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A Convergence of Violence: Structural Violence Experiences of K–12, Black, Disabled Males across Multiple Systems

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Abstract: In American schools, conversations about violence prioritize direct violence, while indirect violence is virtually ignored. This current emphasis overlooks the structural violence deeply embedded in America's social, political, and economic institutions, which were intentionally designed to exclude, and position some groups to experience disproportionate levels of poverty, exploitation, and persecution. To understand the mechanisms of structural violence, the concepts of structural violence and total institutions, the tenets of Disability Critical Race Theory can be used as an analytical lens. This retrospective comparative case study does so by exploring similarities in the lived experiences of Black, Emotionally Disturbed males across metropolitan special education, juvenile justice, and medical systems. The findings demonstrate a "convergence of violence" in America's juvenile justice, medical, and special education systems, collectively pushing K–12-aged participants into carceral sites, denying them voice and choice, and providing them with performative healthcare. Our study recommends that institutions designed to serve K–12-aged learners use cross-sector collaborations to meet holistic learner needs and mitigate pressures to engage in direct violence. Specifically, we offer the Whole School, Whole Community, Whole Child model as a national approach to increase access to healthcare providers, social services, and mental health services, as well as engaging community stakeholders critical to understanding the cultural context of learners' lived experiences.

Keywords: K–12 violence: structural violence; Emotional Disturbance; performative healthcare; Black males

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1. Introduction

Over the last decade, increased media coverage of mass shootings in schools has led to the misconception that overall violence in American schools has been increasing. While multiple-victim, school-associated deaths have increased, national data indicate violent and serious violent victimization rates have been decreasing since the 1990s (Frederique 2020). For the purposes of this study, K–12 includes American Kindergarten, elementary, junior high, and high schools, and may include students from ages 5 to 21 years. This trend suggests that existing K–12 violence prevention programs and policies have been effective, and consequently, this issue is less of a national priority. However, these trends do not account for invisible, indirect acts of violence. Rather, they focus on narrow understandings situated in visible, direct acts of violence. This is apparent when examining indicators of violence measured by America's national government datasets on K–12 school violence, such as the School Survey on Crime and Safety, the School Crime Supplement, and the School-Associated Violent Death Surveillance System. These indicators primarily emphasize physical manifestations of violence, such as serious violent crime and violent crime. Moreover, this overall decrease in K–12 school violence neglects persistent trends regarding the disproportional impact of direct violence on Black and disabled bodies.

This comparative, retrospective case study argues for a new perspective on K–12 school violence that foregrounds structural violence. To support such a reframing, we begin by presenting an understanding of total institutions as mechanisms to enact structural violence. This is followed by presenting an interwoven history of America's juvenile justice, medical, and special education systems, which demonstrates a convergence of structural violence across systems. Subsequently, we assert that this historical convergence of structural violence persists into the contemporary practices of these systems, to advantage and disadvantage the same groups. Specifically, commonalities in the lived experiences of our Black, Emotionally Disturbed (ED), male participants demonstrate how structural violence converges across juvenile justice, medical, and special education systems to limit their agency and mobility across multiple systems. Finally, we provide the broad implications of this study's findings.

2. Structural Violence

Structural, or indirect, violence was initially conceptualized by Galtung (1969) as the ways that social structures and institutions cause harm to individuals through deprivation of basic needs, preventing healthy development and limiting individuals from reaching their full potential (Garcia-Reid 2008). He contended that direct violence has identifiable actors committing visible acts of harm, with manifestations like killings, mutilations, and some sorts of physical hurt. In other words, the visibility and somatic nature of direct violence means that it is often perceived by the individual being harmed. In contrast, structural violence is often invisible, because it is indirect, with no clear actors perpetrating the harm, because the violence is "built into the structure and shows up as unequal power and consequently as unequal life chances" (Galtung 1969, p. 171). Given its invisibility, individuals being harmed by structural violence may not perceive the harm being enacted upon them. As such, there is a normative aspect to structural violence because it often operates imperceptibly, and thus, "may be seen as about as natural as the air around us" (Galtung 1969, p. 173).

Structural violence is enacted through systematic design and coordination, which reinforce inequitable hierarchies and power distribution. Galtung (1969) identified six specific mechanisms of structural violence:

- *Linear ranking*, which establishes a clear hierarchy with some actors in higher positions than others, and thus, capable of enacting violence on those of a lower rank.
- *Acyclical interaction pattern*, which supports the perpetuation of violence by limiting reciprocal interactions between actors of different ranks. Rather, interactions between actors tend to be linear and unidirectional, with those of higher ranks dominating and dictating interactions with lower-ranked actors.
- *Correlation between rank and centrality*, allowing those with the highest ranks to center themselves in the system, and thus, have undue influence over changing it by monopolizing access to its resources, power, and decision-making capacity.
- *Congruence between the systems*, or alignment between different systems (e.g., political, social, economic) in such a manner that they reinforce each other's practices, hierarchies, and power distributions to advantage and disadvantage the same actors.
- *Concordance between ranks*, or shared ideologies among actors of the same rank, with these similarities allowing them to reinforce their positions and suppress challenges from different ranks concerned about oppression.
- *High rank coupling between levels*, or the idea that violence within a system is interrelated, with violence in the lowest ranks always being connected to violence at the highest ranks.

Without persistent and intentional actions to counter these mechanisms, social systems often allow all six of these mechanisms to thrive.

This study presents a brief interweaving of histories across systems to examine how these mechanisms of violence collectively reinforce the rankings, power distributions, and access to decision-making of some groups, while denying the same to other groups.

Specifically, the early and contemporary histories of juvenile justice, medicine, and special education demonstrate the prevalence of "total institutions" as a means to implement these mechanisms of structural violence. Goffman (1961) defines total institutions as places of work and residence, where people are segregated from greater society with individuals like themselves, and function under heavy bureaucratic control. In other words, the seclusion, social control, and normative behavioral expectations of total institutions are sites for enacting structural violence on society's most vulnerable. Anchored in bureaucracies, these sites perpetuate structural violence with binary understandings of power, where supposedly able-bodied management exerts power over residents. The overarching purpose of such total institutions is rarely emancipatory, but rather to resocialize its residents through structured, controlled environments meant to reshape identities. Rather, as sites that inherently operate on punishment and reward systems, they leave little room for authentic healing (Goffman 1961; Jones and Fowles 2008).

3. Interwoven Histories: Historical and Contemporary Convergences of Violence

Since its inception, America has relied on structural violence against Black bodies to establish, grow, and sustain its economic, political, and social institutions. America's infrastructure, financial and educational institutions, and inequitable social hierarchy were all established on the dehumanizing practices of chattel slavery, where Black bodies were treated as property to be bought, sold, or exchanged for economic gain. A more concerning derivative of chattel slavery was its intertwining of racist and ableist beliefs about Black bodies and minds. While early racism in America was connected to overt representations of anti-Blackness linked to slavery, contemporary racism is covert and the result of systematic efforts to center the assumptions, beliefs, and practices of White people, or the normative experiences of Whiteness (Gillborn 2015). When linked with racism, ableism is best captured through racialized understandings of ability, with ableism becoming established on the basis of societal assumptions of White-centered physical, mental, and emotional normalcy, constructing non-White bodies, minds, and souls as "unimpaired and abled" and others as "impaired or disabled" depending on how great their distance from White normalcy (Campbell 2009; Hodge and Runswick-Cole 2013). Since chattel slavery relied on conceptualizations of "healthy" Black bodies as those physically capable of laboring and contributing towards profit, it simultaneously conceived of "unhealthy" Black bodies as those incapable of adhering to this norm. More notably, because slaves were not legally allowed to be educated, chattel slavery also encouraged an understanding of Black able-bodiedness entrenched in devaluing Black intellectualism, and even going so far as to designate it as threatening and deserving of punishment.

While traditional, siloed recountings of the history of juvenile justice, medical, and special education systems capture their impact individually, this study asserts that the collective impact of their intersecting histories is more significant for understanding converging structural violence in America, and its consistent beneficiaries. Galtung (1969) proposed an operational test to identify the beneficiaries of converging structural violence. He noted that the same actors will attempt to preserve the status quo of structures when challenged, to preserve and protect their advantageous position and interests. While they may do so directly, or through proxies (e.g., police or military forces) to avoid personal violence, their involvement is meant to maintain their position at the top of social, political, and economic structures. In other words, non-dominant groups are subjected to the "social machinery" of oppression and marginalization that both limits their personal growth and agency to counter the negative impact of structural violence on their lives (Galtung 1969; Farmer et al. 2006).

When Galtung's (1969) operational test is applied to America's systems, we consistently see White actors come to the defense of its systems, and in turn, reinforcing their ranking and role as central decision-makers in the systems. This is most evident in the historical and contemporary legacies of America's political systems, where every legislative attempt to create a more egalitarian system has been countered with disenfranchising

political actions. For example, during the Constitutional Convention of 1787, the Three-Fifths Compromise stipulated that three of every five slaves would be counted towards political representation. In quantifying the personhood of some Black slaves in purely physical terms, for political and economic purposes, America established its political and economic systems on the belief that Black humanity was negotiable. Similarly, court rulings further dehumanized Blackness in America. For instance, the Dred Scott ruling (Dred Scott 1857) further embedded these beliefs in America's political and economic system, by establishing the precedent that Black Americans were property, and thus, could not be protected by the federal government under the Constitution. While attempts have been made to retroactively correct this legacy, they have rarely been successful, as indicated by the contemporary persistence of racism and ableism in relation to Blackness. One such noteworthy attempt was the ratification of the Reconstruction Amendments (i.e., the 13th, 14th, and 15th Amendments) in the late 1800s, which were intended to end slavery, granting citizenship protection to all, and voting rights to Black men. However, the passage of these empowering amendments was quickly countered by state-ratified Jim Crow laws, which ensured Blacks continued to be denied these rights, with decades-long political disempowerment and social segregation. In other words, systemic actions in America have consistently positioned Whiteness in the highest ranks, ensuring they were the consistent beneficiary of structural violence in America. Non-White groups, particularly Blacks and Indigenous groups, have been defaulted to the lowest ranks and deprived "of chances to organize and bring their power to bear against the topdogs, as voting power, bargaining power, striking power, violent power-partly because they are atomized and disintegrated, partly because they are overawed by all the authority the topdogs present" (Galtung 1969, p. 177). This process of positioning Whites in high ranks, central to decision making, and Black in low ranks, removed from decision making, is conditioned in children at early ages, with sites that serve school-aged children becoming indoctrination mechanisms for social inequities and disparities.

3.1. Historical Trends across Systems

Juvenile justice sites served as one of the first examples of total institutions, with carceral practices central to their functioning. From a young age, Black, school-aged children were conditioned into racist and ableist notions of Blackness through shared carceral practices across the educational and juvenile justice systems, both of which served the dual purposes of caregiver and disciplinarian. This duality contributed to a carceral state or systems centered on "more punitive, surveillance and punishment-oriented system of governance" (Annamma 2016; Weaver and Lerman 2010, p. 2). Historically, this presented as social control over poor, homeless, and delinquent youth that needed a basic education, work, and a moral foundation (Frey 1981). For example, in the early 1800s, several states in the northeast opened juvenile facilities called the House of Refuge, organized by the Child Savers Movement. These facilities first opened in New York, Boston, and Philadelphia, and were racially segregated. Early houses maintained a practice of placing youth in apprenticeships or on rural farms. Because White girls and boys were preferred, Black youth stayed in the houses for longer periods of time (Ward 2001, 2012). Due to the belief that Black children were not worthy of rehabilitation, before and after the Civil War, in both the North and the South, Black youth were more likely to be sent to adult jails and prisons than to juvenile facilities (Mennel 1973). In addition, ideas of Black childhood varied between the races: Whites viewed Black childhood as developmentally limited, whereas Blacks viewed their development as being critical to the future of the race (Ward 2001). Unlike northern states, most southern states moved slowly to open separate facilities for youth (Mennel 1973). Youth were sold or bound out if their parents could not provide for them (Young 1993). Many southern states used the convict lease system as both a means of generating revenue to maintain their penal institutions and for profit (Du Bois 1901; LeFlouria 2011; Oshinsky 1996; Work 1913). Black youth outnumbered other juveniles in these facilities and were subjected to the most brutal forms of punishment (Ward 2001,

2012). These practices overtly prioritized which individuals were in need of treatment versus punishment.

Across systems, from a young age, pathologization, or methodically labeling some behaviors as abnormal, became a shared practice across systems (Annamma 2018). While juvenile justice pathologized Black behavior through criminalization, medicine also did so through medicalization, with both operating to label, segregate, and control Black bodies. Early medicine used science to reinforce existing racist and ableist beliefs in supposed "objectivity". Moreover, as medicine actively worked to label Black bodies as deficient, practitioners also sought to advance their field at the expense of these same bodies, treating Black patients as property devoid of personhood and rights (Burke and Castaneda 2007; Washington 2006; Annamma et al. 2013b). The medical field experimented on Blacks without their consent and utilized their research findings to bolster societal belief in their cognitive inferiority (Washington 2006). Physiological studies comparing cranium sizes from individuals of different racial/ethnic backgrounds produced supposedly objective findings that demonstrated the intellectual inferiority of Blacks and bolstered Darwinian claims to justify their low social rank (Newitz 2014). Medical research actualized the beliefs purported by early scientific racism, using equally unjust and unethical practices. This included incidents that ranged from testing early gynecological tools on free Black females, without their consent or the use of anesthetic during these tests, to the denial of therapeutic treatment in the Tuskegee Syphilis Study (Washington 2006). Early medical exploitation of Black bodies not only contributed to distrust of the American medical system to provide quality care to these communities, but also a lack of confidence in the medical field's ability to adequately meet the needs of marginalized communities (Scharff et al. 2010; Washington 2006).

The education system utilized both criminalization and medicalization to segregate, label, and control Black students, particularly in special education (Annamma et al. 2013a; Keisch and Scott 2015). Consequently, education guaranteed Black students were deemed as inferior, troubled, and in need of different learning environments from "normal" White, abled-minded and -bodied peers. This resulted in a disproportionately racialized special education system that used early findings from medicine to justify segregation by race and ability, with the most disabled institutionalized in spaces that were under resourced. This unequal distribution of resources was made it possible to stand, until the Brown v. Board of Education (1954) ruling legally required desegregation of American public schools based on race. If segregation by race was illegal, disability advocates argued that segregation by ability should also be illegal. The Brown ruling (1954) was meant to increase access for racialized and disabled learners, but it did fulfill its purpose of a more equitable school system. Instead, it led to a legitimization of ability tracking, which allowed segregation era racial/ethnic inequities and disparities to continue, particularly in the identification of specific racial/ethnic groups for special education categories (Annamma et al. 2013b; Artiles and Trent 1994; Connor and Ferri 2005; Artiles and Kozleski 2007; Sleeter 2010; Smith and Kozleski 2005).

3.2. Contemporary Trends across Systems

Contemporary treatment of Black and disabled youth trends mirrors the treatment experienced during the establishment of juvenile justice, medicine, and special education systems. Remnants of early structural violence continue to be enacted through systematic design and coordination, reinforcing historically inequitable hierarchies and power distribution that positioned Whites at the top of hierarchies and Blacks towards the bottom (Galtung 1969). Historical elements of carceral practices (e.g., segregation, monitoring, disciplinary processes) persist into contemporary practices in both juvenile justice and educational systems. Whereas carceral practices were limited by human capacity to monitor and surveil in the past, the advent of modern technology has allowed an expansion of their capacity. As such, modern carceral practices include spaces with metal detectors, barbed wire, k-9 drug teams, and armed police presence. In schools, which should encompass safe

learning spaces, this is demonstrated as excessive disciplinary removals in the form of suspensions, expulsions, and referral to law enforcement, particularly in the most vulnerable populations (Fabelo et al. 2011).

This becomes apparent in the treatment of Black and disabled youth, who are disproportionately overrepresented in exclusionary discipline, as illustrated by national datasets on school discipline for public schools. The US Department of Education's (USDOE) Civil Rights Data Collection (CRDC) examined out-of-school suspension data from the 2011–2012 school year through 2017–2018, tracking trends over time and differences in suspension rates of students based on their race and ethnicity, school level, and disability status. is the data are presented at national and state levels. Racial disparities in suspensions have persisted across the years. Educators consistently exclude Black students from school at the highest rate, with more than one in eight Black students (12%) having received one or more out-of-school suspensions in 2017–2018. In that year, educators also suspended Native American students at rates higher than the national average (7% vs. 5%). Black and Native American students have historically been disproportionately suspended in both elementary and secondary schools. Lastly, educators continue to suspend students with disabilities at much higher rates than their nondisabled peers. In 2017–2018, almost 1 out of 11 students with disabilities (9%) were suspended, compared to 4% for students without disabilities. Black students with disabilities consistently have the highest risk of suspension, with almost 1 in 5 (19%) receiving a suspension in 2017–2018 (Leung-Gagné et al. 2022).

As the largest school system in the nation, and representative of this study's participant experience in large Northeastern metropolitan areas, the New York City Department of Education (DOE) represents an ideal case study on how these trends translate from national to state systems. Specifically, NYC mirrors national averages regarding school suspensions. A recent report conducted by The Data Collaboration for Justice analyzed trends in school suspensions in New York City for the periods of 2006–2007 to 2016–2017. The number of suspensions for Black students in middle and high school was the highest throughout the study period, compared to other racial and ethnic groups. Hispanic students had the next highest number of suspensions, followed by White and Asian students, whose suspension numbers were relatively low and stable (Chauhan et al. 2019). Overall, Black students in middle and high school were more likely to have multiple suspensions and longer suspensions, for offenses of the same level. Similarly, disabled students were suspended more frequently, and for longer durations than students without disability status (Chauhan et al. 2019).

Similar to the disproportional representation of Black school-aged children in juvenile justice data, Blacks are also disproportionately represented across medical data. For example, Blacks experience disproportionate levels of chronic health conditions, low life expectancies, high rates of chronic stress, as well as the associated adverse psychological outcomes (Annamma et al. 2013b; Byles et al. 2013; Combs-Orme et al. 2002; Egede and Dismuke 2012; Gariepy et al. 2009). In learning spaces, this comorbidity may be misinterpreted as educational deficits in classroom settings established on the basis of ableist and racist norms (Annamma et al. 2013b; Byles et al. 2013; Combs-Orme et al. 2002; Egede and Dismuke 2012; Gariepy et al. 2009). For example, the lethargy resulting from an asthmatic exacerbation may be misperceived as inattentiveness, at best, or intellectual deficiency, at worst, in a learning setting (Donovan and Cross 2002; Thies 1999). In other words, from a young age, Black learners are pathologized, or positioned as "less than" their similarly performing White peers, in order to relegate them to the lower ranks of American social hierarchies.

Medical racism has been used to segregate and disempower Black learners by portraying their differences from White normative standards as disability, perpetuating a medical model of disability (Annamma et al. 2013a, 2013b). Similar to medicine's use of science to justify racist and ableist beliefs about Black capabilities, special education used scientific grounding to legitimize some disability categories more than others. Specifically, ability tracking became the new means for maintaining the racial/ethnic segregation in American

public schools, and disproportional representation of specific racial/ethnic groups in certain special education categories became an issue (Annamma et al. 2013b; Artiles and Trent 1994; Connor and Ferri 2005; Artiles and Kozleski 2007; Sleeter 2010; Smith and Kozleski 2005). For example, in the mid 1960s, minority students entered predominantly White school systems, and were viewed as underperforming compared to their White peers. As a result, they were again segregated into special programs, with differentiated instruction used to meet the needs of "like-grouped students", which also maintained a school system that privileged the needs of White learners. Four historic categories that were used to separate low-income and minority students who were not performing to expected standards from White middle-class students were Mentally Retarded (MR), Slow Learner (SL), Emotionally Disturbed (ED), and Culturally Deprived (CD). MR included children who scored below 70–75 on an IQ test and could be attributed to organic causes, but the majority of students labeled as MR were deemed "cultural-familial retardees" (Dunn 1963), which meant their condition was a result of cultural deprivation (e.g., lack of parental values for education) in their home environments. SLs included children who scored between 75 and 90 on an IQ test, and this was also attributed to cultural deficiencies. While mental health specialists categorized ED children according to clinical criteria (i.e., psychoses, psychophysiological disturbances, psychoneuroses, personality disorders), educators viewed them as behaviorally disruptive children (Dunn 1963). CD children were those who were not labeled as retarded, slow learners, or ED, but still had learning difficulties that could be attributed to their environmental conditions. Most White students were able to avoid these labels, despite sharing similar symptomologies. This continues today, with there being a disproportionate representation of Black, disabled learners in some of special education's most damaging categories (e.g., ED). Black males are often overidentified in special education categories that require subjective interpretations, with higher discipline and suspension rates (e.g., Intellectual Disability (ID), ED) and underrepresented in categories with more "objective" and significantly less suspensions, such as Autism (Losen et al. 2014). Moreover, scholars such as Turnbull and Turnbull (1998) have argued that the increasingly stratified disability classification system described in the Individuals with Disabilities Education Act (IDEA 2004) is discriminatory in itself and promotes the "othering" of Black learners in the ED category because it is a socially constructed means for acquiring more political, social, and economic control.

3.3. Trends of Converging Structural Violence

This study contends that these shared, overlapping histories of juvenile justice, medicine, and special education illustrate a convergence of structural violence, with a compounded, disproportionate impact on Black disabled bodies. Deficit-based views of Blackness heavily influenced the earliest foundations across systems, originating with chattel slavery's perpetuation of Blacks as property devoid of humanity. For this reason, White actors have historically been positioned in a higher rank, perpetuating structural violence on lower-ranked Blacks (Galtung 1969). This positioning has also allowed Whites to monopolize decision making across systems, ensuring that power distributions advantage them and disadvantaging Blacks. As previously mentioned, this is most evident in the presence of total institutions across juvenile justice, medical, and special education systems.

Total institutions support the criminalization and medicalization of common lived experiences in Black bodies, in order to perpetuate slavery-era practices of segregation, surveillance, and control. While juvenile justice systems have allowed for the rehabilitation of White school-aged learners, they have enacted punitive measures on Black school-aged learners. Similarly, when presented with the same indicators in White and Black bodies, medical systems have grounded White symptomology in science and situated Black symptomology in cultural deficiency. All of these inequitable practices and procedures have converged in educational spaces, operating covertly to deny school-aged Black learners full educational rights. When young Black students enter the educational system, the predominantly White education workforce perceives the academic capacity of racial/ethnic

learners through their cultural norms, attributing deficiency to what may be cultural discrepancy (Donovan and Cross 2002; Thies 1999). In other words, White educators are deemed experts in making determinations of how Black students should learn, behave, what environments they need, and how they should be disciplined. Any incidence contrary to White, able-minded and -bodied norms results in labeling and segregation. This dynamic has given them the power to enact structural violence on Black students by disadvantaging them across systems, through an arbitrary, low-rank positioning that denies them early access and opportunities to make decisions that may counter the system that oppress them (Dunn 1968; Skiba et al. 2016).

4. Theoretical Framework

Inequality, and particularly stratified societies with inequitable distributions of power, bolsters structural violence (Galtung 1969). Consequently, this study utilizes Disability Critical Race Theory (DisCrit) as an analytical lens to examine how power and oppression have been weaponized by cross-institutional, carceral practices to provide Black, disabled male bodies with healing and learning spaces that impede their ability to develop counter narratives of resistance and self-advocacy (Annamma et al. 2013b). DisCrit includes seven tenets, or principles, that guide its use as an analytical tool. The seven tenets of DisCrit are (Annamma et al. 2013b):

1. DisCrit focuses on ways that the forces of racism and ableism circulate interdependently, often in neutralized and invisible ways, to uphold notions of normality.
2. DisCrit values multidimensional identities and problematizes singular notions of identity such as race, dis/ability, class, gender, sexuality, and so on.
3. DisCrit emphasizes the social constructions of race and ability, and yet recognizes the material and psychological impacts of being labeled as raced and/or dis/abled, which set one outside of western cultural norms.
4. DisCrit privileges the voices of marginalized populations that are traditionally not acknowledged within research.
5. DisCrit considers legal and historical aspects of dis/ability and race and the ways in which they have been used both separately and together to deny the rights of some citizens.
6. DisCrit recognizes Whiteness and Ability as properties, and that gains for people labeled with dis/abilities have largely been made as the result of the convergence of the interests of White, middle-class citizens.
7. DisCrit requires activism and supports all forms of resistance.

This study utilizes Tenet One to shift the discourse from a single- to a multi-institutional understanding of inequities. Specifically, this study demonstrates the ways in which the shared carceral features of juvenile justice, medical, and special education institutions operate, invisibly and interdependently reinforcing ideas of normalcy that push participants into increasingly carceral spaces (Annamma et al. 2013b). Tenet Two's conceptualization of identities as multi-dimensional allows for complex understandings of the racialized and ableist identities of participants, and the complex ways in which they impacted their navigation through carcerally designed systems. In keeping with Tenet Three's examination of the marginalizing impact of the material and psychological consequences of socially constructed understandings of disability and race, the participants of this study speak to the real-world consequences of disability and race. In accordance with Tenet Four's privileging of voices historically oppressed and excluded from research, this study highlights the cross-institutional narratives not traditionally prioritized by juvenile justice, medical, and educational institutions. Tenet Five explores the separate and joint historicity of racism and ableism in denying the rights of citizens. In this study, we examine the convergence of historical narratives across juvenile justice, medical, and special education, which have collectively denied rights to Black bodies. Tenet Six supports this study's recognition of Whiteness and ability as properties with tangible political, social, and economic consequences relative to White normative expectations. This study design and data

analysis embodies Tenet Seven's requirement for resistance through academic means and pedagogical tools.

5. Methods

5.1. Methodological Rationale

This study utilized a retrospective, comparative case study methodology to understand the mechanisms of convergence of structural violence on the basis of the lived experiences of those most vulnerable to its actions, particularly Black, male, ED learners. Specifically, we borrowed from Bartlett and Vavrus' (2017) understanding of the comparative case study (CCS), with its emphasis on "assumptions regarding power and inequality" (p. 11), which are in alignment with DisCrit's examination of power and oppression in association with racism and ableism (Annamma et al. 2013b). Methodologically, CCSs enable the development of an understanding of the complex processes that people use to make sense of, interpret, and assign meaning and value to events and objects in the world around them (Rubin and Rubin 2012). Additionally, rather than forcing the arrival at a single absolute truth with the assumption of researcher neutrality, this interpretivist positioning allowed us to prioritize data collection methods that allowed for multiple, conflicting truths to co-exist at the same time and supported a data analysis process that included researcher reflexivity (Creswell 2013; Rubin and Rubin 2012).

5.2. Recruitment and Research Sample

Purposive sampling was used to select the initial participants for this study. This was then followed by a snowball sampling strategy, or chain-referral sampling, where participants found through purposive sampling referred others who may meet the study's inclusion criteria. These recruitment efforts yielded three participants that met the study's inclusion criteria, who were over the age of 18, self-identified as Black, had a chronic health condition, and had received an ED identification while in K–12 settings. Due to the retrospective nature of this study, participants over the age of 18 with a diagnosis of ED could not be enrolled in the American K–12 school system at the time of the study.

The participant recruitment process, as well as the small sample size, can be attributed to two factors. First, recruitment occurred during COVID, when American brick-and-mortar public schools were closed and could not be used as sites for recruitment. Therefore, participants had to be recruited via the virtual distribution of digital recruitment posters to social media accounts focused on supporting Black education, educators, and learners, one of which had over 10,000 followers. These social media accounts allowed membership across America, so recruitment materials were nationally distributed within these groups. Secondly, the study's aim to capture Black, disabled, lived experiences across the settings of health, justice, and education led to numerous specific inclusion criteria. As a result, it was challenging to find many participants that met all of the study's inclusion criteria, resulting in a small sample size. Specifically, many potential participants were aware that they had been placed in special education while in the American K–12 system, but they could not identify the specific special education labels used on their Individualized Education Plans, or special education paperwork. Two of the study's three participants were referred by parents, who had access to their special education paperwork, and could confirm that the participants met the ED inclusion criteria. The third participant was aware of his ED label from numerous interactions with special education services and personnel across education and juvenile justice institutions. While participants couldn't identify specific grades when they entered special education, their recountings of schooling experiences (e.g., changes in class sizes, curriculum adjustments, administrative paperwork) indicates that they generally entered the American special education system around early adolescence. Therefore, all three had a minimum of six years of experiences in the special education systems to inform the lived experiences they shared in this study.

5.3. Research Instrument and Procedure

This study utilized a modified, condensed version of Seidman's (2006) Three-Interview Series Protocol, using two 60 min, semi-structured interviews, rather than three. These two interviews were conducted via phone calls in the given study, and were used to establish trust and context for the participants' lived experiences. Moreover, the interviews were conducted via phone calls. Whereas Seidmans' first interview focused only on the participants' life history, with participants reconstructing "their early experiences in their families, in school, with friends, in their neighborhood, and at work" (Seidman 2006, p.17), this study modified the first interview to focus on the participants' histories of health and well-being, describing their past in relation to doctors, hospitals or clinics, and family caregivers. Seidmans' second interview focused on "the concrete details of the participants' present lived experience" (Seidman 2006, p. 18), being careful not to ask for opinions, but instead focusing on the details participants used to form their opinions. For the purposes of this study, however, the second interview focused on detailed, place-based experiences, such as how they experienced their chronic health conditions across the school and home settings. Reflection questions were embedded at the end of this interview, similar to those found in Seidmans' third interview, during which participants were asked "to reflect on the meaning of their experience" (Seidman 2006, p. 18). Participants were then asked to make meaning from the memories they discussed in the first interview and early portions of the second interview. Specifically, in order to capture the emotional and intellectual connections between participants and their education and health experiences, in this study, they were asked to reflect upon how the management of their health and well-being impacted their learning experience.

Although a protocol with structured questions was used during the interview process, it was adapted based on iterative data collection and analysis, as well as input from the participants, since this study was "not designed to test hypotheses, gather answers to questions or corroborate opinions. Rather, it is designed to ask participants to reconstruct their experience and explore their meaning" (Seidman 2006, p. 92). Instead, this protocol was used as a guide, with potential conversation pathways to explore (Seidman 2006).

5.4. Ethical Approval

Institutional Review Board (IRB) approval and participant consent was obtained prior to the completion of a brief demographic survey and participation in interviews. The participants' identities were protected through the use of the pseudonyms L, Jak, and AS.

5.5. Data Analysis

Data describing the participants' lived experiences were coded using in vivo and versus coding. In vivo coding supports the use of the participants' direct words, rather than researcher-generated terminology, eliminating one more layer of interpretation and potential researcher bias in the interpretive process (Saldana 2015). This was paired with versus coding (Saldana 2015), which is well aligned with analytical or coding methods that allow researchers to analyze perceived power tensions between learners and the systems they interacted with. Once the final codes had been created, a formal member check was conducted to assess the internal validity, or factual and interpretive accuracy, of the transcription and coding process (Lincoln and Guba 1985).

6. Findings

6.1. Stigmatization and Criminalization: Authoritarianism

The first finding highlights the way in which institutions designed to address the issues of K–12 individuals worsen their already oppressive experiences. Respondents commonly expressed that they were pushed towards increasingly carceral conditions, as opposed to more supportive and rehabilitative environments. Respondents expressed feelings of isolation, exclusion and anxiety in educational settings because of their ED label. Consistent with DisCrit Tenet One, the following narratives illustrate how the special

education systems operate invisibly and interdependently, reinforcing ideas of normalcy that resulted in these young men being pushed into increasingly carceral spaces (Annamma et al. 2013b).

The following narratives emphasize the importance of teachers working with social service agencies and being trained to work with students who have experienced trauma. Failure to do so often results in teachers stigmatizing youth behavior, which leads to punishment and criminalization (Blake et al. 2020; McIntosh et al. 2017). Many of the students that are subjected to such punishments have a history of trauma or may reside in foster care (Crosby et al. 2015). Jak was involved in a violent incident with his mother, which he reported to his teachers, resulting in his being entered into the foster care system. He acknowledged the systematic way that multiple systems converged to push him onto a carceral pathway. First, the foster care system created a transient housing situation that denied him the basic need for a stable home and propelled him onto a path of truancy. Then, the public education system labeled him as disabled, and, rather than attempting to treat his trauma, relabeled him as ED, pushing him into a more restrictive special education setting (Indar 2020). When traditional authoritarian methods are used with traumatized students, they become entangled in classroom struggles for power and control, hindering learning and creating adverse learning environments (Crosby et al. 2015). One of the biggest causes funneling youth into juvenile justice institutions is the failure to address the barriers they face when returning to the school system, which is due to the lack of transition services (Sinclair et al. 2017). Jak stated, "I was going through a lot. Between being in a foster home, not being able to go home and seeing my mom, being a social outcast in school, and just overall, just life. I just wanted better, and things just tended to get worse". The respondent clearly illustrated how his traumatic experiences were never addressed by his educational system or any social services agencies. Foster youth, in particular, present serious challenges to teachers that go largely unaddressed because of lack of information about the child, lack of teacher preparedness for such challenges, and lack of support by the school and collaboration with the child welfare system. This also demonstrates the need to improve the school climate for foster students involved with the court system (Crosby et al. 2015; Zetlin et al. 2012).

6.2. No Voice, No Choice: Unvoicing and (Re)victimization

The second finding was the common descriptions by the participants of the ways in which these systems denied them a "voice", or the knowledge needed to name systemic racism and ableism, leading to internalization of negative self-beliefs and increased periods of truancy, self-medication, and frequent interactions with the judicial system. Within the juvenile justice, medical, and education systems, there are limited, if any, resources for naming, advocating, and fighting against the injustices caused by systemic racism and ableism. Through involuntary and voluntary residential, medical, and educational placements and experiences, the participants' conceptualization of rules, interactions, and self-identity were developed through institutionalized lenses. The power dynamics, often attributed to hierarchical labels in concert with institutional norms, create and perpetuate structural violent experiences, shaping how the participants viewed mental health and well-being (Galtung 1969; Annamma et al. 2013b).

6.2.1. Rules

To experience, navigate, and succeed within the designated system, especially in a surveilled segregated environment, the participants were provided with explicit guidelines, often presented under a privileged, aesthetically pleasing guise, as well as being described as an opportunity to be with others like them. L described his first encounter with an involuntary placement at a psychiatric treatment. He said "They were just monitoring me 24/7 to see what was going on with me, if I act out or anything, how I respond around other kids that were in the unit I was in". He also discussed how his case worker described another, more long-term placement. L's caseworker told him the placement was "An

academic campus. Basically, with other kids, kids that also have behavioral issues, or different issues. It's a nice campus, and it was nice, and it should be better for me to at least be able to get the stuff done that I need, and go to school, and be in a different environment and have my own space". Consistent with DisCrit Tenet Five, these often-secluded, out-of-home placements have historically been utilized by the justice system for Black, disabled youth, especially Emotionally Disabled Black males with the belief that the rules for their involuntary placements can solve all their problems while getting them back on the "institutionally normed" systemic track toward having a successful life (Palmer 1991; Barrett and Katsiyannis 2015). The rules, combined with duration in the facility, resulted in the participants adopting institutional language and attributing improvement to being at the facility. Jak explained that he "had a lot of issues, anger wise. . .I had a lot of pent-up rage and anger" and stated that "what they [Jak Northeastern Suburban Residential Treatment Facility/School] did was they helped me with that". This thinking promotes reliance on the system, foster care, psychiatric, child protective services, courts, residential placement systems, and juvenile incarceration, all of which perpetuate (through rules) the sense of deficiency within them, and are perceived as arbiters of what challenges and rules Black disabled males must conform to in their lives in order to be productive members of society (Goldstein 2005; Ben-Moshe 2011).

6.2.2. Interactions

Rules within the educational system dictated how the participants understood racialized and disabled ways of interacting with educators in educational spaces. An understanding of how to navigate the rules resulted in the tempering of expectations, while there was insufficient knowledge to question the curriculum or pedagogical practices, resulting in the creation of environments that did not align with the students' educational needs. Jak reflected on how knowing what he knew now about how Blacks were represented in education would have changed his motivation and engagement with the curriculum during his experience of education. He noted, "We've always been looked at as animals and savages, the lesser minorities. If I would've known that in high school, I probably would've been going every day, just to show them something different, like, 'Yo, we are different'". The curriculum, a sometimes-subtle feature of the educational system, normalizes the perception of Blackness through White-centered thinking (Annamma et al. 2013a). Similarly, L's experience was influenced by the inflexible practices of the educational system, which he perceived at the time to be the only way people like him were forced to learn. L noted that people like him should have different and flexible expectations due to their external experiences, yet were stuck in classrooms with rigid teacher expectations. He noted that,

> with low-income communities, there is a difference, there is more violence, more stuff happening, more drug-abuse, stuff like that. So, in this small classroom environment that we were in, even if I wanted to progress, I feel like I wouldn't because of the expectation the teacher had for me. If I wanted to get stuff done and try to hurry up and graduate, I couldn't, because there was an expectation that you couldn't do everything the way you wanted to, you had to do it the school curriculum way.

L believed that a holistic approach to education that prioritized his multidimensional identities should have been employed to allow him to advocate for the best way of accessing education that was able to meet his needs (Annamma et al. 2013b). AS, on the other hand, had knowledge of how the system operated, and was able to control his educational interactions to meet his needs. He demonstrated this with his comfort in his provocative advocacy for accommodations in his IEP. He noted that using his voice resulted in teachers providing him with what he perceived to be necessary for him to be successful in the classroom. AS recalled how his previous advocacy with his teacher ensured that he received additional time for a big end-of-year assignment. He noted that the teacher said, "You'll be working on this alone, but you have extended time, you have an extra week. So the last day that people will be presenting, you'll go last on the last day". AS's knowledge

of the system allowed him to use his voice as a mechanism of resistance to the often-ableist approach in education (Annamma et al. 2013b).

6.2.3. Identity

The participants' experiences across systems influenced how they described and perceived institutional dynamics and interactions. Institutions, through explicit and implicit techniques, provide clients with a prescriptive formation of identity aligned with White and able-minded and -bodied ways of understanding the navigation of education, which the students adopted or embraced. AS embraced his racial and disabled identity in the educational environment. He saw both as a privilege, and to support his progress through school, he requested accommodations, and demonstrated an awareness of the extent to which he could use language in his classes. AS recalled a presentation he did in a class and using the n-word. He stated,

> Because I was free balling it-a complete stream of consciousness-I said the n-word, and everyone was like "Did he really just say that?" I think the teacher was impressed that I went with such an avant-garde stance, and she let it slide because it came from such a genuine place, but I think if anyone else had done that they wouldn't have gotten as good a grade on the assignment as I did.

This can be regarded as empowerment, AS also viewed Black emotionally disabled peers through a lens of deficit without ascribing their experiences to racism and ableism within the educational system. When asked about treatment of his Black, disabled peers by teachers, he said "So, there were a couple of kids who had similar issues, but they were often somewhat belligerent. So, I don't know if it's chalked up to that or if that's a racial thing". This demonstrates how subscribing to systemic Whiteness and ability, even with knowledge of the system, can create deficit-based perceptions of those with similar experiences, using the language of the system to describe them, representing an educational form of Stockholm Syndrome (Huddleston-Mattai and Mattai 1993).

L and Jak, on the other hand, both adopted White-centered perspectives in their understandings of themselves and what they needed to do to be successful in school and life. This understanding of their identity came through forced interpretations and often long encounters with a system they did not know, resulting in them believing that they embodied the deficits for which the system was necessary to correct. L stated, "I had no choice to be there, and at the same time, I had no choice but to talk to people to express my feelings. At that point, since I had no choice but to be there then I might as well". In alignment with DisCrit Tenet 5, the forced experiences in the system have historically created a dependency on their structures, an adoption of institutionalized mindsets, and an inability for Black, emotionally disabled males such as Jak and L to develop organic coping strategies (Annamma et al. 2013b). The participants, due to their inability to identify and name racist structures and practices, adopted a White American mentality toward race and progress in schools, where everyone had equal opportunities, and the responsibility for success was on the individual. Jak said, "I felt everybody was treated equally. From Korean, Chinese, White, every race, we were all equally punished, we would all get equal rewards. I don't think there was much discrimination when it came to how I was treated being African American". L was able to acknowledge differences in expectations for people like him in smaller classes; he employed a pull-yourself-up-by-the-bootstraps mentality. He said, "Circumstances don't define a person and race and color isn't a problem for me". Without knowledge of how racism and disability operate, there will be a tendency to resort to normative ways of experiencing education (Annamma et al. 2013a; Annamma et al. 2013b).

6.3. Performative Healthcare in Total Institutions

The last finding of this study was based on the participants' frequent descriptions of what we conceptualized as performative healthcare, wherein they felt compelled to relinquish their still-developing sense of identity to receive much-needed health support. Specifically, participants accepted potentially damaging understandings regarding their

behaviors, across multiple systems, which were rarely contextualized with their cultural identity or history of trauma. In other words, their behaviors were portrayed as individual mental and behavioral deficits across systems, rather than the result of converging issues across the special education, juvenile justice, and medical systems.

Performative healthcare best describes the lived experiences of participants L and Jak, who consistently forfeited their sense of self in order to receive mental and behavioral health support as they navigated special education placements, social services, juvenile justice systems, and a court-mandated placement in a residential facility for disabled, under-18 youth. Instead of entering systems of care, which were meant to be tailored to the protection, healthcare, and education of youth, L and Jak found themselves in systems of indirect harm. The personalization of care promised across these systems was often not realized, and the participants found their health needs to be subsumed by those of strained systems focused on conformity and control, rather than individualized care plans supporting authentic healing. Starting with their K–12 school experience, L and Jak noted a need to deny core aspects of their identity. For example, they found that K–12 educational institutions, which should have supported their unique learning needs, placed them in built environments that stigmatized and dehumanized them, serving as a visceral reminder that their behavioral differences were deficits. Specifically, these environments reinforced the low rank of participants in relation to non-Black, able-bodied peers, through differences associated with restrictive special education placements, including smaller classrooms, smaller numbers of classmates, and a noticeably slow-paced curriculum. In doing so, the schools quickly became sites of structural violence for the participants, allowing environmental design to invisibly uphold racist and ableist notions of normalcy (Annamma et al. 2013b). As Jak noted,

> The special ed setting has 8 to 10 students I believe. I went to high school in [Jak Metropolitan Neighborhood] and this classroom had maybe 12 or 14 students in it. I was like, "Oh shit, this is not special ed. I'm in a regular ed classroom. This is kind of different". It was kind of weird, because I see that in regular ed they don't give you as much attention and as much help as they would in special education. In special ed they'll walk you through the whole thing. In regular ed they'll say it maybe once or twice, and that's that and from there you have to learn it on your own.

This mental and emotional damage was further compounded by school personnel that were unable, and not necessarily willing, to meet the health needs of participants within the constraints of the special education system they operated in. Both L and Jak noted moments early in their K–12 school experiences where they expressed potential underlying explanations for the behaviors that got them labeled as ED. As L noted,

> I would get mad over certain things and lose control at some point, but it wasn't all the time. It was every other time, or if something really happens that I didn't like, but that was also because of anxiety, and I didn't know how to control, but I did talk to the counselors and the dean. They weren't too helpful, it was alright. . .It was uncomfortable, having a teacher all in your face 24/7, always asking questions, or making sure that you're ok. It was helpful, but that is also why I had some anxiety.

L explicitly told counselors and deans that anxiety was at the root of externalizing behaviors (e.g., fighting) that resulted in his classification as ED. However, he noted that they were not helpful. Instead of securing him counseling services that suited his needs, he was placing him in special education, where intensive teacher support exacerbated his anxiety. Jak, who used marijuana to keep his behaviors within K–12 expectations, noted a similar pattern in his K–12 school experience. Jak noted that school personnel never questioned him about potential health reasons for smoking marijuana. He noted that smoking marijuana allowed him to escape the social realities of the classroom, saying "I just didn't want to be interacted with. I would want to be in my own world, and I wanted

to be left alone, and they were right. I literally just wanted to be left alone, to myself, and to that corner of the classroom". However, the school personnel did not engage in health conversations that revealed this reasoning; rather, they told him that his drug use was "...bad. It impairs my judgment. That I can't focus on my schoolwork". In other words, racialized assumptions about drug use portrayed his need for marijuana as being deviant. As DisCrit Tenet Three notes, processes similar to these are how structural violence is enacted on racialized, disabled bodies. Socially constructed notions about difference position some behaviors as problematic, requiring segregation into carceral settings, while others are deemed to be in need of health interventions.

When schools failed to recognize and meet the health needs of Jak and L, they were pushed into increasingly carceral sites, which operated as total institutions. This "pushing", as they moved across institutions, created a unique convergence of structural violence through systemic congruence (Galtung 1969). In other words, each institution reinforced the practices and labels of the others, resulting in lived experiences marked by the participants' internalization of their differences as deficits. For Jak and L, this resulted in extended periods of truancy from traditional K–12 school, leading to repeated interaction with social services, and eventual court-mandated placement in a residential facility. This residential facility operated as a total institution, rather than the supportive, health-affirming site it was promised to be.

As a total institution, the residential facility segregated supposedly similar bodies and minds into a single site, an act that DisCrit Tenet Five describes as a "double-edged sword" for disabled students of color, where they must allow themselves to be segregated in order to receive "specialized services due to the dis/ability label" (Annamma et al. 2013b, p. 15; Goffman 1961). L was acutely aware of this segregation, as well as its underlying, deficit-based assumptions about his behaviors, recalling that when a social worker was discussing his being placed in the residential facility, she noted that it was a campus for "kids that also have behavioral issues, or different issues". In Jak's description of his move from one school to another, he recognized that he was being placed in "one of these schools where all the bad kids go". His placement in the residential facility was one more systemic confirmation that his behavior was problematic and in need of addressing, adhering to the medical model of disability, where difference needs to be fixed, cured, or treated. Moreover, rather than providing a healing space, the residential facility focused on resocialization, often through the surveillance, monitoring, and social control that typifies total institutions (Goffman 1961). In L's case, he was very aware of the residential facility's structured practices, limiting his choices and autonomy, noting that

> It was a residential treatment program—so we go to school and then after school we follow program. . .I would go to school, get dressed, fix myself up or take a shower, or whatever the case was. Get ready and go to school. The school start at 8 o'clock until 2:30 p.m. Just go to class. We'd go to lunch and after school was over, come back to the cottage. Depending on if everyone wants to follow the program or not, what we usually would do is do sanctuary, where you get around in a group, express our feelings, and how our day was, and stuff like that. Then after that, depending on what they have programmed for that day, it could be a trip or rec time, a group activity, or something like that.

Most importantly, the residential facility utilized bureaucratic binaries that perpetuated structural violence by turning caregivers into management, who exerted power over residents, reinforcing their low rank within the system (Galtung 1969). For example, residential surveillance and control utilized personnel, including security, healthcare workers, and teachers, all of whom served the dual, and conflicting, roles of both management and caregiver. Similar to adult prisons, the learners had curfews, consent-based excursions off campus, and their daily activities were monitored. In discussing his schooling history, Jak noted that the other high school he attended was a dual-purpose institution, serving as both a residential treatment facility and an education provider. This facility provided him with his high school education, but it also gave him housing and access to wraparound

services (e.g., psychiatric treatment, recreational facility). During his time on this campus, he became aware of problematic aspects of his emotional–behavioral health, and he credited the facility's staff with helping him manage it. In attributing his awareness of his "issues" and their improvement to the residential treatment facility, he revealed how such dual-purpose institutions situate deficiency in Black, ED learners, while also acting as their saviors. More importantly, however, such institutions reify the perception of Black males as aggressive, and in need of carceral monitoring, by labeling them according to symptomology rather than etiology.

7. Discussion

The first implication of this study is that schools need to employ proactive, rather than reactive, strategies to address school violence. There is a longstanding and pressing challenge regarding the overuse of exclusionary discipline (e.g., office discipline referrals, suspensions) for disabled students of color. Many of the students subjected to such punishments have a history of trauma or may reside in foster care. However, in many education settings, the focus is often on apparent behaviors that are deemed problematic and to interfere with one's educational progression. The underlying dynamics contributing to current behaviors, however, are often unknown. Exposure to Adverse Childhood Experiences (ACEs) such as household dysfunction can provide insight into the foundations of the trauma experienced by students (Chapman et al. 2004). When traditional authoritarian methods are used with traumatized students, they become entangled in classroom struggles for power and control, hindering learning and creating adverse learning environments (Crosby et al. 2015). Repeated suspensions continue to have negative impacts on student well-being, and suspended students' trust in school authorities lessens after exclusion (Pyne 2019).

The second implication of this study is that additional social service support professionals are needed to provide the type of personalized care that school-aged learners need for healthy development. School counselors, social workers, psychologists, and nurses are important stakeholders that can be on the front lines of providing protection that mitigates the impact of structural violence encountered in schools (Paolini 2015). The current shortage of individuals able to offer this vital support has resulted in the provision of this service by untrained educators, functioning in strained systems with higher student-to-service provider ratios (Hendricker et al. 2021). Therefore, the responsibilities of personnel, which include service provision and administrative duties, are often stretched across multiple buildings, prohibiting them from focusing on holistic family-based mental well-being programming and partnerships. Relying on untrained teachers to deal with trauma results in the stigmatization and criminalization of behavior, leading to suspension and further involvement in the juvenile justice system (Blake et al. 2020; McIntosh et al. 2017). Because many students who have significant ACE scores are often left out of targeted interventions, a more holistic approach utilizing expertise from national school-based mental health organizations such as the National Association of School Psychologists, the American School Counselor Association, and the School Social Work Association is needed to fully address the mental well-being of all students. Prescriptive approaches to students identified as having significant ACE scores need to ensure they take into consideration how structural violence manifests across different system contexts when generating strategies for supporting students (Blodgett and Lanigan 2018).

The final implication of this study is that the education system must shift away from solely school-based solutions, and develop cross-sector partnerships to address the holistic needs of K–12 school-aged learners, prior to pushing them into increasingly carceral sites. Rather than increasing the police presence in order to intervene in direct acts of violence, it would better serve learners if schools engaged in partnerships that holistically supported learners, such as providing them with increased access to social services that prevent direct acts of violence (Whitaker et al. 2019). These partnerships should support the most marginalized learners, and proactively utilize approaches that focus on relationship

building, collaborative strategy development, and trauma-informed care that provides the socio-emotional support necessary for students' daily navigation through the multiple systems involved in learning (Barrow 2016; McIntyre and Garbacz 2014).

Educational institutions need to engage in cross-institutional, collaborative partnerships and strategies to holistically address learner needs. This study recommends the use of the Whole School, Whole Community, Whole Child (WSCC) model, which "provides the structure to advance education reform in ways that break down traditional siloes through a coordinated and comprehensive set of services, policies, and programs that focus on the whole child and reduce barriers to learning" (Murray et al. 2015, p. 796). The WSCC is a model that supports collaboration between health and education, by centering children's needs (e.g., health, safety) within community services (e.g., health services, counseling), and thus, visually presents the shared responsibilities of education and health stakeholders (CDC and Prevention and Association for Supervision and Curriculum Development 2014). This national model would allow increased access to healthcare providers, social services and mental health services, as well as engage community stakeholders critical to understanding the cultural context of learners' lived experiences. In doing so, this would support the healthy physical, emotional, and intellectual development of disabled students of color, preventing them from being forced to engage with carceral systems at young ages. Additionally, teachers who are assigned students in foster care need adequate support or trauma-informed training to address the serious needs that these students present (Zetlin et al. 2012). Currently, the systems serving school-aged learners provide prescriptive solutions grounded in the school building, with some partnerships with interagency providers. For example, after the identification of ACEs, the immediate impacts felt by students at the time of traumatic events are rarely mitigated in a way that meets the unique needs of each learner (Crouch et al. 2019; Murphey and Sacks 2019). Support from ACEs in education often misses the full range of adverse child experiences, and is typically provided only to those displaying severe maladaptive behaviors that impact their learning (Naik 2019).

8. Conclusions

In this study, a reframing of current understandings of K–12 school violence was presented, in which the impact of structural violence on school-aged children was recognized. Learner identity and capacity for healthy development are affected by more than just direct violence, and should be understood in relation to other factors. These other factors should account for the invisible, indirect violence often experienced across the multiple systems learners are mandated to navigate. This is often perpetuated by school sanction policies, school procedures, and implicit biases from teachers and staff members. The confluence of interaction of structural violence across systems can have a significant influence on the trajectory of school-aged children.

We propose an interwoven understanding of the histories of juvenile justice, medical, and special education systems to demonstrate the compounded effect of structural violence on the youngest Black bodies in society. American school-aged children are mandated to attend schools, with some variations among states regarding age of attendance, which requires the majority to navigate health systems, due to compulsory health requirements like inoculations. While there is no obligation to interact with the juvenile justice system, K–12 students who attend schools in urban and minority districts are subjected to America's carceral practices, particularly the saturation of police officers and the use of metal detectors. This unavoidable connection between multiple systems, and their collective impact on K–12 school-aged learners, supports our unique, cross-sectoral understanding of their early and contemporary histories. It was found that American juvenile justice, medical, and special education systems rely on the bureaucracy of total institutions to reinforce ranking, power distribution, and access to decision making among Whites, while denying them to Blacks.

Through an analysis of the most vulnerable participants, Black, disabled males, this study captured the subtle mechanisms of structural violence. We found that participants at

the intersections of race and ability were subjected to heavily racialized systemic practices. Rather than opportunities to access personalized care that is capable of addressing their unique needs, participants were subjected to prescriptive strategies, administered by poorly trained personnel operating more like management than caregivers. Moreover, deficit framing was utilized to pathologize the behaviors of participants, with the goal of shifting their identity through resocialization efforts, rather than being accepting of their existing identities. Finally, the systems that were expected to provide such care were poorly designed and managed, being marked by detrimental personnel shortages and the heavy surveillance of participants. Our study suggests employing proactive instead of reactive measures to address violence in schools. In addition, we recommend the hiring of additional social-service support professionals to ensure students are provided with the personalized care required for healthy development. Finally, we propose a shift in the education system away from solely school-based, often-punitive solutions in order to mitigate the shortage of mental health personnel to support well-being.

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