Abstract

The psychosocial impact of the 2019 novel coronavirus (COVID-19) on individuals, families, and communities will likely persist for years to come. While briefing notes informed by disaster psychology and crisis management have been released to guide social workers and other mental health professionals in their work during the pandemic, the far-reaching impacts of COVID-19 may require inclusion of additional theories of trauma and resilience. Thus, we first examine the application of complex trauma theory as an effective framework for assessing the psychosocial impacts of the pandemic, especially among individuals with prior trauma exposure, those with pre-existing mental illness, and communities affected by marginalization and historical trauma. We then discuss the importance of using trauma-informed practice to address the effects of the pandemic on both the individual and community levels during this unprecedented moment in history.

Keywords: COVID-19; PTSD; complex trauma; trauma-informed practice

Alessi, E. J., Hutchison, C., & Kahn, S. (in press). Understanding COVID-19 through a complex trauma lens: Implications for effective psychosocial responses. *Social Work*.

Pre-publication manuscript. Still needs to be proofread. Do not cite without author permission.

Understanding COVID-19 through a complex trauma lens: Implications for effective psychosocial responses

The magnitude of the 2019 novel coronavirus, now commonly referred to as COVID-19, has been far-reaching, changing the way we think about public health, economic security, social relations, and, of course, mental health. Cases have been confirmed in more than 200 countries around the world (Centers for Disease Control [CDC], 2020), with the United States reporting more COVID-19 cases and related deaths than any other nation (Johns Hopkins University, 2020). To date, attempts at community mitigation in many parts of the United States have been unsuccessful, with cases continuing to rise at exponential rates (CDC, 2020).

It is too early to truly understand the level of human suffering the pandemic has caused—a better grasp of its effects on psychosocial wellbeing will likely emerge in the months and years to come. However, it is apparent that a collective trauma is taking place, dramatically shifting how individuals navigate their daily lives and plan for the future. In some respects, this pandemic can be likened to natural or man-made disasters of the past, but in other ways it is an unprecedented global phenomenon that presents distinct psychosocial challenges (Rajkumar, 2020). Never in history has the world been more economically and socially interconnected, and hence never before has the world shared such a prolonged, uncertain disruption of life that challenges the safety, wellbeing, and worldview of so many.

These sudden and far-reaching changes have demanded that social workers reconsider how they practice in a multitude of settings (Abrams & Dettlaff, 2020), including community mental health centers, child protective services, employee assistance programs, human service agencies, hospitals, nursing homes, primary care centers, private practices, and schools and universities. To support social workers and other clinicians in responding to the pandemic,

international organizations, such as the Inter-Agency Standing Committee (2020) and World Health Organization (WHO; 2020), have rapidly released valuable briefing notes and guidelines drawing on research and experience in disaster psychology and crisis management. Although such guidance is useful, it may be insufficient to fully prepare social workers for the consequences of COVID-19 on individuals, families, and communities. It is likely that many will experience adjustment disorders in response to the pandemic (Holmes et al., 2020), while for others, the traumatic impacts of COVID-19 will intersect with previous traumas and preexisting disorders, especially depression, anxiety, and posttraumatic stress disorder (PTSD). Those with loved ones who become ill and die in isolation may develop prolonged grief disorder, as they cope with the added trauma of being unable to say goodbye or observe cultural or religious rituals that may assist with the mourning process (Eisma et al., 2020). Thus, reliance on relevant theories of trauma may assist social workers in meeting the varied needs of individuals and communities during this time of heightened fear and uncertainty.

Therefore, this article has two goals. First, we examine the application of complex trauma theory as an effective framework for assessing the psychosocial impacts of the pandemic, especially among individuals with prior trauma exposure, those with pre-existing mental illness, and communities affected by marginalization and historical trauma. Second, we discuss the importance of using and advocating for trauma-informed approaches to address the effects of the pandemic on individual and community levels, and specifically explore how trauma-informed interventions can be beneficial for vulnerable groups. The social work profession has been both a pioneer in trauma-informed practice¹ and a proponent of its use across disciplines and in diverse practice areas (see Alessi & Kahn, 2019; Carello & Butler, 2015; Knight, 2015; Levenson, 2017;

¹ The term trauma-responsive practice is also currently used to denote the actual implementation of trauma-informed practices. However, the terms have been viewed as functionally equivalent by scholars (see Matlin et al., 2019) and thus we continue to use trauma-informed practice to maintain consistency with the literature cited in this article.

Mersky, Topitzes, & Britz, 2019). Given that the psychosocial impacts of COVID-19 may rise to the level of severe and prolonged trauma for individuals, families, and communities, it is all the more important that social workers advocate for the use of trauma-informed care with renewed energy and become ambassadors for a trauma-informed approach in clinical and community settings.

PTSD and Complex Trauma

The widespread nature of preexisting trauma exposure makes it likely that social workers will be managing not only the trauma of COVID-19, but the intersection of these present stressors with past trauma histories. One in three American children have experienced at least one adverse childhood experience—a term that encompasses child abuse, neglect, exposure to violence, and the death of or separation from a parent (U.S. Department of Health & Human Services, 2019). Further, in one nationally representative study, approximately 90% of individuals reported lifetime exposure to at least one traumatic event, such as a disaster, accident, physical or sexual assault, or the unexpected death of a loved one (Kilpatrick et al., 2013). Research has shown that existing trauma burden significantly increases the likelihood that a new traumatic event will produce PTSD (Breslau, 2008).

The conceptualization of PTSD has evolved since it was first classified as a psychiatric disorder in 1980, especially regarding the psychological impact of severe and prolonged trauma. Although PTSD remains the primary diagnostic category used to describe psychopathological reactions to a traumatic event in the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*; American Psychiatric Association [APA], 2013), a growing body of literature has supported the creation of a new diagnostic category—complex PTSD or complex trauma—to capture the symptoms exhibited by those who have experienced severe and

prolonged trauma (Cloitre et al., 2009). This new categorization emerged from Judith Herman's seminal work, *Trauma and Recovery* (1997), which argued that survivors of prolonged trauma—such as concentration camp imprisonment, interpersonal violence, and child abuse and neglect—have consistent and unique psychological responses distinct from PTSD. Key facets of this type of abuse included its chronic nature and relational aspects; more specifically, survivors were frequently in situations in which they were unable to find protection from a perpetrator who was typically in a position of power over them.

Individuals with complex trauma have, in fact, been shown to meet diagnostic criteria for PTSD (Newman et al., 1997), including symptoms of intrusion (e.g., flashbacks, nightmares, reexperiencing of the traumatic event); avoidance of trauma-related stimuli and dissociation; trauma-related arousal and reactivity (e.g., hypervigilance, insomnia, or aggression); and negative cognitions or feelings about the self or others (APA, 2013). However, they also manifest additional symptoms, including alteration in affect and impulses (e.g., suicidal preoccupation, anger management problems), severe dissociation, alterations in self-perception and perception of the perpetrator, difficulty relating with others, somatization, and alterations in systems of meaning (Cloitre et al., 2009; Newman et al., 1997). Because complex trauma frequently occurs within the context of an ongoing relationship between victim and the perpetrator of abuse, interpersonal difficulties can be common among survivors, including disrupted attachment styles, decreased ability to trust and set boundaries, and increased risk of revictimization (D'Andrea et al., 2012).

In response to a growing awareness of the “multiple dynamics and associated adaptations” present among individuals who have endured cumulative or prolonged trauma (Roth et al., 1997, p. 549), the eleventh edition of the *International Classification of Diseases*

included complex PTSD as a diagnostic category to account for these additional symptoms (WHO, 2018). While the *DSM-5* expanded PTSD criteria to include some symptoms associated with complex trauma (i.e., negative changes in cognition and mood; APA, 2013), it still does not demarcate complex trauma as a distinct condition, which may be of critical importance when considering the effects of COVID-19 on mental health.

Trauma and the COVID-19 Pandemic

The COVID-19 pandemic has been described as an invisible, insidious phenomenon with far-reaching ramifications, impacting social interactions and interpersonal relationships, economic stability, physical safety, and emotional and cognitive processes. All signs point to ongoing challenges in these areas, even after the virus is contained (Dell-Ariccia et al., 2020; Pfefferbaum & North, 2020). It would not be surprising if social workers began to see an increase in clients presenting with stressor-related disorders precipitated by COVID-19 (adjustment disorders, acute stress disorders, PTSD), which indicates they should assess their clients for symptoms of these disorders (Holmes et al., 2020). For example, individuals may struggle with fearfulness, hypervigilance, avoidance behaviors, mood disturbances, and negative cognitions about themselves and the world. Whether the pandemic will actually cause increased prevalence of stressor-related disorders is currently unknown; yet, social workers should also be alert to the possibility that this could occur.

Social workers must be particularly attuned to individuals with pre-existing trauma exposure, those who experience interpersonal abuse due to pandemic-related conditions, and those for whom stressors of the pandemic compound existing mental health conditions (e.g., depression, anxiety, PTSD, and complex PTSD). For instance, clients may manifest symptoms of PTSD, but also those indicating prolonged trauma exposure such as severe emotional instability,

disruptions in interpersonal relationships, intense feelings of disconnection, and addictive or self-destructive behaviors. In this regard, the use of a complex trauma lens may be vital for understanding and assisting these clients. Complex trauma typically manifests when there is a sustained violation of core human needs, especially the need for safety and security, love and physical connection, and recognition of one's own value and agency (Timulak, 2015), and COVID-19 exacerbates these violations in a number of ways. First, violation of a sense of safety and security is a pervasive aspect of the pandemic for many. For example, individuals may fear contagion, sickness or death of self or loved ones, material deprivation, and irreparable damage to many facets of life. While these will be typical fears among many, individuals already dealing with the psychological impacts of trauma may struggle to gauge realistic risk of contagion, even while maintaining social distance, intensifying an already activated fear response.

Second, the public health demands of social distancing and quarantine have left many with challenging interpersonal situations of indeterminate length that may intersect with past violations of the core need for love, connection, and physical contact. For example, individuals may be completely alone, living in stressful overcrowded conditions with no control over their environments, or confined with abusive partners or family members. Individuals may also experience loneliness or feel that social connections have dissolved as a result of the pandemic. In other words, feeling disconnected from others, a foundational element of complex trauma (Cloitre et al., 2009), is the overall experience for many during COVID-19. For those with histories of severe and prolonged trauma, however, social distancing and quarantine may exacerbate existing attachment-related disturbances, resulting in behaviors that may include desperately trying to connect with others or avoiding people altogether. For some, there may be a combination of both, as people vacillate from one extreme to the other. Additionally, individuals

may perceive authority figures (e.g., government officials, employers) as having been unable to safeguard their physical or psychological wellbeing, leaving some with affective states (e.g., feeling abandoned or unprotected) that are commonly present among those who have encountered severe and prolonged trauma (Cloitre et al., 2009).

Lastly, as an invisible, easily transmittable disease that requires strict government restrictions to contain, COVID-19 may produce inescapable experiences of restricted autonomy and agency. For those with histories of prolonged abuse, such restrictions may serve as reminders of past situations where they may have felt powerless or unable to exercise their own agency or autonomy. For example, sheltering-in-place without a firm end date, worrying about whether they or loved ones will fall ill, and waiting for a vaccine that may or may not be available or accessible to them are just some of the experiences that may produce such feelings.

In addition to an exacerbation of mental health challenges, the stress of pandemic conditions may contribute to increased risk of negative physical health outcomes among those with histories of past individual trauma and abuse experiences. For the past two decades, studies on adverse childhood experiences have demonstrated that children who survive severe and prolonged traumatic events in childhood are subsequently at risk for a host of physical health conditions in adulthood (Hughes et al. 2017). Significantly, these risk factors have been shown to result in higher likelihood of specific preexisting conditions such as heart disease, diabetes, and obesity (Felitti et al., 1998), making individuals who contract COVID-19 especially vulnerable to a virulent course of illness (CDC, 2020).

Pre-existing Trauma and the Impact of COVID-19 Within Marginalized Communities

It is important for social workers to also consider the ways the combination of factors discussed above intersect with race/ethnicity, sexual orientation and gender identity, and

socioeconomic class to impact mental health burden. Research has demonstrated an increased risk of experiencing traumatic events among individuals with marginalized identities, including: American Indians and Alaska Natives (Bassett et al., 2015) and racial/ethnic minorities (Alexander et al., 2017), sexual and gender minorities (Roberts et al., 2010), and those with low socioeconomic status (Parto et al., 2011). The increased risk of trauma burden among marginalized communities is further exacerbated by experiences of historical trauma, whereby past traumas inflicted on these communities—genocide, slavery, persecution, displacement, cultural dispossession, stigma and discrimination—continue to negatively affect future generations through ongoing, institutionalized systems of oppression that perpetuate social and economic inequalities (Sotero, 2006). Historical trauma has been linked to a host of mental health concerns (Mohatt et al., 2014), including psychological symptoms similar to those of complex PTSD (see Sotero, 2006). Thus, preexisting mental health conditions (anxiety, depression, PTSD) brought about by historical trauma and longstanding social inequalities may intensify stressor-related disorders precipitated by the pandemic. Given these experiences of cumulative trauma, the symptoms that emerge may be similar to complex PTSD (e.g., severe dissociation, high levels of anger and aggression, mood lability, and distorted perceptions of self and others), reinforcing the social work perspective that psychological conditions often have social determinants.

While COVID-19 was initially viewed as the “great equalizer,” recent evidence has shown that this has not been the case (Jones & Jones, 2020). Instead, the pandemic has shed light on the ways existing health disparities and social inequalities intersect with the pandemic to increase the vulnerability of historically underrepresented and marginalized communities. An analysis of data from nearly a thousand U.S. counties demonstrated that African American and

Latinx populations were three times more likely than Whites to contract COVID-19 and twice as likely to die from the virus (Koma et al., 2020; Oppel et al., 2020). American Indians were also much more likely to become infected than Whites and more likely to have serious illness when infected (Koma et al., 2020; Oppel et al., 2020). For example, in Arizona, American Indians account for 18% of COVID deaths in the state, but only 4% of the population (Artiga & Orgera, 2020). Additionally, specific subgroups of the sexual and gender minority population, such as older adults and transgender individuals, may be at a higher risk for COVID-19 given their vulnerability to preexisting health conditions (asthma, diabetes, heart disease, HIV), their risk of being socially isolated and disconnected from family, and their vulnerability to poverty (Herman & O'Neill, 2020; Meyer & Choi, 2020). Preliminary research suggests that low-income individuals are also at their risk of becoming severely ill if infected (Koma et al., 2020).

The higher risk of adverse health outcomes among marginalized communities may increase the risk of traumatic stress for those who are ill, as well as their significant others (e.g., primary breadwinners become ill or pass away, potential loss of family structure or capacity for childcare, sense of injustice at pandemic-related disparities). This may be compounded by the fact that these communities are typically less likely to have access to medical and behavioral health services compared to those who are White (McGuire & Miranda, 2008) and those with higher incomes (Lazar & Davenport, 2018).

Trauma-Informed Practice at the Individual Level

Social work has always been committed to providing services that facilitate the recovery and promote the empowerment of clients; therefore, social workers will play a unique role in advocating for interventions that attempt to recognize and address the interplay of pre-existing and pandemic-related trauma that disproportionately burdens specific individuals and

communities. Advocating for the inclusion of trauma-informed practice (TIP) is particularly important within interprofessional teams. Social workers can bring a trauma-informed approach to the physicians, nurses, occupational therapists, rehabilitation counselors, and psychologists they work with, in order to better address the psychosocial issues precipitated or compounded by the pandemic. While trauma-specific practice refers to empirically validated interventions used to treat individuals with a PTSD diagnosis (e.g., eye movement desensitization and reprocessing [EMDR], cognitive processing therapy, trauma-focused cognitive behavioral therapy [TF-CBT]), TIP provides social workers with an overarching framework to conceptualize the impact of trauma on individuals' lives and their functioning, which is essential for working with those who have experienced complex trauma (Alessi & Kahn, 2019)

TIP acknowledges that trauma is widespread and recognizes the symptoms of trauma in clients and their families across a broad range of experiences (Harris & Fallot, 2001; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). For example, TIP acknowledges the effects of events that, while not considered potentially traumatic by the *DSM*, have been shown to cause symptoms similar to those of PTSD, such as ending a relationship, non-life-threatening medical problems, financial difficulties, homelessness, and racial and other identity-based discrimination (Alessi & Kahn, 2019).

TIP seeks to avoid retraumatization, build trust and safety within the therapeutic alliance, and support individuals' internal and external sources of resilience; collectively, these components are intended to promote a healing environment for those who have suffered cumulative trauma (Alessi & Kahn, 2019). Such environments are not only facilitated by direct practitioners, but also through an organizational or system-level commitment to integrating knowledge of trauma and its effects into service delivery and staff training (Harris & Fallot, 2001). At the

service-level, TIP requires a reorientation of clinical practice in key ways. First, to minimize the potential for retraumatization, social workers prioritize client safety by creating an atmosphere of respect and acceptance, encouraging relational collaboration, and being attuned to cultural context (Elliot et al., 2005). Further, social workers may have difficulty creating safety unless they acknowledge their client's intersectional identities, how these identities impact their day-to-day experiences (Alessi & Kahn, 2019), as well as any power differentials in the therapeutic relationship (Elliott et al., 2005). Recognition of these power differentials requires social workers to be aware of their own feelings and reactions as they engage the client in treatment. Doing so enables social workers to examine their countertransference, the insights it may contain, and encourage self-care to mitigate vicarious trauma and burnout (Alessi & Kahn, 2019; Carello & Butler, 2015; Knight, 2015). Second, trauma recovery becomes the focus of treatment. More specifically, trauma and its effects are recognized and normalized; traumatic responses are understood as clients' attempts at coping; and adaptation and resilience are emphasized over symptoms and pathology (Elliott et al., 2005). Third, empowerment and autonomy are encouraged, including working in partnership with clients on treatment plans and seeking their input on the design and evaluation of services (Elliott et al., 2005).

TIP is commonly used alongside trauma-specific practices as a framework that enables social workers to: (a) be aware of the unique needs of traumatized individuals, and (b) help clients cope adaptively with severe stressors. Thus, a TIP framework is often incorporated within existing therapeutic modalities that mental health professionals. For example, Courtois and Ford (2013) have developed a phase-based approach for working with complex trauma that prioritizes safety within the therapeutic relationship, and draws from psychodynamic, cognitive behavioral, relational, and systemic theories. Alessi and Kahn (2019) provide specific psychodynamic

principles that help social workers operationalize TIP principles, including containment, the holding environment, self-object needs, and the therapeutic relationship. Both these approaches can be adapted to the COVID-19 pandemic context and used by social workers and other mental health professionals working in a variety of practice settings and in the community.

Trauma-informed Practice at the Community Level

TIP has always been considered essential to the recovery of community trauma (SAMHSA, 2014). Thus, scholars have reinforced the importance of using TIP not only to intervene with individuals but also communities (Tebes et al., 2019). Given that COVID-19 cases continue to rise at rapid rates in parts of the country, social workers operating at the community-level can also benefit from using a complex trauma framework and TIP accordingly to promote resilience. Social workers can be at the forefront of this process by advocating on behalf of the communities with whom they work, as well as educating local leaders (community organizers, elected officials) and state-level politicians about complex trauma, the potential of COVID-19 to exacerbate existing mental health disorders, and the use of TIP to engage communities and work toward generating durable local solutions.

In particular, TIP is key for building trust and establishing greater safety within communities that may be struggling with how to navigate varying levels of risk (e.g., when to wear a face mask, whether to send to their children back to school) during a time when uncertainty is heightened and government officials may have differing views about how mitigation should be achieved. Much of the practice skills that have been shown to create trauma-informed organizations can also be used in communities, including conveying respect and support, inviting community input and collaboration, adhering to schedules and established procedures, providing adequate notice when making specific changes, and recognizing that

culture may play a role in how people respond to trauma (Menschner & Maul, 2016). Social workers can help local leaders recognize that communities are diverse and comprise individuals with intersecting identities. Additionally, many in the community have already been exposed to traumatic events and may already be dealing with pre-existing mental health issues, affecting how they react to COVID-19 and influencing the kind of supports they need. Consistent with TIP, community voices should be at the center of interventions. It is important to create forums where community members can share their thoughts and feelings with local leadership and establish processes that promote collaborative solutions. These approaches build trust and may improve pandemic responses, as they are developed by and for communities to meet their specific needs.

Social workers must also give special consideration to addressing trauma precipitated by COVID-19 in communities of color already affected by poverty, stigma, violence, and lack of access to healthcare, housing, and employment opportunities. Moreover, these communities are frequently impacted by historical trauma, which can result in psychological symptoms similar to those of complex PTSD (see Sotero, 2006). Thus, social work responses should be informed by critical race theory (Daftary, 2018), which would center the pandemic's disproportionate effects on marginalized communities as connected to America's ongoing legacy of racism toward American Indian, Black, and Latinx communities. From this perspective, healing within such communities will require the community-level responses described above, in addition to responses that explicitly address how COVID-19 has exacerbated existing health disparities and social inequalities. For instance, community interventions that account for historical trauma and other systems of oppression can validate the experiences of marginalized populations, acknowledge its existence, and seek to minimize its effects on health and psychological well-

being (Sotero, 2006). This may reduce blame and guilt about current social and health conditions and create opportunities for addressing the structural causes of racism. From there, new institutional capacities that align with the culture of the community may be built (Sotero, 2006).

The desire—and opportunity—for such a response is reflected in the resurgence of Black Lives Matter protests across the country. These protests, spurred by ongoing police brutality, have sought to build public awareness of anti-Black racism, its negative impacts on the Black American experience, and the ways in which it permeates the social institutions of American society (Herndon & Searcey, 2020). The higher mortality experienced by Black communities during the COVID-19 pandemic, combined with increased media coverage of assaults against Black citizens by police and civilians alike, has shown all Americans how systemic racism routinely puts Black communities—and other communities of color—at high risk for severe and prolonged trauma, as well as the health and mental health disparities that arise from it.

Conclusion

COVID-19 has challenged the ways in which social work and other mental health disciplines operate, forcing rapid adaptation in the face of individual, community, and national threat. The challenges it poses to social workers and other mental health professionals are vast, complex, still evolving, and will undoubtedly push the boundaries of how they understand and respond to collective traumas in the future. As social workers continue to meet the demands of this pandemic, the application of complex trauma theory and trauma-informed frameworks and skillsets provide valuable tools for understanding the mental health impacts of COVID-19 on those who have been previously exposed to traumatic events or are already dealing with complex trauma, PTSD, or other mental health issues. Importantly, the principles of TIP align with and enhance IASC (2020) and WHO (2020) guidelines, as both prioritize individual and community

resilience and empowerment, normalizing feelings and reactions to the pandemic (through psychoeducation), facilitating safety (by linking individuals to concrete services to meet basic needs), and attending to self-care for first-responders and other helping professionals.

As core members of interprofessional teams across a range of treatment settings, social workers may identify and reframe complex trauma histories as important underlying conditions that complicate prevention and mitigation of COVID-19. During this challenging and uncertain time, social workers can champion the wide-ranging implementation of a trauma-informed approach as a vital practice framework when so many are experiencing increased vulnerability to mental illness and other psychosocial difficulties. In so doing, the field can uphold social work values by facilitating attunement, prioritizing relational safety, and promoting empowerment during a time when so many are feeling disconnected, threatened, and powerless.

References

- Abrams, L., & Dettlaff, A. (2020). Voices from the frontlines: Social workers confront the COVID-19 pandemic. *Social Work*. Advanced online publication.
<https://doi.org/10.1093/sw/swaa030>
- Alessi, E. J., & Kahn, S. (2019). Using psychodynamic interventions to engage in trauma-informed practice. *Journal of Social Work Practice, 33*, 27–39.
<https://doi.org/10.1080/02650533.2017.1400959>
- Alexander, A. C., Ali, J., McDevitt-Murphy, M. E., Forde, D. R., Stockton, M., Read, M., & Ward, K. D. (2017). Racial differences in posttraumatic stress disorder vulnerability following Hurricane Katrina among a sample of adult cigarette smokers from New Orleans. *Journal of Racial and Ethnic Health Disparities, 4*, 94–103.
<https://doi.org/10.1007/s40615-015-0206-8>
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.
- Artiga, S., & Orgera, K. (2020). COVID-19 presents significant risks for American Indian and Alaska Native People. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/covid-19-presents-significant-risks-for-american-indian-and-alaska-native-people/>
- Bassett, D., Buchwald, D., & Manson, S. (2014). Posttraumatic stress disorder and symptoms among American Indians and Alaska Natives: A review of the literature. *Social Psychiatry and Psychiatric Epidemiology, 49*, 417–433. <https://doi.org/10.1007/s00127-013-0759-y>
- Breslau, N., Peterson, E. L., & Schultz, L. R. (2008). A second look at prior trauma and

- the posttraumatic stress disorder effects of subsequent trauma: A prospective epidemiological study. *Archives of General Psychiatry*, 65, 431–437.
<https://doi.org/10.1001/archpsyc.65.4.431>
- Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31, 197–212.
- Carello, J., & Butler, L. D. (2015). Practicing what we teach: Trauma-informed educational practice. *Journal of Teaching in Social Work*, 35, 262–278.
<https://doi.org/10.1080/08841233.2015.1030059>
- Centers for Disease Control and Prevention. (2020, April 15). *People who are at higher risk for severe illness*. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>
- Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, 22, 399–408.
<https://doi.org/10.1002/jts.20444>
- Courtois, C. A., & Ford, J. D. (2013). *Treatment of complex trauma: A sequenced, relationship-based approach*. Guilford Press.
- D’Andrea, W., Ford, J., Stolbach, B., Spinazzola, J., & van der Kolk, B. A. (2012). Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis. *American Journal Orthopsychiatry*, 82, 187–200.
<https://doi.org/10.1111/j.1939-0025.2012.01154.x>

- Daftary, A. M. H. (2018) Critical race theory: An effective framework for social work research, *Journal of Ethnic & Cultural Diversity in Social Work*. Advanced online publication. <https://doi.org/10.1080/15313204.2018.1534223>
- Dell-Ariccia, G., Mauro, P., Spilimbergo, A., & Zettelmeyer, J. (2020, April 1). *Economic policies for the COVID-19 war*. International Monetary Fund. <https://blogs.imf.org/2020/04/01/economic-policies-for-the-covid-19-war/>
- Eisma, M. C., Boelen, P. A., & Lenferink, L. (2020). Prolonged grief disorder following the Coronavirus (COVID-19) pandemic. *Psychiatry Research*, 288, 113031. <https://doi.org/10.1016/j.psychres.2020.113031>
- Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33, 461–477. <https://doi.org/10.1002/jcop.20063>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258.
- Harris, M. and Fallot, R. (Eds.) (2001). *Using trauma theory to design service systems*. New directions for mental health services, Number 89. Jossey-Bass.
- Herman, J. L. (1997). *Trauma and recovery*. Basic Books.
- Herman, J. L., & O'Neill, K. Vulnerabilities to COVID-19 among transgender adults in the US. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/transgender-covid-19-risk/>

- Herndon, A. W., & Searcey, D. (2020, June 27). How Trump and the Black Lives Matter movement changed White voters' minds. *The New York Times*.
<https://www.nytimes.com/2020/06/27/us/politics/trump-biden-protests-polling.html>
- Holmes E. A., O'Connor, R. C., Perry, H., Tracey, I., Wessely, S., Arseneault, L., Ballard, C., Christensen, H., Silver, R. C., Everall, I., & Ford, T. (2020). Multidisciplinary research priorities for the COVID-19 pandemic: A call for action for mental health science. *The Lancet Psychiatry*. [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30168-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30168-1/fulltext)
- Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L., & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. *The Lancet Public Health*, 2, e356–e366.
[https://doi.org/10.1016/S2468-2667\(17\)30118-4](https://doi.org/10.1016/S2468-2667(17)30118-4)
- Inter-Agency Standing Committee. (2020). *Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak*.
<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing>
- Johns Hopkins University (2020). *COVID-19 dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU)*.
<https://coronavirus.jhu.edu/map.html>
- Jones, B. L., & Jones, J. S. (2020, April 5). Gov. Cuomo is wrong, COVID-19 is anything but an equalizer. *Washington Post*. <https://www.washingtonpost.com/outlook/2020/04/05/gov-cuomo-is-wrong-covid-19-is-anything-an-equalizer/>

- Kilpatrick, D. G., Resnick, H. S., Milanak, M. E., Miller, M. W., Keyes, K. M., & Friedman, M. J. (2013). National estimates of exposure to traumatic events and PTSD prevalence using DSM-IV and DSM-5 criteria. *Journal of Traumatic Stress, 26*, 537–547. <https://doi.org/10.1002/jts.21848>
- Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal, 43*, 25–37. <https://doi.org/10.1007/s10615-014-0481-6>
- Koma, W., Artiga, S., Neuman, T., Claxton, G., Rae, M., Kates, J., & Michaud, J. (2020, May 7). *Low-income and communities of color at higher risk of serious illness if infected with coronavirus*. Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/low-income-and-communities-of-color-at-higher-risk-of-serious-illness-if-infected-with-coronavirus/>
- Lazar, M., & Davenport, L. (2018). Barriers to health care access for low income individuals and families: A review of literature. *Journal of Community Health Nursing, 35*, 28–37. <https://doi.org/10.1080/07370016.2018.1404832>
- Levenson, J. (2017) Trauma-informed social work practice. *Social Work, 62*, 105–113. <https://doi.org/10.1093/sw/swx001>
- Matlin, S. L., Champine, R. B., Strambler, M. J., O'Brien, C., Hoffman, E., Whitson, M., Kolka, L., & Tebes, J. K. (2019). A community's response to Adverse Childhood Experiences: Building a resilient, trauma-informed community. *American Journal of Community Psychology, 64*, 451–466. <https://doi.org/10.1002/ajcp.12386>
- McGuire, T. G., & Miranda, J. (2008). New evidence regarding racial and ethnic disparities in

- mental health: Policy implications. *Health Affairs (Project Hope)*, 27, 393–403.
<https://doi.org/10.1377/hlthaff.27.2.393>
- Menschner, C., & Maul, A. (2016). Key ingredients for successful trauma-informed care Implementation. <https://www.traumainformedcare.chcs.org/wp-content/uploads/2018/11/Brief-Key-Ingredients-for-TIC-Implementation.pdf>
- Mersky, J. P., Topitzes, J., & Britz, L. (2019). Promoting evidence-based, trauma-informed social work practice. *Journal of Social Work Education*, 55, 645–657.
<https://doi.org/10.1080/10437787.2019.1627261>
- Meyer, I. H., & Choi, S. K. (2020). Vulnerabilities to COVID-19 among older LGBT adults in California. Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/older-lgbt-covid-ca/>
- Mohatt, N. V., Thompson, A. B., Thai, N. D., Tebes, J. K. (2014). Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science & Medicine*, 106, 128–136. <https://doi.org/10.1016/j.socscimed.2014.01.043>
- Newman, E., Riggs, D. S., & Roth, S. (1997). Thematic resolution, PTSD, and complex PTSD: The relationship between meaning and trauma-related diagnoses. *Journal of Traumatic Stress*, 10, 197–213. <https://doi.org/10.1023/a:1024873911644>
- Oppel, R. A., Jr., Gebeloff, R., Lai, K. K. R., Wright, W., & Smith, M. (2020, July 5). The fullest look yet at the racial inequity of coronavirus. *The New York Times*.
<https://www.nytimes.com/interactive/2020/07/05/us/coronavirus-latino-african-americans-cdc-data.html>
- Parto, J. A., Evans, M. K., & Zonderman, A. B. (2011). Symptoms of posttraumatic stress

- disorder among urban residents. *The Journal of Nervous and Mental Disease*, 199, 436–439. <https://doi.org/10.1097/NMD.0b013e3182214154>
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*. <https://www.nejm.org/doi/full/10.1056/NEJMp2008017>
- Roberts, A. L., Austin, S. B., Corliss, H. L., Vandermorris, A. K., & Koenen, K. C. (2010). Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder. *American Journal of Public Health*, 100, 2433–2441. <https://doi.org/10.2105/AJPH.2009.168971>
- Roth, S., Newman, E., Pelcovitz, D., van der Kolk, B., & Mandel, F. S. (1997). Complex PTSD in victims exposed to sexual and physical abuse: Results from the DSM-IV Field Trial for Posttraumatic Stress Disorder. *Journal of Traumatic Stress*, 10, 539–555. <https://doi.org/10.1023/a:1024837617768>
- Rajkumar R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*. Advance online publication. <https://doi.org/10.1016/j.ajp.2020.102066>
- Sotero, M. M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities*, 1, 93–108.
- Substance Abuse and Mental Health Service Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- Tebes, J. K., Champine, R. B., Matlin, S. L., & Strambler, M. K. (2019). Population health and trauma-informed practice: Implications for programs, systems, and policies. *American Journal of Community Psychology*, 64, 494–508. <https://doi.org/10.1002/ajcp.12382>

- Timulak, L. (2015). *Transforming emotional pain in psychotherapy: An emotion-focused approach*. Routledge, Taylor & Francis Group.
- United Nations (2020, March). *Shared responsibility, global solidarity: Responding to the socioeconomic impacts of COVID-19*. <https://unsdg.un.org/sites/default/files/2020-03/SG-Report-Socio-Economic-Impact-of-Covid19.pdf>
- U.S. Department of Health & Human Services. (2019, October 7). *New HRSA data show one in three US children have suffered an Adverse Childhood Experience*. <https://www.hrsa.gov/about/news/press-releases/hrsa-data-national-survey-children-health>
- World Health Organization. (2020). *Mental health and psychosocial considerations during the COVID-19 outbreak*. <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics (11th Revision)*. Retrieved from <https://icd.who.int/browse11/l-m/en>