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Socially Just Trauma-Informed Responses to COVID-19 with Undocumented Communities

Coronavirus-19 (COVID-19) has exposed the inequitable power structures that privilege dominant groups over marginalized communities in the United States (Domínguez et al., 2020a). Due to their disadvantaged position in U.S. society, undocumented individuals are susceptible to COVID-19 infection and other adverse experiences (Devakumar, Shannon, & Abubakar, 2020; Franco, 2018; Goodman et al., 2017; Page et al., 2020). Given these stark disparities, health care professionals are forced to reckon with some of the macro-level forces (Domínguez et al., 2020a; Shaia et al., 2019) that leave undocumented communities with physical and mental health vulnerabilities. Inspired by Martín-Baró's liberation psychology (1994) and Goodman's (2015) liberatory approach to trauma counseling, this commentary: (a) advocates for the use of a *socially just trauma-informed care approach* when clinically working with undocumented communities during, and in the aftermath of the COVID-19 pandemic, (b) and proposes that when undocumented communities present for mental health treatment, health care professionals must assess for trauma symptoms related to the complex and often prolonged impacts of the socially produced traumas that their clients have encountered before (e.g., pre-migration trauma, migration trauma) and during the COVID-19 pandemic (e.g., racial discrimination, xenophobia). Socially produced traumas are defined here as traumatic events that are rooted in oppressive environmental forces that inflict pain and suffering (Goodman, 2015). Like other traumatic experiences, socially produced traumas can lead to psychological and physical health concerns, interpersonal and educational challenges, and increased morbidity and mortality (Flaherty, 2006).

A Socially Just Trauma-Informed Care Approach with Undocumented Communities

The use of a socially just trauma-informed care approach may help undocumented communities during and after the COVID-19 pandemic. Grounded in Martín-Baró's liberation psychology (1994) and Goodman's (2015) liberatory approach to trauma counseling, the author recommends: (a) deconstructing the sociocultural and political context as part of trauma-informed care with undocumented communities, (b) privileging indigenous ways of healing during and in the aftermath of the COVID-19 pandemic, and (c) using a strengths-based approach that explores resilience and resistance among undocumented communities.

Deconstructing the sociocultural and political context. Trauma-informed approaches that use critical consciousness (Freire, 1973) and liberation-based frameworks (Martín-Baró, 1994) encourage psychologists to focus on the oppressive forces that contribute to the traumatic experiences of undocumented individuals and other communities on the margins of society. A socially just trauma-informed care approach has the potential to increase undocumented clients' awareness of the structural and institutional barriers that have resulted in their marginalization and health concerns. Deconstructing the sociocultural and political context can involve (a) health care professionals and their clients reflecting on how social injustices have disproportionately impacted and continue to impact undocumented communities during the COVID-19 pandemic (Domínguez et al., 2020a), and (b) reflecting on how existing "power structures [e.g., U.S. health care system] determine who is worthy of care, who is disposable, and who is "American" (Domínguez et al., 2020a, p. 5)."

Using this socially just trauma-informed care approach, health care professionals are encouraged to reflect on the persistent structural barriers to health care access that make it difficult for undocumented populations to receive adequate health treatment. These barriers may include their undocumented clients' ineligibility for health care coverage through the Affordable Care Act (Page et al., 2020), the high cost of private health insurance, and the ways in which the shortage of bilingual and bicultural health providers makes it difficult for monolingual or limited

English proficiency clients to understand COVID-19 treatment guidance or prescriptions (e.g., difficulty understanding health care coverage eligibility requirements, health service applications or forms, and trauma-informed care). These structural barriers are, in part, responsible for the higher rates of COVID-19 among undocumented communities (Devakumar, Shannon, & Abubakar, 2020).

The use of this socially just trauma-informed care approach may also increase health care professionals' awareness of the reasons behind undocumented individuals' caution or refusal to seek health care services. These reasons may include socially produced traumas related to their immigration status such as experiencing raids by Immigration and Customs Enforcement (ICE) and threats of deportation. In addition, concerns related to seeking health care services may also be associated with undocumented individuals' fear that the public charge rule applies to COVID-19 treatment. The public charge rule allows immigration officials to deny green cards and visas to immigrants who use public benefits, including some health services (U.S. Citizenship & Immigration Services, 2020). Although COVID-19 treatment is exempt from the public charge analysis (Page et al., 2020), undocumented individuals may fear receiving services due to increased visibility that could threaten their safety. Health care professionals must understand these fears in order to best serve their undocumented clients.

This socially just trauma-informed care approach proposes that blaming undocumented individuals for underutilizing services fails to attend to the systemic injustices and higher levels of psychological distress that disenfranchised communities experience (Goodman, 2015). In short, deconstructing the sociopolitical context has the potential to increase health care professionals' understanding of the many systems of oppression and exploitation experienced by undocumented individuals at the hands of privileged groups, including dominant groups that run and control the health care industry.

Privileging indigenous ways of healing. The use of this socially just trauma-informed care approach also encourages health care professionals to ask undocumented clients to reflect on and connect with their cultural roots, their ancestral land, as well as their individual and collective strengths through indigenous ways of healing. Previous research on Latinx immigrant communities points to a desire to see more collaboration between indigenous healers and health care professionals. "This is because indigenous and alternative healing systems are perceived by the Latinx culture as effective in the diagnosis and treatment of ailments (Domínguez et al., 2020b, p. 92)." Thus, this socially just trauma-informed care approach encourages health care professionals to recommend the use of indigenous forms of healing to clients. If possible, health care professionals should consider integrating indigenous healers into the models and infrastructure used by their hospital, agency, center, or private practice (Domínguez et al., 2020b).

The adequate use of indigenous-based interventions such as online healing circles and art engagement may facilitate social and cultural connection in therapy, even when government-mandated quarantines are enforced. This social and cultural connection may help to alleviate the social isolation that undocumented clients often experience in the U.S. due to exclusion and marginalization. A recent article by the author of this commentary (Domínguez et al., 2020c) shows how art activities (i.e., "Mi árbol y yo" [My tree and I]) and storytelling can be used to encourage Mexican children to reconnect with family members who are impacted by migration processes and natural disasters. The purpose of this intervention is to elicit the recovery of historical memory and to amplify the children's individual, family, and cultural strengths. While this intervention was conducted by the author in person, indigenous healing can be offered from a physical distance even when clients and health care professionals are sheltered-in-place (e.g., through telehealth services).

Orienting toward resilience and community resistance. Health care professionals must look at undocumented individuals within the context of their family and at the same time understand undocumented families within the context of their community system (Bernal & Sáez-Santiago, 2006). Earlier research suggests that Latinx immigrant communities perceive their positive health as being rooted in support from family and community members as well as cultural traditions (Domínguez et al., 2020b). Through this community lens, health care professionals may benefit from helping their clients to draw connections between the messages presented to them by the oppressors (e.g., messages from anti-immigrant and white supremacist groups) and the truth behind their individual and collective strengths and community wealth (Goodman, 2015).

Health care professionals can help their undocumented clients to explore how immigrant communities are able to care for one another through *communities of resistance* (Goodman, 2015; Watkins & Shulman, 2008), while simultaneously confronting racism and anti-immigrant sentiments (e.g., Asian-identified clients who are blamed for the transmission of the coronavirus). This critical exploration encourages undocumented clients to think about themselves from a sociopolitical standpoint, which can consequently increase their awareness of the strengths, resilience, and skills that they possess. In short, incorporating “community” as a resource can increase the benefits health care professionals offer.

Conclusion

Undocumented individuals often experience a combination of barriers to health care access and socially produced traumas (Page et al., 2020). As a result, COVID-19 is disproportionately impacting marginalized communities, among them undocumented populations. Socially just trauma-informed approaches are needed by health care professionals to support undocumented communities in response to COVID-19. In this commentary, the author described the use of a socially just trauma-informed approach when providing health care services to undocumented individuals. The author emphasized that trauma work with undocumented individuals needs to be understood as unfolding within hegemonic and inequitable macro-level systems (Shaia et al., 2019). This commentary has implications for future trauma-informed work with undocumented communities during and in the aftermath of the COVID-19 pandemic. If the U.S. health care system fails to consider the socially produced traumatic experiences of undocumented communities, utilization of health services and poor health outcomes for this community may persist during and after the COVID-19 pandemic.

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