance to UK institutions were excluded, ensuring that data reflected institutional landscapes relevant to the review’s focus. Studies that involved comparisons with the UK and other countries were omitted to avoid

diluting the UK focus with international contexts. This allowed for cultural and institutional specificity, true to historical and political conditions unique to the UK (Gillborn, 2008).

The search also yielded a significant number of studies focused on SR in the context of COVID-19 and its impact on minority groups. Although such articles can be relevant, a focus on the pandemic represented a very specific political context that amplified conversations about SR. This does not necessarily reflect broader, ongoing systemic issues central to this review's aims. Therefore, these studies were excluded to maintain a focus on UK-based institutional racism outside of this unique temporal setting.

Justification for Timeframe. In the past decade, there have been significant societal shifts, increasing awareness of institutional racism that have reshaped discourse (Fekete, 2020). In response to this, policy changes have occurred within the UK indicating the importance of focusing on recent research. For this reason, I selected a timeframe of 2014–2024 to reflect the most recent developments in understanding wider systems of racism and RBPD.

Exclusion of Non-Empirical Studies. All non-empirical evidence was excluded from the search, these were literature reviews, books, letters, frameworks, and critical reflections. Dissertations also were excluded to ensure the inclusion of peer-reviewed, published research. I adopted this approach to adhere to guidelines for systematic reviews, which encourages the use of primary studies to ground findings in tangible evidence (Liberati et al., 2009).

2.2.4 Included Review Studies

The search produced 17 papers that attribute RBPD to institutional racism in the UK. Of the included studies, 12 used a qualitative, and five used a quantitative methodology. Table 3 summarises the key attributes, findings, notable strengths, and potential weaknesses of each included study. The review included a total of 49,585 participants from diverse ethnic

backgrounds, aged 16 and over. Table 4 summarises participant demographics for each study. Ethno-racial demographics are presented as they were in each study, as some studies categorised participants based on ethnicity, race, or self-identified categories.

Table 3

Table of Tabulated Key Characteristics of all Studies

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
Arday (2022)	□ Investigate barriers BME staff face in accessing mental health services in universities. □ Explore the impact of racism on faculty mental health. □ Assess if institutional provisions effectively address race-based psychological distress.	□ Qualitative □ Semi-structured open-ended questionnaires. □ Individual semi-structured interviews. □ Unstructured focus groups.	□ Thematic analysis	□ Higher education institutions, mental health services in academic settings.	□Stigma and fear of professional consequences prevented BME staff from seeking support. □ Systemic racism in universities worsened mental health and was underestimated by healthcare professionals. □ Institutions lacked culturally competent interventions. □Black men face additional barriers to mental health care	+) Provides insights for improving inclusivity in university mental health services. +) Multiple data collection methods enhance study robustness, capturing both individual and collective perspectives. -) Sample may not fully represent all BME staff, with Latin American and Asian participants being underrepresented.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
Dotsikas et al. (2024)	Examine the impact of the UK's "hostile environment" immigration policies on psychological distress among ethnic minority groups compared to White British controls. Hypothesis – psychological distress would increase in minority ethnic participants.	Quantitative Quasi-experimental differences-in-differences Data comes from Understanding Society(UKHLS), a UK Household Longitudinal Survey sampling approximately 40,000 households over 10 survey waves (2009–2020) Measures- General Health Questionnaire (GHQ-12)	DiD models comparing mental health outcomes before and after policy implementation across ethnic groups. Exposure - hostile environment policies Outcome - symptoms of psychological distress Adjusted for age, sex, marital status, education, citizenship, and location.	Directly applicable to various institutions – Government policy The Home Office	Pakistani and Bangladeshi groups showed the highest psychological distress post-policy, linked to economic insecurity and discrimination. Indian, African, and Caribbean groups showed no significant increase, with homeownership and high citizenship rates mitigating distress.	+) Large longitudinal dataset (42,000 participants) allowing for robust analysis. +) Quasi-experimental design allows group comparisons over time. -) GHQ-12 may not fully capture long-term mental health effects. -) Diverse policies under "hostile environment" made causal attribution challenging.
Edeh, et al. (2023).	Explore gendered racism in the NHS by examining the experiences of	Qualitative Semi-structured Interviews with open-structured	Interpretive phenomenological analysis (IPA)	Employment (in the context of Healthcare)	Dual oppression of race and gender created feelings of invisibility and hypervisibility, increasing workplace stress.	+) Novel study investigating underexplored gendered racism in the UK NHS +) Feminist phenomenological

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
	Black women healthcare staff.	prompts (Robson et al., 2022).			Peer support networks, cultural pride, and professional competence were key coping mechanisms.	framework is effective in exploring lived experiences -) Limited to specific healthcare roles, so reduces applicability to other fields (eg, difference between doctors and nurses and other professionals).
Frost (2022)	Investigate the link between structural stigma, minority stress, and increased anxiety among migrants in the UK post-Brexit referendum. Tested three hypotheses on the impact of discrimination, structural stigma, and Brexit-related voting patterns on anxiety levels.	Quantitative Cross-sectional design Measures- Anxiety Symptoms measured using GAD-7. Discrimination was assessed via the Everyday Discrimination Scale (EDS), Perceived Ethnic	Structural Equation Modelling (SEM) with SPSS Amos 25 used to examine relationships between discrimination and anxiety.	Government policy- The Home Office Immigration	Structural stigma post-Brexit heightened anxiety and minority. Fear of deportation, discrimination, and migrant identity stigma contributed to mental health challenges.	+) Findings offer policy-relevant insights into immigrant mental health. -) Limited to generalised anxiety due to the use of GAD-7; self-reported measures may lack accuracy. -) No comparison group of non-migrants, making disproportionate impact assessment difficult. -) Cross-sectional design prevents causal inference.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
		Discrimination Questionnaire (PEDQ-CV), and Brexit-Related Discrimination Scale (BRDS).				
Gardner et al. (2023)	Investigate the barriers faced by minority ethnic women in accessing culturally appropriate perinatal mental health care in the East of England.	Qualitative Semi-structured interview (in person & online)	Interpretative phenomenological analysis (IPA), cross-case analysis	Perinatal mental health services (East of England, UK).	Lack of cultural sensitivity led to women feeling misunderstood due to language barriers, racial stereotypes, and the underrepresentation of minority professionals. Participants stated the need for culturally tailored services.	+) COREQ (Tong et al., 2007) enhancing the research credibility. +) IPA suited study aims of understanding lived experiences. -) Small sample (n=6) limits generalisability but aligns with IPA methodology.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
Hackett et al. (2020)	Explore how experiences of racial discrimination are linked to changes in physical and mental health, and how race-related distress mediates this relationship.	Quantitative Longitudinal cohort study using data from the UK Household Longitudinal Study (UKHLS), a nationally representative dataset. Data collected at multiple time points	Regression models to examine the relationship between racial discrimination and health outcomes. Time-series analysis assessed the temporal effects of racial discrimination on health. Adjustments made for confounding factors -age, socioeconomic status, and baseline health.	Directly applicable to various institutions (not in study's focus) Healthcare- Employment Housing Education	Experiences of racial discrimination led to poorer mental and physical health outcomes. Cumulative discrimination contributed to long-term health issues.	+) Longitudinal design allows for the examination of causal relationships over time. +) Inclusion of a comparison group strengthens the validity of results. -) Self-reported data may be affected by recall bias or subjectivity. -) Prospective study design reduces reverse causation risk but leaves room for bias in health outcomes affecting discrimination experiences.
Hall et al. (2023)	Explore Grime and Drill music lyrics as ethnographic data to understand systemic inequalities and	Qualitative Ethnographic method using 50 Grime and Drill songs as secondary	Inductive Thematic analysis	Not institution-specific—relevant to policing, social policy, and media.)	Lyrics narrated lived experiences of systemic racism and police violence, highlighting feelings of alienation, criminalisation, and social exclusion.	+) Innovative use of cultural materials to study Black trauma, enhancing ecological validity. -) Potential bias in interpreting lyrics as direct lived experiences.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
	their impact on youth. □ Examine music's role in expressing Black trauma and criminalised identity.	data, coded for themes.			□ Drill music is often used to criminalise Black youth within legal systems, invalidating cultural expression.	-) Findings not representative of all Black male experiences.
Henderson et al. (2015).	□ Examine the role of ethnicity in mistrust of mental health services, focusing on Black patients admitted to hospitals and experiences of unfair treatment. □ Assess whether a mental illness diagnosis impacts the relationship between ethnicity and mistrust.	□ Quantitative □ Cross-sectional □ Individual Structured interviews □ Electronic patient record reviews. □Measures- MED Scale (discrimination), DISC (stigma), and ACE Scale (barriers to care).	□ Univariate analysis for ethnic comparisons. Structural Equation Modelling (SEM) to explore links between unfair treatment, hospital admissions, and mistrust.	Healthcare- □ Mental health services in the UK □Policy	□ Greater psychiatric symptom severity was linked to increased mistrust and reports of unfair treatment □Black and mixed Black-White groups reported mistrust influenced by experiences of discrimination. □ Mistrust was directly attributed to interpersonal dynamics in care.	+) SEM provided a strong, reliable method to analyse relationships between variables. -) Trust in mental health services was measured using a non-validated single-item scale, reducing reliability. -) Cross-sectional design limits causal inference on long-term mistrust effects.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
Hui et al. (2021)	Investigate institutional injustices (e.g., racism, sexism, and homophobia) and their effects on the mental health of marginalised individuals.	Qualitative Semi-structured interviews	Inductive analysis Independently transcribed and analysed using NVivo-12.	Directly applicable to various institutions – Mental health support (Healthcare) Media	Participants felt discredited, ignored, and not believed by institutions. Marginalisation and mistrust led to disengagement from institutions, worsening mental health.	+) Semi-structured interviews provided a nuanced exploration of lived experiences. +) Use of NVivo-12 ensured systematic and transparent analysis. -) Findings are not tied to specific institutions, making policy applications challenging. -) Lack of inter-coder reliability checks or triangulation may introduce researcher bias.
Olaniyan (2021)	Examine the university environment's impact on REM students' mental health and help-seeking, by comparing with Russell Group (RGU) and non-Russell Group	Qualitative Paired comparison Semi-structured interview (22 face-to-face, 26 telephone)	Informed by principles of Constructivist Grounded Theory Thematic analysis Independently transcribed and	Education- RGU, NRGU	RGU REM students reported alienation, exclusion, and impostorism; REM students across both settings faced racial macroaggressions and stress from stereotypes.	+) Used COREQ (Tong et al., 2007) for research rigour. -) Limited generalisability- sample from only two UK universities - predominantly African/Caribbean and female, with unclear gender breakdown.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
	universities (NRGU).		transferred into NVivo-12.		□ Many avoided university mental health services.	
Pearson et al. (2021)	□ Explore mental health treatment experiences of minority Commonwealth veterans and the impact of race/ethnicity on their healthcare in the UK military.	□ Qualitative □ Semi-structured individual interviews	□ Thematic analysis	□ NHS mental health services, veteran health organisations.	□ Ethnic minority veterans faced barriers to mental health services due to systemic racism and stigma □Racism negatively affected self-esteem, fostering disengagement from services.	+) Novel study addressing a research gap on minority veterans' mental health experiences. +) Secondary researcher checked findings, enhancing credibility. -) Retrospective design risks recall bias.
Pryce-Miller et al. (2023)	□ Explore how racial biases impact Minority Ethnic students within the university practice environments and how these experiences can influence policy,	□ Qualitative □ Focus group □ Semi-structured interviews.	□ Thematic analysis informed by Hermeneutic phenomenology.	Education/ Healthcare- □University courses-clinical placement (nursing or allied health courses).	□ Racial bias and discrimination were an issue for GM students in practice environments, affecting academic and professional development □ The ‘awarding gap’ of BAME students being less	+) The study includes students from multiple disciplines, offering cross-disciplinary insights. +) Provides valuable information for improving policies and practices in healthcare education.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
	practice, research, and education in nursing, midwifery, and allied health fields.	.			likely to achieve top academic outcomes compared to White peers was found	-) Self-selection of participants may lead to bias, with stronger views being more represented.
Rhead et al. (2020)	Investigate the prevalence of workplace discrimination and harassment among NHS staff in London and its impact on mental health, job satisfaction, and sickness absence.	Quantitative Cross-sectional study using data from an online survey as part of the TIDES study.	Iterative proportional fitting (IPF) aligned data with NHS workforce demographics. Logistic regression models examined associations between discrimination, bullying, harassment (BHA), participant characteristics, health outcomes, job satisfaction, and sickness absence.	Employment (healthcare context) - NHS London services	Ethnic minorities and women reported significantly higher workplace discrimination and harassment than their White and male counterparts Race-based discrimination was linked to psychological distress, anxiety, and depression.	+) Use of standardised measures enhances reliability and comparability with other studies. -) Sexual orientation, occupational group, and migrant status were not weighted, potentially skewing results. -) Overrepresentation of nurses (64%) limits generalisability to all NHS staff. -) Cross-sectional design prevents causal inference.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
Solanki et al. (2023)	Examine the lived experiences of Black adults detained under the UK's Mental Health Act (MHA) and racism in their treatment.	Qualitative Semi-structured in-person interviews facilitated by liaison ward staff.	Thematic analysis	NHS acute mental health inpatient wards	Participants reported racism and discrimination during detainment under the MHA. Police and professionals often intervened unnecessarily, yet support was difficult to access when needed.	+) Member checking and service-user researcher consultation ensured ecological validity. +) Quality assurance processes enhanced reliability. -) Findings did not reflect the overrepresentation of Black males in MHA detentions, limiting insights. -) Limited generalisability as the results were from one hospital in one locality.
Tannerah et al. (2024) .	Identify inequities in mental health care for Muslims from minority ethnic communities. Provide recommendations for service improvements.	Qualitative Focus groups semi-structured interviews Public and patient involvement (PPIE) - consultations with Muslim	Reflexive thematic analysis (RTA) .	Healthcare – Mental health services (Liverpool, UK)	Participants reported racism and discrimination in mental health services and difficulty accessing culturally competent care. Discriminatory attitudes exacerbated mental health stigma within the Muslim community.	+) Centred community voices, enhancing trustworthiness and validity. -) Limited sample size and geographical focus (Liverpool), restricting generalisability.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
		communities in Liverpool.				
Tuffour, (2022)	Explore the experiences of perceived prejudices faced by Black African mental health nurses in England.	Qualitative Face-to-face, individual Semi-structured interviews.	Interpretive phenomenological analysis (IPA).	Employment (healthcare context) - Various NHS mental health services	Recruitment practices and workplace behaviours reinforced a sense of exclusion, with BAME participants Leadership roles were perceived as associated with whiteness Racial discrimination negatively impacted mental well-being	+) IPA was appropriate for exploring lived experiences. +) Participants had varied years of experience, offering insights across career stages. -) The sample was drawn from two trusts in the Midlands and South England, limiting generalisability to diverse/urban areas.
Walker et al. (2023).	Gain an understanding of Minority student nurses experience clinical placement, within NHS hospitals, in	Qualitative Semi structured individual interviews.	Thematic was analysis transcribed and analysed using NVivo-12.	Employment (healthcare context) - NHS London services	Minority student nurses reported racism and macroaggressions, while White British students faced discrimination based on age, sex, gender, but were generally advantaged by race.	. +) Credibility enhanced by the inclusion of a nursing peer researcher. -) No detailed demographic breakdown of participants, limiting transparency on the ethnic representation in the study.

Study	Objectives	Study design/ Collection	Data Analysis	Institution(s)	Key findings	Strengths (+)and Limitations (-)
	comparison White British groups.				□ Limited representation in senior NHS roles discouraged aspirations for minority nurses.	-) Findings may not be generalisable beyond London NHS trusts.

Table 4

Table of Demographic Characteristics

Study author	Participants/data source	Recruitment	Race/ Ethnicity	Gender
Arday (2022)	N = 40	Purposive sampling.	Asian/Asian British n=8 Black/Black British n=14 Mixed-Heritage n=13 Latin-American n=5	Male n=16 Female n=24
Dotsikas et al. (2024)	N=42,968	Stratified, clustered equal probability sampling.	White British n=35918 Caribbean n=1137 Indian n=1905 Pakistani n=1438 Bangladeshi n=1132 African n=1438	Female n=20253 (56.4%) Male n=15665 (43.6%)
Edeh, et al. (2023)	N=24	Purposive sampling.	Black, African Nigerian n=24	Female n=24
Frost (2022)	*N* =311	Opportunity sample.	White n=213 Black/Black British n=15 Asian/Asian British n=56 Arab= 2 Mixed/multiple ethnic groups= 10 Other=15	Male n=108 Female n=201 Something else n=2

Study author	Participants/data source	Recruitment	Race/ Ethnicity	Gender
Gardner et al. (2023)	N=6	Convenience sampling.	Mixed ethnicity – Moroccan, Irish, English and Pakistani n=1 Mixed ethnicity- Jamaican, Irish and English n=1 British Pakistani n=2 Indian n= 1 Bangladesh n=1	Female n=6
Hackett et al. (2020)	N=4883	Stratified random sampling.	Indian n= 915 Pakistani n=765 Bangladeshi n=743 Black Caribbean n= 563 Black African n=720 Other n =1177	Male n = 2678 Female n =2205
Hall et al. (2023)	Data analysis of 50 songs	Purposive sampling to identify and analyse 50 drill songs.	N/A	N/A

Study author	Participants/data source	Recruitment	Race/ Ethnicity	Gender
Henderson et al. (2015)	N=202	Convenience sampling.	Black or mixed Black and White n=101 White n=101	Male n=133 Female n=69
Hui et al. (2021)	N=77	Snowball sampling.	White British n=44 Black British n=5 Black African/Caribbean n=4 White Other n=5 White and Black African/Caribbean n=4 Asian/Mixed white Asian= 4 Other n=5 Prefer not to say n=6	Male n=30 Female n=42 Other n=5
Pearson et al. (2021)	N=6	Purposive sampling.	St Lucian n=2 Black/Caribbean Gambian n=1 Black/Caribbean Fijian n=1 Black/African South African n=1 Black/African Ghanaian n=1	Male n=6
Rhead et al. (2020)	N=931	Non-probability, purposive sampling.	White/British n=421 White/other n=107 Black n=179 Asian n=166 Mixed n=57	Male n=167 Female n=764

Study author	Participants/data source	Recruitment	Race/ Ethnicity	Gender
Solanki et al. (2023)	N=12	Purposive sampling.	□Black African n=2 □Black/African/ Caribbean/Black Other n=1 □Black/British n=4 □Black Other n=2 □Caribbean n=1 □Caribbean and African n=1 □Mixed Race n=1	□Male n=4 □Female n=8
Tannerah et al. (2024)	N=35	Purposive sampling.	□Yemeni □Somali □Sudanese □Egyptian □Algerian □Pakistani □Moroccan □(no participant breakdown provided)	□Male n=8 □Female n=27
Walker et al. (2023)	N=21	Purposive sampling.	□No study demographics Reported □A mix of white British and minority participants	□N/A

2.3 Systematic Literature Review Quality Appraisal

The Mixed Methods Appraisal Tool (MMAT) was used to evaluate the methodological quality of various study designs consistently and scrutinise their ability to answer a review question (Hong et al., 2018). The search produced qualitative studies, cross-sectional studies, cohort studies, and one quasi-experimental differences-in-differences study. The included studies were assessed using corresponding MMAT criteria; these, along with the results, are presented in Table 5. The MMAT was selected as it integrates qualitative and quantitative studies within a single appraisal framework by including criteria applicable to various study designs. The MMAT assesses qualitative studies based on six criteria and quantitative studies based on seven (Table 5). Due to the heterogeneity of the included studies, a comprehensive and systematic assessment of methodologies was necessary to enhance the rigour of the systematic review process (Hong et al., 2018; Hong et al., 2019). All included studies were categorised as either descriptive quantitative or qualitative designs based on Hong et al's (2018) 'Algorithm for selecting the study categories to rate'.

Table 5

MMAT Critical Appraisal of Included Literature

		Qualitative criteria						
Study	Design	1. Are there clear research questions?	2. Does the collected data allow for addressing the research questions?	3. Is the qualitative approach appropriate to answer the research question?	4. Are the qualitative data collection methods adequate to address the research question?	5. Is the interpretation of results sufficiently substantiated by data?	6. Is there coherence between qualitative data sources, collection, analysis and interpretation?	Overall Quality
Olaniyan (2021)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Tannerah et al. (2024)	Qualitative	Yes	Yes	Yes	Yes	Can't tell	No	**Low**
Hall et al (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Gardner et al. (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Edeh, et al. (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Can't tell	**Moderate**
Solanki et al. (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**

Study	Design	1. Are there clear research questions?	2. Do the collected data allow to address the research questions?	3. Is the qualitative approach appropriate to answer the research question?	4. Are the qualitative data collection methods adequate to address the research question?	5. Is the interpretation of results sufficiently substantiated by data?	6. Is there coherence between qualitative data sources, collection, analysis and interpretation?	Overall Quality
Hui et al. (2021)	Qualitative	Yes	Yes	Yes	Yes	Yes	Can't tell	**Moderate**
Tuffour (2022)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Walker, et al. (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Pearson, et al. (2021)	Qualitative	Yes	Yes	Yes	Yes	Can't tell	No	**Low**
Arday (2022)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**
Pryce-Miller et al. (2023)	Qualitative	Yes	Yes	Yes	Yes	Yes	Yes	**High**

Quantitative Descriptive criteria									
Study	Design	1. Are there clear research questions?	2. Do the collected data allow to address the research questions?	3. Is the sampling strategy relevant to address the research question?	4. Is the sample representative of the target population?	5. Are the measurements appropriate?	6. Is the risk of nonresponse bias low?	7. Is the statistical analysis appropriate to answer the research question?	Overall quality
Dotsikas et al. (2024)	Quantitative-Quasi-experimental differences-in-differences	Yes	Yes	Yes	Can't tell	Yes	Yes	Yes	**Moderate**
Frost (2022)	Quantitative-Cross-sectional	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	**Moderate**
Rhead et al. (2020)	Quantitative-Cross sectional	Yes	Yes	Yes	Yes	Yes	Can't tell	Yes	**Moderate**
Henderson et al. (2015)	Quantitative-Cross-sectional	Yes	Yes	Yes	Yes	4 –yes 1 –no	No	Yes	**Moderate**
Hackett et al. (2020)	Quantitative-Longitudinal cohort study	Yes	Yes	Yes	Can't tell	Yes	Can't tell	Yes	**Moderate**

According to MMAT guidelines, appraisal of the literature would not have been viable if the first two criteria had not been met. All selected studies met these criteria and presented findings that answered the review's objectives. Although the studies were specific to various institutional contexts, they all highlighted experiences related to psychological distress, resulting from racial discrimination perpetuated by UK institutional structures. The authors of MMAT do not endorse a scoring system or threshold based on the number of 'yes' outcomes per study. Rather, Hong et al. (2018) encourage a detailed assessment of each criterion to mitigate the risk of oversimplifying the appraisal process. The tool ratings are supplemented by a comprehensive descriptive evaluation of study quality.

Of the 17 studies, Pearson et al. (2021) and Tannerah et al. (2024) were rated 'low' due to a lack of coherence between data sources and interpretation, resulting in a 'no' for criteria 6. Although both studies detail the analysis process, their results lacked detailed interpretations of the data. For example, in Pearson et al.'s (2021) study, the superordinate themes were presented with brief descriptions, while sub-themes were presented with single quotes with no further analysis, or critical engagement. Conversely, Tannerah et al. (2024) provide detailed interpretations for their findings but don't use direct quotes to indicate the results are supported by the data. A detailed analysis is crucial in the examination of sensitive issues such as systemic discrimination. The omission of an in-depth analysis diminishes the thematic analysis both studies employed, reducing the rigour of the findings (Braun & Clarke, 2006). Despite these limitations, the authors draw meaningful insights that have broader implications. Hong et al. (2018) discourage the exclusion of studies based on low methodology quality to ensure all relevant literature is considered in SLRs.

Seven studies were rated as 'moderate', five of which were quantitative. The appraisal raised concerns about the sampling of participants, resulting in a 'can't tell' response for criteria 4. For instance, Dotsikas et al. (2024) and Hackett et al. (2020) recruited a sub-sample

from the UK Household Longitudinal Survey (UKHLS). Although such samples are large, there was no information in either study about attrition of the UKHLS or how its initial sample was obtained to begin with. This creates challenges in determining its true representativeness. Comparisons to external benchmarks, such as national statistics, may have supported a definitive judgement about the representativeness of the data. Furthermore, the quantitative studies mostly recruited online, introducing self-selection biases that limit generalisability despite significantly larger samples. It was also difficult to ascertain the risk of nonresponse bias, as there was no explicit mention of correction for response biases. Given the use of questionnaires, this was important. Dotsikas et al. (2024) were the only study to attempt to account for nonresponse bias by estimating inverse probability weights, mitigating, but not eliminating the risk.

None of the included quantitative studies were assessed as ‘high’. This could suggest that quantitative methodological approaches are less effective for the exploration of SR and its impact on distress-related responses. This could be attributed to the use of quantitative measures. For instance, a qualitative approach may have proven effective in investigating a highly subjective concept such as mistrust. However, Henderson et al. (2015) opted for a single-item ‘mistrust’ scale, which oversimplifies a complex, socially determined experience. Likewise, Frost’s (2022) use of a general anxiety disorder scale may not capture the nuance of how anxiety can manifest.

Two of the qualitative studies received an overall ‘moderate’ rating due to a lack of transparency concerning the analysis and interpretation stage outlined in Criteria 6. Edeh et al. (2023) employed IPA for their analysis, which is heavily dependent on reflexivity. Although there is mention of peer review and reflexivity, no details are provided on how these were implemented or influenced the analysis. Without a clear account of how reflexivity was applied, I was unable to assess whether the interpretative elements were

skewed by the researchers' assumptions and biases. Other studies that used IPA, like Gardner et al. (2023) and Tuffour. (2022) that evidenced detailed reflexive processes like diaries or provided positionality statements, received an overall ‘high’ rating. Hui et al. (2021) also failed to mention reflexive processes in the interpretation of their data. This warrants scrutiny as they employed an inductive analysis, which relies on the researchers’ interpretations to construct themes. Hence, personal biases must be accounted for to maintain the integrity of the findings (Morse et al., 2002; Lincoln & Guba, 1985).

The appraisal of the 17 included studies highlighted variability in the quality of evidence. While some qualitative studies demonstrated a high level of reflexivity within their analyses, others did not provide sufficient evidence of how the data was interpreted, thus limiting the rigour of these studies. Furthermore, some of the included quantitative studies contained methodological limitations relating to sampling, self-selection, and overly reductive definitions of complex constructs within the studies. This resulted in moderate or low quality appraisal ratings. Despite their methodological differences, all the studies contributed valuable insights into RBPD resulting from SR that support the aims and synthesis of this SLR. Thus, the MMAT appraisal provides an in-depth understanding of the included literature’s strengths and limitations, demonstrating the consideration given to methodological rigour within the analyses and findings.

2.4 Data Synthesis Approach

Due to the heterogeneity of the included studies, a robust synthesis would not have been feasible with approaches such as a meta-analysis or meta-ethnography. Therefore, the literature review process followed Popay et al.’s (2006) protocol for Narrative Synthesis (NS) for systematic reviews. NS facilitates the integration of research findings through textual analysis to create a cohesive explanation or ‘story’, which requires a descriptive synthesis of study findings by highlighting patterns, themes, and relationships (Popay et al., 2006). NS is

well suited for synthesising studies that explore complex, context-dependent issues such as RBPD. Such nuanced, socially situated issues can be explored in the fullest capacity through NS, as this method allows for the synthesis of both explicit and implicit representations of distress. As previously mention RBPD applies to manifestations of distress which may vary based on context, lived experience, and contextually-based thresholds of tolerance. Therefore, NS provides an opportunity to appropriately capture this diversity of presentations without placing individuals into reductive, categories. The selected studies used a varied range of quantitative and qualitative methodologies; the use of NS enabled the amalgamation of these study designs, maintaining a synthesised overview. As the studies included multiple focuses (e.g., healthcare institutions, higher education, workplace) the evidence was not statistically homogeneous. This necessitated a method such as NS, which enabled the flexible integration of diverse findings (Popay et al., 2006).

The synthesis consisted of two stages: thematic analysis and textual description. Popay et al. (2006) argue that thematic analysis can include mixed methods and quantitative data despite its usual application to qualitative data. The analysis consisted of line-by-line coding to generate initial codes based on the findings of all studies. Studies were read through a second time, and corresponding data were grouped under each code. The codes were then amalgamated to generate themes based on the preliminary reading, then refined through iterative analysis. (Braun & Clarke, 2006). Qualitative studies are discussed in greater depth in this review as they provide valuable insights into subjective experiences, which are particularly relevant for addressing psychological distress and institutional racism (Braun & Clarke, 2013). These studies were considered the most significant contributors to the review question (Poppy et al., 2016).

2.5 Review Findings

The data synthesis produced two superordinate themes, each containing three subthemes, as

presented in Table 6. This section entails a comprehensive overview of these themes with textual descriptions derived from the thematic analysis.

Table 6

Contribution of Included Studies to Themes.

Study	Superordinate Themes					
	Complex and Diverse Manifestations of Race-Based Psychological Distress			Discrimination and Denial: Perpetuating Harm through Inaction and action		
	Subthemes			Subthemes		
	The Weight of Diagnostic Labels: Mental Health Decline	Acceptance, Normalisation and Concealment of Pain	Layers of Race-Based Distress	Systemic Neglect and Institutional Silence	Barriers and Exclusions	Self-Reliance Due to Institutional Failure
Arday (2022)	X	X	X	X	X	X
Dotsikas et al. (2024)	X		X		X	
Edeh, et al. (2023)		X		X		X
Frost (2022)	X	X	X			
Gardner et al. (2023)	X	X	X	X		X
Hackett et al. (2020)	X		X		X	
Hall et al. (2023)	X	X	X		X	X
Henderson et al. (2015)		X		X	X	
Hui et al (2021)	X	X	X	X		
Olaniyan, (2021)	X	X	X	X	X	X
Pearson et al. (2021).	X	X		X	X	
Pryce-Miller et al. (2023)		X	X	X		X
Rhead et al. (2020)	X		X		X	
Solanki et al. (2023)	X	X	X	X	X	X
Tannerah, et al. (2024)	X		X	X	X	X
Tuffour (2022)		X	X	X	X	X
Walker et al. (2023)	X	X	X	X	X	X

2.5.1 Complex and Diverse Manifestations of Race-Based Psychological Distress

This theme reflects how the phenomenon of race-based psychological distress isn't a linear concept, but can manifest in diverse ways that are not otherwise considered by institutions. Consistent with the operationalisation of RBPD as comprising clinical and non-clinical forms of distress, the synthesis identified outcomes ranging from anxiety and depression to poor physical health, mistrust, and social withdrawal, depending on the context of the studies.

The Weight of Diagnostic Labels: Mental Health Decline. Many of the studies presented RBPD as a mental health (MH) condition, such as anxiety, depression, and trauma. Though such diagnostic labels are widely recognised, their causes of systemic oppression are often overlooked (Carter & Forsyth, 2010). Ironically, this was mostly evident in studies exploring MH care provision, where institutions left participants reluctant to engage with services or worse off mentally. For instance, participants in Pearson et al.'s (2021) and Tannerah et al.'s (2024) studies were excluded from psychological interventions due to a lack of cultural understanding, leaving them "more depressed when they go in" (p.13). Similarly, Olaniyan (2021) found that participants disengaged from university MH services due to worries that racism faced in academic settings would be replicated in the available MH provisions.

Participants' previous experiences of racism reinforced their beliefs that seeking help would worsen their situation. Many were forced to make an impossible choice- living with their problems unaddressed, or risking further harm from systems that perpetuate racism by seeking and accepting support. Those who opted for the latter seemed to confirm these fears, with practitioners unable to understand race-related stressors and their impact on MH (Henderson et al., 2015; Olaniyan, 2021; Pearson et al., 2021; Rhead et al., 2020; Solanki et al., 2023). One participant recalled how a practitioner was supportive "until [he] started

talking about race," and another felt MH practitioners could not "conceptualise or empathise" with racism, worsening her depression and anxiety (Arday, 2022, p. 91; Olaniyan, 2021, p.775).

Institutions did not just add to existing difficulties, they actively created new MH challenges. RBPD is often conflated with or obscured by existing diagnostic labels, but should be thought of as having symptoms that fit the general diagnostic criteria (Carter, 2007). Dotsikas et al. (2024) link hostile environment policies to an increase in anxiety and depression scores. These are symptoms of a distinct psychological condition, RBPD, not the full expression of it. These symptoms vary from person to person; one participant attributed racist culture in academia to a "nervous breakdown and self-harming" (Arday, 2022, p. 91). The overlap between RBPD and recognised MH conditions complicates its recognition and intervention, leaving those affected without appropriate support.

Acceptance, Normalisation, and Concealment of Pain. Many of the studies featured fears of reprisal, societal conditioning, cultural, and institutional expectations, which contributed to the concealment or normalisation of distress. Institutions appeared to brand those who report RBPD as unreasonable, resulting in feelings of shame and frustration. Participants expressed an underlying fear of judgment, as voicing their experiences may have been misinterpreted as weakness or overreaction. Consequently, they chose to remain silent, resulting in feelings of self-blame, isolation, and hopelessness.

In Olaniyan's (2021) study, two participants expressed concern about disclosing their experiences of RBPD due to fears of how they would be perceived by university staff and White peers. Juggling racial differences in an academic setting and contending with being labelled as mentally "unstable" was overwhelming, as "being mad and black is not a good look" (p.774). In these instances, avoidance was employed as a coping mechanism to manage the threat of double discrimination. For participants, racial identity was an aspect of

themselves they preferred to downplay, as they viewed it as working against them. This serves as a deterrent from discussing RBPD. One participant highlighted his awareness of White colleagues "rendering [him] deficient and incapable as an ethnic minority" (Arday, 2022, p.93). The idea of compounding negative racist perceptions with complaints of racial discrimination created a concern that such an admission may reinforce and maintain unfair treatment.

Edeh et al. (2023), Pearson et al. (2021), Pryce-Miller et al. (2023), and Tuffour (2022) highlight different motivations for concealing RBPD. These studies reveal fears of being perceived as opposing systems that provide financial security or educational opportunity, leading participants to "accept things that [they] should not have to accept in the first place" (Tuffour 2022, p.12). Consequently, participants normalised their distress to conform to organisational expectations, hoping the benefits of appeasing systems that support career progression or academic attainment would outweigh the emotional toll of racism. This resulted in resignation to the idea that "this is generally a racist country", therefore institutional racism is to be expected and tolerated (Solanki et al., 2023, p.17). This outlook caused participants to be despondent and endure their RBPD.

Layers of Race-Based Distress. Many of the included studies captured the interplay of psychological, physical, and social deterioration that represents RBPD. The authors demonstrated that these interconnected layers frequently overlap and compound one another. Psychological and physical manifestations commonly co-occurred, with participants in several studies reporting somatic symptoms such as chronic pain, fatigue, or other stress-related physical conditions. Hackett et al. (2020), Henderson et al. (2015), and Rhead et al. (2020) capture physical presentations of RBPD with the use of physical health outcome scales. The use of such measures suggests the authors' acknowledgement of RBPD as not being limited to psychological or emotional manifestations.

Most participants in Pearson et al.'s (2021) study neglected their MH needs, viewing physical health as a priority and failing to understand the link between their RBPD and physical well-being. These participants were occupied by their deteriorating physical health needs, due to being neglected by healthcare provisions. This reduced their capacity to address their psychological distress, subsequently worsening their physical health issues.

Concerns about outward perception seemed to be a common indicator of RBPD, with the concept of weakness being a particularly salient theme for male participants. One nurse refrained from confronting discriminatory treatment and internalised his distress to avoid being perceived as "weak" (Tuffour, 2022). While some took a passive approach to managing racist narratives, others chose to challenge ideas imposed on them actively. In Hall et al.'s (2023) study, feelings of powerlessness enforced by the policing, welfare, and judicial systems were linked to the adoption of traditionally masculine traits, particularly strength, which would be enacted through violence. This may have a dual function: to avoid being perceived as weak and therefore victimised by racist systems, but it may have also been a means of coping with unresolved fear of a threatening system.

Social implications can further complicate RBPD manifestations. Many participants expressed feeling isolated because of their racial identity. Some authors demonstrated how discriminatory policies reinforced a pervasive "sense of not belonging" (Dotsikas et al., 2024; Frost, 2022; Pryce-Miller et al., 2023, p.4). The alienation of GM populations by majority groups distorts self-concept. In the studies, marginalisation generated feelings of inadequacy, self-doubt, and blame, with some participants berating themselves. These participants interpreted their social exclusion and isolation as a personal failing, which extended their distress (Hall et al., 2023; Olaniyan, 2021; Tuffour, 2022; Walker et al., 2023).

2.5.2 Discrimination and Denial: Perpetuating Harm through Inaction and Action

This theme explores how institutions researched often perpetuated harm, by either actively engaging in discriminatory practices or failing to address SR. There was a dual dynamic of action and inaction that exacerbated participants' RBPD.

Systemic Neglect and Institutional Silence. Participants in the studies reported that institutions were often silent, failing to acknowledge experiences of racism. This resulted in participants questioning the validity of their distressing encounters. For example, when race-related concerns were raised, they were frequently minimised or ignored. One common institutional response to reported RBPD was the framing of complaints as a personal, self-inflicted issue. In one example, a participant reported being told that what they "perceive as racism, may not be racism… it's most likely a hyper-awareness" (Arday, 2022, p. 93). In this instance, race-related stress was not acknowledged as a valid response to harmful dynamics; instead, it was considered to be over-sensitivity. This finding may be explained by the role of those in authority. For instance, workplace superiors, healthcare professionals, policymakers, or law enforcement employees. These individuals become agents and representatives of larger institutions, thus reports of systemic failings, like racism, may be perceived as a personal condemnation. Common reactions include defensiveness and rationalisation by the agent, which shifts accountability away from the institution, onto the individual reporting the harm.

The studies suggest the denial of these issues did not simply represent misunderstanding or unconscious bias, but possibly reflected intended neglect. One participant urged practitioners to "look outside the box" as more efforts were needed to adapt Eurocentric healthcare frameworks, rather than applying them blindly, despite the cultural differences of patients (Gardner et al., 2023, p. 7). Participants from Hui et al.'s (2021), Olaniyan (2021), Solanki et al.'s (2023) and Tannerah et al.'s (2024) studies echo this

sentiment, expressing frustration with institutions not having "the skills and cultural competence to empathically engage with experiences of racism …" (Arday, 2022, p. 93). When given the chance to be heard, GM communities urged institutional structures to prioritise inclusive practices. Unfortunately, the findings suggested that these requests are rarely, if ever, taken on board. Despite institutional awareness of these issues, little effort was made to implement meaningful adaptations. Although there was a supposed "commitment to delivering an inclusive culture", this seldom aligned with reality (Pryce-Miller et al., 2023, p. 4; Hui et al., 2021).

Barriers and Exclusions. While acts of omission were less obvious, acts of commission - intentional and conscious acts - were felt directly and viewed as tangible, therefore, easier to name. Participants reported barriers that had been put in place, limiting their opportunities and overall quality of life. This was especially prominent in healthcare settings in the context of employment. For example, participants working in these settings reflected on the impact of racially biased hiring practices, evaluations of competency, and unequal promotion opportunities. The biased and stagnant career progression in these settings seemed to also be apparent from limited GM presentations in high-ranking Job roles. This notion was depicted by several authors, with the concept of the 'snowy white peak' by Kline (2014) (Hui et al., 2021; Rhead et al., 2020; Tuffour, 2022). When occupying lower-ranked positions, racial biases were explicit. White patients and staff would overtly express a preference to interact with, be cared for by, or be managed by other White staff (Tuffour, 2022; Rhead et al., 2020; Walker et al., 2023). Workplace discrimination led GM staff to make calculated efforts to avoid these experiences. In some instances, they left their job roles or changed career paths entirely (Edeh et al., 2023; Miller et al., 2023).

The implementation of punitive, racially biased polices also emerged as a significant source of uncertainty and anxiety. Some governmental policies disproportionately exposed

GM communities to deportation, family separation, or financial insecurity (Dotsikas et al., 2024; Frost, 2022). Furthermore, music lyrics examined by Hall et al. (2023) highlighted one artist's desire for a "bulletproof head" in anticipation and fear of being shot by the police, due to racialised policing strategies (p.12). The mere prospect of racial difference seemed to incur a penalty of sorts for some participants. The repercussions associated with being racialised or, in some instances, non-British, were both pervasive and ongoing. Consequently, many participants were faced with the question of what's next? As negative consequences were not a question of if, but, in fact, when. This contributed to a cumulative, persistent state of distress.

Furthermore, some participants suggested that minimal efforts were made to accommodate GM populations. This was evidenced by reported misdiagnoses due to cultural insensitivity and overt prejudice in healthcare (Gardner et al., 2023; Henderson et al., 2015; Solanki et al., 2023; Pearson et al., 2021). Additionally, participants in Tannerah et al.'s (2024) study felt healthcare staff found it easier to medicate GM elders, instead of addressing health needs that were often tied to culture and race. These accounts suggest that observed racial biases may be intentional rather than incidental, given their repeated nature.

Self-Reliance Due to Institutional Failure. Many participants developed coping strategies to counteract the impacts of systemic neglect and a lack of support. A common strategy used to reduce exposure to discrimination was modifying self-image. One mixed-race participant straightened her hair before going to the hospital, hoping to appear "racially ambiguous" (Gardner et al., 2023, p. 6). This was a tactical decision to reduce the likelihood of encountering anticipated racism. Another participant discussed presenting an image that didn't give "leverage to healthcare professionals to place any more judgments on [him]" (Arday, 2022, p. 95). Practical efforts made to manage a racialised self-image were seen as worthwhile, as they allowed participants to avoid discrimination.

In the absence of institutional support, many participants turned to community-based solutions or informal networks for advocacy, such as organisations and familial networks that provide culturally relevant support and spaces (Tannerah et al., 2024). Informal support systems became lifelines that compensated for institutional shortcomings. One participant stated that without a hub for BME staff, she would have had a "breakdown," while other participants relied on Christian religious beliefs as a source of strength (Arday, 2022, p. 91; Edeh et al., 2023). The pulling together of personal resources to create spaces free from racial discrimination was not simply a convenient opportunity, but a necessary response for self-preservation.

Solanki et al.'s (2023) participants learned to internalise and tolerate the emotional pain caused by systemic exclusion, often framing their resilience as a strength or "superhuman power" born from necessity (p. 17). In many of the studies, participants had a desire to "get on" with life rather than dwell on their experiences (Edeh et al., 2023; Olaniyan, 2021; Pryce-Miller et al., 2023; Walker et al., 2023). While the ability to withstand SR elicited a sense of pride within participants, this pride was also felt with a sense of oppression stemming from ongoing discrimination. To manage this conflict, some participants appear to compartmentalise the issue as a means of coping. However, this seemed to obscure the severity of SR. Consequently, self-reliance gave rise to a paradoxical issue: although empowering and protective, the weight of SR fell onto a single individual, thereby absolving institutions of responsibility. The emergence of this subtheme aligns with the operationalisation of RBPD as a concept that considers cognitive and emotional indicators of distress and long with behavioural responses to racism. In this review context, self-protection behaviours were not only a symptom of RBPD but coping mechanisms.

2.6 Study Settings and Participant Populations

The studies included in this SLR were heterogeneous, comprising studies that

examined diverse contexts; these included healthcare services, educational institutions, workplace settings, and general population surveys exploring UK policy. Similarly, participant populations were diverse and included healthcare service users in both mental health and physical health contexts, academic staff and students, military personnel, NHS employees, music artists, and individuals from broader general population samples. Both participant population and study setting shaped the manifestation of RBPD, which is discussed here.

A frequent outcome of RBPD across these settings was its association with mental health conditions such as generalised anxiety and depression. These findings align with the existing literature that cites poor psychological well-being as a response to racial discrimination (Carter, 2013; Paradies et al., 2015; Williams & Mohammed, 2013). Such mental health outcomes were most visible within studies that explored healthcare provision and accessibility, but also emerged in education settings where racial discrimination hindered accessibility to support. Likewise, studies in employment settings explored the impacts of workplace discrimination in the context of the NHS, with one study examining the impact of institutional racism on healthcare trainees. The synthesis of multiple contexts revealed setting-specific manifestations of SR, yet similar RBPD outcomes related to mental health. For instance, race-related barriers to career progression in employment contexts and racial stereotyping, judgment, or invalidation when seeking psychological support as a student, facility staff, or service user equally highlighted the prominence of anxiety and depression across settings. In contrast, poor mental health outcomes were reported differently in studies examining SR within government policy nationally. Although also reporting anxiety or depression as outcomes of SR, the idiographic elements of how such conditions manifest were absent. This was due to diagnostic labels being imposed as researcher-defined measures, only allowing participants to respond to predetermined categories. Nonetheless, consistent

reporting of declining mental health as an outcome of SR suggests that RBPD persisted across study settings.

Despite these consistent findings, it is important to note that study contexts influenced what forms of SR and RBPD were made visible and how they were interpreted. Emotional and interpersonal impacts such as shame, disempowerment, guilt, fear, and isolation are endorsed by respondents who reported on personal contact with institutional representatives such as the police, colleagues, or health professionals. However, the government, as an institution and, by extension, its policies, were represented as removed and faceless, reducing the likelihood of distress being reported as interpersonal emotions. These studies instead highlighted broader outcomes, such as general mistrust of systems, and deteriorating physical health. CRT, the core theoretical framework of this thesis, may explain this pattern by framing institutional structures as perpetuating factors for racial hierarchies (Ladson-Billings & Tate, 1995). Social Dominance Theory further clarifies that these power imbalances shape the visibility and interpretation of race-based harm (Pratto & Stewart, 2011). Through these lenses, the significance of how different setting contexts impacted experiences of SR in this review can be understood.

Throughout the analysis, comparisons were made between and within study contexts and participants, highlighting variations in participant populations and settings. This synthesis reinforces the need to situate RBPD within both personal and institutional environments. Carter (2007) advocates for the contextualisation of race-related distress to truly understand its impact; thus, the findings of this review further reinforce Carter's model for RT as a central framework for this thesis.

2.7 Systematic Literature Review Implications

The findings of this review suggest that several institutional structures in the UK contribute to and actively cause RBPD. The evidence in the current review pertains to

healthcare, education, employment, policing, and immigration policies. These structures, designed to support participants, were instead experienced as sources of harm, reinforcing invalidation and mistreatment, and mistrust. The review adds to a theoretical understanding of RBPD as a concept that encompasses a myriad of distress indicators, such as anxiety, depression, disengagement, and self-censorship, among others. Participants described a range of responses to racial discrimination, indicative of emotional and or psychological injury. Thus, the results of this review are consistent with the operationalisation of RBPD as: emotional, cognitive, and behavioural expressions of distress arising as a result of SR. The findings also suggest that some GM individuals had come to accept their trauma, often detaching from or resigning to experiences of race-based distress. This indicates a possible complacency in acknowledging and addressing systemic racial bias in the UK, not just from institutions, but from GM populations themselves. As such, these findings have significant implications, as they highlight the necessity of further research that examines the role of resisting oppressive structures and the survival mechanisms involved in doing so. Additionally, the findings highlight the need for anti-racist, trauma and culturally-informed practice within institutions. This should prioritise and incorporate GM individuals' lived experiences into political frameworks, service designs and protocols to foster collective understanding and acknowledgement of RBPD.

2.8 Systematic Literature Recommendations

Institutions must become sensitive and open to the possibility of race-related concerns having an underlying cause, which may indeed stem from systemic failures. This, in turn, should prompt institutions to take action as RBPD must be recognised in the first instance before it is acknowledged and acted upon. One action taken could be the implementation of cultural competence training for institutional agents, which may facilitate an enhanced understanding of bias and racial difference. Through this, organisations could foster empathy

and compassion-focused approaches, thereby generating supportive and validating environments that reduce the need for self-dependent coping mechanisms. Furthermore, there should be a prioritisation of racially diverse representation, perspectives, and experiences in decision-making processes and policy reforms. Not only may this be informative, but this may mitigate the harm caused by implicitly imbalanced power dynamics.

2.9 Evaluation of Systemic Literature Review

Despite this review entailing studies across various UK institutional structures, the majority focused on healthcare, which limited the representation of other sectors. For instance, being employed as a healthcare professional, training in healthcare, or being a patient was the focus of most studies. It is possible that the NHS, being an organisation that aims to prioritise the well-being of the UK population, positions itself as an organisation expected to lead by example. Consequently, the NHS's management of race-related issues and the psychological well-being of its service users attracts greater scrutiny; this may account for increased research in this area.

Additionally, two studies focused on education, which examined universities. According to Carter (2007), Egerton et al. (2018) and, Kachadourian et al. (2023) distress symptoms are individual and context dependent, which RBPD acknowledges in its definition. Therefore, RBPD is likely to manifest differently for populations in secondary and primary school settings, potentially leading to other implications that remain underexplored. Only one study (Hall et al., 2023) addressed the impact of the criminal justice system; therefore, there wasn't sufficient representation of this sector. Studies also focused on government policies related to immigration, and one examined the Mental Health Act (1983), which was also included. While informative, other significant policies, such as stop-and-search powers and social housing, that maintain racial disparities and may have provided valuable insight, were not included. RBPD is context-dependent; however, due to the limited body of UK literature

in this area, not all contexts are adequately reflected in the findings. Although shortfalls may limit the scope of the review, they provide a rationale for further research.

Although the review findings provide valuable insights, they also reveal notable gaps in the literature. The available literature seems to be confined to specific institutions, hindering the generalisation of the evidence to an overarching structure of SR in the UK. Moreover, while race-related distress is represented in UK literature, authors do not apply a unified framework or terminology, such as RT, that captures psychological impacts consistently. This causes the literature to be fragmented and undermines the harms caused by SR. In the absence of a shared framework in UK studies, RBPD was adopted as a broad conceptual tool for the purposes of this review to capture the varied and often inconsistently defined forms of psychological distress. Without the operationalisation and utilisation of RBPD, it would be difficult to systematically and reliably examine how racism produces distress in different studies. Therefore, application of a race-related distress framework will add significantly to a holistic picture of how systemic racial bias impacts individuals across sectors. Although frameworks such as RT and race-related stress were initially developed in the U.S., there could be merit in applying these established concepts universally to achieve consistency and comparability across settings. This provides a futher rationale for the exploration of RT with a UK context, which is the basis of this thesis. The rationale and aims of this thesis will be outlined in further detail in the following section.

2.10 Rationale for Current Study

GM groups are often homogenised, as their experiences and identities are often defined by power structures (Atewologun, 2018). This can be userstood through CRT, which suggests that systems within society frequently treat GM individuals as a monolith, failing to account for intersectionality and how this shapes personal realities (Crenshaw, 1991). Although conversations about racism are increasing, and equality, inclusion, and diversity

agendas are gaining traction, it is essential to ask whose voices are at the centre of these efforts (Collins et al., 2021; Khan, 2021). Approaches to race-related issues are rarely informed by lived experiences, resulting in a poor societal understanding of what is experienced as racist and the psychological injury this causes (Williams et al., 2023). To truly understand and address what Carter (2007) defines as RT, which encompasses many forms of mental and emotional distress caused by racial discrimination, there needs to be an exploration of how systemic structures perpetuate it based on the perception of those subjected to it.

Although there is research in this area, the exploration of RT in the UK is limited, particularly in the context of SR. Furthermore, the existing literature fails to focus on practical solutions -the 'so what? This study aims to address this by, firstly, using an experiential lens to unearth personal impacts and perceptions of systemic racial injustice, and secondly, by demonstrating the healing potential of empathic witnessing through race-related discourse.

This study intends to answer the following questions:

How do Global Majority individuals in the UK experience and make sense of systemic racism within social institutions?

What are the experiences of Global Majority individuals in the UK in relation to racial trauma arising from systemic racism?

Study aims:

1) To explore participant's perceptions of how systemic racism manifests across institutions including criminal justice, mass media, healthcare, education, and employment, identifying differences across institutions.

2) To explore how racial trauma manifests for Global Majority participants.

3) To explore experiences of coping and resistance in response to systemic racism and racial

trauma.

4) To explore if participation in the study was experienced as act of resistance or facilitated healing.

Chapter 3: Methods

3.1 Chapter Overview

This chapter outlines the use of Interpretative Phenomenological Analysis (IPA) in this study, to explore how systemic racism (SR) manifests and its relationship with lived experiences of racial trauma (RT). It specifies the mythological orientation of the research as well as the employed method design.

3.2 Methodology

Methodology has been defined as the study of methods. This encompasses detailed explorations of how and why researchers engage in particular methods, revealing their assumptions (Bryman, 2008). In essence, the methodologies are the philosophies and frameworks that underpin the research methods. As my ontological and epistemological stance have been detailed in the first chapter, I first start by discussing qualitative methodologies.

3.2.1 Considered Qualitative Research Methods

Qualitative research is well suited for studies that examine complex topics, such as the effects of RT and SR. Qualitative research allows for a detailed exploration of personal and social issues, facilitating an understanding of personal realities (Creswell & Poth, 2018; Denzin & Lincoln, 2005). As discussed in Chapter 2 this study adopts a CRT lens, which frames SR as a complex phenomenon that depends on life experiences and identity (Carter 2007). Thus, the chosen research method must align with this. In this study context, a qualitative investigation will create space for participants to articulate their experiences in their own words. This will facilitate a deeper engagement with the multifaceted dimensions of RT and SR. IPA is the qualitative method I employed in this study, as it offers benefits beyond other qualitative approaches in this study context, which I discuss here.

Narrative Inquiry. Narrative inquiry (NI) emphasises the stories individuals tell to make sense of their experiences. This may be suitable to provide insight into how individuals construct their experiences of SR by emphasising an ongoing process of meaning-making based on their life histories (Clandinin & Connelly, 2000; Riessman, 2008). However, it was felt that NI's focus on stories and history could burden participants with hearing and sharing overwhelmingly negative content. The inadvertent pressure to focus on the past leaves little room for reflection on the possibility of change and future hope. NI also limits the opportunity for participants to think beyond what was said or done to them. This could be experienced as oppressing, consequently increasing the risk of re-traumatisation. This conflicted with the study's aims to elicit hope and healing. Conversely, IPA facilitates discussions without a temporal focus on narrative, giving participants the freedom to explore and process their experiences. In this exploration, they can think beyond the past, rather than simply report what happened.

Grounded Theory. Grounded Theory (GT), developed by Glaser and Strauss (1967), aims to produce theories through the coding and analysis of data based on lived experience (Charmaz, 2006). Theories that originate from data are developed through an inductive process (Willig, 2013). Using GT in this study context may have supported the development of a framework to conceptualise the underlying processes of SR and its impact, in addition to shedding light on patterns related to RT and coping mechanisms. Nevertheless, a focus on developing a theory runs a risk of homogenising a heterogeneous group while intellectualising deeply personal and emotional experiences. IPA homes in on the nuances that are central to understanding the complexities and variations of RT. Moreover, GT does not consider the role of reflexivity to be essential in research, unlike IPA (Willig, 2017). Considering the sensitive nature of this study and my insider-researcher status, reflexivity

was necessary to ensure exploratory discussions were not overly influenced by my personal history.

Thematic Analysis. Thematic analysis (TA) is a method that identifies patterns amongst qualitative data sets, which are used to form themes. Themes derived from the data usually address the research question (Willig, 2013). Although TA could be deemed appropriate in other studies, it does not have the same ideographic focus as IPA (Smith & Osborn, 2015). Therefore, this approach is not well-suited, as RT and SR are highly subjective experiences and should not be generalised, no matter how homogeneous the sample is (Carter et al., 2019). The use of TA may have led to a loss of nuance in the personal narratives that can shape complex understandings. Furthermore, TA encourages the researcher to focus on established ideas and place them into themes to determine meaning. IPA, on the other hand, calls for a deeper exploration of the unknown and what isn't understood (Willig, 2013). Qualitative studies, especially IPA, are often used when a research topic is under-researched and the gaps in knowledge are large (Smith & Osborn, 2015). This was important, as the study of RT is still developing and remains unexplored compared to other trauma models (Carter, 2007).

3.2.2 Interpretative Phenomenological Analysis and its Foundations

IPA leans on the philosophies of phenomenology, hermeneutics, and ideography. The field of psychology has utilised IPA since the late twentieth century to study human experience (Pietkiewicz & Smith, 2014). IPA offers an opportunity to explore the internal world of individuals, such that they remain at the centre of the study (Langdridge, 2007). This requires IPA researchers to draw out the core aspects of a person's experience by choosing what to highlight within a broader experience. Smith et al. (2009) refer to this as a hierarchy of experience, which involves situating small experiences within the broader. In this process, all experiences, emotions, thoughts, values, and beliefs must be considered in their entirety,

extending further than what happened and the action that followed (Eatough & Smith, 2017). Thus, inference and perception are prioritised over simple descriptions, providing the depth required to explore complex topics. Carter (2007) emphasises the individualised nature of RT and the importance of considering it with personal contexts. Thus, RT involves deeply personal experiences of systemic oppression that are often internalised; hence, a method that prioritises subjective perspective is necessary (Carter, 2007; Eatough & Smith, 2008). Furthermore, IPA's phenomenological focus positions me to capture both the factual recounting of events related to the actions of SR and the psychological impacts connected to RT, without privileging one over the other (Smith et al., 2009).

IPA's interpretative nature also supports empathetic engagement with emotionally laden matters. This can enhance rigour and can enable a genuine appreciation for participants' experiences (Smith & Osborn, 2008). In this research context, IPA could be considered a decolonial methodological approach, aiming to magnify and empower marginalised perspectives by challenging widely accepted, Eurocentric research standards (Bhattacharya, 2017).

I was initially drawn to IPA's unique ability to enable a researcher to explore the subjective meaning-making processes while situating these within their broader societal contexts. The phenomenon of RT is not only limited to internal experience but is also linked to societal inequalities. IPA offers a unique opportunity to examine how individual agency and social power interact (Eatough & Smith, 2008; Smith et al., 2009).

3.2.3 Phenomenology

Phenomenology, first developed by Edmund Husserl in 1901, is a philosophy that directly challenges what may be deemed as objective, empirical knowledge, thus opposing positivist ideologies. Phenomenology frames reality as subjective and socially constructed, making it well suited to investigating lived experiences in areas such as psychology, history,

health, or other social sciences (Sloan & Bowe, 2014). The results of such studies typically consist of descriptions of how individuals understand and make sense of their lived experiences. Written statements often convey the researcher's interpretation of the participants' attachment to particular experiences or concepts (Smith et al., 2009).

Husserl suggests it was not enough to simply ‘know’; rather, an additional in-depth exploration of reality is necessary to reach true understanding (Barnacle, 2001). In Husserl’s view, external experience or ‘objects of knowledge’ cannot be separated from internal processes or consciousness. Hence, the explanation of how ‘objects’ relate to and manifest in human consciousness is at the core of phenomenology (Spinelli, 2005). Husserl calls phenomenologists to name ‘the things themselves’ (Zu den Sachen selbst), positioning experiences of the world as something that occurs through consciousness (Eatough & Smith, 2017).

It is generally accepted that there are two branches of phenomenology; descriptive phenomenology, established by Husserl, precedes the latter interpretive phenomenology, also referred to as hermeneutic phenomenology, pioneered by Martin Heidegger (Connelly, 2010). Interpretive phenomenology is an expansion of descriptive phenomenology and incorporates the interpretation of language, typically in the form of text, by an observer (Smith et al., 2009; Webb & Pollard, 2006). Heidegger considers the role of language in phenomenology to be closely linked to comprehension and interpretation; therefore, language is a representation of how the world is understood (Langdridge, 2007). Conversely, Husserl (1931) settles on understanding human experiences as they are presented to an observer. This requires ‘bracketing’ of preconceptions and biases to enhance the focus on conscious experience known as the ‘epoché of the natural attitude’. This is to suppress ‘natural’ ways of thinking and essentially adopt a ‘phenomenological attitude’ (Eatough & Smith, 2017). Heidegger, however, notes that the role of the observer cannot be separated from the process of meaning-

making; hence, detaching from how one comprehends a phenomenon is not possible (Langdridge, 2007; Smith et al., 2009). Additionally, Finlay (2009) and Gearing (2004) argue that complete bracketing is idealistic and nearly impossible to achieve, as researchers are unavoidably influenced by their experiences.

Heidegger (1962) advocates that people should be understood as 'Being-in-the-world', challenging Cartesian Dualism that posits an inherent separation of the mind from psychical phenomena such as the body, world, or objects (Eatough & Smith, 2017; Spinelli, 1989). The term 'Dasein, 'being there,' encompasses Heidegger's (1962) idea of existing in and of the world, suggesting prior experiences and subsequent knowledge cannot be disregarded. Thus, no interaction can take place without prior life experiences or preunderstanding; therefore, interpretation is a part of life. In essence, individuals and the world are interrelated, placing social and historical contexts at the centre of experience. Merleau-Ponty (1945) conceptualises this with the phrase 'Man is in the world, and only in the world does he know himself' (as cited in Eatough & Smith, 2017, p. 4). This suggests that the separation of individuals and their environment is not possible, challenging the idea of a separate verifiable reality (Eatough & Smith, 2017). Reflexivity enhances this understanding by raising important questions about the influence of a researcher's lens on the final account, to ensure they don't dominate the participants' narratives (Langdridge, 2007).

IPA researchers play an active role in making sense of the data by engaging with participants to uncover the meaning behind their experiences while reflecting on their preconceptions. This twofold focus on subjective meaning and researcher reflexivity is necessary when examining delicate topics such as RT. Though the participant's voice is foregrounded, the researcher's interpretive stance helps to uncover more profound insights while acknowledging these are not facts, but constructed perceptions.

3.2.4 Hermeneutics

Hermeneutics has been described as the “art and science of interpretation”; it goes beyond surface-level descriptions to uncover deeper layers of understanding (Crotty, 1998; Ezzy, 2002, p. 24). Paired with phenomenology, hermeneutics offers an interpretative framework to make sense of nuanced and complex meanings embedded in individuals’ narratives (Sloan & Bowe, 2014). Hermeneutic phenomenology veers away from formalised methods of analysis, allowing the phenomenon and the individual’s context to influence the approach to data enquiry. Through this, it considers the roles of time and the participant's ‘being in the world’ (Langdridge, 2007).

Hermeneutics has developed over time, heavily influenced by Schleiermacher Dilthey, who worked alongside Heidegger. Dilthey argued that true understanding of lived experience occurs when ‘life understands itself’, which requires a process of understanding the linguistic and the psychological elements of data (Brown, 1976; Tan et al., 2009). This is subject to how dialogue relates to interpretations, which Gadamer (1989) and Ricoeur (1981) term "dialectical hermeneutics" (Sandage et al., 2008). For Gadamer (1989), the interaction between a researcher and participant, or between a reader and text, is a collaborative process of interpretation, which he calls the "fusion of horizons”. This involves merging traditions, cultures, and experiences with the present understanding of the interpreter. When we engage with a question or novel experience, our previous understanding is reformed by the insights gained from this interaction. This ongoing process contributes to a continuous expansion of our understanding (Tan et al., 2009).

IPA relies on interpretative efforts to navigate data, firstly through the use of a ‘hermeneutic circle’, which informs the iterative nature of IPA. This involves moving dynamically between the whole data and parts of the data iteratively, ensuring one part is never prioritised over another. This, in turn, can establish many nonlinear relationships within

a single experience, subsequently deepening understanding (Heidegger, 1962). Within this process, researchers must find content that effectively illustrates the phenomenon in question to then examine alongside other examples in the data and their interpretations. Heidegger refers to this as 'appearing' (Smith et al., 2009). There must also be a critical analysis of deeper meaning beyond what participants may struggle to fully articulate themselves, uncovering layered interpretations (Eatough & Smith, 2017; Ricoeur & Thompson, 1981). Following this, the sense-making of both the subject and researcher merges, and "the researcher is trying to make sense of the participant trying to make sense of what is happening to them." (Smith et al., 2009, p. 35). This is referred to as a double hermeneutic, where multiple levels of sense-making processes are occurring simultaneously. This encourages researchers to maintain an intricate balance between using an empathetic lens and a critical one (Rennie, 2012). This can expand to multiple hermeneutics, which requires consideration of multiple perspectives and involves several researchers or participants (Tomkins & Eatough, 2010; Smith, 2004). Thus, practical interpretative analysis is informed by hermeneutics, which creates multiple interpretive layers (Smith & Osborn, 2008).

3.2.5 Ideography

Ideography focuses on distinguishing elements of data that represent the essence of an individual. An ideographic stance within research is important, as studying a large group can cause a preoccupation with the collective, resulting in the loss of identity for individual contributors (De Luca, 2015). Qualitative ideographic approaches ensure broader insights are rooted in specific person-centred details. IPA achieves its ideographic commitment often by employing single-person case studies, as they offer personal perspectives on how a phenomenon is experienced by an individual (Smith et al., 2009). According to Mischler (1984), the ideographic approach reflects what he calls the 'voice of the lifeworld', which reveals how people experience their being in the world. This research methodology also

reveals common ideas that link personal life experiences with collective understandings, which connect unique insights with general principles (Runyan, 1983). IPA's use of ideography reflects its purpose in interpreting experiences through personal first-hand perspectives. Even with an analysis of multiple cases, IPA maintains a focus on distinctive participant insights, ensuring a genuine connection between themes grounded in individual experiences.

An idiographic lens is especially important when exploring phenomena like RT, which are essentially personal and shaped by lived experience, social, and psychological contexts. However, ideography's commitment to these aspects may generate methodological tensions for research aiming to examine both personal lived experiences and collective structures and systemic realities that generate trauma.

Larkin et al. (2006) acknowledge this methodological tension by emphasising that while IPA prioritises individual meaning, it is also rooted in a "double hermeneutic", allowing researchers to situate those distinct meanings within larger cultural and structural contexts. Eatough and Smith (2008) reinforce this notion, by highlighting that idiographic analyses can reveal how personal meanings are shaped through wider social discourses and cultural practices. In the context of RT, participants' first-person accounts of distress cannot be separated from the SR that contributes to their psychological injury (Fanon, 1952; Comas-Díaz et al., 2019). While IPA attempts to maintain the idiographic richness of lived experiences, it offers an opportunity to examine how SR intersects with personal identity, well-being, and relationships on a structural scale.

With these issues in mind, it is important to recognise the epistemological implications of applying an ideographic method to systemic phenomena. IPA was not initially designed for making broader claims; rather, it seeks to centre on unique and personal perceptions (Willig, 2013). Thus, the application of IPA in the research context will require

methodological refinement and reflexivity to move seamlessly between individual narratives and wider cultural, systemic constructs. This will avoid overgeneralisation and maintain the idiographic essence of this work. This can be addressed by ensuring systemic conclusions are consistently grounded in personal accounts. Alongside this, there must be recognition that an individual's account is not completely independent of broader cultural and institutional power dynamics. This will facilitate an analysis that honours IPA's idiographic commitment and simultaneously extends its interpretive potential to position RT as both personal and stuctrual.

3.2.6 Limitations of IPA

Although IPA is beneficial in this research context, it is important to consider the potential pitfalls of this approach. Willig (2013) homes in on IPA's use of language as a critique by questioning whether language can capture experiences accurately, as language can potentially construct a reality, rather than truly reflect it. Hypothetically, this would make IPA a method that explores how people conceptualise and build on concepts, rather than an investigation of their lived experiences. There is also some doubt about participants' capacity to provide comprehensive accounts of their experiences that sufficiently present their realities. Thus, the focus on description presents further limitations (Willig, 2013). For example, those who speak English as a first language, have higher levels of education or have professions that require frequent communication may find it easier to articulate themselves in ways other participants cannot. Alongside these concerns, it is necessary to consider that language entails more than just a lexical level of words; it is also a means of sense-making, dependent on the researcher as well as the individual. Hence, linguistics must not be the focus of IPA; the hermeneutic interpretative process should remain central to the process (Eatough & Smith, 2008; Smith et al., 2009).

IPA's reliance on the interpretation of the researcher may leave room for potential bias and inadvertent over-interpretation, where researchers land on conclusions that don't

accurately represent the data (Pringle et al., 2011). Nevertheless, interpretation is also essential for revealing implicit meaning, which deepens the richness of the data. When paired with reflexive practices, the interpretative elements of IPA can be validated (Larkin et al., 2006; Smith et al., 2009).

In this section, I have outlined the rationale for selecting IPA. This has examined IPA's suitability for the exploration of SR and RT. In the following section, I detail the methods employed in this study.

3.3 Method

The term methods refers to a researcher's practices in carrying out their research, typically reflected by 'steps' taken (Bryman, 2008). This section encompasses this study's methods and design.

3.3.1 Recruitment Strategy

Participants were recruited through snowball sampling with the use of both digital and in-person networks. Digital posters (Appendix B) were shared widely on social media platforms, with requests to re-share within networks. Additionally, community groups were approached to facilitate recruitment. These included a mental health charity focused on addressing challenges in Black communities, two churches, and a community club for Muslim women. This outreach was done through email, telephone, and in-person conversations to ensure clarity and increase engagement. Within professional and academic settings, the study was promoted among colleagues and peers via departmental emails and verbal announcements.

Challenges Encountered in Recruitment. Brown et al. (2014) completed a systematic review summarising the difficulties faced when recruiting GM groups for mental health research. These included language barriers impacting recruitment processes and informed consent, culturally related stigma, mistrust of institutional bodies, lack of time, and

employment status. All of which I consider in my recruitment strategy.

Brown et al. (2014) highlight the importance of avoiding stigmatising language, or terms that can easily be misconstrued. The term ‘racial trauma’ may carry connotations of victimisation. Therefore, I emphasised my primary interest as experiences of racism and its impacts, rather than RT. On the few occasions the term RT was used, it was clearly defined as distress caused by racial experiences in line with Carter’s (2007) definition. This reduced potential stigma by facilitating understanding of the research.

The organisation of focus groups posed a challenge due to participant availability, at times resulting in drop-out. This was addressed by adopting a personalised strategy of individual emails to potential participants to increase engagement and rescheduling groups to accommodate scheduling conflicts.

Without prior established relationships, accessing certain communities presented difficulties, resulting in limited responses. This may be explained by Zhang et al.'s (2022) 'promotion of mistrust’, a defence mechanism commonly employed by GM groups to protect against racism from 'outside' groups. This could hinder the relationship between a facilitator and subjects, impacting study engagement. Additionally, the sensitive nature of the topic may have generated fears of re-traumatisation or concerns about anonymity, especially as the research was conducted and endorsed by an institution representative. To address this, where possible, I arranged pre-recruitment meetings and calls so prospective participants could get a sense of me as a researcher.

There were a significant number of responses from artificial intelligence avatars; these were removed from the study.

Inclusion and Exclusion Criteria. An age restriction of 18 years old was implemented, ensuring all participants were capable of giving informed consent, in adherence to ethical guidelines (BPS, 2021). Furthermore, the study’s focus on SR across institutions

necessitated the inclusion of individuals with substantial lived experiences of this, which was less feasible for younger participants.

To meet the aims of the study, the data needed to reflect the socio-political systems present in the UK context; therefore, participation was limited to individuals living in the UK. Another prerequisite was English fluency, due to the chosen methodology of IPA, which depends on participants' ability to articulate their experiences extensively (Smith et al., 2009). The employment of focus groups within the study reinforced the necessity of this criteria, as group discussion requires a shared linguistic framework to reduce the risk of misinterpretation by group members.

Those self-identifying as belonging to an ethnic minority group, as defined by the UK Census (2021), were included. This was outlined in the demographics form (Appendix C) (List of Ethnic Groups, 2021). A decision was made to use ethno-racial group categories rather than broad racial classifications. As race is a socially constructed phenomenon, some participants may not have identified with the predefined categories (Morning, 2011). To address this, participants were given the option to specify ethnic or cultural groups that they felt better accurately represented their racial identity. Only ethnic groups reported by participants were represented in the findings, to reflect the sample.

Participants were required to have personal experiences with at least one of the five institutional domains explored. To support participants' understanding of 'relevant experience', the participant information sheet (Appendix D) and pre-study questionnaire (Appendix E) provided examples of institutional interactions. These examples were intended to help participants reflect on their engagement with each institution and clarify that they were not exhaustive. This encouraged participants to consider whether their interactions aligned with the study's focus.

Participants. In total, 16 individuals, aged 19-40 years old, who self-identified as

coming from a racially minoritised background were recruited. Initially, 20 participants were recruited; however, four withdrew. Each group contained 2-4 participants; please see Table 7. All participant demographics are presented to offer a clear understanding of the composition of each group; this highlights the diversity of experiences and views that formed each group dynamic.

Table 7

Participant Demographics by Focus Group

Pseudonym	Gender	Age	Ethnicity/race	Education level	Occupation
			Education		
Anthony	Male	29	Black Caribbean	Bachelor's Degree	Law and Legal Services
Yasmin	Female	19	Asian- Pakistani	A-level	Student
Mia	Female	26	Asian- Sri Lankan	Doctorate/PhD	Healthcare/ Social Services
			Employment		
Mike	Male	28	Black African	Bachelor's Degree	Business and Finance
Laura	Female	25	Asian – Indian	Bachelor's Degree	Healthcare/ Social Services
Zoe	Female	29	Mixed black African and Caribbean	Bachelor's Degree	Creative Industries
			Health Care		
Nadia	Female	28	Black African	Master’s degree	Healthcare/ Social Services
Erik	Male	26	Black African	Bachelor's	Healthcare/ Social Services
Bree	Female	28	Black African	Master’s Degree	Technology
Iris	Female	20	Asian - Pakistani, Indian and Yemeni	A-level	Student
			Law Enforcement		
Alex	Male	40	Mixed- White and Black Caribbean	Master's	Healthcare/ Social Services
Noah	Male	28	Black Caribbean	A-level	Skilled Trades
			Mass Media		
Sofia	Female	29	Black Caribbean	Bachelor's	Business and Finance
Jade	Female	28	Black Caribbean	Masters	Healthcare/ Social Services
Zara	Female	19	Arabic	A- level	Education
Gina	Female	28	Black African	Bachelor's	Technology

3.3.2 Ethical Considerations

Ethical approval was granted by the University of Essex Research Ethics Committee in July 2024, which addressed a range of ethical issues in the context of this study (Appendix F).

Informed Consent. Informed consent was obtained from all participants with a consent form (Appendix G). Participants were provided with an information sheet outlining the purpose, aims and procedure of the study and their right to withdraw. The consent form also included an extensive list of organisations that can support those with race-based distress.

Confidentiality and Data Protection. All participants were allocated pseudonyms and were informed their contributions would be anonymised. This both protected participants' identities and fostered a sense of safety, enabling them to speak candidly about their experiences.

The mention of geographical locations and names of workplace organisations and schools within narratives was concealed in the write-up to ensure anonymity. Anonymity was also extended to those mentioned by participants, such as family, friends, or colleagues, and they were replaced with general descriptors in findings.

The use of online platforms in research may put confidential data at risk, particularly when sensitive issues are discussed (Deakin & Wakefield, 2014). To mitigate this, I requested that participants ensure the virtual calls were taken in privacy and couldn't be overheard. The electronic data containing personal information (consent and demographic forms, video recordings, and transcripts) was stored on a password-protected laptop with restricted access.

Reimbursement. Participants were provided with a gift voucher, not as an incentive, but as a token of appreciation and respect for their time. Those who took part in the focus group were given £20 vouchers, and those who participated in an additional one-to-one

interview were given £30 vouchers.

Risk Management. To reduce the risk of re-traumatisation, the focus group discussions were framed as safe spaces where participants were encouraged to share only what they were comfortable with. They were reminded throughout of their option to turn off their cameras, take breaks, or leave the discussion if and when needed.

Many participants may not have identified their experiences as constituting RT before the study. Overemphasising this label could have risked undermining their strengths and resilience, consequently causing distress. Instead, the research focused on describing manifestations of psychological distress to contextualise RT, without imposing it as a perceivable negative label.

Due to a decreased proximity due to virtual attendance and the researcher's focus on facilitating a group dynamic, detecting distress through a video call presented challenges. To address this, a peer researcher was on standby to assist focus group participants in moments of distress. Prior to the study, participants were informed of the peer researcher's role and their contact details. Peer researchers were contactable by email and phone for the duration of the focus groups by all participants.

The emotional toll of facilitating these discussions also posed a risk to me as the researcher. Regular supervision and peer debriefing enabled me to manage this risk. Supervision provided a space to process difficult emotions and maintain reflexivity, ensuring my well-being and the integrity of the research process. The full risk assessment can be found in Appendix H.

3.3.3 Study Design

This study employed a combination of focus groups and follow up one-to-one interviews, all of which were conducted online.

Focus groups. IPA predominantly uses one-to-one interviews to capture the

interpretations of accounts (Smith, 2004). Typically, IPA will utilise a sample of individuals with similar experiences, allowing for the clarification of personal accounts while identifying commonalities within the sample (Smith et al., 2012). Therefore, the use of IPA with focus groups is less common and has been queried due to concerns that there may be difficulties extracting ideographic experiences from a shared group narrative (Palmer et al., 2010; Tomkins & Eatough, 2010). In the context of focus groups, IPA's idiographic approach focuses on an inductive analysis of individual accounts before proceeding to a broader group analysis, which adds a layer of complexity. This requires multiple hermeneutics, focusing on the participants' meaning-making process, their attempts to understand and appreciate the meaning-making of others in the group, and the researcher's interpretation and relationship to this (Smith, 2004; Tomkins & Eatough, 2010).

Focus groups allow participants to reflect on their experiences collectively, enabling interactions that can enhance individual voices through communal meaning-making (Githaiga, 2014). Flowers et al. (2001) advocate for the use of IPA with focus groups and suggest that interpersonal connection during group discussions can enhance personal accounts, particularly in homogeneous groups exploring sensitive matters such as RT. Iterative loops can be used in the analysis process by persistently moving between individual accounts and the group discussion. These build "phenomenological bridges", linking individual experiences to group-level accounts, and bring together personal narratives that intersect with the collective. This maintains a balance between capturing the richness of individual narratives and identifying shared themes between group members (Love et al., 2020).

One-to-one Interviews. The inclusion of one-to-one interviews complemented the focus groups by exploring participants' experiences of the group discussion and considering the potential healing impacts of their participation. Additionally, here participants were given

the opportunity to discuss topics they did not feel comfortable raising in a group setting. Bryman (2016) suggests that following up focus groups with one-on-one interviews can offer the privacy needed for deeper exploration to capture the full complexity and depth of perspectives. These interviews also contributed to a member-checking process by inviting participants to provide feedback on my shared interpretations (Lincoln & Guba, 1985).

Virtual presence. As previously mentioned, the focus groups and one-to-one interviews took place virtually through Microsoft Teams video calls. This increased the study's accessibility, enabling it to reach a wider population across the UK. Virtual attendance of the groups also addressed possible issues related to power imbalance. For instance, participants had the option to leave the call or turn their cameras off when they felt it was necessary. This gave them autonomy to navigate the group as they saw fit. This dynamic opposes typically restrictive societal settings, which dictate how individuals engage with institutions. Additionally, virtual attendance enabled scheduling conflicts to be easily resolved and facilitated the use of video recording and transcription of the data. This accommodated the accurate capturing of participants' responses, later supporting the analysis.

However, the use of virtual conference calls limited the opportunity to observe communication nuances, like body language or facial expressions, which could potentially enhance understanding of the group dynamics and the emotions behind shared accounts (Archibald et al., 2019). The education focus group did not use their cameras at all due to two of the three participants reporting technical difficulties. On this occasion, I gave the third participant the option to turn her camera off; however, I left my camera on so participants could observe my engagement with the discussion. Despite some limitations, it was felt that the benefit of collecting data virtually outweighed face-to-face meetings.

3.3.4 Procedure

This study used five focus groups and five one-to-one interviews. Each one of the focus groups was representative of one institutional domain: education, employment, law enforcement, healthcare and media. This allowed the participants to discuss their experiences in a contextually specific manner.

Focus Group Allocation. Participants were allocated to groups based on responses to pre-study questionnaires (Appendix E). The questionnaire assessed both the frequency and intensity of participants' experiences of SR within each institutional domain. A Likert-type scale was used to measure frequency (1 = Never, 5 = Always) and distress level (1 = Not at all, 5 = extremely distressing). Each participant's highest combined score (maximum 10) determined their group placement. Participants with a single high score were prioritised for that corresponding domain group. Participants scoring equally in multiple or all domains were assigned to groups with available capacity or based on their next highest score. The pre-study questionnaire ensured participants were placed in groups reflecting their most relevant experiences, aligning with IPA's idiographic focus on personal meaning-making (Smith et al., 2009). Githaiga (2014) notes that limiting focus groups to less than 5 participants is advantageous in qualitative methodologies, as this produces nuanced and detailed accounts. For this reason, each group contained two to four participants.

Focusing on one institution at a time was a deliberate decision, enabling a concentrated exploration of SR and RT within a specific context. SR presents distinctively across different institutions; the isolation of these domains allowed the study to capture the essence of each institution, aligning with the research aims.

Interview Allocation. One-to-one interviews took place a week after the groups, one participant from the employment, law, and media groups, and two from the health group volunteered to take part in an interview. No participants from the education group

volunteered.

Focus group Data Collection. A lack of physical presence risked hindering interpersonal connection; therefore, focus groups were commenced with introductions to warm the context. Following this, the study was reintroduced to reinforce a shared group purpose. This was the first stage of rapport building between me as the researcher and the participants that would later encourage authentic, open responses (Braun & Clarke, 2013; Smith et al., 2009). A brief overview of Microsoft Teams was given to explain the functions of the application. For example, how to leave the call, mute, and use the chat function. At this point, participants were reminded they could turn off their cameras at any point they felt was necessary, but were encouraged to have their cameras on for engagement purposes. They were also told about the availability of peer supporters, and an email contact was shared in the chat function.

Emphasis was placed on the importance of confidentiality and respect for others' views in the group space. Participants were then provided the opportunity to ask questions about the group and schedule. To help participants become familiar with each other, an icebreaker activity was employed. Krueger & Casey (2015) highlight the benefit of icebreakers, suggesting they are helpful tools for reducing initial awkwardness in focus groups. My participation in icebreaker activities demonstrated my involvement and commitment to the process, positioning me as less of an 'observer'. This active participation is useful in fostering mutual respect and trust within focus groups (Krueger & Casey, 2015). I wore several 'hats', one of a phenomenological researcher, group moderator, and insider. Video recording and transcription functions were turned on once the icebreaker activities were completed, giving participants a chance to orient themselves before data collection.

I used a semi-structured interview topic guide (Appendix I) to cover several bases: initial thoughts on SR, understanding personal experiences, observations of systemic issues,

surviving mechanisms and support, acts of resistance, personal impacts, and ideas about change. Questions in the guide were all open-ended and were used as a guide for the discussion rather than a fixed protocol. This allowed for the expansion of ideas and further exploration of subjects that participants felt were important to bring into the group (Creswell & Poth, 2018). The interview schedule also included prompts and follow-up questions. In most cases, my follow-up questions were based on the specific accounts shared to ensure relevance (Smith et al., 2009).

At points, I shared my real-time meaning-making as a way to member-check accounts, allowing participants to clarify possible misinterpretations. This also demonstrated my transparency and investment in their experiences, positing me as an active contributor to the discussions. Researcher reflections were shared if it was felt they would facilitate the discussions. This modelled and encouraged reflexivity, giving participants the confidence to ask questions and share their insights on what others had shared, reinforcing a collective meaning-making process (Bradbury-Jones et al., 2009; Finlay, 2002).

The implementation of real-time note-taking, later on, informed reflexivity within the analysis. However, this was kept to a minimum to prevent interference with active listening or participation in the group. All participants were given opportunities to contribute. Those who hadn't spoken were prompted for reflections or comments before opening a new topic. In instances where participants had no further reflections, this was acknowledged to maintain a non-directive approach. This reinforced voluntary participation by prioritising the participant's emotional comfort (Kitzinger, 1995). Group interviews lasted between 1 hour 40 minutes and 2 hours 15 minutes.

One-to-one Interview Data Collection. After each group, participants were reminded of the opportunity to participate in a one-to-one interview, resulting in five volunteers. Interviews were all conducted a week after the participant's respective focus

group, to allow adequate time to reflect on and process their study involvement. Interviews were participant-led and emphasis was placed on the interest of their participation experience, thereby minimising the power imbalance. The interviews followed an identical data collection procedure to the focus group, which also entailed recording and transcripts. The process differed slightly as there was no icebreaker. There was also no peer supporter, as it was felt that the potential emotional distress of one individual could be managed by the researcher in real time.

The interview topic guide (Appendix J) covered: the overall experience of the group, reflections on comfort and safety during the discussion, ideas about the facilitation and researcher involvement, reflections on the content discussed, emotional impact, perceptions on group dynamics, and perceived value of the discussion. The topic guide questions were open-ended, and follow-up questions were used to expand on the depth of the accounts shared. One-to-one interviews lasted 40 minutes to 1 hour 20 minutes.

3.3.5 Data Analysis Procedure

To gain further clarity around the process of analysis, I sought guidance from Professor Gill Thomson during an IPA training course I attended. Professor Thomson is an expert in IPA who has contributed significantly to the field of perinatal health through conducting IPA research. I followed Love et al.'s (2020) protocol for IPA, which has been adapted for focus group data. Love et al.'s (2020) protocol is also informed by the work of Palmer et al. (2010), Smith et al. (2012), and Tomkins and Eatough (2010), whom I will also refer to throughout. The process outlined below is a condensed, slightly adapted version of the procedure initially proposed by Love et al. (2020). This was not a linear step-by-step progression but an iterative procedure with many steps occurring simultaneously.

Step 1 Identification and Orientation of Potential Biases. I engaged in four self-reflexive discussions with fellow researchers before my data collection procedure. In these

spaces, I was able to consider my connection to the research and the possibility of over-identification with participants, which could influence my interpretation. I was reminded of my duty to bear witness and validate the accounts shared, without imposing my lived experiences and views on the analysis. Furthermore, my desire for advocacy was highlighted by a peer, who I was made aware could introduce bias in selecting or emphasising certain themes. All of which, I held in mind and made note of during the process.

Step 2 Immersion in the Data. The automatic transcription feature on Microsoft Teams expedited the initial stages of data processing by providing a foundation for each verbatim transcript in a Word document. As Sullivan & Forrester (2019) note, the verification of the text is necessary to guarantee accuracy. Therefore, initial readings of the transcripts were used as an opportunity to correct errors in the transcription, possibly due to issues with people's microphones and the program's difficulty in distinguishing dialects. This was done alongside watching the recordings, and this assisted with the familiarisation of data. A second reading of all transcripts consisted of noting communication cues, such as tone, pitch, pauses, laughter, gestures, visible body language, facial expression, and my understanding of what they could signify. Nonverbal cues could not be analysed for the education focus group as all cameras remained off. As mine remained on, I made note of my own non-verbal reactions to this group.

Step 3 Identification of Meaning Behind Significant Life Experiences and Relationships. All transcripts were read a third time with attention to the relational aspects between myself and participants and between participants in the focus groups. Here, I made note of where my own potential biases were evident in my responses and how this would have been interpreted by individuals or influenced the group dynamic. This was an opportunity to delve deeper into the meaning and function of what was being shared. I formulated several hypotheses alongside the transcripts. To ensure this remained an iterative

process, I also made notes of where and how this connected to what others had said in other groups and interviews, which required me to go back and forth between transcripts. During this, I noted language and how topics were articulated, for example, the repetitions, metaphors, or use of humour.

On the focus group transcripts, I made note of how the accounts influenced, encouraged, or hindered the contributions of others. Additionally, how this impacted the interpersonal connections being created in the groups, as well as turn-taking. During this process, the roles each participant adopted became evident and highlighted various functions within the group dynamic.

Tomkins and Eatough (2010) and Love et al. (2020) suggest that the roles of the participant in a focus group are shaped by participants' assumptions, stances, and ways of articulating their experiences. These roles can be interpreted to unearth individual meanings and collective dynamics that support or impede disclosure in the moment. This served as an analytical basis to map the participant roles while they were inductively interpreted from the data.

To further support this, participant role identification was informed by social group dynamics theory (Lewin, 1947). Festinger et al. (1950) take Lewin's work further by making distinctions between group roles. Firstly, 'task roles', which are oriented towards encouraging and advancing substantive content of the discussion. The second role they identify is 'socioemotional roles', which are oriented towards supporting, validating, or regulating the group environment (Festinger et al., 1950). In this study, participants were found to adopt roles such as "dominant voice" (mapping onto task roles), "empath" (mapping onto socioemotional roles), or "burdened advocate" (mapping onto both socioemotional and task roles) (Table 8). These identified roles can be understood as idiographic expressions reflective of broader task and socioemotional roles defined by Lewin (1947).

Step 4 Identification of Emerging Themes. Step 4 was done alongside Step 3 and entailed making notes of possible emergent themes in each of the transcripts. These were found in phrases or whole accounts that captured the essence of what was being expressed by an individual, which reflected a collective consensus. Smith et al. (2012) describe this process as honing in on what is happening at a micro level and applying this to meanings across the entire data set. A sample annotated transcript demonstrating steps 2-4 can be found in Appendix K.

For focus group transcripts, I followed Palmer et al.'s (2010) guidance for accurately capturing themes. This involved identifying the possible intentions and functions behind the sharing of certain narratives and how participants made these accounts meaningful to others in the group. For example, by referring to other participants' experiences in their narratives or use of pronouns like "we" and "us". This highlighted the presence and absence of relationships, shared processes, and conflicting or unique views. This further highlighted participant roles, ranging from active contributors to more reserved observers, central to step 3. To clearly illustrate the interplay between the group dynamics and individual contributions to the emerging themes during the focus groups, a sample summary table has been included below (Table 8). This provides an overview of five selected participants (one from each group), demonstrating their roles, unique contributions to themes, and relationships with others during the discussions. The range in engagement reflects how varied personal experiences and comfort levels shaped the participation in focus groups. For a comprehensive outline of each group and participant, refer to Appendix L (Tables L1–L5).

Table 8

Samples of Participant Contributions to Themes and Group Dynamic

Participant	Role in group	Key/unique contributions	Shared group Ideas/themes most strongly voiced	Interpersonal connection
Laura (Employment FG)	Burdened Advocate	-Experiences of being restricted by her job position	-Power dynamics impact on change -Tokenistic efforts to be inclusive -Masked Identities and Hopes for Acceptance	-Indirectly compares her experiences to Zoe's throughout. -Laura highlights how Zoe's higher position at work gives her greater influence over work culture.
Sofia (Media FG)	Hopeful/ Influential/ Empath	-Intersectionality in the context of being a black woman. -Optimistic lens and hopes for change.	-Unique intersectional identity over racial identity -Not being seen vs Withdrawing for Self-preservation	-Empathises and validates Zara overtly on a number of occasions. Sense of connection with Zara, Gina and Jade.
Anthony (Education FG)	Dominant voice/ Assertive Advocate	-Directed advice on how to cope - Strategies to facilitate change. -The harmful impact of stereotypes and black identity.	-Confinement caused by Racialised Norms -Racial Bias in the School Curriculum and Implicit Messages -Solace in community	-Did not share Mia's experiences but understood and empathised with her, she validates her and shares advice. -Limited interaction with Yasmin along with minimal connection.
Noah (Law FG)	Disillusioned Advocate/ Empath	-Behavioural adaptations to prevent encounters with the police. - Experiences of being stereotyped as a black man.	-Intersection of the black male identity -Moments of realisation: confusion to clarity -Lasting Impressions of Key Moments, justifiable anger	-Used humour to connect with Alex frequently. - There was a sensed familiarity. -No one voice was more dominant than the other; space was shared and held equally between the two.
Iris (Health FG)	Influential/Assertive Advocate/ Hopeful	-Personal account of a high-profile racist attack. - How SR has an impact on the political climate, particularly in relation to Palestine and Israel	-Activism through openness to have conversations -Pervasive and unconscious bias.	-Iris and Nadia often bounce ideas off each other and expand each other's points. Of all participants, they have the closest connection.

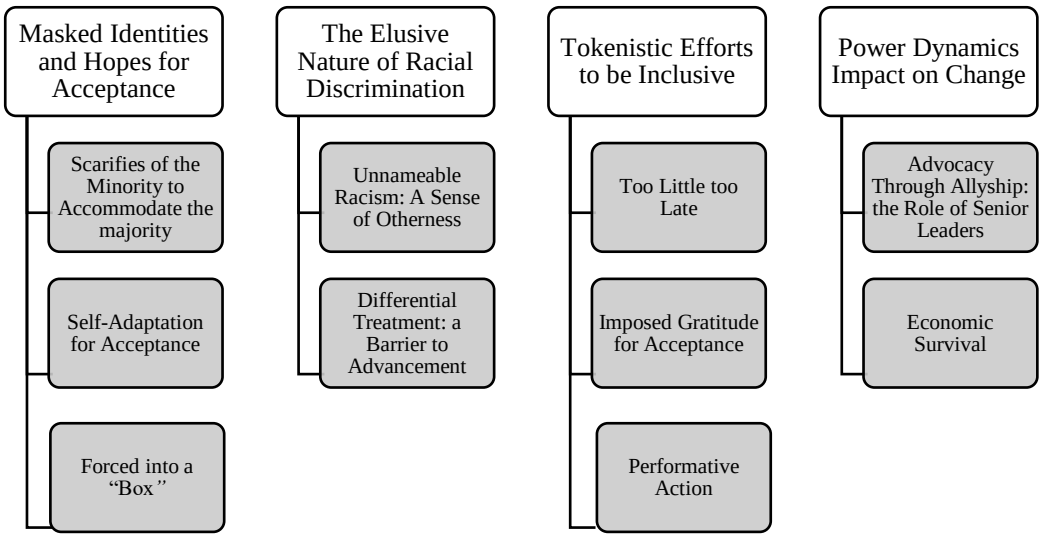
Step 5 Clustering of Themes and Emergence of Superordinate Themes. Each focus group transcript produced its own preliminary superordinate themes and sub-themes. Collectively, the five one-to-one interviews produced their own preliminary superordinate themes and sub-themes. Figure 2 illustrates the preliminary themes identified for the employment focus group. Similar figures for other institutional domains and one figure for the one-to-one interviews can be found in Appendix M (Figures M1-M6).

Participant quotes were colour-coded in a Word document to link them to identified emergent themes, which were then clustered. This developed a visual map of supporting quotes, creating an audit trail of findings that are rooted in participants' accounts. For each transcript, clusters of similar accounts developed into subordinate themes and then superordinate themes. These accounts were based on conflicting ideas that interlinked with themes (polarisation), the frequency an idea occurred (numeration), implied meanings that fit with a theme, literal statements made, and implied meanings of non-verbal cues (Tomkins & Eatough, 2010).

For the group transcripts, I employed an additional iterative loop. I examined each individual's contribution to the preliminary superordinate themes for their respective group and how well the superordinate theme was representative of the individual. This has been represented in the Tables of Participant Contributions found in Appendix L (tables L1-L5), in the column 'Shared group themes strongly voiced". Please refer to Table 7 for a sample of this table. This highlights how individual participant contributions aligned with or diverged from the respective shared group themes, offering insight into both unique and collective perspectives.

Figure 2

Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Employment Settings.



Note. This figure illustrates the preliminary superordinate and corresponding subordinate themes derived from participants in the employment focus group transcript.

Step 6 Amalgamation of Themes Across Focus Groups and One-to-one Interviews.

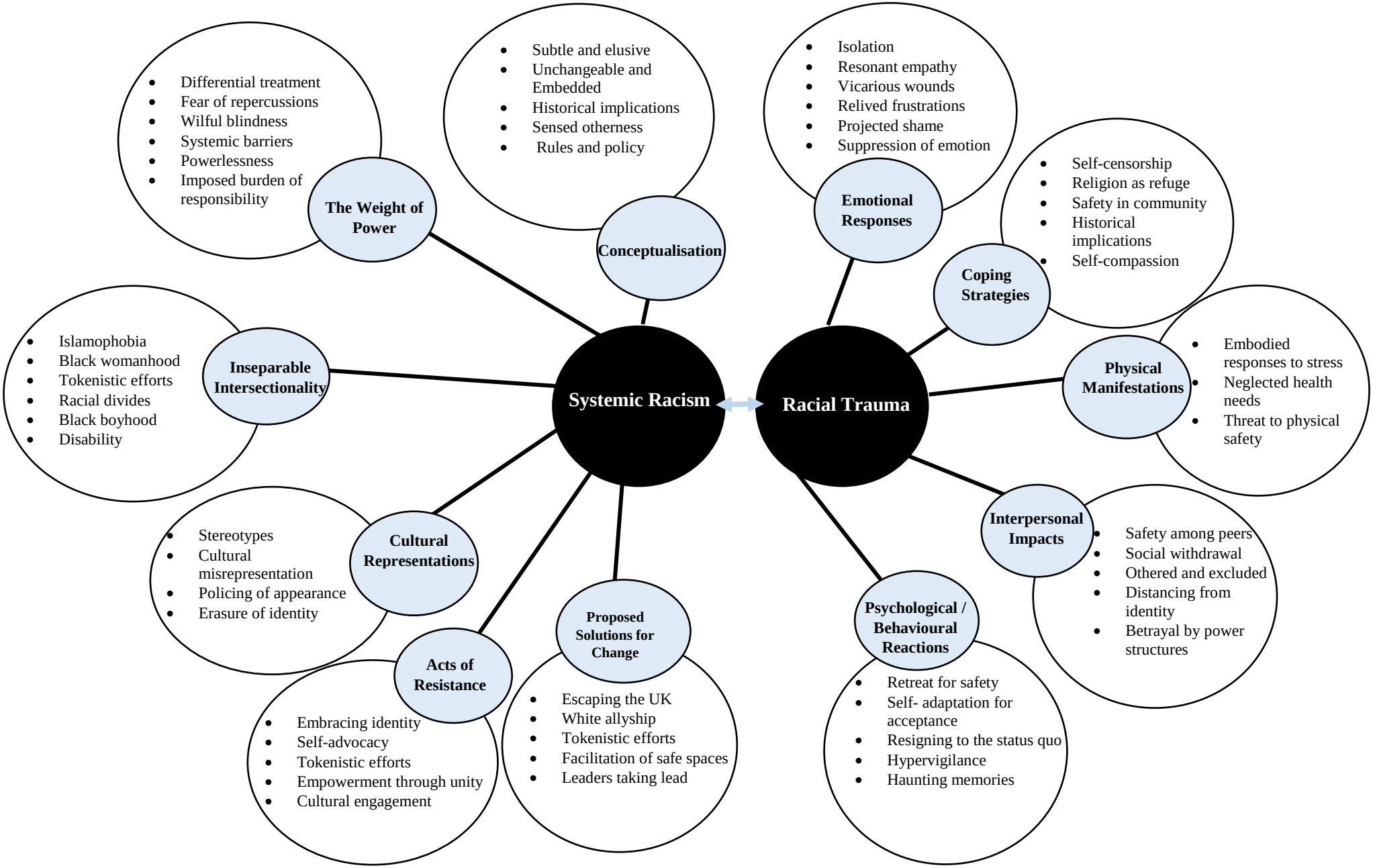
Data from the focus groups and interviews were cross-checked, drawing on key commonalities and differences to facilitate integration of the entire data set. At this point, I also assessed preliminary themes from each group based on how well they could address the study's aims. There initially appeared to be some standalone preliminary themes from focus groups and interviews that were pertinent only to one individual. Synthesis of the entire data set gave standalone themes context and relevance by connecting them to accounts outside of their group or interview. This allowed for the re-examination of the merit of some standalone themes to be included in the final synthesis.

At this stage, all preliminary superordinate and subordinate themes from all transcripts were synthesised to build a single comprehensive overview. Building on this

synthesis, I revisited the data to re-evaluate the relationships between overlapping or repetitive concepts and removed preliminary themes that lacked sufficient alignment with the study's focus (Love et al., 2020). Figure 3 represents the integration of preliminary themes across the whole study. This stage facilitated the refining and re-clustering of the data. This was a process of 'fine-tuning' through which six final superordinate and subordinate themes representative of all participants' experiences emerged. Each final theme represents interconnected features of shared experiences across the study. These will be explored in the next chapter.

Figure 3

Amalgamation and Re-clustering of all Preliminary Superordinate Themes and Subordinate Themes



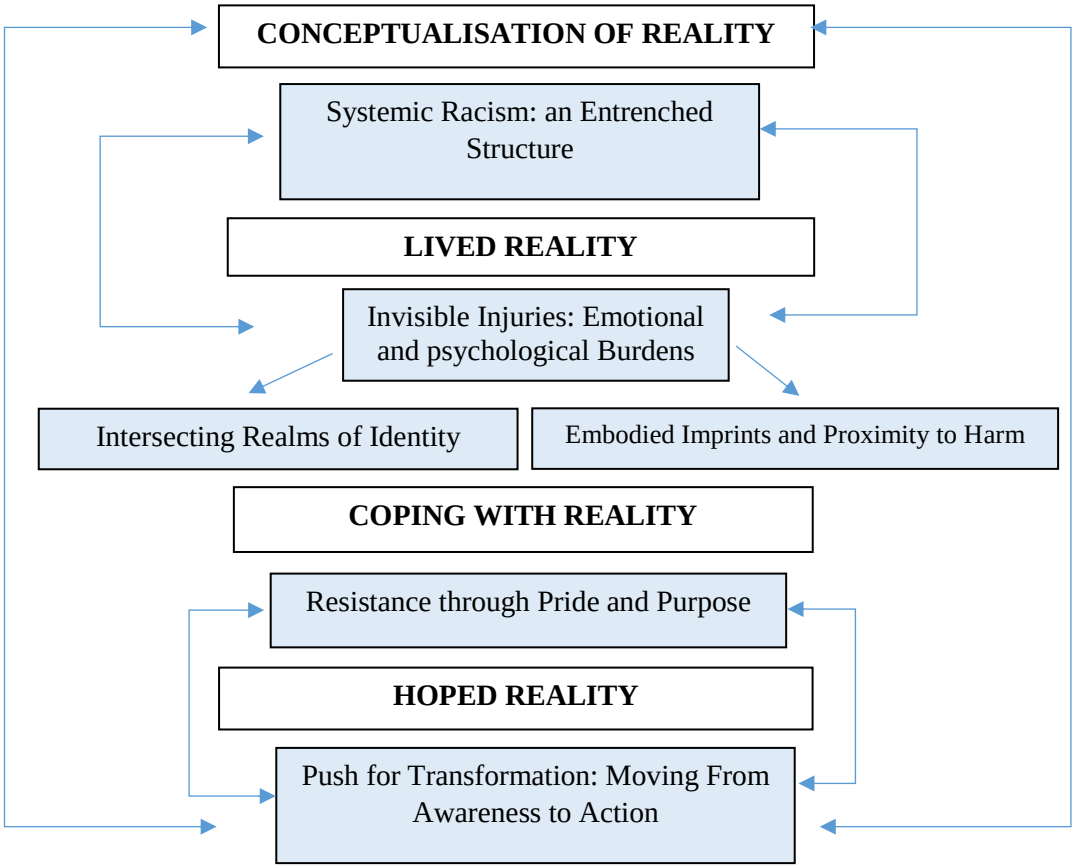
Step 7 Checking the Recurrence of Superordinate Themes and Sub-themes. This step occurred alongside steps 4, 5, and 6. It involved ensuring recurring superordinate themes and sub-themes were present in individual and collective accounts in line with IPA's idiographic principles (Smith et al., 2012). I systematically examined each participant's contributions at the individual level and within the context of group dynamics. As reflected in Table 8, I took account of individual contributions that had no apparent group influence or appeared to be influenced by other group members, as well as exchanges that were part of an ongoing discussion. This accounted for moments of collective agreement or disagreement.

Step 8 Credibility Checks. As part of the analysis process, there were ongoing conversations between me, primary, and secondary supervisors to discuss how the themes were developed and how these could be interpreted. During these discussions, I presented examples from data and my proposed themes to consider how these spoke to experiences of SR and RT.

Step 9 Organising the Superordinate Themes into a Hierarchy. Figure 4 demonstrates the taxonomy of final superordinate themes organised in a hierarchical "logical sequence" to reflect participants' narratives. This figure demonstrates how participants move from conceptual understandings of SR and RT to lived experiences, how these experiences are managed, and finally, ideas and hopes for future change. This hierarchy facilitates a more profound understanding of lived experiences by presenting the data in a coherent, structured, and meaningful way. Through this, I propose a relationship between themes in a way that aligns with the study's aims (Love et al., 2020; Smith et al., 2012).

Figure 4

Taxonomy of Final Superordinate Themes



Note. Uppercase (white boxes) demonstrates the probing and questioning of the data in order to create a "logical sequence" of the superordinate themes. Lowercase (blue boxes) demonstrate the superordinate themes formed into the sequence based on critical examination of the data. Arrows illustrate the interrelatedness of the final superordinate themes (Love et al., 2020).

3.4 Trustworthiness and Rigour

There has been a call for standardised protocols that can adequately assess the quality and value of qualitative research (Lincoln et al., 2011; Seale, 1999). Nizza and Smith (2021) have proposed a four-component framework particularly well-suited to evaluating the credibility of IPA research, which I use to assess the quality of this study.

Constructing a Compelling, Unfolding Narrative

Nizzi and Smith (2021) posit that a significant quality indicator of a well-conducted IPA study is how narratives are conveyed to the reader. This requires organising and interpreting data within and across themes in a manner that produces a cohesive narrative, allowing distinct points from separate quotes to connect to an illustrative overview of the findings. This process demonstrates the connection between individual data and the overall data, reflecting a 'hermeneutic circle', which is integral to IPA's iterative process (Smith, 2007).

The study produced a coherent narrative, supported by Love et al.'s (2020) structured protocol. This process was consistently applied to identify, refine and link themes from five groups and five interviews, contributing to an overall shared narrative depicted in a 'logical sequence' (Figure 4). Furthermore, theme development was rooted in participant quotes across the study, through which analytical interpretation generated a coherent narrative. This will be demonstrated clearly in the next chapter.

Developing a Vigorous Experiential and/or Existential Account

High-quality IPA studies produce experiential and existential themes, which represent participants' interpretation of their lived experience and their meaning-making process (Nizza & Smith, 2021).

The study analysis found themes related to the emotional and psychological effects of SR, as reported by the participants. IPA requires researchers to account for the personal contexts of both themselves and participants to make sense of data (Smith et al., 2009). Sensitivity to this was a key component in the design of this study, given the sociocultural dynamics and intersectional differences that influence SR and RT; these lived experiences facilitated the development of existential accounts. By honing in on participants' meaning-making, the analysis remained committed to experiential and existential features of the data,

as detailed in step 3 (Love et al., 2020). This, paired with analytical interpretations, highlighted the significance participants assigned to their accounts.

Close Analytic Reading of Participants' Words

IPA depends on the author's analytic interpretation of quotes, which contributes to a comprehensive understanding of the data (Smith, 2007). Effective IPA requires examining quotes within the context of the wider dataset as part of the sense-making process. Ultimately, the researcher's engagement in close reading of data is what builds their interpretation (Nizza & Smith, 2021).

In this study, all transcripts were read fully at least three times to establish the deeper meaning of language. This process was facilitated by noting associated communication cues such as laughter, repetition, and tone. This is demonstrated in step 2 of the protocol, followed during the analysis stage (Love et al., 2020). Close analytic reading in this study is also evidenced by the annotation of transcripts, highlighting the significance of language. These annotations generated hypotheses that informed the final interpretations.

Attending to Convergence and Divergence

Convergence and divergence refer to how participants' accounts may align or differ from one another (Nizza & Smith, 2021). This allows the researcher to account for unique perspectives that diverge from emerging patterns in the data. Through this, the researchers can remain true to the idiosyncratic nature of IPA (Smith et al., 2009).

To maintain a balanced and accurate analysis, commonalities must also be illustrated to highlight patterns in the data. The consideration of convergence and divergence is demonstrated in the analysis process by identifying levels of group engagement and which participants contributed to particular themes and ideas (Table 8 and Appendix L). This captures how narratives either deviated from or reinforced a consensus within groups and across the study. This offers transparency concerning how themes were developed and from

which data source.

The selected methodological approach detailed in this chapter outlines this study's commitment to rigour and depth. This section explains the manner and rationale in which participants' experiences remain central to this research. The following chapter presents the research findings and their grounding in these experiences.

Chapter 4: Findings

The current chapter presents the findings from five focus groups and five interviews in a cohesive narrative. These narratives are integrated and supported by an extensive interpretive analysis, for which I provide commentary throughout.

For clarification, terminology will be explained. Interview extracts or paraphrased insights will be presented by indicating their source, distinguishing between focus group (FG) discussions and one-to-one interviews. Each FG will be referenced by its institutional domain topic, such as “Mass Media FG (Media FG),” “Law Enforcement FG (Law FG),” “Employment FG (Employment FG),” “Education FG (Education FG),” and “Health Care FG (Health FG).” This will be followed by the participant’s pseudonym who shared the insight. This will highlight how different areas of systemic racism and racial trauma were addressed across specific domains. Data from the five one-to-one interviews will be referenced as an interview (1:1), followed by the participant’s pseudonym to distinguish individual accounts from the group discussions.

The analysis revealed several emerging themes that explore perceptions and experiences of systemic racism (SR) in line with CRT’s conceptualisation, and how the subsequent implications of this manifest in the lives of participants as racial trauma (RT) as defined by Carter (2007). The results are presented as six interrelated superordinate themes with corresponding subthemes (Table 5):

Table 9

Overview of Final Superordinate and Subordinate Themes

Superordinate Theme	Subordinate Themes
Systemic Racism: An Entrenched Structure	-Subtle and Pervasive Bias
	-The Weight of Power Felt as Restrictive
	-A Historical and Enduring Legacy
Intersecting Realms of Identity	-Intersectional Challenges
	-Stereotyping and Erasure of Identities
	-Overlooked and Compounding Dimensions of Identity:
Invisible Injuries: Emotional and Psychological Burdens	-Isolation and Exclusion
	-Resonant Empathy and Vicarious wounds
	-Self-preservation: Safeguarding the self
	-Self-Adaptation for Safety
Embodied Imprints and Proximity to Harm	-Threats of Harm
	-Neglected Physical Needs
	-Distancing from Perceived Threat
Resistance Through Pride and Purpose	-Self-Advocacy and Agency
	-Community and Cultural Solidarity
	- Redefining Power: a Form of Resistance
Push for Transformation: Moving From Awareness to Action	-Collaborative Efforts for Change
	-Power, Advocacy and Accountability: The Role of Leaders

4.1 Systemic Racism: an Entrenched Structure

Subtle and Pervasive Bias

Often within the discussions, participants referred to an ambiguous 'feeling' when faced with racial discrimination. Although this seemed difficult to articulate, there was an implicit, shared understanding of what it felt like to recognise racial bias. Perhaps this was due to the attached stigma of naming racism, which can be contentious. This is highlighted by Zoe's account:

> I guess I can't sit here and say it was racism, but it felt like that. I found out that one of the girls on my team, with the exact same qualifications as me, had been working for the exact same amount of time, was the exact same age, and was making like 9 K more… Obviously I can't call that racism, but considering the other girl was, well, not like a woman of colour, it definitely felt like there was something in that.
>
> (Employment FG, Zoe)

Zoe had an intuitive sense that her salary gap could stem from discrimination without any confirmation of this. Yet, she questioned herself, reflecting the uncertainty expressed through hesitation and tentative phrasing of her account. This was evident in statements such as "I guess", "it felt like", or "I can't say for sure".

Being perceived as 'different' was a significant concern for participants. Some described feeling "othered" by their school curriculum and attributed this to something "subtle", but found it difficult to name as Zoe did. Some accounts demonstrated how SR is not only perpetuated by what is said and done explicitly but also conceals itself in norms and day-to-day interactions. For instance, Anthony shared how his lecturer indirectly reinforced negative assumptions held about Black individuals during a lecture:

> [My lecturer] was touching on specifics of the Stephen Lawrence case, and she made a comment; she said that his parents were somewhat articulate [pause]. Somewhat

articulate? As to why they were able to get the traction that they did. (Education FG, Anthony)

So it's the connotation behind this; it's like articulate but [pause] articulate for people Black people... It's almost like what's not said. You read between the lines, and it's what's not being said. (Education FG, Researcher)

You read between the lines! That's it! It's like she's saying they're not that articulate. Because they're Black? But his mum is a baroness in the House of Lords; it doesn't make sense. (Education FG, Anthony)

During this interaction, I felt the descriptor "articulate" could carry implicit racialised connotations, particularly in this context. This stems from the assumption that Black individuals may lack qualities associated with eloquence. Although Anthony shared this understanding, he also experienced disbelief and frustration that an academic professional would endorse this, as evidenced in his reflective pause, repetition and questioning. It seemed like other participants, Anthony found it difficult to explicitly label this racism. Noticing this pattern prompted me to highlight what I felt was left unsaid. Noticing this pattern prompted me to highlight what I felt was left unsaid, the underlying prejudiced message portrayed by his lecturer. Through this, Anthony and I were able to co-construct an awareness of subtle racism in the context of Black tropes, reinforcing each other's perspectives and creating a sense of mutual validation.

The Weight of Power Felt as Restrictive

Participants were found to conceptualise experiences of SR through narratives of feeling confined, being hindered, and desiring freedom. There was a shared sense that systems bind and contain participants within boundaries that their White counterparts are not subject to. Zoe spoke to this and suggested her career progression was dependent on her race, a factor beyond her control:

> To be a woman of colour is bloody exhausting, and like to try and get to a position of seniority. I've never seen a woman of colour. [Pause] No, that's a lie. I've seen Asian women. I've never seen a Black woman in a position of, like, top authority. (Employment FG, Zoe)

The absence of visible Black women in senior roles appeared to impact Zoe's self-perception by indirectly communicating that her identity is considered out of place or unworthy of a position of authority. This isn't just based on her preconceived notions of SR but on unsuccessful, "exhausting" efforts of other Black women to progress in organisations.

Similarly, Bree highlighted challenged in her pursuit of power and authority in a work context. However, she suggested the unequal distribution of power and opportunity often goes unnoticed until she "looks back":

> It's [SR] so ingrained in workplaces that you won't even realise it's happening until you look back and you're like, 'Oh my gosh, I had to do 10 times more work to get promoted than the next White person... (Health FG, Bree)

Bree echoed Zoe's "exhaustion", describing having to work "10 times harder". Although Bree saw this additional effort as undeniably unfair and imbalanced, racial power dynamics were viewed by her as hurdles rather than immovable barriers. This is suggested by her "looking back", alluding to her having made progress, albeit with some resistance. Nonetheless, Bree and Zoe shared an acknowledgement that institutions tend to devalue minority contributions and limit opportunity. This resulted in participants feeling incapacitated by restrictions imposed by institutions.

Alex embodied the collective sense of feeling trapped and constrained by power structures with his account:

> If the police ever came, it would be me getting arrested all the time… I had this one mate, White guy; he'd always say, you run and I'll talk to them [the police] 'cause I'll be able to get away with it, but you won't… He knew that he could risk staying back because, being White, he'd be able to get out of it. But as a Black guy, I'd be f***ed. (Law FG, Alex)

The experience Alex described highlights his inability to escape the inevitable discrimination perpetuated by the police. Alex's friend was aware that, by virtue of being White, he was afforded the opportunity to mediate with the police safely. As Alex was excluded from this protection, he was limited to one seemingly viable option: "running". The anticipation of racial discrimination alone stripped Alex of his freedom of choice. The "exhaustion" Zoe described is evidently felt by Alex, as he resigned himself to the idea of being "f***ed", which reinforced feelings of powerlessness. Many of the narratives shared an overall disillusionment and detachment from any expectations of fair treatment due to restrictions.

A Historical and Enduring Legacy

Participants perceived SR as inevitable and self-perpetuating. For most, it is not seen as a problem with a clear beginning or end but as a continuous, re-emerging issue resistant to intervention. Zara's experience reflected the emotional toll of repeatedly seeing incidents of racial violence on media platforms:

> Well, it's a bit like a cycle. Yes, it's distressing when it comes up, and then you just feel unsafe... After a few days... it goes away, and you're back to the beginning, you know, watching your own back before it happens again (Media FG, Zara).

A constant exposure to racial harm created a cycle of distress, emotional numbing and hypervigilance. For Zara, the media's frequent portrayal of violence against GM people sustained a cycle of anxiety. Some viewed activism as a way to cultivate hope in the short

term, but ultimately came to the conclusion that these efforts are often ineffective, and the issue persists. Although Sofia recognised action as a driving force for change, she simultaneously doubted its long-term impact:

> We will take to the streets to protest, and that's all great. But then what comes of it? (Media, FG, Sofia)

Participants often experienced a conflict between the concept of an idyllic changed society based on hope and the persistent racial inequities they faced in reality. Even after significant societal disruptions, such as protests, the sense of urgency and motivations for sustained action dissipate, leaving participants feeling like they are back to ‘square one’.

In addition to highlighting racism’s resistance to change, participants made sense of this by reflecting on how SR has stood the test of time. They reminded themselves and each other that SR didn’t begin with them or their generation:

> [Well, SR has] been here since before we came to the UK, so it’s always there, isn’t? it? (Media FG, Gina)

> I definitely agree. I feel like its [SR] ingrained into our society, like not at a of face-to-face level. It's just things that have been existing. Sort of beyond even us being in the UK… (Media FG, Sofia)

This being their initial thoughts on SR may speak to the alienation that participants and previous generations have faced, causing them to feel disconnected from what has always been their home. Gina and Sofia appeared to frame racism as unavoidable, embedded in the UK’s history and social structure and therefore in the core design of institutions. For Sofia and Gina, SR seems concrete and fixed.

Most participants focused on SR’s present-day consequence; engagement with racism's historical weight was limited. Perhaps reflecting a desire to focus on progress and move away from notions of victimhood reinforced by history. However, Iris suggested that

muting historical contexts can contribute to the erasure and oppression of GM communities, who have made valuable contributions to British society. When asked how SR could be addressed today, Iris emphasised the importance of acknowledging the past:

> I think it means correctly representing people of colour in history. Like, I remember in my school we were taught World War One and World War Two. Obviously, they're very important. But there was no mention of the fact that people of colour were put on the frontlines. My family back home served in World War One and World War Two. (Health FG, Iris)

In Iris's view, omitting historical context risks maintaining the silencing and marginalisation of GM people in present-day Britain. For Iris, the fixed 'cycles' participants refer to are maintained by surface-level acknowledgements of inequality, rather than a deeper understanding of how British society came to be.

4.2 Intersecting Realms of Identity

Intersectional Challenges

Intersectional identity was a factor that often distinguished individual voices from the collective. For Zara, her racial experiences could not be untied from her gender, ethnic and religious identity. She introduced a nuanced perspective by highlighting her experiences of Islamophobia due to wearing a niqab:

> So I avoid looking at people's faces because I know if I look at someone's face, they're going to, you know, give me a dirty look or, like, sadly, sometimes even from [pause] the Black community, people might laugh at me or make jokes about me... So I just look down. (Media FG, Zara)
>
> "I'm so sorry you have to go through that…" (Media FG, Researcher)
>
> "it's awful. I'm so sorry…" (Media FG, Sofia)
>
> "[long pause] okay". Zara (Media FG, Zara)

By bringing Islamophobia into the dialogue, Zara prompted an examination of how shared identities do not necessarily equate to shared experiences. This narrative drove the group to discuss truths about inclusivity within the fight against all forms of discrimination. This was possibly Zara's attempt to communicate the significant impact of Islamophobia, demonstrating her struggle doesn't always align with the rest of the group's experiences, who were predominantly Black. Sofia's and my instinctive apologetic responses were likely prompted by empathy, yet an element of shame on behalf of specifically the "Black community". Zara's subsequent pause and brief response may suggest our apologies were uncomfortable for her, potentially perceived as overly focused on expressing guilt, similar to the concept of 'white guilt' (Steele, 2006). Alternatively, Zara's pause could have represented the emotional weight of a deeply personal disclosure.

Participants must navigate their inseparable racial and religious identities, which present an ongoing risk of double discrimination; this was also reflected by Iris:

> Going to school, I didn't wear a headscarf. I was too scared to. I got bullied for being brown , and that was it. I wasn't visibly Muslim. No one knew I was Muslim. I wouldn't say that because I was too scared of the backlash (Health FG, Iris).

Iris' account is similar to Zara's. Iris's choice to conceal part of her identity reflected a tolerance threshold for discrimination. Racial bullying was tolerable, but she feared compounding this with becoming a "[visible]" target of Islamophobia. This suggested that managing the discrimination that might arise from both racial and religious differences would be too overwhelming.

Like Iris, participants frequently felt obliged to alter or suppress aspects of a multi-layered identity to fit societal expectations. Sofia expressed pressures related to the intersection of gender and race and the pressure to embody an 'ideal' image:

> Simone, a gymnast, they said [air quotes], "she didn't do her hair", but her hair was

> done. It's just because it wasn't straight, and I guess hearing things like that does make me personally feel like, oh, like my hair always needs to be done a certain way. But I feel like another layer to that is that women are always expected to look their best. That's just an extra layer. It's not just about race. (Media FG, Sofia)

Eurocentric expectations have led Sofia to feel like her natural features are unacceptable. Consequently, she made additional efforts to present herself a "certain way". Sofia identified this as uniquely linked to women's experiences; for her, gender is equally important to consider alongside race.

Stereotyping and Erasure of Identities

Participants frequently expressed feeling pigeonholed by institutions due to their racial background. Participants used the group spaces to pull apart these assumptions and to affirm each other's identity. This emerged prominently for both Zoe and Mike, who reflected on being placed into rigid categories in formal workspaces:

> Because I'm not middle class or all that posh, I'll speak with, like, a different tone or say different words a certain way, and they'll [colleagues] be like, you're speaking like you're from 'Top Boy'…. Because I'm Black? You can't say things like that. (Employment FG, Mike)

> To be honest, I probably would say it's the opposite for me. I've been told you speak like a White girl, what people stereotypically say is well…White. Or I've got an unusual ethnic-looking background. I guess if people can't put you in a box, it does make you feel a little bit unsure of yourself sometimes. Like, where do you fit? It's quite complicated. (Employment FG, Zoe)

Being compared to characters from a TV series (Top Boy) centring on two Black male drug dealers and gang-related issues diminished Mike's individuality. Mike felt he was reduced to a caricature, overlooking his unique identity, despite being educated and working

hard for his position in the finance sector. This interaction was felt as an assault on Mike's self-perception, leaving him with internalised insecurity and feelings of inadequacy. This is suggested by his initial pre-emptive self-deprecation: "…obviously because I'm not…" This perhaps reflected how Mike was made to feel unworthy of his job position.

While Mike described the weight of stereotypical Black tropes, Zoe perceived not having a clear racial label as unsettling and confusing. Zoe's articulateness was seen as atypical for a Black woman by her colleagues, leading her to question where she "fits". Zoe's racial identity was perceived as malleable to others, allowing her to be accepted within her workplace's dominant culture but simultaneously isolating her. Zoe's description of her position as "complicated" or "opposite" from Mike suggested a sense of alienation from the racial group she identified as belonging to.

While some participants reflected on the impacts of being stereotyped, Noah and Alex confronted and condemned the "angry Black man" trope, frustrated about not being able to express their emotions freely, without having assumptions imposed on them. Through their exchange, they communicated that the anger they express is valid, often rooted in unspoken, race-based experiences:

> If you get angry, you're labelled. It's like, so what? Am I not allowed to be angry? now? Honestly! I have to be still because of my colour? I don't understand. It's like, well, when is there time for me to be angry, then? (Law FG, Noah)
>
> Yeah, yeah, yeah, reminds me of the chip on your shoulder label. I hate it. I hate it so much. I hate it, like, proper. It's so nasty. Yeah, course I got a chip on my shoulder... I'm like a decade behind everybody because of getting kicked out of school early, I got expelled, I got arrested. I had to leave the country and go start my life over, how could I not be an angry Black man? (Law FG, Alex)

Alex and Noah took the opportunity to express intense emotion, something they were

afforded limited opportunity to do typically. Noah's questioning of whether he's "allowed to be angry" reflects his frustration with self-restraining to avoid reinforcing racial stereotypes. Due to prejudice, Noah saw himself as a representative of all Black men; this burden caused him to suppress his emotions. Alex resonated strongly with this, evident in his repeated agreement. Stereotypes have dismissed Alex's lived experiences, reinforced and shaped by repeated systemic discrimination. Alex's grievance with labels was apparent as he emphasised his "hate" for prejudice. Prejudice was felt as a personal attack on his character and experiences, as the reductive 'angry' label challenges and erases his individuality. There was a psychological toll of being limited by arbitrary labels, which discounted participants' broader contexts, framing them as a monolith.

Overlooked and Compounding Dimensions of Identity

Participants openly reflected on certain aspects of identity that intersect with their race; however, less so on other aspects. Sexuality emerged briefly, raised by Mia. Her narrative emphasises how the intersection of race and sexuality shapes her experience of unconscious bias:

> [My teacher] just assumed that I was in danger because I was gay and I was South Asian … I get that she was probably trying to make sure that I was safe, but it made me just feel really awful about being gay.... (Education FG, Mia)

While seemingly well-intentioned, Mia's teacher's biased assumption caused her to feel judged and isolated. Mia's account prompted my own reflection on biases around race and sexuality, particularly the hyper-sexualisation of Black women in media. However, I noticed that the group conversation promptly continued without further mention of sexuality. This may have mirror dynamics in wider society, where a discomfort with unfamiliar, marginalised narratives results in avoidance.

Other points were brushed over during group discussions and reserved for what

perhaps felt like a more contained space, the one-to-one interviews. Another feature of identity left out of the group space was disability. Zara, in her interview, revealed a diagnosis of autism, while Laura shared having an undisclosed disability, which compounded experiences of racial discrimination:

> Experiences of SR and employment are very much integrated with my lived experience of disabilities. I think because we didn't really talk about these other elements, probably because nobody else mentioned other elements of the identity, I wasn't sure if it was the right space or conversation to bring my different health conditions. (1:1, Laura)

Laura's experience of the group may reflect an implicit boundary, where certain identities, like race, were "safe" to disclose while others are less so. Based on how open the group felt, Laura and Zara carefully chose which parts of themselves to share. For some, race may be easier to discuss when it's an obvious, shared characteristic, while invisible differences are easily compartmentalised to avoid standing out further. For Laura, the group's shared understanding of oppression felt conditional, limiting which identities she disclosed.

Likewise, Alex spoke freely about his biracial identity in his interview but refrained from this topic in the group. Throughout the group discussion, Alex connected strongly with his Black identity, referring to himself as a Black man. Although, as one of four mixed-race participants, he was the only one to explore his mixed-race identity:

> When I was a kid, I was negotiating about whether I was Black or White because you're 5, you're 6, you're surrounded by White people, so you want to be White. And my mum was like, you're a [N****r], so that's it. Just you make peace with that. Don't ever, ever think you can be anything else; you're always going to be Black. So it just hardens you; it makes me become this thing... like I want to battle them, all these systems, and my mum's not letting me fight it. (1:1 Alex)

As a child, Alex wanted to embrace his Irish heritage, as this was the culture he was most familiar with. Alex seemed to attempt to justify this desire to me by explaining he was young and "surrounded by White people". Alex may have been concerned that I, as a Black person, wouldn't understand the "negotiating" of his racial identity, having always felt misunderstood. Alex, referring to himself as "hardened", reflects a painful journey of reconciling with being perceived solely as Black, despite being mixed-race. Such constraints have shaped Alex's understanding of his place in British society. Alex's experience parallels the concept of the one-drop rule, a practice historically used in the United States to classify individuals with a 'single drop' of African ancestry as Black (Hollinger, 2005). This practice restricted the identities of mixed-race individuals in the past, mirroring Alex's present-day experience.

4.3 Invisible Injuries: Emotional and Psychological Burdens

Isolation and Exclusion

Participants expressed being left with no option but to face race-based difficulties unaided. Participants' accounts suggest that, unlike other institutions, mass media functions as a magnifying glass, exposing and highlighting SR. Media FG participants suggested that the UK media present blatant reminders of SR. However, it remains overlooked by those who are not directly affected. This was especially poignant in the wake of violent anti-immigration protests and riots in the UK, which were still taking place at the time of the study:

> It felt like on social media it's [riots] everywhere, but when I clocked into work, no one really spoke about it; there was nobody to speak about it with. (Media FG, Gina)

Participant's accounts consistently highlighted a dissonance between discourse in the media and societal acknowledgement. Despite the widespread media coverage of racial violence, participants' interactions were marked by silence and an unwillingness or inability to engage with these issues meaningfully. These experiences are representative of the

participants' broader sense that racism is often ignored or downplayed, even when it is a topic of national or global significance. This elicited feelings of disregard and isolation for participants, or as Zara framed it, "living in a completely different life".

In their lives, the emotional impact of racism isn't externally acknowledged, and therefore these experiences remain private, creating a barrier between participants and non-racialised others. This resulted in participants actively suppressing their emotions due to not having meaningful support. This is demonstrated by Iris and Zara in separate discussions:

> Whenever I tried talking about something that's happened, they have no clue about it because it's too negative or hard for them. They just ignore it, and they avoid the news, and then it's like, well, then, who do I talk to? Like, you know, who can I share anything with? So then I just bottle it up. (Media FG, Zara)

Zara described a process of internalising her emotions in response to being dismissed, resulting in heightened feelings of overwhelm and confusion, demonstrated by her questioning. This created a negative feedback loop; the longer emotions remained unshared, the more challenging it became for her to confide in others. So much so, Zara set her emotions aside in a "bottle". While Zara conveyed a sense of immobility in this 'loop', Iris suggested the group participation offered a window of escape from this, allowing her to empty the same 'bottle' Zara set aside:

> When you're in a focus group where the topic is racism, your sole relationship or connection to these people is systemic racism. So I think for that reason, it was a little bit emotionally charged. But at the same time, I think it was good to kind of get it out. Otherwise, it just stays bottled up… It's better to discuss it rather than keep the trauma in. (1:1, Iris)

Iris being given space to speak "[solely]" about SR was an opportunity to speak about herself and therefore be understood. When broader issues of SR are bypassed, this is felt

personally by participants, leaving them feeling overlooked. For Iris, to acknowledge systemic injustice is to validate and embrace GM individuals.

Resonant Empathy and Vicarious Wounds

Through their stories, participants illustrate how the suffering of one person resonates deeply within wider communities. Gina highlighted how media reports of violence against GM communities, specifically "people that look like [her]... that are Black", generated an anxiety that "the same things would happen to [her]". Gina's account may be indicative of vicarious trauma, where she instinctively perceived a collective threat as personal, leaving her in a heightened state of anxiety.

Gina's remarks prompted Zara to also reflect on the experiences of individuals who share her racial identity, referring to a recent case widely covered in the news where excessive police force was used against a South Asian man:

> You know, there was the incident. I think it was in Manchester with the police officer who stamped on that boy's head. So yeah, we see a lot of it; it's distressing when it comes up, and then you just feel unsafe too. (Media FG, Zara)

There was an unspoken understanding that participants felt their community's struggles more intensely. This was indicated by the examples they chose to share. Rather than creating division, this facilitated connection, as Zara linked the shared race-related challenges of both Black and South Asian communities by using the word "we". Additionally, the disapproval expressed by Gina and Sofia with their shaking heads signified a mutual understanding of injustice and emotional solidarity despite ethnic differences.

Similarly, Jade reflected on the personal impacts of racial abuse on social media of a Black footballer, following the loss of the England football team in a major national tournament:

> They dismissed him, and they said all of these racial slurs. And it's like, yes, he's a

> Black man, but he's also a representation of Black people. And these are the words that they think of when they think of a Black person. It triggered anger in me because it's a representation of all the Black men that are in my family. (Media FG, Jade)
>
> Yeah, like if England are winning, we're winning. If England isn't, we're not [collective group laughter]. (Media FG, Sofia)

For Jade, this was not only an attack on an individual but was a broader assault on the entire Black community. By referring to her family members, Jade likened a communal injustice to a personal one. Sofia reinforced this with notions about collective triumph and failure. Although light-hearted, Sofia's comment validated Jade's feelings, highlighting how GM individuals often experience both pride and pain on behalf of their communities.

The concept of shared pain was strongly endorsed by the Media FG. Unlike the other institutions, the media exposes the emotional pain of GM individuals in a visible manner. The visibility of others' pain varies across different institutions, though it's never entirely absent. In the Health FG, Nadia expressed disappointment on behalf of Erik as she processed his account of discrimination and compared his experience to what her brother once faced: "[Erik] takes it [SR] on the chin, just like my brother" (1:1, Nadia).

Nadia demonstrated how deeply Erik's pain was felt by drawing parallels with her family. A transfer of burden occurred as participants internalised their peers' difficulties, feeling them as extensions of their own. This seemed to simultaneously, reduce the weight of emotions for those who shared.

Self-preservation: Safeguarding the Self

Although feeling unseen and isolated was experienced as painful by participants, they also express safety in retreating or disengaging. Sofia described this coping mechanism when faced with race-based violence in the media:

> I'm quite avoidant; I think if I have, I've caught a glimpse of [race-based violence]. I

> just feel like I feel really sick. I do my part, do what I can, but I can't latch onto it too much, so I mostly turn it off. (Media FG, Sofia)

Sofia referred to herself as avoidant, which appeared to be a form of protection. In most contexts, individuals typically would not intentionally expose themselves to harmful material. However, Sofia did not seem to perceive her reluctance to engage with such content as a positive self-preserving choice. Rather, Sofia maked an effort to defend her choice to refrain from this content by stating "[she does her] part..." The active avoidance of race-related issues was seen as negative for Sofia, even when that exposure was harmful or distressing. This may reflect societal experiences of being expected to endure racism and the normalisation of race-based suffering.

Laura's account reinforces the guilt participants feel for withdrawing as a form of survival and emotional safety:

> I feel like there were lots of different discourses around how people respond to it [racism], how they manage their well-being and things, and I think I did a lot to manage my well-being, but in terms of the issue of SR itself, I feel like I did nothing to really address those issues, and I think it leaves you with a little bit of a sense of feeling like [pause] was there something I should have done, could have done? (1:1, Laura)

Navigating systemic racism required individuals to balance self-care with a pressure to confront and engage with race-related issues. Participants describe a 'fight or flight' response to racism, both of which are considered to be valid, natural responses to threat. However, Laura and Sofia highlighted an understated stigma associated with the choice of 'flight'. Some participants worried about being perceived as not doing enough for the collective; even if detrimental to themselves, there was associated guilt for doing so.

Self-Adaptation for Safety

Participants attempted to navigate issues of race in workplaces with the tools they had at their disposal, one being a metaphorical 'mask'. Disguise and assimilation became a priority for many to avoid the stigma of racial difference. There was a clear concern about how they may be perceived if they expressed their racial identities, leading many to adopt identities that felt safer. This signalled a desire for belonging, achieved through self-censorship, exemplified by Laura:

> I really want to embrace my identity. I want to speak up about it, be louder about it and be more like, you know, like I am from this culture; these are my values. But I feel like I'm so cautious of how people will take it. Will people engage in that conversation? I'm trying not to create, like, conflict when bringing things up. I guess trying to kind of raise things in a way that feels comfortable for people.
>
> (Employment FG, Laura)

Laura reflected on balancing her desire to express her identity with concerns about how this would be received by her colleagues. Laura seemed to perceive her racial difference to be an uncomfortable topic for her colleagues, so she prioritised her colleagues' comfort over her own. Laura's "[caution]" indicated her anxiety about broaching the topic of race. This served as a barrier by limiting her ability to engage in safe, open, racially affirming conversations, despite this being something she values.

In another approach, Alex assimilated by "dropping the Black part" of himself to appear "White middle class". While Laura's self-censorship served to keep her White counterparts comfortable, Alex aimed to be "what they want [him] to be". Alex suggested that this was not only essential to navigate the criminal justice system; it felt automatic to him. This indicated a mental detachment or absence from this process, implied by his statement "it's just like it would disappear", referring to "the Black part" of himself. Alex's

experience may reflect a temporary separation from part of his identity, as it's perceived as a disadvantage. Similarly, Mike employed self-censorship to gain a sense of acceptance:

> You don't wanna seem too different; you stick out like a sore thumb. I don't feel like I'd bring my whole self to work. Something Black people joke about is that we need to code-switch when we're working [laughs]. I feel like I code-switch a lot when I'm working. Outside of work, I'm just me, but inside work, I'm quiet.
>
> (Employment FG, Mike)

Mike's authentic self and the persona he reserved for work were disconnected, as he had learnt that elements of his racial identity are undesirable in corporate spaces. The acknowledgement that "code-switching" is a mutual experience among Black individuals reinforced the notion that this coping strategy is universal and inherent. Both Mike and Alex laughed during their accounts, perhaps finding humour in the fact that they make a conscious choice to conceal their 'real' selves. This gives them a sense of control over how they are perceived, allowing them to navigate institutions on their terms. For Mike and Alex, there was an irony in being underestimated or misunderstood while intentionally concealing aspects about themselves.

4.4 Embodied Imprints and Proximity to Harm

Threats of Harm

A threat to a sense of security and physical safety was emphasised by the political climate and ongoing anti-immigration riots taking place across the UK at the time of the study. Zara's extract demonstrates her and her family's concerns for safety following the media coverage of racially motivated attacks:

> Just see what's happening now with the riots and everything. So the kind of messages we're sharing with each other, like on our family messages, were like, this is what you should do if acid gets thrown on you. This is what you should do if you're unsafe.

> There's not really much you can do, so I personally just withdraw for a bit, and then I'll come out again when I feel a little bit safe. (Media FG, Zara)

Zara and her family took matters into their own hands by sharing information about the precautions they should take when faced with danger in anticipation of eventual bodily harm. Zara depicted the steps her family took to safeguard themselves, due to perhaps feeling their safety wasn't seen as a priority by wider institutions. In this case, they felt no other option but to rely on each other for safety. For Zara, this was not enough; the risk of an acid attack was not one she was prepared to take, and therefore, her home became a refuge. Zara's prioritisation of safety presented as a double-edged sword. Although her isolation and withdrawal from society provided a sense of security, they also maintained her isolation and marginalisation.

While the threat of violence was experienced as disabling for some, others found overcoming these physical threats cultivated hope and healing:

> Recently, my mum was subject to a very racist attack. It's on the news. You've probably seen it in [a large urban area]. She was wearing a headscarf and walking back from a Palestine protest, and this [English Defence League] man came up to her and threatened to hit her, and it went to court. It was a very big issue, and recently, my mum went to a conference on Islamophobia and spoke about it, you know, to her that was very healing. (Health FG, Iris)

The act of Iris' mother speaking publicly about her experience at a conference on Islamophobia appeared to be a crucial part of her mother's healing process, and by extension, Iris's. Through engaging activism, her mother transformed a previous threat into an empowering experience. This action is described by Iris as "healing"; sharing this personal account with the group was Iris's attempt to challenge narratives around vulnerability and victimisation. While Iris's account reinforced a shared sense of resilience and resistance,

Zara's elicited a collective sense of injustice and empathy, indicating the varied responses to race-based physical threats.

Neglected Physical Needs

Participants described their physical needs as being repeatedly overlooked, particularly in healthcare, a system that typically prioritises diagnosing and treating physical injury and pain. Nadia shared an intimate experience about how perceived biases resulted in her basic needs being unmet:

> I guess the narrative that Black women can handle pain is one that I have personally, unfortunately, been subjected to with my gynaecologists. I think I had a gynaecologist who actually said to me, "How high is your [pain] threshold?" I'm like, what? They didn't want to give me painkillers, but I need them. There's a generalisation that we come from a bloodline of strong women; we have a high threshold for pain and can handle whatever. Because of that, they don't actually properly investigate my difficulties to diagnose it. (Health FG, Nadia)

Nadia's account revealed the impacts of what she perceived to be a racially charged assumption, rooted in historical narratives about Black women. Another individual with no prior experience of SR may have viewed the doctor's question as neutral. However, Nadia's reading of this interaction may be based on her previous experiences of SR, demonstrating the cumulative impact of repeated discrimination. Nadia's experience evoked a personal resonance, as it reflected a broader pattern of systemic neglect tied to my race and gender. Her reference to a "bloodline of strong women" reflected her understanding of a common cultural script that seemed to explain her neglect in that moment. However, by criticising this stereotype, Nadia rejected the validity of this narrative, framing it as a macroaggression.

Distancing from Perceived Threat

Physical separation from others emerged as a common response to SR. This social

withdrawal functioned as a coping mechanism to protect the self from perceived harm or the risk of further trauma. Among participants, this presented as both a conscious and unconscious process. Mia disconnected with her racial identity and those who remind her of her heritage to avoid triggering painful memories:

> I surrounded myself with White people, and I think I have a lot of shame about that too. So growing up, I used to like actually avoid people of my own heritage because I wanted White people to see me as one of them, like I wanted to belong with them. (Education FG, Mia)

Mia's expressed shame demonstrates how SR has disrupted her sense of self and belonging. This highlights an awareness of how self-repression for self-preservation had affected her over time. Mia distanced herself from her racial identity as a form of protection from discrimination in the absence of an educational environment that could affirm her racial identity. For Mia, proximity to whiteness equated to safety; although superficial, it was sufficient to generate a sense of security. Belonging was once an aspiration, but is now a painful memory and regret.

For Yasmin, culture and community offered her a safe haven, providing equilibrium by allowing her to exist in a marginalising society while occupying a space where she feels a sense of belonging. She made conscious efforts to distance herself from environments she considered to be the sources of her pain. Consequently, she drew closer to family and friends from culturally similar backgrounds:

> I can often find myself in friendship groups with Punjabi friends like me. I gravitate towards them because there are a lot of things I can relate to with them; I can just find comfort in them. I do think for a lot of people, especially people that I'm around, say, Oh, once I finish my education, get a job or whatever, I'm going to go back to my home country or go back to a country where their religion is more predominant.

(Education FG, Yasmin)

Yasmin revealed a protective strategy of engaging with Punjabi peers who offer her a shared experience and affirm her identity in a way institutional settings do not. However, for those around her, safety and acceptance could only be found in escaping the UK entirely and literally distancing themselves from systemic constraints. Despite their residence in the UK, Yasmin's friends have never truly felt the UK is their "home country"; therefore, leaving appeared to be the only way to find belonging.

The prospect of leaving the UK was a "fantasy" for Alex, a seemingly ideal solution to the discrimination he faced during his childhood:

> I'd had this fantasy. So I think I had in my head I would always imagine as a kid wanting to go to Africa and think, all right, I'm going to start a revolution there… dissociate and go into like, a fantasy land where I could make things better.
>
> (Law FG, Alex)

Alex's Fantasy represents a symbolic departure from an environment that persistently presents a threat. Alex envisioned Africa as a haven of liberation and resistance, which contrasts with the institutional racism he faced in the UK. Alex's retreat into a "fantasy land" was a "[dissociation]" that not only reflected his desire for physical distance but also a literal psychological distance. In this envisioned reality, Alex was not a minority, which gives him a sense of agency that was not available in the UK. The discomfort and harm caused by SR fuelled a desire to distance oneself from the UK, to spaces participants perceived as safer.

4.5 Resistance through Pride and Purpose

Self-Advocacy and Agency

Some participants sought to reclaim agency by challenging dominant discourse. This was their way of declining to passively accept systemic constraints. In one example, Zoe

discussed holding her colleagues accountable by initiating conversations about race and condemning her organisation's inaction:

> I've, in general, felt quite comfortable talking about it, and I've been on the Diversity Committee of every company I've ever worked at. So pushing things forward sits very importantly with me. I've discussed it in every interview I've ever had, you know. I ask, is this something that you take seriously? Last week, I had to call out my boss because they didn't discuss the riots. (Employment FG, Zoe)

Zoe conveyed a sense of pride as she shared her steps taken to advocate for racial issues. Through this, she indirectly offered other participants guidance on how to approach similar challenges. By sharing her approach, Zoe demonstrated how open dialogue about race could drive change. Zoe emphasised her directness regarding race in workspaces, which served to amplify the importance of advocacy to her group peers. Though empowering, Zoe's approach seemed to evoke guilt and inadequacy in Laura. Laura reflected on Zoe's experiences in her interview, expressing that she felt as though she wasn't "doing enough" for marginalised groups in comparison. Nadia also shared a similar sentiment of feeling her efforts were insufficient:

> I was thinking before about [Iris, who] was talking about the movements for Gaza… It's not really something I've participated in, if that makes any sense. Hearing how other people are supporting the movement and [pause] I'm just here [pause] like I don't support the movement. But it was quite thought-provoking. How have I shed light on this? Or how have I tried to be involved? (1:1, Nadia)

Nadia's frequent pauses and self-questioning perhaps suggested an internal evaluation of her own role in social justice matters. She perceived herself as falling short of Iris. Nadia seemed to feel an obligation to take action or advocate for issues related to the oppression of other disempowered groups due to her marginalised racial identity. Nadia's self-criticism

indicated the emotional weight she carried for not acting on the causes she supported, which mirrors a struggle many participants had of trying to balance personal advocacy with fighting wider SR. Bearing witness to other participants' activism prompted reflection within some. This led them to question how their actions, or lack thereof, not only impact themselves but also broader GM communities they felt accountable for. For some participants, the prospect of activism seemed inspire and were seen as encouraging; however, for others, it was viewed as an obligation they failed to meet. This implicitly challenged the ways in which participants chose to navigate issues of racism themselves.

Community and Cultural Solidarity

Participants described engaging with familiar cultural, religious, or personal identities as acts of self-affirmation. For Anthony, this was intentionally tailoring his surroundings to affirm his identity. For instance, when asked how he personally navigates the impact of SR, he articulated finding "a lot of solace in community":

> But for me, [SR] kind of just encourages me to be unapologetic about who I want to be around, where I want to be, who I want to be with, you know, like, it kind of just has that effect for me. (Employment FG, Anthony)

Anthony's contribution signalled his commitment to authenticity and creating intentional boundaries around who and what he engages with. Anthony was unapologetic about intentionally reclaiming spaces separate from those that previously marginalised him. He did this by, championing the importance of community not only in his daily life but also modelled this within the group setting. For example, he shared broader insights about strategies all participants can adopt to battle internalised racism, despite not expressing that he personally experienced this. This could indicate Anthony's intention to counsel and encourage Mia, who had openly grappled with internalised racism during the discussion. His repeated use of the word "you" when referring to overcoming internalised racism reinforced

the perception he was speaking directly to group members. Anthony's willingness to offer guidance others may have reflected his stance on empowerment through unity.

Other participants found connecting with culture particularly helpful, showcasing the varied forms that self-preservation and resistance can take. Mia described realising, later in life, how much she had been "missing" by distancing herself from her culture:

> I started to connect more with, like, my culture. I have a lot more like South Asian friends now, and I think the thing that has really stayed with me is actually how much I feel like I belong with those people and how much I was missing.
>
> (Education FG, Mia)

Mia connecting with a South Asian community allowed her to regain a part of her identity she felt had been "missing". Mia found contentment in embracing an aspect of herself that once elicited shame. A sense of belonging shifted Mia's self-perception and allowed her to rediscover what she now deemed to be an important part of herself.

Redefining Power: a Form of Resistance

The coping mechanisms participants employed kept them grounded and provided a means of reclaiming agency. Sofia made reference to God in one of her accounts:

> "I feel like generationally, like, God willing, it [SR] will water down..."
>
> (Media FG, Sofia)

For Sofia, genuine change surpassed human capabilities; therefore, change may require a miracle. In Sofia's context, this isn't beyond the realms of possibility, as she mentioned being a Christian, presumably believing in the power of God. This enabled her to remain optimistic. By relinquishing control to a higher power, she gained a sense of peace and contentment when faced with SR. Iris aligned with Sofia by underscoring how religious doctrine can challenge notions of racism:

> God knows best. We're just his creation. Some of them are very stupid, and you know,

> God will do with them what He will. But in our holy book, the Quran, it literally says a Black person is no better than a White person. A White person is no better than a Black person. A non-Arab is no better than an Arab. An Arab is no better than a non-Arab. And I'm like, these are words from God. Who the hell is anyone on this planet, His creation, to disagree? (Health FG, Iris)

Iris suggested that racism opposes God's will and is rather rooted in human ignorance. This belief helps her to cope by framing racism as a human flaw instead of an intended social order. This allowed her to separate her self-worth from racist judgment. Iris's belief, "God knows best," indicated reconciliation with the injustice she faces. Faith empowered participants to reject the hierarchies that conflicted with her beliefs, trusting only in divine judgement.

Alternatively, Erik reported strategically positioning himself within particular social environments to reclaim power. Erik intentionally surrounded himself with people who shared his experiences and embodied his version of "success". Through this, Erik shaped a network that contained positive examples and aspirations that contradicted imposed racist ideologies:

> I just surround myself with people who look like me or who experience the same things that I might experience. But particularly, I surround myself with successful people because it kind of drowns out the noise of systemic racism, successful in my own opinion of what success looks like to me. (Health FG, Erik)

Erik declined to allow racism to define his self-worth or potential. His focus on defining success was important, as he didn't accept the societal ideas of achievement that often exclude GM individuals. This strategy of "drowning out the noise" allowed Eric to mentally bypass the limitations institutions have forced on him. This subsequently gave him a sense of control to pursue success without the interference of discrimination. Erik's approach

suggests resistance can involve creating communities that reflect personal values and aspirations.

Ways of coping can take various forms; they are not necessarily profound or obvious, but can be “small”. Although seemingly minor, they are powerful:

> I think often when I feel powerless. I think about what my acts of resistance are, even if it’s small, even if it's just like having an opinion about something or, like, you know, having my hair natural or, like, wearing a certain item of clothing.
>
> (Education FG, Mia)

Mia described reclaiming power through acts of individualism. By wearing her natural hair, Mia resisted norms that invalidated her identity. Her mention of “having an opinion” suggested the importance of self-expression. For participants, even the act of sharing a personal belief or idea reinforced agency. This was reflected by mere participation in this study. Participants reframed their experiences by reclaiming control over their narratives as a way to resist systemic oppression.

4.6 Push for Transformation: Moving from Awareness to Action

Collaborative Efforts for Change

Participants frequently spoke about the various efforts made by respective organisations to address race-related issues. This unearthed a number of concerns about institutional approaches, as illustrated in Mike’s account:

> In terms of my work’s reaction to the riots, I feel like they were very reactive, and I feel like in that kind of situation you need to be proactive as an organisation to support your staff and to show your staff that you at least know what's going on and you’re willing to talk about it. They didn’t really do anything; after people complained, they gave in and shared an e-mail address for staff to get some like… mental health help or something like that, which wasn't really great.

(Employment FG, Mike)

Mike's description of "[reactiveness]" and "[proactivity]" illustrated the contrast between his organisation's passive approach and his ideal of active support. Mike's caution when expressing his frustrations, suggested by his repeated phrase "I feel like", may reflect his fears of being perceived as unprofessional or irrational when raising concerns. For Mike, this raised questions about how his organisation could take the right approach if they were not "willing to talk" about race-related issues. Mike highlighted a gap between the needs of GM employees and an institutional understanding of what actions should be taken to meet them. This was demonstrated further by Mike's dismissive tone towards the eventual offer of "mental health help or something like that", which suggested he found his employer's response lacking in meaningful care. There was a misalignment in what individuals deem to be helpful and what institutions understand to be an 'appropriate' response to race-related issues. This was often perceived as "tokenistic". Participants voiced an unmet need for genuine organisational support, not just when faced with crises, but on an ongoing basis.

While some were excluded from key conversations about racism, others found that the responsibility to address these issues was at times shifted onto them:

> I remember when Black Lives Matter was happening, and I said, are we going to say anything about it? And they asked me to educate the team. I was just like, this is not for me, that's not my job. (Employment FG, Zoe)

Zoe's cynicism following her employer's expectation to "educate the team" reflected how the request was experienced as a burden. Rather than taking collective responsibility, Zoe's employers pushed her to shoulder the duty of fostering awareness and understanding between her colleagues. The opportunity to respond in a meaningful way was not simply missed but actively declined and passed to Zoe. Zoe refused to be burdened with her organisation's lack of commitment to race-related issues, possibly aware that individual

efforts, especially from GM people, are largely ineffective in driving systemic change. This is something Nadia discussed directly:

> There's someone in my organisation, he's helping [organisation], kind of like restructuring to think about sexual safety and racial safety, things like that. We were having a conversation, and I said to him, no offence, but White people listen to you when you talk about race, but they don't listen to me. When White people talk about race, there's always a bit more power than sometimes when Black people do, unfortunately. (Health FG, Nadia)

Nadia expressed a desire for support from her White counterparts, as she saw this as more effective. In her narrative, Nadia acknowledged the impacts of racial power dynamics; for her, this dictated how credible she was perceived to be. Nadia highlighted that as a result of systemic bias, whiteness is associated with legitimacy, even in discussions relating to marginalised racial groups. Although disappointing, Nadia had a pragmatic understanding that leveraging the privilege of her White peers may be a necessary approach to facilitate positive outcomes. This left Nadia balancing the emotional weight of being side-lined with the hope that systemic change could still be achieved through collective efforts.

Participants felt that SR was a concern for everyone in society, not just select groups, which was emphasised by Anthony:

> We tend to always look inwards, to our own communities, we always look at us and look us only, and it's a concerted effort to address systemic racism because we're not in control of the system. We need the allies, the people that claim that they're allies… We need them to actually act with the resource, with the time, with the money and do something with it alongside us. We need their support, because if one of us, two, three are not free, none of us are free. (Education FG, Anthony)

In Anthony's view, combining knowledge and insights from lived experiences with

influential power can facilitate reforms. Anthony viewed tangible action as the key to change, signalling that mere acknowledgement falls short. By stressing the need for measurable resources, Anthony implicitly critiqued performative allyship actions like delayed offers of mental health support or burdening GM individuals to educate others. Through this, he shifted the narrative from individual or community-based actions to a need for broader, unified strategies. With their narratives, participants reframed allyship as essential to systemic transformation, rather than just a token of support.

Power, Advocacy and Accountability: the Role of Leaders

There was a shared sense among participants that advocating for racial justice should also be the responsibility of those in senior roles. Mike firmly held this belief, and asserted that those in positions of power have a duty to advocate for equity:

> Well, I'm not a manager, but I feel like it is definitely a responsibility of a manager or a person that's more senior to address certain things. I feel like it is easier to be heard when you are more senior. (Employment FG, Mike)

Mike's emphasis on "responsibility" suggested he understood allyship as a core element of leadership. In his view, senior leaders hold a unique ability to influence, model and enforce inclusive practices. The failure to advocate for GM groups was perceived as a neglect of these duties. Although Mike generally accepted that his voice held less weight than those in managerial positions; he found it disappointing that his needs were viewed as less important.

Bree also offered some explanation as to why issues of diversity are not prioritised by institutions:

> There should be diversity in leadership. I think there's only one Black CEO in the UK as part of the FTSE 100 companies, which are like the most profitable companies in the UK, which is a joke because we make up at least 3% of the population, so at least

> 3% should be equally represented... Some people call it that, the Guinness effect; the Black and Brown people are all at the bottom, and then in leadership, it's only like one demographic, usually male, older, White... (Health FG, Bree)

Bree's reference to the "Guinness effect" metaphor vividly illustrated a racial hierarchy she observes. This shed light on her perception of structural inequalities caused by a 'glass ceiling' effect that restricts the progression of people of colour in professional settings. For Bree, the under-representation in leadership reflects the systemic inequalities that are seen throughout British society. Not only do power dynamics maintain existing norms, but they can act as a counterforce against systemic justice.

Positions of power can create tension between moral action and personal cost for those in these positions, perhaps explaining the failure of many leaders. Alex depicts this in his perspective:

> They should still care when it's not in their interests. Still caring when it goes against them means they might have to give up a promotion. Or they might look bad, or they've got to throw a friend under the bus, or even a boss. They should still be willing to stand up, even though they might get Sh*t. I've never seen it happen, where somebody has put themselves second for a person of colour. I've never seen it happen. (Law FG, Alex)

Unlike other participants, Alex acknowledged the role of self-interest embedded within power structures and how this maintains wider SR. Throughout the study, participants expressed concerns that professional or social repercussions could prevent advocacy. However, Alex proposed that this worry could also impact those in positions of power, thereby obstructing meaningful allyship. For Alex, personal advancement is often prioritised over justice, resulting in a lack of visible examples of genuine support. Consequently, Alex was sceptical; his repetition of the phrase "I've never seen it happen" may imply he did not

expect to see future change. Alex viewed the role of a leader as requiring sacrifice and boldness to disrupt the established order. However, he perceived this to be too uncomfortable and risky for most to face. For Alex, this lack of support perpetuates SR, leaving GM individuals feeling unsupported.

Chapter 5: Discussion

This study explored how institutional settings in the UK perpetuate and maintain systemic racism (SR) and how this contributes to the development of racial trauma (RT) from the perspectives of global majority (GM) individuals. Six themes emerged from the study's findings. This discussion synthesises the findings and situates them within the existing literature and theoretical frameworks. This will be structured around how well the themes addressed the study aims, focusing on manifestations of SR across institutions (aim 1), manifestations of RT (aim 2), coping and resistance (aim 3) and the healing impact of the group (aim 4). The depth of interpretation in the findings enables this chapter to focus on the broader implications and limitations.

5.1 Aim 1: Systemic Racism across Institutions

Although assigned to specific domains, participants' narratives overlapped with experiences in other domains. One institution did not negate racialised experiences in another. This interconnectedness is evidenced in previous literature demonstrating the link between school exclusion and the criminal justice system, incarceration and poor health outcomes and the impact of health on employment opportunities (Hergenrather et al., 2015; Novak, 2018; Stensrud et al., 2019). Moreover, the media often depict representations of all included domains, particularly on news platforms (Schudson, 2002). For this reason, I have integrated the findings from each group to highlight how broader SR presents.

While integrated, some experiences differed, depending on ethnic identity. For instance, Black participants appeared to express the impact of racial stereotypes, whereas Asian participants seemed to report the devaluation of their culture and religion more. Although the discussion highlights key commonalities, the experience of SR differed significantly due to intersectional differences. Similarly, previous studies have demonstrated the mediating impact of ethnic differences on experiences of discrimination, citing race-based

hate crimes, anti-Black racism, and sexism as varied types of discrimination (Criss et al., 2024; Xiao et al., 2024).

Subtle and Ambiguous

Participants perceived education, employment, and healthcare settings to perpetuate systemic racism covertly, creating difficulties in identifying and confronting it. This was strongly reflected in most by the theme ‘Systemic Racism: an Entrenched Structure’, which suggests it was intonations, language choices, subtle cues, and actions that indicated implicit judgements. Although racial prejudice and discrimination were often enacted through individuals, such as managers, health practitioners and educators, it was a result of interwoven institutional cultures. This made these experiences “attributionally ambiguous” (Deitch et al., 2003, p. 1302). This subsequently created a fear of being dismissed as overly sensitive or irrational when confronting SR.

According to Sue et al. (2007), the obscure nature of SR primes individuals to self-doubt, as racism is difficult to “prove”. The participant’s hesitancy to confidently label racism appeared to be a learnt response, particularly in education, employment, and healthcare accounts. This could be attributed to these being settings where highlighting discrimination could risk jeopardising career progression, academic opportunities, or access to adequate medical care. In support, the European Union Agency for Fundamental Rights EU-MIDIS II survey found that a barrier GM individuals faced to confronting racism was the fear of secondary victimisation as a repercussion (European Union Fundamental Rights Agency, 2017).

Power and Hierarchy

The findings demonstrated that SR within education settings drew strong parallels with employment. For example, through inequitable policies, bullying and exclusion from roles and opportunities. This experience underpinned some participants' notions of whiteness,

or proximity to it, being synonymous with achievement and belonging. The themes ‘SR as an Entrenched Structure’ and ‘a Push for Transformation’ highlighted education and employment as structures that frequently maintain exclusionary practices and, therefore, power imbalances. Perhaps, as both institutions are hierarchical in nature, they depend on inherent power disparities, which are often necessary to their functions. These findings reflect Critical Race theory’s (CRT) concept of ‘whiteness as property’ (Harris, 1993). Harris (1993) argues that whiteness operates as a form of capital, assigning benefits such as legitimacy and perceived capability to those who possess this ‘property’. Those who deviate from white, middle-class norms face barriers to accessing power and capital. Participants often described assimilating as potentially compensating for their lack of capital or ‘property’. As whiteness is framed as the ‘standard’ for success, participants furthest from this ideal were made to feel powerless.

Conversely, the findings suggested power dynamics in law enforcement are coercive rather than hierarchical, directly impacting physical autonomy. For example, participants’ accounts reflected racial profiling, threats of arrest, concern for their physical safety, and restricted freedom. Critical race theorists and social dominance theorists assert that law enforcement has been used as a government-stationed means of controlling GM individuals to maintain racial power structures (Alexander, 2012; Cladwell & Crenshaw, 1996; Sidanius & Pratto, 1999). This was reflected by participants’ narratives, which suggested racialised policing had restricted their ability to express their emotions, communicate and even dress how they desired freely. Participants felt over-policed and restricted, aligning with previous literature detailing the disproportionate policing of marginalised communities (DeAngelis, 2024; Chaney & Robertson, 2013). It’s worth noting that the participants in this group were a Black and mixed-race (Black and White) man. Studies have found Black men are more likely to be perceived as threatening and are over-represented in prison populations (Smith et al.,

2021; Eberhardt, 2019). This may suggest why these participants scored highest for 'law enforcement' in their pre-study questionnaire and were placed in the group.

Stereotyping and Bias across Institutions

Stereotyping emerged across all five institutional settings and in five of the final themes, but most strongly in the theme 'Intersecting Realms of Identity'. It was the biased questioning of participants in certain capacities that indicated the presence of prejudiced assumptions. For example, questions of "Are you safe?" in education or "How high is your pain threshold?" in healthcare settings. These questions were not neutral enquiries but represented biases that erased identity and challenged participants' self-perceptions. Conversely, for law enforcement, biases were enacted without question through forced means, such as stop searches and arrests. The presence of these stereotypes reflect 'epistemic violence', where institutional agents dictate what is presumed to be known about the participants based on a personal interpretation or belief (Teo, 2010). While stereotypes are endorsed by individuals and evident in prejudice and personal beliefs, they are learnt through the process of socialisation and legitimised by institutions (Devine & Elliot, 1995). Therefore, the accounts that reflected what seemed like interpersonal racism pointed to a broader, root systemic issue. This closely aligns with this study's framing of structural violence as pivotal for understanding manifestations SR, as participants 'ways of knowing' and understanding themselves were constrained by systemically imposed assumptions (Farmer 2004; Galtung, 1969).

Media was a faceless source of stereotyping, requiring entire institutional frameworks to be challenged, rather than individual acts. Consequently, participants were persistently subjected to narratives that depicted GM communities through lenses of victimisation, difference or deviance. Participants reported that media created pressures to conform to, resist against, or overcompensate for these biases. However, all three of these responses were found

to reinforce racist, system-held beliefs. For instance, participants conforming to biases through self-fulfilling prophecy, or of resisting these prejudices through activism or overt challenge was interpreted as aggressive and oppositional, thereby upholding negative assumptions. Additionally, for some, overcompensation resulted in the internalisation of racism. This parallels Hall's (1980) model of encoding/decoding, highlighting dominant, negotiated or oppositional media readings. The findings of this study suggest all three readings may potentially be harmful as they pertain to media stereotypes. This is consistent with Steele and Aronson's (1995) concept of stereotype threat, explaining how the fear of confirming negative racial stereotypes can impair function and reinforce feelings of inadequacy. Thus, the media's influence on societal norms where found to perpetuate various harms (Dixon & Linz, 2000; Entman & Rojecki, 2001).

Normalisation of Racial Inequalities

It is important to acknowledge that the family unit is a primary source of socialisation, which significantly impacts racial perceptions (Hughes et al., 2006). The impact of the family unit on race-based perceptions was not investigated. Nonetheless, one participant mentioned his mother's influence on his self-perception as a mixed-race individual and the normalisation of subjugating his Black identity. This warrants further investigation of the role of the family unit in understanding SR. However, in participant narratives, education and media were also central to shaping societal norms and understandings of race. Gillborn (2005) and Entman & Rojecki's (1993) findings have also reflected this.

Those belonging to the education and media groups described systems that normalised racially prejudiced ideologies through news outlets, curricula, school rules and safeguarding procedures. Participants were concerned that these implicit harmful messages were adopted by wider society, reinforcing exclusion overtly. The blindness and acceptance of SR were reflected in all six themes. Participants reported being targeted by peers and by

teaching staff, with no repercussions for the perpetrators. The failure to address these incidents underscored the presence of a 'hidden curriculum' in education, where the normalisation of racial inequalities are implicitly taught and adopted (Sue et al., 2007). Likewise, participants reported the media's frequent coverage of racial violence and abuse as distressing. However, their peers seemed to be desensitised and unresponsive to the suffering of racialised others. In support of this finding, Liu & Liu (2020) found that racialised media narratives caused vicarious trauma for GM groups. Similarly, Dowler's (2004) study suggested that the media creates associations between GM populations and conflict, danger, and victimhood, which lessens empathy from the broader population. Hidden messages that devalued participants and biased media narratives reflected an epistemic injustice, where participants' ways of 'knowing' themselves as powerful or important were diminished (Fricker, 2007).

Systemic Racism: Findings in Theoretical Context

These findings strongly align with assertions made by critical race theorists of racism being normalised, systemic, yet dependent on differing social structures (Delgado & Stefancic, 2017). CRT analyses how racism is embedded within various social systems and is therefore seen as an ordinary part of everyday life rather than an anomaly. As such, CRT can explain why participants' experiences of SR were not isolated incidents but instead revealed a consensus across the study of how this phenomenon is ongoing, pervasive, and deeply embedded within institutions. While concepts such as Harris' (1993) whiteness as property expose how institutions can generate racial hierarchies that impacted all participants, Crenshaw's (1989) concept of intersectionality demonstrates how these experiences differ on a micro-level. Such individual and context-dependent manifestations of SR outlined in the findings can obscure a universal recognition, resulting in it being perceived as ordinary and therefore unaddressed (Crenshaw, 1989; Crossing et al., 2022; Ladson-Billings & Tate,

1995).

Furthermore, supplementary frameworks add further clarity to participants' experiences of SR. For instance, participants' accounts of exclusion, surveillance, and restricted autonomy consistently reflected Social Dominance Theory's notion of group dominance being used as a means for oppressive practices and norms (Sidanius & Pratto, 1999). Participants' consistent contrast between coercive and hierarchical power in different domains reflected clear institutional mechanisms that function to preserve social dominance. Likewise, Structural Violence (SV) was mirrored in fears of reprisal and epistemic injustice. SV frames the participants' experiences as outcomes of enacted violence, which included the denial of recognition, restricted access to resources, and psychological harm (Farmer, 2004; Galtung, 1969).

5.2 Aim 2: Manifestations of Racial Trauma

The findings suggest the presence of RT for participants, with accounts revealing a myriad of emotional and psychological responses to race-based experiences. This aligns with Carter's (2007) view of RT being 'nonpathological' and rooted in emotional responses that reflect symptoms connected to encountered racism. RT symptoms, comprised of intrusion, avoidance, and negative alterations to mood, were present in participants' narratives, particularly in the themes 'Invisible Injuries: Emotional and Psychological Burdens' and 'Physical Imprints and Proximity to Harm' (Carter, 2007) albeit to varying degrees.

Hypervigilance

Hypervigilance was a primary manifestation of RT among the participants. This was characterised by a constant anticipation of eventual racial discrimination and avoidance behaviours. For instance, distancing from media content, self-isolation, physically fleeing from institutional bodies, and overcompensation to avoid worries of stereotyping. This is consistent with Smith & Patton's (2016) study, which found hypervigilance to be the most

commonly reported symptom of race-based trauma for African American men exposed to community violence.

Contrary to this, Roberson and Carter (2021) found that RT symptoms were not strongly predicted by hypervigilance in their study, suggesting this was due to discrepancies in operationalising the term ‘hypervigilance’. While a heightened awareness of frequent threats constitutes hypervigilance, it differs from concerns that focus on irrational or unlikely events. Roberson and Carter (2021) suggest the latter is maladaptive. Arguably, linking rationality to hypervigilance may be pathologising, as it overlooks the multifaceted nature of RT. What qualifies as a ‘real’ threat is highly contextual. The cumulative impact of RT needs to be considered, no matter how unlikely or irrational it may seem, as hypervigilance is a learnt adaptive coping strategy (Forsyth & Carter, 2014). Concern about a possible acid attack, although unlikely, compared to concerns about frequent, subtle microaggressions at work, both generated comparable symptoms of hypervigilance for participants in this study. These responses were equally valid and based on the participant's contexts. The findings indicate that race-related hypervigilance should be understood as a spectrum, functioning both as a protective factor and manifesting as a source of distress.

Physiological Distress

Although Carter (2007) highlights physiological responses as a key indicator of RT, this was not a frequently shared experience in this study. Similarly, Williams et al. (2018) found physiological symptoms were not a significant predictor of RT. This, however, contradicts existing studies such as Collins and Davis (2004) and Harrell et al. (2003), which maintain that encounters of racism adversely impact physiological functioning.

Such inconsistencies may be attributed to the existing works of literature that focus on chronic health outcomes that tend to accumulate over a lifespan and, therefore, are more likely to be seen in older populations. The sample in this study represents a considerably

younger population (19-40 years old), so they were unlikely to present with such issues. Furthermore, participants may have chosen not to explore existing health complications, perceiving them as irrelevant to the discussions. Though existing literature provides a strong evidence base for the physiological manifestations of RT, there is limited research that examines whether individuals are aware of this link themselves. Therefore, GM groups may consider their RT as unrelated to their physical health. This was suggested by one participant, who explicitly stated this during her interview. Although physiological responses are less apparent from the findings, distress was embodied through emotional distress. This may activate internal biological stress mechanisms, such as increased cortisol levels and blood pressure that were not measured in the study (Richman & Jonassaint, 2008; Williams & Mohammed, 2009).

Emotional Exhaustion and Burnout

Participants in the current study frequently described a sense of disillusionment and helplessness, social withdrawal, and literal exhaustion as a result of drained emotional resources. This demonstrated the toll of enduring exposure to SR. Although RT seemed to be characterised by high levels of emotional distress, an element of emotional exhaustion and burnout emerged most prominently. This is consistent with the concept of racial battle fatigue (RBF) (Smith, 2004). RBF is defined as the emotional depletion that follows repeated exposure to racial stressors and encompasses symptoms, such as irritability, frustration, helplessness, escapism, and detachment (Quaye et al., 2019; Smith et al., 2007). All of which strongly characterise the emotions of participants. However, heightened emotions, such as anger and frustration, did not simply have a debilitating impact on participants; they seemed to fuel motivations for involvement with social justice and advocacy. Scott et al. (2023) suggest that strong, adverse emotions can function to drive personal and collective action to enforce change. This may speak to some participants' refusal to passively accept racial harm,

thereby shifting the narrative of victimisation to one that channelled pain into a force for action.

Racial Trauma: Findings in Theoretical Context

The findings of this study reflect Carter's (2007) conceptualisation of RT. This encompasses intrusive thoughts, avoidance, negative mood changes, hypervigilance, emotional exhaustion, and embodied distress. Crucially, participants identified these responses as reactions to systemic oppression. While Carter identifies some 'core' indicators of RT, like hypervigilance, the outcomes in this study suggest that such manifestations exist on a spectrum grounded in personal realities. This supports Carter's assertion that RT should not be pathologised; rather, what is considered a 'legitimate' trauma response must be informed by individuals themselves.

While RT was a central framework for this thesis, it is important to note that its presentation among participants overlapped with other race-based responses. For instance, RBF was reflected by participants reporting exhaustion, disillusionment, and burnout (Smith, 2004). Building on the foundation provided by Carter, the findings indicate that although emotional pain and psychological injury are at the core of RT, a key aspect also includes resistance and depletion stemming from chronic exposures to racism. Despite Carter's model being fundamental to examining RT, its dimensions can be extended with other frameworks. Specifically, these frameworks add nuances such as long-term impact, internal biological stress, and personal motivations for change (Williams & Mohammed, 2009; Smith, 2004; Scott et al., 2023). Therefore, to appropriately capture the full complexity of RT, it is necessary to position Carter's theory within complementary race-based distress frameworks.

5.3 Aim 3: Coping and Resistance

Participants shared their lived experiences; they described personal journeys that moved from coping with the challenges of SR to actively resisting them. With this said,

coping and resisting were not necessarily mutually exclusive acts. These strategies were deeply personal and unique to each individual, heavily influenced by factors such as physical characteristics, social environment, gender, socioeconomic status and life context. Harrell (2000) supports this finding with her claim that "there is no homogeneous response to racism" (p. 51). This was demonstrated through 'Resistance through Pride and Purpose' as a theme.

Community Support

Community support and collective healing emerged as a common and effective buffer against the effects of SR, allowing participants to find solidarity through peer networks. Common support networks were created by participants themselves, as they tactfully selected who to connect with and seek support from. These groups typically included those from similar ethnic backgrounds or others with financial and economic resources. While connection with alike ethnic individuals of similar ethnicities fostered belonging, engaging with those with economic mobility and success offered a means of bypassing systemically racist limitations that impact achievement and capital. This approach by participants may be explained by French et al. (2020), who advocate for a move from coping, an individualistic endeavour, to healing, which requires collective efforts and tangible action. Similarly, Steers et al. (2019) demonstrate the counteractive impacts of social support on racial discrimination and subsequent psychological distress in 22 African American participants who use the support of the church.

Spiritual Practices

For participants, religion became a means of examining and accepting the reality of SR and provided further guidance on how to navigate this in a way that reflected their morals and values. Faith offered participants reassurance that eventual liberation was part of a divine plan, enabling them to withstand hardship and maintain the belief that change would come.

This has previously been reflected in research that highlights spirituality as a protective factor against racial stress (Bryant-Davis & Wong, 2013; Mattis, 2002). As a less directive strategy, spirituality risked encouraging passivity, suggesting justice would be possible without action. However, this did not seem to be the case for participants. They appeared to find an equilibrium by engaging in activism and self-advocacy while also relying on religion. This is similar to French et al.'s (2020) notion of sitting between the reality of an oppressive system and envisioning justice. This brings to mind a biblical proverb, 'Faith without works is dead, which illustrates faith should be accompanied by action. Participants aligned with this principle, incorporating active resistance alongside spiritual belief.

Self-Advocacy and Boundary-Setting

In their accounts, participants emphasised the role of self-advocacy, both as an answer to SR and as a personal act of resistance. This included engaging in EDI initiatives, self-expression and boundary-setting. The small acts of embracing natural hair, requesting workplaces to respond to racial issues and strategic withdrawal were considered various forms of activism by participants. Deleuze (1992) posits that the ability to act upon something (activism) is an expression of who people are and how they experience the world. However, unless this is put into practice, individuals will not truly understand their own power or how to develop it. This is something participants described as unfolding over time, as their acts became expressions of liberation. Discussions around activism also revealed a tension between moral obligation and emotional burden, leading to avoidance. This suggests that self-advocacy itself can induce distress when framed as a personal responsibility. This is supported by Helms et al. (2012), who underscore the negative impact of racism on perceived personal responsibility to enact change.

Participants' accounts align with Lazarus and Folkman's (1984) Transactional Model of Stress and Coping, which maintains that coping is a dynamic process that may look like

addressing stressors directly (problem-focused), managing one's own emotional responses (emotion-focused) or disengaging with stressors (avoidant coping). This model suggests that participants' narratives demonstrated acts of resistance, which were fluid, context-dependent, and were equally valid coping strategies.

5.4 Aim 4: The Group Format: From Trauma to Healing

In recent years, researchers have developed frameworks utilised to inform intervention for RT (Neville et al., 2024). This ensured participation was a reciprocal and empowering experience. Hooks (1991) proposes that a willingness to share lived experiences in itself is an act of resistance to being silenced, which was captured by this study.

Critical Consciousness

Co-investigation was at the core of this research and involved the exchange of coping strategies, personal insights, and affirmations. The group dynamic opposed the isolation often associated with RT, fostering empathic resonance. Through this, participants allowed individual pain to be reframed as a broader, systemic struggle with solutions. Watts (2004) posits that solely surviving oppressive structures is inadequate to preserve mental well-being. Instead, healing should be privileged over coping, something this study facilitated.

This stance embodies critical consciousness (CC), developed by Freire (1970). CC involves GM groups engaging in the reflection of lived experiences of racism to increase motivation to drive "transformation" for systemic changes (Jean et al., 2023). This study facilitated reflection, discussion of action, and disruption of dominant narratives through the discussions. All of which are core tenets of CC (Jemal, 2017). Through engaging in the discussions, participants demonstrated a critical consciousness of their subjugation. Several studies have successfully employed CC to address RT, incorporating reflective discussions, cultural affirmation and activism to improve the psychological well-being of GM groups (Banks et al., 2021; Cadenas et al., 2022; Shea et al., 2019).

Counter Storytelling

By sharing their narratives, participants resisted imposed ideas about race that homogenise and discount their voices. The sharing of various accounts became the telling of participants' stories, or what is referred to as 'counter-storytelling' (Solorzano & Yosso, 2002). A process of giving weight to narratives and voices that are often overlooked. This created a resonance that enabled participants to connect with their own identity but also with wider groups through trusted disclosure. Although a collective process, participants remained central to their own storytelling. Gilpin-Jackson (2020) and Muriithi (2022) argue that the sharing of stories can be an act of resistance against systemic oppression and is integral to the healing of RT. Lord (2017) illustrates this point further with a quote: "If I didn't define myself for myself, I would be crunched into other people's fantasies for me and eaten alive" (p. 123).

Although storytelling can be a healing tool, in this study context, it was also the primary source of data. Therefore, the use of participants' narratives required great consideration. The purpose of why the stories were being told and who this purpose served was a question that was held in mind, allowing the study to remain ethical (Muriithi, 2022; Nyangweso, 2020). GM people are often asked to share their stories and relive their trauma for the benefit of others, sometimes to aid understanding or prove the existence of discrimination. Nyangweso (2020) defines this as 'trauma mining', which mirrors the harmful and oppressive racial dynamics of wider society. Therefore, framing the groups as space for healing ensured the research was based on reciprocity.

Radical Healing

There was a shared understanding of systemic oppression being unavoidable. This drove participants to develop and discuss strategies, allowing them to exist in this dynamic while counteracting its detrimental impacts. The open discussions disrupted harmful

internalised ideals by allowing participants to contribute to their own healing. This challenged traditional, individualistic models of coping. The group itself became an intervention, where oppressive structures were collectively challenged through open dialogues.

This practice reflected principles of Radical Healing (RH) (Martín-Baró, 1994). RH focuses on building community ties and embracing a cultural identity to challenge internalised oppression (Ginwright, 2016; French et al., 2020). RH also requires a balance between remaining grounded, in order to acknowledge the current state of the world, and being able to envision and strive for freedom (French et al., 2020). This approach prioritises collective and individual agency to promote empowerment, rather than being driven by dilemmas. Adames et al. (2023) found this approach to be effective in a case example for a Black woman client, where RH was used to challenge harmful narratives about herself and her community to cultivate resilience.

Differences in Dynamics between Group and One-to-one Interviews

Compared to the focus groups, the repeated encounter of one-to-one interviews seemed to foster a sense of security, which facilitated the disclosure of concealed or complex elements of identity. This included hidden disabilities, neurodiversity, and "in-between" mixed-race identity. These interviews generated data that most commonly contributed to the subtheme ‘Overlooked and Compounding Dimensions of Identity’. Such a pattern may reflect Pachankis’ (2007) process model of psychological implications of concealing a stigma, which outlines the environmental conditions, cognitive and affective functions behind disclosing (or choosing not to disclose) concealable or stigmatised identities. These factors may span from the salience of the stigma, suspiciousness, anxiety, shame, diminished self-efficacy, avoidance of social isolation and impression management, to name a few (Pachankis, 2007). Engaging in a follow-up one-to-one interview after the focus group may have fostered a sense

of familiarity amongst the participants, with me as the researcher, allowing them to speak openly about their experiences without the fear of perceived judgement from others. The familiarity of a second interaction also influenced which follow-up questions I asked. For example, I found myself probing particular points from some participants based on notions I had developed in the previous interaction. This highlights the iterative process involved in engaging in both a group and interview.

Although in some aspects the focus groups impeded self-expression, in others they allowed participants to prompt and extend each other's accounts. Kitzinger (1995) refers to this as "co-construction", a process where meaning is negotiated, affirmed, or questioned during an exchange, which occurred in all groups. The core distinction is that one-to-one interviews generated sensitive, idiosyncratic content, while groups were useful for social sense-making, normalisation, and empathic witnessing. Moreover, the addition of one-to-one interviews allowed participants to reflect on the group dynamic themselves, emerging as a 'reflection-on-reflection' space. Their additional insights on the group dynamics supplemented my interpretations of meaning-making and interactions. This is consistent with IPA second-order interpretation and reflexive elaboration (Finlay, 2002; Smith et al., 2012).

Relational Differences between Group and One-to-one Interviews

The brief timeframe between the group and one-to-one interview gave participants the opportunity to reflect on the accounts they had shared in their respective groups. In the interview, this seemed to generate a sense of security that was particularly salient, perhaps as the second time they knew what to expect. For example, the interviews required less reassurance and explanation of the context due to prior experience and an existing rapport with myself, which aided candid discussion and disclosure. Participants may have also spoken more freely due to the reduced pressure of not having an audience for deeply personal narratives, thereby reducing fears of judgement and misinterpretations. As a researcher, my

role became less passive within the interview space compared to the group, as I actively became a co-constructor of the dialogue taking place. This shift required me to interrogate my influence in the conversation closely due to the established relationship and my researcher position. At this stage, I was no longer a neutral interviewer yet had to remain reflexive, bearing in mind that the relationship would likely shape the data. The relational differences highlighted between the group and one-to-one settings demonstrate how a second encounter shaped reflexivity and continuity, prompting me to take a less neutral stance.

5.5 Within Group Difference Comparison

The composition of the focus groups naturally shaped the nature of the interactions and turn-taking behaviours (Sacks et al., 1974). The organisation of a discussion can be dependent on several factors, such as the identities of those involved, the number of individuals involved, and who tends to speak the most or least frequently (Karnieli-Miller et al., 2009; Sacks et al., 1974).

Media Group

The group exploring experiences of mass media consisted of four women, three of whom were Black and Christian, and one was Arabic and Muslim (Zara). Of all five groups, the mass media groups generated the most conversation about identity differences and how these intersect with their experiences of racism. It could be argued that the composition of this group shaped the power dynamic, with the majority of the participants sharing a racial background and religion. However, there was a consistent open acknowledgement of difference that did not fragment the discussion or reduce Zara's contribution. Rather, the difference in this group emerged as a point of connection. I interpreted this happening for two reasons: firstly, Zara's racial difference from the other group members and myself, possibly removed an assumption that we would understand the life experiences of Arabic Muslim women in the UK. This may have prompted Zara to share and explain her experiences

comprehensively, so we could better understand her position collectively. This was received by me and group members with empathy and validation, empowering Zara to become a "dominant voice". Secondly, within recognised aspects of difference, participants found resonance; for example, the importance of faith and gendered pressures. This fostered understanding of each other's experiences. The mass media group dynamic aligns closely with Cole's (2009) conceptualisation of intersectionality and research processes, which suggests that identity differences can potentially hinder or bridge interaction depending on how they are negotiated.

Education Group

The education group, consisting of one man and two women, also presented a unique dynamic. All participants in this group chose to keep their cameras off during the session, which likely impacted the interactional balance due to the absence of visual cues. For example, there were limited opportunities for relational repair when participants interrupted or spoke over each other. Archibald et al. (2019) highlighted how the use of online interviews can obstruct interaction in the research process. The participants' decisions to keep their cameras off may speak to a perceived power imbalance felt in this context. As the group facilitator and representative of an educational institution (the exact institution being discussed), I was positioned in a powerful role, potentially resulting in heightened feelings of distrust and vulnerability. This may reflect the 'suspiciousness' that Pachankis (2007) refers to in his process model. In this case, participants may have chosen to conceal parts of themselves during the interaction by leaving their cameras off as a form of 'impression management'; giving them an opportunity to regain power and foster a sense of safety to comfortably engage in the discussion.

There was also a divergence in positionalities amongst the participants, possibly influenced by differing professional backgrounds and genders. For example, Anthony's

professional background in law may have contributed to his assertive stance, thereby positioning him as an “expert” voice in the group. This stance was reflected by his tendency to share advice. Anthony's position created a dynamic where the two other participants, at moments, positioned themselves as recipients of advice rather than co-constructors of dialogue. The gender differences of this group dynamic may also reflect Leaper & Ayres’ (2007) meta-analysis, which found that men are more likely to be talkative and engage in assertive speech, whereas women are more likely to engage in affiliative communication. This may suggest why the two women in the group were inclined to reciprocate the conversation through active listening and grounded their accounts in affective personal experiences rather than counsel.

Employment Group

The employment group also fostered its own structural differences, shaped by the power dynamics of professional status and coping narratives. Much like the education group, this group's intra-group differences seemed to shape an implicit group order. Group members made conscious efforts not to interject on others' points and were intentional about taking turns. While this can be interpreted as prosocial and polite, it inadvertently limited moments where participants could co-construct meaning together. For example, the reporting of accounts was orientated towards parallel sharing instead of a consistent mutual exchange that allowed for elaborations. In this group, two of the three participants tended to resonate (or disagree) silently rather than expand on points being made.

One participant (Laura) later disclosed feelings of guilt and inadequacy in her interview after listening to others' accounts of resistance. She further elaborated on the points made by the group. This could suggest that this participant was engaged in a form of impression management during the group. This may have been directly influenced by accounts of another participant’s seniority in a professional role. This seniority gave them the

power to actively and effectively challenge SR. Furthermore, a third participant was successful in “not letting things get to him”. Laura’s perception of other group members’ agency and mastery contributed to censorship and guilt. This was possibly due to the belief that her responses would be insufficient in comparison. This can be understood through Festinger’s (1954) theory of social comparison, which suggests that differences in ability and opinions may lead to inaccurate self-evaluations. Within this group, dominant framings of resilience and resistance overshadowed accounts that did not fit this, resulting in an implicit hierarchy of narratives.

Healthcare Group

The composition of the healthcare group fostered a dynamic where participants built on each other’s contributions more frequently than other groups through reciprocal elaboration and questioning. This may have been shaped by the professional role-identity of two out of the four participants working in health care and one studying in this field. As values related to advocacy and care underpin the healthcare profession, it is likely that this influenced the stance of these participants, thereby shaping the interaction. Interestingly, the fourth participant (Bree), having experienced healthcare from the perspective of a service user, adopted a “reserved/observer” role. This draws attention to how life experiences and dominant group perspectives may create structural differences within a group dynamic (Karnieli-Miller et al., 2009).

Compared to other groups, which often produced more individually orientated accounts, this group generated explicit reflections on power dynamics, highlighting their own positions within systemic structures. Here, shared professional identities seemed to encourage the externalisation of SR, locating the issue within broader institutional power. This further demonstrates how within-group similarities may shape collective consensus and interaction by facilitating a discussion that fosters solidarity and reduces the tendency to frame racism as

a solely individual experience.

Law Group

The law group was the smallest group, consisting of two Black male participants. The dialogue in this group was both candid and fluent, which fostered mutual recognition, depth, and validation between the participants. Like the healthcare group, participant similarity (racial and gender identity) significantly shaped the interaction, thereby reducing possible tensions. Morgan (1997) suggests dyadic focus groups can both reduce performance anxiety and increase intimacy between participants, which mirrors the patterns observed in this group setting.

The homogeneity of this group's identity, combined with partial identity congruence with myself as the researcher (a Black woman), may have also reduced the perception of potential power imbalances (Karnieli-Miller et al., 2009). This group dynamic prompted me to consider how my positionality may have influenced participants' openness and the boundaries of what they felt able to disclose. It is likely that this group concordance facilitated a 'shared language' between participants, allowing them to build a strong rapport quickly. This was significant, given that the group's focus was on policing. Law enforcement is an institution where racialised experiences are especially visible and profound. Both participants referred to themselves as Black men, a shared identity that strengthened their connection and shaped group interaction. However, one participant emphasised the duality of being mixed race in his one-to-one interview. This later revealed how, within a group setting, individuals may strategically align themselves with certain identities to build solidarity. This highlights how, depending on context and audience, identity and nuanced perspectives can be actively managed to shape the dynamics and overall structure (Goffman, 1959).

Summary

The overall comparison of focus groups and one-to-one interviews makes clear how

both were shaped by context, identity, relational, and power dynamics. While some focus groups could occasionally hinder disclosure due to impression management and perceived difference, they were also able to foster resonance and solidarity between participants. Conversely, one-to-one interviews consistently encouraged candid reflections that built on their prior encounters in focus groups. This reflected an evolving researcher–participant relationship upon a second meeting that positioned me to shift from a neutral interviewer to one who actively constructed meaning. Methodologically, the contrast between groups and interviews aided this study's aims of understanding both collective and ideographic meaning, aligning with goals of IPA applied to group contexts (Palmer et al., 2010; Love et al., 2020; Smith et al., 2012).

5.6 Reflections from this Research

For me, this study was my personal act of resistance, allowing me to provide GM populations with a platform where their experiences could be validated. Although my interpretations were grounded in participant quotes, as IPA recommends, I found myself worrying about whether my subjective view of the accounts was truly reflective of that person's experiences. At times, I felt as though I was imposing my version of their reality onto them as I wrote my interpretations, which was uncomfortable. This reflects a significant power dynamic, where I, as a researcher, was able to dictate the meaning of a person's experience, potentially basing their story solely on my lenses and understandings of the world.

Processing the disillusionment and fatigue that many of the participants expressed about SR was something I found to be emotionally taxing. Following repeated negative narratives, I questioned whether my research could have a wide enough reach to generate a genuine change. At times, I felt overwhelmed and out of my depth, causing me to view the issue of SR through an exceptionally negative lens. Therefore, supervision became key in

enabling me to maintain balanced views and engage with the literature critically rather than emotionally. Furthermore, the narratives of hope were not only healing for participants but for me, and aided in counteracting my scepticism.

As a trainee Clinical Psychologist, I am accustomed to asking clients questions that allow them to confirm or deny the hypotheses I make. Although there was an element of this in the real-time discussions, through member checking, this process wasn't possible during my write-up. This left me wondering whether I had 'accurately' represented the various accounts. Wanting to do the narratives justice often left me second-guessing my analysis. As a result, I found myself writing the interpretations tentatively, to leave room for further interpretations by the reader. I imagined how the final analysis would be read and perceived by participants, and hoped they would feel pride in their participation, aware they were central to this process. Therefore, it was essential that my interpretations were not deterministic, allowing me to maintain an anti-oppressive stance.

My lived experiences and current position have afforded me the privilege of not only being able to understand human suffering but also the power to amplify oppressed voices. During the process, I recognised the weight of being entrusted with participants' stories, more importantly, the emotional processing of these experiences. I attempted to navigate this vulnerability with care, balancing my analytic lens with compassion. This was a priority at every point.

5.7 Limitations

As outlined in Chapter 3, the study's chosen methodological approach was a significant strength and strongly supports the rationale for the conduct of this research. With this said, it is equally important to acknowledge the limitations.

Sample Representation and Researcher-Participant Dynamics

The participants in this study were not representative of all GM communities in the

UK, with many minority groups being absent from the sample. Of the 16 participants, four were Asian, one was Arabic, and the majority identified as Black or mixed race (Black and white). It's possible that Black participants felt a greater resonance and trust with a Black researcher, increasing the likelihood of this demographics' participation. Perhaps the visibility of an ethnically diverse research team would have facilitated a heterogeneous sample, as a shared racial identity can generate feelings of safety and relatability (Milner, 2007). Furthermore, the study's limited representation may have influenced the reporting of ethnic groups that were unrepresented, possibly due to feeling outnumbered or fears of being misunderstood by the group majority. However, one participant, in her interview, reported being the only participant from an Asian background in her group, but this did not affect her comfort in sharing. Although this may not be the case for others. A more practical and streamlined approach would have focused on examining a single racial demographic or institutional setting. However, due to the limited IPA research on this issue in a UK context, a broad starting point was necessary.

Temporal Context

The timing of this study was also very significant. The data collection coincided with a period of heightened racial tensions in the UK, where race-related riots resulted in a surge of hate crimes and riots. This increased reported fear and distress. Consequently, the accounts shared may have reflected heightened emotional responses, reflective of the temporal context. Although accounts may have been influenced by the political climate at the time, this did not undermine the validity of their experiences. Rather, this unique setting served to amplify existing SR in the UK, which often remains hidden or normalised.

Intersectionality and Ambiguity

The complexity of RT could not be examined in isolation from intersecting identities such as culture, sexuality, religion, and gender. This demonstrates the overlap between

different forms of discrimination, capturing Crenshaw's (1989) theory of intersectionality. Therefore, the study raises questions regarding whether participant accounts were truly reflective of RT or whether these were manifestations of other forms of discrimination: Islamophobia, sexism, or classism. This introduced an element of ambiguity during the analysis, with participants on occasion conflating various experiences of discrimination outside of racism. Rather than diluting the findings, this demonstrates the difficulty in separating racism from other lived intersecting oppressions (Collins & Bilge, 2020).

Observational Limitations

Finally, while the use of MS Teams facilitated study accessibility, it restricted the researcher's capacity to interpret some non-verbal cues, like bodily language or physical tension, which are critical in IPA (Smith et al., 2009). Additionally, during the education focus group discussion, participants kept their cameras off, with two of the participants reporting technical difficulties, limiting my ability to observe visual cues at all for this group. This may speak to a level of distrust participants had toward me as a researcher, as a representative of the institution they were assigned to discuss, education. Researchers seen as institutional representatives may unintentionally reinforce power imbalances, affecting participant disclosure and engagement. Especially in the context of race-related research (Milner, 2007).

5.8 Implications and Future Research

In this section, the clinical, political, research and professional implications of the study's findings are outlined. Key considerations and practical applications that emerged will be discussed, highlighting how this research can inform systemic change and potentially reduce the occurrence of RT.

5.8.1 Clinical Implications

The findings of this study suggest that effectively addressing RT requires a shift away

from traditional therapeutic models that focus solely on pathology. This calls for the integration of approaches that acknowledge life experiences. Based on the findings, experiences of RT in the UK can manifest in a multitude of ways depending on personal context, and therefore are unlikely to be totally understood or addressed by a reductive diagnostic framework. Consistent with NICE (2018) PTSD guidelines, contextualised and person-centred approaches must be prioritised when clinicians navigate personal experiences of trauma.

Participants reported various manifestations of distress as a direct result of SR, ranging from, but not limited to, disengagement, anger, withdrawal, anxiety, dissociation, hopelessness, and hypervigilance. According to Carter's (2007) model for RT, these responses suggest the presence of psychological injury resulting from race-based events and therefore are indicative of RT. However, such responses are subtle, context-dependent, and vary, often being misinterpreted as behavioural or other mental health difficulties (Sanders et al., 2024). Collectively, this highlights significant implications for assessment and signposting procedures in clinical contexts due to the risk of misdiagnosis and further racial discrimination, which result in the disparities observed within UK mental health services (Naqvi et al., 2022; NHS, 2019). Accurate recognition of RT as a legitimate concern will require clinicians to remain curious about the race-based experiences of service users and consider the ongoing emotional and psychological implications as RT in the first instance. An openness to exploring experiences of racism with service users can support the development of accurate and robust formulations that inform appropriate, culturally responsive interventions. Due to the complexity of RT, clinicians such as Clinical Psychologists should utilise supervision and reflective practice opportunities to interrogate their own positionality when supporting populations presenting with RT. This was a key feature of the study that facilitated healing. Reflexivity will not only support clinical understanding of individualised

cases, but it will also enhance insights on the systemic structures that perpetuated the harm. Such practice would align with the NHS Advancing Mental Health Equalities Strategy (2020) by potentially reducing health inequalities relating to access, treatment, and outcomes for GM populations.

The study findings also highlight how healing from RT can be facilitated by a sense of connection, belonging, and validation. Accordingly, interventions for RT may be best addressed by approaches that extend beyond traditional therapy. Participants cited community support, spiritual practices, self-advocacy, and boundary setting as self-management techniques to mitigate the impact of distress when faced with SR. These coping techniques can be incorporated into psychoeducational tools and resources to support individuals coping outside of clinical settings. Moreover, the group format itself was experienced as "healing" by participants, further reflecting the effectiveness of community support. Through these reflective discussions, participants were able to engage in critical consciousness, counter-storytelling, and radical healing practices. This centred their lived experiences and validated their difficulties. These elements should be integrated into therapeutic work and acknowledged as legitimate approaches that can supplement and go beyond traditional models.

The group setting allowed participants to support each other as they processed their experiences, which they described as healing. In light of this, the delivery of RT interventions may be best suited for a group format across clinical services. These implications are also highly relevant for institutions beyond clinical settings. Such spaces for open discussions about SR and its impacts can be held in schools, workplaces, and community-based organisations. The function of holding this space may be twofold. Not only will this foster healing for GM communities, but it can also inform institutions about how to prevent harm in their specific contexts. However, institutions must consider how these spaces are held. For

the purposes of learning about SR and cultivating change, such spaces should include White allies. Participants expressed the importance of allyship and solidarity across all races. Furthermore, Pieterse et al. (2023) highlight that tackling SR requires a collective effort. The findings suggest that, as an intervention for RT, resonance, safety, and comfort are key to healing. These conditions may be easily achieved when therapeutic group spaces are facilitated by those who share some aspects of identity or lived experience with participants. However, similar spaces may also be led by facilitators from different backgrounds who understand RT, demonstrate cultural humility, and are committed to anti-racist practice. Depending on the context, these spaces can be framed as therapeutic interventions or as learning and inclusion initiatives.

The highlighted implications suggest that clinicians must move beyond traditional Eurocentric trauma frameworks and interventions, and give room for RT to be considered as a valid psychological harm. Subsequently, this could equip mental health professionals to provide culturally responsive care, potentially closing gaps in racial mental health disparities. These implications are applicable and should be considered across institutions aiming to support students, employees, and community members.

5.8.2 Implications for Policy

The use of quantitative measures and official statistics in policy reports may risk overlooking the nuances and cumulative impacts of SR, this presents an oversimplified overview of the issue. Governments may use quantitative data for the purposes of large-scale analysis and comparisons, generalisability, and overall efficiency for data collection (Bogdan & Ksander, 1980). While this may be useful in some respects, this does not capture the lived experiences of individuals in the context of SR. Such approaches have been found to produce narratives of an equitable and progressive Britain, often contradicting the accounts of GM populations themselves. Such findings reflects Bell's (1980) notion of interest convergence,

whereby the portrayal of Britain as free of SR serves the interests of the government. For example, by maintaining social order, upholding a global reputation as an ethical and humanitarian state, and deflecting attention away from ongoing systemic inequalities faced by GM communities. By centring lived experiences, this research underscores the limitations of state-produced data and advocates for the use of experiential evidence in shaping policy reform.

The findings indicate that, like RT, SR in the UK is not linear and can be subtle, ambiguous, and hard to detect. Rather than being overt, experiences of SR surfaced within inequitable power structures, implicit hierarchies, and general assumptions about GM people, shaping their interactions. Importantly, SR was normalised, making it pervasive and often unnoticed. Notably, this is important as several efforts have been made, particularly by health care institutions to address SR in the UK through frameworks. For instance, the Equality Act (2010), Race Relations Act 2000 (amended), Parent Carer Race Equality Framework, Anti-Racist Action Plan for Wales, and NHS long-term plan address racism (NHS, 2019; NHS England, 2023; Welsh Government, 2022), all aim to tackle inequitable power structures and the subsequent disparities. However, these efforts are limited by their focus on overt racial discrimination and do not capture the subtle, cumulative, and systemic harms illustrated by the accounts in this study. For policies and anti-racism initiatives to adequately facilitate meaningful change, the inclusion of lived experience data should be considered in equality monitoring and reporting. Not only would this shift to experiential data accurately reflect true daily experiences of SR, it would also move frameworks away from seemingly tokenistic surface-level commitments to effective reform strategies. A starting point for policy reform would be the NHS mandating the recognition of RT within clinical guidelines and a genuine risk to mental health. Taken together, this provides a rationale for institutions to put policies in place and allocate resources to gather experiential data to respond to the effects of SR in

order to prevent RT.

Based on the findings, micro-level biases of those who work in institutions can directly map onto the macro-level structures. Thus, it would be important to put policies in place that address SR at multiple levels, starting with institutional agents. Policies that require education, policing, employment, and healthcare personnel to engage in regular anti-bias training, reflective practice, and accountability frameworks would allow agents of inequitable systems to acknowledge their roles in perpetuating systemic injustice and challenge inequality internally. Such initiatives would be a proactive step to challenge normalised notions of whiteness, which result in the subtle stereotyping and discriminatory assumptions that participants in this study described.

These policy implications point to a need for embedding the personal insights of those impacted by SR within healthcare planning, institutional dialogue, and broader equality strategies. Furthermore, the implications highlight a need to educate and support institutional representatives to address racial disparities at all levels.

5.8.3 Research Implications

The healing impact of the group setting and conversations in this study is demonstrated only through immediate reflections and insights given in focus groups and interviews. The findings provide a valuable basis for understanding the lived experiences of SR, manifestations of RT, and the associated healing process. Further research could enable the examination of long-term outcomes related to engaging in these group-based spaces regularly. Longitudinal studies could provide data on the sustainability of improved outcomes over time. Applying this methodology could highlight whether such group spaces continuously foster empowerment, validation, belonging, and the development of coping strategies and, therefore, improved mental health. Additionally, such data could further provide information on how regular healing discussions shape individuals' ability to navigate

SR. It should also be considered whether this improves the use of shared coping techniques such as spiritual practices, self-advocacy, boundary setting, and critical consciousness.

Importantly, this study adopted an IPA approach that privileged the lived experiences, contexts, and sense-making processes of individuals. This revealed nuanced and diverse manifestations of RT characterised by exhaustion, burnout, hypervigilance, anxiety, and anger, among other presentations. Future research could build on this experiential data to examine how these implications may impact the function of respective institutions on a structural level. This would be a process of moving between micro- and macro-level understandings. For instance, investigating how regular open discussions about race in schools, workplaces, healthcare settings, and political spaces could impact education outcomes, racialised policing, the wage gap, and health disparities for individuals. Moving forward, this may require the integration of mixed-method designs to combine the experiential accounts with generalisable, broad quantitative measures. Such an approach could generate holistic insights into how individual-focused approaches implemented structurally can reduce broader SR.

Based on the findings, there may be merit in future comparative research. The law enforcement focus group, in particular generated candid discussions compared to other groups. It is possible this rich dialogue was aided by the shared racial identity of both participants, which appeared to foster resonance and safety. Therefore, further exploration of group composition impact, through studies comparing racially diverse groups to affinity-based groups, may be helpful. Essentially, this could further illuminate how the healing process may be shaped by identity, context, and group dynamics, thereby informing the design and implementation of RT interventions.

5.8.4 Implications for Clinical Psychology as a Profession

The findings of this study have several implications for the profession of Clinical

Psychology. As a discipline, Clinical Psychology aims to hold space and privilege the voices of those who are marginalised by embedding lived experience into clinical practice to promote wellbeing. Furthermore, the British Psychological Society (BPS) Equality, Diversity and Inclusion Framework (2021) emphasises the importance of professional commitment to reflective practice, systemic awareness, and social justice, all of which are at the core of this research. The study's use of IPA and enhanced focus on healing and resistance within both individual and broader settings integrates Clinical Psychology's commitment to promoting mental wellness by fostering belonging, validation, and empowerment in a research context. The findings not only shed light on the social determinants of distress, but they also foreground an understanding of the importance of anti-discriminatory practice, further aligning with the HCPC Standards of Proficiency (2023).

Although aligning with the professional values of Clinical Psychology, the study also reveals potential gaps within the profession. The training and delivery of Clinical Psychology remain Eurocentric in some respects, which is reflected in curricula and practice guidelines that endorse biomedical and pathology-centred models of trauma. Although efforts are being made towards 'decolonising the curriculum' and the NHS has implemented an Advancing Mental Health Equalities Strategy (2020) to address these issues, it is an ongoing endeavour (Keith, 2018). This is an effort that the findings of this study can facilitate. For example, the various manifestations of RT in this study differ significantly from the diagnostic categories offered by the DSM-5, resulting in a lack of diagnostic recognition for RT. This study calls for psychologists to look beyond traditionally taught and applied conceptualisations of trauma to understand and recognise the nuanced, chronic impacts of racism. This is aligned with Carter's (2007) framing of RT as non-pathological and context-dependent.

Given the gaps outlined, there are several recommendations that can be made to address the identified gaps in Clinical Psychology. Firstly, the understanding of how SR is

experienced and how RT can manifest should be integrated into DClinPsy curricula and supervision. Through this, clinicians can be trained to base formulations on the personal context of GM populations. Secondly, psychologists must acknowledge their role as advocates not only in healthcare systems, but also in wider institutions to challenge practices that produce inequity. With the understanding that discriminatory institutional practices can generate trauma over time, psychologists should frame intervention as starting with challenging and preventing structural inequality before it causes individual harm. Finally, Clinical Psychologists should centre lived experiences in both service development and clinical research by considering the epistemic value of counter-storytelling in shaping clinical interactions.

Overall, Clinical Psychology is a profession well-positioned to lead on addressing RT in systemic contexts. By grounding understandings of trauma in lived experience and identity, Clinical Psychologists can effectively combat discriminatory practice and contribute to a decline in UK racial inequalities in healthcare and beyond this scope.

5.9 Conclusion

This research aimed to explore the manifestation of SR from the perspective of GM individuals and how this contributes to RT. With the use of IPA in this study, sense-making processes revealed that SR and RT are both experienced in unique ways, dependent on institutional and personal context. The UK focus of this study facilitated a thorough investigation of how structures of racism present distinctively in a British context, generating an understanding of how this compares to traditionally U.S.-defined RT.

The difficulties expressed in this study are not indications of dysfunction within participants; rather, they reflect the relentless nature of RT. The issues do not lie within individuals but in the racism itself. While clinical frameworks should address RT, this study calls for broader social interventions that extend beyond this and target structural inequities.

Ultimately, this research calls for the accurate presentation of race-based experiences perpetuated by white-dominated systems. In addition, community-driven healing practices across all institutional structures, not solely clinical ones. To engage critically with these issues is to commit to “taking action outside of the ivory tower” (Nicolai et al., 2024, p. 24).

References

Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2022). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy*, *60*(1). https://doi.org/10.1037/pst0000435

Alexander, M. (2012). *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. Samuel Dewitt Proctor Conference, Inc.

Alexander, R. (2010). Critical Race Theory and Racialized Law: an Application of an African American Full Professor's Federal Case Involving Race Discrimination at a Predominately White University. *Journal of African American Studies*, *16*(2), 345–362. https://doi.org/10.1007/s12111-010-9140-3

American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders. *Diagnostic and Statistical Manual of Mental Disorders*, *5*(5). https://doi.org/10.1176/appi.books.9780890425596

American Psychological Association. (2022). *Role of Psychology and the American Psychological Association in Dismantling Systemic Racism Against People of Color in the United States*. Apa.org. https://www.apa.org/about/policy/resolution-dismantling-racism.pdf

American Psychological Association. (2020, May). About APA. *Https://Www.apa.org*. https://www.apa.org/about/

American Psychological Association. (2022). *Apology to People of Color for APA's Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S.* Apa.org. https://www.apa.org/about/policy/resolution-racism-apology.pdf

Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of

Researchers and Participants. *International Journal of Qualitative Methods*, *18*(1), 1–8. https://doi.org/10.1177/1609406919874596

Arday, J. (2018). Understanding race and educational leadership in higher education. *Management in Education*, *32*(4), 192–200. https://doi.org/10.1177/0892020618791002

Arday, J. (2022). No one can see me cry: understanding mental health issues for Black and minority ethnic staff in higher education. *Higher Education*, *83*(1). https://doi.org/10.1007/s10734-020-00636-w

Ashe, S., & Nazroo, J. Y. (2016). Equality, Diversity and Racism in the Workplace: A Qualitative Analysis of the 2015 Race at Work Survey. *Business in the Community*, 48.

Atewologun, D. (2018). Intersectionality Theory and Practice. *Oxford Research Encyclopedia of Business and Management*, 1–20. https://doi.org/10.1093/acrefore/9780190224851.013.48

Banaji, M. R., Fiske, S. T., & Massey, D. S. (2021). Systemic racism: Individuals and interactions, Institutions and Society. *Cognitive Research: Principles and Implications*, *6*(1). https://doi.org/10.1186/s41235-021-00349-3

Banks, K. H., Goswami, S., Goodwin, D., Petty, J., Bell, V., & Musa, I. (2021). Interrupting internalized racial oppression: A community based ACT intervention. *Journal of Contextual Behavioral Science*, *20*. https://doi.org/10.1016/j.jcbs.2021.02.006

Barnacle, R. (2001). Phenomenology and Wonder. *In Phenomenology*, 3.

Baldwin, J. (1962, January 14). As much truth as one can bear. The New York Times Book Review, BR11. https://tweetsofanativeson.com/pdf/As-Much-Truth-As-One-Can-Bear.pdf

Bell, D. A. (1980). Brown v. Board of Education and the Interest Convergence Dilemma. *Harvard Law Review*, *93*(3), 518–533. https://doi.org/10.2307/1340546

Benkert, R., Peters, R. M., Clark, R., & Keves-Foster, K. (2006). Effects of perceived racism, cultural mistrust and trust in providers on satisfaction with care. *PubMed*, *98*(9), 1532–1540.

Bergh, R., Akrami, N., Sidanius, J., & Sibley, C. G. (2016). Is group membership necessary for understanding generalized prejudice? A re-evaluation of why prejudices are interrelated. *Journal of Personality and Social Psychology*, *111*(3), 367–395. https://doi.org/10.1037/pspi0000064

Bernard, D. L., & Pollock, M. L. (2024). Racial Discrimination and Trauma Symptoms Among Black Adolescent-Caregiver Dyads. *Journal of Clinical Child & Adolescent Psychology*, *53*, 1–14. https://doi.org/10.1080/15374416.2024.2426119

Bhambra, G. K. (2021). Decolonizing Critical Theory? *Critical Times*, *4*(1), 73–89. https://doi.org/10.1215/26410478-8855227

Bhattacharya, K. (2017). *Fundamentals of qualitative research: A practical guide* (1st ed.). Routledge.

Bhui, K., Stansfeld, S., McKenzie, K., Karlsen, S., Nazroo, J., & Weich, S. (2005). Racial/Ethnic Discrimination and Common Mental Disorders Among Workers: Findings From the EMPIRIC Study of Ethnic Minority Groups in the United Kingdom. *American Journal of Public Health*, *95*(3), 496–501. https://doi.org/10.2105/ajph.2003.033274

Bogdan, R., & Ksander, M. (1980). Policy data as a social process: A qualitative approach to quantitative data. *Human Organization*, 39(4), 302–309. https://doi.org/10.17730/humo.39.4.x42432981487k54q

Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American*

Sociological Review, *62*(3), 465–480. https://doi.org/10.2307/2657316

Bonilla-Silva, E. (1999). The Essential Social Fact of Race. *American Sociological Review*, *64*(6), 899. https://doi.org/10.2307/2657410

Bonilla-Silva, E. (2006). *Racism without Racists: Color-blind Racism and the Persistence of Racial Inequality in the United States.* Rowman & Littlefield Publishers.

BPS Ethics Committee. (2021). *Code of Ethics and Conduct - the British Psychological Society*. Www.bps.org.uk; The British Psychological Society. https://www.bps.org.uk/guideline/code-ethics-and-conduct

Bradbury-Jones, C., Sambrook, S., & Irvine, F. (2009). The phenomenological focus group: an oxymoron? *Journal of Advanced Nursing*, *65*(3), 663–671. https://doi.org/10.1111/j.1365-2648.2008.04922.x

Braun, V., & Clarke, V. (2013). Successful qualitative research: A practical guide for beginners. *Feminism & Psychology*, *26*(3), 387–391. https://www.researchgate.net/publication/256089360_Successful_Qualitative_Research_A_Practical_Guide_for_Beginners

Braveman, P., Egerter, S., & Williams, D. R. (2011). The Social Determinants of Health: Coming of Age. *Annual Review of Public Health*, *32*(1), 381–398. https://doi.org/10.1146/annurev-publhealth-031210-101218

British Psychological Society. (2020). *Racial And Social Inequalities Update DCP Racial and Social Inequalities in the Times of Covid-19 Working Group*. https://cms.bps.org.uk/sites/default/files/2022-09/Racial%20and%20Social%20Inequalities%20in%20the%20times%20of%20Covid-19.pdf

British Psychological Society. (2021). *British Psychological Society's response to the report of the Commission on Race and Ethnic Disparities | BPS*. BPS.

https://www.bps.org.uk/news/british-psychological-societys-response-report-commission-race-and-ethnic-disparities

Brondolo, E., Beatty, D. L., Cubbin, C., Pencille, M., Saegert, S., Wellington, R., Tobin, J., Cassells, A., & Schwartz, J. (2009). Sociodemographic Variations in Self-Reported Racism in a Community Sample of Blacks and Latino(a)s. *Journal of Applied Social Psychology*, *39*(2), 407–429. https://doi.org/10.1111/j.1559-1816.2008.00444.x

Brown, G., Marshall, M., Bower, P., Woodham, A., & Waheed, W. (2014). Barriers to recruiting ethnic minorities to mental health research: a systematic review. *International Journal of Methods in Psychiatric Research*, *23*(1), 36–48. https://doi.org/10.1002/mpr.1434

Brown, R. H. (1976). Wilhelm Dilthey: Forerunner of humanist social thought. *European Journal of Social Psychology*, *6*(2), 207–226. https://doi.org/10.1002/ejsp.2420060205

Brunson, R. K., & Miller, J. (2006). Young Black Men and Urban Policing in the United States. *The British Journal of Criminology*, *46*(4), 613–640. https://doi.org/10.1093/bjc/azi093

Bryant-Davis, T., & Ocampo, C. (2005). The Trauma of Racism. *The Counseling Psychologist*, *33*(4), 574–578. https://doi.org/10.1177/0011000005276581

Bryant-Davis, T., & Wong, E. C. (2013). Faith to move mountains: Religious coping, spirituality, and interpersonal trauma recovery. *American Psychologist*, *68*(8), 675–684. https://doi.org/10.1037/a0034380

Bryman, A. (2008). Of methods and methodology. *Qualitative Research in Organizations and Management: An International Journal*, *3*(2), 159–168. https://doi.org/10.1108/17465640810900568

Bryman, A. (2016). *Social Research Methods* (5th ed.). Oxford University Press.

Burrows, L., Macdonald, D., & Wright, J. (2013). Critical Inquiry and Problem Solving in Physical Education. In *Routledge eBooks*. Routledge. https://doi.org/10.4324/9781315016085

Butts, H. F. (2002). The black mask of humanity: Racial/ethnic discrimination and post-traumatic stress disorder. *Journal of the American Academy of Psychiatry and the Law*, *30*(3), 336–339.

Cadenas, G. A., Campos, L., & Minero, L. (2022). The psychology of critical consciousness among immigrants: Reflection and activism responding to oppressive immigration policy. *Current Opinion in Psychology*, *47*, 101433. https://doi.org/10.1016/j.copsyc.2022.101433

Caldwell, V. F., & Crenshaw, K. W. (1996). Critical Race Theory: The Key Writings That Formed the Movement. *Columbia Law Review*, *96*(5), 1363. https://doi.org/10.2307/1123408

Carmichael, S., & Hamilton, C. V. (1967). *Black power: The politics of liberation in America*. Vintage Books.

Carter, R. T. (2007). Racism and Psychological and Emotional Injury: Recognizing and Assessing Race-Based Traumatic Stress. *The Counseling Psychologist*, *35*(1), 13–105. https://doi.org/10.1177/0011000006292033

Carter, R. T., & Forsyth, J. (2010). Reactions to racial discrimination: Emotional stress and help-seeking behaviors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *2*(3), 183–191. https://doi.org/10.1037/a0020102

Carter, R. T., Johnson, V. E., Kirkinis, K., Roberson, K., Muchow, C., & Galgay, C. (2018). A Meta-Analytic Review of Racial Discrimination: Relationships to Health and Culture. *Race and Social Problems*, *11*(1). https://doi.org/10.1007/s12552-018-9256-y

Carter, R. T., Mazzula, S., Victoria, R., Vazquez, R., Hall, S., Smith, S., Sant-Barket, S.,

Forsyth, J., Bazelais, K., & Williams, B. (2013). Initial development of the Race-Based Traumatic Stress Symptom Scale: Assessing the emotional impact of racism. *Psychological Trauma: Theory, Research, Practice, and Policy*, *5*(1), 1–9. https://doi.org/10.1037/a0025911

Carter, R. T., & Pieterse, A. L. (2005). *Race: A social and psychological analysis of the term and its meaning.* Handbook of racial-cultural psychology and counseling, Vol. 1.

Casey , L. (2023). An Independent Review into the Standards of Behaviour and Internal Culture of the Metropolitan Police Service. In *Metropolitan Police*. https://www.met.police.uk/SysSiteAssets/media/downloads/met/about-us/baroness-casey-review/update-march-2023/baroness-casey-review-march-2023a.pdf

Chakrabarty, D. (2000). *Provincializing Europe: Postcolonial Thought and Historical Difference*. Princeton University Press.

Chakrabarty, N., Roberts, L., & Preston, J. (2012). Critical race theory in England. *Race Ethnicity and Education*, *15*(1), 1–3. https://doi.org/10.1080/13613324.2012.638860

Chaney, C., & Robertson, R. V. (2013). Racism and Police Brutality in America. *Journal of African American Studies*, *17*(4), 480–505. https://doi.org/10.1007/s12111-013-9246-5

Charles Wade Mills. (1998). *Blackness visible : essays on philosophy and race*. Cornell Univ. Press.

Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide through Qualitative Analysis*. Sage.

Chavez-Dueñas, N. Y., Adames, H. Y., Perez-Chavez, J. G., & Salas, S. P. (2019). Healing ethno-racial trauma in Latinx immigrant communities: Cultivating hope, resistance, and action. *American Psychologist*, *74*(1), 49–62. https://doi.org/10.1037/amp0000289

Chávez-Moreno, L. C. (2024). Toward a relational racialization lens in education: addressing critiques of CRT's race theory. *International Journal of Qualitative Studies in Education*, *38*(2), 1–17. https://doi.org/10.1080/09518398.2024.2365196

Chiseri-Strater, E. (1996). *Turning in upon ourselves: Positionality, subjectivity, and reflexivity in case study and ethnographic research. In P. Mortensen & G. E. Kirsch (Eds.), Ethics and representation in qualitative studies of literacy* (pp. 115–133). Urbana, IL: National Council of Teachers of English.

Clandinin, D. J., & Connelly, F. M. (2000). *Narrative inquiry : Experience and story in qualitative research*. Jossey-Bass Publishers.

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

Coady, J. (2007). Morality and Political Violence. *Choice Reviews Online*, *69*(2). https://doi.org/10.1017/cbo9780511811586

Cohen, L. (2011). *Research Methods in Education*. Routledge. https://doi.org/10.4324/9780203720967

Collins, F. S., Adams, A. B., Aklin, C., Archer, T. K., Bernard, M. A., Boone, E., Burklow, J., Evans, M. K., Jackson, S., Johnson, A. C., Lorsch, J., Lowden, M. R., Nápoles, A. M., Ordóñez, A. E., Rivers, R., Rucker, V., Schwetz, T., Segre, J. A., Tabak, L. A., & Hooper, M. W. (2021). Affirming NIH's commitment to addressing structural racism in the biomedical research enterprise. *Cell*, *184*(12), 3075–3079. https://doi.org/10.1016/j.cell.2021.05.014

Collins, J. W., David, R. J., Handler, A., Wall, S., & Andes, S. (2004). Very low birthweight in African American infants: the role of maternal exposure to interpersonal racial discrimination. *American Journal of Public Health*, *94*(12), 2132–2138.

https://doi.org/10.2105/ajph.94.12.2132

Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist, 64*(3), 170–180. https://doi.org/10.1037/a0014564

Comas-Díaz, L. (2000). An ethnopolitical approach to working with people of color. *American Psychologist, 55*(11), 1319–1325. https://doi.org/10.1037//0003-066x.55.11.1319

Cooper, V., & Whyte, D. (2018). Grenfell, Austerity, and Institutional Violence. *Sociological Research Online*, *27*(1), 136078041880006. https://doi.org/10.1177/1360780418800066

Courtois, C. A. (2004). Complex trauma, complex reactions: Assessment and treatment. *Psychotherapy: Theory, Research, Practice, Training*, *41*(4), 412–425. https://doi.org/10.1037/0033-3204.41.4.412

Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, *1989*(8), 139--167. http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8?

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, *43*(6), 1241–1299. https://blogs.law.columbia.edu/critique1313/files/2020/02/1229039.pdf

Creswell, J., & Poth, C. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). SAGE Publications.

Criss, S., Kim, M., De, M. M., Thai, N., Nguyen, Q. C., & Nguyen, T. T. (2024). Experiences of racism in the U.S. – A perspective from Asian & Pacific Islander, black, Latina, and Middle Eastern women. *Heliyon (Londen)*, *10*(7), e28823–e28823. https://doi.org/10.1016/j.heliyon.2024.e28823

Crossing, A. E., Gumudavelly, D., Watkins, N., Logue, C., & Anderson, R. E. (2022). A Critical Race Theory of Psychology as Praxis: Proposing and Utilizing Principles of PsyCrit. *Journal of Adolescent Research*, *39*(4), 074355842211019. https://doi.org/10.1177/07435584221101930

Crotty, M. (1998). The Foundations of Social Research: Meaning and Perspective in the Research Process. In *The Foundations of Social research: Meaning and Perspective in the Research Process* (pp. 42–65). Sage Publications.

De Luca Picione, R. (2015). The Idiographic Approach in Psychological Research. The Challenge of Overcoming Old Distinctions Without Risking to Homogenize. *Integrative Psychological and Behavioral Science*, *49*(3), 360–370. https://doi.org/10.1007/s12124-015-9307-5

Deakin, H., & Wakefield, K. (2014). Skype interviewing: reflections of two PhD researchers. *Qualitative Research*, *14*(5), 603–616. https://doi.org/10.1177/1468794113488126

DeAngelis, R. T. (2021). Systemic racism in police killings: new evidence from the Mapping Police Violence Database, 2013–2021. *Race and Justice*, *14*(3), 215336872110479. https://doi.org/10.1177/21533687211047943

Deitch, E. A., Barsky, A., Butz, R. M., Chan, S., Brief, A. P., & Bradley, J. C. (2003). Subtle yet Significant: the Existence and Impact of Everyday Racial Discrimination in the Workplace. *Human Relations*, *56*(11), 1299–1324. https://doi.org/10.1177/00187267035611002

Deleuze, G. (1992). *Postscript on the Societies of Control* (pp. 139–142). Cultural theory: An anthology. (Original work published 1990)

Delgado, R., & Stefancic, J. (2017). *Critical race theory: An introduction* (3rd ed.). New York University Press.

Denzin, N. K., & Lincoln, Y. S. (2005). *The SAGE Handbook of Qualitative Research* (3rd

ed.). Sage Publications.

Department for Education. (2018). *Permanent and Fixed Period Exclusions in England*. https://assets.publishing.service.gov.uk/media/5b4f2b78e5274a73380f7b1f/text_exc1617.pdf

Devine, P. G., & Elliot, A. J. (1995). Are Racial Stereotypes Really Fading? The Princeton Trilogy Revisited. *Personality and Social Psychology Bulletin*, *21*(11), 1139–1150. https://doi.org/10.1177/01461672952111002

Diangelo, R. J. (2020). *White fragility : why it's so hard for white people to talk about racism*. Beacon Press.

DIXON, T. L., & LINZ, D. (2000). Race and the Misrepresentation of Victimization on Local Television News. *Communication Research*, *27*(5), 547–573. https://doi.org/10.1177/009365000027005001

Dolezsar, C. M., McGrath, J. J., Herzig, A. J. M., & Miller, S. B. (2014). Perceived racial discrimination and hypertension: A comprehensive systematic review. *Health Psychology*, *33*(1), 20–34. https://doi.org/10.1037/a0033718

Dotsikas, K., McGrath, M., Osborn, D. P. J., Walters, K., & Dykxhoorn, J. (2024). Exploring the impact of "hostile environment" policies on psychological distress of ethnic groups in the UK: a differences-in-differences analysis. *Social Psychiatry and Psychiatric Epidemiology*, *60*. https://doi.org/10.1007/s00127-024-02705-2

Dovidio, J. F., Gaertner, S. L., & Saguy, T. (2009). Commonality and the Complexity of "We": Social Attitudes and Social Change. *Personality and Social Psychology Review*, *13*(1), 3–20. https://doi.org/10.1177/1088868308326751

Dowler, K. (2004). DUAL REALITIES? CRIMINALITY, VICTIMIZATION, AND THE PRESENTATION OF RACE ON LOCAL TELEVISION NEWS. *Journal of Crime and Justice*, *27*(2), 79–99. https://doi.org/10.1080/0735648x.2004.9721196

Dubois, L. (2009). Avengers of the New World: the story of the Haitian Revolution. *Harvard University Press*, *42*(03), 42–174242–1742. https://doi.org/10.5860/choice.42-1742

Dunne, G. (2022). Epistemic injustice in education. *Educational Philosophy and Theory*, *55*(3), 1–5. https://doi.org/10.1080/00131857.2022.2139238

Eatough, V., & Smith, J. A. (2008). Interpretative Phenomenological Analysis. *The SAGE Handbook of Qualitative Research in Psychology*, 179–194. https://doi.org/10.4135/9781848607927.n11

Eatough, V., & Smith, J. A. (2017). Interpretative Phenomenological Analysis. In *The SAGE Handbook of Qualitative Research in Psychology* (pp. 193–209). SAGE Publications Ltd. https://doi.org/10.4135/9781526405555.n12

Eberhardt, J. L., Davies, P. G., Purdie-Vaughns, V. J., & Johnson, S. L. (2006). Looking Deathworthy: Perceived Stereotypicality of Black Defendants Predicts Capital-Sentencing Outcomes. *Psychological Science*, *17*(5), 383–386. https://doi.org/10.1111/j.1467-9280.2006.01716.x

Egerton, G. A., Radomski, S. A., & Read, J. P. (2019). Personality-based posttraumatic stress disorder subtypes in young adults. *Traumatology an International Journal*, *25*(4), 235–241. https://doi.org/10.1037/trm0000185

Eliasson, M. N. (2023). Critical race theory and victimization. In *Advances in religious and cultural studies (ARCS) book series* (pp. 1–18). https://doi.org/10.4018/978-1-6684-3615-8.ch001

Elliot George Mishler. (1984). *The discourse of medicine : dialectics of medical interviews*. Ablex Pub. Corp.

Entman, R. M., & Rojecki, A. (2001). The black image in the white mind: media and race in America. *Choice Reviews Online*, *38*(06), 38–315038–3150. https://doi.org/10.5860/choice.38-3150

Entman, R., & Rojecki, A. (1993). Freezing out the public: Elite and media framing of the U.S. anti-nuclear movement. *Political Communication*, *10*(2), 155–173. https://doi.org/10.1080/10584609.1993.9962973

European Union Agency for Fundamental Rights. (2017). *EU-MIDIS II Second European Union Minorities and Discrimination Survey Main results*. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2017-eu-midis-ii-main-results_en.pdf

Fanon, F. (1952). *Black Skin, White Masks*. Penguin Books.

Farmer, P. (2004). An Anthropology of Structural Violence. *Current Anthropology*, *45*(3), 305–325.

Fekete, L. (2017). Lammy Review: without racial justice, can there be trust? *Race & Class*, *59*(3), 75–79. https://doi.org/10.1177/0306396817742074

Fekete, L. (2020). Reclaiming the fight against racism in the UK. *Race & Class*, *61*(4), 87–95. https://doi.org/10.1177/0306396820911318

Festinger, L., Back, K., & Schachter, S. (1950). *Social pressures in informal groups : a study of human factors in housing / by Leon Festinger, Stanley Schachter and Kurt Back* (Vol. 1950, Issue 1950, pp. 1–99). Harper. http://library.um.ac.id/free-contents/downloadpdf.php/buku/social-pressures-in-informal-groups-a-study-of-human-factors-in-housing-by-leon-festinger-stanley-schachter-and-kurt-back-9371.pdf

Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, *7*(2), 117–140. https://doi.org/10.1177/001872675400700202

Finlay, L. (2002a). "Outing" the Researcher: The Provenance, Process, and Practice of Reflexivity. *Qualitative Health Research*, *12*(4), 531–545. https://doi.org/10.1177/104973202129120052

Finlay, L. (2002b). Negotiating the swamp: the Opportunity and Challenge of Reflexivity in Research Practice. *Qualitative Research*, *2*(2), 209–230.

Finlay, L. (2009). Debating Phenomenological Research Methods. *Phenomenology & Practice*, *3*(1), 6–25. https://doi.org/10.29173/pandpr19818

Flowers, P., Knussen, C., & Duncan, B. (2001). Re-appraising HIV Testing among Scottish Gay Men: The Impact of New HIV Treatments. *Journal of Health Psychology*, *6*(6), 665–678. https://doi.org/10.1177/135910530100600605

Folkman, S., & Lazarus, R. (1984). Stress: Appraisal and coping. *Encyclopedia of Behavioral Medicine*, *1*(1), 1913–1915. https://doi.org/10.1007/978-1-4419-1005-9_215

Fontana, C., & Parsons, C. (2015). "One Woman's Prejudice": Did Margaret Thatcher Cause Britain's Anti-Europeanism?. *JCMS: Journal of Common Market Studies*, *53*(1), 89–105. https://doi.org/10.1111/jcms.12205

Foote, M. Q., & Gau Bartell, T. (2011). Pathways to equity in mathematics education: how life experiences impact researcher positionality. *Educational Studies in Mathematics*, *78*(1), 45–68. https://doi.org/10.1007/s10649-011-9309-2

Ford, J. D., Chapman, J., Connor, D. F., & Cruise, K. R. (2012). Complex Trauma and Aggression in Secure Juvenile Justice Settings. *Criminal Justice and Behavior*, *39*(6), 694–724. https://doi.org/10.1177/0093854812436957

Francis-Devine, B., Barton, C., Ferguson, D., Pyper, D., Uberoi, E., Kirk-Wade, E., Sturge, G., Allen, G., Beard, J., Brown, J., Gower, M., Roberts, N., Bolton, P., Harker, R., & Lipscombe, S. (2020, September 28). *Race and Ethnic Disparities*. Commonslibrary.parliament.uk. https://commonslibrary.parliament.uk/research-briefings/cbp-8960/

Frankenberg, R. (1997). *Displacing Whiteness* (R. Frankenberg, Ed.). Duke University Press. https://doi.org/10.2307/j.ctv1220r19

Freire, P. (1970). *Pedagogy of the oppressed*. Bloomsbury Academic.

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a Psychological Framework of Radical Healing in Communities of Color. *The Counseling Psychologist*, *48*(1), 001100001984350. https://doi.org/10.1177/0011000019843506

Fricker, M. (2007, June 1). *Epistemic Injustice*. Epistemic Injustice: Power and the Ethics of Knowing; Oxford University Press. https://doi.org/10.1093/acprof:oso/9780198237907.001.0001

Frost, D. M. (2020). Hostile and harmful: Structural stigma and minority stress explain increased anxiety among migrants living in the United Kingdom after the Brexit referendum. *Journal of Consulting and Clinical Psychology*, *88*(1), 75–81. https://doi.org/10.1037/ccp0000458

Gadamer, H.-G. (1960). *Truth and Method*. Bloomsbury Academic.

Galtung, J. (1969). Violence, Peace, and Peace Research. *Journal of Peace Research*, *6*(3), 167–191.

Gardner, A., Oduola, S., & Teague, B. (2024). Culturally Sensitive Perinatal Mental Health Care: Experiences of Women From Minority Ethnic Groups. *Health Expectations*, *27*(4). https://doi.org/10.1111/hex.14160

Gearing, R. E. (2004). Bracketing in Research: A Typology. *Qualitative Health Research*, *14*(10), 1429–1452. https://doi.org/10.1177/1049732304270394

Geronimus, A. T. (1996). Black/white differences in the relationship of maternal age to birthweight: A population-based test of the weathering hypothesis. *Social Science & Medicine*, *42*(4), 589–597. https://doi.org/10.1016/0277-9536(95)00159-x

Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States.

American Journal of Public Health, *96*(5), 826–833. https://doi.org/10.2105/ajph.2004.060749

Gerrard, M., Stock, M. L., Roberts, M. E., Gibbons, F. X., O'Hara, R. E., Weng, C., & Wills, T. A. (2012). Coping with racial discrimination: The role of substance use. *Psychology of Addictive Behaviors*, *26*(3), 550–560. https://doi.org/10.1037/a0027711

Gillborn, D. (2005). Education Policy as an Act of White supremacy: Whiteness, Critical Race Theory and Education Reform. *Journal of Education Policy*, *20*(4), 485–505.

Gillborn, D., & Ladson-Billings, G. (2017). Critical race theory. In P. Atkinson, S. Delamont, M. Hardy, & M. Williams (Eds.), *SAGE research methods foundations*. SAGE Publications. https://doi.org/10.4135/9781526421036

Gilroy, P. (1993). *The Black Atlantic: Modernity and Double Consciousness*. Verso.

Ginwright, S. (2016). Hope and healing in urban education: how urban activists and teachers are reclaiming matters of the heart. *Choice Reviews Online*, *53*(10), 53–448153–4481. https://doi.org/10.5860/choice.196589

Githaiga, J. N. (2014). Methodological Considerations in Utilization of Focus Groups in an IPA Study of Bereaved Parental Cancer Caregivers in Nairobi. *Qualitative Research in Psychology*, *11*(4), 400–419. https://doi.org/10.1080/14780887.2014.933918

Glaser, B. G., & Strauss, A. L. (1967). The Discovery of Grounded Theory; Strategies for Qualitative Research. *Nursing Research*, *17*(4), 364.

Goffman, E. (1959). *The presentation of self in everyday life*. Anchor.

Goldkuhl, G. (2012). Pragmatism Vs Interpretivism in Qualitative Information Systems Research. *European Journal of Information Systems*, *21*(2), 135–146. https://doi.org/10.1057/ejis.2011.54

Goodwin, M. J., & Heath, O. (2016). The 2016 Referendum, Brexit and the Left Behind: an Aggregate-level Analysis of the Result. *The Political Quarterly*, *87*(3), 323–332.

GOV.UK. (2021). *List of ethnic groups*. GOV.UK. https://www.ethnicity-facts-figures.service.gov.uk/style-guide/ethnic-groups

GOV.UK. (2022, March 17). *Inclusive Britain: government response to the Commission on Race and Ethnic Disparities*. GOV.UK. https://www.gov.uk/government/publications/inclusive-britain-action-plan-government-response-to-the-commission-on-race-and-ethnic-disparities/inclusive-britain-government-response-to-the-commission-on-race-and-ethnic-disparities

Grosfoguel, R. (2016). What Is Racism? *Journal of World-Systems Research*, *22*(1), 9–15. https://doi.org/10.5195/jwsr.2016.609

Hackett, R. A., Ronaldson, A., Bhui, K., Steptoe, A., & Jackson, S. E. (2020). Racial Discrimination and health: a Prospective Study of Ethnic Minorities in the United Kingdom. *BMC Public Health*, *20*(1). https://doi.org/10.1186/s12889-020-09792-1

Hall, B., Khan, R., & Eslea, M. (2022). Criminalising Black Trauma: Grime and Drill Lyrics as a Form of Ethnographic Data to Understand "Gangs" and Serious Youth Violence. *Genealogy*, *7*(1), 2. https://doi.org/10.3390/genealogy7010002

Hall, S. (1980). *Encoding/Decoding* (pp. 63–87). Culture, Media, Language: Working Papers in Cultural Studies.

Hall, S. (1992). *Formations of modernity*. Cambridge Polity Press .

Hammersley, M. (2002). Ethnography and realism. In *SAGE Publications, Inc. eBooks* (pp. 65–80). https://doi.org/10.4135/9781412986274.n3

Harrell, S. P. (2000). A multidimensional conceptualization of racism-related stress: Implications for the well-being of people of color. *American Journal of Orthopsychiatry*, *70*(1), 42–57. https://doi.org/10.1037/h0087722

Harris, C. (1993). Whiteness as Property. *Harvard Law Review*, *106*(8), 1707–1791.

Heath, A. F., & Di Stasio, V. (2019). Racial discrimination in Britain, 1969–2017: a meta-

analysis of field experiments on racial discrimination in the British labour market. *The British Journal of Sociology*, *70*(5). https://doi.org/10.1111/1468-4446.12676

Heidegger, M. (2013). *Being and Time* (J. Macquarrie & E. Robinson, Trans.). Malden Blackwell. (Original work published 1962)

Helms, J. E., Nicolas, G., & Green, C. E. (2012). Racism and ethnoviolence as trauma: Enhancing professional and research training. *Traumatology*, *18*(1), 65–74. https://doi.org/10.1177/1534765610396728

Henderson, R. C., Williams, P., Gabbidon, J., Farrelly, S., Schauman, O., Hatch, S., Thornicroft, G., Bhugra, D., & Clement, S. (2014). Mistrust of mental health services: ethnicity, hospital admission and unfair treatment. *Epidemiology and Psychiatric Sciences*, *24*(3), 258–265. https://doi.org/10.1017/s2045796014000158

Hepple, B. A. (1969). The British Race Relations Acts, 1965 and 1968. *The University of Toronto Law Journal*, *19*(2), 248. https://doi.org/10.2307/825023

Hergenrather, K. C., Emmanuel, D., McGuire-Kuletz, M., & Rhodes, S. D. (2018). Employment as a Social Determinant of Health: Exploring the Relationship Between Neurocognitive Function and Employment Status. *Rehabilitation Research, Policy, and Education*, *32*(2), 101–122. https://doi.org/10.1891/2168-6653.32.2.101

Higgins, J. (2011). *Cochrane handbook for systematic reviews of interventions. Version 5.1.0 [updated March 2011]*. The Cochrane Collaboration.

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede Model In Context. *Online Readings in Psychology and Culture*, *2*(1), 1–26. https://doi.org/10.9707/2307-0919.1014

Hollinger, D. A. (2005). The one drop rule & the one hate rule. *Daedalus*, *134*(1), 18–28. https://doi.org/10.1162/0011526053124424

Home Office. (2022, October 27). *Police Powers and procedures: Stop and Search and*

arrests, England and Wales, Year Ending 31 March 2022. GOV.UK; Home Office. https://www.gov.uk/government/statistics/police-powers-and-procedures-stop-and-search-and-arrests-england-and-wales-year-ending-31-march-2022/police-powers-and-procedures-stop-and-search-and-arrests-england-and-wales-year-ending-31-march-2022

Hong, Q. N., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M.-C., Vedel, I., & Pluye, P. (2018). The Mixed Methods Appraisal Tool (MMAT) version 2018 for information professionals and researchers. *Education for Information*, *34*(4), 285–291. https://doi.org/10.3233/EFI-180221

Hong, Q. N., Pluye, P., Fàbregues, S., Bartlett, G., Boardman, F., Cargo, M., Dagenais, P., Gagnon, M.-P., Griffiths, F., Nicolau, B., O'Cathain, A., Rousseau, M.-C., & Vedel, I. (2019). Improving the content validity of the mixed methods appraisal tool: a modified e-Delphi study. *Journal of Clinical Epidemiology*, *111*(111), 49-59.e1. https://doi.org/10.1016/j.jclinepi.2019.03.008

Hook, D. (2001). Discourse, Knowledge, Materiality, History. *Theory & Psychology*, *11*(4), 521–547. https://doi.org/10.1177/0959354301114006

hooks, bell. (1991). *Yearning: Race, Gender, and Cultural Politics*. Routledge, Taylor & Francis Group.

Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P. (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology*, *42*(5), 747–770. https://doi.org/10.1037/0012-1649.42.5.747

Hui, A., Rennick-Egglestone, S., Franklin, D., Walcott, R., Llewellyn-Beardsley, J., Ng, F., Roe, J., Yeo, C., Deakin, E., Brydges, S., Penas Moran, P., McGranahan, R., Pollock,

K., Thornicroft, G., & Slade, M. (2021). Institutional injustice: Implications for system transformation emerging from the mental health recovery narratives of people experiencing marginalisation. *PLOS ONE*, *16*(4), e0250367. https://doi.org/10.1371/journal.pone.0250367

Husserl, E. (1931). *Ideas : General introduction to pure phenomenology.* Routledge.

Hylton, K. (2010). How a turn to critical race theory can contribute to our understanding of 'race', racism and anti-racism in sport. *International Review for the Sociology of Sport*, *45*(3), 335–354. https://doi.org/10.1177/1012690210371045

Ignacio Martin Baro, Aron, A., Corne, S., & Harvard University. (1994). *Writings for a liberation psychology*. Cambridge, Massachusetts, Harvard University Press.

Jamal, A. A., & Nadine Christine Naber. (2008). *Race and Arab Americans before and after 9/11 : from invisible citizens to visible subjects*. Syracuse University Press.

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

Jemal, A. (2017). Critical Consciousness: A Critique and Critical Analysis of the Literature. *The Urban Review*, *49*(4), 602–626.

Jensen, E., Jones, N., Orozco, K., Medina, L., Perry, M., Bolender, B., & Battle, K. (2021, August 4). *Measuring Racial and Ethnic Diversity for the 2020 Census*. The United States Census Bureau. https://www.census.gov/newsroom/blogs/random-samplings/2021/08/measuring-racial-ethnic-diversity-2020-census.html

Jordan, W. D. (2012). *White over black*. https://doi.org/10.5149/9780807838686_jordan

Junjie, M., & Yingxin, M. (2022). The Discussions of Positivism and Interpretivism. *Global*

Academic Journal of Humanities and Social Sciences, *4*(1), 10–14. https://doi.org/10.36348/gajhss.2022.v04i01.002

Kachadourian, L. K., Duek, O., Tsai, J., Harpaz-Rotem, I., & Pietrzak, R. H. (2023). Not all traumas are created equal: Phenotypic heterogeneity of PTSD symptoms in relation to index traumas in U.S. military veterans. *Journal of Affective Disorders*, *340*, 728–731. https://doi.org/10.1016/j.jad.2023.08.012

Karnieli-Miller, O., Strier, R., & Pessach, L. (2009). Power relations in qualitative research. *Qualitative Health Research*, *19*(2), 279–289. https://doi.org/10.1177/1049732308329306

Keith, K. D. (2018). Culture across the Curriculum. Cambridge University Press. https://doi.org/10.1017/9781316996706

Khalifa, S. I. (2018). British Muslims, counter-terrorism, and public health: A critical examination of UK Prevent Policy. *Critical Public Health*, *28*(2), 233–242. https://doi.org/10.1080/09581596.2017.1360011

Kirkinis, K., Pieterse, A. L., Martin, C., Agiliga, A., & Brownell, A. (2018). Racism, racial discrimination, and trauma: a systematic review of the social science literature. *Ethnicity & Health*, *26*(3), 1–21.

Kitzinger, J. (1995). Qualitative Research: Introducing Focus Groups. *BMJ*, *311*(7000), 299–302. https://doi.org/10.1136/bmj.311.7000.299

Kline, R. (2017). “Snowy white peaks” still dominate NHS. *Nursing Management*, *24*(6), 6–6. https://doi.org/10.7748/nm.24.6.6.s3

Krueger, R. A., & Casey, M. A. (2015). *Focus groups: A practical guide for applied research* (5th ed.). Sage.

Ladson-Billings, G., & Tate, W. F. (1995). Toward a Critical Race Theory of Education. *Teachers College Record: The Voice of Scholarship in Education*, *97*(1), 47–68.

https://doi.org/10.1177/016146819509700104

Laia Bécares, Taylor, H., Nazroo, J., Kapadia, D., Finney, N., Begum, N., & Shlomo, N. (2024). The persistence and pervasiveness of racial discrimination in Great Britain: capturing experienced racial discrimination over time and life domains. *Ethnic and Racial Studies*, 1–22. https://doi.org/10.1080/01419870.2024.2372043

Lammy, D. (2017). *Lammy review: final report*. GOV.UK. https://www.gov.uk/government/publications/lammy-review-final-report

Langdridge, D. (2007). *Phenomenological psychology : theory, research and method*. Pearson / Prentice Hall.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

Lavalette, M., & Penketh, L. (2013). *Race, Racism and Social Work*. Policy Press.

Lawton, A. (2000). The Meritocracy Myth and the Illusion of Equal Employment Opportunity. *Minnesota Law Review* , *85*(2), 587–661.

Lea, J. (2000). The Macpherson Report and the Question of Institutional Racism. *The Howard Journal of Criminal Justice*, *39*(3), 219–233.

Leaper, C., & Ayres, M. M. (2007). A Meta-Analytic review of gender variations in adults' language use: talkativeness, affiliative speech, and assertive speech. *Personality and Social Psychology Review*, *11*(4), 328–363. https://doi.org/10.1177/1088868307302221

Lewin, K. (1947). Frontiers in group dynamics: Concept, method and reality in social science; social equilibria and social change. *Human Relations*, *1*(1), 5–41. https://doi.org/10.1177/001872674700100103

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P. A.,

Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. (2009). The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate healthcare interventions: explanation and elaboration. *BMJ*, *339*(339), b2700–b2700. BMJ. https://doi.org/10.1136/bmj.b2700

Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Sage Publications.

Lincoln, Y. S., Lynham, S. A., & Guba, E. G. (2011). Paradigmatic controversies, contradictions, and emerging confluences, revisited. In N. K. Denzin & Y. S. Lincoln (Eds.), The SAGE handbook of qualitative research (4th ed., pp. 97–128). SAGE Publications.

Liu, C., & Liu, Y. (2020). Media Exposure and Anxiety during COVID-19: The Mediation Effect of Media Vicarious Traumatization. *International Journal of Environmental Research and Public Health*, *17*(13), 4720. https://doi.org/10.3390/ijerph17134720

Long, L. J. (2021). The Ideal victim: a Critical Race Theory (CRT) Approach. *International Review of Victimology*, *27*(3), 344–362. https://doi.org/10.1177/0269758021993339

Loo, C. M., Fairbank, J. A., & Chemtob, C. M. (2005). Adverse Race-Related Events as a Risk Factor for Posttraumatic Stress Disorder in Asian American Vietnam Veterans. *The Journal of Nervous and Mental Disease*, *193*(7), 455–463. https://doi.org/10.1097/01.nmd.0000168239.51714.e6

Loomba, A. (2015). *Colonialism/Postcolonialism*. Routledge. https://doi.org/10.4324/9781315751245

Love, B., Vetere, A., & Davis, P. (2020). Should Interpretative Phenomenological Analysis (IPA) be Used With Focus Groups? Navigating the Bumpy Road of "Iterative Loops," Idiographic Journeys, and "Phenomenological Bridges." *International Journal of Qualitative Methods*, *19*(1), 160940692092160. https://doi.org/10.1177/1609406920921600

Macpherson, W. (1999). The Stephen Lawrence Inquiry. In *GOV.UK*. https://assets.publishing.service.gov.uk/media/5a7c2af540f0b645ba3c7202/4262.pdf

Mallett, C. A. (2015). The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. *Child and Adolescent Social Work Journal*, *33*(1), 15–24. https://doi.org/10.1007/s10560-015-0397-1

Malterud, K. (2001). Qualitative research: standards, challenges, and Guidelines. *The Lancet*, *358*(9280), 483–488. https://doi.org/10.1016/s0140-6736(01)05627-6

Marger, M. N. (2019). *Race and ethnic relations : American and global perspectives*. Cengage Learnign.

Martin, J. K., Tuch, S. A., & Roman, P. M. (2003). Problem Drinking Patterns among African Americans: The Impacts of Reports of Discrimination, Perceptions of Prejudice, and "Risky" Coping Strategies. *Journal of Health and Social Behavior*, *44*(3), 408. https://doi.org/10.2307/1519787

Mattis, J. S. (2002). Religion and Spirituality in the Meaning-Making and Coping Experiences of African American Women: A Qualitative Analysis. *Psychology of Women Quarterly*, *26*(4), 309–321. https://doi.org/10.1111/1471-6402.t01-2-00070

May, T., & Perry, B. (2017). *Reflexivity: The Essential Guide*. SAGE Publications Ltd. https://doi.org/10.4135/9781473983052

Mays, N., Pope, C., & Popay, J. (2005). Systematically reviewing qualitative and quantitative evidence to inform management and policy-making in the health field. *Journal of Health Services Research & Policy*, *10*(1_suppl), 6–20. https://doi.org/10.1258/1355819054308576

Merleau-Ponty, M. (2002). *Phenomenology of Perception*. Routledge. https://doi.org/10.4324/9780203994610 (Original work published 1942)

Merton, R. K. (1972). Insiders and Outsiders: A Chapter in the Sociology of Knowledge.

American Journal of Sociology, *78*(1), 9–47. https://doi.org/10.1086/225294

Metcalf, T. R. (1965). *Aftermath of Revolt India 1857-1970*. Princeton University Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, *1*(S), 3–26. https://doi.org/10.1037/2329-0382.1.s.3

Milner, H. R. (2007). Race, Culture, and Researcher Positionality: Working Through Dangers Seen, Unseen, and Unforeseen. *Educational Researcher*, *36*(7), 388–400. https://doi.org/10.3102/0013189x07309471

Mirza, M. (2017, September 13). *Theresa May's phoney race war is dangerous and divisive*. The Spectator. https://www.spectator.co.uk/article/theresa-may-s-phoney-race-war-is-dangerous-and-divisive/

Mocombe, P. C. (2017). Against Critical Race Theory. *Explorations in Ethnic Studies*, *37-38*(1), 83–106. https://doi.org/10.1525/esr.2017.37_38.1.83

Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred Reporting Items for Systematic Reviews and meta-analyses: the PRISMA Statement. *BMJ*, *339*(339), b2535–b2535. https://doi.org/10.1136/bmj.b2535

Morgan, D. (1997). *Focus groups as qualitative research*. https://doi.org/10.4135/9781412984287

Morning, A.J . (2011). *The nature of race : how scientists think and teach about human difference*. University Of California Press.

Morris, J. S. (2007). Slanted Objectivity? Perceived Media Bias, Cable News Exposure, and Political Attitudes. *Social Science Quarterly*, *88*(3), 707–728. https://doi.org/10.1111/j.1540-6237.2007.00479.x

Morse, J. M., Barrett, M., Mayan, M., Olson, K., & Spiers, J. (2002). Verification Strategies

for Establishing Reliability and Validity in Qualitative Research. *International Journal of Qualitative Methods, 1*(2), 13–22. https://doi.org/10.1177/160940690200100202

Moustakas, C. (1994). *Phenomenological research methods*. SAGE. https://doi.org/10.4135/9781412995658

Mudde, C. (2009). Populist Radical Right Parties in Europe Redux. *Political Studies Review, 7*(3), 330–337. https://doi.org/10.1111/j.1478-9302.2009.00194.x

Müller-Wille, S. (2014). Race and History. *Science, Technology, & Human Values, 39*(4), 597–606. https://doi.org/10.1177/0162243913517759

Muriithi, C. (2022). Healing Stories: How Storytelling and Metaphor Build Capacity for Healing and Transforming Organisational and Racial Trauma. *Organization Development Review*, *54*(3), 10–17.

Murry, V. M., Brown, P. A., Brody, G. H., Cutrona, C. E., & Simons, R. L. (2001). Racial Discrimination as a Moderator of the Links Among Stress, Maternal Psychological Functioning, and Family Relationships. *Journal of Marriage and Family*, *63*(4), 915–926. https://doi.org/10.1111/j.1741-3737.2001.00915.x

Murry, V. M., Smith, E. P., & Hill, N. E. (2001). Race, Ethnicity, and Culture in Studies of Families in Context. Introduction to the Special Section. *Journal of Marriage and Family*, *63*(4), 911–914. https://doi.org/10.1111/j.1741-3737.2001.00911.x

Nagre, K. (2023). (Mis)educating England: eurocentric narratives in secondary school history textbooks. *Race Ethnicity and Education*, *28*(1), 134–153. https://doi.org/10.1080/13613324.2023.2192945

National Institute for Health and Care Excellence. (2018, December). *Post-traumatic stress disorder* (NICE Guideline No. 116). London: National Institute for Health and Care Excellence. Retrieved from https://www.nice.org.uk/guidance/ng116

Naqvi, H., Gabriel, M., & Adebowale, V. (2021). The critical role of the NHS Race and Health Observatory. *BMJ Leader*, *6*(2), leader-2021-000505. https://doi.org/10.1136/leader-2021-000505

Neville, H. A., Monette, M., Lewis, J. T., & Safir, S. (2024). Shifting the gaze from racism to healing from racism: A systematic review of selected psychology journals from 1992 to 2022. *American Psychologist*, *79*(5). https://doi.org/10.1037/amp0001317

NHS England. (2019). *NHS Long Term Plan*. NHS. https://www.longtermplan.nhs.uk

NHS England. (2020, September). *Advancing mental health equalities strategy*. Advancing Mental Health Equalities Strategy . https://www.england.nhs.uk/wp-content/uploads/2020/10/00159-advancing-mental-health-equalities-strategy.pdf

NHS England. (2023). *NHS England» Patient and carer race equality framework*. Www.england.nhs.uk. https://www.england.nhs.uk/mental-health/advancing-mental-health-equalities/pcref/

Nicolai, K. D., Morton, T. R., De, C., DeCuir-Gunby, J. T., & Koenka, A. C. (2024). Navigating growing pains: Tensions in integrating critical race theory in psychology and strategies for addressing them. *Journal of Social Issues (Print)*, *80*(1). https://doi.org/10.1111/josi.12602

Nizza, I. E., Farr, J., & Smith, J. A. (2021). Achieving Excellence in Interpretative Phenomenological Analysis (IPA): Four Markers of High Quality. *Qualitative Research in Psychology*, *18*(3), 369–386. https://doi.org/10.1080/14780887.2020.1854404

Nkechinyelu Ann Edeh, Patrizia Kokot-Blamey, & Riley, S. (2024). Coping with gendered racism in the British healthcare sector: A feminist and phenomenological approach. *Feminism & Psychology*, *15*(2). https://doi.org/10.1177/09593535241238894

Novak, A. (2018). The association between experiences of exclusionary discipline and justice

system contact: A systematic review. *Aggression and Violent Behavior, 40*, 73–82. https://doi.org/10.1016/j.avb.2018.04.002

Nyangweso, S. (2020, November 25). *QuakeLab*. QuakeLab. https://quakelab.ca/blog/trauma-mining-do-you-really-need-that-hard-conversation

Ofcom. (2024). *Equity, Diversity and Inclusion in Broadcasting*. https://www.ofcom.org.uk/siteassets/resources/documents/tv-radio-and-on-demand/diversity-and-equality/reports/2024/report-equity-diversity-and-inclusion-in-broadcasting.pdf?v=386356

Office for National Statistics. (2023, November 29). *Ethnicity pay gaps, UK - Office for National Statistics*. Www.ons.gov.uk. https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/ethnicitypaygapsingreatbritain/2012to2022

Olaniyan, F. (2021). Paying the widening participation penalty: Racial and ethnic minority students and mental health in British universities. *Analyses of Social Issues and Public Policy*, *21*(1). https://doi.org/10.1111/asap.12242

Omi, M., & Winant, H. (2015). *Racial Formation in the United States* (3rd ed.). Routledge. (Original work published 1986)

Orgad, S., & Baldwin, K. (2021). "How Any Woman Does What They Do Is Beyond Comprehension": Media Representations of Meghan Markle's Maternity. *Women's Studies in Communication*, *44*(2), 177–197. https://doi.org/10.1080/07491409.2021.1912497

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*(2), 328–345. https://doi.org/10.1037/0033-2909.133.2.328

Palmer, M., Larkin, M., de Visser, R., & Fadden, G. (2010). Developing an Interpretative

Phenomenological Approach to Focus Group Data. *Qualitative Research in Psychology, 7*(2), 99–121. https://doi.org/10.1080/14780880802513194

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: a Systematic Review and Meta-Analysis. *PLOS ONE, 10*(9), 1–48. https://doi.org/10.1371/journal.pone.0138511

Parsons, K. A. (2007). Structural Violence and Power. *Peace Review*, *19*(2), 173–181. https://doi.org/10.1080/10402650701353612

Pearson, E. J., Baumann, J., & Murphy, D. (2021). Mental health treatment experiences of commonwealth veterans from diverse ethnic backgrounds who have served in the UK military. *BMJ Military Health, 168*, 20–24. https://doi.org/10.1136/bmjmilitary-2020-001495

Peters, R. M. (2006). The Relationship of Racism, Chronic Stress Emotions, and Blood Pressure. *Journal of Nursing Scholarship*, *38*(3), 234–240. https://doi.org/10.1111/j.1547-5069.2006.00108.x

Pieterse, A. L., Lewis, J. A., & Miller, M. J. (2023). Dismantling and eradicating anti-Blackness and systemic racism. *Journal of Counseling Psychology*, *70*(3), 235–243. https://doi.org/10.1037/cou0000660

Pieterse, A. L., Todd, N. R., Neville, H. A., & Carter, R. T. (2012). Perceived racism and mental health among Black American adults: A meta-analytic review. *Journal of Counseling Psychology*, *59*(1), 1–9. https://doi.org/10.1037/a0026208

Pietkiewicz, I., & Smith, J. A. (2014). A Practical Guide to Using Interpretative Phenomenological Analysis in Qualitative Research Psychology. *Psychological Journal*, *20*(1), 7–14. https://doi.org/10.14691/CPPJ.20.1.7

Pratto, F., & Stewart, A. L. (2011). Social Dominance Theory. *The Encyclopedia of Peace Psychology*. https://doi.org/10.1002/9780470672532.wbepp253

Pringle, J., Drummond, J., McLafferty, E., & Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher*, *18*(3), 20–24. https://doi.org/10.7748/nr2011.04.18.3.20.c8459

Pryce-Miller, M., Pennington, C. R., Bliss, E., Airey, A., & Garvey, A. (2022). The Lived Experiences of Racial Bias for Black, Asian and Minority Ethnic Students in Practice: A Hermeneutic Phenomenological Study. *Nurse Education in Practice*, *66*, 103532. https://doi.org/10.1016/j.nepr.2022.103532

Puwar, N. (2004). *Space invaders : race, gender and bodies out of place*. Berg.

Quaye, S., Karikari, S. N., Allen, C. R., Okello, W., & Carter, K. D. (2019). Strategies for Practicing Self-Care from Racial Battle Fatigue. *JCSCORE*, *5*(2), 94–131. https://doi.org/10.15763/issn.2642-2387.2019.5.2.94-131

Raguz, M. (2019). Structural violence: Its many faces and challenges in research, policies, prevention, and intervention. Journal of Prevention & Intervention in the Community, 49(4), 1–8. https://doi.org/10.1080/10852352.2019.1664716

Rajeh Alsalhi, N., Abdelrahman, R., F. I. Abdelkader, A., Salim Al-Yatim, S., Habboush, M., & Al Qawasmi, A. (2021). Impact of Using the Differentiated Instruction (DI) Strategy on Student Achievement in an Intermediate Stage Science Course. *International Journal of Emerging Technologies in Learning (IJET)*, *16*(11), 25. https://doi.org/10.3991/ijet.v16i11.22303

Raleigh, V. S. (2022). Ethnic differences in covid-19 death rates. *BMJ*, *376*, o427. https://doi.org/10.1136/bmj.o427

Rennie, D. L. (2012). Qualitative research as methodical hermeneutics. *Psychological Methods*, *17*(3), 385–398. https://doi.org/10.1037/a0029250

Rhead, R. D., Chui, Z., Bakolis, I., Gazard, B., Harwood, H., MacCrimmon, S., Woodhead, C., & Hatch, S. L. (2020). Impact of workplace discrimination and harassment among

National Health Service staff working in London trusts: results from the TIDES study. *BJPsych Open*, *7*(1). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7791556/

Riaz, N. (2023). Dissonance, (dis)respect, and (not) belonging in the school space: BME Muslim student accounts of their experience in Glasgow schools. *Equity in Education & Society*, *3*(3), 275264612311746-275264612311746. https://doi.org/10.1177/27526461231174623

Richman, L. S., & Jonassaint, C. (2008). The Effects of Race-related Stress on Cortisol Reactivity in the Laboratory: Implications of the Duke Lacrosse Scandal. *Annals of Behavioral Medicine*, *35*(1), 105–110. https://doi.org/10.1007/s12160-007-9013-8

Ricœur, P., & Thompson, J. B. (1981). *Paul Ricoeur hermeneutics and the human sciences : essays on language, action and interpretation*. Cambridge University Press.

Riessman, C. K. (2008). *Narrative methods for the human sciences*. Sage Publications.

Roberson, K., & Carter, R. T. (2021). The relationship between race-based traumatic stress and the Trauma Symptom Checklist: Does racial trauma differ in symptom presentation? *Traumatology*, *28*(1). https://doi.org/10.1037/trm0000306

Roberts, N., & Bolton, P. (2023, October 23). *Educational outcomes of Black pupils and students*. Parliament.uk. https://researchbriefings.files.parliament.uk/documents/CBP-9023/CBP-9023.pdf

Rodney, W. (1997). How Europe Underdeveloped Africa. *Foreign Affairs*, *76*(5), 237. https://doi.org/10.2307/20048265

Roediger, D. R. (2006). *Working Toward Whiteness*. Basic Books.

Rollock, N. (2019). *Staying Power The career experiences and strategies of UK Black female professors*. https://research.gold.ac.uk/id/eprint/27819/1/UCU_Rollock_February_2019.pdf

Runyan, Wm. M. (1983). Idiographic goals and methods in the study of lives. *Journal of*

Personality, *51*(3), 413–437. https://doi.org/10.1111/j.1467-6494.1983.tb00339.x

Sacks, H., Schegloff, E. A., & Jefferson, G. (1974). A simplest systematics for the organization of Turn-Taking for conversation. *Language*, *50*(4), 696. https://doi.org/10.2307/412243Salter, P. S., Adams, G., & Perez, M. J. (2018). Racism in the structure of everyday worlds: A cultural-psychological perspective. *Current Directions in Psychological Science*, *27*(3), 150–155. https://doi.org/10.1177/0963721417724239

Sanchez-Albornoz, N., & Curtin, P. D. (1971). The Atlantic Slave Trade: A Census. *Political Science Quarterly*, *86*(4), 716. https://doi.org/10.2307/2147489

Sandage, S. J., Cook, K. V., Hill, P. C., Strawn, B. D., & Reimer, K. S. (2008). Hermeneutics and Psychology: A Review and Dialectical Model. *Review of General Psychology*, *12*(4), 344–364. https://doi.org/10.1037/1089-2680.12.4.344

Sanders, A. A., Roberts, J. D., McDowell, M. C., & Muller, A. (2024). The Consequences of Misdiagnosing Race-Based Trauma Response in Black Men: A Critical examination. *Social Work in Public Health*, *39*(7), 721–733. https://doi.org/10.1080/19371918.2024.2380821

Savin-Baden, M, & Major, C.H . (2012). *Qualitative research : the essential guide to theory and practice*. Routledge.

Schudson, M. (2002). The News Media As Political Institutions. *Annual Review of Political Science*, *5*(1), 249–269. https://doi.org/10.1146/annurev.polisci.5.111201.115816

Schwandt, T. A. (1994). Constructivist, interpretivist approaches to human inquiry. In *Handbook of Qualitative Research* (pp. 118–137). Sage. http://psycnet.apa.org/record/1994-98625-006

Sciaraffa, S. (1999). CRITICAL LEGAL STUDIES: *Legal Theory*, *5*(02). https://doi.org/10.1017/s1352325299052040

Scott, J., Floyd James, K., Mendez, D. D., Johnson, R., & Davis, E. M. (2023). The wear and tear of racism: Self-silencing from the perspective of young Black women. *SSM - Qualitative Research in Health*, *3*(100268), 100268. https://doi.org/10.1016/j.ssmqr.2023.100268

Seale, C. (1999). Quality in Qualitative Research. *Qualitative Inquiry*, *5*(4), 465–478.

Sellers, R. M., Caldwell, C. H., Schmeelk-Cone, K. H., & Zimmerman, M. A. (2003). Racial Identity, Racial Discrimination, Perceived Stress, and Psychological Distress among African American Young Adults. *Journal of Health and Social Behavior*, *44*(3), 302. https://doi.org/10.2307/1519781

Shea, H., Mosley-Howard, G. S., Baldwin, D., Ironstrack, G., Rousmaniere, K., & Schroer, J. E. (2019). Cultural revitalization as a restorative process to combat racial and cultural trauma and promote living well. *Cultural Diversity and Ethnic Minority Psychology*, *25*(4), 553–565. https://doi.org/10.1037/cdp0000250

Sidanius, J., & Pratto, F. (1999). *Social dominance: An intergroup theory of social hierarchy and oppression*. Cambridge University Press.

Sikes, P. (2004). Methodology, Procedures and Ethical Concerns. In *Doing Educational Research: A Guide to First-Time Researchers* (pp. 15–33). SAGE Publications Ltd. https://doi.org/10.4135/9781446280485.n2

Slaven, M. (2021). The Windrush Scandal and the individualization of postcolonial immigration control in Britain. *Ethnic and Racial Studies*, *45*(16), 1–23. https://www.tandfonline.com/doi/full/10.1080/01419870.2021.2001555

Sloan, A., & Bowe, B. (2014). Phenomenology and hermeneutic phenomenology: the philosophy, the methodologies, and using hermeneutic phenomenology to investigate lecturers' experiences of curriculum design. *Quality & Quantity*, *48*(3), 1291–1303. https://doi.org/10.1007/s11135-013-9835-3

Smedley, A. (1999). *Race in North America : origin and evolution of a worldview*. Westview Press.

Smedley, A., & Smedley, B. D. (2005). Race as Biology is Fiction, Racism as a Social Problem is Real: Anthropological and Historical Perspectives on the Social Construction of Race. *American Psychologist*, *60*(1), 16–26. https://doi.org/10.1037/0003-066X.60.1.16

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, *1*(1), 39–54. https://doi.org/10.1191/1478088704qp004oa

Smith, J. A., Flower, P., & Larkin, M. (2009). Interpretative Phenomenological Analysis: Theory, Method and Research. *Qualitative Research in Psychology*, *6*(4), 346–347. https://doi.org/10.1080/14780880903340091

Smith, J. A., & Osborn, M. (2008). Interpretative Phenomenological Analysis. *Doing Social Psychology Research*, *5*(5), 229–254. https://doi.org/10.1002/9780470776278.ch10

Smith, J. A., & Osborn, M. (2015). Interpretative Phenomenological Analysis as a Useful Methodology for Research on the Lived Experience of Pain. *British Journal of Pain*, *9*(1), 41–42. https://doi.org/10.1177/2049463714541642

Smith, J. A., Watkins, D. C., & Griffith, D. M. (2020). Reducing health inequities facing boys and young men of colour in the United States. *Health Promotion International*, *36*(5), 1508–1515. https://doi.org/10.1093/heapro/daaa148

Smith, J. R., & Patton, D. U. (2016). Posttraumatic stress symptoms in context: Examining trauma responses to violent exposures and homicide death among Black males in urban neighborhoods. *American Journal of Orthopsychiatry*, *86*(2), 212–223. https://doi.org/10.1037/ort0000101

Smith, W. A. (2004). *Black faculty coping with racial battle fatigue: The campus racial*

climate in a post-civil rights era.A long way to go: Conversations about race by African American faculty and graduate students (Vol. 14, Issue 5, pp. 171–190). Peter Lang.

Snyder, H. (2019). Literature Review as a Research methodology: an Overview and Guidelines. *Journal of Business Research*, *104*(1), 333–339. ScienceDirect. https://doi.org/10.1016/j.jbusres.2019.07.039

Solanki, J., Wood, L., & McPherson, S. (2023). Experiences of adults from a Black ethnic background detained as inpatients under the Mental Health Act (1983). *Psychiatric Rehabilitation Journal*, *46*(1), 14–20. https://doi.org/10.1037/prj0000537

Solomos, J. (2003). *Race and racism in Britain*. Palgrave Macmillan.

Solórzano, D. G., & Yosso, T. J. (2002). Critical Race Methodology: Counter-Storytelling as an Analytical Framework for Education Research. *Qualitative Inquiry*, *8*(1), 23–44.

Spinelli, E. (1989). *The Interpreted World*. SAGE Publications Limited.

Spinelli, E. (2005). *The interpreted world : an introduction to phenomenological psychology* (2nd ed.). Sage.

Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, *69*(5), 797–811. https://doi.org/10.1037//0022-3514.69.5.797

Steele, S. (2009). *White Guilt*. Harper Collins.

Steers, M.-L. N., Chen, T.-A., Neisler, J., Obasi, E. M., McNeill, L. H., & Reitzel, L. R. (2019). The buffering effect of social support on the relationship between discrimination and psychological distress among church-going African-American adults. *Behaviour Research and Therapy*, *115*, 121–128. https://doi.org/10.1016/j.brat.2018.10.008

Stensrud, R. H., Gilbride, D. D., & Bruinekool, R. M. (2018). The Childhood to Prison

Pipeline: Early Childhood Trauma as Reported by a Prison Population. *Rehabilitation Counseling Bulletin*, *62*(4), 003435521877484. https://doi.org/10.1177/0034355218774844

Stutchbury, K. (2021). Critical realism: an Explanatory Framework for small-scale Qualitative Studies or an "unhelpful edifice"?. *International Journal of Research & Method in Education*, *45*(2), 1–16. https://doi.org/10.1080/1743727X.2021.1966623

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial Microaggressions in Everyday life: Implications for Clinical practice. *American Psychologist*, *62*(4), 271–286. https://doi.org/10.1037/0003-066x.62.4.271

Sullivan, C., & Forrester, M. A. (2019). *Doing qualitative research in psychology a practical guide*. Los Angels, Calif. Sage.

Tan, H., Wilson, A., & Olver, I. (2009). Ricoeur's Theory of Interpretation: An Instrument for Data Interpretation in Hermeneutic Phenomenology. *International Journal of Qualitative Methods*, *8*(4), 1–15. https://doi.org/10.1177/160940690900800401

Tannerah, A, Hazel, O., Desson, S., Farah, R., Kamil-Thomas, Z, Iqbal, H., Eames, C., Saini, P., & Oladayo Bifarin. (2024). Consultations With Muslims From Minoritised Ethnic Communities Living in Deprived Areas: Identifying Inequities in Mental Health Care and Support. *Health Expectations*, *27*(4). https://doi.org/10.1111/hex.14132

Teo, T. (2006). *The Critique of Psychology*. Springer Science & Business Media.

Teo, T. (2010). What is Epistemological Violence in the Empirical Social Sciences? *Social and Personality Psychology Compass*, *4*(5), 295–303. https://doi.org/10.1111/j.1751-9004.2010.00265.x

Thomas, J., & Harden, A. (2008). Methods for the Thematic Synthesis of Qualitative Research in Systematic Reviews. *BMC Medical Research Methodology*, *8*(1), 1–10.

Biomedcentral. https://doi.org/10.1186/1471-2288-8-45

Tomkins, L., & Eatough, V. (2010). Reflecting on the Use of IPA with Focus Groups: Pitfalls and Potentials. *Qualitative Research in Psychology, 7*(3), 244–262. https://doi.org/10.1080/14780880903121491

Touihri-Mebarek, D. (2023). Economic Disparities in Great Britain during the Covid-19 Pandemic: The Sewell Report and the Myth of a Post-Racial Society. *Revue Française de Civilisation Britannique. French Journal of British Studies, XXVIII*(2). https://doi.org/10.4000/rfcb.10924

Tuffour, I. (2021). It is like "judging a book by its cover": An exploration of the lived experiences of Black African mental health nurses in England. *Nursing Inquiry, 29*(1). https://doi.org/10.1111/nin.12436

Tunçgenç, B. (2010). Towards a Comprehensive Socio-Psychological perspective: A critique of Social Dominance Theory. Journal of European Psychology Students, 2, 2. https://doi.org/10.5334/jeps.ak

Turner, J. C., & Reynolds, K. J. (2003). Why social dominance theory has been falsified. *British Journal of Social Psychology*, *42*(2), 199–206. https://doi.org/10.1348/014466603322127184

United Nations. (2023, January 27). *UK: Discrimination against people of African descent is structural, institutional and systemic, say UN experts*. OHCHR. https://www.ohchr.org/en/press-releases/2023/01/uk-discrimination-against-people-african-descent-structural-institutional

Van Der Kolk, B. A. (1998). Trauma and memory. *Psychiatry and Clinical Neurosciences, 52*(S1), S57–S69. https://doi.org/10.1046/j.1440-1819.1998.0520s5s97.x

Vousden, N., Bunch, K., Kenyon, S., Kurinczuk, J. J., & Knight, M. (2024). Impact of maternal risk factors on ethnic disparities in maternal mortality: a national population-

based cohort study. ˜*the œLancet Regional Health. Europe*, *40*(40), 100893–100893. https://doi.org/10.1016/j.lanepe.2024.100893

Walker, C. R., Cerisse Gunasinghe, Harwood, H., Ehsan, A., Ahmed, F., Dorrington, S., Onwumere, J., Meriez, P., Stanley, N., Stoll, N., Woodhead, C., Hatch, S. L., & Rhead, R. (2023). Ethnic inequalities during clinical placement: A qualitative study of student nurses' experiences within the London National Health Service. *Journal of Advanced Nursing*, *80*(4). https://doi.org/10.1111/jan.15891

Wardle, H., & Obermuller, L. (2019). "Windrush Generation" and "Hostile Environment": symbols and lived experiences in Caribbean migration to the UK. *Migration and Society*, *2*(1), 81–89.

Webb, P., & Pollard, C. (2006). Demystifying a Hermeneutic Approach to IS Research. *Australasian Journal of Information Systems*, *13*(2). https://doi.org/10.3127/ajis.v13i2.39

Welsh Government. (2022, December 14). *Criminal justice anti-racism action plan for Wales*. GOV.UK. https://www.gov.uk/government/publications/criminal-justice-anti-racism-action-plan-for-wales

Williams, D. R., & Mohammed, S. A. (2013). Racism and Health I: Pathways and Scientific Evidence. *American Behavioral Scientist*, *57*(8), 1152–1173. https://doi.org/10.1177/0002764213487340

Williams, D. R., & Mohammed, S. A. (2019). Discrimination and racial disparities in health: evidence and needed research. *Journal of Behavioral Medicine*, *32*(1), 20–47. https://doi.org/10.1007/s10865-008-9185-0

Williams, E. (1945). Capitalism and Slavery. *American Sociological Review*, *10*(4), 566. https://doi.org/10.2307/2086173

Williams, M., Osman, M., & Hyon, C. (2023). Understanding the Psychological Impact of Oppression Using the Trauma Symptoms of Discrimination Scale. *Chronic Stress, 7*, 247054702211495. https://doi.org/10.1177/24705470221149511

Willig, C. (2013). *Introducing qualitative research in psychology* (2nd ed.). Open University Press.

Willig, C. (2017). Interpretation in Qualitative Research. In *The SAGE Handbook of Qualitative Research in Psychology* (pp. 274–288). The SAGE Handbook of Qualitative Research in Psychology. https://doi.org/10.4135/9781526405555.n16

Xiao, Z., Lee, J., Olson, B., Zeng, L., & Wu, A. (2024). Black and Asian American perceptions and experiences of racism in healthcare contexts: Consequences and solutions from qualitative data. *Journal of Human Behavior in the Social Environment, 10*(7), 1–15. https://doi.org/10.1080/10911359.2023.2285006

Yabome Gilpin-Jackson. (2020). *Transformation After Trauma*. eter Lang Publishing, Inc.

Young, M. D. (1958). *The Rise of the Meritocracy*. Routledge.

Zhang, E., Hyun, S., Yip, T., Hahm, H. C., & Liu, C. H. (2022). Learning about Discrimination During Childhood: Implications for Racial Trauma among Asians and Asian Americans During the Pandemic. *Asian Journal of Psychiatry, 77*, 103250. https://doi.org/10.1016/j.ajp.2022.103250

Zhang, T. (2022). Critical Realism: a Critical Evaluation. *Social Epistemology, 37*(1), 15–29. Tandfonline. https://doi.org/10.1080/02691728.2022.2080127

Zwysen, W., Di Stasio, V., & Heath, A. (2020). Ethnic Penalties and Hiring Discrimination: Comparing Results from Observational Studies with Field Experiments in the UK. Sociology, 55(2), 003803852096694. https://doi.org/10.1177/0038038520966947

Appendix A: Samples of Reflective Journal Extracts

Date: 05/07/23
Session/Activity: Reading caste by Isabel Wilkinson
Reflection- Reading caste by Isabel Wilkinson she refers to society as a very old house with cracks in the foundation. The cracks are a metaphor racism. This image is very salient for me and makes perfect sense to describe racism. It does not matter how much the cracks are filled this unstable foundation is still what this house sits on so issue will continue to persist. Similarity society as we know it today was built on racism. For me this is disheartening but a sad reality, this metaphor has popped into my head since I read the passage 3 days ago and has elicited a true sense of sadness.

Date: 28/11/23
Session/Activity: Reading article by the United Nations working group
Reflection-I have been thinking a lot about definition, who has the "right" to operationalise the term racism. There does not seem to be consensus about what constitutes as racism that everyone from all races have/ this is why people uses phrases like "using the race card" or this has nothing to do with race. In the article I read a young black boy was told he was using the race card when he complained about the racist abuse he got from the police. This is something I have thought about since starting this project, as I perceives things as racist I see the white majority deny this is the case and I wonder if this is because there is a lack of understanding. Is the concept of racism all about perspective, rather than a standardised operationalised concept for most people? For me most don't understand what racism really is and this evokes a sense of anger within me. This makes it all the more important to understand things from the perspective of people.

Date: 08/08/24
Session/Activity: IPA training course and peer supervision
Reflection- I attended peer supervision which highlighted my personal connection to this research for me. I am aiming to balance and logical has been difficult task as the topic of SR evokes so much emotion for me. I am not sure is this is a week or strength of the work I am doing, maybe both. I need to be keep my emotions in check as I go through this process and think critically to do the research justice.

Date: 19/08/24
Session/Activity: Facilitating employment focus group
Reflection- The conversation didn't actually go the way I had anticipated, I expected to hear a lot about peoples coming strategies and how people cope but rather there was more of a focus on how they has been failed and subjected to negative experiences. Perhaps speaking about the negative experiences is the coping strategy in itself? At this point I did feel quite sad and felt a sense of despair rather than hopeful for the future. There was a sense of people think things may change at some point but it happening very slowly may not quickly enough. Although I agree with this sentiment is felt frustrating being reminded of this.

Date: 21/08/24
Session/Activity: Facilitating mass media focus group
Reflection- When personal stories were being told I felt a pitted aching in my chest, I would describe this as heart break. One of the participants shared experiences of being laughed at and abused by not only the white majority but by black minority groups too. I felt and disgusted by this. As a South Asian Muslim woman her experience of racism is not the same as mine or the other 3 black women in the group. I consider whether her responses were impacted by this imbalance in the group, did she feel limited in what she felt she could share? This made me feel powerless and unable to help her properly at times during the group.

Date: 23/08/24
Session/Activity: Facilitating mass education group
Reflection- I have left this group feeling pessimistic about the possible reach of this work and feel saddened as I realise that people are truly oppressed but it's something I don't think about every day. I think this is my way of coping, I have learnt the way to manage racism just like participants by keeping calm and carrying on as the British idiom says.

Date: 24/08/24
Session/Activity: Facilitating Law enforcement focus group
Reflection- This was the smallest group yet funnily enough for the first time in was truly confident that healing was taking place. It was clear to me that the participants had built a relationship in the short time they had spoken. They validated each other and even shared jokes and anecdotes about they part of London they are both from. I don't know why but this group felt different. Maybe it was because they were both black men? I truly believe this had an impact on the dynamic and opportunity for healing. I have let this group feel light hearted compared to other groups. Perhaps feel has taken place for me also.

Date: 25/08/24
Session/Activity: Facilitating Health Care focus group
Reflection- I as do the groups I've noticed my interpretations are becoming less tentative as. I think I bring ideas from previous groups into the current group I need to be mindful of this as this effect how I interpret and ask follow questions. I have also noticed participants have not really disagreed with any point or ideas I have shared even though they are influenced by the previous group. I wonder if some may have felt unable to disagree with me maybe because as the researcher I am the one with the assumed position of power. On the other hand this agreeability may indicate seamless integrating of the voices of the groups in the study as I went along

Date: 23/10/24
Session/Activity: Discussion with an ex police officer current working in the NHS on an EDI board
Reflection- I organised a meeting with an ex police officer on the EDI board at my current placement to discuss his role. My own curiosity prompted me to this. He and I discussed the shooting of Chris Kaba and the role systemic racism played in the vent that unfolded. He explained to me as White man he never undertook racism until he started speaking about it. Racism is something he now only understands though comminution with GM people which prompted him to the job he does. This conversation highlighted the important pf my research. My work is about facilitating undemanding, allowing White allies and organisations as a whole to gain insights.

Appendix B: Recruitment Poster

Research Participants Needed !

A Healing space: a Phenomenological Study, Exploring Racial Trauma as an Outcome of Experienced Systemic Racism

Systemic Racism (SR)- A mechanism that creates racial inequalities in the way people are treated by institutions or societal structures.

Racial Trauma -Mental or emotional distress that results from incidents of perceived incidents of racial discrimination to yourself or to others. These incidents will typically threaten physical or psychological safety.

- **Do you have lived experiences of racial discrimination?**
- **Have you ever witnessed racial discrimination of others?**
- **Have these experiences had a lasting impact on you?**
- **Did this take place in the context of education, mass media employment, criminal justice or health care settings?**
- **Are you aged 18+ and identity as a being from a minoritised ethic group?**

If you answered yes to the above then we want to hear from you.
Your voice matters!

What Is this study about?

To truly understand Systemic racism it must be viewed through the lens of those who experience it. This study will examine your experiences of Systemic racism specifically in Health care, education, employment, or criminal justice contexts to consider how and why this may have caused you to feel unsafe. **More importantly we want to understand how you have been able to resist and overcome such experiences.**

What you have to do?

- Take part in a two hour focus group discussion with 3-4 others on Microsoft teams.
- Engage in discourse about experiences of SR in Health care, education, employment, or criminal justice contexts
- You may be asked to take part in a 1-1 follow up interview following the focus group.

Contact Information:

If you would like to take part email
Sheryl Hayfron, Trainee Clinical Psychologist
sh22396@essex.ac.uk

[redacted]

This study has received approval from the University of Essex Ethics Sub Committee 1.
Ethics Reference Number: ETH2223-1614
Version 2 10/05/24

Appendix C: Participant Demographic Form

A Healing space: a Phenomenological Study, Exploring Racial Trauma as an Outcome of Experienced Systemic Racism

Demographic form

Gender

Male Female Transgender Non-binary/non-conforming Not listed (Please specify) _____ Prefer not to say

Age

_____

Ethnicity

Asian or Asian British

Indian

Bangladeshi

Chinese

Pakistani

Any other Asian background (please specify) _____

Black, African, Caribbean or Black British

African

Caribbean

Any other Black, African, or Caribbean background

Mixed or multiple ethnic groups

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed or multiple ethnic background (please specify) _____

Other ethnic group

Arab

Any other ethnic group (please specify) _____

What is your occupation?

(Please specify) _____

Highest level of education

National Vocational Qualification (NVQ

GCSE

A level

Access to higher education diploma/ advanced apprenticeship

Degree with honours – (bachelor of the arts hons, Bachelor of Science (BSc) hons)

Master's degree

Doctorate

Appendix D: Participant Information Sheet

A Healing space: a Phenomenological Study, Exploring Racial Trauma as an Outcome of Experienced Systemic Racism

Information for participants

Thank you for considering participating in this study which will take place in June to November 2024 This information sheet outlines the purpose of the study and provides a description of your involvement and rights as a participant if you agree to take part.

1. What is the research about?

This study aims to establish how Systemic racism (SR) manifests in several institutions; criminal justice, mass media, health care, education, and employment based on the perspectives of ethnic minority Individuals. The study will hone in on the factors that underpin these experiences of SR through personal stories. Through this, I hope to understand how these experiences have also resulted in psychological distress. This study should allow you to have your voice heard and validated by others with similar experiences. This should be a healing experience. The study will also explore any significant differences in how SR manifests between institutions to give some indication of what institutions people are least and most likely to experience SR. Following the focus group you will be offered the opportunity to give feedback on the focus group you attended in a separate one-to-one interview. This information will be collected through a focus group discussion which will be taking place virtually. The feedback information given will also be used to inform the study.

Please see examples of what experiences of each institution may be these examples provided are not exhaustive.

Education- If you who have attended primary, secondary, or any further education such as university, vocational courses or college or have children that have attended any educational intuitions.

Health care- if you have attended to A&E, had involvement with any community health teams, GPs, and other specialist health services.

Law Enforcement- If you have reported a crime, been previously incarcerated, current or previous involvement with probation services, and direct or indirect interactions with the police in the community such as being stopped by police or witnessed these interactions.

Employment- If you are currently in any paid employment or have ever been in paid employment.

Mass Media – If you have consumed media. This can be but is not limited to films, radio, recorded music, television, the news (paper or digital content), magazines, the internet, social media (X formally known as twitter, Instagram or Facebook).

2. Do I have to take part?

It is up to you to decide whether or not to take part. You do not have to take part if you do not want to. If you do decide to take part *I* will ask you to sign a consent form which you can sign and return in advance of the *focus group meeting* which will take place virtually.

3. What will my involvement be?
You will be asked to take part in a focus group about your perceived experiences of systemic racism and how this affects you in your day to day life. It should take approximately 1.5 hours. You will be placed in one of five focus groups following the completion of your screening form. Each group will be focused on one of the five institutional domains; health care, education, criminal justice, mass media or employment. During the focus group there will be a trauma informed therapist present. You will be able to join a break out room with the therapist if you become too distressed to continue with the focus group. You may be asked to take part in a follow up one to one interview to discuss your experience of the focus group, this will also be voluntary. The study will take place virtually on Microsoft teams.

4. How do I withdraw from the study?
You can withdraw completely from the study at any point until October 2024 without having to give a reason. After October 2024 data will be anonymised and merged, and they cannot be taken out anymore, therefore this will be the last opportunity to withdraw your data. However, you will be able to withdraw contributing until end of study will be November 2024. If any questions during the focus group make you feel uncomfortable, you do not have to answer them. Withdrawing from the study will have no effect on you. If you withdraw from the study I will not retain the information you have given thus far, unless you are happy for me to do so. If you wish to withdraw from the study please send an email to Sheryl Hayfron **(find contact details below).** Following this your information will be removed from the data set.

5. What will my information be used for?
I will use the collected information for a thesis research project, with a view for publication.

6. Will my taking part and my data be kept confidential? Will it be anonymised?
The records from this study will be kept as confidential as possible. Only Sheryl Hayfron and Jasmeet Kaur will have access to the files and any audio tapes. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts, and summaries will be given codes and stored separately from any names or other direct identification of participants. Any hard copies of research information will be kept in locked files at all times.

Raw data from the study will be deleted from digital files (Box) after 5 years. Processed data will be kept for publications and further research in the future.

Limits to confidentiality: confidentiality will be maintained as far as it is possible unless you tell us something that implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, we may have to inform the relevant agencies of this, but we would discuss this with you first.

7. Who has reviewed this study?
This study has undergone ethics review in accordance with the University of Essex Research Ethics Policy and Procedure.

8. Data Protection Privacy Notice
The University of Essex Research Privacy Policy can be found at:
https://www.essex.ac.uk/disclaimer/research

The legal basis used to process special category personal data (e.g. data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life or sexual orientation, genetic or biometric data) will be for scientific and historical research or statistical purposes.

9. Safeguarding
The University of Essex acknowledges the duty of care to safeguard, protect, and promote the welfare of all vulnerable individuals and is committed to ensuring safeguarding practice reflects statutory

responsibilities, and government guidance and complies with best practice and University of Essex requirements. Confidentiality may have to be broken if you or someone else may be an immediate danger to yourself or another. If you are endangering another who cannot protect themselves, as in the case of a child, a person with a disability, or elder abuse.

10. What if I have a question or complaint?

If you have any questions regarding this study please contact the lead researcher Sheryl Hayfron via email. You will have an opportunity to ask any questions before agreeing to take part. In the event Sheryl is no present or reachable please contact Jasmeet Kaur or Susanna Alyce via email who is part of the research team.

Sheryl Hayfron, trainee clinical psychologist at the University of Essex sh22396@essex.ac.uk

Dr Jasmeet Kaur Clinical Psychologist, thesis supervisor University of Essex jb20603@essex.ac.uk

Dr Susanna Alyce, thesis Supervisor University of Essex susanna.alyce@essex.ac.uk

If you have any concerns or complaints regarding the conduct of this research, please contact the University of Essex Research Integrity Manager, Mantalena Sotiriadou ms21994@essex.ac.uk

Or the Director of Research in the School of Health and Social Care Camille Cronin camille.cronin@essex.ac.uk

If you are happy to take part in this study, please sign the consent sheet attached/below.

11. Support services

Please find a list of racial trauma focused resources and services you can contact should you need further support following your participation.

Resources

https://racialjusticenetwork.co.uk/?gad_source=1&gclid=EAIaIQobChMIjrW77_iHhgMVVgAGAB1uowKuEAAYASAAEgKRzvD_BwE

https://www.mind.org.uk/information-support/tips-for-everyday-living/racism-and-mental-health/?gad_source=1&gclid=EAIaIQobChMIjrW77_iHhgMVVgAGAB1uowKuEAAYBCAAEgIHcvD_BwE

https://uktraumacouncil.org/research_practice/racism-and-trauma-research

https://maudsleycharity.org/case-studies/usemi-racial-trauma-clinic/

https://www.survivorsuk.org/reflections-on-racial-trauma/

Services

IRIE Mind Hackney- https://iriemind.org/

Thurrock and Brentwood Mind's Multi-Ethnic Counselling Service - https://thurrockandbrentwoodmind.org.uk/our-support/counselling-and-groupwork

Mind in Harrow's culturally specific services- https://www.mindinharrow.org.uk/our-services/culturally-specific-services/

Bromley, Lewisham and Greenwich Mind's Culturally Diverse Communities project- https://selmind.org.uk/lewisham-mental-health/culturally-diverse-communities/

Mind in Camden's Cultural Advocacy Project - https://www.mindincamden.org.uk/services/cultural-advocacy-project

Young Black Men programme- https://www.mind.org.uk/about-us/our-policy-work/equality-and-human-rights/young-black-men/

Aashna (Provides a list of therapists that work to understand issues related to diversity) https://www.aashna.uk/

Baatn (Provides a list of therapists from Black, African and Asian backgrounds, and signposts to local mental health and advocacy services)- https://www.baatn.org.uk/

BAMEStream Bereavement Support – https://www.bamestream.org.uk/bereavement-support/ 0207 263 6947

Spark and Co. (Directory of support services for people of colour, including mental health services)

https://sparkandco.co.uk/

Muslim Community Helpline(Provides listening and emotional support for members of the Muslim community)- https://muslimcommunityhelpline.org.uk/

020 8908 6715 or 020 8904 8193

Citizens Advice Support with experiences of discrimination and hate crimes - citizensadvice.org.uk

0800 144 8848 (England Adviceline)/ 18001 0800 144 8884 (textphone)

Equality Advisory & Support Service (EASS) - equalityadvisoryservice.com

0808 800 0082 (helpline)/ 18001 0808 800 0084 (textphone)

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Appendix E: Participant Pre-study Questionnaire

SR Screening questionnaire

Systemic Racism (SR) - A mechanism that creates racial inequalities in the way people are treated by institutions or societal structures.

Please circle the option that best fits with your experiences. Please do not attempt score the questionnaire.

1. Education

(If you who have attended primary, secondary, or any further education such as university, vocational courses or college or have children that have attended any educational intuitions).

How frequent were your experiences of systemic racism in an education setting

Never Rarely Sometimes Often Always

Total score _____/10

How distressing were your experiences of systemic Racism in an education setting

Not at all mildly distressing somewhat distressing very distressing extremely distressing

2. Health care

(If you have attended to A&E, had involvement with any community health teams, GPs, and other specialist health services).

How frequent are your experiences of systemic racism in a health care setting

N/A Never Rarely Sometimes Often Always

How distressing were your experiences of systemic Racism in a health care setting

N/A Not at all mildly distressing somewhat distressing very distressing extremely distressing

Total score _____/10

3. Criminal justice

(If you have reported a crime, been previously incarcerated, current or previous involvement with probation services, and direct or indirect interactions with the police in the community such as being stopped by police or witnessed these interactions).

How frequent were your experiences of systemic racism with Criminal justice

N/A Never Rarely Sometimes Often Always

How distressing were your experiences of systemic racism with Criminal justice

N/A Not at all mildly distressing somewhat distressing very distressing extremely distressing

Total score _____/10

4. Employment

(If you are currently in any paid employment or have ever been in paid employment)

How frequent were your experiences of systemic racism in an employment setting

N/A Never Rarely Sometimes Often Always

How distressing were your experiences of systemic Racism in an employment setting

N/A Not at all mildly distressing somewhat distressing very distressing extremely distressing

Total score _____/10

5. Mass Media

If you have consumed media. This can be but is not limited to films, radio, recorded music, television, the news (paper or digital content), magazines, the internet, social media (X formally known as twitter, Instagram or Facebook).

How frequent were your experiences of systemic racism when consuming mass media

N/A Never Rarely Sometimes Often Always

How distressing were your experiences of systemic Racism following consuming media content

N/A Not at all mildly distressing somewhat distressing very distressing extremely distressing

Total score _____/10

Appendix F: Ethical Approval Confirmation

University of Essex ERAMS

10/07/2024

Miss Sheryl Hayfron

Health and Social Care

University of Essex

Dear Sheryl,

Ethics Committee Decision

Application: ETH2324-1571

I am pleased to inform you that the research proposal entitled "A Healing Space: A Phenomenological Study Exploring Racial Trauma as an Outcome of Experienced Systemic Racism" has been reviewed on behalf of the Ethics Sub Committee 1, and, based on the information provided, it has been awarded a favourable opinion.

The application was awarded a favourable opinion subject to the following **conditions**:

Extensions and Amendments:

If you propose to introduce an amendment to the research after approval or extend the duration of the study, an amendment should be submitted in ERAMS for further approval in advance of the expiry date listed in the ethics application form. Please note that it is not possible to make any amendments, including extending the duration of the study, once the expiry date has passed.

Covid-19:

Please note that the current Government guidelines in relation to Covid-19 must be adhered to and are subject to change and it is your responsibility to keep yourself informed and bear in mind the possibility of change when planning your research. You will be kept informed if there are any changes in the University guidelines.

Yours sincerely,

REO Research Governance team

Ethics ETH2324-1571: Miss Sheryl Hayfron

Appendix G: Participant Consent Form

A Healing space: a Phenomenological Study, Exploring Racial Trauma as an Outcome of Experienced Systemic Racism

Consent Form for Participants

Sheryl Hayfron

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

I have read and understood the study information dated [DD/MM/YY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	YES / NO
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and that I can withdraw from the study at any time up until October 2024, without having to give a reason. You can withdraw completely from the study at any point until October 2024 without having to give a reason. After October 2024 data will be anonymised and merged, and they cannot be taken out anymore, therefore his will be the last opportunity to withdraw your data. However, you will be able to withdraw contributing until the end of the study, which will be November 2024.	YES / NO
I agree to the focus group being audio and video recorded on Microsoft Teams	YES / NO
I agree to maintain the confidentiality of the focus group discussions outside of the group/when the group finishes.	YES/NO
I understand that any point should I wish to turn off my camera I can do so.	YES / NO
I understand that the information I provide will be used for a thesis and potentially research publication, therefore all information will be anonymised.	YES / NO
I agree that my (anonymised) information can be quoted in research outputs.	YES / NO
I understand that any personal information that can identify me – such as my name, and address, will be kept confidential and not shared with anyone *[other than the researcher /study team].*	YES / NO
I give permission for the (anonymised) information I provide to be deposited in a data archive for 5 years so that it may be used for future research.	YES / NO

Please retain a copy of this consent form.

Participant name:

Signature: _____ Date _____

Interviewer name:

Signature:_____ Date _____

For information please contact a member of the research team:

Sheryl Hayfron, trainee clinical psychologist at the university of Essex sh22396@essex.ac.uk

(Primary researcher)

Dr Jasmeet Kaur, Clinical Psychologist, thesis supervisor university of Essex jb20603@essex.ac.uk

(Member of the research team)

Dr Susanna Alyce, thesis Supervsor university of Essex susanna.alyce@essex.ac.uk

(Member of the research team)

Appendix H: Risk Assessment

Risk assessment

Description of activity / area being assessed	P**articipation in research:**. Focus groups exploring the impact of systemic racism on potential experiences of racial trauma. This will focus on 4 institutional domains education, health care, criminal justice and employment.	**Location**	On University of Essex Campus & Online
Assessed by (name & role)	Sheryl Hayfron	**Signature & assessment date**	 16/10/2023

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R
Participation in focus group discussion about previous traumatic events which may cause Re- traumatisation.	Participants	Without the controls put in place being exposed to repeated traumas will likely cause re traumatisation/ trauma-related symptoms. That is because revictimization can activate fear and stress response. The consequence of this would be moderate resulting in medium risk. Although the consequence of re-traumatisation could be moderate The possibility of re traumatisation is now unlikely as controls have been put in place therefore risk of re-traumatisation is low. The study has been designed to reduce the risk of re-traumatisation by encouraging discussion around healing. This has been based on interventions to address racial trauma highlighted in previous literature.	Low

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R
		During the focus group there will be a trauma informed therapist present. Participants will be able to join a break our room with the therapist when and if they become too distressed to continue with the focus group. Discussion of previous trauma may be destabilising and presents a risk of re-traumatisation therefore, each group will be framed as a therapeutic space to encourage healing as well as facilitate data collection. Focus groups have been found to have a therapeutic benefit. The opportunity to share experiences with others tends to build morale and enables individuals to feel heard and valued. I will hone in on participants' mutual racialised experiences which allowed them to foster a sense of belonging and reduce feelings of marginalisation. The collective experience of coming together to share experiences of racism can be interpreted as an act of resistance to increase resilience. .	
Obligation to share difficult experiences and trauma with a wider group	Participants	In the information sheet and consent form is stipulated that participants are only sked to share what they are comfortable	Low

Hazard (H) hazardous event (HE) consequence (C)	Who might be harmed	Current controls	Current risk LxC=R
		sharing. Additional participants have will have the option to turn their cameras off or levee the group during the discussion if they feel and psychological distress or discomfort.	
traumatisation for the researcher	Researcher	Facilitating a discussion about previous trauma may be destabilising and presents a risk of traumatisation for the researcher myself a being from a minoritised background. Frequent supervision with My supervisor will enable to discussions of any difficult emotions that may arise from the focus groups.	Very low

Appendix I: Focus Groups Topic Guide

FG Interview Topic Guide

Introduction

- **Explain the FG purpose –** share the aim of the study **and** talk about the prospect of one-to-one interviews.
- Explain what RT is and explain it will be decried as race-based distress.
- **Confidentiality** – Highlight issues related to confidentiality; firstly, remind participants to go into a private room to take the call and ensure they cannot be heard.
- Remind them that responses will be anonymous and they will be given pseudonyms.
- Tell participants that names of organisations of schools and/or others will be anonymised.
- Remind participants that information discussed in the group should not be discussed outside of the space.
- **Informed Consent** – Reminds participants their participation is voluntary and they can withdraw at any time.
- **Ground Rules** – Raise ground rules; mention being respectful and being open to listening to others.
- Tell participants about Kiki or Shrien on standby. Share their emails and numbers in the chat.
- Participants are to be told they can message them at any time during the group and leave the meeting if they are distressed during the interview.
- **Self-care**: Highlighting the importance of self-care and providing information on support services for participants who may find the discussion distressing.

Warm-Up Questions

- **Introduction** – requests for participants to introduce themselves (if time, ask them to share a bit about their background as part of the icebreaker).
- **Definitions and Initial Thoughts on** Systemic Racism – Ask participants what their initial thoughts and feelings are when they hear the term “systemic racism". What do they think it means?
- What are your initial thoughts when you hear the term systemic racism? What does it mean to you?
- Follow up – do others have the same view, or do they think differently?
- Have you observed or experienced SR in your daily life?
- Do you discuss SR with others?

Understanding Personal Experiences

- **Personal experiences** – would anyone be able to share any personal experiences with systemic racism?
- Follow up – was this distressing/was this hard? What did this look like? What's your reaction/response?
- Why did you think you responded like that?

- What does your response say about your values and who you are and how you've been impacted?
- **Personal impact –** Did the experience impact how you view yourself?
- How did this impact your relationships, communities or wider society? Did it not impact you at all?
- **Resilience** – Following your experiences, how do you feel about your racial identity?
- Do others have an impact on this? How? (prompt – family friends, communities)

Physical Health

- **Physical Health Effects**: Do you feel like the distress caused by SR has ever impacted you physically? (Prompts: sleep, eating, weight, self-medication, chronic illness?)
- **Care Access**: Have you faced barriers to accessing mental health support or other healthcare services due to racial biases?

Systemic Issues and How This Has Been Observed

- **Systemic Racism and how it's perceived** – In what ways have you observed systemic racism manifest? Mention the appropriate institution (education, healthcare, employment, or law enforcement).
- **Changes to** systemic racism – Has SR changed at all over the years in (institutions) or anywhere else? (Follow up – could it be better/worse?).
- • Has the impact of SR changed?
- Could there be hope for further positive changes? Or not?
- (prompt – think about significant events from the last 10 years)

Surviving Mechanisms and Support

- **Coping** – how do you cope with SR itself? How do you navigate it?
- How do you cope with the distress caused by SR?
- **Systems of Support** – What or who are your major support systems? (Prompt: family, community organisations, online platforms).
- Are some more helpful than others to help you deal with race-based experiences?

Exploring Acts of Resistance

- Have you or anyone you know resisted against SR?
- Were these individuals or communities? What were the forms of resistance?
- What do you think about activism, advocacy, and movements in fighting SR?
- Have you ever been inspired by acts of resistance?
- What are some examples that have inspired you or had an impact on you or a community?
- What do you feel are the largest/most significant barriers to resistance?
- Has anything stopped you from resisting in the past?

Change/hope

- From your view, what has/could effectively lead to changes? Is this different at the community, individual or institutional levels?

- Have you ever engaged in initiatives or activities aiming to target/dismantle SR?
- What have you taken away from those experiences?
- What can be done by both individuals and communities to overcome challenges that prevent meaningful change?

Empowerment and Solidarity

- Can White allies support resistance efforts? If yes, why? If no, why?
- Who exactly should be supporting with effort to assess SR?
- Can minoritised communities and people make changes themselves?

Solutions and Change

- **Strategies** – What strategies could be helpful or effective when it comes to combating SR?
- What could be done to support individuals who show signs of lasting distress caused by SR?
- **Role of Institutions**: What could this institution or others do to address SR? What is their role? (e.g., schools, governments, corporations)
- **Personal Action**: what could people do personally to contribute to combating SR?
- Moving forward, what are the sorts of changes you'd hope to see in fighting against SR?
- How do you envision the role of future generations in continuing the resistance against systemic racism and building a more equitable society?

Final Thoughts and Reflections

- **Unaddressed Issues**: Are there any aspects of systemic racism or distress caused by race-based experiences that we haven't discussed but you feel are important?
- How has this conversation about resistance impacted your thoughts on your own role in combating systemic racism and supporting communities affected by racial trauma?
- **Closing Thoughts**: Any closing thoughts or reflections you'd like to share?

These questions are not only to gather data but also to facilitate a safe and respectful dialogue among participants. The aim is to foster acts of resilience and think about participants who have overcome these issues.

Appendix J : Interview Topic Guide

One to One Interview Schedule

Experience of the Group Experience

- How did it feel to participant in the focus groups and speak about/listen to personal experiences.
- Was is different or similar from what you expected?
- If so how, please explain?
- Would you take part in this again? If so why if not why?

Comfort and Safety

- How comfortable or uncomfortable did it feel sharing your stories and ideas during the group?
- Could you have been made to feel more comfortable with the group dynamic? If yet how?
- Where there moments of discomfort during the conversation? What elicited this?

Facilitation

- What did you think about the facilitation of the groups?
- Were the questions asked relevant for you?
- Where they clear/understandable? Were there any you didn't understand?
- Did the group discussion/dynamic feel supportive

Content and Discussion

- Could tell about what you thought about the topic covered?
- Was there anything that was missed that you would have liked to explore?
- were you suppressed to hear any topic mentioned
- Were you glad that some topics were mentioned?

Emotional Impact:

- Do you feel like the taking part in the group had any emotional impacts? Why?
- If/when difficult emotion came up did you feel supported by your peers of the facilitator?
- How do you think the group impacted the emotions of others in the group? why might this be different or similar to you?

Group Dynamics:

- Can you tell me how you found the group dynamics?
- Was feel like there was equal opportunity for you and others to speak? why do you feel this is

- Did you feel understood or misunderstood at all by other in the group? Did you feel and respected?
- Was there anyone in the group you connected with more or less?

Outcome and Value:

- How do you think the group has impacted your broader understanding of SR and RT?
- Did the group change any of your perceptions/understanding? If it did how, if not why?
- Have you discussed the group with anyone since it happened?
- What has stood out to you most in this experience?

Suggestions for Improvement:

- What suggestions would you give for improving future discussions to ensure they go smoothly or are beneficial for other GM people
- If you had the opportunity to facilitate the group yourself what would you differently?

Reflections:

- Reflecting on the focus group, is there anything you wish you had said or any additional thoughts you would
- What there anything you were worried about saying in front of the others.

Appendix K: Annotated Transcript Detailing Steps 2-4

Transcript	Initial Notes (Step 2)	Meaning Making and Reflection (Step 3)	Emerging Themes (step 4)
Researcher: what Are your initial thoughts and ideas when you hear the term systemic racism?			
Sofia: I feel like it's racism that's ingrained into our society, like not sort of face to face level. It's just things that have been existing. Sort of beyond even us being in the UK. And it's usually institutions that aren't as diverse that kind of control the way that we just manoeuvre, whether it be government, whether it be the police force. That what I think	When she speaks about SR, speaks about it being powerful she refers to history "beyond us being here". Immediately refers to the police and the government who ultimately have power over society		Something about SR being integrated Control/ power
Jade: Yes, it's similarly to Sofia, I think it's like racism that's within an institution. So it's built on like a foundation of how a certain institution is like, governed or how it's like, Been made. I feel like it's stems down into the workforce or stems down into whatever institution it's involved in and it's not Obvious all the time. Yeah.	Referring to how ingrained SR is as its "foundational" giving a sense its almost interwoven		Foundational? links to being ingrained
Gina: I think my views are quite similar to both Sofia's and Jade. So like it's it is a racism that you can't really escape. It's been here since before we came to the UK so it always there		Again seem like the historical context of racism is being kept in mind "before we came" suggests a mindfulness that the UK is somewhere generations before migrated to and when they got here they were met with SR which is something that existed in this land prior to their arrival - thus you can escape it because in some sense it "occupied the UK long before she and her	Shared view/clear group consensus

		family did" – all three echo similar thoughts about power and history	
Zara: Yeah. Yes.			
Researcher: OK, so there's something about it being persistent and always always there.	My attempt to clarify and understand the consensus		
Zara: Yeah, I feel like this. Yeah. Sorry. I was gonna say it's like it's a bit of, like a top down approach, right? It's like, you know, things are controlling this. And then they have the effects of everything else underneath them. And then sometimes racism, people, like, do it have ignorance sometimes and sometimes because of what's on top of them. That makes it come out that way. I don't know if I'm made any sense.		Worried about whether she articulated her understanding SR properly even though it was similar to what others had said. Could mean she has had experiences where she felt others haven't understood her experiences of SR in the past when she has tried to express them.	Hierarchy/power
Researcher: it did make sense thank you. I supposed I asked you because people have different views and experiences of what it is and I suppose I want to start the group with thinking about first. The purpose of this research is mainly about resistance and how we manage and how we navigate these things in our day-to-day life or if people have any ideas about how this can be navigated. But first and foremost I'm really interested in personal experiences. As you know this is a mass Media Group. So I suppose the first question I want to ask is. If you could share any personal experiences or things you've observed second hand that have resulted in distress as a result of systemic racism in the media. And what was your reaction to this? How did you manage it? How did	I attempt to validate her narrative. I give context and ask multiple questions to give participants multiple points of reflection and open the discussion up		

you feel and how do you navigate this? Is it persistent, that sort of thing? What are your experiences with systemic racism in mass media?			
Sofia: Do you mean things that have been televised or reported on? Like on the news or like, you know something that we've read or shared on social media like that?		Further clarification needed, could there be different ideas about what media is?	
Researcher: Yeah. So it's just so hard to find that it's a bit clear for everybody when I refer to mass media, I refer to every form of media, anything that encompasses media, social media. The news, the radio, podcasts, books, newspapers, anything where information is shared on a mass level TV, it could be any, any of it. And it doesn't necessarily have to be directed to you. It might be something you see. It might be the way things are depicted or communicated in these forums, messages that are told. About certain communities, I can give an example. So in the wake of riots in the UK, there's been a lot about minoritised groups that have actually, it's been argued, they've fuelled a lot of the hate and things that have that have happened. So that would be an example. Yes, I just want to gauge what your experiences are with mass media and its role in systemic racism.		At this point I felt it necessary to share an example to warm the context about the relationship between Racism and media and spoke about the riots to open the conversation. This something has been at the forefront of my mind at the time as was effecting me and wondered in participants also shared this anxiety.	
Gina: I think just touching on what you said about the riots and stuff. It felt like on social media I was everywhere, but when I like clocked into work, no one really spoke about it, and I'm not. I'm probably just be like 5 black people within my sort of division at work. So when we spoke about it, it was kind of like, yeah, it's like radio silence. Like no one at work speaking about it. But when you look in online that due to your algorithm as well, you'll just see in post of the riots and stuff like that. On Edge and then social media like Twitter, people share their experience. How they're scared to like, leave their house or go into work. So it makes you anxious just by reading sort of post like that and it'll be on your algorithm. It won't even be like people you follow. It's just on your page.		In response to what I has shared I wonder if she felt seen and able to speak about something she was persistently exposed to in the media that she wasn't able to do in other settings such as work. Sensing a possible relief this conversation could be had in this space as it wasn't being had at her work. She seem to have	-Being ignored my wider society - Not being able to escape media/ SR

		connected with my example	
Researcher: Tell me a little bit more about this anxiety. Is it something that's persistent?			
Gina: Yeah. Like if I keep seeing pose or make me more anxious. But. There is a thing of where you can just log off and not read into it, but it's .			-Constant threat feeling in escapable
Researcher: And where do you think that anxiety stems from? Do you think? Is it a, you know, that anxiety is worry. What do you think it's worry about?			
Gina: Because it's coming from people that look like me that are black or coloured and they're sharing their experiences that they're recently facing. So it makes me anxious.		A possible worry that if its happening to them then it happening to me or could happen to me. What shes exposed to in the media may generate a vicarious trauma? The idea that If someone else is scared to leave their home then I should have a reason to be sacred also. It not necessarily what is being shared in the media but the reaction's to this from others that causes concern	-Vicarious trauma based on what is seen in the media
Researcher: So it sounds like a worry that something might happen to you			
Gina: Yeah.			
Sofia: I can definitely add to that.	When speaking about this she shows a contemplative gaze	Concerns about the fact she challenged an	-Power/ hierarchy

There was. There was obviously the killing of George Floyd that happened during. The pandemic, and similar to Gina There was no comms from work like the following Monday and around that time there was like an e-mail that goes out every morning on Mondays, like during the pandemic, just to like keep the spirits high or whatever and it was very like off tone like happy Monday everyone, What an amazing weekend we had the weather and I was reading it and I was thinking this has come from like the CEO by the way. So he's very educated man and he would have known what was going on this weekend and he has a responsibility also to make sure that like his black employees are fact fill seen and just acknowledge the fact that what happened over the that that weekend was just like a complete tragedy and shouldn't, should have never happened. So yeah, like a lot of anxiety sat in because. Obviously it's not common for you to just like ping your CEO, a note about like normal day-to-day things, let alone feeling like his e-mail was completely off tone and that he needs to, like, take responsibility for that And it was. I don't know a lot of us kind of grouped together and shared him, shared our thoughts with him, but after that it kind of felt like. A target was on our back or my back specifically because of how I've raised my opinion at the time in that role and thinking, gosh, are they going to think that now? I'm like a problem in the workplace and. You know. It I think it was just such a hard time because of the pandemic. Anyway, there were a lot of anxieties happening just because of the state of the world. So I would say sometimes. Not being able to feel comfortable sharing views with. Within the back like in the back of my mind, thinking that the stereotype applied to black women is usually like angry, and they've just got a lot to say and you know. So that would that would be probably one of my biggest experiences I think.	(almost looking towards the sky) suggesting she was deep in thought reliving this experience. She then head jerks or double takes when she explains what the CEO did suggesting she was confused/shocked about the tone deaf response of a CEO, some that she expects she know how to navigate this better	insensitivity to SR then became a worry. The weight of addressing issue around SR and its residual effect then became an additional concern and burden. The experience of SR is a double edge sword. CEOS response was confusing and upsetting bet when she confronted it there were concerns about her adhering to stereotypes of being an angry black woman - I resonate with this personally	-Institutional accountability -Fear of repercussions -Collective action -Stereotype/prejudice -Vicarious trauma
Researcher: How do you think media plays into or feeds into the stereotype?			
Sofia: I think it feeds into it in an interesting way because using these rights as an example, you know they are being labelled as like. Like		Something about thought not being put into how	-Vicarious - Vicarious trauma

protests and I feel as if the language isn't as harsh, whereas when it was like the 2012 riots that were happening in Tottenham and Ealing, it was very it was a completely different tone and you can see in the comments from like BBC or Sky. Just a lot of races that like racism towards Black, Asian, you know, ethnic minorities, and I think it's similar, it's it is a similar state this time round. But I feel as if I don't know it isn't. It isn't. It isn't shown as much I find. So, so yeah. And I think as well there are. People aren't sensitive to what they share online as well. And that's just the Internet as a whole. But I don't think that like. It's important why videos are shared for awareness, but I think there has to be extra caution for like people dying being shared because it's just it can be quite triggering for people as well.		content will affect those viewing it, media outlets don't consider the emotions and trauma of minorities. Possible lack of duty of care from media as an institution?	- Demonization of GM people
Researcher: When you have been exposed to videos or pictures of people being killed, how has that affected you?			
Sofia: It's so tough like me personally, like I'm really sensitive, so I can't even watch like a fight scene in a movie, so I will just scroll past it straight away. 'cause I know that I will deep it so much. It would give me anxiety for a week. I'm quite avoidant in that, but I think. I have quit or I've caught a glimpse of it, I just feel like I feel really sick. But then. But then, like, maybe a day after, I don't know like that they met. There may be a buzz, but then it's sort of. Forgotten about because we're a really desensitised to a lot, because we see it so often. And that's not really a good thing, to be honest with you. But I guess if we were to always respond in a way. Every time we saw something bad on the Internet, we'd all be we'd all be a mess, like we wouldn't be able to function. So yeah, like, I feel it, but I think for like my own mental health and sanity, I have to kind of like, do do my part and do what I can. But I can't. I can't hatch on to it too much.		Refers to herself as avoidant, but I interpret this as protective. In other context other people wouldn't intentionally expose themselves to harmful material. Does she think not allowing herself to be exposed to this is 'negative' or out of the norm as she labelled herself as 'avoidant'. She sees this as a negative thing. There is attempt to justify why she actively tires to consume too much race based violence. Why	-Preservation and protection -Physiological distress/ lack of function -Cycles of inaction/ lack of change

		should this require justification? Perhaps concern that other members of the groups would view her as not negatively for not keeping update to amercing herself in race related issue in the media even if they are negative or harmful.	
Researcher: I wanna know if anyone else feels similar about seeing sensitive content in the media, but I also wanna ask about whether. Minoritized individuals are shown to be suffering more in the media if that makes any sense. Are you more likely to see negative images of minorities, individuals being hurt or minoritized individuals being violent or minoritised be individuals being in pain or killed? Is that something that you feel might be more likely, or do you think that's shown on equal? Parts shown in equal parts in the media.	Mt attempt to facilitate turn taking encourage others to comment on Sofia's narrative		
Zara: I was gonna say I feel like I'm I see a lot of it because, you know, with the Palestine riots, no, it's not at the riots. I'm saying the what's going on in Palestine at the moment. So we do see a lot of videos. People are showing a lot of stuff on Tiktok and everywhere else. And you see, like, you know, body parts, you know, people's bodies in bags and. Hands just sticking out of the rubble and we see a lot like everyone's just posting it everywhere so we see it all the time. And then there was, you know, just before these riots took place, there was the incident. I think it was in Manchester with the police officer stamped on that. Boys head and stuff. So yeah, we, we we see a lot of it. Yeah, but it's just become. It's distressing when it comes up and then you just feel unsafe because like there's no one to rely on. But then like, after a few days because you're just so used to creating that distressed and unsafe,	Sofia and Gina both shake their heads at the mention of excessive police force . They may have felt disapproval of this and this is something that was unjust just as Zara feels She is feeling trapped in cycles of being distressed and being hyper vigilant. The cycles are maintained by media content - it's never ending for Zara	The media contents constant display of minorities being harmed suggested there is not escape especially when the violence is shown to be from the police. This seems to be felt as isolating	-Vicarious trauma from seeing the pain of others - Victimisation of people of colour -Power and Hierarchy in maintaining negative narratives -Self protection

it goes away after and you're back to being, you know, watching your own back and stuff. Well, it's a bit like cycle Yes. Yeah.			
Researcher: I'm curious about how you deal with that distress and what that distress looks like because distress looks different for everyone, doesn't it? So I know part of just forgetting it is part of the distress and some people might not. They might ruminate and think about it. Some people might get nightmares. Rihanna mentioned feeling sick, so we know that our bodies biologically respond to stress and we get nauseous. How? How do you experience distress? What does it look like to you when you're distressed that things like this?		In response to what was being said I started, I started to look at things through a clinical lens and consider the pathology of anxiety. I am aware my clinical psychological background influenced my making sense of these experiences in the context of pathology	
Zara: I think like the first few like hours when I see it, I'll be like feeling like, you know, like, what did I just see? And like, I'll be really overwhelmed and then I'll decide. I'll become numb after that. And then after that it's just like slowly gone back into daily life. But just being extra cautious about everyone, everything we've got, like another listening head. OK, we can't just police now. We can't trust this now and then having to always watch about all the time. So…. When… actually it doesn't matter… I was gonna…. I was gonna say when I was a kid, I just finished primary school and then we went to, like, went to the shopping, went shopping right. And then there was this like grown lady. And she just started swearing at me. And she like saying yeah F you F this F that, you know, go back to your country and stuff. So I've always known and like I I knew like, you know, we wouldn't really belong here no matter how much we tried sort of thing. And like everywhere we go, people see use and we are not welcome here. So it's sort of become normal for me, if you know, from a young age, because even like most my parents, I saw people like yeah, being	Again referring to these cycles of hyper valance, distress and mistrust. I Sofia and I nod at Zara to encourage her to share her narrative.	An initial apprehension to share an experience of being racially abused. “oh it doesn’t matter” possible concerns we would think her experiences don’t matter could this be an automatic response. Possible shame or embarrassment that this experience took place I smiled at her and nodded to encourage her- possibly validating which encourage her to share her experience.	-Desensitizing from emotions over time due to continues discrimination -Mistrust due to hypervigilance -Intergenerational racial pain and trauma -Internalising vs disconnecting form pain

rude and racist to them. So I don't know. I just feel like it's part of my daily life		Racism has been relentless, using the space to speak about Race based experience from childhood, after so many years nothing has changed. “no matter how much we tried” she’s exhausted all her effort to fit in to make the abuse stop so have her parents. She no longer feels she has a place in the UK Its too overwhelming so she’s stopped fighting it	
Researcher: It sounds like it's something you might have been forced to accept?		Me summarising to demonstrate to her I understand and empathise	
Zara: Yeah Yeah, that's why I feel like a lot of people like to get the education and they just move out after that. I'm not saying any longer after that.			
Researcher: Do you feel like now you still feel like this country is somewhere you still don't belong? Is that something you still feel now?			
Zara: Yeah, I mean like just see what's happening now with the riots of everything. And then there's like acid on this Muslim lady is face and stuff. And there's all this stuff going on and, you know, Andrew Tates also finding everything. So the kind of messages we were sharing each with each other, like on our family, like messages and like groups was like, you know, this is what you should do. If acid gets on and you, this is what you should do, if you're, you know, if you're unsafe this and that and only one of my friends from uni, shes white. She reached out to me asking if you're OK. Another white friend was like, oh, yeah, let's go out for this. Go out for that. And I was like, oh, but I don't know if it's safe yet because I was right there. She.	Sofia nods and shakes her head as Zara speaks, almost in disbelief but to convey she understand too and could feel her experiences	She laughs as she says this what?” suggest she in that moment that her white counterpart was not experiencing the same as her. This also suggest some confusion ‘how could she just forget there are riots an I am not safe. There’s a complete disconnect from her	-Managing community safety as a way to survive -Non-minorities lacking empathy and awareness - Differing realities from the racial majority -Lack of belonging/isolation

Oh, I completely forgot about the riot and then I was just like, what? Like, you know, 'cause like, I'm living in a completely different life and she's, like, living a completely different life as well. But we're living in the same time and everything else. So yeah, so we never really belong. So The thing is we don't belong here. But even if you go to a different country, we don't. There's a tricky one. But, you know, it is what it is.		world and her friends world that she is reminded of in that moment. There's no way around this, in this moment she may have felt she didn't have the answers	-Resigning to accepting exclusion/ Hapless
Researcher: I think it's one thing feeling like you don't belong in having people around you, making you feel like you don't belong, but then another layer of that is like social media is also like persistently reminding you.	My attempt to affirm and summarise		
Zara: Yeah, definitely			
Jade: I think listen here and speak about not feeling belong. It kind of reminded me of the. Situation that happened with Sakhar, the whole football situation. When he lost the goal like he didn't, he didn't win for England and the racial slurs that followed after that whole situation from people who. He, like deemed or viewed as is, is supposed to be his fans, like he's playing to represent this country and because he's a black man and he didn't score their goal automatically straight away. They dismissed him and they said all of these racial slurs. And it's like, yes, he's a black man, but he's also a representation of black people. And these are the words. And these are the words that they think of when they think of a black person. And it triggered anger in me because it's a representation of all the black men that's in my family. And this is what you think of them. Purely because they didn't win a gold. Do you know what I mean? He didn't. He didn't offend anyone. He didn't hurt anybody. But this was what their response was to him. Losing as when he was trying to represent their team or represent this country. And it just shows that like what? What Zara was saying earlier on, like, it doesn't matter	3 people nodded in agreement, there was a feeling like this also spoke to the previous story just told. Jade is connecting the two experiences	When someone is being racial in the media, its she is being abused. She sees herself in black representations in the media not just her but her family Saka was innocent and in fact was representing the country but was abused racially abused. Being black alone can illicit the same response as doing something bad like hurting someone or offending someone	-Lack of belonging/isolation -Vicarious trauma -Shared wounds- feeling what other minority people feel -Victimisation of minority people -Feeling devalued by society at large

what they do or you know what position you play or stand in this in this country, they will make you feel like you don't belong as soon as you do something that you know they're not, they're not happy with. Yeah. And I like it just. It just triggered anger in me when I saw it on social media. All the racial slurs and the pictures and everything that they were drawing in represent like, how they felt to represent how they felt about black man.			
Researcher: How did you deal with anger? Or did you deal with it? Did you just did it just fade away eventually because there's a theme I'm picking up on and it sounds like most of you when these things happen, it elicits these emotions, and then you kind of just let events wait for the emotions to just kind of go away and then kind of get on with things as a way of was almost like a way to survive. That's your way of coping, almost, pushing these things to the side and being like, oh, God, like another horrible racist thing in the media. Let me push it to the side I'm is there anything anyone actually does to address how they feel and how they manage these things or is that not something people do?			
Sofia: I feel like. It's hard to pinpoint stress living in the world that we do, but I de-stress by going to the gym and I I wouldn't say by like experiencing systematic racism is what drives me to go there to clear my head. It it's just an abundance of things. But I think for me I've got a like I've got to be active and not sit still. 'Cause, I think it's easy to just be in the moment and be angry and feel all the feelings that that you are but. But yeah, I feel like if I'm just with my thoughts too much I can. It comes out in my body as more anxiety or like feeling sick or feeling just weak and like breaking out into spots like all sorts.	SR is one of many things she has to contend with in todays societal context	Coveys a sense of overwhelm	
Jade: I think I have conversations with people about certain topics, so just having a conversation with somebody who I can like. Another black person or another like ethnic minority, somebody who I can like relate to having that conversation with them about how we both feel about the situation helps me to move past whatever I've seen. That's probably triggered me.			-Conversations with other as a way of coping -Community and resonance

Gina: I'll feel the same it to Jade, but also it's a sense of when I do speak to people, it's like, what can we do? Do you know what I mean? So there's no progress because there's not. There's nothing we can really do. It's an ongoing cycle. It's going to happen. It feels like so. And. Mm hmm.	Frustration and disempowered about is all. Hand gestured "what can we do" conveys the frustration and feeling stuck		-Hopeless/disillusionment -Being stuck in inaction
Sofia: Yeah, it feels like, you know, everyone will take to the streets to protest, and that's all great. But then what comes of it, like brands will jump on it for like a year and like they'll hire loads of DNI like representatives. But like after the pandemic and when people were getting made redundant, those sectors were being targeted. And a lot of DNI leads and people who came in to, you know, diversify. The companies will let go, so it's just like very pick and choose like, like tapping into what everyone said. Our safety is really dependent on the mood of of the majority. Like if England are winning, we're winning. If England aren't, we're not.	She agrees with Gina's point and illustrates this with an example everyone in the group nods.	Whether we are safe depends on what institution feel like doing and supporting it's not a priority though. This again speak to power and change not being dependent on minority individuals. If they want us to be safe we will be but it's up to them Everyone laughs in agreement at the comment about England - finding humour in a dark reality, possible a subconscious coping mechanisms ?	-Hopeless/disillusionment - Power and hierarchy that control the narrative and if change happens -Tokenism and performative action being superficial/ a call for authentic allyship
Jade: Mmmm.			
Gina: And I think as well, I think we forget that we're where a small percentage in the UK. So our presence will always feel bigger online. But then when we're outside or in different towns or communities, you still lost again because like, oh, there's not a lot of people around here that are like me. It's unless you're London, obviously. But I'm talking about if you go to other places as well, you just feel a bit lost and lonely. Yeah.			Isolation

Zara: Yeah. Yeah. I was gonna say I agree with what Gina said about. No, there's not really much you can say after something happened because everything you can't really change anything. It just stays as it is. Yes, there's not really much you can do just so I personally, I just withdraw her a bit and then I'll come out again and I feel a little bit safe and I just kind of.	Hiding from society and recharging is what she feel able to do. There's something about fear in withdrawing.		Isolation/withdrawal
Gina: And it's often like follow trends, like one big company will see another company do it and receive good praise, and then they'll start doing it like you said, with like the makeup like it was only what a couple years ago where a lot of brands started to do all sorts of shades. But back then it would be hard to find like something that actually matches your skin. Also, I think it's a it's definitely a trend like when they see another company do well, they'll follow, but it's not. I don't. It's out of good… what' the word?	Efforts to be inclusive in media are disingenuous which means they don't truly care about the consumer		- hopelessness/disillusionment
Jade: Motives	She finishes Ginas sentence, they were both on the same page and Gina agrees		
Gina: Yeah, yeah.			
Jade: I think yeah, it could be the sense, but it's just they want to. I feel like society is trying to be very inclusive like they want to make sure that they their brand is is represented as a brand that is inclusive, but that doesn't necessarily mean that they're doing this because they want people to feel included. They just want to look like they're being like they're like they're including everyone in the in, in their brand, whatever that is, they're they're trying to sell, but. Do they really go out and ask the public? What is it? You know, what is it that you want us to do? What can be different? Or they're just doing what they they think is going to look good for their brand. Do you know what I mean?	Emphasises the word "mean" she is suggesting we need to read between the lines as brands have different motives. she might think it means something else	She builds on Gina's point but suggest the voices of minorities are not really considered- suggests she feels her voice is not heard in it all	

Sofia: I agree. I think it's quite surface level and the like common consumer will think wow, like these adverts are so diverse that this is amazing. Like things are changing, but what are the conversations that are happening on set? Like how was that actor treated or how was that? You know camera OP treated and I heard I heard something from someone who did a TV show on Channel 4. Her name's Candy's Kylie Williams. And she wrote a book called Queenie and they. They commissioned it and they made it into a like a short series and that was fantastic and everyone was like, really cheering and praising. But but the stories that she has told are it's all well and good. They commissioned my piece and you know, black stories are being told. But again, like systematic racism meant that there were quite a few things that she just couldn't fight back on because there was pushback from execs and directors. Who, low and behold, don't look like her, but because they're paying for it, they can put their stamp on it. And that literally goes against what they were trying to do in the 1st place. Like, this story is about. A young black woman. It's like a coming of age story. And yeah, like hearing that just didn't make it feel as good. Like, I'm sure through the process she was probably thinking I've got to do this just to, like, put myself on the map and I'm not going to turn down a cheque from Channel 4. But at the same time. Like if if there was more. Diversity within those establishments then I'm sure someone could have helped interject those conversations and sort of be a support. It does feel like a lonely place sometimes, and there's like conversations that I think a lot of people aren't Privy to. And that we won't be exposed to unless we have these conversations that, that, that make it feel. Like everything's like, all right, like living in the UK is all right, but really, we all know, like, there's just a little undertone of. Maybe things aren't so right.	Gina nods and smiles as Sofia speaks. There is deep agreement and alignment here. She may be reflecting on points made earlier about just getting on with things even though she know things are not okay. Ideas about making pain and pushing though the difficulties of SR	This example shared speaks to the influence of power again and the idea that even when there is opportunity for power to be given to black creatives in media spaces its not given fully, with what little power that is given this system still find a way to oppress people so the small wins are not truly wins	- Tokenism and performative action being superficial/ a call for authentic allyship -Lack of diversity in decision making roles -Staying silent to stay in the room -Public perception vs what is faced in reality

Researcher: Yeah. Yeah.			
Zara: Yeah, I wanted to add to that. Yeah, sorry. Yeah. Always add to that. So you know when during COVID time when the pandemic, when there was like, you know, outrage and you know. There was, you know, the death of Floyd. And there's lots of other police brutality happening as well. And then we started seeing, like, more representation, but it was more like, I don't want to be rude, but it was like, more like having the token coloured person on there. But it was mainly like talking like that. The black person on there with other white people. And then, you know, the brands were showing it off, like, oh, yeah, look, we've got white people. We've also got black people too. And then, which was a good thing because for a long time after that, we did see lots of white people, black people on our screens. And, you know, photos this, that. Then we were also thinking, OK, so where's the Asian person then? In all of this, you know, like we're just seeing wides, we're just seeing blacks and that's the only two, like, you know, skin colour they had on there, but that was just that. I was like, OK, so do you not exist? Yeah. There was also one more thing I wanted to mention. So you know how they have like, you know, they've got the hijabis on or they've got this other, you know race or ethnicity or whatever on. But then at the same time they're doing their causes and the things that they, you know, believe in it goes against us. So for example like what's going on in Palestine right now? A lot of the brands are donating towards Israel. They might have the hijabis on there, they might have this and that on there, but then you obviously you know indirectly killing us isn't really going to help their cause. So it's basically just causing, you know, it's making more people boycott them to be honest. And then. It is.	Laughs when she says this possible anxiety or discomfort worrying other in the group may struggle to resonate Similar point being made to Sofia about disingenuous efforts by this system to be inclusive There's something about removing power from the systems through boycotts this is a solution for her.	Before she speaks there's a long pause before she speaks.. perhaps gaging if the space feels safe enough for her to share how she feel about the lack of representation of South Asians. Especially as the conversation of dominated by conversation round black experiences. Refers to Muslims in Palestine as us again links back to what Jade was saying is this what they think about us. What is done to those in the media is indirectly done to those in the group. Minority are a community and feel the pain of others in the community	-Tokenism and performative action being superficial/ a call for authentic allyship -Inclusion not always being representative -Visibility in campaigns does not necessarily equal genuine support
Researcher: So it sounds like you're saying like they will it, they will try and represent people from a Muslim background who are an Asian			

background and a very superficial and minimal level, but in principle that's not happening. They're not aligning with your values. They're not aligning with your beliefs and maybe from your point of view, it doesn't feel like it's genuine or you can tell it's not genuine because their principles don't align with your values and beliefs as a community.			
Zara: Yeah. And it's all about money, really. Like whatever you look, whenever they're trying to, like, be inclusive and this and that, it's more about them. It's not really about values or that they care. It's really about.		I have a personal reflection about the link between power and money. Where there is money there is power and this is wheat controls narratives in the media	-The impact of economic power on systemic racism
Researcher: I know you. You've touched on it already, but I'm quite curious about like what your views are about Asian representation. In media, because I think you're right, I think there is a lot of black representation and obviously the majority white representation. I don't know if you can expand on that point at all in regards to Asian representation in media and depictions of Asian people and your experiences with that.			
Zara: Yeah, Asia is quite big. So I feel like, you know, even like American movies and stuff, you got Jackie Chan. You've got, like, you know, Chinese people. And then there's, like, the, you know, racism, like the Ching Chang Chong, all of that stuff. But there's more to Asia besides, like, the Indian and the Bengali. And Pakistan is all about as well. But you don't really see any of there's the Afghans, too. And when it does come on media and the news is because we're multi mindful like, you know, bad stuff or, you know, child marriages or, you know.I don't know. It's not coming to my head right now because I like lots of things that if you were to hear the Pakistani or, you know, Afghan, you would, you know, if you had an Afghan, you think you'd think straight away with	Feeling of not being seen or forgotten. This is something she expressed before, withdrawing and hiding away. Simultaneously she want her and her community to be recognised	She speaks about south Asian stereotypes that are negative and says “you know” 4 times and this is said after every negative stereotype she mentions. Does she not want to expand of her point about these stereotypes due to the discomfort they illicit in her or perhaps even shame. She says you know so the rest of the	-Underrepresentation of south Asian groups in the media/ the homogenisation of Asian identities -Biased negative media representations and the impact of public perception -Stereotyping in shaping identity

Taliban and you know that, you know, the forcing of the woman to do this or that's happening or, you know, there's not really anything positive that people would think about if you were to say Asian people aren't, you know, going to the actual because there's more to Asian than just Chinese and Japanese. But people don't really know about that, because, like, the media, doesn't talk about it as much.		group can fill in the gaps. She looks way from the camera when she speaks on this I notice the group listen and are tuned in with their eye locked to their screens. Perhaps tuning in slightly more to learn and understand an experience that's slightly less familiar to them	-Desires for balanced representations
Researcher: So you feel like East Asians are probably more readily represented than South Asians, in the media. And if it is representation, it's negative representation, if anything. Is it something you feel like you're able to talk about with anyone? 'cause? I know. I'm quite aware it's quite persistent even when we think about the riots, it was fuelled by a lot of hate and Islamophobia and directed at South Asian communities as well as other minorities.I'm just wondering about how you manage with that…		I become curious and ask about the riots in relation to islamophobia I become aware that in the media race and culture are very conflated with religion so I bring islamophobia into the conversation and explicitly ask- I'm not Muslim of south Asian so my curiosity was sparked my lack of experiences in this context. I asked this question I interpreted her presence in a group of black women as potentially isolating for her. I knew that I could empathise	

		and resonate but never truly understand. This made me think about if she had conversations with other that did truly understand such as family or friends	
Zara: Uh, yeah. There's not really much we can do or, you know, there's nothing that's gonna really change. So it's just more like just deal with it sort of thing and just be extra safe and go out.			-hopelessness/disillusionment
Sofia: do you have these conversations at home with your family at all?			
Zara: My family is more, my parents telling me, like, you know, don't go out, don't do this. You know, we're gonna cancel this beach trip because apparently that area is really racist. And the white people have told us it's racist and the Indians have told us it's racist. So we can't go there and stuff like that. So we've had to cancel a few things. Yeah. And just mainly stay at home, keep your head down whenever there's a terrorist attack. You're not sorry. Whenever, like. Yeah, there is a terrorist attack, but always scared that, you know, we'll get the even though it's one person, we're always scared that, you know, we'll get attacked or we'll get the blame for it. So it's going to happen. That's going to happen, even though, like, you know. Yeah. It's just, yeah. Just like constant living in fear all the time. And it's just get tired afterwards. And there's not much you can do.	Again themes of fear keeping to ones self-withdrawing form society. I wonder if withdrawal from society means retreating into family – this is what safety looks like for Zara	Again when she starts to speak about terrorism uses the phrase "you know… suggesting possible reluctance to expand	-Isolation -Emotional burden of threat and anxiety felt as persistent -Restricted movement due to threat -lack of reprieve from racism
Researcher: I'm really aware that obviously there's different demographics in that group. So you're dealing with the intersection of being Muslim and South Asian and woman. And then we've got Gina Sofia and Jade who are dealing with the intersection of being black women. So their experience with the media will also be really different. I'm just wondering if you guys can say, like, how those experiences might contrast with Zara's experiences or if they're similar in any way as well.		I name the disproportionate group dynamic to explore if people are learning from each other or relating to each other . I think I did this because I wanted to members to continue to find common ground	

		despite clear differences I wanted them to demonstrate to Zara they understood because I did which I hoped would validate her	
Gina: I think it is similar like even when it comes to like shows like I don't know Hollyoaks, EastEnders, they'll always throw it in like a people of colour family just to make us happy. It's not like it's not a representation of the real sort of UK when I say but I just feel like they do it just to make us happy and to say oh look, there is a person of colour in the show or black person in the show but I don't know, I feel like. Because what I'm pointing out now, I feel like I'm used to it. It doesn't feel like. Anything that's going to change anytime soon. So in my mind, it's just like just gotta deal with it…move on. Yeah.		We are stuck in this system that's not going to change perhaps a cue she wanted the conversation to move because she didn't feel it was conducive. I picked up on the last phrase "move on" this felt emphasised	-Media representation and a shift in narratives -Hopelessness disillusionment -Tokenisms genuine effort to change
Researcher :Sofia, do you draw any parallels or do you feel like you have a different experiences from what Zara was describing? Does anything resonate with you? Do you anything striking to you that, oh, we don't experience that or we I really resonate with that experience that.			
Sofia:I think I think as minorities as a whole. We feel the same struggles. They just look slightly different. So I definitely resonate with absolutely everything you're saying and I think it's easier to talk on experiences of obviously our own race, but it's still like super aware of what Asians experience, what Christians experience versus what Muslims experience. You know, if we go down into those kind of. Barriers. So yeah, I completely empathise with everything that you're saying.	An acknowledgment that that struggles can look different but still present but this in some ways is still unifying		-Intersectional differences
Jade: Yeah, I agree with Sofia. I think there was. There's a similarity there in terms of manure saying, and there's a representation of black women in a certain way. I'm cautious to say though, like what the representations are when it comes to black women, because I don't know if that's just A thing within the black community where black		Acknowledges she doesn't have the difficulties of having to withdraw but simultaneously validates Zara and demonstrates	-Media representations of black women reflected in society

women are represented in a certain way? Or is it actually black Women are represented in this particular way on a whole. I think you guys know what I mean, but in terms of you know. You know, and feeling like she can't maybe go to certain places because she doesn't want her family to be targeted. I don't. I don't experience that as a black woman. I don't. I don't experience that type of similarity in terms of what you were saying when era, I feel like. Unfortunately, Asian people, especially women, who are dressed in hijabs in certain in, you know, in certain areas, automatically. Definitely, I've seen as well that they are targeted and they are seen as you know, as a threat or different automatically just because they're obviously different in just based on what they're they're wearing. And because of that. That's the only thing I would say that I don't experience as a black woman.		her understanding of her experiences with an example of what she witnessed south Asian Muslim go through	-Stereotypes being reinforced within communities -Solidarity and awareness across minority communities -Acknowledging the privileges within minority communities/ intersectionality
Researcher: I think these are really important points to make because we need to acknowledge that these things are not experienced the same by everyone. We have so many different intersections. That means that we. Experience systemic racism differently that could be colourism it could be race, it could be religion, it could be age, it could be abilities. Sex like there's so many things that come into it that mean that these things experience differently and it's so layered. And that's why I was asking if there were there were parallels between you guys's experiences. Just aware of time, we can take a 5 minute break or we can keep going and end about 20 past which would mean it's like another 30 minutes of this course and discussion we can take a 5 minute break and finish at half past. It's up to you guys what do you want to do.			
Gina: I mean don't mind			
Sofia: Yeah, I'm good to keep going.			
Zara: Yeah, me too			
Researcher: OK, cool. So the next question I wanted to ask was. Personal impact on identity. So how your interactions with social media and racism in the media impact your identity? And I think we	Self disclosure of my identity to set the context about identity		

start, you'd start to touch about this and we started speaking about intersection. So me, I'm African. I'm black, I'm a woman and I'm Christian. And I'm straight all of these things are going to impact how I interact with systemic racism and it impacts my identity. Sometimes people see things in the media and they might find shame. There's a lot of research to say that shame is a is a trauma response and when they see certain things in relation to their to group and community, they come from it can elicit feelings of shame. It can have the inverse effect and it can elicit pride and people buying great pride in where they're from and their ethnic and racial backgrounds. And I'm just curious about how social media impacts your racial identity. And who you are and and I know we spoke about belonging and feeling like sometimes we don't belong here. But what about our communities within the UK and our subcultures within the UK? Do you is there any belonging that solicited at all sometimes in the face of these things, or do you feel like sometimes there isn't? I'm just curious to to pick your brains about identity and belonging. And when faced with these things in the media.			
Gina: I think it's kind of similar to what I was saying before like because on social media our presence as a black community can feel quite big and then kind when you get get out to the real world, you feel quite lost. But then also like when you see pages like that, Tommy Robinson, Guy, Andrew Tate and they influence their views on like a lot of younger viewers, it kind of makes you feel like. I don't know how to explain it. It just feels like we're a community that's easily influenced in a way. I don't. I've seen it. But yeah, for, like, online, there's big social media presence that have very strong views and then it's just easier for them to, you know, pass it on to others, which can be damaging.			-Being invisible and being unseen by wider society
Jade: I think I've struggle when it comes to like identity and social media. It's a tricky one for me because you see the best of people. On social media 'cause, that's all they they put out. Obviously, unless	The media can present ideals of what it ‘should like to be a black		-Social media and inaccurate representations of minority people

it's like something that's like trash, like, tragic that's happened or it's like a story that they want to share about a certain situation. But when it's coming to, like, a representation of people in their live and that individual themselves, a lot of the time, people only put out the best of themselves. So. If I'm now looking on social media and I see another black woman that's my age, I'm 28 years old and she has a certain lifestyle or she's reached a certain goal. It might elicit to me it might listen a little bit of shame. Like, why have I not reached that certain goal at this age as well? This is what I'm looking at. What am I lacking? I'm always looking at what I'm lacking basically in comparison to what they have or what they're in abundance or, but all they are showing is that one thing. So when it comes to identities and social media, sometimes I feel like social media is is tough, like it doesn't make me feel the best. I'm not going to lie when it comes to my own identity and comparing it to like social media and especially comparing it to women who look like me and are around the same age as me. Yeah, I guess I have to be more like mindful and like just to remind myself as well like these are like like people like me, human beings and they have, you know, they're only showing this best part of themselves.	woman which can make Jade feel insecure.		-Pressure and shame form self-comparison/ inadequacy -Self-preservation from media content
Researcher: What about in the context of racism on social media and your identity?			
Gina: I feel like sometimes it's targeted at use you know, like purposely like through the algorithm and like we were saying before about the triggers of seeing certain things on social media, I do feel like it's also targeted to us as well, where it's like we will all end up seeing it and it just becomes triggering and it becomes a topic in our community. So I just feel like. When it comes to social media.	Media seem to set the standard for who both Jade and Gina 'should' be as people and when don't meet this standard as black women they fall short.	Perhaps she feels that systems want to shape her identity and the identity of the community intentionally. Links back to what she said about feeling like the black	-Losing racial identity sue to online influence

It makes you lose your identity as well because there's there's so many different sort of influences online that it's easy to, as Jade said, for feel like you're comparing yourself to others most of the time.		community can be easily influenced Maybe she feels the media have an agenda to make black people a monolith this can result in a loss of idenity	
Sofia: I feel like identity is a personal journey and social media can make it harder for you to it. Just accept what you're blessed with and I think as black women hair is obviously like a really touchy subject or something that that I feel as if it I feel like microaggressions. Come can come out in various forms at work, you know, just on social media. Like when watching the TV, like hearing commentators that were watching the Olympics. And there was a documentary about like. Simone and she was just referencing back to like, a previous gymnast who didn't do her hair, but her hair was done. It's just because it wasn't straight and slicked back, and I guess like hearing things like that does make you or me personally feel like, oh, like my hair always needs to be done. But I feel like another layer to that is women are always. Expected to look their best. I feel so. So that's just an extra layer. It's not just about race, I don't think, but I feel I feel there are quite a few communities and groups which kind of empower and and over time, if you surround yourself with those messages and and be. And be around people who say where they're hair natural or whatever. You you feel more? Accepted Or accept that in yourself. And I think it is just something that is very personal to to you. And also it's just choice. So I think, yeah, I think that.	considers the impact of gender when it comes to identity and this is equally important to her	Sofia attempts to rebuttal Gina's previous point by stating identity is a personal journey Making identity a personal journey is Sofia's way of fighting back against this agenda of the media trying to make her part of a monolith she's expressing she's an individual and uses the example of how she wears her hair to this	-Identify as evolving and part of a journey -Eurocentric beauty standard of hair and intersection (black women) -Gendered expectations -Community representation as a key for acceptance

Jade: Yeah, I think we can look that back too as well. Like, I don't know if other cultures do it when you're out. Maybe you could like afterwards. Say, if, like in your culture do it. But in terms of like.			
Gina: Mm hmm.			
Jade: The shade or black as well, and the representation of like whether you're light skinned dark skin. I think there's a like on social media, there's a way of like people. Showing or making a certain type of black coloured girl or black skin colour. Deemed as the prettiest or the the the most attractive or the most like desired.I don't know if other cultures do the same thing, but then if you're the opposite. Skin tone that might make you feel shame. That might make you feel not desired. As a woman, especially if you know you see. A woman that's represented that doesn't look your shade and she's seen as you know, the most desired thing and you see men in her comments and you're thinking, oh, well then.My least desired. That's also another thing as well.	Thinking about colourism in the context of sexual desirably and being desired by a possible partner-	this speaks to Eurocentric beauty standards and their impacts This made me think about being accepted or desirable by the white majority and the idea of being able to fit a bit more if your sin was more adjacent to white	-Colourism and intersection of gender -Beauty standards as woman/ Eurocentric beauty standards
Gina: There are some positives there, like when it came to like Love Island like I think it this is the first season that a black couple have won. I saw like good discussions about that. I think it it also I think with the younger generation it gives them hope that you know there's people like them on TV and they're winning shows as well. So I think there are some positives when it comes to that sort of sense.	Highlights positive representations	She may be trying to put a positive spin on the conversation which at this point had predominately negative narratives	-Shifting to positive media narratives
Researcher: Is it Josh and Mimi when you saw Josh and Mimi's, do you feel like you resonated with them a little bit more? Did you feel represented? How did that impact your identity?			
Gina: I say this, but yeah, I'd say more represented not that I've identified with them, but more represented because I'm seeing more people like us on TV and they're actually winning. It's not just like a one off person. It's actually a couple that won, which look how many seasons there've been. And I don't think they've been in the first ones, right. I don't know.		There's a sense of pride. This goes back to Jades point- when minorities are being abused this can be felt equally when they are represented, win or do well this can be felt	-Hope for changes -Media representation not being accurate

Yeah. I just feel like it that might give younger girls hope. Maybe that watch the show. So I think that is a positive in a way		which has a positive impact on identity	
Zara: I just wanted to add, you know, what she did was saying. I do agree with what she was saying about the colourism aspects. So we do have an even, like, you know, Asian culture as well. So even as a kid, like, you know, my grandma's generation and then my parents' generation, if you're like, you know, if you have more pale skin like me. So luckily for me, yeah, I didn't get it as bad as people like my siblings who may have a darker, you know, skin complexion to me. And as someone that's like, not black, I can see it myself, you know, and there's, like, mixed race girls and like, half black, half black, half white, that is like, it does seem a bit like a fetish sort of thing, I don't know. Where they're seen as more attractive compared to girls that may have more darker skin colours. Yep. And but in relation to the question that you were asking, yeah, on social media, I feel like there are lots of voices, lots of groups and. I guess you eventually just find the groups that you know have your voice in them, and then you just follow those ones like an Instagram Twitter like X, et cetera. In terms of like news when it comes to media and I used to be a subscriber to like the Times, Washington Post, et cetera. And then I noticed how even though they might have a lot of subscribers that have like very high like positions like economic positions, but then the kind of comments they'd make about other people like people, ethnic minorities, and then the way that. The stories will be portrayed as well and how a lot of the time it was, you know, it was mainly the ethic minorities that were seen as a problem and you know, they're the cause of everything. So then slowly, slowly you just, you know, slowly start cutting off these media outlets that you know will target your group. And then you find one that does follow what you believe in. The Guardian and stuff like, even with the BBC, like what's going on right now.	She speaks about Mixed race people being more accepted which links back to my reflection about white adjacent acceptance and its impact on identity Zara hides or runs away trying to protect herself from what she feels is inevitable	Zara's view is that rather than letting media influence my racial identity I let my racial identity influence what I consume especially when it comes to news and politics. This opposes Gina and Jades view of being influenced by media in a negative way She's saying she is also oppressed by people from the black community not just the white majority. I wonder if she was making a point that her struggles differ from those in the group been perceived	-Colourism and discrimination within communities/intersection -Eurocentric beauty -Media narrative and untrusted and false representations/ demonization of people of colour -Macroaggressions -discrimination within minority groups

Any crimes that are like if you look at the comparison between what's happening in Russia and Ukraine and what's happening in Israel and Palestine. With the what's happening in Russia, they will out, you know, clearly, explicitly saying that, yeah, it was Russia that did this. But then with the Palestinian ones, they will completely erase Israel to make it seem like they're not per creators at all. So like, 100 years later, people look back. They're like, oh, no, it wasn't Israel. No, it was somebody else like, you know, they were really my fault here. Oh yeah, but then how that translates to my daily life is like, even when I walk down the street like, you know, when like someone's smiling or laughing, and then they see you and then suddenly their facial expression completely changes and they just give you a look. I've been through this my whole life so. It's when I go out purposely look down when I walk. So I avoid looking at people's faces because I know if I look at someone's face, they're going to, you know, give me a dirty look or like, sadly, sometimes Like even like from, like, the black community as well, like, people might laugh at me or make jokes about me. And, you know, other ethnic minorities as well. So I just look down, avoid looking at people's face and just carry on and do what I need to do. Go straight to AB and come on.			
Researcher: I'm so sorry you have to go through that on a daily basis. It actually shows how backwards society is and how much work people have to do.		I felt a sense of shame on behalf of my community again linking back to feeling what others in my community feel and apologised that she had to go through that	

		Sofia did the same - I wonder is she felt that same shame too Zara responded – OK The second hand shame we may have been experiencing in that moment may have been felt as uncomfortable by– this encounter reminded of the concept of white guilt and wandered if mine and sofia's apology came across as performative and too concerned with conveying guilt or shame or if my attempts to engage with her experiences and emotion had	
Sofia: Actually, it's awful. So sorry. I'm an hour			-Empathy
Zara: …Okay….	Experienced as awkward with slight tension		
Researcher: I suppose that is helpful to move on to our next part where I know we've touched on it, but thinking about coping and how we, how we manage, how do we everybody's described some sort of distress and a lot of what's been described is avoidance. Just getting on with it, just doing what we need to do to get on with the day, not having the capacity to even think about the racist structure of society. And I know, Rihanna, you mentioned that going to the gym. But that's more of a general stress how you manage general stresses. I don't know if anybody has any ideas and it's OK if you don't about coping strategies or even forms of support. You speak about these			

issues with families. Community organisations. Are there any online platforms that you use? So for example for me, I listen to a podcast called TDA, which is called the day after and they speak about current affairs and race is one of the primary topics. They speak a lot about. They speak about a lot about what's going on in Palestine. All of the headlines I've spoken a lot about the riots. I listened to it today and they were speaking about young black children being strip searched more than any other ethnicity and and for me that's how I cope. It's my outlet and it's a space for me to listen. To race based issues in the community and funnily enough, that is it's a form of media form of media. Is my way to to manage and I wonder if you've got any coping strategies or support systems you use to resist these things.			

Sofia: I think similarly to you, Sheryl, like reading articles of how people who have been affected respond. Just to just to hear their views and I think there's like a little bit of comfort in knowing that that you're not just feeling it by yourself and also just taking some like learning from them or or how they've coped or or what they thought about the situation? And also I think like usually first port of call is just. Chatting with family, chatting with partner just about what's been going on and just. I guess like 9 times out of 10 it's just complete disbelief and kind of thinking, gosh, I thought we were, you know, taking a few steps forward. And now we feel like we're like 5 steps back. And another thing for me is actually like Speaking to young people and not talking about things which make like, oh, which focus on oppression actually like uplifting as well because it's not all bad. And I think if you just focus your mind on that, then then it can be. And for me I I know there's power in uplifting and sort of getting your foot forward and helping other people to kind of rise up the ranks. And that's how a lot of our like counterparts are able to end up in places of power, so. That's I think I didn't actually realise it as like a coping mechanism, but I think that's what I do and why I feel like I always have to just like help because I'm not. I'm not. I'm not writing like I'm not going to the streets. I ain't gonna do it. So yeah, that's how I think. How I coped.	A way to cope is to indirectly challenge the systems of power my taking it for ourselves 'rise up the ranks' . She's saying we have to be strategic in the pays we dismantle SR but makes a s joke – and everyone laughs second time she's uses humour when describing a sad reality	There was an overwhelming sense of things not ever changing the state of things being bad I wonder if Sofia felt this and wanted to make a point by highlighting the positive She's telling us there's other ways to fight these powers. In this I think she highlighting the ridiculousness of the current racist rioters at the time and suggesting riot it not wise as it something she defiantly wouldn't. so much so the thought of her doing such a thing is humours. For her Helping the comity is twofold as is facilitates her own healing and dismantles they systems white grip on high positions and power	-Hopelessness /disillusionment -The understanding of the collective as a source of comfort -Learning from others as a way to cope -Empowering and uplifting others/collective healing -Constructive action over activism

Jade: Yeah, I think similarly. So Sofia and like what I said as well earlier, on, is just just having those conversation, those like deep conversations with people that are close to you and just hearing their opinions and just sharing your opinions. I think the PowerPoint of sharing your opinion is just allowing you to get off what's off on your mind about the situation. And once you're there having that conversation with somebody about the whatever you see and whatever I've seen and being able to just share what's on my mind, it kind of just eases whatever it is I'm feeling, whether it's like sadness or like anger, whatever it is, just having that conversation and just having that mutual. like like when I was saying as well, a lot of the times they haven't, they fought the exact same way I do. So just having that mutual time to just like bond and just share. A feeling that we're both sharing right there and there and then it really just helped to just like ease that feeling that I'm going through. And just like talk about. Kind of just debrief about what we've we've both we've both seen and how it's impacted us emotionally. Yeah.		The suggestion the speaking about these issues in an experiences that creates stronger connections and can be quite intimate so these are conversations she reserves for friends and family	-Sharing and talking having therapeutic values -Validation and understanding from others/empathy -Sharing bonds due to mutual experiences of injustice
Gina: I think mine's similar to both Sofia and Jade, but I think a bit a bit dramatic as well. Like, I'll delete the app like on social media if I find it's too much, I'll just not go on them and similar to you as well, I listen to podcasts and just try to keep busy because I think over stimulating yourself that like negative sort of views on your			-Self preservation -Creative expression as an outlet

community can take a toll. So I do think having social media breaks really does help.			
Researcher: Zara about you, is there anything you do do that you feel is helpful? Or helps you cope with the visit. The residual effects of what you see on social media and what you experience in your day-to-day life.			
Zara: Umm. Well, to be fair for me because. I'm quite strong on my faith, so I just pray and then I just get on with it because it's just so part of everyday and yeah, just part of my daily life. So having those conversations, would it really make a difference to me because it's just everyday you can't talk everyday about same thing. You know someone smashed my tyres. What do I do? Yeah, just got to move forward and still have a problem you're left with.	Praying is something she does everyday so its something she uses to the everyday psychological trauma of racism	. I wonder if she's expressing as this issue is persistent she needs a persistent solution or coping strategies, something that is part of her everyday routine to deal with the routine racism	-Faith/ religion and a source of strength -Hopelessness
Researcher: You say that you just get on with it, which you do, but prayer is a massive thing. That's a massive act of resistance. Retreating into culture again, that's another act of resistance. These are all acts of resistance. So that's. Yeah, that's fair. I want you guys if you have any to share personal experiences or stories. You know where individuals, community or communities have resisted systemic racism. What did this resistance looks look like? What forms did this resistance takes? What does ad fit? I can't talk. What does activism, advocacy and movements look like? What have you observed communities doing to resist racism? So I know we've mentioned protests already and we can speak a little bit about them, but I wonder if there was anything else as well. You've seen communities or individuals do to resist. Acts of racism and systemic racism. Have you guys done anything? As an act of resistance.		My interpretation was that she didn't feel she was doing anything to manage racism but to me prayers was quite significant and I felt to point this out to her to validate this	

Sofia: one thing that's coming to mind was when there was. There was an attack, I think, on a black woman in a hair shop. Maybe a couple of months ago, and as a result, a large part of that community just boycotted that shop and I think boycotts are a way a lot of communities kind of fight back because obviously, financially finance money rules the world. So if you affect someone financially. They're going to listen. And I think similarly to what's happening in Palestine, the war that's happening in Palestine, obviously, like McDonald's still being involved in loads of things people are like, not wanting to eat there. So those are what I've heard, like things that I've heard and like, taken part of myself, like boycotting when I feel like something isn't right and pouring back into. My community as a result So. Yeah, and. And the example that I shared previously about. Me and like all of like, some of the, like, black employees just emailing the CEO sort of together so it didn't feel as it's scary doing it, just like one person kind of felt like a movement. And it did actually help.	Again the idea of dismantling power structures through boycotts and removing ones self from spaces that are not safe She's speaking to the power of collectivism and banding together as communities. This reminds me of previous points about use feeling pain together, or winning together. When we come against structures together these is more power in this.	. I wonder if this notion affirms that there is power in minority comminute presence despite societal structures wanting use to believe this isn't always the case.	Resistance and empowerment from boycotting Economic power helping to create change Community coming together to confront authority and create feeling of safety
Researcher: Power numbers. It's a lot of what is done can't be done by ourselves. We need support from the wider communities. Things need to be done in numbers such as essentially what you're saying.	I affirm this showing her I connect with the ideas shared and check my interpretation of what has been said		
Sofia: Yeah, absolutely I find it's easier to have conversations that I would feel usually uncomfortable having if I know that there's someone who can back me up in the room and it sounds so crazy because we should be free to share our opinions. But there's nothing worse than thinking about sharing something and some no one being able to relate or someone even pushing back and it not being like at this point I'm literally fighting for my, for myself and for my life. So yeah, I agree. Power and numbers for real.	There's something safe and secure about the presence of other minority people. That presence of another alone produces a confidence to do more and say more. This also simultaneously suggests the absence of other minorities is suffocating or feels like a trap due to the use of the word "free"	When there is pushback she compares this to fighting for her life which suggest the desperation of trying to have a voice in the absence of others that look like but also the difficulty of this. Standing up for yourself in white dominated spaces does feel like a matter of life and death	-Collective efforts -Fear of not being understood or judged for speaking about racism

		and when her voice is not heard she dies a little bit inside.	
Researcher: Anything else anyone else has seen as an act of resistance against what we see in the media and then everyday society, anything you've observed? Have you done anything yourselves?			
Gina: Not necessarily me, but I would say that the I don't know if I'm allowed to date, but I think the Jewish community, they're very quick. If they don't like a comment or something, an organisation has said they're very quick to shut it down and you can be called anti. Is it anti-Semitic? yeah. I feel like within that community, they're very lucky to have that sort of power. So it's interesting to see like another community have that power, whereas we argue about the same thing or similar things and we're not really heard that. It's interesting.		Other marginalised communities that are more adjacent to whiteness have more of a voice in society and can fight oppression more easily. She calls this interesting which gives me a sense she feels this isn't just. As someone from the black community she is further away from whiteness so cant benefit in the same way s these other communities. Does she feel like she drawn the short straw	-Perceived disparity in collective power between communities Unequal responses to discrimination across groups
Researcher: so there's something about power dynamics between communities. There's some communities may have a different power dynamic within society than other communities. It sounds like that's what you're saying. and that is easier for them to then resist their forms of oppression, because they have that. Thanks Gina. Did anyone else have anything to add to resistance ?			

Jade: I have the same ideas about boycotting, so I don't really want to repeat.		She didn't want to take up space with what had already been said. Wonder if this parallels a society where we minorities avoid taking up space to speak on issues because it's already been said. Is there a fear that expressing these thing again will be wasted effort Parallels with previous ideas that nothing changes	
Researcher: And I'm wondering Minoritised communities do have allies. What ways can allies help contribute to resistance and do they contribute to resistance? Do you find that white, the white majority, support causes such as Black Lives Matter? Do you feel like there are allies for minoritised communities? Do they speak up against certain things? What are your views on the presence of allies and? If they're on, what could majority white counterparts do? To stand up against systemic racism.			
Jade: I was going to say I wish there was, but I don't. I don't feel like, especially when I'm in the workplace, like I'm in the hospital and I'm. I'm having conversations with people, whether it's about an incident that happened in like if it's Palestine or if it's an incident happened with a black person, I feel like the people that I'm having the conversations	Something is better than nothing even if they get it wrong. She wants to that she is considered or cared about by her white counterparts		-Missing of allyship from white colleagues -Silence or passivity from those in privileged groups

with are people who can identify with the people who are being targeted. It's very, very like rare that I'm having conversations with people that like the white with white people and it's. They're the one that's even like initiating the conversation. A lot of the time. Is somebody else that's initiating the conversation and then they might have their opinion. But I don't ever really see. White people having a an opinion about a topic. I don't know if it's because they feel like, you know, they can't speak about it or they do feel nervous having those conversations, but they do care, but they don't. They don't choose to say anything, but a lot of times they don't say anything. And I noticed that I've had these conversations with people who can identify with the the people who are being targeted. And I feel like when they are, when we do, when someone does get approached with this conversation, they do have an opinion and I feel like what could help in the future is this. If they do feel, you know, afraid or they do feel nervous having these conversations because they don't want to offend anyone. But like, maybe saying the wrong thing, I feel like they should still just speak up and have an opinion. I feel like them just having an opinion in in general or alone shows us that they care somewhat. So yeah. Whether they feel like, you know they might not say the right thing or whatever it is just showing that they have an opinion about the the topic alone just will help them going forward.			-Emotional safety in speaking with those who relate -Fear of the wrong thing being said felt as a barrier -The value of care by speaking up or engaging in conversation
Zara: even just expressing their thoughts. Sorry. No, because sometimes, like I'll be talking about something and like, so I go to. Mainly white uni. I'm the only like the common person. There's like, only like you could count. Like them up from people that are in there. The coloured people in there. So like, whenever I tried talking about like something that's happened, they have no clue about it because it's	The lack of alllieship creates separate issues being in a separate word from what people which is isolating. Isolation but also helplessness about her situation she asking rhetorical questions knowing we don't have answers. She	There's an abstract segregation happing where she is forced to face SR and her friends or people in her community have the privilege to not deal with it which is even more painful than the SR its self	-Isolation in predominantly white spaces -Lack of awareness or apathy from peers -Silencing through avoidance of "negative" subjects

too negative for them. So they just ignore it and they avoid news like that. And then it's like well, then, who do I talk to like, you know, who can I share anything with? So then I just bottle it up because every time I've brought up an issue, it's like, oh, no, I didn't notice what's going on. You know, I just, I don't watch that kind of news.	emphasising the stuckness by doing this. There's a long pause after she says this, I wonder if we were thinking of an answer to her question. Trying to think who can she talk to		-Emotional suppression and bottling up -Frustration with inability to share lived experiences
Sofia: So there isn't really any allieship where you're at the moment. And is it something you do you feel like was present at all in society? Do you see allieship in the media or in the government or?			-Lack of support and the neglect of people of colour
Zara: Definitely not a government. No, not a government at all. Like I know with Boris Johnson or anything like this, boxes and then all the other politicians that came afterwards and like, you know, you and Sweden was like calling the martyrs for Palestine hate marches. But then with these riots now like, you know, it's completely silent.	Feels a sense of injustice		-Criticising power structures -Tokenism of activisms
Sofia: I feel like I've had a bit of a different experience in regards to allyship because of the industry that I work in. I work with a lot of ignorant people, but at the same time. Because we work in social media advertising, we're very aware of, like current affairs, because our brands have to respond to them and our clients have to be aware of them. So I have quite like meaningful conversations with like my white counterparts and and it's a safe space to kind of like check people, if that makes sense and it's like quite open in that in that respect. So. And I do think I do truly think that that the George Floyd murder has changed that because before I didn't feel as if that was as widely accepted to kind of have these kind of conversations in the workplace. You know, those are the conversations. These are the conversations that you kind of want to avoid because you don't want to say the wrong thing or or look uneducated. But I think there's a big piece in like, well, if you're not educated, educate yourself. And don't necessarily ask people who have been affected all the questions like, because it can be quite triggering and traumatising in that in that sense, and I think systematically like in, in, in government,	Gives the sense that she feels that these issues are bigger than us because they are so deep rooted. Here She's emphasising "its so deep" she says so deep twice like in that moment she realising the very foundational nature of this issue		-Mixed experiences of allyship -Difficulties in creating spaces for dialogue -Post George Floyd and following changes -The normalisation of race conversation -Education other people as an emotional burden/ explaining racial issues

there are quite a few politicians and MPs who do, you know, respond to things and they're very vocal on Twitter. And I can't like name them because candidly I'm not really like into politics. But when I do see it, they get, they get a response and they will be very. Outward about, you know, this isn't a war. This is a genocide. But unfortunately they're not in power. And this is what makes systematic racism so challenging because. They're literally in government and you would think that an MP or three or four MPs, or however many MPs who have, who have Opinions can kind of inflict change and they can, but it's just. It's just a lot slower and it's just so it's just so deep because no one is gonna be able to click a finger and end war. It's just so deep. So. So yeah, I feel as if. I don't feel if we're talking about work, I don't feel uncomfortable talking about these subjects. Sometimes I go into spaces and I feel like. That people just are not educated enough. So I'm not even going to bother wasting my breath because it's just going to be like talking to a wall or like really having to over explain and that is draining like super draining, but always open to like challenge and correct where possible or even like or even if I don't know how to respond to something. Do some do some like work internally as well. Because. Yeah, I feel like that's also important.		She drags out the word draining emphasising her frustration.SR has not only harms minorities directly but has become and indirect responsibility of minorities to make right by teaching other people. Its like a mess minorities are constantly having to tidy up even though they didn't make it and this is tiring	-Institutional responses being be low -When to speak and when to be silent -Doing the personal work -Engaging with policy
Researcher: I suppose it's a homestretch question is and I feel like you guys have kind of touched on it. But in your opinion, in your personal view, what do you think institutions need to do to address these things? What do you think would be effective in combating systemic racism and what do you think would be effective in supporting people in your view? What needs to be done? What would be effective, if anything at all? And if you don't think anything is effective and nothing can be done, that's also an answer.			

Gina: I think creating a safe space for people to raise these sort of issues and have these discussions. Sense. So for like creating that safe space where everyone can feel comfortable and not feel like they're going to get some sort of backlash. If they do, you know, raise any sort of issues I think that could be a step. Yeah.		The idea of fear again "backlash", there is fear around addressing these issues and the repercussions. There seems to be a push back from the system when people try to speak about or fight oppression. Although we might want change the system its self does not.	-Need for safety -self-expression and empowerment
Researcher: What I'm hearing is a receptiveness to what minoritised individuals have to say. So if minoritised individuals do raise issues, it needs to be met with receptiveness and openness as opposed to shut down immediately, which seems like that's what tends to happen. OK, cool.			
Sofia: I feel like there needs to be more, more women in power and I'm not sexist at all, but I feel like there is more empathy on our side and this is unrelated. But when I've I've been very close to people who have been like sexually abused at work and and then the victims themselves not, not not wanting to raise anything because they don't want to rock the boat and I think. Change is inevitable, but I just feel like really to combat systemic racism, the minds and hearts of people need to be changed. I just feel like. It's a top down approach but even feeling comfortable in your neighbourhood, no matter where you live in, in London or in wider cities, isn't going to feel better if the government has said, well, we accept everyone now because you know my my community doesn't accept me, you know, so I think. Yeah, I'm not a pessimist. I'm quite optimistic. But like, this conversation just makes me just think it's just such a big it's just such a	Intersectional identity is important to her and she believes gender solutions could translate to race solutions Its not just top down its bottom up change is not static or linear its not just government policy its individual in the community that need to change too Speaking to the deep roots of this issue		-The role of gender vs race -Power and Hierarchy – endorsed by multiple people -SR as concrete and unable to change

bigger problem, not not one that I think we'll see in our lifetime unfortunately. But yeah, we we hope and we pray.			
Jade: Yeah. I'd honestly, I don't know. I can't actually, I don't know, because I feel like when it comes to racism, it's it's like internal thing as well. And it is that. How do you change somebody's mindset? How do you change somebody's heart like? So because of that alone, I know there's things that we could do to push forward. A difference and a small amount of change, but for there to be a complete change and for there to be like a complete switch. I don't know. I honestly don't know what it's like you could do when it comes to that.			-SR as concrete and unable to change -Sense of hopelessness
Researcher: You it sounds like things for you guys. Things need to happen collectively before they happen systemically. And the difficulty is targeting every single individual collectively. That's what's difficult. And so maybe there needs to be a way to in to target people individually so that things are happening collectively on wider scales.	Me sharing the meaning I made from these comments to affirm that I understood their views	In the space I focused on coming with solutions and ideas. This may have been in response to hearing diffuclt narratives and my desire to want to aid change, As the researcher this is an aim I had for the study but perhaps the space isn't about creating solutions the space is about containing participants	
Sofia: Absolutely, yeah, absolutely. I think we're heading that way. 'cause. I feel like families are being, you know, like people are coupling with outside of their race. So that will help because those conversations will be happening at a granular level at home, you know, and then like older grandparents who may not have experienced different cultures are now having to learn because they're now part of. Their family, their family, has now merged with another culture.		The reference God willing could suggest that genuine change is beyond the scope of what mere humans can do and a change may require an act of God or miracle	-Hopes for change -The generational impact of trauma

We can still stick with those views, but at least they're kind of exposed and can get rid of those you know. Prejudice sorts in their mind or whatever, so I feel like generationally, like, God willing, it will water down. And it probably will. But yeah, I just feel like it's gonna take time.			
Researcher: Zara, have any thoughts on what's been said?			
Zara: No, no, I agree with what everybody said. But yeah, I feel like we need to just reshuffle all of society around. So what Rihanna was saying about top down, bottom up, yeah, it is bottom up. So it would be good to have, like, you know, more cartoons. And I don't think do it already. But like cartoon people etcetera. But then also bottom down as well. So the politicians that we get, we need to be vetted properly, like really strictly, you know, for emotional intelligence and other stuff like that because, you know, with the riots, it was a politician's wife that first. Spread out that rumour that it was a Muslim guy that, you know, killed the three kids and then that's what started everything else. So she was the first person behind it. She went to the courts for it as well and. Also like you know, in positions of power we need to see more colourful like coloured people as well. Like, you know blacks, you know Asians, ethnic minorities because like the unit I'm at currently like all the teachers are white, there's no colour kind of people anyway. So it'd be good to have, you know, different representations of people in power. So everybody, so they can also voice their opinions on the tables where, you know, their voice is valued sort of thing. And then that would have a ripple effect on everybody else.	Zara feels society needs to start again because the issue is too deep rooted.	Use of the phrase "Ripple effect" might suggest she thinks the smallest changes could eventually be amplified and she acknowledges its baby steps as it were	-Power and hierarchy and ensuring even distribution for change -Empathy from people in power -Empowerment though having voice heard -Demonization of people of colour
Researcher: Hmm, even Power Distribution. I definitely agree. Thank you.			

Appendix L: Participant Contributions

Table L1

Participant Contributions for Employment Focus group

Participants	Role in Group	Key/Unique Contributions	Shared Group Themes/Ideas Most Strongly Voiced	Interpersonal Connection
Zoe	Influential/ dominant voice	-Personal actions of fighting against system The advantages of seniority at work. - The harmful impact of stereotypes and black identity, not fitting into the black stereotype.	-Power dynamics impact on change. -Tokenistic efforts to be inclusive. -The Elusive Nature of Racial Discrimination.	Doesn't have a particularly strong connection with either Mike or Laura. But resonates with both at often expanding on their points or indirectly offering advice on how to navigate systemic racism.
Mike	Fatigued/Resilient	-The harmful impact of stereotypes and black identity. -Notions on isolation and not fitting in, being bothered.	-Power dynamics impact on change -Tokenistic efforts to be inclusive -The Elusive Nature of Racial Discrimination -Masked Identities and hopes for Acceptance	Resonates most with Zoe on ideas about burden and fatigue
Laura	Burdened Advocate	-Experiences of being restricted by her job position	-Power dynamics impact on change -Tokenistic efforts to be inclusive Masked Identities and hopes for Acceptance	Indirectly compares her experiences to Zoe's throughout, Laura highlights how Zoe's higher position at work gives her greater influence over work culture.

Note. This table is a summary of key contributions from participants in the employment focus group, highlighting their roles, major themes discussed, and interpersonal connections with other participants. This explores the interplay between individual perspectives and group.

Table L2

Participant Contributions for Mass Media Focus Group

Participants	Role in Group	Key/Unique Contributions	Shared Group Themes/Ideas Most Strongly Voiced	Interpersonal Connection
Sofia	Hopeful/influential/ empath	-Intersectionality in the context of being a black woman. -Optimistic lens and hopes for change	-Unique intersectional identity over racial identity. -Silent Survival: not being seen vs Withdrawing for Self-preservation.	-Empathises and validates Zara overtly on a number of occasions. Sense of connection with Zara, Gina and Jade
Gina	Disillusioned Advocate	-The reality of limited change.	-Solidarity in shared pain -Enduring Cycle of Racism / Eroding Hope.	-Connects with Sofia's ideas frequently often adding to her points and narratives.
Zara	Dominant voice/ Fatigued	-Intersectionality in the context on being Asian and Muslim. - Deeply personal experiences of interpersonal racism.	-Unique intersectional identity over racial identity. -Silent Survival: not being seen vs Withdrawing for Self-preservation. -Enduring Cycle of Racism / Eroding Hope.	-Often resonates with Gina's sense of disillusionment and hopelessness
Jade	Observant/empath	-Shared sense of pain. -Overt validation of others experiences.	-Solidarity in shared pain.	-Empathises and validates Zara overtly acknowledges differences between her ad Zara

Note. This table is a summary of key contributions from participants in the focus group, highlighting their roles, major themes discussed, and interpersonal connections with other participants. This explores the interplay between individual perspectives and group.

Table L3

Participant Contributions for Education Focus Group

Participants	Role in group	Key/unique contributions	Shared group themes/idea most strongly voiced	Interpersonal connection
Anthony	Dominant voice/ Assertive Advocate	-Directed advice on how to cope - Strategies to facilitate change -The harmful impact of stereotypes and black identity	-An Unseen Cage: Confinement Caused by Racialised Norms -Racial Bias in the School Curriculum and Implicit Lessons -Unspoken Truths in Education -Solace in community	-Didn't share Mia's experiences but and understood empathised with her, validates her and shares advice. -Limited interaction with Yasmin. -Minimal connection.
Mia	Influential/ Disillusioned Advocate	-Personal journey of understanding SR and identity - Experiences of internalised racism	-Racial Bias in the School Curriculum and Implicit Lessons -Unspoken Truths in Education.	-Contributions impacted both Anthony and Yasmin. Anthony was influenced by Mia to share advice and ideas around self-care and resilience's. -Yasmin was influenced by Mia to share accounts similar to hers, Yasmin's perhaps sue to a felt sense of connect on Yasmin's part towards Mia.
Yasmin	Observant /reserved	-Brought in examples from secondary school.	-An Unseen Cage: Confinement Caused by Racialised Norms.	-Related more to Mia possible connection reinforced by south Asian background and Islamic religious beliefs; little engagement with Anthony.

Note. This table is a summary of key contributions from participants in the focus group, highlighting their roles, major themes discussed, and interpersonal connections with other participants. This explores the interplay between individual perspectives and group.

Table L4

Participant Contributions for Law Enforcement Focus Group

Participants	Role in Group	Key/Unique Contributions	Shared Group Ideas/Themes Most Strongly Voiced	Interpersonal Connection
Alex	Disillusioned Advocate/ Empath	-Experiences of being arrested and profiled by police. - Experiences of differential treatment in comparison to his peers. - Experiences of being serotyped as a black man.	-Justified anger and ability to express anger without judgement. -Transitioning from boyhood to manhood. -Detachment from reality/ attempts to escape the pain.	-Strong resonance with Noah possibly due to shared identity as black men who live in the same city. -There was strong interpersonal connection between both.
Noah	Disillusioned Advocate/Empath	-Behavioural adaptations to prevent encounters with the police. - Experiences of being serotyped as a black man	-Racial appearance as a target- being mindful of how one dresses to avoid discrimination. -Justified anger and ability to express anger without judgement. -Transitioning from boyhood to manhood.	-Used humour to connect with Alex frequently. -There was a sensed familiarity between both. -No one voice was more dominant than the other, space was shared and held equally between the two.

Note. This table is a summary of key contributions from participants in the focus group, highlighting their roles, major themes discussed, and interpersonal connections with other participants. This explores the interplay between individual perspectives and group.

Table L5

Participant Contributions for Group Health Care Focus

Participants	Role in Group	Key/Unique Contributions	Shared Group Ideas/Themes Most Strongly Voiced	Interpersonal Connection
Nadia	Dominant voice/ Assertive Advocate/empath	-Flaws in the health care organisation she works with - Personal experiences of receiving inadequate health care for conditions that disproportionally impact black people. - Invisibility of Black pain in medical contexts, especially in diagnosis and treatment of conditions affecting Black communities	-Systemic neglect of diverse health needs - Frustration with performative diversity policies in healthcare systems. - Advocacy as a tool for survival and change.	-Showed curiosity about others experiences often asked Erik and Iris follow-up questions. -Was appreciative of shared personal stories and often thanked others for sharing.
Erik	Hopeful	-Flaws in the health care organisation she works with. - Unique perspective on how to resist systemic racism. - Need for safe spaces for Black professionals to voice concerns.	- Interpersonal acts of allyship vs institutional accountability. - Shared strategies for challenging racism within professional roles.	- Connected well with Nadia and Iris, responded openly and in detail to prompts with minimal hesitance. - Seemed encouraged by stories of hope shared by others. -Strongest focus on resistance put of all participants
Bree	Reserved/ Observant	-The role of power within systems with focus in the responsibilities of senior leader and managers.	- Silence and complicity of leadership. - Frustration with tokenistic inclusion efforts.	-Appeared to listen attentively, made fewer contributions but often nodded in agreement with others. - Appeared reflective, especially during Iris's and Nadia's stories contributing off the back of their accounts

Iris	Influential/ Assertive Advocate/ Hopeful	-Personal account of a high profile racist attack. - How systemic racism has an impact on the political climate particularly in relation to the Palestine and Israel and her experiences of activism in this area.	- Solidarity across movements, and how systemic racism impacts different communities globally - Erasure of identity, both culturally and politically, in activist and professional spaces. - Emotional toll of activism and sustaining hope.	-Connected strongly with Nadia and Erik' - Offered validating comments to others. - Assertiveness and openness helped foster group trust.

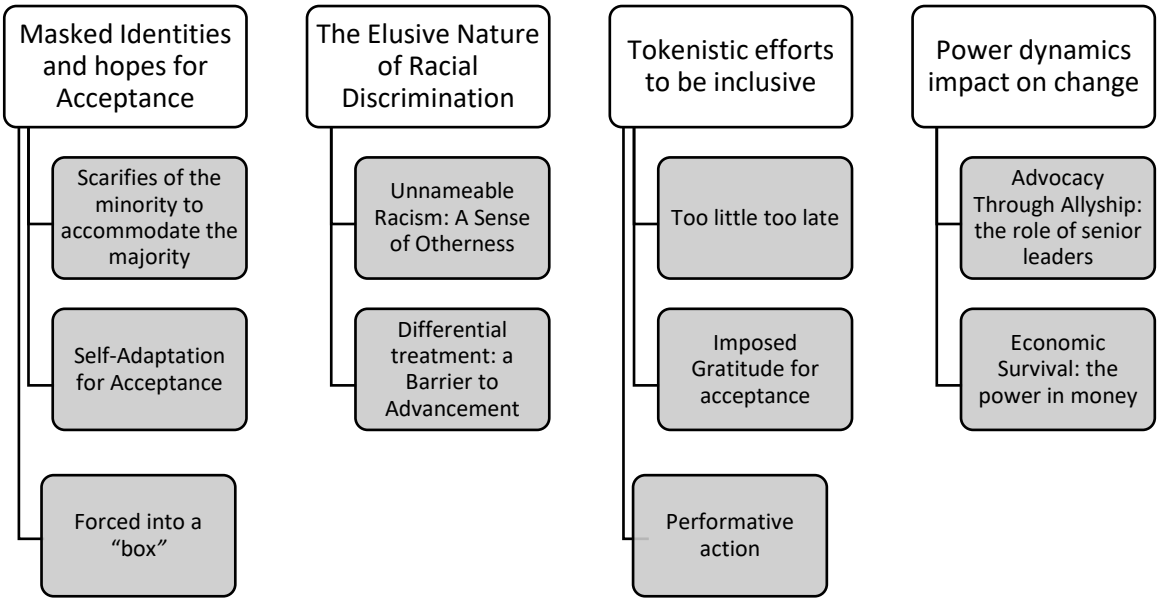
Note. This table is a summary of key contributions from participants in the focus group, highlighting their roles, major themes discussed, and interpersonal connections with other participants. This explores the interplay between individual perspectives and group.

Appendix M: Preliminary Superordinate and Subordinate Themes

Figures of Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT for Each Group and Interviews

Figure M1

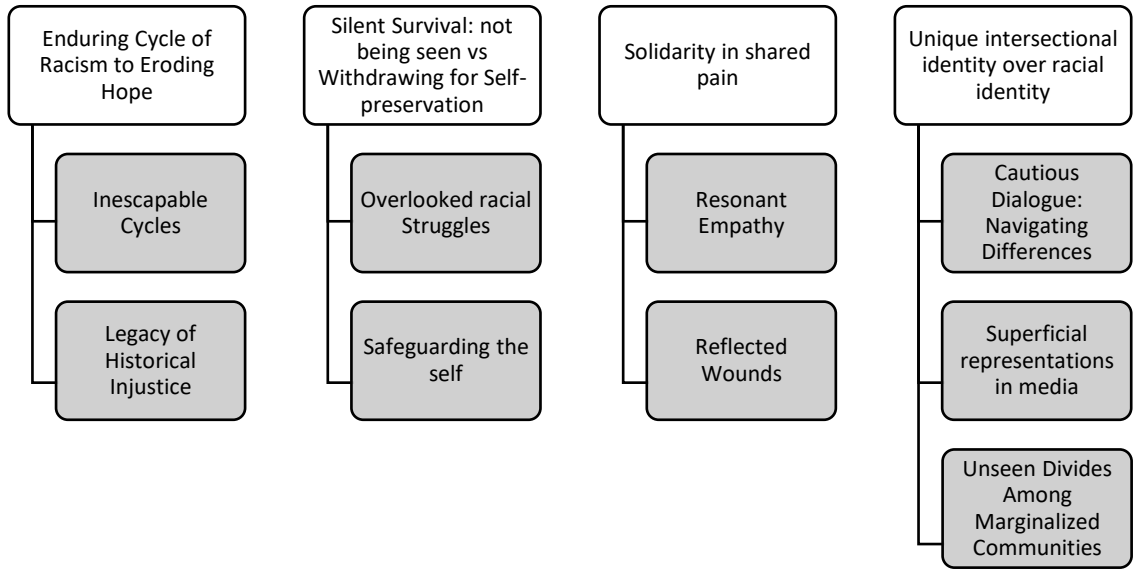
Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Employment Settings.



Note. Themes and Sub-Themes Representing Participant Experiences in focus group 1 'employment'. This figure illustrates the primary themes and corresponding sub-themes derived from participants.

Figure M2

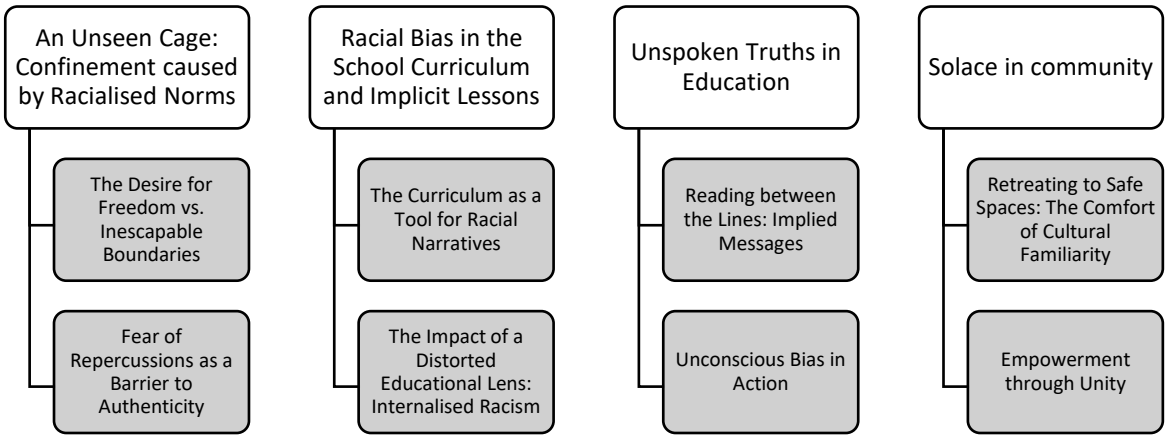
Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Mass Media Settings.



Note. Themes and Sub-Themes Representing Participant Experiences in the Mass media focus group. This figure illustrates the primary themes and corresponding sub-themes derived from participants.

Figure M3

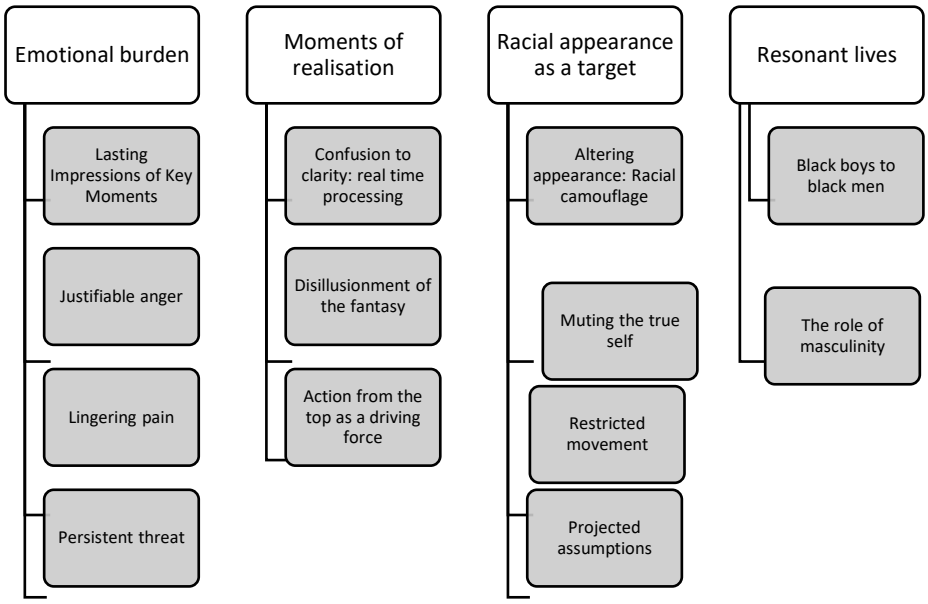
Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Education Settings.



Note. Themes and Sub-Themes Representing Participant Experiences in the education focus group. This figure illustrates the primary themes and corresponding sub-themes derived from participants.

Figure M4

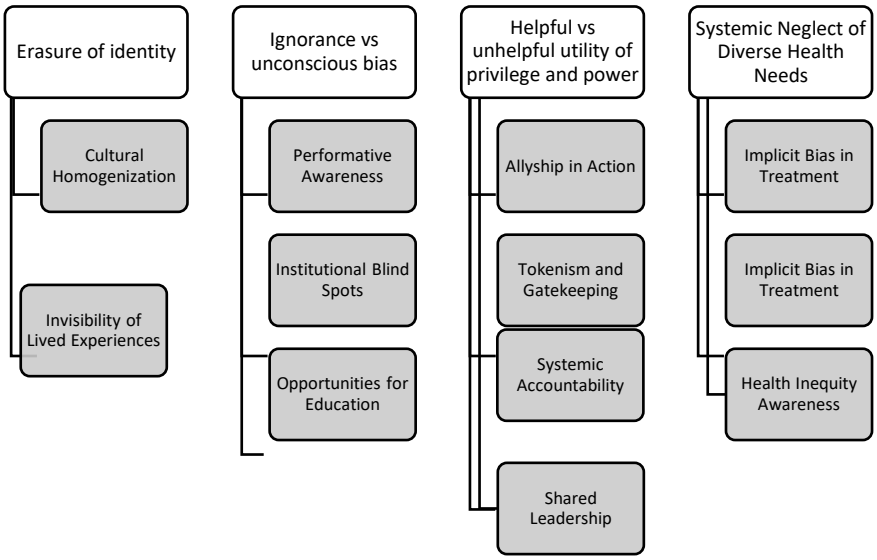
Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Law Enforcement Settings.



Note. Themes and Sub-Themes Representing Participant Experiences in Law enforcement. This figure illustrates the primary themes and corresponding sub-themes derived from participants.

Figure M5

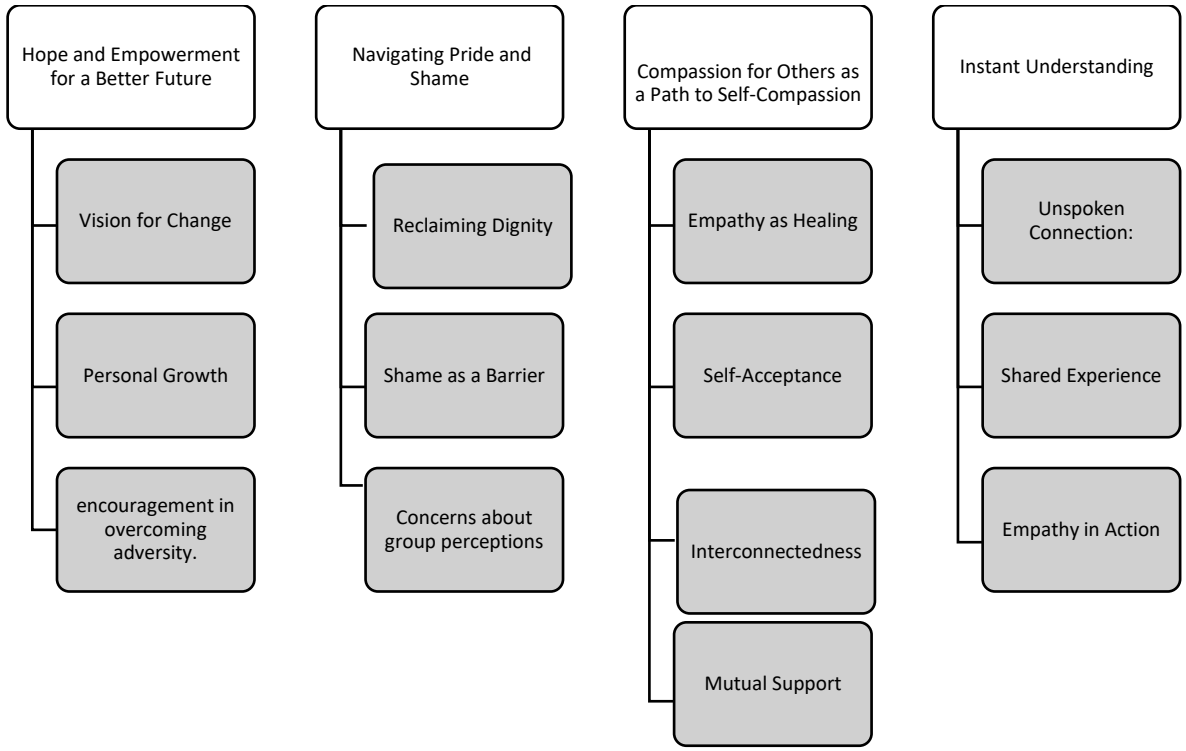
Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in Health Care Settings.



Note. Themes and Sub-Themes Representing Participant Experiences in health care. This figure illustrates the primary themes and corresponding sub-themes derived from participants.

Figure M6

Preliminary Superordinate and Subordinate Themes Representing Experiences of SR and RT in derived from five one to one interviews.



Note. Themes and Sub-Themes Representing Participant Experiences of the focus group. This figure illustrates the primary themes and corresponding sub-themes derived from five participant's one to one interviews.