2021 RACIAL TRUTH & RECONCILIATION EQUITY IMPACT STATEMENT

Voices
For Virginia's Children
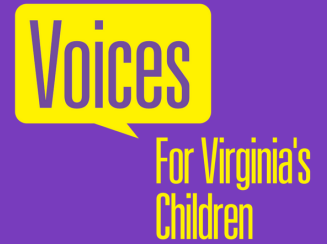
Chloe Edwards | Voices for Virginia's Children
804-649-0184 ext. 106 | chloe@vakids.org

RACISM IS A PUBLIC HEALTH CRISIS

Before the pandemic, children and families were already struggling to meet their most basic needs. As of December 10th, according to the CDC, there have been over 285,000 deaths from COVID-19 in the US and the number continues to rise steeply with a disproportionate toll on communities of color. Families are put in a position to compare and contrasts the risk of staying home to maintain the safety of their household or to put a roof over their family's head by going to work in order to avoid utility shut off, eviction, or starvation. While COVID-19 is one pandemic, it is layered with yet another, racism as a public health crisis, as minority communities cope with the death of George Floyd, Elijah McClain, Marcus Davis Peters, and many others in addition to the racial and ethnic disparities that continue to exist interpedently in institutions and systems.

TRAUMA

A prolonged activation of an individual's stress response systems in the body and brain without buffering can change a child's body and brain, which can disrupt learning, behavior, growth, immune systems, and even the way their DNA is read and transcribed. Intense physical and psychological stress reactions is known as trauma. It can be triggered by a single vent, multiple events, or a set of circumstances that is experienced by an individual as physically and emotional harmful or threatening. This can have lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.

RACIAL TRAUMA

Racial trauma refers, also known as race-based traumatic stress, refers to the stressful impact or emotional pain of one's experience with racism and discrimination. Racial trauma is the ongoing result of racism, racist bias, and exposure to racist abuse. Racial trauma can affect several components of a person's life, including their ability to have relationships, concentrate on school or work, and feel safe. This trauma is widespread amongst marginalized groups, in particular Black people in the United States, the majority of whom have expressed that they have experienced racism. According to a 2019 Pew Research survey, roughly eight-in-ten people who identify as Black with some college experience (81 percent) reported that they have experienced some form of racial discrimination from time to time, including 17 percent who expressed this happens to them regularly. This pattern was consistent across surveys, including a 2016 Pew Research survey and a 2017 NPR poll.
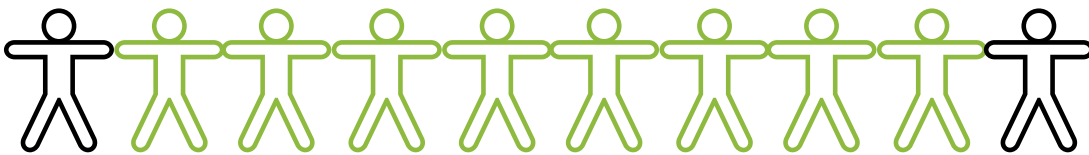
8 IN 10 PEOPLE WHO IDENTIFY AS BLACK WITH SOME COLLEGE EXPERIENCE REPORTED THEY HAVE EXPERIENCED SOME FORM OF RACIAL DISCRIMINATION FROM TIME TO TIME, INCLUDING 17 PERCENT WHO EXPRESSED THIS HAPPENS TO THEM REGULARLY.

CULTURAL AND HISTORICAL TRAUMA

Historical trauma is held personally and is transmitted across generations. Family members who may have not experienced the trauma directly can still feel the effects of the event later. When members who share the same identity, such as skin color, sex, gender, or orientation feel they have been subjected to a horrendous event that leaves permanent marks, it impact their memories and changes their identity in irrevocable ways, grounding their identity formation forever. Examples of cultural or historical trauma include American slavery, The Trail of Tears, and the Holocaust.

Racism is a driving determinant that impacts the social determinant of our personal and public health, family economic security, housing, food security, and education. Whether racism is explicit or implicit, it operates at the individual, community, and systemic level. The pandemic presents a worldwide trauma and is now known as historical. However, the pandemic as a trauma and racism as a trauma present two dual disparities.

19 PERCENT OF CHILDREN IN VIRGINIA EXPERIENCE TWO OR MORE ADVERSE CHILDHOOD EXPERIENCES (ACES); HOWEVER, BLACK CHILDREN EXPERIENCE TRAUMA AT ALMOST DOUBLE THAT RATE.

The KIDS COUNT Data Center's indicators included the following adverse experiences: frequent socioeconomic hardship, parental divorce or separation, parental death, parental incarceration, family violence, neighborhood violence, living with someone who was mentally ill or suicidal, living with someone who had a substance abuse problem or racial bias. From 2017 to 2018, 37 percent of Black children experienced two or more ACEs in comparison to 18 percent Latinx children and 15 percent Non-Hispanic white. While 19 percent of all children experienced two or more ACEs, Black children experienced almost double the rate of trauma.

COMMUNITIES OF COLOR ARE EXPERIENCING MUCH HIGHER COVID-19 RELATED HOSPITALIZATION RATES.

As of December 3rd, VDH reported 15,116 Hospitalizations. While the Black community accounts for about 29 percent of that group, they represent just 19 percent of the commonwealth's population. Likewise, the Latinx population makes up roughly 24 percent of Virginia's COVID-19 hospitalizations, but only 9.8 percent of the population. Meanwhile, the white community accounts for 38 percent of the commonwealth's coronavirus hospitalizations, but nearly 70 percent of the population. Communities of color are experiencing much higher hospitalization rates. Black communities have almost a 10% hospitalization rate compared to the 6% average.

BLACK MEN AND BOYS ARE 2.5 TIMES MORE LIKELY TO BE KILLED BY POLICE OVER THE COURSE OF THEIR LIFETIME.

According to a Rutgers University study, police killings are the sixth-leading cause of death among men of all races, ages 25 to 29. The Proceedings of the National Academy of Sciences reported that about 1 in 1,000 Black men and boys will be killed over their life course. This is 2.5 times higher than that of a white man. According to research found by the Proceedings of the National Academy of Sciences, the study found that police killings represent 1.6 percent of all deaths of Black men age 20 to 24. In comparison, among white men, police are responsible for 0.5 percent of all deaths in that age group. The study authors stated that their findings reinforce calls, "to treat police violence as a public health issue with profound consequences for public health, democracy, and racial stratification."

KIDS' LIVES CAN DISRUPT LEARNING AND WELL-BEING, A MYRIAD OF FACTORS CONTRIBUTE TO CHRONIC ABSENTEEISM.

Chronic absenteeism is defined by VDOE as the number of students missing 10 percent or more of days enrolled. According to Virginia's KIDS COUNT Data Center, 134, 310 children were chronically absent from 2017 to 2018. Attendance works is a national initiative that promotes awareness of how school attendance influences academic success. ACESTooHigh states, "ACEs are responsible for a big chunk of workplace absenteeism" among adults, and studies have since "implicated ACEs in school failure and absenteeism in children." Students who have accumulated ACEs are more likely to display behavioral issues, perform poorly in school and have poor attendance, all of which can contribute to their ability to graduate from high school. According to Virginia's KIDS COUNT Data Center,

- In 2019, when accounting for the population of children that were not in school, of that population 20 percent of children that were not in school identified as Asian pacific islander, 27 percent of children were Black, 29 percent of children were Latinx, 19 percent of children were two or more races, and 23 percent of children were Non-Hispanic white. The total population of children who were not in school were 24 percent of the general population.
- In 2019, when accounting for the population of children that were chronically absent from school in the 4th grade, of that population 9 percent are Asian and Pacific Islander, 30 percent are Black, 31 percent are Hispanic or Latinx, 23 percent are Non-Hispanic white, and 28 percent are two or more races.

According to ACESTooHigh, there are several barriers that could account for why a child has trouble accessing school consistently, including transportation, inequitable access to healthcare, juvenile justice system involvement, and more. This is coupled with a negative school experience, ranging from suspensions and expulsions, an undiagnosed disability, bullying, and more. Increased engagement, ranging from positive relationships, stronger community ties, culturally relevant instruction, and consistent teachers can combat chronic absenteeism.

As communities raise their voices to express horror and grief at the inadvertent impacts of cultural, racial, and historical trauma, Virginia and the nation must respond to address the injustices that racism perpetuates across systems through action. Creating equitable policy solutions that, in parallel, respond to trauma and combat the root cause of trauma will further advance trauma-informed, equitable policy solutions.

INFORMED PERSPECTIVE

The Campaign for a Trauma-Informed Virginia liaises the experiences of community members part of Virginia's trauma-informed community networks and the feedback loop to Voices for Virginia's policy team.

This past August 2020, Voices launched the Campaign for a Trauma-Informed Virginia's Racial Truth & Reconciliation Week, which birthed Racial Truth & Reconciliation Virginia, a coalition created to empower the voices and experiences of marginalized communities in acknowledgement of truth to promote healing, reconciliation, and justice.

POLICY RECOMMENDATIONS:

At the intersection of cultural, historical and racial trauma is the dismantling of systems that perpetuate these traumas.

Structural racism and oppression create cycles of cultural, historical, and racial trauma. Without intervention, societal injustices catalyze generations of race or ethnic based traumatic stress. These stressors stem from experiences that occur at the interpersonal, environmental institutional, and cultural level. These experiences impact an individual's physical, social, emotional, health and well-being. Racial trauma is cumulative, creating compound affects, such as economic inequities, public health disparities, community violence, and institutionalization. Leaders should use disaggregated data to intentionally engage with community stakeholders to ensure policies are informed by diverse perspectives and are co-created by the communities most impacted themselves. The Commonwealth is poised to combat the root cause of trauma by deepening the state's responses to prevent trauma to invest in wraparound services and resources.

Address unintentional biases that can lead to additional trauma for children.

As our systems seek solutions to liaise disruptions in educational settings, such as housing and other supports, we must ensure these interventions do not inadvertently widen cultural, racial, and ethnic disparities. For example, the rush to address chronic absenteeism and truancy might miss the opportunity to address community-level interventions, such as increasing family supports that are lacking. Our advocacy will focus on providing the resources that promote a continuum of care across systems to ensure children and their families can stay resilient when faced with economic, health, and environmental challenges.

POLICY RECOMMENDATIONS CONT.:

Ensure Virginia state agencies are well-equipped to focus on children and the future they deserve.

One approach to ensuring that all state agencies and the next gubernatorial administration will focus on children is to make the Children's Cabinet permanent and to create a position for a Chief Advisor. This position would review and address data about the conditions of children and families across state agencies and continue the collaborations begun in the Northam administration around early learning, trauma-informed policy and practice and food security.

Equip parents to connect to the social and economic supports that foster resiliency by expanding access to home visiting program.

Restore the funding and continue momentum for home visitation programs to seek Medicaid reimbursement.

Create systematic, communal, and individual interventions to address racism as a public health crisis in Virginia.

As state elected officials seek policy-solutions to reduce racial and ethnic disparities, they must first identify and further address the ways in which racism has contributed to poor economic, social, and health outcomes for children of color and their parents. Opportunities to address racism as a public health crisis include state commissions to identify strategies and next steps, data collection to measure progress, funding priorities that shift resources to those most impacted by racism, training and community-level engagement.