ADDRESSING CUMULATIVE TRAUMA IN THE AGE OF COVID-19

A Call to Prioritize Racially Minoritized Survivors in Higher Education

May 2020

Grace Poon Ghaffari, MA
gpoon1@stanford.edu
GRACE POON GHAFFARI
(she/her)

Assistant Director, Education & Outreach Manager
Office of Sexual Assault and Relationship Abuse, Education & Response (SARA)
at Stanford University

Higher Education PhD Student
Azusa Pacific University

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
MATERIALS

SARA.STANFORD.EDU/ COVID19
In the age of COVID-19
GLOBAL COLLECTIVE TRAUMA & CRISIS OF TRAUMA
Grace Poon Chaffari, MA | gpoon1@stanford.edu
WHAT IS COLLECTIVE TRAUMA?
The psychological effects of witnessing or experiencing a traumatic event that affects a collective group of individuals or broader society (Hirschberger, 2018)

GLOBAL EMOTIONAL EXPERIENCE
loss, helplessness, anxiety, and confusion

WHY?
disrupted assumptions about self, others, and relationships
70% of individuals across the globe have experienced at least 1 lifetime traumatic event

Kessler et al., 2017
average of two types of trauma in their lifetime

Kessler et al., 2017
Most people are navigating multiple traumas, in addition to the collective trauma of COVID-19.
THE CUMULATIVE IMPACT OF MULTIPLE TRAUMAS

Student Transition & Adjustment

Such transitional and adjustment challenges can increase depression, dissociation, anxiety, and substance abuse (Follette et al., 1996)

Access to Resources

Cumulative effects of racial, sexual, and viral trauma can hinder racially minoritized survivors from accessing healthcare and other survivor support resources

Post-traumatic Stress Disorder

Cumulative traumas can also produce higher rates of post-traumatic stress disorder (PTSD) and depression (Suliman et al., 2009), which can have psychological, career, and academic consequences.

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
IN THE AGE OF COVID-19
Crisis of Trauma

Trauma experts also argue that this global pandemic will result in a crisis of psychological trauma (Barbash, 2020; Salas, 2020).

FINANCIAL & HEALTH CONCERNS

PHYSICAL DISTANCING

EMOTIONAL STRESS

COVID-19 has negatively impacted the mental health of 80% college students (Active Minds, 2020).

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
RACIAL, SEXUAL, & VIRAL TRAUMAS

CUMULATIVE TRAUMATIC IMPACTS

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
RACIAL TRAUMA
TRAUMA EXPERIENCED AS A RESULT OF RACISM
racially hostile campus environments
post-traumatic symptoms

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
VIRAL TRAUMA

TRAUMA EXPERIENCED AS A RESULT OF COVID-19

financial, health, and social concerns

disproportionate coronavirus-related fatalities, risks, and needed support

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
AN EXAMINATION OF CUMULATIVE TRAUMAS

Viral + Racial Trauma

1. Mental Health
   Black and Hispanic communities are also more likely view the virus as a significant threat (Pew Research Center, 2020) and experience higher rates of job loss, hospitalizations, and coronavirus fatalities (Lopez, Rainie, & Budiman, 2020).

2. Higher COVID-19 Risk
   Racially minoritized communities are more likely to be considered essential workers and therefore exposed to COVID-19 at higher rates (Goba, 2020; Gould & Shierholz, 2020).

3. "Chinese Virus"
   Coronavirus-related racial profiling, harassment, microaggressions, and discrimination have particularly affected Asian populations (Chiu, 2020a; Ruf, 2020).

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
Sexual Trauma

HIGH CAMPUS PREVALENCE
Racially minoritized communities often experience sexual victimization before or during college.

CONSEQUENCES
Reduced student success, health issues, and post-traumatic stress disorder

COVID-19 BARRIERS
lack of privacy and autonomy while sheltering-in-place and stable internet (Aguilera, 2020); decrease access to service providers; safety risks at home

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
Sexual + Racial Trauma

**1. Cultural and racial barriers**
Cultural stigma and racial discrimination prevent equitable access to resources (Bryant-Davis, Chung, & Tillman, 2009; Donovan & Williams, 2002; Campbell, 2013; Tillman, Bryant-Davis, Smith, & Marks, 2010).

**2. Mediators to negative mental health outcomes**
Sexual violence and racism can contribute to mental health disparities. This is concerning because racially minoritized communities are unlikely to seek mental health care, despite experiencing high rates of racism-related mental health concerns (Appel, Huang, Ai, & Lin, 2011; Gee, Ro, Shariff-Marco, & Chae, 2009).
Policy Recommendations

1. Provide housing to survivors
   - Provide housing at no additional cost; address housing concerns if moving is not an option

2. Create grants for Racially Minoritized survivor communities
   - Provide emergency grant funding; accessible to undocumented students

3. Address Digital needs
   - Provide stable internet and digital devices; coursework accessible on any cellular device; increase asynchronous learning

4. Denounce viral racism & white supremacy
   - Campus statements, policies, response plans; relay information accessibly

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
Policy Recommendations

5. Increase counseling and advocacy services
   - Hire additional counselors and survivor advocates to specifically support racially minoritized survivors; create a trauma center

6. Provide training on trauma-informed care
   - Training on trauma for staff and faculty; include intersectional lens to trauma

7. Promote academic trust & flexibility
   - Provide flexible options to complete coursework and receive course credit; eradicate standardized testing and virtual proctors

8. Restore individual and community
   - Give restorative options to repair individual and community harm

Grace Poon Ghaffari, MA | gpoon1@stanford.edu
GRACE POON
GHAFFARI
(she/her)

gpoon1@stanford.edu
@gpoonghaffari