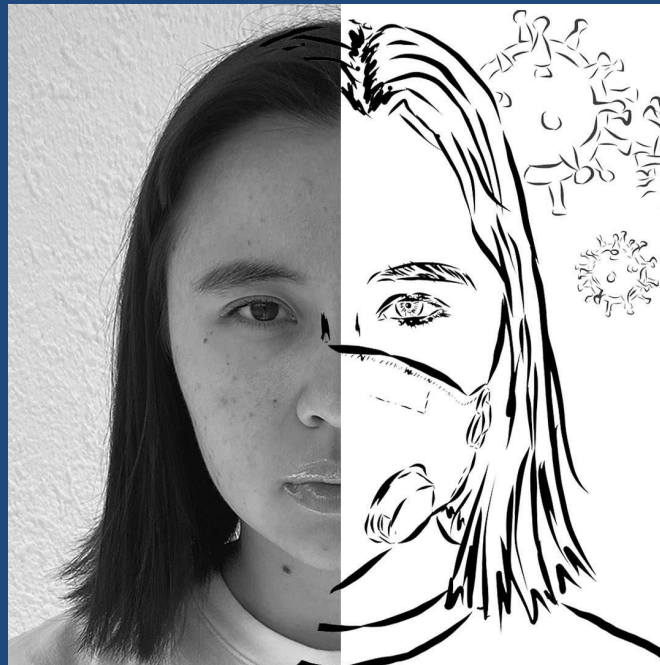


COVID-19-related stigma, racism, and discrimination—Strategies to recognize bias within ourselves and enhance coping capacities



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CSSW COVID-19 Action Team

Psychoeducation Series

- Introduction to Psychoeducation & Stress & coping (Module 1, April 30th)
 - Professors Yamile Marti & Ellen Lukens
- COVID-related stigma, racism, and discrimination (this module)
 - Professors Amy Kapadia & Samantha Winter
- Interpersonal violence
 - Professor Louisa Gilbert
- Uncertainty, exhaustion, helplessness, sleep interruption
 - Professor Carmela Alcántara
- Social support
 - Professor Susan Witte
- Many forms of loss & grief
 - Professor Kathy Shear
- Recognition & naming
- Planning, application, outreach, advocacy
- Additional Covid-19 Action Team efforts (including Motivational Interviewing, PROP relating to COVID-19, and a Policy Series.
- See: <https://blogs.cuit.columbia.edu/cssw-covid19resources/>

Agenda for Today

- Welcome, Goals and Guidelines for Session.
- Psychoeducation module; presenting the conceptualization of stigma as one way to frame, understand, and discuss the far-reach of COVID-related stigma, racism, and discrimination within the backdrop of historical and current oppression and marginalization.
- Sharing our stories; recognizing biases, experiences with COVID-related stigma, racism and discrimination, and strategies to support ourselves and those with whom we work

Goals of Session

- To consider historic and systemic oppression, racism, stigma and discrimination, and the ways in which the COVID-19 pandemic exacerbates the impact of these existing structures on individual, community, organizational, and institutional outcomes.
- To share a conceptual model of stigma as one way to frame, understand, and discuss the far-reach of COVID-19-related stigma, racism, and discrimination.
- To reflect upon and discuss examples of COVID-19-related stigma, racism and discrimination and compounding factors in our lives and for those with whom we work.
- To share and discuss strategies to recognize and confront biases, and enhance self-care around stigma, racism, and discrimination for ourselves and those with whom we work.

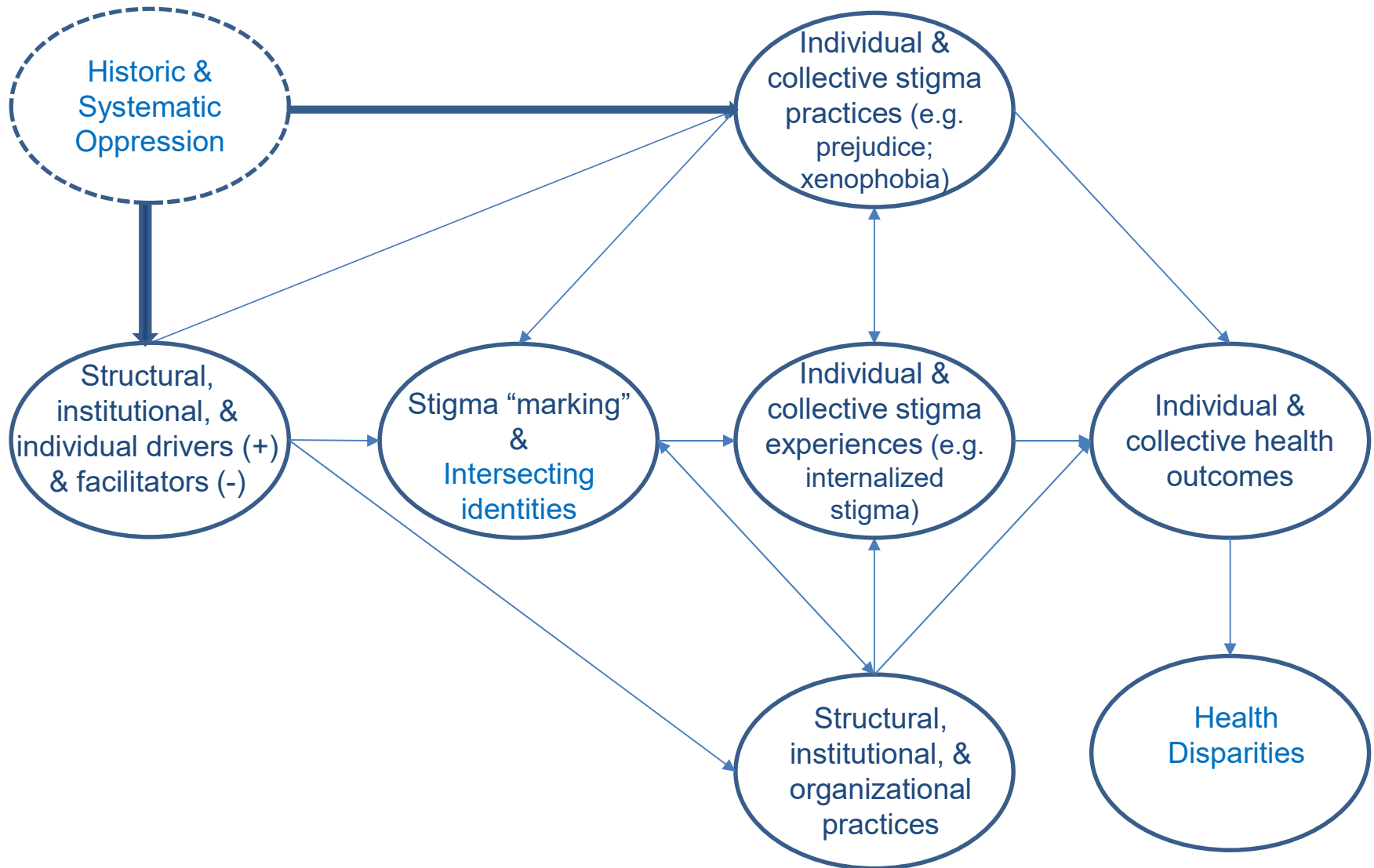
Approach to our Work and Today's Training



We are using a **psychoeducation framework**. . .
which means:

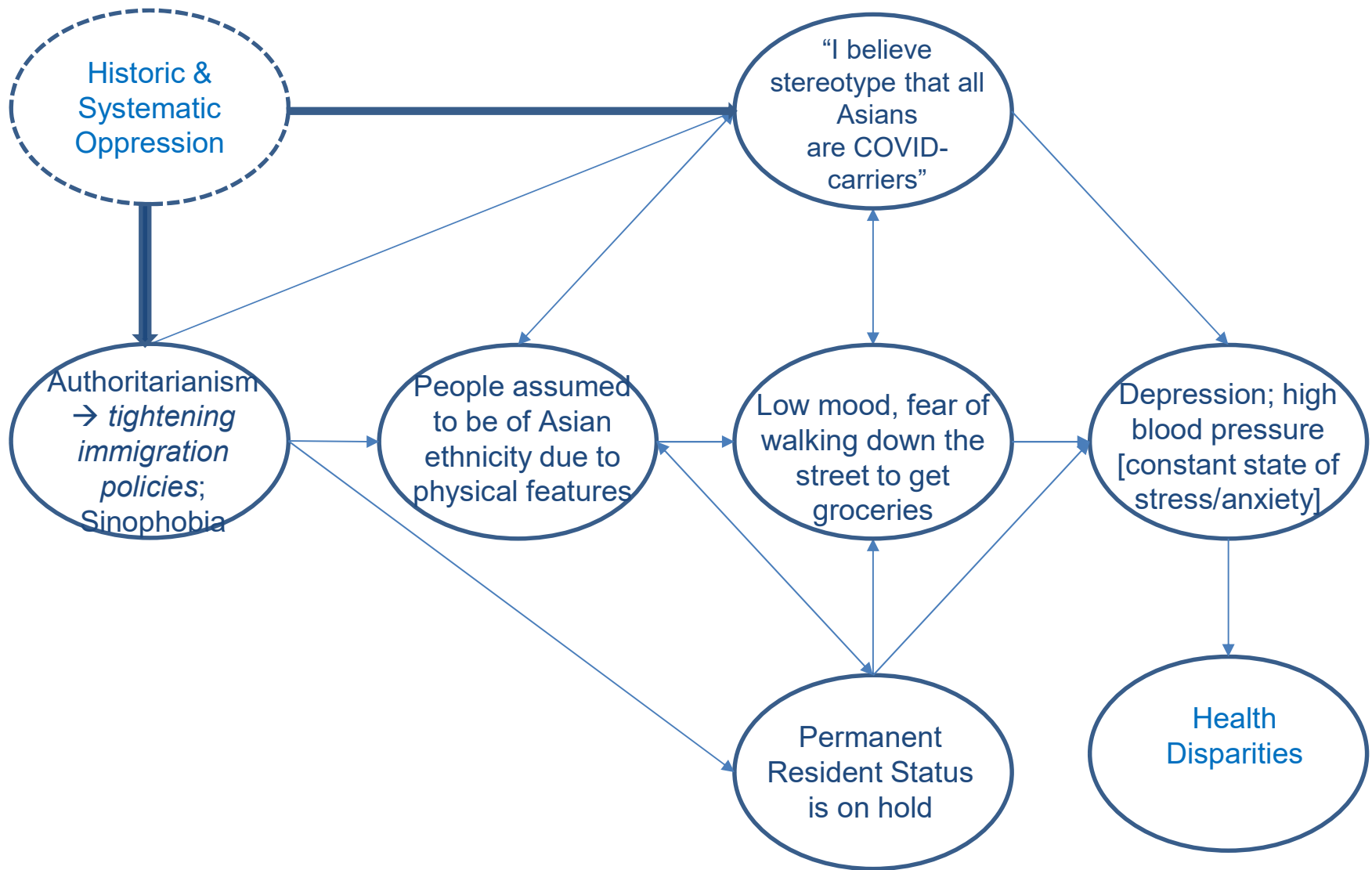
- We encourage the transfer of *knowledge as power* through active audience participation throughout the training through chat, Q & A, and Raise Hand features.
- We encourage the creation of a *collaborative community of care* today as you interact with one another through the chat feature.
- We will facilitate *self-reflection* through asking questions to draw upon the personal and professional *expertise and lived experiences* of our audience.
- We keep at the forefront historical, global, social and cultural contexts, embody a social justice and an anti-oppressive lens including consideration to historical and community trauma, and aim to recognize and enhance resilience, strengths, coping and hope.

Conceptualizing Stigma



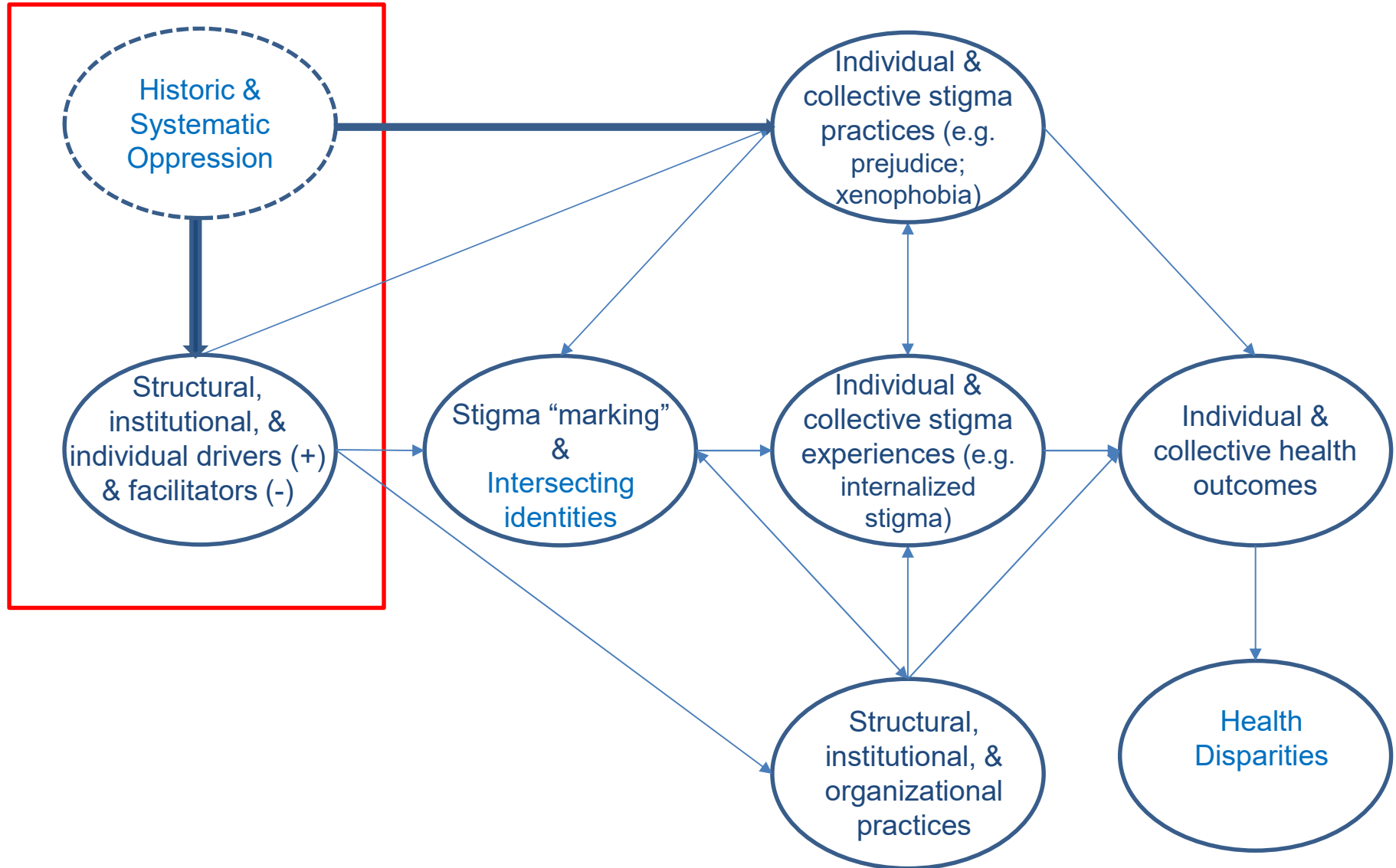
POWER

Conceptualizing Stigma—COVID-19 Example



Exploring and sharing about how
the COVID-19 pandemic
**perpetuates, exacerbates,
complicates, and creates** stigma,
racism, and discrimination

Conceptualizing Stigma



POWER

CHAT—Reflecting on our own perceptions and experiences of stigma, racism, and discrimination

- What are some of the drivers and facilitators of stigma, racism, and discrimination you have witnessed or experienced during the COVID-19 pandemic?
- Has the COVID-19 pandemic changed the drivers and facilitators of stigma, racism, and discrimination and/or exacerbated and perpetuated existing drivers and facilitators?

Structural Drivers & Facilitators

Racism, misogyny, religious intolerance, homophobia, classism, body terrorism, other -isms

- [What historians hear when Trump calls coronavirus 'Chinese' and 'foreign'](#)
- [Media Called Coronavirus "Wuhan" Or "Chinese Coronavirus" Dozens Of Times](#)
- [It Was Already Dangerous to Be Muslim in India. Then Came the Coronavirus](#)
- [Allah unleashed Coronavirus on Chinese for persecuting Uighur Muslims: Islamic cleric Ilyas Sharafuddin](#)
- [Some evangelical leaders are linking LGBTQ people to coronavirus outbreak](#)
- [Israeli Rabbi: Coronavirus is divine punishment for gay pride parades](#)

Structural Drivers & Facilitators

Example: racism

- “Black people are at the mercy of everything that is flawed and dysfunctional about America's health-care system, which has long been shaped by racism... Decades of research show the ways that racism produces a rigged system that drives disparities in health outcomes across lifetimes and generations. Higher levels of discrimination and bias are associated with elevated risk of a broad range of diseases, from higher levels of stress hormones, to blood pressure, to obesity and early death. All of those underlying conditions put people at higher risk for bad outcomes from covid-19...It doesn't take "a very stable genius" to connect black people's higher rates of unemployment, mass incarceration, chronic preexisting medical issues, poor housing, homelessness and less reliable access to quality health care to see why they're more vulnerable to increased viral transmission, infection and death during a pandemic.”— [The pathology of American racism is making the pathology of the coronavirus worse](#)

Structural Drivers & Facilitators

Example: gender norms

- “Gender norms also expect men to be powerful and in control. So while many men may relish the opportunity to be more involved at home, some have used it to assert more dominance and control over their partners and children...For many women and children, the home is the most dangerous place to be...quarantine can compound domestic and sexual abuse” from [Coronavirus reveals just how deep macho stereotypes run through society](#)

Institutional Drivers & Facilitators

Authoritarianism

- “Some countries are spying on their citizens to enforce quarantine laws, or even welding some residents in their homes to stop the spread of the virus. Other countries have suspended the usual democratic protections, and are ruling by decree...new technology can enable surveillance at an unprecedented scale, using everything from CCTV to our mobile phone data. Artificial intelligence can be used to automate the enforcement process for anyone breaching the rules...when such technologies are used in policing, they can unfairly disadvantage people based on attributes like their race or gender” – [We must combat Covid-19 but creeping authoritarianism could do more harm than good](#)

Institutional Drivers & Facilitators

Occupational safety standards

- “Wearing a medical mask is one of the prevention measures to limit spread of certain respiratory diseases, including 2019-nCoV, [since then renamed SARS-CoV-2] in affected areas’ ...in the next sentence the guidance notes that ‘the use of a mask alone (bolded by WHO) is insufficient to provide the adequate level of protection and other equally relevant measures should be adopted’ ...A recommendation that cannot be realistically met may generate a constant sense of insecurity in the wider population, which results in aversive behaviours, including discrimination against people who are seen to be at a higher risk of having the disease. There have been reported incidents of racial discrimination since the onset of the outbreak” from [To wear or not to wear: WHO’s confusing guidance on masks in the covid-19 pandemic](#)

Institutional Drivers & Facilitators

Legal environment & health policy

- “COVID-19 has already been used to justify restrictive immigration policies and increased militarization” “CDC officials acknowledged the policies could ‘induce fear and stigma,’ but argued the public health benefits outweighed the downsides. ‘We would rather be remembered for overreacting than underreacting’” – from [Coronavirus quarantine, travel ban could backfire, experts fear](#)

Individual Drivers & Facilitators

Fear of infection

- “Illness is one of the fundamental fears humans have been dealing with their entire evolution” – [Racism and stigma during COVID-19 may persist after the virus is controlled](#)

Fear of social and economic ramifications

- "I was told if I wanted to wear a mask, I would not be working there...So I said I'm not willing to put my life at risk, and my contract was terminated." Unions and attorneys are seeing a dramatic rise in cases they say illustrate a wave of bad employer behavior, forcing workers into conditions they fear are unsafe, withholding protective equipment and retaliating against those who speak up or walk out and "**employers who value the economy over people.**" – [As coronavirus spreads, so do reports of companies mistreating workers](#)

Individual Drivers & Facilitators

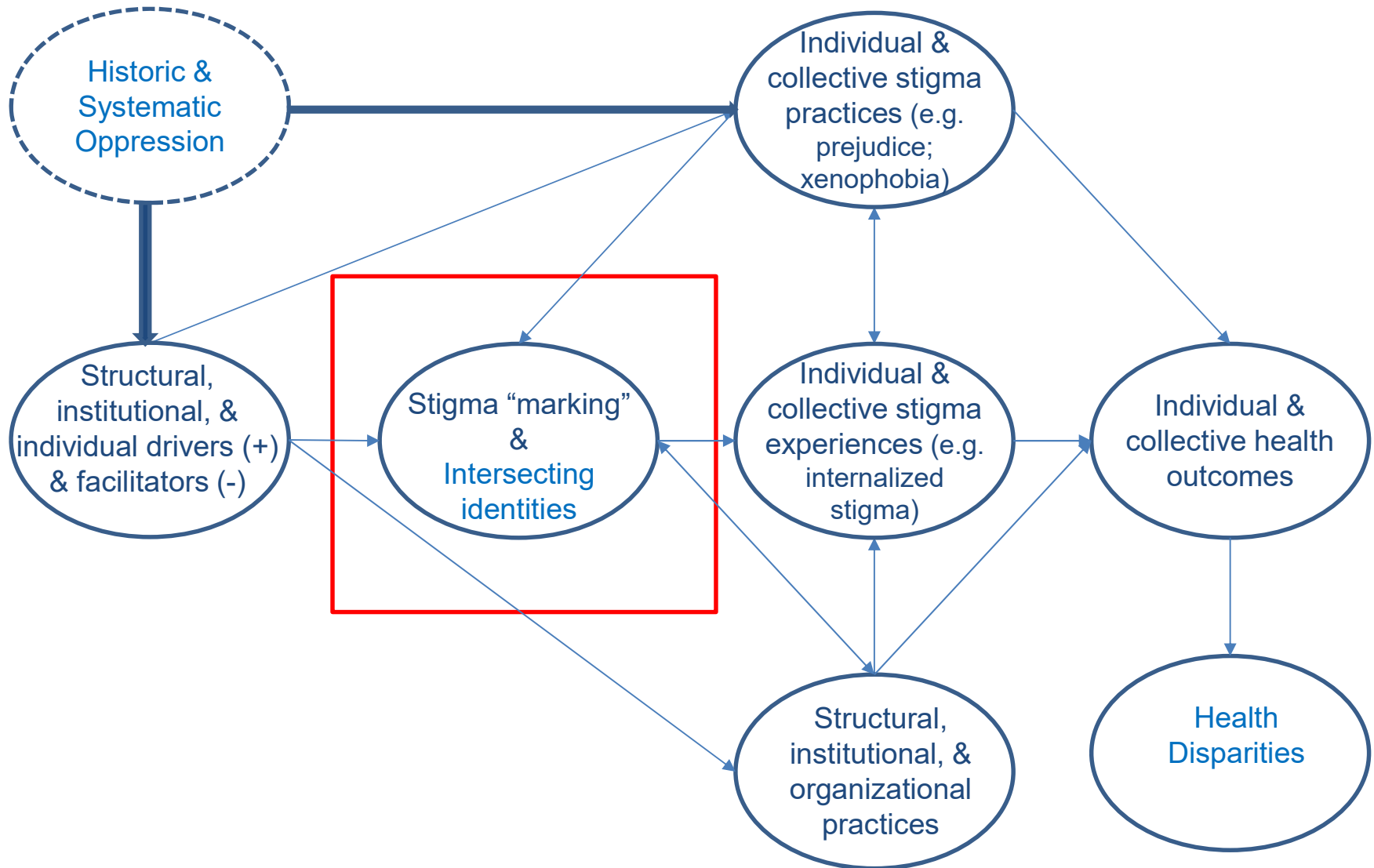
Lack of awareness

- “Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in your community.” – [CDC Reducing Stigma](#)

Blame

- “A new Republican strategy memo [copy of which was obtained by The Washington Post] advises Senate candidates to blame China for the coronavirus outbreak, link Democrats to the Chinese government and avoid discussing President Trump's handling of the crisis...The memo urges Republicans to acknowledge that U.S. public health officials "acted late," then say that is China's fault...’ The virus came from China and China covered it up’ – [Republican strategy memo advises GOP campaigns to blame China for coronavirus](#)

Conceptualizing Stigma



CHAT—Reflecting on our own perceptions and experiences of stigma, racism, and discrimination

- What are stigma “markers”?
- How are these embedded in historical and systemic prejudices and inequalities?
- Are there new stigma “markers” we need to be aware of in the COVID-19 pandemic?
- How are these exacerbated or perpetuated by the COVID-19 pandemic?

Stigma ‘Marking’

Based on health condition or presumed health condition:

- “You don't have to go back in history very far to see that those with ‘scary diseases’ have a long history of being ostracized, shamed, [and] blamed” from [Racism and stigma during COVID-19 may persist after the virus is controlled](#)

Stigma ‘Marking’

Based on existing prejudices:

Race and immigration - [Coronavirus panic sparks racist incidents against Asian Americans; List of incidents of xenophobia and racism related to the 2019–20 coronavirus pandemic](#)

Age - [Fears of virus risk to grandparents offering emergency care](#)

Sexual orientation - [Some evangelical leaders are linking LGBTQ people to coronavirus outbreak; Israeli Rabbi: Coronavirus is divine punishment for gay pride parades](#)

Disability - [Preventing discrimination against people with disabilities in COVID-19 response](#)

Gender - [Coronavirus reveals just how deep macho stereotypes run through society](#)

People in custody - [Risk is particularly acute in prisons, jails, and immigration detention centers, as well as residential institutions for people with disabilities and nursing facilities for older people](#)

Stigma 'Marking'

Based on existing prejudices:

Occupation - [Indian doctors being evicted from homes over coronavirus fears; 'I Lost Control and Started Crying': Colombian Doctor Evicted as Neighbors Fear COVID-19](#)

Social/economic class - [Fox News couldn't pass up an opportunity to use coronavirus to attack homeless people and California; The Coronavirus Will Be a Catastrophe for the Poor](#)

Religion - [As the world looks for coronavirus scapegoats, Muslims are blamed in India: Muslims have been assaulted, denied medical care and subjected to boycotts](#)

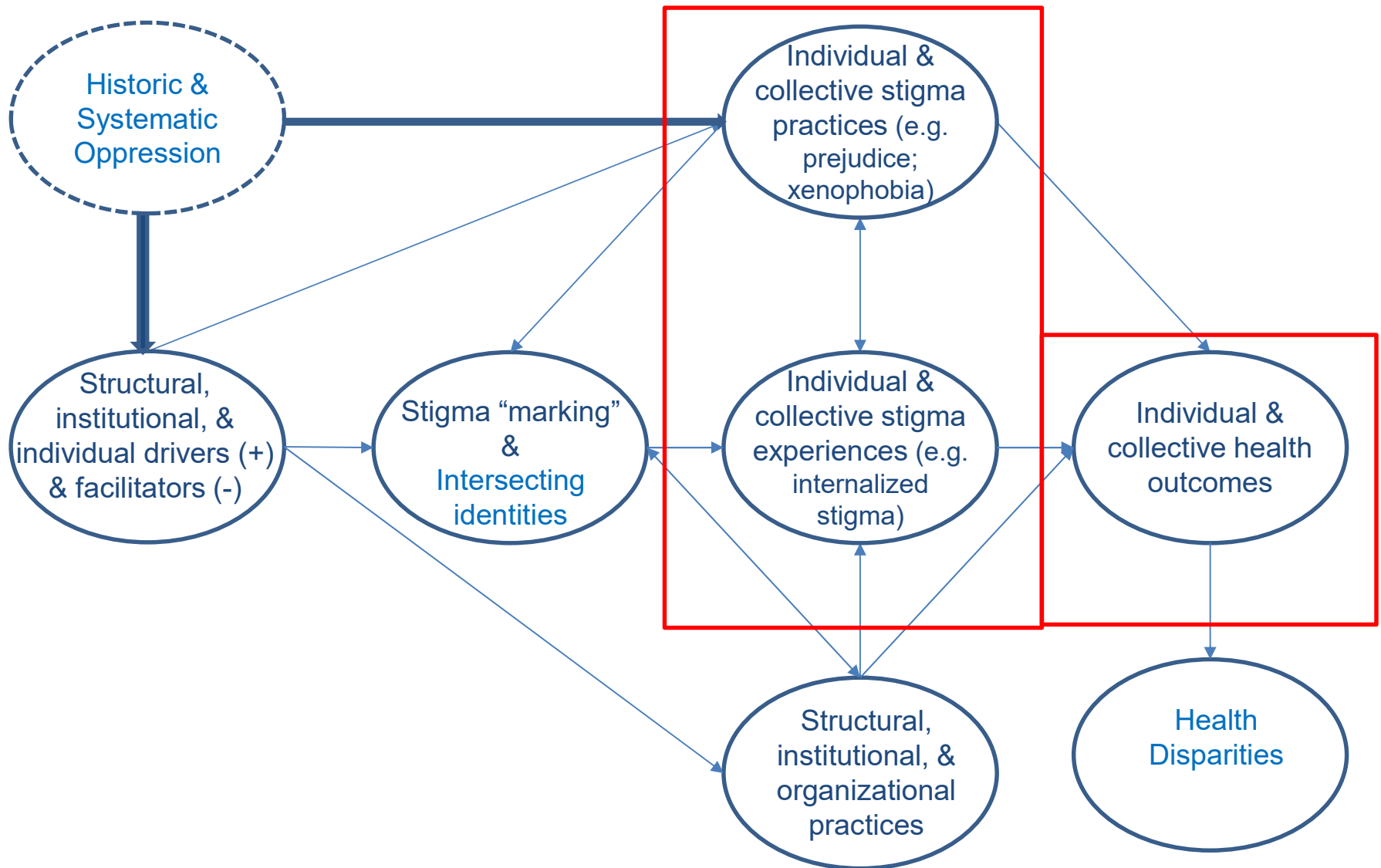
Body type - [Stop Body Shaming During the Outbreak; COVID-19 diet memes aren't funny. And coronavirus fat shaming hurts everyone; Covid-19 Does Not Discriminate by Body Weight: The claim that those with higher BMIs are at special risk of dying from the coronavirus is grossly overstated](#)

Stigma 'Marking'

Intersecting identities:

- Why is COVID-19 killing more African Americans? Because too many have been left behind economically in the richest country in the world
- How racism and poverty made Detroit a new coronavirus hot spot
- Black Muslims in US fear they could be 'disproportionately impacted' by coronavirus
- 70 percent of health and social service providers are women. Fear in communities about the exposure that health workers face may lead women in this sector to be shunned or face stigma

Conceptualizing Stigma



POWER

CHAT—Reflecting on our own perceptions and experiences of stigma, racism, and discrimination

- What are some of the individual practices, experiences and outcomes of stigma, racism, and discrimination you have experienced or clients have shared?
- Have these changed since COVID-19? If so, how?

Stigma & discrimination practices

Stigmatizing Behavior

- [Around the globe: List of incidents of xenophobia and racism related to the 2019–20 coronavirus pandemic](#)
- [U.S.: Coronavirus panic sparks racist incidents against Asian Americans](#)
- [Indian doctors being evicted from homes over coronavirus fears](#)
- ['I Lost Control and Started Crying': Colombian Doctor Evicted as Neighbors Fear COVID-19](#)
- [Kenya: Chinese couple subjected to coronavirus slur by Kibera mob](#)
- [China: African nationals 'mistreated, evicted' in China over coronavirus](#)

Stigma & discrimination experiences

Experienced stigma and discrimination

- “My face is everywhere now, I can’t hide it” – a patient of COVID-19 after having her name and photo leaked online and being attacked through social media, whatsapp, and via phone
- “The owner told me that people were really scared, that they said they would leave if I didn’t...I lost control and started crying...On the phone, my family members asked me to calm down... I didn't hear what they were saying because I couldn't even speak between sobs and tears...I felt enormously disappointed not just in my neighbors but in seeing how humanity behaves in the face of fear and the unknown, as well as the ignorance that characterizes many people” – a doctor in Colombia was asked to leave his apartment building by neighbors and the owner of the building

Stigma & discrimination experiences

Internalized, perceived, anticipated, secondary stigma

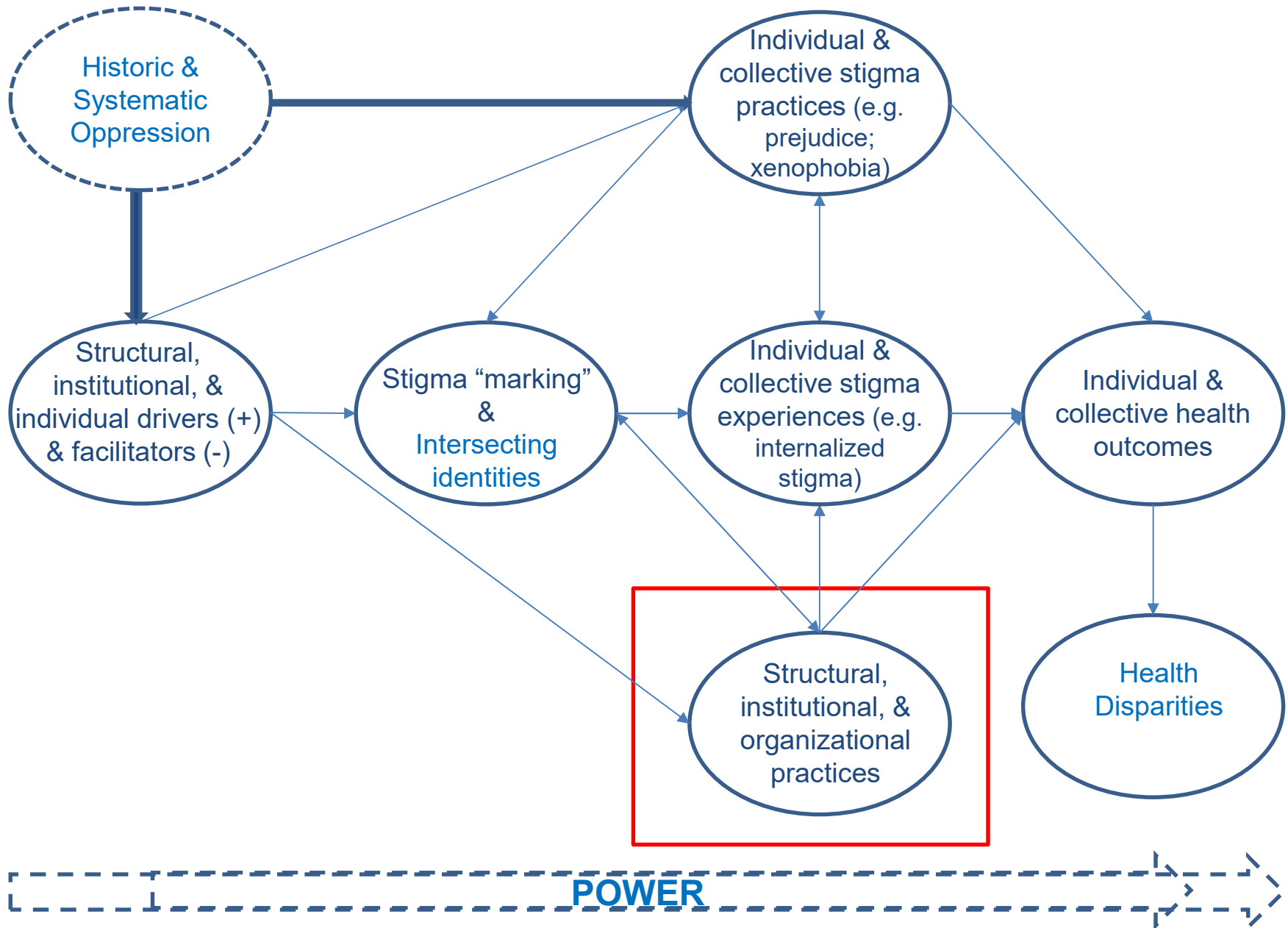
- "I was so embarrassed and became super self-conscious whenever I put my masks on...Even though my bosses and colleagues never said anything about me wearing masks, I just thought I might make them feel uncomfortable." – from [Asians in US torn between safety and stigma over face masks](#)
- "As an African American man, I have to be cognizant of the things I do and where I go, so appearances matter...I have pink, lime green, Carolina blue so I don't look menacing. I want to take a lot of that stigma and risk out as best I can." ""The inherent biases that we persistently deal with in America are real. We cannot diminish them...It's one thing for someone white to walk into a store with a mask on; it's another thing for folks who are black and brown." – from [Two black men say they were kicked out of Walmart for wearing protective masks. Others worry it will happen to them](#)

Stigma-related Outcomes—Individual & Collective

Incidence, Morbidity, Mortality, Quality of Life, Social Inclusion → Health Disparities

- Access, lack of—Health & mental healthcare, culturally relevant care, quality care, lack of information, limited health literacy.
- Mental Health—non-clinical feelings (lack of motivation/blahs/sad), depression, anxiety, stress, minority stress, substance use, comorbidities, exacerbation of illness.
- Health—chronic health conditions (e.g. high BP), comorbidities, significant health disparities, exacerbation of illness, mortality.
- Social Isolation—loneliness, avoidance, limited social networks & supports; increases risk for poor health.
- Socio-economic—food insecurity, poverty, transportation issues
- Internalized/Self-Stigma—low self-worth, self-esteem, self-efficacy, devaluation, emotion-regulation effects, maladaptive coping (e.g. smoking, poor eating), stress, minority stress.
- Mistrust—in institutions, government, media.

Conceptualizing Stigma



CHAT—Reflecting on our own perceptions of practices of stigma, racism, and discrimination

- What are some of the organizational, institutional, or structural outcomes of stigma, racism, and discrimination you have seen, heard about, or experienced?
- How have these changed since COVID-19?

Organizational and institutional stigma & discrimination practices

Rights and access

- “Fast food and the broader restaurant industry are plagued by problems such as workers' low pay, lack of paid sick leave, and systematic racism.” “Every day we risk our health and the health of our family that await us at home...I feel disrespected and humiliated...Where's the hazard pay that other companies are giving their loyal employees as a show of appreciation?” – from [Fast-food workers have been plagued by low-pay, racism and limited sick leave. But now, America is finally paying attention](#)
- “Racism, even if unintentional, determines where, how, and how well black people live, relative to other groups in America. For most African-Americans, in addition to the tangible inequalities captured in statistics, the intangible experience of being black in America is nothing like the experience of being a white person. Racial injustice lies not only in hard facts, but also in ‘the thick of everyday life.’” – from [Time for justice: Tackling race inequalities in health and housing](#)

Organizational and institutional stigma & discrimination practices

Laws and policies

- “Broad quarantines and lockdowns of indeterminate length rarely meet these criteria and are often imposed precipitously, without ensuring the protection of those under quarantine – especially at-risk populations. Because such quarantines and lockdowns are difficult to impose and enforce uniformly, they are often arbitrary or discriminatory in application.” from [Human Rights Dimensions of COVID-19 Response](#)

Organizational and institutional stigma & discrimination practices

Media

- “An ‘infodemic’ of misinformation and rumours is spreading more quickly than the current outbreak of the new coronavirus – WHO from [Facts, not fear, will stop COVID-19 - so how should we talk about it?](#)
- "Attention to how media messages address the virus, its transmission and risk varied significantly across types of coverage and by the nation that produces it." "U.S. coverage has been inflammatory, particularly across social media and other unsubstantiated sources, which are unfortunately often taken as fact." from [How Global Media Covers the Coronavirus](#)
- [Facebook is flagging some coronavirus news posts as spam](#)


Organizational and institutional stigma & discrimination practices

Law enforcement/Access to Justice

- “A Public Integrity analysis also found a gap between what’s been reported through official channels and unofficial ones. While many of the cases reported to nonprofit groups do not constitute hate crimes, advocacy groups and media have reported numerous cases of physical assault and vandalism. And yet, among the largest cities, only one, New York, said it was investigating more than a single hate crime related to COVID-19. Experts say that this may be a symptom of a persistent failure of law enforcement to capture and investigate hate crimes.” from [Federal Agencies are doing little about the rise in anti-Asian hate](#)

Organizational and institutional stigma & discrimination practices

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- 

Structural outcomes of stigma & discrimination

- Overt
 - China - institutionally sanctioned discrimination towards foreigners of European and African descent, with reported evictions and cancelled visas.
 - Targeted travel bans on citizens from China, South Korea, Italy, Iran, Spain, etc.
 - Singapore - immigrants are confined to their homes to prevent potential infection.
- Covert
 - Differential exposure to, serious cases of, and deaths from COVID-19 based on existing racial disparities.

CHAT—Reflecting on our own perceptions and experiences of stigma, racism, and discrimination

- How do clients talk to you about their experiences of stigma, racism and discrimination?
- What strategies have worked for talking to your clients about their experiences?

Exploring and sharing **about power
and privilege** in the midst of the
COVID-19 pandemic

Reflecting on power and privilege

- COVID-19 has not only perpetuated, exacerbated, and complicated stigma, racism, and discrimination, it widened existing inequalities and added new layers of privilege and power.

CHAT—Reflecting on our own power and privilege

- Has your experience during the COVID-19 pandemic changed your perceptions of your own privilege and power:
 - In your own life?
 - In your job?
 - In your communities?
 - In your state/province/district/municipality?
 - In your country?
 - In the world?

Exploring and Sharing Strategies and Tools to Address Bias and Experiences of Stigma, Racism, and Discrimination

CHAT—Reflecting on our own Processes

What has been helpful for you in recognizing your own biases relating to COVID-19?

What has been helpful to you in supporting people you work with who have experienced COVID-related stigma, racism and discrimination?

Strategies to Address Biases, Public Stigma, and other *-isms* exacerbated by COVID_19 pandemic

- **Self-awareness:**

- Promote and support on-going work on **self-awareness**— recognize and own privilege; Recognize your biases—ask yourself, “*The biased beliefs I hold for certain cultural identities are. . .*”; practice humility, location of self; commit to the on-going work/check-in with self and with others.

- **Knowledge:**

- **Enhance knowledge**—spread facts about how COVID-19 is transmitted, symptoms, accurate protective information, challenge myths; understand histories of oppression and historical trauma among marginalized communities; learn about health disparities, social causes of disease.

Strategies to Address Biases, Public Stigma, and other *-isms* exacerbated by COVID_19 pandemic

- **Build Community:**

- **Enhance community trust and social cohesion**—support community dialogues that bring people together to improve their ability to identify the systems, policies and other factors that can create lasting change.

- **Life up your Voice:**

- use inclusive language when talking about the pandemic [“we are in this together”/ “if we work together we can flatten the curve”]; denounce hate speech and correct stigmatizing language.

Strategies to Address Biases, Public Stigma, and other *-isms* exacerbated by COVID_19 pandemic

- **Connect and Listen mindfully:**
 - ***Reach out***—to those who are experiencing racism, oppression, and stigma. Ask: how may I support you? Tune in to the other person—
 - Listen to their words (what are they saying?), pay attention to their body language (what non-verbal signals are they giving you?), and take notice of whether there's a disconnect between what they're saying and how they're emoting or what their body language is communicating.
- **Contact:**
 - Promote & encourage opportunities for *Contact*—[*considering appropriate social distancing measures when necessary]: those who have recovered, honor frontline care providers and other frontline workers, those who experience stigma, racism, and discrimination exacerbated by COVID-19 pandemic.

Strategies to Address Biases, Public Stigma, and other *-isms* exacerbated by COVID_19 pandemic

- **Self-Care:**

- Practice and encourage self-care—caring for oneself enables caring for others & allows for centering, challenging your own biases & self-awareness work; enables you to speak out against stigma and racism; better equipped to manage stress.

Strategies for working with people who are coping with internalized stigma, internalized racism, etc.

- Recognize it's impact and assess for internalized stigma, experiences of racism, microaggressions, historical trauma, homophobia, sexism, religions intolerance, ableism, etc.
- Empathize and listen; elicit stories and experiences— narrative approaches.
- Enhance coping, self-efficacy, self-determination, human agency, social support.
- Advocate within organization, community, macro-level.

Resilience & Empowerment – Affected Populations

- Mechanisms—*Where SW can intervene. . .*
 - Group Affiliation
 - Social Supports
 - Righteous Anger
 - Others?

Mindfulness Exercises

Two Minute Calming Meditation

- Take a long, slow deep breath in, feel your lungs fill with air as your belly expands outwards and say to yourself "breathing"
- When your lungs are completely full, hold your breath for a couple of seconds
- Release the breath slowly, allowing your belly to sink back in and say to yourself "calm"
- Repeat for 5-10 breaths being careful to pay careful attention to your breath and on the words that you are using to anchor yourself in a state of calm relaxation.

Thank You

Thank You All for being present, and for sharing your knowledge and experiences with us today.

And, Thank You to:

- Members of the Covid-19 Action Team, CSSW.
 - <https://blogs.cuit.columbia.edu/cssw-covid19resources/>
- Tiffany Rasmussen & the Office of Professional Excellence (OPE) team, CSSW.

Definitions and Other Resources

Microassualts

- Conscious and intentional
- Verbal or non-verbal

Examples:

- Abusive or derogatory language or names
- Displaying discriminatory symbols
- Telling discriminatory jokes
- Avoiding someone because of their race or identity (avoiding someone who is Asian or Asian-passing because of racist associations about the origin of COVID-19)***

Microinsults

- Communicates rudeness and insensitivity towards someone based on disease status, racial identity, etc.
- Can seem like compliment, but is based on discriminatory assumptions about different groups

Examples:

- You are a credit to your race
- You seem so normal for someone with HIV/AIDS
- You're not like those other _____

Microinvalidations

Microinvalidations exclude or negate the experiences, feelings, and experiential reality of those in a stigmatized or marginalized group

- Downplaying occurrences
- Gaslighting – defined as manipulating someone, by psychological means, into questioning their own sanity

Microinvalidations

“I am sure it is/was not that bad...”; “Don’t you think you are exaggerating/over-reacting?”; “Don’t you think you are being a little sensitive?”

“You are making that up”; “That can’t be true”; “Are you sure?”

“I don’t think that is what he/she/they meant...”; “Well I didn’t see anything like that”; “I’m sure they do that with/to everyone”

“They probably just did not have enough tests”; “They were probably just really busy”

“Well you didn’t exactly help the situation”; “Don’t you think you had something to do with...”

“You always think that....”

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