Global Perspectives on the Trauma of Hate-Based Violence

An International Society for Traumatic Stress Studies Briefing Paper

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Bita Ghafoori Ph.D. California State University Long Beach, Long Beach, CA, USA

Yael Caspi Sc.D., M.A., Rambam Medical Health Care Center, Haifa, Israel

Carolina Salgado M.D. Universidad Catolica del Maule, Maule, Chile

Maureen Allwood Ph.D. John Jay College of Criminal Justice, City University of New York, New York City, NY, USA

Johanna Kreither Ph.D. Universidad de Talca, Talca, Chile

José Luis Tejada M.D. Centro de Salud Mental y Derechos Humanos (CINTRAS)

Tanya Hunt M.S. Palo Alto University, Palo Alto, CA, USA

Lynn C. Waelde Ph.D. Palo Alto University, Palo Alto, CA, USA

Ortal Slobodin Ph.D. Ben-Gurion University of the Negev, Beersheba, Israel

Mieko Failey, Esq., J.D. LGBTQ Center Long Beach, Long Beach, CA, USA

Porter Gilberg M.S. The LGBTQ Center Long Beach, Long Beach, CA, USA

Paulina Larrondo M.S. Universidad de Chile, Santiago, Chile

Nadia Ramos M.D. Universidad de Talca, Talca, Chile

Anna von Haumeder B.A. University of Vechta, Vechta, Germany

Kevin Nadal Ph.D. John Jay College of Criminal Justice, City University of New York, New York City, NY, USA

We gratefully acknowledge Michael Lieberman, Washington Counsel and Director of the Civil Rights Policy Planning Center at the Anti-Defamation League for his thoughtful review of this briefing paper. We also greatly appreciate the input of Dr. Diane Elmore Borbon, Dr. Judith Bass, Dr. Debra Kaysen, Dr. Kathryn M. Magruder, Dr. Elana Newman, Dr. Angela Nickerson, and Autumn Slaughter of the ISTSS Public Health and Policy Committee. In addition, we would like to thank Dr. Julian Ford for his valuable feedback on this document.

Suggested Citation: Ghafoori, B., Caspi, Y., Salgado, C., Allwood, M., Kreither, J., Tejada, J.L., Hunt, T., Waelde, L.C., Slobodin, O., Failey, M., Gilberg, P., Larrondo, P., Ramos, N., von Haumeder, A., & Nadal, K. (2019). *Global Perspectives on the Trauma of Hate-Based Violence: An International Society for Traumatic Stress Studies Briefing Paper.* Retrieved from www.istss.org/hate-based-violence

Key Points

- Hate-based violence is a type of potentially traumatic stressor intended to instill fear and anxiety, inflict psychological damage, diminish a sense of belonging, exclude a group identified as "other," and/or expunge a group from the community.
- Hate-based violence differs from other types of potentially traumatic events in that it is intended to send a message by threatening or harming not only the person(s) being directly victimized but the entire community to which the person is perceived to belong.
- Hate-based violence may include a continuum of behaviors that may impact health and well-being; some of the behaviors may constitute traumatic events in accordance with the DSM-5 PTSD criteria while others may represent significant stressors that may be represented by other diagnoses or conditions.
- The traumatic impact of hate-based violence may be broad and the social consequences may be complex; the traumatic impact of acts of hate-based violence may adversely affect an individual and the entire group to which victimized individuals belong.
- Research suggests the incidence and prevalence of hate-based violence have increased in recent years in numerous countries.
- The adverse impact of hate-based violence can include posttraumatic stress reactions and related psychosocial and physical problems, as well as potentially undermining the survivor's sense of self and trust in relationships and social institutions.
- Numerous barriers to accessing treatment for psychological disorders exist for survivors of hate-base violence.
- Trauma-focused psychotherapeutic interventions may be effective for the treatment of psychological distress associated with hate-based violence.

Key Recommendations

- Important stakeholders such as law enforcement, first responders, legal and justice system professionals, and health personnel should be trained in culturally responsive, trauma-informed methods of responding to hate-based victimization.
- Community-based educational and awareness-raising programs outlining the traumatic impact of experiencing hate-based violence should be developed and implemented in order to increase awareness and to support survivors in accessing recovery services, including programming highlighting the importance of diversity, tolerance, and the prevention of the precursors of violence (e.g., prejudice-based stereotypes, discrimination, and hate speech).
- Evidence-based treatments adapted to engage and effectively assist survivors of hate-based violence should be made widely available and accessible to affected persons and groups.
- Trauma-informed mental health training, programs, and resources should be made available to professionals to aid in identifying, evaluating, and effectively treating those impacted by hate-based violence.
- Research is needed to increase understanding and to test the effectiveness of trauma-informed treatment for the adverse physical and mental health consequences of hate-based violence.
- The cultural, social, and historical aspects of hate-based violence and its traumatic impact should be considered when developing treatments, programs, and policies.
- Affordable and accessible trauma-focused services and supports should be made available for individuals and groups exposed to hate-based violence, including access to treatment for physical and psychological injuries and prevention services.

Executive Summary

There is an urgent need to understand and respond to the health needs of survivors of hate-based violence. Manifestations of prejudice and hate occur all over the world. Hate-based violence is defined as violence against a person that is motivated by bias and prejudice against the person's perceived group membership (Federal Bureau of Investigation, 2013; Green, McFalls, & Smith, 2001; Victorian Equal Opportunity and Human Rights Commission, 2010). Group membership might be classified in terms of race, ethnicity, gender, gender identity, sexual orientation, religion, national origin, disability, or other personal characteristics.

The aim of this briefing paper is to review existing research on the traumatic impact of hate-based violence and the mental health needs of survivors and communities affected by this type of violence. Understanding how hate-based violence can lead to serious and potentially chronic traumatic stress reactions (including but not limited to posttraumatic stress disorder [PTSD] and complex forms of traumatic stress symptoms) can provide a framework for reducing the stigma experienced by survivors and increasing their access to effective treatments. The perspective that traumatic stress reactions and related symptoms may result from experiences of hate-based violence has been proposed by many scholars (e.g. Bryant-Davis & Ocampo, 2005; Mitchell and Nell, 2017; Scurfield & Mackey, 2001). Hate-based violence may occur in the form of a single potentially traumatic event or multiple traumatic events that are repeated and prolonged. Existing research suggests that hate-based violence is often traumatic for the survivor, the survivor's community, and society at large. However, direct and systematic research on the traumatic impact of hate-based violence is still very limited and has mostly been carried out in developed countries (Dzelme, 2008).

Hate-Based Violence

Hate-based violence is defined as violence against a person that is motivated by bias and prejudice against that person's perceived group membership (Federal Bureau of Investigation, 2013; Green, McFalls, & Smith, 2001; Victorian Equal Opportunity and Human Rights Commission, 2010). Group membership may include race, ethnicity, gender, gender identity, sexual orientation, religion, national origin, disability, or other personal characteristics. Hate-based violence may involve verbal or physical assaults, property damage, or the omission of resources essential for survival (e.g., food, employment; Green, McFalls, & Smith, 2001). Hate-based violence may or may not constitute a crime given that hate crimes are criminal offenses that are narrowly defined and vary based on location and jurisdiction (Benier, 2017; Green et al., 2001). For the purpose of this paper the definition of hate-based violence is intended to be global and not reliant on any legal criteria for hate crimes.

The trauma of hate-based violence differs from other types of traumas in that the assaults or deprivation of resources carried out through hate-based violence are intended to send a message to the survivor and to their actual or perceived group (Mills, Freilich & Chermak, 2017). Drawing from the research on hate crimes, we conclude that hate-based violence is intended to instill fear and anxiety, inflict

psychological damage, diminish a sense of belonging, and to exclude a group identified as "other" (Craig & Waldo, 1996). Hate-based violence may also aim to expunge a group from the community (i.e., forced moves from the community, forced migrations, displacement) or to destroy the groups' cultural norms, values, and rituals (e.g., attacks at churches, synagogues, mosques). Hate-based violence can be carried out by organized hate groups (e.g., Neo-Nazis, Skinheads, Ku-Klux-Klan), by socio-political organizations, and by individuals without any clearly specified ideology. Moreover, hate-based violence can be carried out for individual motivations and gains and/or for the perceived service and benefit of the "in-group."

Levels of Hate-Based Violence

In order to contribute to the education on the concept of hate-violence and to its visibility, the authors suggest a way to identify different levels of hate-based violence (Figure 1).

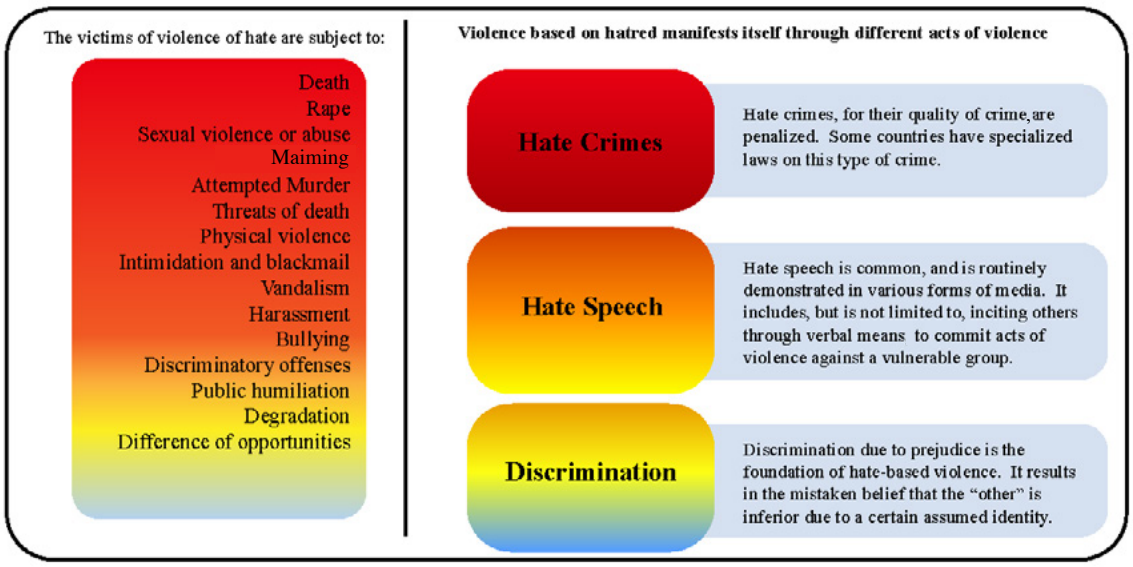

FIGURE 1. Manifestation of violence based on hatred.

Prejudice and discrimination are the foundation of hate-based violence. Hate-based violence can take the form of verbal violence, which may include degradation, harassment, humiliation, and threats. Hate-based violence may also take the form of physical violence, such as bullying, sexual violence, and maiming, and can go as far as murder and genocide. It is important to note the distinction between the foundation for hate-based violence and the actual acts of hate-based violence since prevention requires starting with the foundation of hate-based violence, and when prevention is not successful, interventions may be necessary to assist survivors in regaining safety and recovering from the traumatic effects of hate-based violence.

Hate-based crimes are often preceded or accompanied by prejudice, including negative stereotypes and distortions, and discrimination, including acts such as exclusion and disqualification. Hate speech, a form of violence which refers to actions or statements

that serve to present a group in a negative light, exacerbate negative stereotypes, diminish dignity and self-esteem, oppress, intimidate, and/or to otherwise maintain a power imbalance may also precede or accompany hate crimes (Gelber & McNamara, 2015). The differences between the foundation for hate-based violence and the actual acts of violence might simply be degree of severity and intensity. Prejudice, discrimination, hate speech, and hate-based crimes are all forms of messaging that bias and prejudice are present and that the out-group "should be kept in their place," meaning in a place that denotes "other" and "less than." As stated earlier, concepts such as hate crimes, hate speech, and discrimination may be subject to the cultural norms and laws of the country in question.

Pyramid of Hatred

In 1954, Allport's Scale of Prejudice (Allport, 1954) described in five stages, ranked by increasing harm, the path from the derogatory speech that comes from prejudice; to avoidance of people in a specific group, xenophobia, discrimination and aggression; to physical attacks or hate crimes; and finally to extermination of a group through genocide or ethnic cleansing. The Pyramid of Hate (Anti-Defamation League and Survivors of the Shoah Visual History Foundation, 2003) has been used as an educational tool to demonstrate the road from prejudiced attitudes to genocide, through smaller acts of prejudice, seemingly meaningless bias or rudeness, escalating into discrimination, and finally hate and violence.

This model received strong support when, in 2016, the Italian Parliament authorized the creation of the Jo Cox Commission on hate, intolerance, xenophobia, and racism to explore the problem of hate-based violence in Italian society. The committee was named after Jo Cox, the British Labour Party Member of Parliament who was killed as a result of a bias-motivated crime in 2016 (Cobain, Parveen, & Taylor, 2016). The committee's final report presented a "pyramid of hatred" with four levels, at the base of which lie stereotypes, misrepresentation, vilification, and hostile language which have been normalized as commonplace and unexceptional (see Figure 2). While the pyramid's lower two sections focus on the foundation for hate-based violence, the upper two sections relate to forms of hate-based violence, including hate speech and hate crimes, linked to gender, sexual orientation and gender identity, skin color, race/ethnicity, disability, religion or other personal characteristics (Camera dei Deputati, 2017).

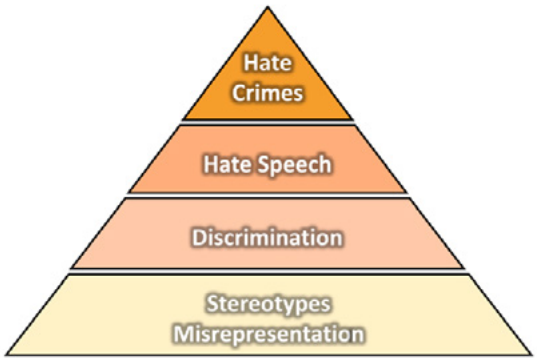

FIGURE 2. Pyramid of hatred (adapted from Camera Dei Deputati, 2017).

The findings of the Jo Cox Commission showed that as part of the first level, "Stereotypes and Misrepresentation," 49.7% of the Italian respondents believed that men should be the family's provider and that they were ill-suited for domestic work; 25% considered LGBTQ identity (lesbian, gay, bisexual, transgender, and queer/questioning) to be a disease; 52.6% of the participants believed that "an increase in

the number of immigrants favors the spread of terrorism and criminality" (Camera dei Deputati, 2017, p.4); and any reference to physical or mental disability was considered to be an insult by most people surveyed.

On the second level, "Discrimination," between 15.8% and 44.4% of Italian women reported different types of discrimination (at school, at work, when seeking employment), and 24% to 29.5% of LGBTQ-identified persons reported similar experiences. Regarding perceptions of foreigners, 29.1% of Italian participants reported foreigners experienced discrimination at work (Camera dei Deputati, 2017).

On the third level, "Hate Speech," hate against women was reported to be mostly expressed through contempt, degradation, and depersonalization, generally with explicit sexual connotations. Regarding transphobia, biphobia, and homophobia, 35% of Italian LGBTQ participants reported having experienced verbal abuse and humiliation. Concerning racism, xenophobia, and hate speech, participants often scorned and criminalized migrants and increasingly expressed hate speech on internet sites and social networks. Concerning religiously inspired hate speech, animosity, and intolerance, 40% of the participants considered that "other" religions were a danger to society and should be controlled, especially Islam (Camera dei Deputati, 2017).

On the top level of the pyramid, "Hate Crimes," Italian female participants reported a high number of instances of sexism, hatred, and acts of violence against women. Approximately 12% reported having experienced verbal violence and psychological intimidation and 31.5% of women had experienced at least one act of physical or sexual violence. Close to 23.3% of LGBTQ participants had been threatened and/or physically assaulted (Camera dei Deputati, 2017).

Global Prevalence of Hate-Based Violence

Hate-based violence is not a new phenomenon in the world. Indeed, the history of many regions around the globe are filled with violent manifestations of prejudice and hate. The understanding that hate-based crimes are different from other forms of crime is a relatively new policy development and has slowly evolved since the 1980s (Perry, 2014). Thus, there are only a few countries in the world that recognize hate-based crime as a legal category. Moreover, among those countries, there are variations in the nature of the laws, from penalties to laws that protect against hate speech. Thus, it is important to recognize that hate-based violence is a systemic rather than an individual response to difference, embedded in a particular social and cultural context with hierarchical social relations (Perry, 2014). Globally, hate-based violence is often an expression or outgrowth of the marginalization and stigmatization of racial, national, cultural, gender, sexual identity, or other sub-groups within a society. Accordingly, most studies or reports on the prevalence of hate-based violence have been carried out in countries that have relevant laws in place and are open to addressing specific forms of victimization (Perry, 2014). These are primarily countries representing western/industrialized societies.

The available research suggests the incidence and prevalence of hate-based violence have increased significantly in various countries throughout the world. The 2001 United Nations World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance was a landmark event that aimed to more accurately estimate the prevalence of hate-based violence and improve the lives of millions of human beings around the world who were survivors of racial discrimination and intolerance. The Conference adopted the Durban Declaration of Programme of Action, which provided an important new framework to identify and combat racism, racial discrimination, xenophobia and related intolerance. According to the United Nations General Assembly (United Nations (U.N.), 2016), 15 years after the adoption of the Durban Declaration, racism, discrimination, and xenophobia are on the increase around the world. Bias-motivated violent events, such as law enforcement related violence against minorities, retaliatory killings, and different types of physical, sexual, and other forms of violence towards minorities, LGBTQ persons, immigrants and refugees are thought to be contributors to the rise of recent incidents of hate-based violence (U.N., 2016). In addition, the globalization of discrimination in the form of hate speech through the internet and social networks may account for some of the observed increase in hate-based violence (Peichal & Brayson, 2016).

To assess the global prevalence of hate-based violence as a traumatic event, we must consider that one of its characteristics is "invisibility." In other words, this type of violence is rarely reported or considered a crime, either by the authorities or by the survivors. For example, the United States (US) Federal Bureau of Investigation (FBI) statistics from 2014-2017 suggest hate crimes are rising in prevalence; however, the data is thought to be incomplete in part because it is based on voluntary reporting by law enforcement agencies across the US (FBI, 2018). Even greater underestimation of the prevalence of hate-based violence may occur in countries where either there is no legal framework or the country lacks the infrastructure and cultural awareness needed to identify and seek support that is needed to report incidents of hate-based violence (Perry, 2014). In fact, the report of the European Commission Against Racism and Intolerance (ECRI, 2016) stressed that the actual scope of hate-based speech, violent incidents, and crimes has not been comprehensively assessed due to a lack of systematic information and data collection in the legal system. The Organization for Security and Cooperation in Europe's (OSCE) Office for Democratic Institutions and Human Rights (ODIHR) annual hate crime report suggests most participating countries continue to struggle with bias-motivated crimes and fall short of their commitment to report reliable data (Scorecard on Hate Crime Response in the OSCE Region, 2018). In this context, a variety of related problems arise, such as difficulties associated with the degree of obligation to report incidents of hate crimes by state agents, the lack of training of state agents in charge of collecting these data, and the wide differences between existing laws and the reported categories of hate crimes in each country (Office of Democratic Institutions and Human Rights (OSCE), 2010).

Although discrimination is likely to have occurred for a large proportion of the world's population, little literature exists on the prevalence of discrimination or the traumas that may comprise acts of discrimination. Discrimination, which forms the

foundation of acts of hate-based violence, pertains to interactions in which biases are conveyed for reasons such as LGBTQ or gender minority identification, race/ethnicity, religion, disability, or other reasons (Jones, Peddie, Gilrane, King, & Ray, 2013). Although discrimination is often not considered a trauma, stress coping frameworks have identified discrimination as a social stressor that is often unpredictable and uncontrollable and that increases psychological distress and compromises well-being over time (Pascoe & Smart Richman, 2009). Furthermore, some research has shown that individuals who have experienced discrimination may have experienced additional traumatic events or may be at increased risk for later traumatic events (Cusack, Grubaugh, Knapp, & Frueh, 2006).

Prevalence data for hate-based violence against LGBTQ and gender minority individuals is currently considered fragmentary since it is collected mostly by convenience sampling and mostly from Western countries (FBI, 2017; Herek, 2009). In the US, it has been estimated that 15.9% of 7,106 hate crimes reported in 2017 were related to perceived sexual orientation and 1.7% were related to perceived gender identity (FBI, 2017). Also, in the US, a substantial portion of sexual minority adults have experienced traumas that include physical or sexual violence, discrimination, or other negative or life-threatening actions because of their sexual orientation and gender identity. In 2013, a Pew Research Center survey of a sample of lesbian, gay, bisexual, and transgender (LGBT) adults (*N*=1,197) included questions about six types of incidents, ranging from poor service in restaurants to physical attacks, and found that two-thirds of all LGBT respondents (66%) had experienced at least one of these. Three in ten LGBT adults (30%) said they had been threatened or physically attacked (4% in the preceding year) on grounds of their gender identity or sexual orientation (Taylor, 2013). In Canada, the 2016 annual report on hate crimes and discrimination by police services reported that 16.6% of hate crimes and discrimination were enacted on the basis of perceived sexual orientation or gender identity (Toronto Police Service, 2016). In Great Britain, transphobic bias was the foundation of the greatest amount of physical and sexual brutality (Walters, Brown, & Wiedlitzka, 2016). Prevalence data from Great Britain suggests that the prevalence of hate crimes, 24% of which included physical violence resulting in injuries, was approximately 42% against perceived LGBTQ status and 29% against transgender-identified individuals (Walters, Brown, & Wiedlitzka, 2016).

Many nations continue to prohibit same-gender sexual behavior as an offense punishable by legal incarceration or even execution. Therefore, prevalence rates of hate crimes associated with LGBTQ or gender identity status are unavailable from most countries (Balsam, Evans, & Tomita, in press). "Homosexuality," a term that is often considered offensive in the LGBTQ community, is regarded as a crime punishable by imprisonment in 34 African countries (Carroll, 2016). In northern Nigeria, Sudan, Mauritania, southern Somalia, and Somaliland, people can be sentenced to death for same-gender sexual relations. Even in African countries where "homosexuality" is legal, such as South Africa, social discrimination and hate-based violence against LGBTQ persons remain widespread (Msibi, 2011; Wells & Polders, 2006). Brazil is considered to have the highest LGBTQ homicide rate worldwide, with 387 murders in 2017 (Brazilian

Forum of Public Security, 2018). Although countries such as South Korea, Japan, Taiwan, and the Philippines have become known for a higher level of acceptance due to the legality of same-gender relationships, anti-discrimination laws and policies are still rare (Stewart, 2010). Similarly, some Eastern European and Central Asian countries, such as Russia, Poland, Albania, Bosnia-Herzegovina, Kosovo, and Montenegro, are viewed as unsafe for LGBTQ people due to the high occurrence of discrimination, hate-based violence, and hate crimes.

Several studies suggest high prevalence rates of hate-based violence are associated with racial and ethnic discrimination. In the US, it has been estimated that 58.1% of 7,106 hate crimes in 2017 were related to racism or ethnicity (FBI, 2017). In Canada, the 2016 annual report on hate crimes and discrimination by police services reported that 28.2% of hate crimes and discrimination were enacted on the basis of race, ethnic origin, and nationality (Toronto Police Service, 2016). In Great Britain, prevalence of hate crimes based on race and ethnicity was approximately 27% (Walters, Brown, & Wiedlitzka, 2016). An increase of 18% in the prevalence of hate crimes was recorded by the police in England and Wales in 2014-15 (52,528) compared to 2013-14 (44,471), with race remaining the most commonly recorded motivation for hate crimes at 82% of recorded motivations (Home Office, 2015). Since the European Union (EU) exit referendum, police have reported a 57% increase in hate crime online reports in England, Wales and Northern Ireland. In London alone, figures from the Metropolitan Police Service show that 599 incidents of race-based hate crimes were reported to Scotland Yard between 24 June, the day the result of the UK EU membership referendum was announced, and 2 July, 2016 (EHRC, 2016).

Few studies have investigated the prevalence of hate-based violence associated with religion or disability. In the US, it has been estimated that 22% of 7,106 hate crimes in 2017 were related to religion and 1.6% were related to disability (FBI, 2017). In Canada, the 2016 annual report on hate crimes and discrimination by police services reported that hate crimes and discrimination enacted on the basis of religion were the most predominant at 45.5%, but the report did not include the prevalence of hate-crimes based on disability (Toronto Police Service, 2016). In Great Britain, prevalence of hate crimes based on religion was found to be approximately 24% and prevalence based on disability was 34% (Walters, Brown, & Wiedlitzka, 2016). One study found that of 220,000 incidents of hate crimes annually in England and Wales, 70,000 were disability-related hate crimes and 38,000 were anti-religious hate crimes (38,000). Accordingly, Emerson & Roustone (2014) found in a nationally representative UK sample of 37,513 adults that exposure to hate crimes was significantly more likely among adults with disabilities when compared to their peers without disabilities. This was particularly true for adults suffering from serious mental illness (SMI) or cognitive impairments (Khalifeh et al., 2015). In Germany, there has been a significant increase in hate crimes associated with religion, and there has also been an increase in Islamophobia in recent years (Yurdakul, 2017). Data from the German government cited by Yurdakul (2017) shows how attacks on Muslims have increased steadily since 2010 (47% in 2010, 60% in 2017).

Psychological and Social Effects of Hate-Based Violence

The effects of hate-based violence on individuals, families, and communities are considered especially harmful because they are typically experienced not only as an attack on one's physical self but also as an attack on one's identity (Levin & McDevitt, 1993). Although the negative consequences of hate-based violence for the actual survivor, the survivor's community, and society at large have been well established in the literature, direct and systematic research on the subject is still very limited (Dzelme, 2008). Behaviors experienced at every level of the hate-based violence continuum can pose a threat to mental and physical health even though only some events constitute a psychological trauma according to the DSM-5 PTSD criteria. At the individual level, exposure to the foundational conditions of prejudice and discrimination may constitute an indirect form of violence. Exposure to prejudice and discrimination has been linked to severe psychosocial impairment, which may increase the risk of and exacerbate the additional traumatic effects of direct forms of hate-based violence (Waelde, Pennington, Mahan, Mahan, Kabour, & Marquett, 2010). Exposure to different forms of hate-based violence has been associated with a variety of physical and mental health problems, including symptoms associated with PTSD, depression, anxiety, substance abuse, and somatization (Kilpatrick & Acierno, 2003; Klonoff, Landrine, & Ullman, 1999). Survivors of hate-based violence also experience feelings of powerlessness, isolation, guilt, shame, anger, and loss of faith in law enforcement (Inter-agency Standing Committee, 2006). One of the most prominent consequences of hate-based violence is persistent fear for one's own safety and that of their family. This fear may lead to physical and psychological constraints, such as changes in appearance and behaviors, attempts to construct personal safety measures, damage to self-confidence, strain on personal relationships, or mental health conditions such as PTSD and depression (Dzelme, 2008).

The impact of prejudice and discrimination may extend beyond the trauma routinely associated with criminal victimization, challenging the survivor's sense of self. For individuals who are struggling with issues of identity formation or cohesion (e.g., sexual identity diffusion), hate-based prejudice and discrimination experiences may prove particularly destabilizing. For example, McCoy and Major (2003) found that Latinos who were initially low in ethnic identification deidentified even more strongly with their ethnic group if they read about pervasive prejudice against their group.

Prejudice and discrimination may have adverse and disruptive consequences for family relationships. The burden of fear and personal pain, coupled with the inability to share it, results in impairment in marital and family relations, reduced family cohesion, social dysfunction, and heightened family conflict (Goff, Crow, Reisbig, & Hamilton, 2007). For parents, constant anxiety relating to the safety of their children and a perceived inability to protect them are associated with a sense of powerlessness, anger, shame, and frustration (Dzelme, 2008).

In addition to the individual and interpersonal effects of prejudice and discrimination, the heightened psychological distress produced by such events may affect the entire community. Acts of prejudice and discrimination are messages to members of the

survivor's group that they are unwelcome and unsafe in the community, decreasing feelings of safety and security (Noelle, 2002). Furthermore, witnessing discrimination against one's own group can lead to psychological distress and lower self-esteem (McCoy & Major, 2003). For example, focus group data from 15 people who identified as lesbian, gay, bisexual, or pansexual suggest that knowledge of anti-lesbian, gay, and bisexual (LGB) hate-based violence had profound and negative effects on the psychological and emotional well-being of non-victims in the LGB community (Bell and Perry, (2015). This finding also indicated that fear of hate violence negatively affected participants' decisions to disclose their sexual orientation to others.

Of all crimes, hate crimes are most likely to create or exacerbate tensions between groups, communities, or entire nations and cultures, which can trigger larger community-wide or nation-wide and international racial conflict, civil disturbances, and even riots, thus putting communities at risk of serious social and economic consequences (Benier, 2017; Perry & Alvi, 2012).

Although all marginalized groups, such as females, individuals with disabilities, or those belonging to religious minorities, may be at risk for hate-based violence and cumulative post-traumatic difficulties, the authors of this paper will provide two specific examples: racial and ethnic minority and LGBTQ populations. These groups have historically and are currently subject to prejudice and discrimination, and are therefore at high risk for hate-based violence and for cumulative negative mental health effects.

Psychological and Social Effects of Hate-Based Violence in Racial and Ethnic Minorities

Racial and ethnic hate-based violence are based on salient identities and as such may differ from other types of hate crimes or crime victimization more generally because survivors may be forced to acknowledge that they were specifically targeted because of their visibly salient and often stigmatized identities (Craig-Henderson & Sloan, 2003). Because racial and ethnic hate-based violence is based on stigmatized and negatively stereotyped identities, vicarious experiences in addition to exposure to traumatic stressors could serve as psychological triggers which evoke memories related to personal or group identity experiences of threats to life or psychological well-being (Helms, Nicolas, & Green, 2012). A study of 110 participants in California found that perceptions of racial/ethnic discrimination were correlated with traumatic stress responses in Mexican-American adolescents (Flores, Tschann, Dimas, Pasch, & de Groat, 2010). The researchers proposed that the cumulative effect of these events over time could lead to an increase in the severity of stress responses leaving adolescents feeling vulnerable and psychologically distressed. The study showed that the vast majority of participants (94%) reported experiencing at least one racial/ethnic discriminatory event and 21% reported that they experienced chronic exposure to such potentially traumatic events. Additionally, the majority of participants (68%) reported sometimes experiencing PTSD symptoms, such as avoidance, numbing, re-experiencing, and increased arousal, and 28% reported experiencing these symptoms during the previous week (Flores, Tschann, Dimas, Pasch, & de Groat, 2010). Other

work has also shown that exposure to racism-related stressors was related to PTSD symptoms across various ethnic groups (Khaylis, Waelde, & Bruce 2007), though greater numbers of race-related stressors were associated with more severe PTSD symptoms among participants of color, but not white participants (Waelde et al., 2010). This study also showed that participants who met the PTSD diagnostic criteria were exposed to traumatizing race-related events such as learning about someone who was injured or killed, discrimination by police, being chased or robbed, and either being physically assaulted personally or witnessing someone being seriously injured or killed. However, exposure to racial microaggressions, such as being treated rudely or unfairly by a teacher or boss, were also common among those whose race-related stress exposures met the PTSD stressor criteria A1 as involving actual or threatened death, injury, or threat to personal integrity, and A2, as involving fear, helplessness, or horror (American Psychiatric Association, 2000). Thus, individuals exposed to hate-based violence because of their salient racial and ethnic identities may frequently face repeated and chronic stressors and traumas associated with their identities, leaving them vulnerable to PTSD and other psychological symptoms.

Psychological and Social Effects of Hate-Based Violence in LGBTQ Populations

The hate-based violence that affects individuals who identify as LGBTQ can start in childhood and include multiple experiences of victimization. Gender non-conforming children experience higher rates of early victimization than their gender-conforming counterparts which has been found to have a negative effect on mental health (Balsam et al., in press). A study among LGBTQ youth found that 20% of participants reported experiencing either physical or sexual violence (D'Augelli, Grossman, & Starks, 2006) and physical victimization was significantly associated with PTSD. Hate-based victimization has also been shown to be associated with suicide attempts among transgender individuals (Clements-Nolle, Marx, & Katz, 2006). In another study, LGBTQ persons who experienced hate-based violence were more likely to perceive the world as unsafe, to report a low sense of personal mastery and significantly more depressive, traumatic stress, and anxiety symptoms, and anger, compared to other victims of unbiased crime or persons who had not experienced crime victimization (Herek, Gillis, & Cogan, 1999).

Across studies, hate-based violence is considerably more psychologically distressing than non-hate-based violence for LGBTQ populations. Conceptualizing the effects of hate-based violence on psychological distress is complicated, with multiple theorists taking different approaches to elucidate this association. Some researchers consider minority stress to be a critical factor for LGBTQ persons because stress reactions are caused by pervasively and persistently hostile and traumatic social environments created by stigma, prejudice, and discrimination (Meyer, 2003). In Myers' formulation, exposure to discrimination and prejudice, hiding and concealing, stigma, and internalizing homophobia exacerbates stress reactions. Moreover, LGBTQ persons have faced innumerable human rights violations oftentimes sanctioned by governments, laws and policies, and societal norms which may contribute to vulnerable self-

perceptions or exhaustion and fatigue from expending considerable mental energy and capacity to maintain vigilance against violence or discrimination. Transgender people, especially those of color, are at increased risk for bias-motivated discrimination due to institutionalized racism (Grant et al., 2011), from loss of job, eviction, harassment, physical and assault, and sexual assault, to homelessness, loss of partner and/or children, denial of health care, and criminalization (Mallory, Hasenbush, & Sears, 2015).

Additionally, chronic exposure to discrimination and violence can lead LGBTQ individuals to internalize negative social attitudes toward themselves or other LGBTQ persons or to feel that they must hide their sexual orientation or gender identity in an effort to protect themselves from danger (Hatzenbuehler, Bränström, & Pachankis, 2018). Individuals who subscribe to the negative beliefs related to their stigmatized identity have been found to report increased distress and decreased functioning (West, Vayshenker, Rotter, & Yanos, 2015). A study of the relationship between PTSD symptoms and significant life experiences of LGBTQ youth revealed that verbal and physical victimization experiences based on perceived sexual orientation were related to PTSD symptoms (Dragowski, Halkitis, Grossman, & D'Augelli, 2011). The researchers also found that LGBTQ youth with higher levels of internalized homophobia had higher PTSD symptom scores. This finding provided further evidence that internalized transphobia, biphobia, and homophobia may increase after experiencing traumatic events related to sexual orientation and/or gender identity. Another study that investigated sexual minority women who identified as bisexual or lesbian and met screening criteria for PTSD found that daily heterosexism, defined as discrimination against LGBTQ-identified persons on the assumption that heterosexuality is the normal sexual orientation, longitudinally predicted negative trauma-related cognitions (i.e., cognitions related to the self, world, and self-blame; Dworkin et al., 2018). Internalized heterosexism and negative cognitions about the self longitudinally predicted PTSD symptom severity. This finding suggests that exposure to heterosexism and other LGBTQ-specific stressors may promote cognitive processes that help to maintain or exacerbate PTSD symptoms among sexual minority women with histories of trauma. Thus, discrimination and various forms of hate-based violence may serve as a catalyst for psychological distress among LGBTQ communities.

Mental Health Interventions for Survivors of Hate-Based Violence

Despite increasing concerns and awareness regarding the profound consequences of acts of hatred, there is a paucity of literature available to guide mental health professionals in the identification, evaluation, and treatment of hate-based violence survivors (Tol et al., 2013). Prior to any psychosocial intervention, the safety of the survivor should be ensured. Effective treatment of survivors of hate-based violence incorporates a variety of therapeutic goals which are subsumed by two superordinate tasks. The first task is the alleviation of the psychological sequelae of the trauma of hate victimization (e.g., reduction of PTSD, depression, or anxiety symptoms). The second task concerns the re-establishment of an adaptive group identity, the employment of culturally congruent coping behaviors, and engagement in positive intergroup social experiences (Dunbar, 2001).

Most of the literature on mental health interventions for survivors of hate-based violence is focused on treatment of PTSD, as this is the most consistently documented consequence. Trauma-focused interventions, such as cognitive behavioral therapy (CBT) and narrative exposure therapy (NET), were found to be effective in reducing symptoms of PTSD in various cultural contexts (for review; Slobodin & de Jong, 2015). NET, for example, may be a useful strategy to incorporate hate crimes into survivors' personal life stories and to allow them to find meaning in their experiences. It should be noted, however, that for some survivors of hate-based violence, going through the legal processes involved in an investigation and court hearings can be highly stressful or even traumatic (Dzelme, 2008). In these cases, a stabilization phase which includes assessment and mitigation of safety risks, engaging the individual's social support resources, and developing or strengthening a sense of self-efficacy and self-regulation skills, might precede or occur concurrently with the direct investigation of the traumatic incident. There is preliminary empirical support for a transdiagnostic, LGB-affirmative cognitive behavioral therapy to reduce minority status-related stress, including symptoms of depression, alcohol use problems, sexual compulsivity, and improved condom use self-efficacy (Pachankis et al., 2015). The strength of evidence for interventions related specifically to hate-based violence is limited, and future research is necessary the efficacy of psychological treatments for traumatic distress associated with hate-based violence exposure.

Survivors of hate crimes may see themselves as ''different'' or ''distinctive'' from other members within their usual social networks. Consequently, they may experience feelings of isolation and alienation (Craig-Henderson & Sloan, 2003). Therefore, the re-establishment or strengthening of an adaptive group identity is a crucial additional therapeutic goal. This involves helping the survivor to articulate culturally salient themes that represent the resilience of the racial/ethnic, sexual minority, or other identity-based group(s) of which she or he is a member. That is, the practitioner actively encourages individuals to relate their personal experience of encountering and overcoming victimization to the similar experiences of other members of their group, and to learn from other credible members about the ways they cope with adversity. This strategy serves to engage peer support and thus to strengthen or establish a meaningful social network, and reinforces the concept of personal empowerment and social support as a desirable means to resolve problems associated with hate crimes or related experiences that grow out of intergroup conflict (Dunbar, 2001).

The interconnectedness of family and community members, especially in collectivist cultures, means that experiences of hate-based violence have the potential to impact a large circle of individuals beyond the original victim (Voulgaridou, Papadopoulos, & Tomaras, 2006). However, families and communities may serve as protective factors, in which higher levels of positive support buffer the negative effects of stress (Walsh, 2007). Weine et al. (2008), who developed a multi-family intervention for traumatized refugees, noted that the family itself becomes a very important context for survivors when they are therapeutically processing traumatic experiences and additionally for providing the survivor with social support. Given the importance of the family in the aftermath of hate-based violence, the utilization of systemic family therapy

(Mendenhall & Berge, 2010), with its natural sensitivity to the social and cultural context, is a potentially viable approach for treating survivors of hate-based violence.

Notably, hate-based violence is often directed towards communities with limited resources (e.g., minority groups, immigrants or refugees), that have already experienced massive disruptions of social networks due to loss, displacement, community fears, and distrust (Silove, Ventevogel, Rees, 2017). The psychosocial well-being of these communities is dependent on the ability to deploy resources effectively in order to re-establish meaning and agency (Strang & Ager, 2003). Thus, it is highly recommended that community-based solutions be sought out as a first step (IASC, 2006). Community-based interventions were originally developed in emergency settings (e.g., Problem Management Plus; WHO, 2016) and may include multiple structured practical steps (i.e., teaching techniques of problem solving, increasing engagement in personally and socially beneficial activities, and developing practical strategies for handling uncertainty) which may be applicable for treating survivors of hate-based crimes.

Self-help groups also may provide survivors of hate-based violence with the opportunity to discuss how other people like them have coped with similar challenges. Themes of resilience may be embedded in folk stories, art, literature, music, or culturally prescribed traditions to solve problems (Dunbar, 2001). A specific recommendation of the World Health Organization (WHO, 2016), in an effort to increase the utilization of mental health interventions in communities with limited resources, is to implement task-shifting in which interventions are carried out by lay-counselors in primary or community settings. It is important to note that community-based interventions and task-shifting interventions are promising practices that have not been systematically evaluated with survivors of hate-based violence. Future research is necessary to further understand the most effective way to reduce psychological symptoms and increase positive outcomes in these groups.

Addressing mental health needs of survivors of hate-based violence is further complicated by the reluctance and avoidance of specific individuals and/or groups to report these crimes and seek professional help. Silence in the aftermath of hate-based violence may be driven by fear of retaliation, shame, posttraumatic avoidance, acceptance of violence as a part of everyday life, distrust in the law enforcement authorities, or simply because of the high costs involved in reporting these crimes (Akumu, Amony, & Otim, 2005; Scott, McGilloway, & Donnelly, 2009). In traumatized communities, silence may provide a respite in which the survivor can make meaning, reconstruct their sense of personal and communal identity, or psychologically cope with the overwhelming impact of trauma (Puvimanasinghe, Denson, Augoustinos, & Somasundaram, 2015). An effective strategy to prevent this respite from leading the survivor to become caught in the cycle of avoidance leading to chronic hypervigilance, anxiety, and recurrent traumatic memories in the context of PTSD—which can intensify the stigma associated with hate-based violence—is to incorporate trauma-informed mental health services and evidence based treatments for PTSD into broad-based community settings such as schools, health clinics, and hospitals (Beehler, Birman, & Campbell, 2012). Another way to reduce stigma and shame associated with hate-

based violence is to provide education about the incidence and impact of hate crimes. This can include documentation detailing the concept of hate-based violence, the occurrence of hate-based violence including frequency rates and offender profiles, and information about the social psychology of prejudice and bias and the traumatic impact of hate-based violence (Craig-Henderson & Sloan, 2003).

The negative effects of hate-based violence on interpersonal relations and cultural systems underscore the importance of considering culture as a key resource in the psychosocial well-being of individuals, families and communities. Cultural competence and sensitivity are particularly crucial when discrimination and hate-based traumatic events are the foci of treatment because the roles of the professional's race, sexual orientation, ethnicity, and gender are often magnified in treatment (Dunbar, 2001). Culturally-informed, trauma-focused interventions require global and local understanding of mental health issues (e.g., cultural idioms of distress, protective and resilience factors, utilization of mental health services) and knowledge about the expectations and preferences of the affected population (Slobodin, Ghane, & de Jong, 2018).

Prevention of Hate-Based Violence and its Adverse Consequences

Although the primary focus of this briefing paper is enhancing the understanding of treatment and recovery services for the traumatic stress associated with hate-based violence, the multiple levels affected by this type of trauma — individual, relationship, community, and society — present yet another opportunity for experts in the field of traumatic stress to adopt a wider perspective and a proactive stance. The public health model of traumatic stress (Magruder, McLaughlin, & Elmore Borbon, 2017) identifies opportunities for prevention, education, and intervention at the primary level (prevention of trauma), as well as promotion of tolerance of diversity at the secondary level (early intervention), in addition to the tertiary clinical treatment level aimed at preventing the disability that accompanies PTSD. The latest United Kingdom Hate Crime Action Plan (Home Office, 2015) states that there are five key areas to tackle hate crimes: 1) Preventing hate crime by challenging the beliefs and attitudes that can underlie such crimes (Shaw & Barchechat, 2002); 2) Responding to hate crime in our communities with the aim of reducing the number; 3) Increasing the reporting of hate crime, through improving the reporting process, encouraging the use of third-party reporting and working with groups who may under-report; 4) Improving support for the victims of hate crime; and 5) Building our understanding of hate crime through improved data. Additional research is necessary to understand opportunities for primary and secondary prevention efforts.

Policies Addressing Hate-Based Violence

Given the prevalence and impact of hate-based violence, important steps must be taken to prioritize this global problem. Trauma-informed policies and practices must be developed that focus on preventing the trauma of hate-based violence and

intervention services must be provided as early as possible to survivors who are at risk for poor mental health outcomes. According to the United Nations Educational, Scientific and Cultural Organizations (UNESCO), each government is responsible "for banning and punishing hate crimes and discrimination against minorities, whether these are committed by State officials, private organizations or individuals." Hate crime laws are important. Condemning bias serves as a preventative measure by sending a message to offenders that a just and humane society will not tolerate such behavior. By recognizing the harm done to victims, such laws convey to individual victims and their communities the understanding that the criminal justice system serves to protect them.

Much work is necessary to prevent trauma associated with hate-based violence and implement effective interventions for those individuals needing treatment. Countries around the world must universally acknowledge hate-based violence as a crime and adopt policies to prevent, prosecute, and assist survivors and communities in healing in the aftermath of hate-based violence. The Durban Conference pointed out that all conflicts and controversies associated with hate-based violence must be resolved by peaceful means and by political dialogue with respect for human rights and international humanitarian law (United Nations High Commissioner for Human Rights, 2001). The Durban Declaration emphasized that discourse surrounding hate crimes is central for preventing hate-based violence, and intervening with trauma-focused treatments, when necessary, is important in its aftermath (United Nations High Commissioner for Human Rights, 2001).

A critical advance in the global movement to combat hate-based violence is the leadership and support of some stakeholder organizations, such as some non-governmental organizations (NGOs), engaged in preventing and combating the consequences of hate-based violence. Such organizations may bring significant expertise and advocacy that may inform and advance policies and practices on these matters (United Nations High Commissioner for Human Rights, 2001). These organizations also play an important role in primary prevention of the traumatic impact of hate-based violence by educating and raising awareness about this global problem and the consequences of this type of trauma.

Extending the core principles of trauma-informed care (safety, trustworthiness and transparency, collaboration, empowerment, choice, and intersectionality) to social policy can create a framework that conveys a politically relevant understanding of trauma (Bowen & Murshid, 2016). Such an approach is well-suited to inform and promote policy efforts to address hate-based violence as a form of psychological trauma. Bringing attention to the traumatic impact of hate-based violence can make the problem visible (exposing, publicly educating, and condemning these events when and where they occur). Moreover, professional organizations and professionals who work in the area of hate-based violence and traumatic stress may take on leadership roles and guide governmental authorities and decision makers with regard to how to implement programs to prevent and treat trauma associated with hate-based violence, including detection, evaluation, and treatment programs for survivors who may experience PTSD or other trauma-related disorders (Gil-Borrelli, Martín-Ríos, & Rodríguez-Arenas, 2018). Finally, stakeholders also play an important role in providing

resources and support services to individual survivors and impacted communities, including health care, legal assistance, and mental health services.

Recommendations for Clinical Practice, Research, and Policy

The following are recommendations to improve clinical practice, research, public health and education policies related to the trauma of hate-based violence:

Clinical practice

- Work in a multisectoral manner with partners including public, private, governmental, non-governmental, and professional organizations, as well as with relevant systems, such as judicial, health care, education, social services, and scientific/academic, in order to provide training in trauma-informed methods of recognizing and responding to hate-based victimization.
- Develop community-based educational and awareness raising programs to prevent exposure to the potential trauma associated with hate-based violence.
- Promote access to evidence-based, trauma-focused treatments and offer different intervention modalities (i.e., individual, group) with flexible locations (i.e., in the community, online) for individuals exposed to hate-based violence.
- Conduct culturally responsive and trauma-informed assessments and interventions with survivors of hate-based violence when they present with symptoms of trauma.
- Consider how the cultural, social, and historical aspects of hate-based violence against historically marginalized groups impact trauma-related mental health difficulties and how clinical practice may be adapted to incorporate these issues.

Research

- Collect data that captures information such as the frequency of different types of hate-based violence and physical and mental health outcomes associated with exposure to these potentially traumatic events; currently the lack of data does not allow a full understanding of the nature, impact, and consequences of this type of trauma.
- Include questions regarding potential traumatic stressors and posttraumatic stress symptoms resulting from hate-based violence in national and global health surveys.
- Develop instruments to assess the severity and psychological consequences of exposure to potential trauma associated with hate-based violence.
- Include community participatory designs in the investigation of vulnerable groups who have experienced potentially traumatic events associated with hate-based violence.
- Conduct studies that investigate the traumatic impact of hate-based violence involving individuals with less-studied identities, such as individuals with disabilities and religious minorities.

Public Health and Education

- Provide affordable and accessible trauma-focused services and supports for individuals and groups exposed to hate-based violence, including access to treatment for physical and psychological injuries and prevention services.
- Train important stakeholders such as law enforcement, first responders, legal and judicial systems professionals, and healthcare personnel on culturally responsive and trauma-informed methods of responding to hate-based violence and supporting survivor communities.

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One Parkview Plaza, Suite 800
Oakbrook Terrace, IL 60181 USA
Phone: +1-847-686-2234
Fax: +1-847-686-2253
istss@istss.org
www.istss.org