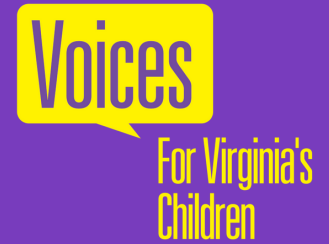


# 2021 RACIAL TRUTH & RECONCILIATION EQUITY IMPACT STATEMENT



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## **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 contrast 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, Antonio Valenzuela, Breonna Taylor, and many others in addition to the racial and ethnic disparities that continue to exist interdependently 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 event, multiple events, or a set of circumstances that is experienced by an individual as physically and emotionally 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.

**IN 2018, BLACK WOMEN DIED TWO AND A HALF TIMES MORE OFTEN THAN WHITE WOMEN.**

Research derived from the [National Vital Statistics Reports](#), which used the maternal mortality checkbox integrated into vital registration systems, found that, of the 658 women who died of maternal causes in 2019, Black women fared the worst, dying two and a half times more often than white women, 37.1 vs 14.7 deaths per 100,000 live births, while Latinx women had the lowest rate of maternal mortality, 11.8 deaths per 100,000 live births. Black women have historically been susceptible to poor maternal health outcomes, some of which is suspected to be a combination of institutionalized racism and health disparities, such as obesity and hypertension. Black women are also less likely to have access to quality prenatal care.

**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% 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.**

Before the pandemic, children and families were already struggling to meet their most basic needs. However, the pandemic has claimed more than 240,000 lives in the United States with a disproportionate toll on communities of color particularly. 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 deaths derived from police brutality in addition to the racial and ethnic disparities that continue to exist interdependently in institutions and systems. 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. The Commonwealth is poised to combat the root cause of trauma by deepening the state's responses to prevent trauma by investing in wraparound services and resources and simultaneously addressing the root cause of the trauma.

**Connect parents to supports that foster resiliency by expanding access to positive social, emotional, and physical health outcomes.**

Decrease maternal and infant health outcome disparities by expanding home visiting and investing in doula services in order to ensure low-income families have access to the resources and supports needed to raise children who are physically, socially, and emotionally healthy. Restore funding for the home visiting program and fund doula services for pregnant women through Medicaid.

## **POLICY RECOMMENDATIONS CONT.:**

### **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.

### **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.

### **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.

### **Prioritize early identification and intervention to lessen the impact of trauma in children and families.**

Provide funding to support the Virginia Helping Everyone Access Services (HEALS), which is a model of service delivery that has been developed in order to assist service providers in better linking systems of care to provide support to children, youth, and families impacted by trauma and/or victimization, including trauma that stems from COVID-19 related challenges.

## **POLICY RECOMMENDATIONS CONT.:**

### **Promote financial stability and resilience for families by funding community partnerships to respond to family economic hardships and intergenerational trauma.**

The Family and Children's Trust Fund provides technical assistance to support community-based multi-disciplinary networks across the state to develop trauma-informed best practices and services. In addition, the networks facilitate COVID-19 referral and response programs to help families meet their basic needs during the pandemic in order to further mitigate economic trauma.