ADDRESSING CUMULATIVE TRAUMA IN THE AGE OF COVID-19

A CALL TO PRIORITIZE RACIALLY MINORITIZED SURVIVORS IN HIGHER EDUCATION

A POLICY BRIEF

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Picture of "We Believe Survivors because..." interactive exhibit taken by Grace Poon Ghaffari on February 20, 2019 at the Stanford University Women's Community Center
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Photo of yellow leaves on branches crawling up a grey wall.
The coronavirus, or COVID-19, has radically disrupted higher education. From campus closures to online-only courses, college and university leaders have made once-unimaginable decisions to respond the COVID-19 public health crisis. Such decisions have had short-term repercussions and will continue to have long-term consequences for students. However, the impact of the pandemic does not proportionally affect all students equally. For racially minoritized survivors, the circumstances of COVID-19 have heightened the realities and consequences of cumulative trauma. In the field of psychology, the term cumulative trauma refers to the exposure of multiple trauma types. As higher education continues to adapt to the conditions of COVID-19, educational leaders must recognize the cumulative impacts of racial, sexual, and coronavirus-related traumas, which have disproportionate consequences for racially minoritized student survivors.

The purpose of this policy brief is to provide an understanding of the ways racially minoritized college survivors experience and are impacted by the cumulative effects of racial, sexual, and coronavirus-related traumas. Due to the collective nature and consequences of COVID-19, this brief will start by describing trauma as a global issue. This brief will conclude with policy recommendations to support racially minoritized student survivors navigate the cumulative impacts of trauma and as result, continue their higher education endeavors. By centering the needs of racially minoritized college survivors, universities and colleges can promote an equitable educational experience for students who are uniquely impacted by COVID-19.

8 RECOMMENDATIONS

Racially minoritized college survivors are navigating the cumulative effects of current and past trauma. This brief outlines eight recommendations for universities and colleges:

1. Provide housing to survivors
2. Create grants for racially minoritized Survivor communities
3. Address digital needs
4. Denounce viral racism
5. Increase counseling and advocacy services
6. Provide training on trauma-informed care
7. Promote academic trust & flexibility
8. Restore individual and community

See pg. 10-11 for more details.
Psychological trauma is recognized as a global phenomenon that stems from worldwide factors and has sequelae that transcends international borders (Leppaniemi, 2009; Magruder, McLaughlin, & Elmore Borbon, 2017; Ray, 2008). Trauma is defined as any psychological response to an experience that is acutely or chronically distressing. Individuals can experience trauma from a single or series of events, or as part of a community (also known as collective trauma). According to the World Health Organization, approximately 70% of individuals across the globe have experienced at least 1 lifetime traumatic event (Kessler et al., 2017).

Presently, the COVID-19 pandemic has resulted in a global experience of collective trauma, which refers to the psychological effects of witnessing or experiencing a traumatic event that affects a collective group of individuals or broader society (Hirschberger, 2018). The collective trauma of COVID-19 has resulted in a global experience of loss, helplessness, anxiety, and confusion (Yuko, 2020). Such global consequences may be due to disrupted assumptions about self, others, and relationships, which frequently occur when individuals collectively navigate and make meaning of traumatizing events (Hirschberger, 2018).

In addition, individuals around the world, who are exposed to trauma, typically experience an average of two types of trauma in their lifetime (Kessler et al., 2017) and experience compounding trauma effects. Specifically, racially minoritized college survivors experience the compounding consequences of both racial and sexual trauma. Such consequences include disproportionate health, economic, and educational outcomes due to racist discrimination and cultural stigma associated with sex (Abbey & Jacques-Tiura, 2010; Cuevas & Sabina, 2010; Hahm, Lahiff, & Barreto, 2006; Hauraki & Feng, 2016). However, in the age of COVID-19, racially minoritized college survivors must also face the additional challenge of navigating collective viral trauma.
The term cumulative trauma (CT) refers to exposure to multiple types of trauma, or events that stress an individual’s coping mechanisms and threatens harm to self or others (Pynoos, 1993). In comparison to exposure to a single trauma type (e.g., sexual violence), individuals exposed to CT (e.g., sexual violence and racial discrimination) are likely to experience higher levels of chronic psychological and physical health issues due to the cumulative effects of different victimization experiences (Edwards, Holden, Felitti, & Anda, 2003; Follette, Polusny, Bechtle, & Naugle, 1996; Green et al., 2000).

Research suggests that it is not merely the number of traumatic events experienced but also the number of unique types of trauma experienced that contributes to negative outcomes (Martin, Cromer, DePrince, Freyd, 2013). Among racially minoritized survivors, racism and sexual violence form an interlocking matrix of cumulative trauma and as a result, mediate disparate health outcomes (Bryant-Davis, Chung, & Tillman, 2009; Priest et al., 2013; Ullman et al., 2007).

As racially minoritized survivors navigate the age of COVID-19, it is essential to understand the cumulative impacts of racial, sexual, & viral trauma. Such an understanding can support educational leaders create equitable policies and programs to effectively respond to coronavirus-related challenges.

See pages 6-8 for a closer examination of the trauma types experienced by racially minoritized survivors navigating COVID-19.
Over the past two decades, the proportion of racially minoritized students in higher education has substantially increased (Espinosa, Turk, Taylor, & Chessman, 2019). Despite such increases, racially minoritized students continue to struggle socially, emotionally, and academically more than their White peers (Guiffrida & Douthit, 2010; Museus & Park, 2015; Paredes-Collins, 2012; Robertson, Bravo, & Chaney, 2016). Scholars have widely argued that such disproportional outcomes are due to institutionalized racist practices and policies in higher education, which create racially hostile campus environments (Guiffrida & Douthit, 2010; Hannon, Woodside, Pollard, & Roman, 2016; Hurtado, Carter, & Spuler, 1996; Paredes-Collins, 2012).

Such environments frequently produce experiences of racial trauma (Hughes, 2018; Robertson & Chaney, 2017; Wilder, 2013). Racial trauma is positively associated with post-traumatic symptoms, such as dissociation (Polanco-Roman, Danies, & Anglin, 2016).

As Xenophobic and anti-Asian discourse have surged and reverberated across the United States (US) and globally, coronavirus-related racial profiling, harassment, microaggressions, and discrimination have particularly affected Asian students (Chiu, 2020a; Ruf, 2020). Such anti-Asian sentiments have been fueled by sociopolitical discourse that has labeled COVID-19 as the “Chinese virus” and thereby, encouraged racist attacks against Asian/American communities in the US and in the broader Asian diaspora (Chiu, 2020b). Considering that racist discrimination and sexual trauma have been linked to increased mental health concerns, coronavirus-related racism can result in worsening preexisting mental health challenges.
SEXUAL TRAUMA


SEXUAL & RACIAL TRAUMA

Racially minoritized survivors also experience sexual trauma within the context of other forms of societal trauma (e.g., racism, sexism, historical ill-treatment; Bryant-Davis, Chung, & Tillman, 2009; Jacques-Tiura, Tkatch, Abbey, & Wegner, 2010). As a result, racially minoritized survivors often experience cultural stigma and racial discrimination when accessing health care and other survivor support resources (Bryant-Davis, Chung, & Tillman, 2009; Donovan & Williams, 2002; Campbell, 2013; Tillman, Bryant-Davis, Smith, & Marks, 2010).

The traumas of both sexual violence and racism also serve to mediate disparate mental health outcomes among racially minoritized survivors, which include anxiety, depression, and other posttraumatic symptoms (Bryant-Davis, Chung, & Tillman, 2009; Priest et al., 2013; Ullman et al., 2007). Such negative impacts are particularly alarming among racially minoritized communities, who experience high rates of racism-related mental health concerns and are unlikely to seek mental health care (Appel, Huang, Ai, & Lin, 2011; Gee, Ro, Shariff-Marco, & Chae, 2009).

COVID-19 has also increased barriers to accessing survivor support services due to lack of privacy and autonomy while sheltering-in-place and stable internet (Aguilera, 2020), as well as a reduction of opportunities to interface with service providers (Stone, Mallin, & Gutman, 2020). Considering that racially minoritized survivors faced barriers to access prior to COVID-19, such increased coronavirus-related challenges may heighten pre-existing inequities.
Due to campus closures, racially minoritized students from low-income backgrounds have returned to neighborhoods with inequitable access to quality healthcare, high rates of incarceration and violence, and concentrated poverty and pollution (Walsh, 2020). Such environments may contribute to disproportionate coronavirus-related fatalities among racially minoritized communities when compared to White counterparts (Walsh, 2020; Kendi, 2020). Considering the substantive increase of low-income and racially minoritized students in college in the past two decades (Fry & Cilluffo, 2019), higher education leaders must consider the social and economic inequities that currently affect many students while sheltering-in-place. Such inequities may also increase their risk for contracting the virus or supporting family members who have been affected by COVID-19.
Taking racial, sexual, and viral trauma together:

THE CUMULATIVE IMPACT OF MULTIPLE TRAUMAS

Research has illustrated that students who experienced multiple types of trauma (e.g., sexual, racial, and viral trauma) are also considered to be more at-risk in transition and adjustment in and through college and experience more negative outcomes (Banyard & Cantor, 2004). Such outcomes include significant levels of depression, dissociation, anxiety, and substance abuse (Follette et al., 1996). The cumulative effects of racial, sexual, and viral trauma can also hinder racially minoritized survivors from accessing health care and other survivor support resources. For instance, racially minoritized survivors who experience viral trauma may be less inclined to seek help due to past experiences of racial discrimination when disclosing their sexual victimization to formal support resources (Campbell, 2013; Ullman & Filipas, 2001).

Considering that cumulative traumas can also produce higher rates of post-traumatic stress disorder (PTSD) and depression (Suliman et al., 2009), racially minoritized survivors may face increased health disparities during this pandemic. As a result, racially minoritized college survivors are at risk of short-term and long-term psychological, career, and academic consequences. As circumstances of COVID-19 continue to evolve, racially minoritized students will undoubtedly remain disproportionately impacted by the compounding effects of racial, sexual, and viral trauma.

IMPLICATIONS FOR HIGHER EDUCATION

Scholars have noted that collective trauma frequently disintegrates people’s global sense of purpose and social meaning (Alexander, Eyerman, Giesen, Smelser & Sztompka, 2004; Hirschberger, 2018; Park, 2013), which has tremendous global implications for higher education. For instance, as individuals grapple with the potential causes and consequences of this global pandemic, they may seek to identify victims and perpetrators of the virus.

Consequently, coronavirus-related racism and xenophobia has increased around the world as individuals and societies pin the source of their collective trauma on people who are considered racially and ethnically different. In addition, as physical distancing and sheltering-in-place measures continue, college students may experience less interracial interactions. Such interactions have been shown to reduce intergroup anxiety and outgroup bias (Levin, van Laar, & Sidanius, 2003) and increase college satisfaction (Astin 1993; Bowman 2013), sense of belonging (Locks, Hurtado, Bowman, & Oseguera, 2008), and retention (Chang, 1999).

Considering that diversity and global learning is a high impact practice in higher education (Kuh & O’Donnell, 2013), coronavirus-related discriminatory consequences may also hinder student success measures related to effective global citizenship and leadership.
POLICY RECOMMENDATIONS

In sum, racially minoritized college survivors have been and will continue to experience inequities in higher education while navigating the conditions of COVID-19. To support educational leaders and policymakers address the cumulative impacts of racial, sexual, and viral trauma, the following eight policy recommendations are provided.

1. PROVIDE HOUSING TO SURVIVORS

Sheltering in place may not be safe nor equitable due to the lack of privacy and access to quality healthcare, and the rising rates of domestic and sexual violence. Campuses can alleviate such challenges by providing housing to all college survivors and if applicable, their families, at no additional cost. When moving is not an option for the survivor, housing concerns should be addressed to alleviate increased distress from sheltering in place.

2. CREATE GRANTS FOR RACIALLY MINORITIZED SURVIVOR COMMUNITIES

Work with your campus’ financial aid office to provide emergency grant funding for racially minoritized survivors impacted by COVID-19. Such grants should cover legal, health, housing, food, academic, and other challenges posed by the pandemic. Partner with campus cultural centers and ethnic academic departments to outreach and adjust the grant to meet the unique needs of racially minoritized survivors on your campus. Ensure that such grants are accessible to undocumented students.

3. ADDRESS DIGITAL NEEDS

Many racially minoritized survivors do not have access to reliable technology. Create ways to provide stable internet, such as wi-fi parking lots, and digital devices to increase access. Colleges should also require all coursework to be accessible by any cellular device, and not require video to participate in classes. Increase asynchronous options to engage in coursework and student life.

4. DENOUNCSE VIRAL RACISM & WHITE SUPREMACY

Include language in statements and policies that denounce anti-Asian sentiments and xenophobia related to COVID-19. Such statements should connect viral racism to white supremacy and include transparent actions institutional leaders are taking to hold themselves and their campuses accountable to promoting racial equity. Efforts to address viral racism should also be included in campus response and emergency funding plans. Create accessible formats (e.g., videos, blogs, websites, text messaging) to relay information on how to report, seek support, and intervene as an upstander.
POLICY RECOMMENDATIONS

INCREASE COUNSELING AND ADVOCACY SERVICES

Hire additional counselors and survivor advocates to specifically support racially minoritized survivors. Due to the conditions of COVID-19, past trauma may be triggered and current coronavirus-related distress can compound such traumatic consequences. Create a dedicated trauma center that responds to trauma-related needs through interdisciplinary measures.

PROVIDE TRAINING ON TRAUMA-INFORMED CARE

Train staff and faculty on the implications of compounding trauma. Include ways to cultivate a trauma-informed environment that promotes safety and empowerment for racially minoritized survivors. Such training should include how trauma is an intersectional issue (i.e., the interactions of sexual and racial trauma disparately affect women of color), which can have compounding effects on student outcomes.

PROMOTE ACADEMIC TRUST & FLEXIBILITY

Provide flexible options to complete coursework and receive course credit. Such options can include allowing students the choice of whether or not to receive a pass/no pass or letter grade after completing a course. In addition, institutions should eradicate standardized tests for admissions and course enrollment requirements and allow more students to take academic leaves of absence. Faculty should also not use virtual proctors for test-taking, which presents safety and security challenges particularly among survivors of trauma.

RESTORE INDIVIDUAL AND COMMUNITY

Due to the individual and collective impact of trauma, restorative justice should be provided as an option to respond to such trauma. Punitive and carceral responses often result in separating, stigmatizing, and shaming parties involved, which increases and exacerbates trauma effects. In contrast, restorative justice is a practice and process that aims to repair harm, reconcile conflict, decrease social inequity, heal all forms of trauma, and reintegrate responsible parties who have inflicted community and/or individual harm (Karp & Williamsen, 2020).
REFERENCES


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About the Author

Grace Poon Ghaffari (she/her) is a doctoral student in Higher Education at Azusa Pacific University and serves as the Assistant Director, Education & Outreach Manager of the Office of Sexual Assault and Relationship Abuse, Education & Response at Stanford University. Because higher education often reflects and contributes to social and economic inequity, Grace’s scholarly and professional aims are three-fold: (a) centering the needs and realities of racially minoritized survivors, (b) abolishing oppressive and violent systems, and (c) working towards transformative justice. Such aims are rooted in her belief that higher education can and should be a vehicle for social justice.

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