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SPECIAL ARTICLE

Identity-based hate and violence as trauma: Current research, clinical implications, and advocacy in a globally connected world

Maureen Allwood[1] | **Bita Ghafoori**[2] | **Carolina Salgado**[3] | **Ortal Slobodin**[4] | **Johanna Kreither**[5] | **Lynn C. Waelde**[6] | **Paulina Larrondo**[7] | **Nadia Ramos**[5]

[1] Department of Psychology, John Jay College of Criminal Justice, City University of New York, New York, New York, USA

[2] Long Beach Trauma Recovery Center, Department of Advanced Studies in Education and Counseling, California State University, Long Beach, Long Beach, California, USA

[3] Department of Psychiatry, Universidad Catolica del Maule, Talca, Chile

[4] Department of Education, Ben-Gurion University of the Negev, Beersheba, Israel

[5] Department of Psychiatry, Universidad de Talca, Talca, Chile

[6] Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, California, USA

[7] Centre for Reproductive Medicine and Adolescent Integral Development, School of Medicine, University of Chile, Santiago, Chile

Correspondence
concerning this article should be addressed to Maureen Allwood, Department of Psychology, John Jay College of Criminal Justice, City University of New York, New York, New York, 10019. E-mail: mallwood@jjay.cuny.edu

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Abstract

Hate-based violence is increasingly recognized as an urgent social justice and human rights issue that is pervasive across geographical and socioeconomic boundaries. There is a growing body of research that demonstrates the traumatic impact of hate-based violence on the victim's mental and physical health. This review focuses on examining scientific knowledge and prevalence data on identity-based hate and violence exposure. A framework for conceptualizing hate-based violence as a traumatic event or series of traumatic events is offered as a means to understand research findings and intervention approaches. The importance of research, advocacy, and human rights training is highlighted in the efforts to address the traumatic impact of identity-based hate and violence.

Hate-based violence, also referred to as identity-based violence, is defined as hatred and violence against an individual that is motivated by bias and prejudice against that individual's perceived group membership (Federal Bureau of Investigation [FBI], 2019). Group membership may include race, ethnicity, sex, gender identity, sexual

orientation, religion, national origin, mental or physical disability, or other personal characteristics. In 2001, the United Nations (UN) World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance (WCAR) aimed to 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 WCAR adopted the Durban Declaration of Programme of Action (UN, 2001), which provided an important framework to identify and combat racism, racial discrimination, xenophobia, and other identity-related discrimination and intolerance. In the decades after this landmark conference, racism, discrimination, and xenophobia are increasing around the world, and emerging literature suggests the globalization of discrimination through the internet and social networks may account for some of the observed increase in various forms of identity-based hate and violence (Pejchal & Brayson, 2016).

In this paper, we aim to review the traumatic impact of identity-based hate and violence, examine existing data on global prevalence rates, describe a framework for understanding hate-based violence as a potential form of trauma that impacts individual- and community-level mental health, review the existing literature on mental health interventions for hate-based violence exposure, describe the impact of advocacy, and provide recommendations for future research directions. For ease of organizing and illustrating the breadth and the impact of identity-based hate and violence, the term "hate-based violence" will be used throughout.

THE TRAUMATIC IMPACT OF HATE-BASED VIOLENCE

The traumatic impact of hate-based violence differs from many other trauma types in that the assaults or deprivation of resources carried out through hate-based violence are intended to devalue and intimidate the survivor(s) and their actual or perceived identity group (Mills et al., 2017). The research on hate crimes suggests that hate-based violence is intended to instill fear and anxiety, inflict psychological damage, diminish a sense of belonging, and 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 move from the community; forced migration; displacement; the dispossession of home, property, or fundamental rights; genocide) or to destroy a group's cultural norms, values, and rituals (e.g., attacks at religious sites, gatherings, or ceremonies). Hate-based violence can be carried out by organized groups, such as Neo-Nazis or the Ku-Klux-Klan; sociopolitical organizations or governments; or individuals acting in isolation with or without any clearly specified ideology. Moreover, hate-based violence can be carried out for individual motivations and gains or the perceived supremacy and benefit of an "in-group."

Hate-based violence may occur in the form of a single potentially traumatic event or multiple 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, as evidenced by emotional, behavioral, and physical responses (Sugarman et al., 2018). When individuals experience chronic or profound psychological distress as a result of any form of hate, mental and physical symptoms may emerge (Carter, 2007), such as symptoms of posttraumatic stress disorder (PTSD), depression, and poor cardiovascular health (Gone et al., 2019; Lockwood & Cuevas, 2020; Sugarman et al., 2018). However, systematic research on the traumatic impact of hate-based violence is still very limited (Dzelme, 2008). Research is necessary to understand the many and varied forms of hate-based violence and to identify when and how such violence has a traumatic impact on the affected persons and communities.

LEVELS OF HATE-BASED VIOLENCE

Ghafoori et al. (2019) provided a schematic that highlighted specific types of hate-based traumatic events and the escalating levels of threat and violence, from microaggressions to extreme violence such as rape and murder (Figure 1). Hate-based violence, like other forms of violence, is psychological, behavioral, economic, sexual, and emotional and can take the following forms: (a) discrimination, which may include difference of opportunities, degradation, and public humiliation; (b) hate speech, which may include words, symbols, images, memes, emojis, and videos intended to vilify, bully, humiliate, or incite hatred against a group; and (c) hate crimes, which can include, but are not limited to, harassment, physical assault, sexual assault, murder, and genocide. It is important to note that all forms of hate-motivated behavior are forms of violence, regardless of whether an overt injury occurs, the intent is to cause harm (Sugarman et al., 2018).

Hate-based crimes are preceded or accompanied by discrimination, whether explicit or implicit, including negative stereotypes, distortions, and prejudice, and include acts such as exclusion, invalidation, and disqualification. Discrimination is the foundation of hate-based violence. Hate speech is a form of violence that refers to verbal and nonverbal statements that serve to present a group in a negative light, exacerbate negative stereotypes, diminish dignity and self-esteem, oppress and intimidate, or

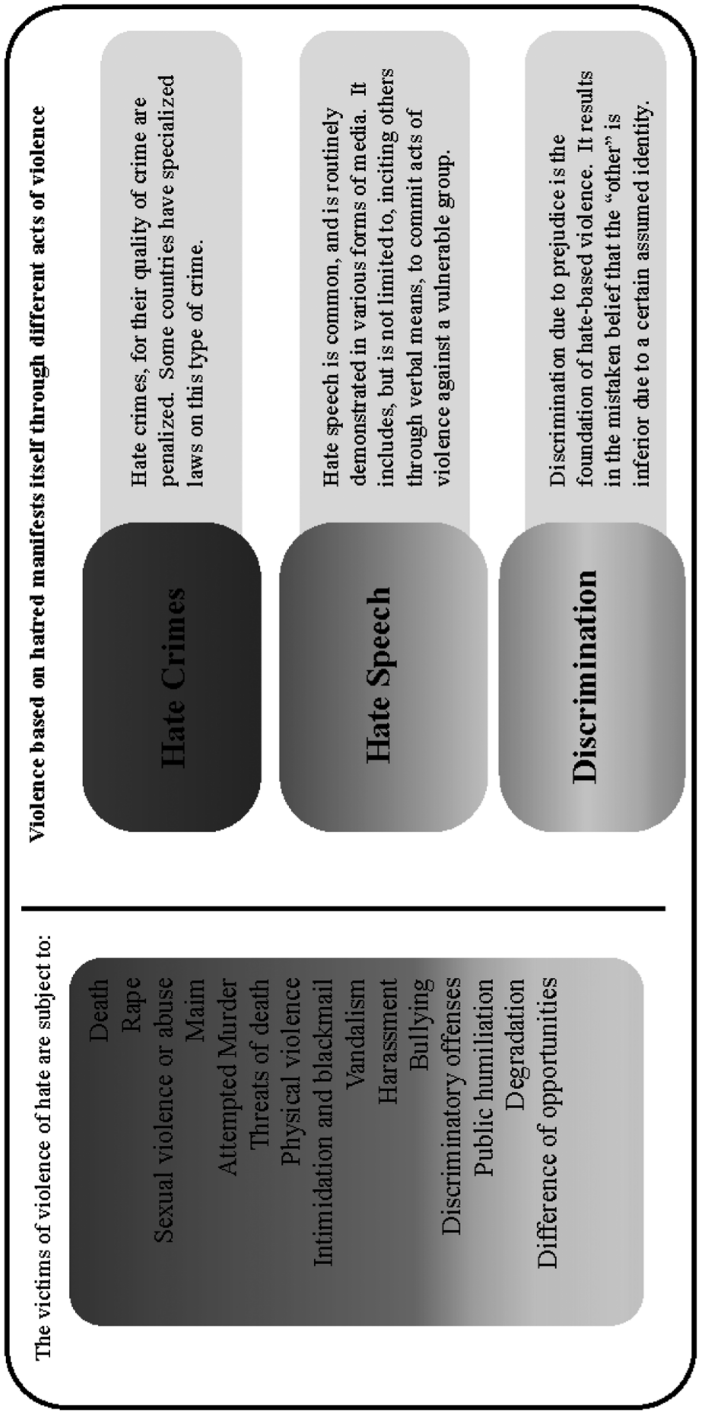

FIGURE 1 Manifestation of violence based on hatred

otherwise maintain a power imbalance, and it may precede or accompany hate-crimes (Gelber & McNamara, 2015). Discrimination, hate speech, and hate-based crimes are all forms of communicating that the out-group "should be kept in their place," meaning in a status that denotes "other" and "less than" (Wilkerson, 2020). It is important to note the distinction between discrimination as the foundation for hate-based violence and the actual acts of hate-based violence because 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 this type of violence.

GLOBAL PREVALENCE OF HATE-BASED VIOLENCE

It is difficult to assess the global prevalence of hate-based violence as a traumatic event because such violence is rarely reported or identified as hate-based by the authorities or the survivors (Pezzella et al., 2019). The under-reporting and lack of documentation contributes to the lingering impression that hate-based violence is "historical" or resolved, and its after-effects on individual survivors or entire communities are minimal. Hate-based violence that occurs on a large scale has been highly visible and sometimes even state-sanctioned and publicized (e.g., apartheid, enslavement, torture, lynching, internment), but in many cases, hate-based violence has been rendered invisible by the denial of history or denial of intent (e.g., the genocide of entire populations, online hate speech, and propaganda; Ubangha, 2016). The disguising and denial of hate-based violence make it difficult to research and explain and challenging to develop and apply preventative and treatment interventions.

In addition, the recognition that hate-based crimes are different from other forms of crime is a relatively new policy development that 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. Accordingly, most studies or reports on the prevalence of hate-based violence have been carried out in Western or industrialized countries that have relevant laws in place (e.g., Equality and Human Rights Commission [EHRC], 2016; Ghafoori et al., 2019; Perry, 2014; Walters et al., 2016). Moreover, there are variations in the nature of the laws, from the definitions of what is illegal (e.g., foundational forms such as hate speech) to the penalties that are enforced to protect against the various forms of hate-based violence (Perry, 2014).

In the United States, the FBI statistics from 2014–2018 suggest that hate crimes are rising in prevalence; however, the data are thought to be incomplete, in part because they are based on voluntary reporting by law enforcement agencies (FBI, 2019). An even larger underestimation of the prevalence and trends may occur in countries where either there is no legal framework or there is a lack of infrastructure by which individuals and groups may identify and report violence that is motivated by hate (Perry, 2014). In fact, a 2016 report by the European Commission Against Racism and Intolerance (ECRI) 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 (ECRI, 2016). Nevertheless, there is a growing literature documenting the types and impact of hate-based violence, including violence toward sexual and gender minorities and underrepresented racial and ethnic groups.

Sexual minority and gender minority identity-based violence

Prevalence data for hate-based violence against lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) individuals are currently considered fragmentary because they are collected mostly through convenience sampling conducted in Western countries (FBI, 2019; Herek, 2009). In the United States, an estimated 16.7% of the 7,036 hate crimes reported in 2018 were related to perceived sexual orientation, and 2.2% were related to gender identity bias (FBI, 2019). Regardless of hate crime identification, a substantial portion of sexual minority adults in the United States report having experienced trauma, including physical or sexual violence, discrimination, or other negative or life-threatening actions, because of their sexual orientation and gender identity (Herek, 2009). In Canada, a 2018 annual police services report on hate crimes and discrimination suggested that 12.3% of hate crimes and acts of discrimination were enacted on the basis of perceived sexual orientation or gender identity (Statistics Canada, 2020). In Great Britain, transphobic discrimination was the foundation of the largest amount of reported physical and sexual brutality (Walters et al., 2016). Prevalence data from Great Britain suggest that the prevalence of hate crimes was approximately 42% against perceived LGBTQ status, more than half of which targeted people who identified as transgender (Walters et al., 2016). Almost one quarter (i.e., 24%) of the hate crimes perpetrated against perceived LGBTQ individuals included physical violence that resulted in injury (Walters et al., 2016).

Many nations prohibit same-gender sexual behavior by maintaining that it is an illegal offense. Specifically, "homosexuality," a term that is often considered offensive in the LGBTQ community, is regarded as a crime

punishable by imprisonment or death in over 70 countries (Marks, 2006). Therefore, the prevalence rates of hate crimes associated with LGBTQ or gender-identity status are unavailable or unclear because in some circumstances, identity is criminalized and hate is legalized (Green et al., 2001; Mark, 2006). Furthermore, in some countries where "homosexuality" is legal, such as South Africa, social discrimination and hate-based violence against LGBTQ individuals remain widespread (Msibi, 2011). 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, antidiscrimination laws and policies are still rare (Stewart, 2010). Similarly, some countries in Eastern Europe, Central and Southwest Asia, Africa, and the Caribbean, among others, are viewed as unsafe for LGBTQ people due to the high occurrence of discrimination, hate-based violence, and hate crimes (Bloom, 2019; Human Dignity Trust, 2019).

Race, ethnicity, and immigrant identity-based violence

Both historically and presently, there exists a high prevalence of hate-based violence associated with racial and ethnic discrimination. The data for 2018 and 2019 indicate that race and ethnicity-based violence is increasing globally. In England and Wales, there was an 11% increase in the police-recorded prevalence of hate crimes associated with race and ethnicity in 2018–2019 compared with 2017–2018 (i.e., 78,991 vs. 71,264; EHRC, 2016). Overall, since the European Union (EU) exit referendum in 2016, police have reported a 57% increase in hate crime online reports in England, Wales, and Northern Ireland. In Great Britain, race remained the most frequently recorded motivation for hate crimes, with the prevalence of hate crimes based on race and ethnicity accounting for approximately 76.4% of all cases (UK Government, 2019). In the United States, an estimated 59.6% of 7,036 reported hate crimes in 2018 were related to race or ethnicity (FBI, 2019), and a 2018 police services' report on hate crimes and discrimination in Canada indicated that 43.8% of hate crimes were associated with race or ethnicity (Statistics Canada, 2020).

Perhaps the most egregious examples of race and ethnic violence are the acts perpetrated by agencies that are in place for the protection and well-being of its citizens (e.g., Adler et al., 2004). Ethnically and racially based political violence has claimed countless lives (i.e., historical records of genocide, including terms such as "ethnic cleansing") and traumatized and displaced entire communities (e.g., Allwood et al., 2002; Anwary, 2020). In addition, government-sanctioned brutality and killings often target marginalized groups (Bryant-Davis et al. 2017; French, 2013). As an example, in the United States, Black boys and men are three times more likely to be killed by a police officer than their White counterparts, despite being more likely to be unarmed during these police encounters (Bryant-Davis et al., 2017). Furthermore, media broadcasts of racialized police brutality and murders are yet another mode of community traumatization (Staggers-Hakim, 2016). The overall prevalence of racial and ethnic hate-based violence globally must be conceptualized not only within the context of micro-level hate crimes but also within the context of macro-level sociopolitically sanctioned violence, which would suggest that identity-based violence that targets racial and ethnic groups is systematically undercounted (Nolan et al., 2015).

Globally, there is an intersection between the perceptions of race, ethnicity, and immigrant identity. The immigrant experience is rife with historical accounts of internment, enslavement, detainment, marginalization, and physical violence. Unfortunately, these accounts are not solely historical. Xenophobic and discriminatory acts toward immigrants are still rampant (UN, 2016). In some regions, documentation status is forwarded as the guise for hate-based trauma. Multiple incidences of state-sanctioned propaganda, incrimination, and discrimination of out-groups have been tied to hate-based violence around the globe, including in Australia (Australian Human Rights Commission, 2019), Myanmar (Anwary, 2020), and Greece (Zissi et al., 2013), among others. Research also shows that race-based and xenophobic discrimination is compounded by other experiences of trauma (Bryant-Davis & Ocampo, 2005).

Ironically, although immigrant identity and undocumented status have been a target of hate-based violence, so too has Indigenous identity and status. Data on hate-based violence perpetuated on Indigenous and Aboriginal people and communities are captured within the more general statistics on race- and ethnicity-based violence described earlier. However, several studies point to highly prevalent hate-based traumatic experiences among Indigenous, Native, and Aboriginal people across multiple regions, which further compounds the intergenerational histories of genocide and trauma exposure (Gone et al., 2019; Skewes & Blume, 2019). Among a sample of almost 400 Aboriginal and First Nation participants in Canada, over 80% of participants reported experiencing discrimination due to their Aboriginal identity in the past year (Currie et al., 2013). In the United States, Indigenous people comprise just over 1% of the population, but, in 2018, they represented 4.1% of the individuals victimized by hate crimes (FBI, 2019). Like individuals who identify as Black or African American, Indigenous people are at an increased risk of being brutalized or killed by police and are disproportionately incarcerated (see Skewes & Blume, 2019). Qualitative reports

further highlight the identity-based traumatic experiences of Indigenous people—including explicit dehumanization, (e.g., symbolization as sports mascots), and cumulative and generational losses (e.g., loss of loved ones, systematic attempts to eradicate cultural identity; Skewes & Blume, 2019).

Religion-based discrimination and violence

Few studies have investigated the prevalence of hate-based violence associated with religion. The Statistics Canada (2020) annual report on hate crimes and discrimination showed that hate crimes and discrimination enacted on the basis of religion accounted for 35.5% of such crimes, second only to hate crimes based on race and ethnicity. (Statistics Canada, 2020). In the United States, an estimated 18.7% of 7,036 hate crimes in 2018 were related to religion (FBI, 2019), and, in Great Britain, the estimated prevalence of hate crimes based on religion was 8.3% (UK Government, 2019). Despite the lack of systematic documentation of religion-based discrimination and crimes, increased violence has been seen in acts of anti-Semitism (Diaz, 2020) and anti-Muslim violence (Malik, 2020) in countries such as New Zealand, the United States, and India.

HATE-BASED VIOLENCE AS A FORM OF IDENTITY-BASED PSYCHOLOGICAL TRAUMA

Overall, the effects of hate-based violence on individuals, families, and communities are considered especially harmful because individuals typically experience such violence not only as an attack on their physical self but also as an attack on their identity (Funnell, 2015). Although the literature offers some support for the negative consequences of hate-based violence for an individual, the individual's community, and society at large, direct and systematic research on the subject is still very limited (Sugarman et al., 2018). 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 formal PTSD diagnostic criteria (see World Health Organization [WHO], 2018).

Trauma is broadly conceptualized as events or circumstances that individuals experience as physically or emotionally harmful or life-threatening and which result in long-lasting negative effects (Center for Substance Abuse Treatment, 2014). Non–life-threatening prejudice and discrimination events can be experienced as traumatic assaults on an individual's identity regardless of whether the assaults involve a threat to one's life or physical integrity (Bryant-Davis & Ocampo, 2005). People who have experienced hate-based violence, directly or indirectly, may experience symptoms of PTSD or complex PTSD, such as reexperiencing the event (e.g., flashbacks), avoiding reminders of the event, and remaining in a psychological state of high vigilance or being on guard for fear of recurring violence (Bryant et al., 2017). Exposure to prejudice, discrimination, and hate-based violence has been linked to physical and mental health problems and severe psychosocial impairment, including symptoms associated with depression, anxiety, substance abuse, somatization, and PTSD (Carter et al., 2020; Gone et al., 2019).

Survivors of hate-based violence may also experience feelings of powerlessness, isolation, guilt, shame, anger, and loss of faith in governing institutions and law enforcement (Inter-Agency Standing Committee [IASC], 2006). One of the most prominent consequences of hate-based violence is a 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, strained personal relationships, or mental health conditions such as PTSD, depression, or substance abuse (Dzelme, 2008). Violence victimization is an acknowledged form of trauma, but the addition of identity-based hate to violence may not only be psychologically traumatic but may also challenge the survivor's sense of self and security. For individuals who are struggling with issues of identity formation or cohesion, hate-based discrimination and violent experiences may prove particularly destabilizing. For example, McCoy and Major (2003) found that Latinos in the United States who initially reported low levels of ethnic identification deidentified even more strongly with their ethnic group if they read about pervasive prejudice against their group.

Prejudice and discrimination may also have adverse and disruptive consequences for family relationships. The burden of fear and personal pain associated with discrimination, coupled with obscurity and being silenced, can result in impairment in marital and family relations, reduced family cohesion, social dysfunction, and heightened family conflict (Goff et al., 2007). In communities with a climate of discrimination and hate against ones' group, parents and group elders may experience constant worry and anxiety about the safety and survival of their children. A perceived inability to protect children and family may be associated with a sense of powerlessness, anger, shame, and frustration (Dzelme, 2008).

In addition, the heightened psychological distress produced by hate-based violence may affect members of a community who are not personally victimized but have witnessed violence or learned of violence secondhand.

Acts of prejudice and discrimination are messages to members of the targeted group that these individuals are unwelcome and unprotected in the community, which decreases feelings of safety (Noelle, 2002). Furthermore, witnessing discrimination and violence against one's own group can lead to lower self-esteem as well as psychological distress, including PTSD and depression (McCoy & Major, 2003; Tynes et al., 2019). For example, in a national sample of 302 African American and Latinx adolescents, exposure to viral videos of police killings of unarmed citizens and viewing distressing news directed at their ethnic/racial group were related to poor mental health symptoms (Tynes et al., 2019). Similarly, focus group data from 15 people who identified as lesbian, gay, bisexual, or pansexual suggest that knowledge of anti-lesbian, -gay, and -bisexual (i.e., LGB) hate-based violence had profound and negative effects on the psychological and emotional well-being of nonvictims in the LGB community (Bell & Perry, 2015). This finding also indicates that fear of hate-based violence negatively affected participants' decisions to disclose their sexual orientation to others, further illustrating the impact on ones' identity development and visibility. Despite accumulating evidence of the traumatic impact of hate-based violence, experiences of hate- and identity-based trauma are not recognized as a clinically relevant category. As a result, hate-based trauma receives limited clinical and research attention (Trent et al., 2019).

Of all traumatic events and crimes, hate-based violence is most likely to create or exacerbate tensions between groups, communities, or entire nations and cultures, which can trigger larger community-wide, nationwide, and international conflict; civil disturbances and protests; and even uprisings and riots. For example, civil unrest erupted in Los Angeles County, California, in 1992 after the acquittal of four White police officers charged with the beating of African American motorist Rodney King. The civil unrest lasted approximately six days and resulted in thousands of arrests, widespread looting, beatings, arson, 63 deaths, over 2,300 injuries, and an estimated $1,000,000,000 in damages (Miranda, 2017). A study examining the impact of the 1992 riots on individual and community mental health suggested that participants reported more fear for their families' safety than for personal safety and that the exposure to violence and both acute and chronic stressors had a significant mental health impact (Hanson et al., 1995).

In addition to the historic accounts of civil unrest and costs associated with hate-based violence, the current review was well underway when the killing of George Floyd occurred in Minneapolis, Minnesota (Hill et al., 2020). This killing, during which a White police officer fatally kneeled on the neck of a handcuffed Black man for more than 9.5 min, triggered national and global protests. At the time of this writing, the casualties, injuries, and financial costs have not yet been calculated. These calculations will have to be considered in the context of the juxtaposition with the deaths and other losses associated with the co-occurring global Coronavirus 2019 (COVID-19) pandemic. Recent reports have suggested that, like other disasters in history, the COVID-19 pandemic is having an exacerbating effect on already existing social, financial, and medical inequalities (van Dorn et al., 2020). The pandemic also brought to light numerous existing inequities and permitted the systematic and quantifiable documentation of the inequities through undeniable metrics, such as the disproportionate death rates of racial and ethnic minority groups (Center for Disease Control and Prevention, 2021; van Dorn et al., 2020). Together, the pandemic and a number of police-related killings in 2020 intensified tensions between groups (van Dorn et al., 2020) and gave rise to protests around the world (Harris, 2020) but have yet to give rise to clinically relevant categories for the documentation and interventions needed for hate-based violence.

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 survivor's safety should be ensured. Effective treatment of survivors of hate-based violence incorporates a variety of therapeutic goals, which are subsumed by three superordinate tasks. The first task is the alleviation of the psychological sequelae of the trauma of hate victimization (e.g., reductions of PTSD, depression, or anxiety symptoms). The second task concerns the reestablishment of adaptive functioning, including adaptive group identity, the employment of culturally congruent coping behaviors, and engagement in positive intergroup social experiences (Dunbar, 2001). The third task is advocacy and human-rights education focused on increasing awareness of the traumatic impact of hate-based violence and working to alleviate the risk of such traumatic experiences.

Alleviating symptoms

Most of the literature on mental health interventions for survivors of hate-based violence is focused on the treatment of PTSD, as it is the most consistently documented consequence. Trauma-focused interventions, such as cognitive behavioral therapy (CBT) and narrative

exposure therapy (NET) have been found to be effective in reducing the symptoms of PTSD in various cultural contexts (for a review, see Slobodin & de Jong, 2015). NET, for example, can be a useful strategy to incorporate hate crimes into survivors' personal life stories and allow them to find meaning in their experience. 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 that includes the following therapeutic components should be considered: assessment and mitigation of safety risks, engaging the individual's social support resources, developing or strengthening a sense of self-efficacy, and self-regulation skills.

Drawing on and enhancing group identity, affiliation, and resilience

Survivors of hate-based violence may see themselves as "different" or "distinctive" from other members of their usual social networks. Consequently, they may experience feelings of isolation and alienation (Craig-Henderson & Sloan, 2003). Therefore, the reestablishment or strengthening of an adaptive group identity is a crucial therapeutic goal. This involves helping the survivor articulate culturally salient themes that represent the resilience of the racial/ethnic, sexual minority, or other identity-based groups of which they are a member. That is, the practitioner actively encourages individuals to relate their personal experiences of encountering and overcoming victimization to the similar experiences of other members of their group and learn from other credible members about ways to cope with adversity. This strategy serves to engage peer support and, thus, strengthen or establish a meaningful social network; it also reinforces the concept of personal empowerment and social support as a desirable means to resolve problems associated with hate or related experiences (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 et al., 2006). However, families and communities might serve as protective factors whereby higher levels of positive support buffer the negative effects of stress and trauma exposure (Walsh, 2007). Weine et al. (2008) developed a multifamily intervention for trauma-exposed refugees and noted that the family itself becomes a very important context for survivors when they are therapeutically processing traumatic experiences as well as 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 embedded 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 toward communities with limited resources (e.g., minority groups, immigrants, refugees) that have already experienced disenfranchisement as well as massive disruptions of social networks due to war, loss, displacement, and fear and distrust (Silove et al., 2017). The psychosocial well-being of these communities is dependent on their ability to deploy resources effectively to reestablish 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 for use in emergency settings (e.g., Problem Management Plus; WHO, 2016) and may include multiple structured practical steps (e.g., 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 can also provide survivors of hate-based violence with the opportunity to discuss how others in their community have coped with similar stressors and traumas. These groups have traditionally met in person; however, in recent years, social media has become an important source of the social support provided in self-help groups (Chen & Shi, 2015). Themes of resilience may be embedded in folk stories, art, literature, music, or culturally prescribed problem-solving traditions (Dunbar, 2001). In the effort to increase the utilization of mental health interventions in communities with limited resources, the WHO (2016) made the specific recommendation 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 for groups targeted by hate-based violence.

Addressing the mental health needs of survivors of hate-based violence is further complicated by the reluctance and avoidance of specific individuals and groups to report these acts of violence and seek professional help. Silence in the aftermath of hate-based violence may be driven by the 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 emotional costs involved in reporting (Scott

et al., 2009). In traumatized communities, silence may be perceived as 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 et al., 2015). It is important to prevent this silence from leading the survivor to become caught in a cycle of avoidance, which can potentially lead to broader symptoms of PTSD that can, in turn, intensify the stigma associated with hate-based violence.

To address fears, stigma, and the silence associated with hate-based violence, trauma-informed mental health services and evidence-based treatments for PTSD and other trauma-related difficulties should be incorporated into broad-based community settings, such as schools, health clinics, and hospitals (Birman et al., 2008). Another way to reduce the stigma and shame associated with hate-based violence is to provide education about the incidence and impact of hate. This can include documentation detailing the concept of hate-based violence and the occurrence of hate-based violence, including frequency rates and offender profiles, as well as information about the social psychology of prejudice and bias and the traumatic impact of hate-based violence (Craig-Henderson & Sloan, 2003). It is important for treatment providers to be aware that hate-based violence need not rise to the level of criminal victimization to be acknowledged as traumatic and destabilizing.

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 a 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 et al., 2018).

ADDRESSING HATE-BASED VIOLENCE THROUGH ADVOCACY

The prevalence and impact of hate-based violence require steps to be taken to prioritize this global problem and develop trauma-informed policies and practices that focus on preventing the trauma of hate-based violence and providing intervention services as early as possible to survivors who are at risk for poor mental health outcomes. According to the UN 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" (UNESCO, 2016). However, interventions and advocacy must go beyond the scope of governmental agencies.

The history of professional advocacy for social justice is well documented and has been a crucial service to marginalized and disenfranchised communities (Nadal, 2017). Such advocacy can increase critical consciousness in populations and institutions (Mosely et al., 2020), thus providing a basis for developing policies aimed at reducing the impact of hate-based violence. More specifically, extending the core principles of trauma-informed care (i.e., safety, trustworthiness and transparency, collaboration, empowerment, choice, and intersectionality) to advocacy and social policy can create a framework for policy change related to hate-based violence (Bowen & Murshid, 2016). For example, the American Psychiatric Association is beginning the process of making amends for both the direct and indirect acts of discrimination and racism in psychiatry and has formally apologized for their contributions to structural racism (Moran, 2021). Professional activism and human rights education focused on bringing attention to the traumatic impact of hate-based violence can make the problem visible by 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 can take on leadership roles and guide governmental authorities and decision-makers with regard to how to implement programs to prevent and treat the posttraumatic sequelae associated with hate-based violence, including detection, evaluation, and treatment programs for survivors who are experiencing or at risk of developing PTSD or other trauma-related disorders (Gil-Borrelli et al., 2018). Because an essential part of the Universal Declaration of Human Rights is the assurance of peace and security, educational programs about peace and human rights are necessary to prevent hate-based violence and improve awareness. Models of human rights education should facilitate a reduction in identity-based violence by providing both concrete information about human rights and social services to impacted individuals and communities (Kopeliovich & Kurinasky, 2009). 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.

CONCLUSION

In conclusion, hate-based violence targets one's identity based on perceived group memberships and intersectionalities (e.g., perceived race, ethnicity, sex, gender identity, sexual orientation, religion, national origin, mental or physical disability). Identity-based hate and violence may include legislated acts that are defined as hate crimes but are not limited to crimes. Hate-based violence includes psychological, emotional, political, and behavioral tactics that are motivated by bias and prejudice and are intended to cause harm. As intended, the harm of hate-based violence reverberates throughout entire communities, and available research indicates that identity-based hate is associated with psychological and physical health consequences (Bryant et al., 2017; Carter et al., 2020; Gone et al., 2019; Sugarman et al., 2018).

Nonetheless, violence that targets one's identity without threatening one's life is not currently regarded as traumatic based on the WHO definition of trauma (WHO, 2018). Further research is needed globally to increase understanding of the many and varied forms of hate-based violence and the psychological and physical consequences for individuals and communities. Clinical services must also be developed and expanded to address the impact of hate-based violence at the community level versus through individual interventions. Community-level interventions must also include advocacy for the prevention of hate-based violence and the protection of human rights. Trauma professionals are uniquely situated to support all of these recommendations.

OPEN PRACTICES STATEMENT

This manuscript does not include primary source empirical data.

ORCID

Maureen Allwood https://orcid.org/0000-0002-0368-0393

Bita Ghafoori https://orcid.org/0000-0001-9516-4267

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