Stage and Downey (1999) wrote on the prevalence and relevance of hate crimes and hate speech on university campuses in the United States. They explain how offenders of the assaults or verbal attacks are usually individual or groups of white male students. These men, they suggest, act not as part of a hate organization, but as a random and impulse driven attack predicated on a perceived threat and done for power and peer validation. They also outline the failures of universities to combat these problems by creating policies that tend to be reactive, not proactive and predominantly legal in nature. The authors go on to outline that effective programs would be proactive, firm, and involve all campus members to come into a dialogue (Stage and Downey, 1999).

Van Dyke and Tester (2014) break down what demographics for a university have the biggest effect on incidences of race based hate on college campuses. They found large, public and predominantly white institutions have the most incidences of hate (Van Dyke and Tester, 2014). While they can not offer a concrete reason for this, their research and data suggest this trend (Van Dyke and Tester, 2014). In addition, they found incidents increased if the campus has an active Greek (social fraternity and sorority) population. They argue that this could be associated with the already established link between fraternities and higher rates of crime.

It is also important to consider literature on hate and microaggressions. Minikel-Lacocque (2013) examines a Midwestern university and the microaggressions experienced by Latinx students. Findings showed students experienced three types of microaggressions: microinsults, microassaults, and microinvalidations. Microinsults and
microinvalidations are unconscious statements made at the expense of the receiver (Minikel-Lacocque, 2013). Microassaults, however, are more overt, and Minikel-Lacocque (2013) argues that these should be treated differently than microaggressions. Microaggressions, if seen as acceptable, cause emotional reactions to the microaggression to be seen as negative and “pathological” (Sue, p. 58, 2010 as cited by Minikel-Lacocque, 2013) and associated with the receiver. The author also points to the dilemma of choosing to either report or not report on the offense and how neither option is easy for the victim of the microaggression. Making a campus more inclusive and supportive for non-white students puts extra emphasis on creating systems that explicitly address racism, (Minikel-Lacocque, 2013) — a point that will be revisited in this literature review.

Much like racial microaggressions, LGBQ students are the victims of microinsults and microinvalidations. Jewel and Morrison (2010) discuss the covert forms of hate felt by gay men on Canadian university campuses. Woodford, et al. (2015) takes a look at LGBQ (lesbian, gay, bisexual, and queer) microaggressions experienced by sexual minority students on college campuses. These microaggressions cause deleterious effects on the lives of the students and cause negative feelings (Woodford, et al., 2015). Woodford, et al. (2015) also points out that different sexual orientations experience different and specific microaggressions. Therefore, it is unwise to generalize all experiences as the same. Going forward, they suggest the need for further research into the subject. In addition, they call for programs from universities to combat these issues and raise awareness and understanding for LGBQ students on campus. Fine (2011) studied homophobia and heterosexism in the lives of LGB college students. They find that it is a
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prevalent force in the lives of these students and go on to suggest (as Woodford does) universities invest in improving campus climate.

Gusa (2011) in a conceptual essay outlines the implicit ways in which predominantly white institutions (PWIs) stifle the experience of black students. Gusa argues that PWIs operate from a world view of whiteness. These institutions, like Ohio State, facilitate the advancement of dominant groups while not pushing the advancement of non dominant groups. Gusa goes on to argue that institutions need to make conscious acknowledgment of power, privilege and oppression.

It is clear that microaggressions and hate on college campuses affect multiple groups of students and are not isolated to a single group or individuals. Ultimately, this emphasizes the need for intersectional and proactive programming. Chun and Evans (2016) argue for the use of cultural competent structures within an entire university. They also argue for a comprehensive approach that does not solely acknowledge race and ethnicity but all forms of diversity for all members of the university. While much of the research discussed so far focuses on college campuses, it is important to examine literature around cultural competency courses more broadly to know where this project fits within that research.

Burchum (2002) details the importance of cultural competence training in the context of nursing education. The emphasis is placed on how nurses need to deal with a diverse client base in their work. In addition, it highlights a methodology and implementation of cultural competence training that takes a long-term approach and is conceptualized as more of a “journey” rather than a destination (Burchum, 2002). Burchum (2002) calls to attention how the world that nurses operate within will only become more diverse and culturally heterogeneous as
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time progresses. Expanding upon that, college campuses too are diverse places where students interact with each other daily, something that is arguably as important to navigate with cultural competency in mind.

Pilcher, Charles, and Lancaster (2006) documented the effectiveness of cultural competency on medical education. The authors found that cultural competency increased student knowledge on intercultural topics and increased self-awareness relating to cultural competency. A literature review echoed Pilcher, Charles, and Lancaster (2006) on the effectiveness of cultural competency training for health professionals found cultural competency programs for health professionals yielded positive outcomes, specifically in terms of cultural competency skill demonstration and in their patients satisfaction (Beach et al., 2011). This research is the clearest indication that cultural competency can and does work. It is important to highlight this and to emphasize that this project has potential to make an impact on campus.

Jernigan, et al. (2016) examined cultural competency training and requirements for medical students across different medical schools. They find that there is a benefit to having the trainings as requirements, but there are stark differences in implementation and regimentation (Jernigan, et al., 2016). First they acknowledge that cultural competency needs to be seen as a continuous process, something that is reinforced along all stages of medical education. They also call for stricter regimentation of programming to allow for better evaluation and more consistent results (Jernigan, et al., 2016).

Eddey and Robey (2005) addresses a gap in medical education cultural competency: a neglect of disabled culture. In examining the culture of disability, the authors found that it is like any other culture with shared values and norms, including a history of oppression and
discrimination, is laced with disparities especially with health, and extends to a network outside of just the person with disabilities to their personal networks as well (Eddey and Robey, 2005). They advocate for the inclusion of a dialogue around disability in cultural competency education along with the cross sectional nature of disability with other cultures. This speaks to the overall need for intersectionality in the teaching of cultural competency and its necessity, something vital to the development of this program.

Orgel (2017) reviewed how LGBT cultural competency was taught to nursing students. They found that most programs utilized lectures to teach students about LGBT issues and cultural awareness, finding that lectures increased knowledge more than any other strategy. Carter, et al (2006) proposed processes by which to instruct cultural competency courses for medical clerkship students. The authors argue for the use of vignettes, short stories used to illustrate cultural competency concepts and issues. The students in the study increased their cultural competency knowledge and in their post test interviews recorded that they found the vignettes valuable. Hickerson, Hawkins, and Hoyt-Brennan (2018) implemented a simulation (a sort of play or skit) for nursing students to supplement missing LGBT cultural competency they missed within their traditional program. The authors found it to be a fitting for the education gap showing increased cultural sensitivity towards LGBT issues.

Kumagi and Lypson (2009) develop a critique on the current notion of cultural competency. They examine its multicultural aspects, as taught at the University of Michigan Medical school. They state that it is not enough to simply teach students to be culturally competent but to develop a “critical consciousness” and to examine their role as medical professionals and social justice (Kumagi and Lypson, 2009). In a very similar vein, Feiz and
Gonzalez (2018) address an important aspect to how cultural competency is often taught, specifically in social work education. They examine the stress on “self” and multiculturalism while not emphasizing anti-racism and anti-discrimination. Gordon, McCarter, and Myers (2016) describe the implementation of an antiracism element within the cultural competency training of a midwifery program. Their results were not clearly documented, however, there was an increase in thesis topics of participants revolving around antiracist topics such as privilege and power. Many educators in this study did not feel that teaching anti-racism would be necessary because simply emphasizing inclusion in the dialogue would be enough, but these authors suggest otherwise.

Process

The project was built upon the recommendations and frameworks presented within the lit review. Gordon, McCarter, and Myers (2016) and Feiz and Gonzalez (2018) pushed for the inclusion of antiracism curriculum and overall outlook to cultural competency education. The decision was made to expand these recommendations to mean anti-oppression more generally and to include stories and outlooks of othered experiences in conjunction with consideration to race.

Due to constraints in scope, the project could not be administered to all undergraduate students. However, it was designed as an opt in workshop for first year students that would count towards credit within their first year seminar courses. The project was conducted once a month for three months in the Fall of 2019. The sessions lasted an hour each and ranged from ten to thirty students. Each student filled out anonymous before and after surveys to informally gauge knowledge gained and provide feedback for the session.
The workshop was split into three sections. The first section was a lecture, building off the work of Orgel (2017). It covered terms and concepts covering anti oppressive topics such as oppression, power, and hate. The lecture then moved into brokering of resources for the students. This served to point students in the directions of services they may need for combating oppression for both themselves and others. The final section of the lecture was a series of vignettes used to illustrate to students different concepts covered and push them to see how they would go about remedying the situation, combining the strategies put forth by Carter, et al (2006) and Hickerson, Hawkins, and Hoyt-Brennan (2018).

Moving forward the project will go on in conjunction with the assistance of The Ohio State University College of Social Work. It will be housed within the college and become the undertaking of the Director of Advocacy and the intern assigned to that office. Documents and instructions for proper implementation of the course have been uploaded to an online course page for the use of the new leads of the project.

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The LGBQ Microaggressions on Campus Scale: A Scale Development and Validation