KEVIN KISH, DIRECTOR



Civil Rights Department Commission on the State of Hate

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COMMISSION ON THE STATE OF HATE

Meeting Notice and Agenda

August 25, 2023 12:30 p.m.
Location: Hybrid
Harper Alumni Center at Sacramento State
7490 College Town Drive
Sacramento, CA 95819

Commissioners Present

Chair Russell Roybal
Commissioner Regina Cuellar
Commissioner Cece Feiler
Commissioner Brian Levin
Commissioner Shirin Sinnar
Commissioner Erroll G. Southers

Ex-Officio Members Present

Abby Browning, Governor's Office of Emergency Services

Civil Rights Department Staff Present

Kevin Kish, CRD Director

Adam Romero, CRD Deputy Directory

Becky Monroe, CRD Deputy Director

Alec Watts, CRD Deputy Director

Gregory Mann, CRD CCRU

Christina Teixeira, CRD CCRU

Taylor Whitely, Associate Governmental Program Analyst

Monica Chavez, Associate Governmental Program Analyst

Rebecca Goodsell, Data Research Specialist

Others Present

An estimated 84 members of the public participated virtually. An estimated 6 members of the public participated in person.

I. Welcome

Commissioner Cuellar welcomed everyone to the second community forum on understanding the mental health impact of hate.

She reviewed the process for translated closed captioning. She then provided a land acknowledgment and shared the CA vs. Hate Hotline.

Commissioner Cuellar introduced herself and had the following Commissioners introduce themselves: Commissioner Levin, Commissioner Southers, Chair Roybal, Commissioner Sinnar, and Commissioner Feiler.

Commissioner Feiler explained the public comment process.

Commissioner Cuellar shared the goal of the Commission and reviewed the agenda.

II. Informational Presentation: Hate as a Risk for III-Health in LGBT Populations Ilan H. Meyer, Ph.D., Williams Distinguished Senior Scholar of Public Policy, Williams Institute, UCLA School of Law

Dr. Ilan H. Meyer shared the following information in his presentation:

There is a resurgence of anti-LGBTQ rhetoric and violence including increased numbers in California. The LGBTQ community is a small percentage of the US population, but how much government officials discuss them, they make is seem as though the number is larger than it is. Even though LGBTQ rights have increased, homophobia and transphobia are embedded in American history and culture and produces stress. This is referred to as minority stress.

Data collected by the Department of Justice as part of the National Crime Victimization Survey found that the odds of experiencing violent victimization is four times higher for member of the LGBTQ community. There are greater numbers of bullying and workplace discrimination against members of the LGBTQ community, especially if they are also people of color. People in the LGBTQ community are more likely to experience socioeconomic disparities and stress.

Even though there have been legal strides for LGBTQ rights, younger people experience similar levels of minority stresses related to stigma and prejudice as their older peers had experienced.

There are preventions and interventions that can be taken ranging from the individuals being provided sensitive and accessible mental health services and providing mental health prevention in schools. Dr. Meyer also shared policy recommendations.

Public comment

One commenter inquired about high school bullying and increased bullying against trans youth.

- Dr. Meyer responded that his data was youth specific and shared that the William's Institute data can be found on the website.

III. Informational Presentation: Eraka Bath, M.D., Director, Child Forensic Services, Professor, Department of Psychiatry, Vice Chair for Equity, Diversity, and Inclusion, Jane and Terry Semel Institute for Neuroscience and Human Behavior, UCLA

Information presented by Dr. Eraka Bath:

The presentation began with a land grant acknowledgment and a disclosure of sources that have provided funding to Dr. Bath's work.

Some of the biggest public health threats are hate-based behaviors such as violence, racism, and discrimination. Some of these are intersectional. Victims of violence of hate are subject to a range of violence, including death. Hate crimes, hate speech, and discrimination exist along a continuum of discrimination due to structural bias and prejudice, which is the foundation of hate-based violence.

There are gaps in legislative measures addressing manifestations of violence and structural violence. She highlighted the need for comprehensive legislation. She cited the recent passing of anti-lynching laws in 2022 as an example of the time it takes to push for such legislation.

The presentation discussed the negative health effects of racism, which overlaps with various forms of structural bias, such as transphobia, homophobia, ableism, sexism, and xenophobia. Structural determinants contribute to negative health outcomes for marginalized groups.

Hate crimes have a broad range of negative effects, including economic, educational, and housing disparities. The trauma from hate crimes can persist for generations, exacerbating pre-existing trauma and sensitizing individuals to further harm. The broader impact of hate crimes on communities, emphasizing the negative mental health effects, such as increased suicide ideation, depression, anxiety, and post-traumatic stress disorder. The mental health consequences affect not only the direct victims but entire communities.

The presentation concluded with discussing hate-motivated behavior interventions, public health recommendations, and the Revolutionary Love Project.

<u>Public comment</u>

A remote commentor wanted more information about underreporting due to stigma and distrust of law enforcement.

- Dr. Bath responded by offering potential options to discuss solutions as well as addressing some of the challenges that come with that.

An in-person commentor mentioned difficulties of reporting hate incidents.

Another remote commentor discussed the mental health effects on the community

resulting from incidents involving the Antioch Police Department.

One remote commentor inquired about the process and variations in gathering intersectionality and weathering data among different minority communities.

- Dr. Bath provided examples of intersectional identities and privilege.
 - The commentor also asked about ways to distribute this data back to the communities served.
 - Dr. Bath mentioned other researchers doing this work and argued for co-sharing research.

Another remote commentor sought insights into racial trauma, particularly in relation to youth.

- Dr. Bath discussed her expertise with youth and discussed the largest structural drivers to the school to prison pipeline.

Commissioner comment

Commission Levin asked what can be done at the individual level.

- Dr. Bath responded that starting by centering the most marginalized and vulnerable groups and listening to their needs while amplifying their voices.
- Commissioner Levin asked about a more interpersonal level rather than at an institutional or legislative level.
 - o Dr. Bath responded by creating safe havens.

IV. Informational Presentations on Mental Health Resources

A. Eric Harris, Director of Public Policy, Disability Rights California

Eric Harris shared the following information in his presentation:

Disability Rights California is a statewide non-profit organization that advocates on behalf of people with disabilities, offering free legal services across the state.

The mental health advocacy and the prevalence of hate crimes and incidents against disabled individuals, particularly those with multiple marginalized identities, is an important issue. People with disabilities often go uncounted due to misdiagnoses, lack of access to resources, and societal stigma. Disabled individuals, particularly disabled women and disabled black women, are more likely to be victims of hate crimes.

The presentation delved into the reasons why disabled people are often victims of hate crimes, citing their association with other marginalized groups and the history of bullying and discrimination. Harris also pointed out that disabled individuals who experience hate crimes often endure mental health crises, trauma, and, in some cases, post-traumatic stress disorder (PTSD).

There was a discussion on available resources for disabled individuals, such as peer-run organizations, family groups, and independent living centers.

B. Traute Winters, Executive Director, National Alliance on Mental Illness Greater Los Angeles County

Information presented by Traute Winters:

The National Alliance on Mental Illness (NAMI) is one of the nation's largest grassroots mental health non-profit organizations. NAMI is a peer-run organization that includes families, friends, and individuals living with any type of mental illness. Their primary purpose is to provide resources and support for individuals, families, and communities dealing with mental illness. They offer confidential, no-cost support groups for individuals with mental health conditions and family members and caregivers. These support groups are peer-led and help people connect with others facing similar challenges.

Traute Winters discussed some of NAMI's major programs, such as "Family to Family," an eight-week class that educates families about different mental health conditions, improves coping skills, and emphasizes self-care. "Basics" is a similar program designed for parents and guardians of youth under 22 with mental health conditions.

NAMI offers public education programs like "In Our Own Voice" to reduce the stigma surrounding mental illness. "Ending the Silence" targets middle and high school students, teaching them about the signs and symptoms of mental health conditions, early warning signs, and encouraging help-seeking behavior, including suicide prevention.

NAMI has a "Family and Parent Voice" Speaker's Bureau where family members and parents share their experiences with mental illness, serving as resources to others. NAMI also conducts law enforcement training, partnering with law enforcement agencies to help officers understand how to communicate with individuals in mental health crises.

All NAMI programs and classes are free of charge to the public, and they encourage individuals to reach out and connect with their local NAMI affiliate.

Public comment

A remote commentor mentioned the normalization of hate speech against the disabled community and asked about strategies to help people recognize such language as hate speech.

 Erik Harris responded that one answer would be to call out disability hate speech right away. Another solution would be to place people with disabilities in decision making roles.

One in-person commentor mentioned the stigma or recovery when individuals aren't seeking interventions.

Commissioner comment

Commissioner Sinnar inquired about finding mental health resources especially for folks who have cultural or linguistic barriers.

- Troute Winters responded by sharing that NAMI has resources as well as being able to connect individuals to other resources that would meet those needs.

V. Facilitated Public Comment and Discussion

<u>Public comment</u>

One in-person commentor discussed the mental health impacts of the Covid-19 pandemic on the Asian community, exacerbated by increased hate crimes. They suggested examining the pandemic's societal effects at both statewide and community levels.

Another in-person commentor shared insights into their organization's work on intervention and prevention programs involving youth and members of various ethnic backgrounds.

Commissioner discussion

Commissioner Levin mentioned Stop AAPI Hate, the Center for the Study of Hate and Extremism, and the Asian American Bar Association as resources.

Chair Roybal thanked all the presenters on behalf of the Commission.

VI. Adjournment

The meeting was adjourned at 2:57 p.m.