



PRINCETON
UNIVERSITY

Intersectional Approaches to Trauma Informed Response in University Settings

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Where we're going ...today

- Gain a basic understanding of concepts such as *power and oppression structures, implicit bias, disparity, inequality, and intersectionality*
- Apply these concepts to ourselves
- Gain a basic understanding of and contextualize trauma in university settings
 - Supplemental materials have been provided

Implicit bias or unconscious bias

(Bargh, 1994; Bornstein & Pittman, 1992;
Greenwald, 1992; Greenwald & Banaji, 1995;
Kihlstrom, 1990; Uleman & Bargh, 1989)

“Implicit bias resides in the [un]conscious level and does not require any endorsement from the perceiver”

([Ogunbe, Mitra, & Roberts, 2019](#))

One of the purposes of listing characteristics of white supremacy culture is to point out how organizations which unconsciously use these characteristics as their norms and standards make it difficult, if not impossible, to open the door to other cultural norms and standards. As a result, many of our organizations, while saying we want to be multicultural, really only allow other people and cultures to come in if they adapt or conform to already existing cultural norms. Being able to identify and name the cultural norms and standards you want is a first step to making room for a truly multicultural organization.

[Jones & Okun, 2001](#)

What do you notice in your
own work environments?

Distinctions Among the Concepts

Concept	Research question	Application to policy or program planning
Disparity	Is there a difference in health status rates between population groups?	Is the difference too large?
Inequity	Is the disparity in rates due to differences in social, economic, environmental or healthcare resources?	Is the distribution of resources <i>fair</i> ?
Inequality*	How do rates vary with the amount of the resource, and how is the population distributed among resource groups?	Can the distribution of the population among resource groups and/or the rates within resource groups be influenced?
Burden	How many people are affected in specific groups and in the total population?	How many people would benefit from interventions?

*Questions and applications refer to ordered groups

Intersectionality





Kimberlé Crenshaw

American Civil Rights Advocate
Professor, UCLA School of Law and
Columbia Law School

Kimberlé Crenshaw: What is intersectionality

Intersectionality

([Mirza, 2012](#))

*The matrix of domination in which cultural patterns of oppression are **not only interrelated**, but are **bound together and influenced by** the . . . systems of society. . . . A way into understanding how particular identities . . . are tied to particular inequalities . . . in different historical times and geographic places. Moreover, intersectionality enables us to see that different dimensions of social life cannot be separated out into discrete and pure strands. . . . [instead] the complex, irreducible, varied effects which ensue. . . are not reducible to just one or two or three or even more dimensions layered onto each other . . . [but] **refers to the converging and conterminous ways in which the differentiated and variable logics . . . produce economic, social and political inequality** in women's real lives.*

-Kimberlé Crenshaw

Inequality and power structures

(Mirza, 2012)

- Embody past and present stigmatization and systemic discrimination
- Focuses on the the social process NOT the characteristics of the person
 - How do complex identity configurations position people in relation to other people
 - Exploration of “the group processes that define systems of social inequality” (p. 174)
- Process oriented:
 - Less about “what is going on here”
 - More about “what mechanism is operating to allow what we are seeing to occur”

Intersectionality

([Cole, 2009](#))

“We . . . find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously”

(p. 170).

3 questions to consider:

- 1) Who is in the group or the category?
- 2) What power structures or inequalities are present?
- 3) What common threads cut across those different categories?

Who are you?

Who are we?

Understanding Trauma



What is Trauma?

“Experiences or situations that are emotionally painful and distressing, and that overwhelm people’s ability to cope, leaving them powerless... Trauma has sometimes been defined in reference to circumstances that are outside the realm of normal human experience. Unfortunately, this definition doesn’t always hold true. For some groups of people, trauma can occur frequently and become part of the common human experience” (Center for Nonviolence & Social Justice, 2015)

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well -being.”
(Substance Abuse and Mental Health Services Administration, 2014)

“Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life.” (Herman, 1997)

Zooming out ...

Betrayal trauma

Fostered through “the lack of disregard for individuals because of ‘legal, institutional, or cultural norms.’” ([Gutierrez & Gutierrez, 2018, p. 13](#))

Environmental microaggressions ([Woodford et al., 2017](#); [Seelman, 2014](#); [Sue, 2010](#))

Operate through and live in the policies, practices and the literal spaces that we navigate through on a day-to-day basis.

Aren't we supposed to encourage individuals to be *resilient* and *move beyond* trauma?

Where we're going ...this week

- Review common manifestations of trauma
- Explore the impact of marginalization on experiences of trauma
- Review principles of trauma-informed response

Considering what trauma is and its varied forms,
what are indicators or symptoms of trauma?

What can/does it look like?

What can/does it look like in university- settings?

Emotional

- Guilt
- Embarrassment
- Anger
- Shame
- Betrayal
- Fear
- Powerlessness
- Self-Blame
- Lack of Trust
- Depression

Behavioral

- Appetite changes
- Sleeping pattern changes
- Aches and pains in the body
- Mood swings
- Memory impairment
- Acting secretively
- Self-isolation, avoidance
- Missing classes or appointments
- Using alcohol or drugs to cope
- Lack of concentration, spacing out



Considering marginalized identities and the experience of trauma: Taking an intersectional lens

Where do we go from here?

Creating a toolbox for trauma-informed, equity-aspirational responses

Trauma - informed
approaches *don't* ... ([Wilson, 2016](#))

1. Require you to be a mental health provider
2. Provide excuses or sacrifice accountability
3. Involve disclosure of personal information**
4. Require that we only focus upon the trauma piece

Trauma - informed approaches *do ...*(Wilson, 2016)

1. Prioritize *curiosity, proactivity* rather than reactivity
2. Bolster individuals' strengths and their capacity for *growth, resilience, and adaptive learning*
3. *Recognize* that individuals may have learned to adapt and survive through strategies that don't necessarily mesh well with university norms ([Perry, 2006](#))
4. *Identify* signs and common triggers related to trauma as well as how trauma-informed systems and knowledge *reduce* the risk of retraumatization ([National Council for Behavioral Health, 2014](#))

Assumptions in a trauma-informed approach (the 4 Rs)

1. “[A]ll people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities as well as individuals” (SAMHSA, 2014, p. 9)
2. “People in the organization or system are also able to **recognize** the signs of trauma” (p. 9)
3. “The program, organization, or system **responds** by applying the principles of a trauma-informed approach to all areas of functioning . . . [and] integrates an understanding that the experience of traumatic events impacts all people involved, whether directly or indirectly” (p. 10)
4. “[S]eeks to **resist** re-traumatization” (p. 10)

([SAMHSA, 2014](#); Wilson, 2016)

Principles & practices of a trauma-informed approach

Safety

Trustworthiness & transparency

Reflexivity, self awareness &
reparative experiences

Empowerment, voice, choice & collaboration

Cultural relevance

(SAMHSA, 2014; Wilson, 2016)

Safety

Do you know of various safety-enhancing resources (on and off campus)?

What resources do individuals already have at their disposal to create safe environments?

What does your meeting space convey?

What do you convey?

Providing containment ... what's that?

Creating "outs"

Trust & transparency

Universal prevention is a broad approach that addressed the entire population, not just those who are “risky” or “at risk” (SAMHSA, 2015)

How might this impact the way you “seem concerned” to those you’re interacting with?

Recognizing limitations

Rooted in **trusting** others; encourages help-seeking; reduces stigma

Clear and **consistent** communication about decisions, policies, capacity

Self awareness,
relationship/connections &
reparative experiences

We are in a relationship with Princeton
community members; we impact them

It's okay to apologize

Fostering a practice of process

Monitoring burn out, compassion
fatigue, and strong reactions

What does that look like in your teams?

What does that look like for yourself?

Empowerment, voice, choice & collaboration

Acknowledging power differentials (at least to yourself) ... and adjusting if needed

Incorporating choice and consent into basic interactions

What does that look like in a meeting?

How can you amplify voices/experiences?

Collaboration in multiple directions

Cultural relevance

Rooted in equitable access and social justice

Responsive to multicultural needs, requests, lived experiences

Aware of history (and resulting collective & historical traumas)

Demonstration of your willingness to validate and honor experiences that might be important to them

Staying current on context

Healing justice is

A framework that identifies how we can holistically respond to and intervene on generational trauma and violence and bring collective practices that can impact and transform the consequences of oppression on our bodies, hearts and minds. Through this framework we built two political and philosophical convergences of healing inside of liberation .

[Care Page, 2010 US Social Forum](#)