

**The Impact of the COVID-19 Pandemic on Historical Trauma on the Asian Population in
North America**

By
Jessica Trieu

Paper submitted in partial fulfillment of the requirements for the degree of
Master of Counselling
in the
Division of Arts and Sciences

City University of Seattle
2025

This paper is accepted as conforming to the required standard.

Dr. Amanda De Guerre
Research Supervisor
City University of Seattle

Acknowledgements

I would like to express my heartfelt gratitude to my supervisor, Dr. Amanda De Guerre, for her invaluable guidance and support throughout this process. Your expertise and feedback have helped me navigate this journey successfully—a huge thank you to my family for your love, support, and understanding. To my husband, Edmond, thank you for your constant support and words of encouragement. Thank you to my supervisors and colleagues at Canniff and Associates for believing in me. Finally, thank you to my dogs, Mabel and Stella, for your endless cuddles.

Abstract

This capstone explores the impact of the COVID-19 pandemic on the historical trauma experienced by the Asian population in North America. It specifically examines how the surge in racism, xenophobia, and racial discrimination during the pandemic has intensified pre-existing historical trauma, leading to significant mental health concerns within this community. The rise of anti-Asian sentiment during this global health crisis has reopened old wounds. Still, it has also compounded the emotional and psychological distress that many Asian individuals have carried for generations. This paper highlights the critical importance of psychologists' awareness of the unique struggles faced by Asian individuals, mainly how the intersection of historical trauma and the pandemic has created new challenges in mental health care. It emphasizes the need for practitioners to understand the cultural context and historical factors that influence the mental health experiences of their Asian clients. This capstone advocates for trauma-informed care and culturally adaptive practices within therapeutic approaches. Through an extensive literature review, the literature review identifies significant gaps in the existing body of research and calls for additional empirical studies to understand better the long-term mental health effects of COVID-19-related discrimination on Asian communities. The capstone concludes by offering recommendations for improving clinical practices, urging the mental health field to prioritize culturally competent, trauma-sensitive interventions and to develop a more nuanced understanding of the intersection between historical trauma and contemporary social crises.

Keywords: historical trauma, intergenerational trauma, COVID-19, Asian, North America, immigrants, xenophobia, stigma, discrimination, model minority myth, bicultural identity, and mental health.

Table of Contents

Acknowledgements.....	2
Abstract.....	3
Table of Contents.....	4
Chapter One: Introduction.....	8
Background.....	8
COVID-19.....	8
Asians and COVID-19.....	9
Asian Historical Trauma.....	9
Definition of Terms.....	13
Research Problem.....	13
Description.....	13
Research Question.....	14
Rationale and Relevance.....	14
Cultural and Community Preservation.....	15
Significance.....	15
Counselling Psychology.....	15
Advocacy.....	17
Theoretical Framework.....	17
Positioning Statement.....	20
Personal.....	20
Academic.....	21
Profession.....	21
Overview of the Paper.....	21
Chapter Two: Methods of Literature Search.....	23
Methodology.....	23
Databases.....	23
Inclusion Criteria.....	24
Exclusion Criteria.....	24
Selection of Articles.....	24
Challenges.....	26
Methodological Limitations.....	26
Qualitative.....	26
Generalizability.....	26
Sample.....	27
Lack of Research.....	28
Data Collection.....	28
Quantitative.....	28
Generalizability.....	28

Sample.....	29
Accuracy	30
Mixed-Methods.....	31
Generalizability.....	31
Sample.....	31
Summary	31
Chapter Three: Literature Review	33
Theme 1: Asian History	34
Historical/Intergenerational Trauma.....	34
Stigma and Discrimination	35
Model Minority Myth	36
Bicultural Identity	37
Theme 2: The COVID-19 Pandemic	37
Scapegoating/Blame	37
Xenophobia/Anti-Asian	38
Social Media	39
Theme 3: Mental Health	40
Intersectionality of Historical Trauma and the COVID-19 Pandemic.....	40
Asian American Women.....	42
Solidarity.....	43
Barriers.....	43
Gaps in the Research.....	45
Theoretically	45
Methodologically	45
Ethical Considerations	48
Informed Consent.....	48
Confidentiality	49
Accessibility.....	49
Advocacy	50
Additional Ethical Concerns	52
Summary	53
Chapter Four: Application to Clinical Practice.....	54
Clinical Practice	54
Factors Influencing the Use of Current Research	55
Research Findings.....	55
Legislation and Policy.....	56
Cultural Differences.....	56
Barriers to Implementing Current Research	57
Clinical/Therapeutic Recommendations	58

Trauma-Informed Care	58
Intergenerational Trauma.....	58
Racial Trauma.....	60
Cultural Considerations	62
Acculturation Stress/Bicultural Identity	62
Reclaiming Identity.....	65
Summary	66
Chapter Five: Recommendations and Conclusion	68
Recommendations for Future Research	68
Reflection.....	70
Conclusion	71
References.....	73

List of Tables

Table 1. Selected Articles	25
Table 2. Themes in the Chosen 12 Articles.	33

Chapter One: Introduction

The COVID-19 pandemic's negative impact not only affects the historical trauma of Asian communities today but may also contribute to historical trauma for future generations. This paper examines how the trauma caused by the pandemic can exacerbate existing historical trauma from past generations, potentially leading to the development of new historical trauma in those to come. Research in this area will bring awareness and educate counselling psychologists of the psychological needs of the Asian population impacted by the COVID-19 pandemic. This education and awareness will help counselling psychologists develop and practice culturally competent and trauma-informed interventions to improve therapeutic outcomes. This chapter will provide an introduction and background of the research problem.

Background

COVID-19

The World Health Organization (WHO) defines coronavirus disease 2019 (COVID-19) as a highly infectious respiratory disease caused by the SARS-CoV-2 virus (World Health Organization [WHO], n.d.). The first cases of COVID-19 were detected in China in December 2019 and rapidly spread to other countries worldwide. This global outbreak led the WHO to declare a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, and to characterize the outbreak as a pandemic from March 11, 2020, to May 5, 2023 (WHO, n.d.). The spread of COVID-19 resulted in most countries implementing a full or partial lockdown to slow the spread of the disease during the pandemic (Naseer et al., 2023). The lockdown radically disrupted individuals' daily routines, causing fewer social connections and interactions.

The COVID-19 pandemic caused a dramatic loss of human life worldwide and continues to challenge the economy (WHO, 2020). As of December 29, 2024, the cumulative total cases of COVID-19 have been reported to be over 777 million, and the cumulative total of deaths

reported is over 7 million (WHO, 2024). As of July 30, 2024, a total of 4,562,906 cases of COVID-19 has been reported in Canada (Government of Canada, 2024). Quarantine affected all areas of human life, including financially, socially, and emotionally, leading to distress and fear. The global coronavirus outbreak can be conceptualized as a traumatic event.

Asians and COVID-19

In this literature review, Asians are defined as individuals from China, Hong Kong, Korea, Taiwan, Japan, Vietnam, Malaysia, and other regionally close countries. Subgroups are included in the literature review, such as East Asian (e.g., Japanese, Chinese, Korean, Hong Kongers) and Southeast Asian (e.g., Vietnamese, Taiwanese, Malaysian). These subgroups are divided due to their diverse cultural histories and regional contexts. The COVID-19 pandemic negatively impacted individuals' mental health, but individuals of Asian descent in North America may have experienced more trauma during this time.

The location of origin of COVID-19 has increased incidents of discrimination, including shunning, verbal harassment, and physical assault towards individuals of Asian descent during the pandemic (Liu et al., 2024). Research showed that individuals who have experienced COVID-19-related discrimination had significantly higher racial trauma and posttraumatic stress disorder (PTSD) compared with individuals who did not (Yang et al., 2024). Anti-Asian racism and the accompanying psychological distress have increased multifold since the start of the COVID-19 pandemic (Anantharaman et al., 2024).

Asian Historical Trauma

Historical trauma is a concept used to reflect multigenerational trauma experienced by a specific cultural, racial, or ethnic group related to a significant event (Mutuyimana & Maercker, 2022). Historical trauma differs from personal trauma in that it involves distressing or life-threatening events experienced collectively by a group with a shared social identity, which then

gets passed down through generations (Cai & Lee, 2022). Cai and Lee (2022) highlighted the limited understanding of how Asian American families discuss their ethnic and racial histories, especially concerning historical trauma. There are five clinical aspects of historical trauma.

The first aspect is sadness or despair about cultural losses (Mutuyimana & Maercker, 2022). Survivors of historical trauma often report disruptions in family and community functioning, leading to the loss of cultural values and traditional rites and weakened family cohesion (Mutuyimana & Maercker, 2022). The pandemic intensified this loss for individuals of Asian descent by reinforcing stigma and shame through discrimination against their customs.

In the year following the COVID-19 outbreak's onset, anti-Asian hate speech on Twitter surged by 900%, over 6,600 hate crime incidents targeting Asians and Asian Americans were and hate crimes against this group increased by 164% in the first quarter of 2021 compared to the previous year (Costello et al., 2021). From 2020 to 2021 hate crimes in Canada targeting the East and Southeast Asian populations increased 16 % (Statistics Canada, 2023). The increase in hate crimes targeting individuals of Asian descent can create acculturative stress. Acculturative stress occurs when individuals feel pressure to adapt to American cultural norms while maintaining a connection to their Asian heritage. This often leads to a sense of not fully belonging due to their status as a minority.

The second aspect refers to a psychological inability to cope with stressors, likely resulting from their cumulative effect over time (Mutuyimana & Maercker, 2022). Survivors of cumulative traumatic events often struggle to function as they did before the trauma. The ongoing impact of these experiences can significantly alter their ability to cope and engage in daily life (Mutuyimana & Maercker, 2022). These individuals may withdraw socially, feel that their dignity has been compromised, struggle with intimate relationships, experience irritability, and lack the motivation to work or engage in activities (Mutuyimana & Maercker, 2022).

Individuals of Asian descent already carry the burden of historical trauma, which significantly affects their ability to cope with and engage in daily life. Survivors often report experiencing unresolved grief, feelings of worthlessness, survivor's guilt, psychological numbing, anxiety, depression, anger, and physical illness (Mutuyimana & Maercker, 2022). The increase in hate crimes during the pandemic has made it more difficult for survivors to connect socially and has violated their dignity. This led to a lack of motivation to work or be active, further exacerbating their historical trauma. Despite the COVID-19 pandemic starting years ago, attacks against individuals of Asian descent continue to rise in both the United States (U.S.) (Center for the Study of Hate and Extremism, 2021) and Canada (Pearson, 2021).

The third aspect is mistrust, as communities often become more distrustful and silent in response to discrimination and hate crimes within their neighbourhoods and workplaces (Mutuyimana & Maercker, 2022). Minorities in North America may not feel safe or trust the predominantly White communities around them. The way these issues are framed in the media can significantly shape public perception and either challenge or reinforce harmful narratives. Previous studies show that the media is a key source of societal information on social issues, including public health crises (Halim et al., 2020). This mistrust is further fueled by harmful rhetoric, such as racial slurs used by public figures like Trump, which deepens feelings of alienation and vulnerability. Research shows a significant increase in anti-Asian attitudes immediately after President Trump tweeted the term “Chinese Virus” and publicly claimed that the virus was “China’s fault” (Hswen et al., 2021; Wang et al. 2024). Social media amplified discrimination during COVID-19, which contributed to an increase in discrimination and stigma.

The fourth clinical aspect is attributed to damage, where the high prevalence of mental health disorders in Asian communities is linked to the cumulative and collective trauma experienced over generations (Mutuyimana & Maercker, 2022). Historical events such as war,

genocide, and forced migration have left lasting scars. These collective traumas have created a foundation upon which contemporary forms of racism continue to build. This current anti-Asian sentiment mirrors past patterns of discrimination and marginalization, such as the "yellow peril" (Fang et al., 2023). These ongoing social pressures contribute to an increase in mental health disorders within the Asian population. The rise in Asian hate crimes during COVID-19, limited access to mental health services, low mental health literacy, and the loss of safety nets (e.g., the cliff effect in public benefits, job insecurity, and housing instability) were key social and structural barriers to accessing mental health care (Kim et al., 2024). The trauma caused by isolation and the compounding effects of COVID-19 have worsened the situation.

The fifth clinical aspect highlighted in the literature involves reproaches that survivors direct toward the perpetrators (Mutuyimana & Maercker, 2022). This reproach is often expressed through anger toward those responsible for the trauma, as well as deep sadness about the suffering endured by the survivors. During the rise in anti-Asian hate crimes following the COVID-19 pandemic, many Asian individuals may have expressed anger toward the perpetrators of these attacks (Gover et al., 2020). At the same time, they may have felt profound sadness and grief over the ongoing suffering of their communities. This reproach manifested in public protests, expressions of outrage over harmful stereotypes, or collective mourning for victims of hate crimes. All rooted in the recognition that these acts of violence are part of a long history of racial marginalization and dehumanization.

Using social media to raise awareness of community cries for justice is not unique to individuals of Asian descent. Social media has also served as a tool for political engagement, online activism, and a platform to highlight public health issues and social injustices that other marginalized groups face (Jacques et al., 2023). Organizations like Stop Asian Americans and Pacific Islander Hate, Asian Americans Advancing Justice, and local activist groups were

instrumental in organizing campaigns, raising awareness, and documenting incidents of discrimination and violence.

These groups provided a platform for Asian Americans to share their experiences and demand accountability for hate crimes. Racial justice movements like #StopAsianHate saw mass demonstrations in cities across North America. These protests were not only about highlighting the increase in attacks against Asian Americans but also about drawing attention to the long history of anti-Asian racism in the U.S. Solidarity efforts included participation from non-Asian allies, reflecting the importance of building cross-racial coalitions for justice. This movement is closely linked to mental health and counselling psychology, as it emphasizes the psychological impact of racial trauma and highlights the need for culturally responsive, trauma-informed counselling to support healing and resilience within the Asian communities.

Research Problem

With many mental health issues emerging from the COVID-19 pandemic, it is beneficial to both the individual and social levels to examine how the global coronavirus outbreak resulted in the exacerbation of historical trauma. The impact of racial and ethnic discrimination on mental health has been well-documented, regarding historical intergenerational trauma across various racial and ethnic groups. Impacts include higher rates of depression, anxiety, PTSD, and substance use in individuals; increased neglect and reduced positive interactions in families; and weakened trust, silence, and erosion of social norms in communities (Weiss et al., 2023). Statistics show that Asian American older women have the highest suicide risk and suicide completion rates (Kim et al., 2020). This highlights the severe consequences of failing to recognize the mental health challenges Asian Americans face fully (Kim et al., 2020). Research in this area will assist in informing psychological services to the needs of the Asian population impacted by the COVID-19 pandemic.

Research Question

The research question is, “How does the COVID-19 pandemic exacerbate historical trauma among the Asian population in North America?”

Rationale and Relevance

The importance of understanding how the COVID-19 pandemic exacerbated historical trauma among Asian populations lies in the potential for informed action. It provides a framework for addressing the current crisis while also addressing long-standing issues of racial and cultural harm (Gajaria et al., 2021). This awareness can lead to better mental health support, stronger advocacy for social justice. Ultimately, a healthier and more equitable society where the trauma of the past is recognized and healed, not perpetuated. Research highlighted the need to properly support Asian Americans by shifting the responsibility for racism onto the broader society rather than placing it solely on Asian Americans or their immediate social support networks (Wang & Santos, 2022). By acknowledging the cumulative effects of racial injustice, society can work toward policies that promote accurate racial equity, not just temporary solutions.

The findings of disparities in treatment access among Asian American subgroups such as utilization highlighted the importance of considering subethnic cultural and environmental differences when providing mental health care to those in need, such as using community leaders as stakeholders in mental health referrals (Lee et al., 2021). These efforts can create a more inclusive, trauma-aware society where Asian communities are better supported in their recovery from the compounded impacts of historical oppression and the pandemic.

Cultural and Community Preservation

For many Asian communities, resilience in the face of adversity is part of their cultural identity. However, unaddressed trauma can hinder the ability to heal and thrive. Given that place

of birth and ties to one's home country play a significant role in shaping identity. Asian American elders are likely to identify more strongly with their Asian heritage than with an American identity (Kim, 2024). Understanding how the pandemic compounded historical trauma is essential for fostering community-based healing approaches that respect cultural values and practices (Weiss et al., 2023). It allows communities to reclaim narratives shaped by historical oppression and resistance. Being mindful of cultural barriers and traditions can enhance our cultural awareness, helping us address historical oppression and resistance more effectively.

Significance

Counselling Psychology

Historical trauma is linked to long-term mental health consequences, including depression, anxiety, PTSD, and other disorders. Considering the pre-migration experiences of Asian American older adults, particularly Southeast Asians, is essential in providing adequate mental health care, as this group stands to benefit most from trauma-informed care (Lor et al., 2022). Without acknowledging these complex histories, healthcare providers risk overlooking the deep-seated mistrust that many older Asian American adults carry into clinical settings. Individuals already dealing with generations of past discrimination are less likely to trust healthcare systems, leading to delayed treatment or avoidance of care during the pandemic (Zhang et al., 2022). One barrier to accessing mental health services for Asian immigrant-origin youth is the fear that confidentiality may be breached and shared with their parents (Arora & Khoo, 2020). Past discrimination not only affects their mental health but deepens distrust and alienation from systems that are supposed to offer support.

The findings from this literature review can be implemented into therapeutic practices and mental health professional training by integrating trauma-informed care, cultural competence, and anti-racism principles. Despite the potential severity and impact of the

pandemic on the mental health of infected patients and the broader community, most healthcare professionals have received limited training in providing mental health care during such crises (Xiang et al., 2020). Community organizations and participants identified the lack of culturally responsive and linguistically accessible mental health training, workforce, and resources as ongoing barriers to mental health utilization within the Asian community (Kim et al., 2024).

Healthcare professionals should also be educated on the “model minority” myth and implicit bias to better address the unique struggles of Asian clients, particularly immigrants and refugees (Su-Kubricht et al., 2025). Clinicians can facilitate support groups for racial trauma, provide strength-based approaches, and incorporate coping strategies for microaggressions and acculturation stress. By combining individual-level interventions with broader culturally responsive practices, clinicians can more effectively address the unique mental health needs of Asian American clients. Creating culturally inclusive environments, offering culturally relevant materials, and collaborating with community organizations can further enhance therapeutic care. For example, dolls representing Asian races could be included in play therapy. Training mental health professionals to engage with Asian clients in ways that honour their cultural identity, acknowledge historical trauma, and provide effective coping strategies can help heal the compounded emotional impact of the pandemic and racism, fostering resilience and empowerment within these communities (Nhan et al., 2025).

Advocacy

Psychologists who understand the connection between the COVID-19 pandemic and historical trauma can design more inclusive and effective interventions (Macedo et al., 2022). The “model minority” framework may lead to problems and may generate a false idea that Asians are immune to prejudice and discrimination (Hswen et al., 2021). Awareness and advocacy can lead to better community outreach, culturally sensitive mental health resources,

and appropriate anti-discrimination interventions (Castillo et al., 2019). Without this understanding, interventions miss the mark and fail to address the deeper causes of trauma and inequity.

The societal stigma surrounding mental health issues impacts help-seeking among racial/ethnically minoritized groups (Eylem et al., 2020). Studies have found that individuals of Asian descent were least likely to utilize mental health services, such as outpatient therapy. Factors such as cultural and familial stigma, language barriers, inadequate health insurance, and cost barriers were associated with their decreased utilization of mental health support systems (Anantharaman et al., 2024). Advocacy groups fighting for the rights of marginalized Asian communities can use this understanding to push for stronger protections. Whether through anti-hate legislation, mental health services, or community empowerment initiatives. Recognizing the compounded nature of trauma gives these efforts more depth and urgency.

Theoretical Framework

AsianCrit (Asian Critical Theory) theory will be the central guiding framework for this paper. Individuals of Asian descent faced traumatic experiences during COVID-19, and the trauma from the pandemic may impact our culture, creating more historical trauma. AsianCrit is a theoretical framework stemming from Critical Race Theory (CRT). Both frameworks center race and racism, challenge dominant ideologies like colorblindness, value lived experiences and aim for social justice (Kim & Shang, 2022). However, AsianCrit highlights unique issues such as the model minority myth, the perpetual foreigner stereotype, and the erasure of Asian voices in mainstream discourse (Kim & Shang, 2022). AsianCrit theory addresses the varying historical underpinnings of racism against Asian American communities (Saito & Li, 2022). AsianCrit theory helps to understand how the COVID-19 pandemic exacerbated historical trauma in Asian American communities by highlighting the intersection of race, history, and systemic oppression

(Anantharaman et al., 2024). It recognizes the deep-rooted effects of historical trauma on Asian individuals. The pandemic reignited these historical traumas by amplifying xenophobia and anti-Asian sentiments, creating a heightened sense of vulnerability and fear in communities.

AsianCrit helps explain how these historical wounds are not only passed down through generations but are re-triggered by contemporary events, such as the rise in anti-Asian hate crimes during the pandemic (Anantharaman et al., 2024). These events force individuals to confront both the trauma of their ancestors and the present-day discrimination they face.

AsianCrit offers a framework for incorporating Asian American and Asian Canadian experiences into the broader CRT landscape. It enables scholars, practitioners, and policymakers to connect, collaborate, and act based on a shared body of knowledge that centers the Asian voice (Kim & Shang, 2024). By focusing on intersectionality, it reveals how factors like age, immigration status, and language barriers intensified the mental health challenges faced by individuals of Asian descent during the pandemic. AsianCrit underscores the resilience and resistance within these communities, calling for community-based healing and solidarity to address historical and contemporary trauma.

AsianCrit challenges stereotypes like the "model minority" myth by urging counsellors and advocates to recognize the diversity within Asian communities (e.g., East Asian, South Asian, Southeast Asian) and avoid overgeneralizing based on national origin or language. It emphasizes understanding the socio-historical context of Asian experiences during the pandemic and before, such as the trauma from immigration policies, which shape present-day challenges. It emphasizes the importance of examining their racial experiences and integrating them into management research, aligning with the movement to decolonize management studies by amplifying the voices of racial minorities by challenging and deconstructing racial stereotypes (Nkomo, 2021). By focusing on intersectionality, AsianCrit highlights how race, class, gender,

and immigration status intersect, influencing mental health in nuanced ways. It also critiques the "model minority" myth, calling for data that includes the experiences of marginalized groups, such as lower-income or refugee populations, to provide a more accurate and inclusive understanding of Asian communities.

AsianCrit can guide mental health professionals and advocates in developing sensitive and inclusive practices for diverse experiences within Asian communities. Understanding cultural stigmas around mental illness can lead to interventions that incorporate family dynamics, spiritual practices, and create safe spaces for clients to express concerns without shame (Ahad et al., 2023). The availability of mental health services in the local community was perceived as low, with only 58% of respondents identifying mental health professionals and 54% identifying community health centers (Kim et al., 2024). In contrast, the availability of in-language and culturally competent providers for Asian, non-English speaking patients was also limited (Kim et al., 2024). In advocacy, AsianCrit's critique of systemic inequality can inform policy changes, such as targeted mental health resources for discrimination and stigma or reforms in immigration policy to address barriers to healthcare. Cultural competency training for counsellors is essential, as it focuses on the unique histories, languages, and values of different Asian groups to avoid cultural misunderstandings. By focusing on intersectionality, counsellors can better address the diverse challenges Asian clients face. It recognizes that socioeconomic status and immigration history significantly affect mental health and experiences of racism. AsianCrit has primarily been used in education, but it can also be applied to help stimulate much-needed critical work on Asian professionals (Kim & Shang, 2024). In practice, this means tailoring counselling approaches to the specific needs of each client and ensuring advocacy campaigns reflect the full spectrum of Asian experiences, particularly those of marginalized subgroups, such as refugees or

low-income individuals. Community outreach efforts should be designed to engage directly with Asian communities, ensuring that services are relevant and accessible to all.

Definition of Terms

Historical Trauma

Historical trauma is a collective, cumulative emotional and psychological distress experienced collectively by a group across generations because of shared traumatic events (Brave Heart, 2003). This trauma, stemming from historical events such as colonialism, genocide, and forced assimilation (Brave Heart, 2003). Historical trauma can leave long-term impacts on individuals and communities, including unresolved grief, depression, anxiety, and difficulties with trust and relationships (Brave Heart, 2003).

AsianCrit Theory

AsianCrit theory is a theoretical framework that examines the unique ways race, racism, and systemic inequality affect Asian and Asian American communities (Anantharaman et al., 2024). It builds on Critical Race Theory (CRT) by centering the specific histories, cultural identities, and racialization of Asians in Western societies (Anantharaman et al., 2024). AsianCrit highlights how issues such as the perpetual foreigner stereotype, the model minority myth, and anti-Asian violence contribute to ongoing marginalization and social injustice (Anantharaman et al., 2024).

“Model Minority” Myth

The “model minority” myth is a harmful stereotype that depicts Asian Americans as uniformly successful, intelligent, and hardworking (Hwang, 2021). While it may seem positive on the surface, this myth overlooks the real struggles and diverse experiences within Asian communities (Hwang, 2021). It also reinforces racial hierarchies by pitting minority groups against one another and minimizing the impact of systemic racism (Hwang, 2021).

Acculturative Stress

Acculturative stress is the psychological impact of adapting to a new culture (Lerias et al., 2025). This stress can result from language barriers, discrimination, cultural misunderstandings, and pressure to assimilate (Lerias et al., 2025). Over time, it may lead to anxiety, depression, identity confusion, and difficulty navigating between cultural expectations (Lerias et al., 2025).

Racial Trauma

Racial trauma is emotional and psychological harm caused by experiences of racism, discrimination, or racial violence (Cénat, 2023). It can stem from both direct incidents—such as hate crimes or racial slurs—and indirect exposures, like witnessing racism in the media or through generational experiences (Cénat, 2023). This trauma can have lasting effects on mental health, including symptoms of anxiety, depression, hypervigilance, and low self-esteem (Cénat, 2023).

Post-Traumatic Stress Disorder

Post-traumatic stress disorder (PTSD) is a mental health condition that develops after experiencing or witnessing a highly distressing or traumatic event (Sacher et al., 2022). Common triggers include events such as violence, natural disasters, serious accidents, or prolonged exposure to trauma (Sacher et al., 2022). PTSD can lead to symptoms like flashbacks, nightmares, emotional numbness, heightened anxiety, and avoidance of reminders related to the trauma (Sacher et al., 2022).

Positioning Statement

Informed by my lived experience within the Asian community, this research aimed to provide cultural insight while adhering to ethical research principles and maintaining academic and research objectivity.

Personal

I identify as an Asian Canadian, cisgender woman. The selected topic of exacerbated historical trauma in the Asian population from the COVID-19 pandemic was influenced by my own cultural and personal experiences. I had experienced exacerbated historical trauma during the pandemic due to being Asian. This may influence personal beliefs about the implications of COVID-19 on historical trauma in individuals of Asian descent. This research literature review adheres to *the Canadian Code of Ethics for Psychologists*. Principle II.10, emphasizes the importance of evaluating how my own experiences, attitudes, culture, beliefs, values, individual differences, and historical context may influence their interactions. This self-awareness was integrated into my work to ensure that my efforts are beneficial and do not cause harm to others (Canadian Psychological Association [CPA], 2017). To minimize bias, I used bracketing by intentionally setting aside my beliefs and experiences to ensure that the studies were represented accurately. Ongoing self-reflection and regular feedback from the capstone supervisor were incorporated to help identify and address potential blind spots related to personal bias.

Academic

Utilizing multiple relevant and recent sources ensured the research remained unbiased and accurate. This literature review will contribute to the development of knowledge, advance the discipline of psychology, and enhance society's understanding of itself and human nature more broadly (IV.1, CPA, 2017). It will also benefit the Asian community and psychologists by providing insights into how to provide support best.

Professional

In the future, I aspire to work with individuals from Asian cultures. Compared to European American college students, Asian American students report encountering more general and culturally specific barriers to accessing mental health care (Gee et al., 2020). This research

sheds light on how the COVID-19 pandemic has exacerbated historical trauma within these communities. I hope raising awareness of this issue will benefit this population and help increase cultural competence in mental health care. This research can enhance my cultural competence and sensitivity by deepening my understanding of historical trauma and my ability to support the Asian community.

Overview of the Paper

This literature review examined how pandemic-related trauma may intensify existing historical trauma and contribute to the development of new historical trauma. This paper is structured into five chapters: Introduction, Methods of Literature Search, Review of the Literature, Application to Clinical Practice, and Recommendations and Conclusion. Chapter two provides methodological transparency by outlining the literature search process, where 12 research articles were selected and critically analyzed. It describes the challenges in the methodology that impacted the interpretation of findings. Chapter three presents themes to organize the information. The findings from the selected articles were synthesized and categorized into themes to address the research question. The gaps in the research, as well as ethical considerations, will be discussed. Chapter four focused on the application of the gathered information to clinical practice. It outlines how the research findings factor into the ability to use current research and provides recommendations for clinical practice. Finally, chapter five offers recommendations and concludes the literature review's findings. A reflection and recommendations for future research were included in this chapter.

Chapter Two: Methods of Literature Search

This chapter describes the literature search process to address how the COVID-19 pandemic impacted historical trauma among Asians in North America. It will discuss the methodology, databases, significant studies, challenges, and methodological limitations. A table with the selected articles will be included in this chapter.

Methodology

A literature review has been conducted to develop themes across various research sources (Synder, 2019). Additionally, the methodology of 12 key studies was critiqued to assess their strengths and weaknesses and identify gaps in the existing literature. Common themes were examined and analyzed. As the implications of COVID-19 continue to unfold, this research focused on its effects on historical trauma. Given that research on this topic is still emerging, this paper will help pinpoint existing gaps to promote cultural awareness and improve mental well-being.

Databases

Multiple databases such as the City University of Seattle Library, PschInfo, Pubmed, Google Scholar, and APA PsychNet were used to acquire academic articles. Keywords to target these criteria included: COVID-19, coronavirus, historical trauma, intergenerational trauma, stigma, discrimination, hate crimes, trauma, cultural trauma, pandemic, restorative justice, mental health, Asians, and North America. Search terms were combined using Boolean operators (e.g., “COVID-19” AND “historical trauma” AND “Asian Americans”). Filters were applied to narrow down the academic articles (e.g., “Peer Reviewed,” “Journal Article,” “5 Years Publication Date”).

Inclusion Criteria

In research, inclusion criteria are important because they clearly define the target population, ensuring the studies validity and relevance (Creswell & Creswell, 2022). Studies from regions outside North America may have been used for background information, but they were excluded from the core analysis. Peer-reviewed research published within the previous five years (between February 2020 and February 2025) was included. Twelve articles within these parameters were selected for methodological critiques. The review of the literature incorporated additional relevant studies. A selection of qualitative, quantitative, and mixed-method research was chosen. Qualitative research can provide opportunities to hear about the subjective experiences of individuals relating to COVID-19 trauma and historical trauma experiences. In contrast, quantitative data can be used to measure outcomes such as mental health effects for individuals of Asian descent from the COVID-19 pandemic.

Exclusion Criteria

Exclusion criteria include research that does not address the Asian population, non-peer-reviewed sources, and sources with only an abstract. The core studies excluded research from other countries outside of North America.

Article Selection

Table 1 provides an overview of the 12 articles selected, including author(s), year, title, publication journal, and research type. These 12 core articles were chosen due to their high thematic relevance, ensuring they directly addressed the research question while demonstrating strong methodological quality to support the reliability and validity of the findings. The sample populations represented are diverse, as they include a wide range of ages and various ethnic backgrounds, which enhances generalizability.

Table 1

Selected Articles

Author(s)	Year	Title	Journal	Type
Ertorer	2024	Racism and Mental Health: Examining the Psychological Toll of Anti-Asian Racism During the COVID-19 Pandemic	<i>Genealogy (Basel)</i>	Quantitative
Park et al.	2022	Racial Bias Beliefs Related to COVID-19 Among Asian Americans, Native Hawaiians, and Pacific Islanders: Findings From the COVID-19 Effects on the Mental and Physical Health of Asian Americans and Pacific Islanders Survey Study (COMPASS)	<i>Journal of Medical Internet Research</i>	Quantitative
Kim & Shang	2024	No, I Do Not Belong: How Asian American and Asian Canadian Professionals Defy and Counter Workplace Racial Violence During COVID-19	<i>Journal of Management Studies</i>	Qualitative
Yang et al.	2022	COVID-19 Anti-Asian Racism and Race-Based Stress: A Phenomenological Qualitative Media Analysis	<i>Psychological Trauma: Theory, Research, Practice, and Policy</i>	Qualitative
Ashby et al.	2021	The Relationship of COVID-19 Traumatic Stress, Cumulative Trauma, and Race to Posttraumatic Stress Disorder Symptoms	<i>Journal of Community Psychology</i>	Quantitative
Ermis-Demirtas et al.	2022	The Trauma of COVID-19-Fueled Discrimination: Posttraumatic Stress in Asian American Adolescents	<i>Professional school counseling</i>	Quantitative
Cai & Lee	2022	Intergenerational Communication About Historical Trauma in Asian American Families	<i>Adversity and Resilience Science</i>	Qualitative
Truong et al.	2024	Secondary Traumatic Stress, Financial Stress, and the Role of Coping in Understanding Southeast Asian American Mental Health	<i>Asian American Journal of Psychology</i>	Quantitative
Chhoa et al.	2024	How We Feel: COVID-19 Pandemic Experiences among Intergenerational Cambodian, Laotian and Vietnamese Americans in San Francisco	<i>Journal of Asian Health</i>	Mixed Method
Wang & Santos	2022	"What Support?" A Qualitative Study on Social Support for Asian American Victims of Racism During the COVID-19 Pandemic	<i>Frontiers in Public Health</i>	Qualitative
Kim et al.	2023	Racial-Ethnic Socialization, Racial Discrimination, and Internalization of the Model Minority Myth in East Asian Families	<i>Journal of Research on Adolescence</i>	Quantitative
Huynh et al.	2024	Intergenerational Trauma and Resilience Among Second-Generation Southeast Asian Americans	<i>Asian American Journal of Psychology</i>	Qualitative

Limitations

Most of the literature is based in the U.S., with only one study focusing on the Canadian population. Some studies have concentrated on specific sample populations, making it challenging to generalize the results to the Asian Canadian population. Finding articles specifically addressing historical trauma related to the COVID-19 pandemic proved difficult.

However, studies on intergenerational trauma and historical trauma before migration were used to provide relevant insights.

Due to the stigma surrounding mental health within this population, the data only reflects individuals who were willing to participate. Research on this group is still emerging, and the full impact of the pandemic on exacerbating historical trauma may not be fully understood for some time. The sample predominantly comprised adults, which does not fully represent the broader demographic, including elders and children. Research on these groups is limited due to several barriers, such as the "model minority" myth, the stigma surrounding mental health, and a reluctance to discuss past traumas. Additionally, researcher bias may be a factor, as many researchers in the studies identify as Asian, which could influence the perspectives presented in the research.

Qualitative Studies

Generalizability

Five qualitative articles were selected (Kim & Shang, 2024; Yang et al., 2022; Cai & Lee, 2022; Wang & Santos, 2022; Huynh et al., 2024). The studies selected in the review focus on a snapshot of narratives collected early in the pandemic, which did not capture the pandemic's broader, more subtle, long-term effects (Kim & Shang, 2024). The generalizability of themes is also limited, a limitation acknowledged in previous research using a similar methodology. As media reports can be biased in various ways, including the underrepresentation of the full range of racist incidents. Media may skew toward more severe or "media-worthy" cases due to public interest, reflecting the media outlets' inherent biases (e.g., ranging from conservative to liberal) (Yang et al., 2022). Yang et al.'s (2022) study employed qualitative phenomenology. The present themes are not exhaustive and should not be interpreted as such.

Sample

Considering the potential selection bias inherent in our recruitment strategy is essential. The reliance on snowball sampling and starting the study with known contacts could influence the participant demographics and their experiences, and this method may not capture the full diverse experiences (Huynh et al., 2024; & Kim & Shang, 2024).

The sample in Kim and Shang's (2024) study represented a diverse range of Asian Americans and Asian Canadians working across various industries, from finance to higher education. This may have blurred potential differences in how racial violence manifests in specific settings. Representation from the Hmong and Lu Mien communities was also limited, as only one participant was recruited. This limitation may not adequately represent their experiences (Huynh et al., 2024). The samples primarily represented individuals from a single ethnic group, which may not fully capture the experiences of multi-ethnic Asians, whose perspectives may be more nuanced (Kim & Shang, 2024; Huynh et al., 2024). Geographical constraints limited the ability to capture the unique experiences in other parts of the country (Huynh et al., 2024; Kim & Shang, 2024).

Kim and Shang's sample was predominantly female, which limited the exploration of the intersection between race and gender. Cultural and racial images often carry gendered connotations, shaping the forms of violence experienced by men and women (Pyke & Johnson, 2011; Kim & Shang, 2024). Wang and Santos (2022) did not collect demographic data on gender, ethnic group, or generational status, which restricts their ability to understand the participants' experiences fully. Huynh et al. (2024) also did not specifically examine intersections of sexual orientation.

Lack of Research

Yang et al.'s (2022) study is constrained by the lack of empirical literature on the emerging phenomenon, which prevents a systematic review of indexed research articles. There is a lack of recognition on historical trauma within families and communities, as well as in psychological literature (Cai & Lee, 2022). The absence of detailed COVID-19 data broken down by Asian American ethnic groups has made it challenging to fully understand the pandemic's impact on this diverse population, resulting in the overlooking of health disparities within the Asian American community (Chhoa et al., 2024).

Data Collection

The data collection method had its limitations. Interviews were conducted via video conferencing due to the ongoing COVID-19 pandemic and safety restrictions. Video conferencing may have affected the depth and nature of responses compared to face-to-face interviews. Additionally, the interviews took place during a period when many Asian Americans were experiencing a rise in anti-Asian violence, racism, and hate crimes. This context may have influenced the participants' narratives and experiences shared in the study (Huynh et al., 2024).

Quantitative Studies

Generalizability

Six quantitative articles were selected (Ertorer, 2024; Park et al., 2022; Ashby et al., 2021; Ermis-Dertas et al., 2022; Truong et al., 2024; Kim et al., 2023). Findings are limited in their generalizability (Ertorer, 2024). A key limitation is its cross-sectional design, which only captures experiences simultaneously, making it impossible to assess how these experiences evolved throughout the pandemic (Park et al., 2022; Truong et al., 2024). While some variables, such as cumulative trauma, suggest a temporal relationship, the study cannot conclude causality due to its design (Ashby et al., 2021).

Ermis-Demirtas et al. (2022) used a single-item measure to assess lifetime discrimination, which did not account for the frequency or severity of these experiences. This item's lack of a clear definition for "discrimination" further limits the study's precision. As a result, no causal inferences can be made, and the findings remain descriptive (Ermis-Demirtas et al., 2022).

Given the participants' diverse geographic locations, the study's findings may not fully reflect how community contexts affect experiences and coping strategies (Perreira et al., 2010; Kim et al., 2023).

Sample

The studies face several limitations, including the sampling techniques and the geographical scope. The use of non-probability sampling and a limited geographic focus restricts the generalization of findings to broader populations. As a result, the study's conclusions cannot be applied universally. However, the purposive sampling method did allow for an in-depth exploration of the lived experiences of Asian individuals, specifically of racism during the COVID-19 pandemic in predominantly White environments (Klar & Leeper, 2019; Ertorer, 2024).

While the sample was large and diverse, a significant limitation is the lack of differentiation between subgroups within larger racial/ethnic categories. For instance, the study's findings about Asian American participants may not apply to those from different subgroups, such as individuals from East Asia compared to those from West Asia (Ashby et al., 2021). Additionally, the overrepresentation of adolescents with COVID-19–related discrimination experiences could skew data toward higher levels of perceived discrimination and PTSD symptoms (Wang & Santos, 2022; Ermis-Demirtas et al., 2022).

Ermis-Demirtas et al.'s (2022) study used convenience sampling. Convenience sampling may not adequately reflect the broader experiences of all Southeast Asian American (SEAAs)

high school students, limiting the generalizability of the results (Ermis-Demirtas et al., 2022). The relatively small sample size in Kim et al.'s (2023) study limits the statistical power of the analysis. Additionally, the complexity of the model and the inclusion of multiple interaction terms further constrained the sample size, impacting the study's findings for Truong et al. (2024).

Validity

There are several limitations to the study's accuracy. For instance, participants in Park et al.'s (2022) study may have experienced racial bias after completing the survey, which would not be captured in the results. Variations in how participants interpret racial bias, potentially influenced by their level of acculturation (which was not assessed), could also affect the findings (Park et al., 2022). Measurement inconsistencies may also have influenced the relationships between coping variables and outcomes in Truong et al.'s (2024) study. More work is needed to establish the validity of the trauma measure used (Truong et al., 2024).

Ashby et al.'s (2021) study relied solely on self-reported data from individual respondents, which, while showing strong psychometric support, may benefit from more diverse measurement methods. The limitations of self-reporting must also be acknowledged, as participants may be unwilling or unaware of subtle biases in their family socialization practices, which could affect their responses (Hughes et al., 2006). Kim et al.'s (2023) study's cross-sectional design restricts the ability to draw causal conclusions.

Mixed-Methods Study

Generalizability

One mixed-method article was selected (Chhoa et al., 2024). The study was conducted in the San Francisco Bay Area. This limits the generalizability of the findings to other Southeast Asian American (SEAA) communities (Chhoa et al., 2024).

Sample

Participants were primarily recruited through Southeast Asian American-serving community-based organizations in San Francisco. As a result, they may be more likely to utilize community-based services and have stronger social connections within their communities. The ongoing nature of the COVID-19 pandemic, along with the increase in anti-Asian violence, may have discouraged vulnerable, risk-averse, or immunocompromised individuals from participating in the study. Community partners preferentially recruited participants who were vaccinated for COVID-19 and asymptomatic, aiming to minimize the risk of infection during the study. This selection process may have made a sample more likely to utilize health services and adhere to public health guidelines (Chhoa et al., 2024). These recruitment methods may limit the external validity of the findings, as the sample may not fully represent the broader Southeast Asian American population, particularly those with limited healthcare access or weaker community ties.

Summary

This chapter outlines the literature search conducted to explore the impact of the COVID-19 pandemic on historical trauma among Asians in North America. Twelve highly relevant peer-reviewed studies were selected using various academic databases. Studies include qualitative, quantitative and mixed-method studies that examine themes such as racial discrimination, intergenerational trauma, and mental health. Despite challenges like limited Canadian data, underrepresentation of specific subgroups, and emerging research on the topic, the selected studies offered insights into the topic. Methodological limitations included selection bias, stigma-related underreporting, and design constraints like cross-sectional studies. Limitations may influence how findings were interpreted in chapter three, due to the lack of longitudinal data

to track trauma over time and limited generalizability. Chapter three will present themes to organize the information in the reviewed literature.

Chapter Three: Literature Review

This chapter addresses the research question, “How does the COVID-19 pandemic exacerbate historical trauma among the Asian population in North America?” The chosen twelve articles appear appropriate and comprehensive for this review. Various themes are significant in answering the research question. These themes include understanding Asian history, the COVID-19 pandemic experience for Asians in North America, and how it impacted their mental health. The literature review explored how the COVID-19 pandemic exacerbated historical trauma for individuals of Asian descent in North America. The following table will present the provide which themes were present in the following articles.

Table 2

Themes in the Chosen 12 Articles

<u>Themes/Subthemes</u>	Asian History				Racial Discrimination and Xenophobia During the COVID-19 Pandemic			Mental Health			
	<i>Historical/Intergenerational Trauma</i>	<i>Stigma and Discrimination</i>	<i>Model Minority Myth</i>	<i>Bicultural Identity</i>	<i>Xenophobia/Anti-Asian</i>	<i>Social Media</i>	<i>Scapegoating and Blame</i>	<i>Intersectionality of Historical Trauma and the COVID-19 Pandemic</i>	<i>Asian American Women</i>	<i>Solidarity</i>	<i>Barriers</i>
(Ertorer, 2024)					✓	✓	✓	✓	✓	✓	✓
(Park et al., 2022)					✓	✓	✓	✓	✓		
(Kim & Shang, 2024)		✓	✓	✓	✓					✓	
(Yang et al., 2022)				✓		✓	✓	✓			
(Ashby et al., 2021)	✓							✓			
(Ermis-Demirtas et al., 2022)	✓	✓	✓		✓	✓	✓			✓	✓
(Cai & Lee, 2022)	✓	✓	✓	✓							✓
(Truong et al., 2024)	✓	✓								✓	✓
(Chhoa et al., 2024)	✓				✓			✓		✓	✓
(Wang & Santos, 2022)				✓		✓		✓		✓	✓
(Kim et al., 2023)	✓	✓	✓					✓		✓	✓
(Huynh et al., 2024)	✓	✓		✓					✓	✓	✓

Thematic Analysis

Theme 1: Asian History

Historical/Intergenerational Trauma

Many SEAs have a history marked by conflict and violence due to wars and political instability in their home countries. Asian individuals and families have experienced profound trauma, including war, torture, persecution, family separation, and reeducation camps, which shaped their resettlement experiences in the U.S. (Truong et al., 2024; Chhoa et al., 2024; Huynh et al., 2024; & Cai & Lee, 2022). Marginalized groups face greater exposure to trauma from systemic oppression, such as racial attacks, living in high-crime areas, or experiencing complicated grief after mass violence. As a result, this increases their risk of developing post-traumatic stress disorder (PTSD) symptoms (Ermis-Demirtas et al., 2022).

The experience of trauma among Asian subgroups can vary significantly due to cultural, historical, and socio-political factors unique to each group. Chinese individuals, particularly those from mainland China, may experience trauma from political upheavals (Cai & Lee, 2022). Southeast Asians, such as those from Vietnam, Cambodia, or Laos, often experience trauma shaped by the horrors of war, forced migration, and refugee status (Huynh et al., 2024). Leading to a trauma narrative deeply connected to loss, displacement, and the struggle for survival. In these communities, trauma can be compounded by the challenges of acculturation in a new country and the generational transmission of stress. While groups may face collective histories of violence and oppression, their cultural responses to trauma and methods of healing are shaped by their unique regional experiences and historical contexts.

The historical traumas experienced by Asian American families have influenced their adaptation, mental and physical health, and relationship quality across generations (Cai & Lee, 2022). Research shows that a significant portion of the general Asian population experiences multiple traumatic events throughout their lives (Ashby et al., 2021). Many studies acknowledge

that premigration trauma has long-lasting effects on the mental and physical health of the Asian community (Truong et al., 2024). It is noted that these health challenges among SEAs persist for decades after resettlement and enhance the effects of preimmigration trauma and postmigration economic hardships across generations (Truong et al., 2024).

For Asian Americans, access to their ethnic and racial group history is often limited by its erasure from dominant U.S. discourses. Those who experience historical trauma often remain silent about their experiences, even within their own families (Cai & Lee, 2022). Immigrant parents tended to minimize their experiences growing up, often downplaying the challenges or struggles they faced in the U.S. (Kim et al., 2023). Due to these challenges, first-generation SEAs often find it difficult to process their historical trauma from the war and other atrocities (Huynh et al., 2024). Consequently, their children, second-generation SEAs, may grow up in households affected by intergenerational trauma, stemming from both pre- and postmigration trauma (Huynh et al., 2024).

Stigma and Discrimination

Individuals of Asian heritage faced not only widespread socio-economic challenges but also an additional layer of stress. This is due to anxiety and fear of stigma, hatred, and racial discrimination (Ertorer, 2024). The formation of racialized identities in Canada is shaped by historical and cultural factors, often rooted in White supremacist ideologies (Kim & Shang, 2024). U.S. and European imperialism not only created the conditions that forced many people to leave Asia but also decided which migrants could come to the U.S. and how they were treated. This influenced how Asian Americans were racially categorized (Cai & Lee, 2022).

Asian Americans have a long history of discrimination, facing both personal and systemic persecution (Ermis-Demirtas et al., 2022; Yang et al., 2022; Park et al., 2022). Anti-Asian xenophobia in the U.S. dates back to the 19th century with laws like the Chinese

Exclusion Act. This policy barred many individuals of Asian descent from entering the country and reached its peak during World War II with the forced internment of Japanese Americans (Ermis-Demirtas et al., 2022). In the 19th century, individuals of Asian descent were labelled as the "yellow peril," a term that suggests they posed an economic threat to White labourers and Western civilization (Kim & Shang, 2024). Although racism is a regular experience for many in the Asian American community, it is often brushed off. This is partly because the issue may not be as urgent for others, and the community tends to avoid discussing difficult topics like racism (Kim et al., 2023).

Model Minority Myth

The 1965 Hart-Celler Act reopened immigration from Asia, selecting highly educated individuals to aid in the U.S.'s technological race. This contributed to the creation of the "model minority" stereotype for Asian American families (Cai & Lee, 2022). The "model minority" myth portrays Asian Americans as hardworking, obedient, and law-abiding and contributes to their underrepresentation in discussions about racism (Ermis-Demirtas et al., 2022; Huynh et al., 2024; Kim & Shang, 2024). In Western countries with significant Asian populations, the "model minority" stereotype portrays individuals of Asian descent as universally successful and immune to racism due to their hard work, while often being seen as "White-adjacent" (Kim & Shang, 2024). Research suggests this stereotype perpetuates discrimination rather than prevents it (Kim et al., 2023). Internalizing the "model minority" myth can lead Asian Americans to believe their community faces fewer barriers, such as racial discrimination and hinders their success. As a result, it obscures the real challenges they encounter (Kim et al., 2023; Wang & Santos, 2022).

Bicultural Identity

The COVID-19 pandemic exacerbates feelings of alienation for the Asian diaspora in the West. They are increasingly perceived as outsiders or foreigners in their own countries (Yang et

al., 2022). The conflicting "perpetual foreigner" and "model minority" stereotypes faced by individuals of Asian descent in North America create identity confusion and conflict (Kim & Shang, 2024; Ermis-Demirtas et al., 2022). It can negatively impact their psychological well-being and prevent the formation of stable, positive identities (Kim & Shang, 2024). Immigrants and their descendants are often encouraged to forget the painful memories of suffering caused by U.S. imperialism. They adopt the narrative of the U.S. as a land of opportunity and salvation to "become American" (Cai & Lee, 2022). Highlighting how their parents instilled the value of silence and conformity, teaching them to "lay low, work hard, do not ruffle feathers, and assimilate" (Wang & Santos, 2022). The denial of Asian Americans' or Canadians' identities has been part of the Asian experience long before the pandemic. The racialization of COVID-19 as the "Asian virus" has amplified these assumptions, intensifying microaggressions against Asians (Kim & Shang, 2024). Highlighting the complexity of balancing conflicting cultural values while emphasizing the resilience of bicultural identities in confronting racism and discrimination (Huynh et al., 2024).

Theme 2: The COVID-19 Pandemic

Scapegoating/Blame

As COVID-19 was presumed to have originated in China, Asian communities in the U.S. have faced a significant increase in discrimination from being scapegoated as the source of the outbreak (Ermis-Demirtas et al., 2022; & Ashby et al., 2021). An early theory suggested that COVID-19 spread to humans through the consumption of bats at the Huanan Wet Market in Wuhan, China. Despite the lack of evidence supporting this theory, it quickly led to blame and criticism of the lifestyles and food practices of people in China (Yang et al., 2022). The scapegoating and stigmatization of Asian communities led to a rise in personal and group racism (Ertorer, 2024). The Chinese government and culture are blamed for the emergence and spread

of the coronavirus and are perceived as a symbolic threat to global well-being (Ertorer, 2024). An April 2020 survey of 1,001 adults found that 32% reported witnessing someone blaming Asians for the COVID-19 pandemic, while 60% of Asian respondents have witnessed this themselves (Park et al., 2022, p. 2).

Xenophobia/Anti-Asian

The COVID-19 pandemic has significantly impacted vulnerable communities. Asian Americans face an increase in social, economic, and health challenges, alongside a rise in discrimination and violence during this time (Chhoa et al., 2024). The widespread fear and anxiety surrounding COVID-19, particularly after the virus's emergence in China, has fueled a sharp rise in xenophobia against people of Asian descent in the U.S. (Ermis-Demirtas et al., 2022; Wang & Santos, 2022; Huynh et al., 2024; Yang et al., 2022). Increasing reports in the media of racist COVID-19 attacks on Asian Americans mirrored political leaders' use of terms like "Chinese virus," "Wuhan virus," "Kung flu," and "yellow alert." This use of language fuels anti-Asian sentiments and exclusion, and public figures repeatedly blamed China for the virus's spread, leading to a rapid surge in racist attacks targeting Asian Americans (Ermis-Demirtas et al., 2022). In 2020, official law enforcement data shows a 145% increase in anti-Asian bias-motivated crimes across the sixteen most populous cities in the U.S. (Ertorer, 2024, p. 2). While discrimination and hate incidents are not new, reports of such incidents increased significantly since the start of the pandemic (Park et al., 2022). COVID-19 is a key factor that revived and intensified anti-Asian sentiments, which have deep historical roots in North America (Kim & Shang, 2024). Asians expressed higher levels of fear and worry about the pandemic compared to their non-Asian counterparts. Likely due to heightened discrimination and racialized perceptions during that time (Ashby et al., 2021).

Racial bias is the personal or unjustified belief or judgment about someone based on race, rooted in stereotypes and prejudices (Park et al., 2022). Reports confirm that Asian populations in the U.S. and Canada face a higher rate of prejudice and racial discrimination related to COVID-19 compared to other ethnic groups (Ertorer, 2024, p. 1). The racialization of the pandemic as an "Asian virus" through terms like "China virus" by political leaders legitimized and normalized prejudice against individuals of Asian descent. This shows how socio-political factors, such as the global pandemic and its handling, amplify racial prejudice in workplaces where overt racism is usually not tolerated (Kim & Shang, 2024). The surge in anti-Asian discrimination during the pandemic highlighted the longstanding social inequalities and racial discrimination faced by Asian Americans, rooted in both individual and structural levels. This period exposed the community's deep-seated challenges in combating stigma and racism (Kim et al., 2023).

Social Media

During shelter-in-place and social distancing, individuals of Asian descent turned to online support but also encountered experiences of being blamed, highlighting the additional challenges they faced in seeking help during that time (Kim et al., 2023). Media, political figures, and public personalities blaming Chinese individuals and their cultural practices during the COVID-19 pandemic fueled a climate of xenophobia (Ertorer, 2024). The news media have recently been filled with stories of anti-Asian rhetoric and racism linked to the COVID-19 pandemic (Yang et al., 2022). For instance, Trump criticized Pelosi as "crazy" for encouraging visits to Chinatown after he had "closed the border to China," accusing her of being responsible for many deaths (Yang et al., 2022, p. 1376). Other experiences of racial bias during the pandemic included discrimination in employment and the stigma of having COVID-19. Increased exposure to biased content on social and mass media platforms and cyberbullying

incidents occurred during this time (Park et al., 2022). The COVID-19 outbreak has intensified historical stereotypes about Asian Americans, fueled by biased media coverage and misinformation. From November 2019 to March 2020 there was a significant rise on social media in xenophobic slurs like "Ching Chong" and "Chink" (Ermis-Demirtas et al., 2022; Kim & Shang, 2024). Although participants turned to online communities for support during heightened anti-Asian racism and social distancing, they also encountered blame and harm in these virtual spaces (Wang & Santos, 2022). Incidents of violence, discrimination, and sinophobic media portrayals can retraumatize the Asian American community, acting as secondary trauma that intensifies existing racial trauma (Ashby et al., 2021).

Theme 3: Mental Health

Intersectionality of Historical Trauma and the COVID-19 Pandemic

Moreover, 58% of Asian American individuals report that from March 2020 to March 2021, news about discrimination and violence against Asian Americans negatively impacted their mental health (Park et al., 2022, p.8). Racial discrimination during the COVID-19 pandemic has led to an increase in anxiety, depressive symptoms, and sleep difficulties among Asian American participants (Chhoa et al., 2024). Individuals with prior trauma are more vulnerable to distress when facing COVID-19-related stressors (Ashby et al., 2021). These targets of racism report feelings of hypervigilance, changes in their perceptions of safety, depressed mood, avoidance of triggers, and other negative psychological effects. Which have been previously documented in response to race-based stress and trauma in other non-Asian communities of colour (Yang et al., 2022). When racial bias is perceived in multiple everyday contexts, cumulative stress and induced fears have long-term psychological and physiological effects (Park et al., 2022). Highlighting the need for further research on the long-term health and mental health consequences of COVID-19-related racial bias (Park et al., 2022). The prevalence of

racism and the constant threat of experiencing it are significant stressors that contribute to the development of mental health issues, such as anxiety and depression (Ertorer, 2024).

Sensitization models of trauma exposure suggest that prior trauma increases sensitivity to future distress (Ashby et al., 2021). Recent studies warn that the COVID-19 pandemic worsened symptoms of past trauma (Ashby et al., 2021). Another study found that the COVID-19 pandemic heightened emotional distress among individuals of Chinese ancestry. Increasing their anxiety about cross-cultural interactions and amplifying fears of discrimination (Ertorer, 2024). Various forms of blatant racial violence, dormant since the early 20th century, have resurfaced in the workplace, largely due to the racialization of COVID-19 as an "Asian" virus (Kim & Shang, 2024, p. 914). The rise in anti-Asian discrimination during the pandemic highlighted the longstanding struggles of Asian Americans with social inequalities and racial discrimination. These are deeply rooted in individual and structural factors such as immigration exclusion, marginalization, and barriers to labour and education (Kim et al., 2023). In addition, these mental health symptoms are worsened by the repetitive nature of information spread through social media (Yang et al., 2022). Asian Americans feel isolated from experiencing anti-Asian racism, but the lack of understanding from others about their struggles intensified their sense of isolation (Wang & Santos, 2022; Kim & Shang, 2024).

Prior trauma can heighten sensitivity to subsequent traumatic events like the COVID-19 pandemic. However, Ashby et al.'s (2021) study found no significant link between cumulative trauma and worsened PTSD symptoms for Asians in response to COVID-related stress. A factor for this could be that Asian Americans are less likely to report psychological distress compared to other groups (Ashby et al., 2021). However, Huynh et al.'s (2024) study found that exposure to both online and offline racial discrimination during the pandemic was linked to higher levels of depressive symptoms and PTSD. Individuals reported more discrimination from peers, and

adults experienced greater posttraumatic stress related to past and present life stressors. The COVID-19 pandemic not only fueled a rise in anti-Asian sentiment but also brought historical discrimination to the forefront, significantly impacting the mental health of Asian Americans.

Asian American Women

Researchers have found that, beyond the stressors related to COVID-19, Asian American women face disproportionate caregiving and emotional support burdens (Ertorer, 2024). Making women of Asian descent more vulnerable to psychological distress than men of Asian descent. This distress leads to experiences of discrimination resulting in feelings of exhaustion, agitation, and potential depression (Ertorer, 2024). Park et al.'s (2022) findings suggest that the psychological distress experienced by Asian American women may be a result of pre-existing systemic and structural racism, which was worsened at various levels during the pandemic. They face the tension of breaking free from traditional gender norms to assert their independence, a journey that is often fraught with conflict and stigma from family members (Huynh et al., 2024).

Solidarity

Solidarity within the Asian American community could drive more effective action and advocacy against racism (Wang & Santos, 2022). Seeking social support is an important coping strategy for Asian Americans dealing with high levels of intergenerational family stress and conflict (Truong et al., 2024). Given Asian Americans' collectivist orientation (Chopra, 2021), engaging them in social justice-focused support groups and encouraging them to share their COVID-19-related discriminatory experiences and trauma narratives in a safe, supportive space could be valuable. They may struggle to initiate these conversations themselves (Ermis-Demirtas et al., 2022).

A strategy for changing others' perceptions that emerged was publicly raising awareness about the incident shortly after it occurred (Kim & Shang, 2024). This tactic was used by most

participants who experienced racial violence in the workplace during COVID-19 (Kim & Shang, 2024). Given the vulnerability of minority groups in the U.S., fostering support and unity among these communities is essential for addressing the social impacts of existing and emerging viruses (Ertorer, 2024). Participants turned to mainstream media to increase their visibility and challenge stereotypes about Asian Americans, hoping that media campaigns could make anti-Asian racism more visible and relevant in U.S. society (Wang & Santos, 2022). Community and cultural centers provide essential resources and information, particularly for first-generation members (Chhoa et al., 2024). Advocacy is a bridge, SEAs heal from intergenerational trauma (Huynh et al., 2024).

Barriers

Before the COVID-19 pandemic, individuals of Asian descent already faced significant barriers to healthcare access. Barriers include language and cultural differences, low health literacy, lack of health insurance, and challenges related to immigrant status (Chhoa et al., 2024). SEAs, including Cambodian, Laotian, and Vietnamese communities, have reported lower healthcare access and utilization rates due to the lack of linguistically and culturally competent health services (Chhoa et al., 2024). When Asian Americans seek informal support for their experiences of anti-Asian racism, the responses they receive often contribute to greater victimization instead of offering real support (Wang & Santos, 2022). This is concerning, as the SEA community continues to face significant stressors while also encountering barriers to accessing culturally responsive care (Truong et al., 2024). Despite experiencing higher rates of mental health challenges, the diverse needs of this community are often overlooked (Truong et al., 2024). Despite ethnic and racial minoritized groups reporting the lowest prevalence rate of PTSD, this discrepancy may be due to lower help-seeking motivation and behaviour, as well as

the longstanding stigma around mental illness within these cultures (Ermis-Demirtas et al., 2022).

Providing community-specific assessment tools and support systems is essential for Asian communities, as Asian Americans generally have the lowest rates of mental health service utilization (Ertorer, 2024). The stigma surrounding mental health was especially highlighted as an intergenerational issue (Wang & Santos, 2022). People who experience historical trauma often remain silent about their experiences, even within their own families (Cai & Lee, 2022). Language barriers between generations made discussing mental health harder, and they expressed how their racial trauma was often trivialized, therefore they struggle to find any spaces where they could talk about their experiences of racial trauma (Wang & Santos, 2022).

Gaps in the Research

Theoretically

The “model minority” framework may lead to problems and may generate a false idea that Asians are immune to prejudice and discrimination (Cai & Lee, 2022). Despite its significance, the concept of historical trauma has not been widely applied to Asian Americans (Cai & Lee, 2022). Despite significant disparities, individuals of Asian descent are excluded from many equity discussions, which has left vulnerable subgroups overlooked and under-resourced, deepening the inequities they face (Kim & Shang, 2024). There is a need to understand the subjective experiences of those receiving support so that research on social support is shaped by participants, rather than predefined definitions (Wang & Santos, 2022). Studies can benefit from combining grounded theory methodology with critical incident techniques (CIT), which help capture specific events and encourage deeper, more focused reflection (Kim & Shang, 2024).

Methodologically

The research on trauma, particularly regarding PTSD among different Asian subgroups, is often contradictory, with some studies confirming a strong link to PTSD while others find no significant correlation (Park et al., 2022; Ertorer, 2024). These contradictions may arise from several factors, including methodological differences, sample size, cultural considerations, and the complex nature of trauma itself. For instance, some studies might use Western diagnostic criteria for PTSD, which may not fully capture the culturally specific ways trauma is experienced or expressed in Asian communities (Yang et al., 2022). The Western conceptualization of PTSD often limits the recognition of racial trauma in Asian populations. Eurocentric models of trauma are primarily individualistic, they focus on personal, direct exposure to violent or life-threatening events. This framework does not fully account for the collective and systemic nature of racial trauma, which may be experienced through historical oppression, discrimination, and microaggressions over extended periods. SEAA communities value collectivist principles over individualistic Western principles (Truong et al., 2024). Western PTSD models tend to emphasize individual symptoms, such as flashbacks and hyperarousal, which may not align with how racial trauma is expressed in Asian populations. Asian cultures, especially those emphasizing collectivism and family cohesion, may have different ways of dealing with trauma that do not align with Western understandings of individual psychological distress, potentially leading to underreporting or misdiagnosis (Ermis-Demirtas et al., 2022). As a result, Western PTSD frameworks often fail to capture the complexity and nuances of racial trauma, leading to underdiagnosis or misdiagnosis of the mental health challenges faced by Asian communities.

The Diagnostic and Statistical Manual of Mental Illness, Fifth Edition (DSM-5) identifies several cultural risk factors for PTSD (American Psychological Association, [APA], 2022).

These factors are low socioeconomic status, childhood adversity, and belonging to a minority

racial or ethnic group. Individuals from marginalized communities often face higher exposure to trauma stemming from individual, group, and systemic levels of oppression and persecution. This puts them at greater risk of developing PTSD symptoms (Ermis-Demirtas et al., 2022). However, chronic experiences of racism often do not meet the criteria for Criterion A (Yang et al., 2022). The lack of culturally adapted trauma assessments for Asians in North America can lead to significant barriers in accurately identifying and addressing trauma (Yang et al., 2022). The compounding effects of immigration-related trauma and historical collective trauma may go unrecognized, resulting in ineffective treatment (Yang et al., 2022). The absence of culturally adapted trauma assessments risks exacerbates mental health disparities.

Due to the stigma surrounding mental health, the data only represents individuals who were willing to participate. The pandemic's full impact on exacerbating historical trauma will not be fully understood for some time as research is still emerging. The majority of the studies were limited in design, as a result, no inferences regarding causality can be drawn, and longitudinal effects were not explored (Kim & Shang, 2024; Ashby et al., 2021; Ermis-Demirtas et al., 2022; Truong et al., 2024; Ertorer, 2024).

The sample size given the complexity of the topic was small and therefore may not capture the full effect the pandemic had on historical trauma in Asian Americans (Truong et al., 2024; Wang & Santos, 2022; Huynh et al., 2024). Most of the sample population consists of adults, which does not fully represent the broader demographic, including elders and children. There is limited research on these groups due to various barriers, such as the “model minority” myth, the stigma surrounding mental health, and a reluctance to discuss past traumas (Kim & Lee, 2022). Additionally, researcher bias may be a factor, as most researchers in the field identify as Asian, which could influence the perspectives of the literature review.

To address gaps in research on historical trauma in Asian Americans, alternative research methods like qualitative and mixed-methods approaches are essential. In-depth interviews and focus groups can capture personal and collective experiences of trauma. Narrative analysis and ethnography offer insights into cultural frameworks of coping and healing. Mixed-methods research combines quantitative surveys with qualitative data to provide a more comprehensive understanding. Community-based research ensures that Asian American voices are central to the research process. Longitudinal studies can track the impact of historical trauma across generations. Discourse analysis of media and cultural narratives helps understand how historical trauma is framed within the community.

Ethical Considerations

The *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS2) (Canadian Institutes of Health Research [CIHR] et al., 2018) and the *Canadian Code of Ethics for Psychologists* (CPA, 2017) will be used in consideration of ethical standards. The TCPS2 is a policy on ethical research involving humans, informed by international ethical standards to guide Canadian researchers both within Canada and abroad (CIHR et al., 2018). The *Canadian Code of Ethics for Psychologists* consists of four ethical principles specified in psychological research that psychologists must adhere to in all current activities (CPA, 2017). Both work together to ensure that ethical standards are met when conducting research in psychology. Adhering to ethical principles protects research participants' dignity, rights, and welfare. This paper focused on the Asian population, making it important to consider the applicable ethical standards for working with this population. All selected studies (Ertorer, 2024; Park et al., 2022; Kim & Shang, 2024; Yang et al., 2022; Ashby et al., 2021; Ermis-Demirtas et al., 2022; Cai & Lee, 2022; Truong et al., 2024; Chhoa et al., 2024; Wang & Santos, 2022; Kim

et al., 2023; Huynh et al., 2024), received approval from their relevant institutional review boards.

Informed Consent

Informed consent is important because it ensures participants are fully aware of a study's nature, purpose, risks, and potential benefits before agreeing to participate. Principle I.20 in the *Canadian Code of Ethics for Psychologists* emphasizes the importance of obtaining informed consent for research activities that involve invasive measures, risk of harm, privacy concerns, or attempts to alter participants' behaviour. Studies must clarify the measures taken to protect privacy and confidentiality and outline group members' responsibilities in safeguarding each other's privacy when involved in services or research (I.44, CPA, 2017). Participants were provided information on the survey's objectives, criteria, estimated completion time, and ethical guidelines, including anonymity, confidentiality, and the right to withdraw (Ertorer, 2024).

All participants in the research studies gave informed consent. The TCPS2 outlines expectations for obtaining assent, particularly when working with minors who cannot provide informed consent (CIHR et al., 2018). Informed consent was obtained from all participants, with written consent provided by parents or guardians for those under 18 (Chhoa et al., 2024).

Confidentiality

Both policies state that the measures taken to protect privacy and confidentiality should be clarified (CPA, 2017 & CIHR et al., 2018). Due to the sensitive nature of the research topic, special attention was given to safeguarding participants' confidentiality and privacy throughout recruitment, data collection, analysis, and synthesis (Kim & Shang, 2024). Given the strong stigma surrounding mental health in this population, it is crucial to have safeguards in place to prevent harm.

Accessibility

The study was made accessible to all sample populations to ensure that they do not unfairly exclude those who might be disadvantaged (1.10, CPA, 2017). Park et al.'s (2022) study made the survey accessible through smartphones, tablets, computers, and phone (or in-person) options, with staff assistance to help remove participation barriers. Other studies also utilized technology due to the timing of the research being conducted during quarantine. Park et al. (2022) utilize the World Health Organization's process for translating and adapting instruments to translate study materials into Asian American and Native Hawaiian/Pacific Islander languages that were not readily available in their study.

The ethical implications of online therapy for marginalized communities are significant, particularly regarding accessibility, privacy, and cultural sensitivity. Marginalized groups often face barriers to telehealth due to limited access to technology. First-generation participants primarily cited challenges with language access and technological limitations as barriers to accessing healthcare (Chhoa et al., 2021). This can include unreliable internet or low digital literacy, further exacerbating disparities. Privacy concerns may arise, as telehealth platforms may not always meet the security standards required to protect sensitive information. This can be particularly concerning for individuals who already mistrust the healthcare system. These challenges highlight the need for more equitable and accessible telehealth solutions to effectively serve marginalized populations (IV.12, CPA, 2017).

Advocacy

Therapists have significant ethical responsibilities when addressing race-based stress and trauma, as these issues are deeply embedded in the lived experiences of many Asian clients. Therapists must create a culturally safe and supportive environment where clients feel validated and understood in their unique racial and cultural contexts (Wang & Santos, 2022). This involves

not only being aware of their own potential biases and cultural blind spots but also engaging in continuous cultural competency training to ensure that they are informed and sensitive to the specific struggles of racially marginalized groups (Cai & Lee, 2022; III.9, CPA, 2017).

Therapists should advocate for social justice issues alongside providing individual therapy, especially when working with clients who face systemic oppression. This includes recognizing that race-based stress is not just an individual experience but a societal issue, often compounded by structural inequalities, discrimination, and microaggressions (IV.19, CPA, 2017). Ethically, therapists are also responsible for considering the potential need for advocacy beyond the therapy room (II.8, CPA, 2017). This might involve providing clients with resources, educating them on their rights, and helping them build resilience to cope with racial trauma. Therapists must also recognize that systemic change is necessary to address the root causes of this trauma (Ermis-Demirtas et al., 2022; IV.15, CPA, 2017). By advocating for social change, therapists can help address the external factors contributing to their clients' distress, which could ultimately enhance the therapeutic process and outcomes. For instance, engaging in social justice efforts can empower clients, foster resilience, and create a sense of collective action toward systemic change.

However, maintaining neutrality while supporting racialized clients facing systemic oppression can be challenging. While therapists are encouraged to be nonjudgmental and impartial, neutrality does not mean being passive or ignoring the impact of systemic issues (IV.6, CPA, 2017). An essential ethical responsibility is acknowledging the real, systemic nature of race-based trauma and not dismissing or minimizing the impact of racism on a client's mental health (Chhoa et al., 2024). Clinicians can maintain a stance of neutrality by acknowledging the client's lived experiences without taking sides in a political sense, while also validating and supporting their clients' feelings of injustice and anger about racial oppression (IV.2, CPA,

2017). This involves listening to the client's concerns, offering empathy, and respecting their autonomy, while also being clear about the systemic forces at play (III.10, CPA, 2017).

Therapists can educate themselves on cultural competence and anti-oppression practices to ensure they are informed allies. They can offer meaningful support without overstepping or making assumptions about their clients' experiences (IV.15, CPA, 2017). It is essential that therapists ensure that any advocacy aligns with the client's values and wishes, avoiding the imposition of personal views or actions that the client may not support (I.1, CPA, 2017).

Additionally, therapists should remain cautious of burnout or vicarious trauma when engaging in advocacy or taking on emotional labour on behalf of marginalized communities (II.12, CPA, 2017).

Therapists should also be aware of their ethical duty to provide culturally competent care and ensure their practice remains sensitive to the complexities of race, identity, and trauma.

Intervention strategies that align with the ethical framework include incorporating traditional healing practices and beliefs into therapeutic approaches (II.14, CPA, 2017). For example, integrating meditation, storytelling, gardening, or dance can help in the healing process (Cai & Lee, 2022).

Additional Ethical Concerns

One of the most pressing ethical concerns in trauma research is avoiding retraumatization of participants during interviews or surveys (Ashby et al., 2021; Yang et al., 2022). Researchers must take great care in designing their studies to ensure that participants are not re-exposed to traumatic memories in ways that may trigger intense emotional or physical responses (II.30, CPA, 2017). This means using trauma-informed interview techniques that prioritize the participant's safety, emotional well-being, and consent throughout the process (I.29, CPA, 2017). Researchers should establish clear guidelines and provide resources for psychological support if

necessary, such as having counsellors available during or after the interview process (II.33, CPA, 2017). Questions should be phrased to minimize distress, and researchers should ensure that participants can withdraw from the study at any point without penalty (IV.21, CPA, 2017). Researchers must also be transparent about the risks involved and ensure that informed consent is obtained before engaging participants in potentially distressing content (III.13, CPA, 2017).

Another ethical concern arises when researchers study their own marginalized or minority groups to which they belong. While these researchers may have a deep understanding of the culture and lived experiences, their position can create potential biases, either in favour of or against certain perspectives (III.11, CPA, 2017). Researchers may unintentionally project their own experiences, assumptions, or ideals onto participants, which could lead to misinterpretation or distortion of data (II.32, CPA, 2017). To mitigate this, researchers should engage in reflexivity, such as being aware of their own biases, values, and assumptions, and continuously examine how their positionality might influence their research (II.10; III.9, CPA, 2017). Peer reviews and collaboration with external researchers or community members who hold diverse perspectives can help address these biases and ensure the research is conducted ethically and without unintended harm (II.8; IV.8; IV.21, CPA, 2017).

Summary

In summary, the COVID-19 pandemic exacerbates the historical trauma experienced by Asian populations in North America. Through an examination of the selected literature, it is evident that the pandemic amplified existing social and racial inequities, further marginalizing Asian communities. The themes of historical context, pandemic-related discrimination, and the mental health impact all illustrate the depth of this trauma. As the literature reveals, understanding the intersection of past and present struggles is essential for addressing the long-term effects of this compounded trauma. Researchers, policymakers, and community leaders

must consider these complexities in efforts to support Asian communities in their healing and resilience. Chapter four will discuss how the literature review applies to clinical practices.

Chapter Four: Application to Clinical Practice

This literature review has focused on identifying key themes to answer the research question of how the COVID-19 pandemic exacerbated historical trauma among the Asian population in North America. This chapter discusses how this information can be integrated into clinical practice. Recommendations for clinical practice will be made based on the themes identified previously.

Clinical Practice

In this literature review, the COVID-19 pandemic is examined as a catalyst that exacerbated historical trauma in Asians in North America, ultimately compounding the psychological distress carried across generation. Research focused on treatment development and its implementation, informed by quantifying the psychosocial impact over time, will help allocate psychological resources more effectively. For example, ensuring culturally specific mental health services are available, creating school-based education on racial bullying, funding training for therapists to address intergenerational trauma and cultural stigma more effectively (Wang & Santos, 2022; Truong et al., 2024; Kim et al., 2023; Ermis-Demirtas et al., 2022). This approach aims to address the race-based stress and trauma that Asian communities have experienced due to COVID-19 (Yang et al., 2022). Social support should be viewed as a collective responsibility, one that must be enacted at the societal level to prevent, intervene, and support Asian Americans in the face of anti-Asian racism (Wang & Santos, 2022).

To decrease racial discrimination and violence against Asian Americans and promote their physical and psychosocial safety, structural and cultural changes are essential (Lu et al., 2024). This includes expanding culturally relevant, linguistically accessible, and trauma-informed healthcare services and increasing funding and support for community-based organizations serving Southeast Asian American communities (Chhoa et al., 2024).

Future interventions, such as culturally responsive mental health services, require substantial resources (e.g., academic-community partnerships, state-wide task forces), funding, and thorough evaluations of each anti-hate initiative, all essential to addressing the public health crisis of racially motivated hate (Park et al., 2022). Psychologists must adopt critical, decolonial, and liberatory approaches to better understand marginalized communities. Tracing historical and racial trauma within a radical healing framework guides research, clinical practice, community engagement, and policy change for Asian American families and communities (Cai & Lee, 2022).

Expanding interventions to include family-based and collective group support is crucial, considering culturally responsive healing methods integrating spiritual practices, storytelling, collective mourning, connection to familial trauma history, and fostering a positive group identity (Truong et al., 2024). Community psychologists may consider advocating for trauma-informed care in communities and schools, framing COVID-19 as a form of trauma (Ashby et al., 2021). Given that Asian American adolescents are more likely to internalize the “model minority,” school therapists can integrate mindfulness and self-compassion practices (e.g., guided imagery exercises) into interventions as a culturally relevant approach to healing racial trauma (Ermiş-Demirtas et al., 2022).

Factors Influencing the Use of Current Research

Research Findings

The research findings highlight how the COVID-19 pandemic exacerbated historical trauma in Asian communities in North America. This trauma can manifest in psychological and

cultural consequences, including a heightened sense of vulnerability and mistrust (Ashby et al., 2021). The pandemic disproportionately impacted the mental health of Asian Americans. They experienced increased anxiety, depression, and PTSD due to the rise of anti-Asian hate crimes and xenophobia linked to COVID-19 (Cai & Lee, 2022).

Research finds that the pandemic's impact is not just physical but social, as it reignited long-standing racial prejudices. This made it difficult for Asian communities to process trauma in a way that could lead to healing, as the COVID-19 pandemic opened old wounds of marginalization. The studies have also pointed out that the cultural stigma around mental health in Asian cultures, as well as systemic barriers to accessing culturally competent mental health care, hinder the ability to address these trauma-related issues effectively (Yang et al., 2022).

Legislation and Policy

Legislation such as the COVID-19 Hate Crimes Act was passed in the U.S. in response to rising hate crimes against Asian Americans (U.S. Government Publishing Office, 2021). This attempt is to address some of the exacerbated effects of the pandemic. However, the effectiveness of such laws in reducing discrimination and healing trauma is still unknown. Legislative action, like increased reporting and prosecution of hate crimes, is one part of a solution. Still, it also raises questions about whether the systemic issues that contribute to racialized trauma are being addressed in a meaningful way.

The COVID-19 pandemic also highlighted how current healthcare systems and immigration policies affect Asian communities' ability to access support. In the U.S., one in seven unauthorized immigrants is of Asian descent (AAPI Data, 2025). Undocumented immigrants faced barriers to receiving medical care or mental health services during the pandemic, compounding their historical trauma.

Cultural Differences

There are strong cultural attitudes towards mental health in many Asian communities. There is a strong stigma associated with therapy or acknowledging psychological distress, which can complicate efforts to address trauma. As a result, many individuals in these communities may not seek help despite increased mental health challenges. Many Asian cultures emphasize collectivism and the importance of family cohesion (Shahid et al., 2021). This can create pressure to ignore or downplay personal trauma to maintain family honour or harmony. However, this can also result in delayed recognition of trauma and hinder the healing process, especially in the context of the pandemic, when social distancing and lockdowns disrupt traditional support networks.

A significant portion of the Asian population in North America may not speak English as their first language. This can create barriers to accessing resources, including mental health services and support (Arora & Khoo, 2020). Additionally, the lack of culturally competent mental health professionals or support structures that understand the intersection of historical trauma and contemporary challenges exacerbates the issue. Some Asian communities may rely on traditional or religious coping mechanisms, such as spiritual practices, to deal with stress and trauma. While these can be beneficial, they might not consistently be recognized or integrated into Western approaches to mental health care, limiting the healing potential.

Barriers to Implementing Current Research

The lack of sufficient representation in mental health research on Asian populations means that much of the research used to address COVID-19-related trauma may not be fully reflective of the specific needs or experiences of diverse Asian communities (e.g., East Asian, South Asian, Southeast Asian). Mental health care often centers on Western therapy models and may not address the unique cultural dynamics effectively (Truong et al., 2024). Applying current

research in practice can be challenging without culturally adapted treatment methods or community-specific interventions. Given historical discrimination, many Asian communities may have mistrust of the healthcare system or research institutions, particularly when it comes to issues of race and trauma (Chhoa et al., 2024). This mistrust can impede the use of current research and the uptake of interventions that could mitigate pandemic-related trauma.

Clinical/Therapeutic Recommendations Based on Themes

Trauma-Informed Care

Therapists must decolonize trauma-based interventions and consider whether trauma treatments are culturally sensitive and appropriate for Asians and Asian Americans who present with COVID–19–related trauma symptoms (Litam, 2020). Recognizing the impact of historical trauma and understanding the importance of cultural sensitivity is essential for trauma-informed care in Asian Americans.

Intergenerational Trauma

The immigrant experience often involves significant trauma, including displacement, economic hardship, and racism (Truong et al., 2024; Chhoa et al., 2024; Huynh et al., 2024; & Cai & Lee, 2022). The trauma experienced by the first generation can profoundly affect the emotional well-being and attachment styles of their children, often leading to a complex blend of cultural expectations and psychological struggles.

Attachment Theory for Intergenerational Trauma. Attachment theory, developed by John Bowlby and Mary Ainsworth, explores how early relationships with caregivers shape an individual's emotional development and ability to form future relationships (Ainsworth, 1979; Bowlby, 1979). In the context of intergenerational trauma, attachment styles (secure, anxious, avoidant, and disorganized) can be impacted by the trauma experienced by previous generations.

For Asian Americans, attachment dynamics can be influenced by cultural values such as filial piety, family loyalty, and a collectivist approach to life. In some Asian cultures, there may be an emphasis on hiding emotional expression or maintaining familial harmony at the expense of personal needs. This can lead to attachment patterns that may be less emotionally expressive or more focused on fulfilling family obligations rather than meeting individual emotional needs. Researchers have found that Asian Americans report greater avoidant attachment. They are less likely to disclose problems because they do not want to burden others (Ahn & Atkin, 2024).

A child raised in a household where the parents are dealing with unresolved trauma may develop insecure attachment styles, either by becoming overly anxious about their relationships (due to the parents' emotional unavailability) or avoiding emotional connections altogether (to protect themselves from further pain). These attachment patterns may be passed down and repeated across generations. Given that both mother–adolescent and father–adolescent secure attachment was associated with better mental health, family therapists can help strengthen the parent-adolescent relationship (Ahn & Atkin, 2024).

Family Systems Theory for Intergenerational Trauma. Murray Bowen's family systems theory focuses on how individuals within a family are interconnected and how family dynamics affect each member. According to this theory, behaviour is understood in terms of the individual and the context of family roles, rules, and patterns passed down through generations (Bowen, 1993; Kerr & Bowen, 1988).

When applied to intergenerational trauma, family systems theory can help identify dysfunctional patterns that perpetuate trauma and emotional dysfunction within the family. If a family has a history of avoiding emotions or not addressing past traumas, this can create a cycle where future generations inherit and replicate these patterns of emotional suppression

(Čepukienė & Neophytou, 2024). In Asian American families, this dynamic might also intersect with cultural expectations regarding family roles for women and play into the “model minority.”

Therapy that integrates family systems theory with an understanding of intergenerational trauma can help individuals recognize the emotional patterns passed down through generations and begin to break these cycles. A therapist may work with the family system to establish healthier communication, emotional expression, and conflict-resolution strategies.

Racial Trauma

The COVID-19 pandemic exacerbated racial trauma in Asian Americans by leading to an increase in hate crimes and acts of violence. This trauma is often compounded by the “model minority,” which frequently overlooks the challenges they may face, such as xenophobia, microaggressions, and exclusion (Ermis-Demirtas et al., 2022; Huynh et al., 2024; Kim & Shang, 2024). These experiences of racial trauma can manifest in anxiety, depression, and feelings of isolation, impacting mental health and overall well-being.

Cognitive Behavioural Therapy (CBT) for Racial Trauma. CBT is a widely used, evidence-based therapeutic approach that helps individuals identify and modify distorted thought patterns and behaviours (Fenn & Byrne, 2013). When adapted to address racial trauma, CBT can help clients reframe harmful beliefs about themselves and their experiences related to racism, discrimination, and prejudice (Williams et al., 2023). CBT highlights flexibility and presents treatment components in a way that emphasizes adaptability that may resonate well with Southeast Asian and other Asian communities. Many Asian cultural traditions prioritize flexibility as an essential value, highlighting the importance of adjusting to different contexts (Hinton & Jalal, 2019).

CBT helps individuals identify and challenge negative, maladaptive beliefs stemming from racial discrimination (Brown et al, 2021). A client may internalize stereotypes or develop a

negative self-concept because of experiences of racism. Through cognitive restructuring, the therapist works with the client to identify the automatic thoughts triggered by racial discrimination and replace them with more realistic and empowering beliefs. Therapists can incorporate different types of concrete imagery, such as the image of the flexible, wind-blown lotus, which serves as a positive self-image that encourages adaptability to help with cognitive restructuring (Hinton & Jalal, 2019).

CBT for racial trauma also incorporates behavioural strategies to address avoidance, a typical response to trauma. Clients may avoid situations where they anticipate racism or microaggressions, which can limit their social interactions and opportunities. Behavioural activation encourages clients to gradually face these situations safely and in control, helping them regain confidence and reduce avoidance behaviour. Culturally relevant analogies can also foster positive expectations about treatment and encourage adherence (Hinton & Jalal, 2019).

CBT for racial trauma involves an understanding of the unique challenges faced by Asian Americans. Including experiences of racism specific to their ethnicity, such as xenophobia, the “model minority” stereotype, or anti-Asian hate crimes. Therapists using CBT in this context must be culturally competent and consider how these experiences influence a client’s thoughts and behaviours. Receiving treatment is viewed more positively when it includes traditional practices such as mindfulness and somatically based approaches like stretching (Boyd et al., 2018).

Culturally adapted CBT can help Asian American clients manage the psychological impact of racism and discrimination. By addressing both the cognitive distortions related to racial bias and the behavioural responses that stem from racial trauma. Asian Americans may feel powerless or ashamed after encountering racism, and CBT can help them develop more

adaptive coping mechanisms and healthier self-concepts. Concluding CBT with a culturally relevant transitional ritual may further transform self-imagery (Hinton & Jalal, 2019).

Cultural Considerations

Many Asian American families may have a cultural tendency to avoid discussing mental health issues due to the stigma or because seeking therapy can be seen as a sign of weakness or failure. This can create barriers to healing intergenerational trauma and developing healthier attachment relationships.

Acculturation Stress/Bicultural Identity

Counselling interventions for identity conflict and acculturation stress in Asian Americans are critical due to the unique challenges they face in navigating between their cultural heritage and the dominant American culture (Liu et al, 2024). Many Asian Americans experience a bicultural identity conflict, feeling torn between the values, beliefs, and traditions of their family or ethnic community and the broader societal expectations of North America. This can lead to acculturation stress, the psychological and emotional strain of adjusting to a new culture while maintaining one's original cultural identity.

Family Systems Theory for Acculturation Stress/Bicultural Identity. In a culturally sensitive manner, using a genogram (a family tree) can help explore how family members have experienced or internalized cultural norms (Huss & Kapulnik, 201). This provides insight into the values, expectations, and stressors within the family system and can identify generational differences in acculturation.

Administering tools or scales can help assess the degree of stress an individual experiences as they balance cultural expectations and pressures. Therapists should acknowledge that identity conflict and acculturation stress are not one-dimensional but are shaped by factors like immigration history, generation of immigration, socioeconomic status, and education. This

also involves asking questions about the individual's experiences with discrimination or microaggressions, which can exacerbate acculturation stress. Acculturation toward mainstream U.S. cultural values and enculturation toward Asian cultural values can be measured by using the Asian American Multidimensional Acculturation Scale (Wang et al., 2019).

Acculturation stress often involves tensions between generations, especially when parents and children experience different levels of acculturation (Wu et al., 2020). Older generations may hold onto traditional cultural values, while younger generations may be more integrated into American culture. Working with families to facilitate discussions about cultural expectations and acculturation experiences. Therapists can help parents understand their children's desire for more autonomy or Western values while helping children better appreciate their parents' fears and struggles related to cultural preservation.

Children of immigrant families often are expected to play roles beyond typical expectations, such as specific gender roles or taking on adult responsibilities early on. These role reversals can cause stress and confusion. Therapy can help clarify these roles and establish healthier family dynamics, where boundaries and roles are more balanced and supportive (Jabbari et al., 2023). Helping both parents and children develop empathy for each other's experiences. This can include explaining how acculturation is often easier for one generation than the other and how both generations can coexist in a supportive way despite differences in their cultural integration. Enhancing family interactions (e.g., by reducing hostility) could be an effective intervention strategy to mitigate the negative impact of parental perceived discrimination on adolescent adjustment (Hou et al., 2017).

Normalizing the experience of navigating two cultures and helping clients understand that these challenges are part of the immigrant experience (Childress et al., 2024). Explaining that it is common for individuals from immigrant families to experience challenges related to

balancing multiple identities and trying to meet expectations from both cultures. Helping clients understand that their cultural identity can be fluid and evolve. They may initially feel more connected to one culture than another, but can learn to integrate both aspects of their identity healthily.

Normalization can help reduce feelings of isolation or self-blame and empower the client to view their experience as a shared and legitimate struggle within the broader immigrant community (Jang & Tang, 2022). Rather than choosing one culture over the other, many therapists work with clients to promote bicultural integration, which involves the individual learning to navigate both cultures effectively.

Acceptance and Commitment Therapy (ACT) for Acculturation Stress/Bicultural Identity. This therapeutic approach can be beneficial for clients who are struggling with the internal conflict between cultures. ACT and Buddhism share many similarities (Shah, 2021). ACT helps individuals accept their thoughts and feelings without judgment, commit to values important to them, and take actions that align with those values, even if they feel conflicted about their identity.

Therapists can focus on the strengths of being bicultural, such as understanding diverse perspectives, flexibility in communication, and a sense of cultural richness (Sue et al., 2009). Helping clients recognize that they can bring the best of both cultures into their identity can promote greater acceptance. Also, encouraging clients to reflect on what aspects of their original and American cultures are most meaningful to them. The goal can be to integrate elements from both cultures that resonate most with their values, fostering a more coherent sense of self.

Mindfulness techniques help individuals stay grounded in the present moment while exploring their cultural identity. Much like Buddhism, mindfulness relies significantly on formal meditation to cultivate acceptance. Meditation promotes acceptance and serves as a

countermeasure to habitual patterns of thinking and responding (Shah, 2021). Mindfulness can also be effective in helping clients manage stress and navigate the emotional turbulence associated with acculturation. Therapists can use mindfulness to explore bicultural identity in a non-judgmental way, assisting clients to accept the fluid nature of identity and allowing them to embrace multiple cultural aspects without self-criticism.

Reclaiming Identity

Reclaiming identity for Asian Americans is about embracing their cultural heritage and unique experiences in a way that rejects stereotypes and societal pressures (Abrams, 2019). It involves honouring traditional values while creating space for personal expression and fostering pride and resilience. This process helps Asian Americans confidently assert their identity, balancing their roots with their place in broader American society.

Narrative Therapy for Reclaiming Identity. Narrative therapy is a therapeutic approach that emphasizes the power of storytelling in shaping an individual's sense of identity. It helps clients view their lives through their narratives, rather than being defined by labels or external perceptions (Combs & Freedman, 2012). For Asian Americans experiencing racial trauma, narrative therapy offers a space to reclaim and redefine their identity outside of harmful stereotypes and discriminatory experiences.

In narrative therapy, the problem (e.g., racial discrimination and societal bias) is separated from the individual. This process, called "externalizing," helps clients recognize that they are not defined by the trauma they have experienced (Combs & Freedman, 2012). The therapist might encourage the client to view the trauma as something external. It helps clients explore their personal and familial stories, particularly regarding how they understood their cultural identity.

By re-authoring their cultural narrative, clients can reinterpret their experiences in a way that empowers them. Empowering them reduces the burden of acculturation stress and challenges the dominant cultural narratives that limit their potential or identity (e.g., the "model minority" stereotype). This therapeutic approach encourages individuals to see themselves as authors of their stories, allowing them to reconcile conflicting cultural values.

Narrative therapy helps clients explore how racial trauma has shaped their lives. Clients can better understand how these experiences have affected them and work to create a new, more empowering narrative (Combs & Freedman, 2012). Narrative therapy is inherently sensitive to cultural context, making it a good fit for working with marginalized communities, including Asian Americans. The therapist can help the client reframe and deconstruct harmful cultural narratives (such as those around race, success, or family expectations) by acknowledging cultural differences to foster a sense of empowerment and cultural pride.

ACT for Reclaiming Identity. For Asian Americans, ACT can be mighty in helping to reclaim their identity amidst the pressures of cultural expectations, generational differences, and societal stereotypes. ACT emphasizes values-based living, enabling individuals to reconnect with their authentic selves while navigating their cultural heritage's complexities (Shah, 2021). ACT can help Asian Americans challenge internalized beliefs and external pressures by using mindfulness and acceptance techniques. It allows them to build a stronger, more cohesive sense of identity. Through this process, Asian Americans can engage more fully in their lives, pursuing meaningful goals rather than conforming to external definitions of who they should be.

Summary

This chapter explored the impact of the COVID-19 pandemic on the mental health of Asian communities in North America and how this understanding can be integrated to create a culturally sensitive clinical practice. The pandemic intensified historical and racial trauma,

mainly through increased hate crimes, xenophobia, and systemic inequities. Resulting in worsened anxiety, depression, and PTSD among Asian Americans. Clinical practice must be informed by research that addresses race-based trauma and supports interventions at both individual and community levels, including expanding trauma-informed, linguistically accessible, and culturally relevant care. Chapter five will provide a conclusion and recommendations for future research regarding the information gathered.

Chapter Five: Recommendations and Conclusion

The purpose for this capstone was to explore how the COVID-19 pandemic intensified historical trauma and mental health challenges within the Asian population in North America. This chapter provides a conclusion and recommendations for future research regarding the information gathered about how the COVID-19 pandemic exacerbated historical trauma in Asian communities in North America. Twelve articles were selected based on their relevance and validity in addressing the research question. These articles were analyzed, and the information was synthesized into eleven key themes, including mental health, racial discrimination, and stigma.

Specific findings indicated that the pandemic led to increased levels of anxiety, depression, and PTSD among individuals of Asian descent further exacerbating pre-existing historical trauma. The intersection of the pandemic with racial discrimination and xenophobia also contributed to a decline in mental well-being within these communities. Based on these findings, clinical recommendations were discussed, including using various therapeutic modalities such as CBT, ACT, and Narrative Therapy. These recommendations emphasize the importance of psychologists adopting trauma-informed, culturally sensitive approaches to help Asian communities overcome the compounded effects of the pandemic.

Recommendations for Future Research

Future studies should broaden the scope of the existing research to generalize the findings across different populations. The literature on this topic has been primarily conducted in the U.S., and its applicability may be limited due to the specific sample populations used. The data collected from the reviewed studies had limited geographic diversity and was short-term. This may not reflect the experiences of Asian Americans in other regions or contexts. Many of these studies were conducted within a few years of the onset of the COVID-19 pandemic, making it

difficult to assess the long-term effects on Asian American communities. Therefore, future research could benefit from investigating the lasting impacts of the pandemic, particularly in terms of mental health, socioeconomic factors, and social integration, as these may continue to evolve (Ertorer, 2024; Ashby et al., 2021; Ermis-Demirtas et al., 2022; Truong et al., 2024; Kim et al., 2023; Huynh et al., 2024). To increase the generalizability in future studies, researchers should focus on creating a representative sample. This sample can include individuals from diverse subgroups (e.g. Chinese, Vietnamese, Korean), diverse demographics (e.g. rural, urban), and diverse age groups (e.g. children, teens, adults, seniors).

Future studies should consider a more nuanced approach to understanding group identity and intersectionality. While prior research has touched upon these concepts, incorporating more multidimensional measures could provide deeper insights into how race, ethnicity, gender, and other identity factors intersect and shape individuals' experiences during and after the pandemic (Ashby et al., 2021). This approach could lead to a more comprehensive understanding of the varying challenges faced by Asian American communities.

Finally, further research could focus on the experiences of specific Asian subgroups, accounting for the diversity within the broader Asian American category. Differences in factors such as levels of preimmigration trauma exposure, country of origin, and key demographic variables should be explored to provide a more accurate and detailed picture of the distinct challenges faced by these populations (Truong et al., 2024; Kim & Shang, 2024; Wang & Santos, 2022; Huynh et al., 2024). By examining these factors, future studies can better highlight the unique needs and experiences of different Asian American communities, leading to more targeted and effective interventions. Research questions can include: 'What specific mental health disorders (e.g. anxiety, depression, PTSD) were most prevalent among Asian North Americans during the COVID-19 pandemic, and how are they connected to historical patterns of

marginalization?'; 'How did the COVID-19 pandemic impact the identity formation of different groups (e.g. first generation, second generation, future generations)?'; and 'What types of psychoeducational interventions are effective in reducing mental health stigma among different Asian subgroups?'.

Reflection

The aim/purpose of the paper was to gain valuable insights into the impact the COVID-19 pandemic has had on Asian communities, particularly concerning the exacerbation of historical trauma. From a clinical perspective, the pandemic has underscored the complex intersection of individual and collective trauma within these communities. Clinically, it is crucial to approach this issue with a cultural and trauma-informed lens to understand that these experiences may manifest as both overt and subtle psychological distress in clients. This insight can shape therapists' approach to trauma-informed care, emphasizing the importance of acknowledging both past and present adversities in therapeutic settings.

From a research perspective, the intersection of COVID-19 and historical trauma in Asian communities can deepen therapists' understanding of the need for culturally relevant research. The pandemic has highlighted how systemic inequities, such as racial discrimination and economic disparities, disproportionately affect marginalized groups. Professionally, I will incorporate cultural considerations into assessments, treatment plans, and interventions while advocating for systemic change to reduce racial inequities. This experience has reinforced the importance of being responsive to the unique needs of diverse populations and underscored the need for more longitudinal research focused on how historical trauma continues to affect communities in the context of global crises like the worldwide COVID-19 crisis.

Conclusion

In conclusion, the COVID-19 pandemic significantly exacerbated historical trauma for Asian communities in North America. Shedding light on the deep-seated racial and xenophobic tensions that have persisted for generations. Throughout history, Asian Americans have faced a legacy of exclusion, discrimination, and marginalization. The pandemic, however, served as a catalyst, heightening the public's awareness of these deep-rooted issues as a wave of anti-Asian rhetoric and violence escalated across the continent. Political figures and media outlets amplified stereotypes that had long been embedded in societal attitudes, leading to an alarming rise in hate crimes and discrimination against Asian individuals.

This research emphasized the urgent need for a comprehensive understanding of how historical trauma is perpetuated and compounded in times of crisis. Highlighting that the pandemic was not an isolated event but a reflection of more profound structural inequalities and longstanding racial prejudices. It calls for a more inclusive approach to healing that acknowledges both the historical and contemporary experiences of Asian communities.

This rise in hostility and violence re-triggered the psychological scars of past traumas, adding new layers of anxiety, fear, and insecurity for Asian communities. Many individuals, particularly immigrants and first-generation Asians, found themselves navigating a complex personal and collective pain. They were forced to confront both historical injustices and the immediate challenges posed by the pandemic. The emotional toll of these experiences has been significant, with mental health resources often falling short in addressing the unique needs of these communities.

Psychologists can integrate traditional healing methods such as storytelling, mindfulness, and collective mourning. They can work with the family system to establish healthier communication, emotional expression, and conflict-resolution strategies. Interventions must also consider family-based models, attachment theory, and family systems theory to address

intergenerational trauma. Racial trauma, primarily stemming from stereotypes like the “model minority,” requires treatments such as culturally adapted CBT and ACT, which emphasize flexibility, mindfulness, and values-based living. Normalizing the experiences of navigating two cultures helps reduce feelings of isolation or self-blame and empowers the client. Narrative therapy can empower clients to reclaim identity and counter societal narratives, while culturally competent therapists must normalize bicultural struggles and promote resilience through identity integration. Legislative and systemic changes, alongside increased research, are essential to remove barriers to care and improve outcomes for diverse Asian populations.

By raising awareness, promoting racial justice, and education on mental health support tailored to these communities, Asian Americans can begin to address the intergenerational trauma that continues to affect them. The COVID-19 pandemic may be over, but the work to repair the lasting harm caused by centuries of discrimination and violence is just beginning. It requires collective action and sustained commitment from all sectors of society to build a more just and equitable future for individuals of Asian descent in North America. We must address the historical trauma exacerbated by the COVID-19 pandemic, as failing to do so perpetuates systemic inequalities, deepens stigma, and denies Asian communities the culturally competent care they desperately need for healing and resilience.

References

- Abrams, Z. (2019, December 1). Countering stereotypes about Asian Americans. *Monitor on Psychology*, 50(11). <https://www.apa.org/monitor/2019/12/countering-stereotypes>
- Adella Halim, D., Kurniawan, A., Agung, F. H., Angelina, S., Jodhinata, C., Winata, S. et al. (2020). Understanding of young people about COVID-19 during early outbreak in Indonesia. *Asia Pacific Journal of Public Health*, 32(6–7), 363– 365. <https://doi.org/10.1177/1010539520940933>
- Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and addressing mental health stigma across cultures for improving psychiatric care: A narrative review. *Cureus*, 15(5), e39549. <https://doi.org/10.7759/cureus.39549>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1979). *Patterns of attachment: A psychological study of the strange situation (1st ed.)*. Psychology Press.
- Anantharaman, A., Farra, A., Chang, E., & Wilkins-Yel, K. G. (2024). Using AsianCrit theory to understand how anti-Asian hate impacted mental health among Asian women in STEM doctoral programs. *CBE life sciences education*, 23(4), ar57. <https://doi.org/10.1187/cbe.24-02-0069>
- Anantharaman, A., Farra, A., Chang, E., & Wilkins-Yel, K. G. (2024). Using AsianCrit theory to understand how anti-Asian hate impacted mental health among Asian women in STEM doctoral programs. *CBE—Life Sciences Education*, 23(4), ar57. <https://doi.org/10.1187/cbe.24-02-0069>
- Arora, P. G., & Khoo, O. (2020). Sources of stress and barriers to mental health service use among Asian immigrant-origin youth: A qualitative exploration. *Journal of Child and Family Studies*, 29(9), 2590-2601. <https://doi.org/10.1007/s10826-020-01765-7>

- Ashby, J. S., Rice, K. G., Kira, I. A., & Davari, J. (2021). The relationship of COVID-19 traumatic stress, cumulative trauma, and race to posttraumatic stress disorder symptoms. *Journal of Community Psychology*. <https://doi.org/10.1002/jcop.22762>
- Asian Americans and Pacific Islander Data. (2025, January 9). *By the numbers: Immigration*. Asian Americans and Pacific Islander Data. <https://aapidata.com/featured/by-the-numbers-immigration/>
- Bowlby, J. (1979). *The Bowlby-Ainsworth attachment theory*. Behavioral and Brain Sciences, 2(4), 637-638. doi:10.1017/S0140525X00064955
- Boyd, J. E., Lanius, R. A., & McKinnon, M. C. (2018). Mindfulness-based treatments for posttraumatic stress disorder: a review of the treatment literature and neurobiological evidence. *Journal of psychiatry & neuroscience: JPN*, 43(1), 7–25. <https://doi.org/10.1503/jpn.170021>
- Brave Heart, M. Y. (2003). The historical trauma response among natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs*, 35(1), 7–13. <https://doi.org/10.1080/02791072.2003.10399988>
- Brown, T. R., Xu, K. Y., & Glowinski, A. L. (2021). Cognitive behavioral therapy and the implementation of antiracism. *JAMA psychiatry*, 78(8), 819–820. <https://doi.org/10.1001/jamapsychiatry.2021.0487>
- Cai, J., & Lee, R. M. (2022). Intergenerational communication about historical trauma in Asian American families. *Adversity and resilience science*, 3(3), 233–245. <https://doi.org/10.1007/s42844-022-00064-y>
- Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council. (2018). *Tri-Council policy statement: Ethical conduct for research involving humans*. Government of Canada.

- Canadian Psychological Association (2017). *Canadian code of ethics for psychologists (4th ed.)*. Ottawa, Ontario, Canada: Canadian Psychological Association. Retrieved from https://cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Castillo, E. G., Ijadi-Maghsoodi, R., Shadravan, S., Moore, E., Mensah, M. O., III, Docherty, M., Aguilera Nunez, M. G., Barcelo, N., Goodsmith, N., Halpin, L. E., Morton, I., Mango, J., Montero, A. E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., Greenberg, J. M., ... Wells, K. B. (2019). Community interventions to promote mental health and social equity. *Current Psychiatry Reports, 21*(5), 35. <https://doi.org/10.1007/s11920-019-1017-0>
- Cénat, J. M. (2023). Complex racial trauma: Evidence, theory, assessment, and treatment. *Perspectives on Psychological Science, 18*(3), 675–687. <https://doi.org/10.1177/17456916221120428>
- Center for the Study of Hate and Extremism. (2021). *Anti-Asian hate crime reported to police in large U.S. cities: 2021 & 2020*. California State University, San Bernardino. https://www.csusb.edu/sites/default/files/Report%20to%20the%20Nation%20-%20Anti-Asian%20Hate%202020%20Final%20Draft%20-%20As%20of%20Apr%2028%202021%2010%20AM%20corrected_0.pdf
- Čepukienė, V., & Neophytou, K. (2024). Intergenerational transmission of familial relational dysfunction: A test of a complex mediation model based on Bowen family systems theory. *Journal of Social and Personal Relationships, 41*(11), 3385-3408. <https://doi.org/10.1177/02654075241265472> (Original work published 2024)
- Chhoa, D., Khay, N., Young, J., Srinivasan, M., & Wang, E. (2024). How we feel: COVID-19 pandemic experiences among intergenerational Cambodian, Laotian, and Vietnamese Americans in San Francisco. *Journal of Asian Health, 4*(2), doi: 10.59448/jah.v4i2.58.

- Childress, S., Shrestha, N., Russ, S., Feinberg, M., Berge, J., Lewin, A., Roy, K., Perez-Brena, N., & Halfon, N. (2024). Navigating acculturation: Overcoming challenges and creating pathways to well-being for central Asian immigrants in the United States. *Families in Society, 0*(0). <https://doi.org/10.1177/10443894241278382>
- Combs, G., & Freedman, J. (2012). Narrative, poststructuralism, and social justice: Current practices in narrative therapy. *The Counseling Psychologist, 40*(7), 1033-1060. <https://doi.org/10.1177/0011000012460662>
- Costello, M., Cheng, L., Luo, F., Hu, H., Liao, S., Vishwamitra, N., Li, M., & Okpala, E. (2021). COVID-19: A pandemic of anti-asian cyberhate. *Journal of Hate Studies, 17*(1), 108-118. <https://doi.org/10.33972/jhs.198>
- Creswell, J. W., & Creswell, J. D. (2022). *Research design: Qualitative, quantitative, and mixed methods approaches* (6th ed.). SAGE Publications.
- Ermis-Demirtas, H., Luo, Y., & Huang, Y. J. (2022). The Trauma of COVID-19-Fueled Discrimination: Posttraumatic Stress in Asian American Adolescents. *Professional school counseling, 26*(1b), 2156759X221106814. <https://doi.org/10.1177/2156759X221106814>
- Ertorer, S. E. (2024). Racism and mental health: Examining the psychological toll of anti-Asian racism during the COVID-19 pandemic. *Genealogy (Basel), 8*(3), 98. <https://doi.org/10.3390/genealogy8030098>
- Eylem, O., de Wit, L., van Straten, A., Steubl, L., Melissourgaki, Z., Danişman, G. T., de Vries, R., Kerkhof, A. J. F. M., Bhui, K., & Cuijpers, P. (2020). Stigma for common mental disorders in racial minorities and majorities: A systematic review and meta-analysis. *BMC Public Health, 20*(1), 879. <https://doi.org/10.1186/s12889-020-08964-3>

- Fang, L., Lee, E., Chan, K., Al-Raes, M., & Nuesca, E. (2023). "It goes under the radar!": In/visibility of Anti-Asian racism from a Canadian youth perspective. *Youth & Society*, 56(7), 1293-1314. <https://doi.org/10.1177/0044118X231220390> (Original work published 2024)
- Fenn, K. & Byrne, M. (2013). The key principles of cognitive behavioural therapy. *InnovAiT*, 6(9):579-585. doi:10.1177/1755738012471029
- Gajaria, A., Guzder, J., & Rasasingham, R. (2021). What's race got to do with it? A proposed framework to address racism's impacts on child and adolescent mental health in Canada. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 30(2), 131–137.
- Gee, C. B., Khera, G. S., Poblete, A. T., Kim, B., & Buchwach, S. Y. (2020). Barriers to mental health service use in Asian American and European American college students. *Asian American Journal of Psychology*, 11(2), 98-107. <https://doi.org/10.1037/aap0000178>
- Gover, A. R., Harper, S. B., & Langton, L. (2020). Anti-Asian hate crime during the COVID-19 pandemic: Exploring the reproduction of inequality. *American journal of criminal justice: AJCJ*, 45(4), 647–667. <https://doi.org/10.1007/s12103-020-09545-1>
- Hinton, D. E., & Jalal, B. (2019). Dimensions of culturally sensitive CBT: Application to Southeast Asian populations. *American Journal of Orthopsychiatry*, 89(4), 493-507. <https://doi.org/10.1037/ort0000392>
- Hou, Y., Kim, S. Y., Hazen, N., & Benner, A. D. (2017). Parents' perceived discrimination and adolescent adjustment in Chinese American families: Mediating family processes. *Child Development*, 88(1), 317-331. <https://doi.org/10.1111/cdev.12603>
- Hswen, Y., Xu, X., Hing, A., Hawkins, J. B., Brownstein, J. S., & Gee, G. C. (2021). Association of "#covid19" Versus "#chinesevirus" With Anti-Asian Sentiments on Twitter: March 9-

- 23, 2020. *American journal of public health*, 111(5), 956–964.
<https://doi.org/10.2105/AJPH.2021.306154>
- Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P. (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology*, 42, 747–770. <https://doi.org/10.1037/0012-1649.42.5.747>
- Huss, E., & Kapulnik, E. (2021). Using creative genograms in family social work to integrate subjective and objective knowledge about the family: A participatory study. *Research on Social Work Practice*, 31(4), 390-399. <https://doi.org/10.1177/1049731521992843>
- Huynh, A., Yeh, C. J., & Tang, P. (2024). Intergenerational trauma and resilience among second-generation Southeast Asian Americans. *Asian American Journal of Psychology*, 15(2), 158-172. <https://doi.org/10.1037/aap0000343>
- Hwang, W. C. (2021). Demystifying and addressing internalized racism and oppression among Asian Americans. *American Psychologist*, 76(4), 596–610.
<https://doi.org/10.1037/amp0000798>
- Jabbari, B., Schoo, C., Rouster, A. S. (2023). Family dynamics. *Treasure Island (FL): StatPearls Publishing*. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560487/>
- Jacques, E. T., Basch, C. H., Fera, J., & Jones, V. (2023). StopAsianHate: A content analysis of TikTok videos focused on racial discrimination against Asians and Asian Americans during the COVID-19 pandemic. *Dialogues in Health*, 2, 100089-100089.
<https://doi.org/10.1016/j.dialog.2022.100089>
- Jang, H., & Tang, F. (2022). Loneliness, age at immigration, family relationships, and depression among older immigrants: A moderated relationship. *Journal of social and personal relationships*, 39(6), 1602–1622. <https://doi.org/10.1177/02654075211061279>

- Kim, G., Wang, S. Y., Park, S., & Yun, S. W. (2020). Erratum to: Mental health of Asian American older adults: Contemporary issues and future directions. *Innovation in aging*, 4(5), igaa042. <https://doi.org/10.1093/geroni/igaa042>
- Kim, H. (2024). Mental health needs of Asian American older adults: Bridging the inequity Ggp. *Journal of Psychosocial Nursing & Mental Health Services*, 62(7), 11-15. <https://doi.org/10.3928/02793695-20240620-01>
- Kim, J. Y., & Shang, Z. (2024). No, I do belong: How Asian American and Asian Canadian professionals defy and counter workplace racial violence during COVID-19. *Journal of Management Studies*, 61(3), 888-925. <https://doi.org/10.1111/joms.12898>
- Kim, M. K., Su, G. S., Chan, A. N. Y., Fu, Y., Huang, Y., Huang, C., Hires, B., & Chu, M. T. (2024). Mental health priorities and cultural-responsiveness of the mental health first aid (MHFA) training for Asian immigrant populations in greater Boston, Massachusetts. *BMC Psychiatry*, 24(1), 506-15. <https://doi.org/10.1186/s12888-024-05894-x>
- Kim, S. B., & Lee, Y. J. (2022). Factors associated with mental health help-seeking among Asian Americans: a systematic review. *Journal of racial and ethnic health disparities*, 9(4), 1276–1297. <https://doi.org/10.1007/s40615-021-01068-7>
- Kim, S. E., Zhao, Z., Wong, S. H. M., & Toomey, R. B. (2023). Racial-ethnic socialization, racial discrimination, and internalization of the model minority myth in East Asian families. *Journal of Research on Adolescence*, 33(2), 458-468. <https://doi.org/10.1111/jora.12817>
- Lee, M., Bhimla, A., Lu, W., & Ma, G. X. (2021). Correlates of mental health treatment receipt among Asian Americans with perceived mental health problems. *The Journal of Behavioral Health Services & Research*, 48(2), 199-212. <https://doi.org/10.1007/s11414-020-09704-6>

- Lerias, D., Ziaian, T., Miller, E., Arthur, N., Augoustinos, M., & Pir, T. (2025). The role of acculturative stress on the mental health of immigrant youth: A scoping literature review. *Community Mental Health Journal*, *61*(3), 462–491. <https://doi.org/10.1007/s10597-024-01351-x>
- Liu, L., Thapar-Olmos, N., Fung, J., Ho, L., & Lau, A. (2024). Therapist experiences working with Asian American college students. *Cogent Mental Health*, *3*(1), 1–24. <https://doi.org/10.1080/28324765.2024.2338052>
- Liu, M. A., Prestigiacomio, C. J., Karim, M. F. A., Ashburn-Nardo, L., & Cyders, M. A. (2024). Psychological outcomes and culturally relevant moderators associated with events of discrimination among Asian American adults. *Cultural Diversity & Ethnic Minority Psychology*, *30*(2), 363–373. <https://doi.org/10.1037/cdp0000568>
- Lor, M., Yu, Z., Chen, W., Xiong, Y., Yonker, J. A., Brown, R., & Krahn, D. D. (2022). Refugee-related trauma patterns and mental health symptoms across three generations of Hmong Americans. *Journal of traumatic stress*, *35*(4), 1087–1098. <https://doi.org/10.1002/jts.22813>
- Lou, N. M., Noels, K. A., Kurl, S., Zhang, Y. S. D., & Young-Leslie, H. (2023). COVID discrimination experience: Chinese Canadians' social identities moderate the effect of personal and group discrimination on well-being. *Cultural diversity & ethnic minority psychology*, *29*(2), 132–144. <https://doi.org/10.1037/cdp0000519>
- Lu, Y., Baumler, E., Wood, L., Le, V. D., Guillot-Wright, S. P., & Temple, J. R. (2024). Racial discrimination and interpersonal violence in Asian American adolescents during the COVID-19 pandemic. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, *74*(2), 246–251. <https://doi.org/10.1016/j.jadohealth.2023.09.016>

- Macedo, D. M., Reilly, J. A., Pettit, S., Negoita, C., Ruth, L., Cox, E., Staugas, R., & Procter, N. (2022). Trauma-informed mental health practice during COVID-19: Reflections from a Community of Practice initiative. *International Journal of Mental Health Nursing, 31*(4), 1021–1029. <https://doi.org/10.1111/inm.13013>
- Maxwell, S. E., & Cole, D. A. (2007). Bias in cross-sectional analyses of longitudinal mediation. *Psychological methods, 12*(1), 23–44. <https://doi.org/10.1037/1082-989X.12.1.23>
- Mutuyimana, C., & Maercker, A. (2022). Development and validation of the clinical aspects of historical trauma questionnaire in Rwandan genocide survivors. *Journal of Traumatic Stress, 35*(4), 1189-1200. <https://doi.org/10.1002/jts.22829>
- Naseer, S., Khalid, S., Parveen, S., Abbass, K., Song, H., & Achim, M. V. (2023). COVID-19 outbreak: Impact on the global economy. *Frontiers in public health, 10*, 1009393. <https://doi.org/10.3389/fpubh.2022.1009393>
- Nhan, E. R., Williamson-Raun, A. R., Chan, R., & Yang, J. P. (2025). Ethnic identity protects and internalized racism harms health and coping in Asian Americans following COVID-19 discrimination: A mixed-methods study. *Journal of Racial and Ethnic Health Disparities, 12*(3), 1700–1714. <https://doi.org/10.1007/s40615-024-02000-5>
- Nkomo, S. M. (2021). Reflections on the continuing denial of the centrality of “race” in management and organization studies. *Equality, Diversity and Inclusion: An International Journal, 40*, 212–24. <https://doi.org/10.1108/EDI-01-2021-0011>.
- Park, V. T., Tsoh, J. Y., Dougan, M., Nam, B., Tzuang, M., Park, L. G., Vuong, Q. N., Bang, J., & Meyer, O. L. (2022). Racial bias beliefs related to COVID-19 among Asian Americans, native Hawaiians, and pacific islanders: Findings from the COVID-19 effects on the mental and physical health of Asian Americans and pacific islanders survey study

- (COMPASS). *Journal of Medical Internet Research*, 24(8), e38443.
<https://doi.org/10.2196/38443>
- Pearson, N. O. (2021). *This is the anti-Asian hate crime capital of North America*. Bloomberg.
<https://www.bloomberg.com/features/2021-vancouver-canada-asian-hate-crimes/>
- Public Health Agency of Canada. (2024, June 11). *COVID-19 epidemiology update: Current situation*. Government of Canada. <https://health-infobase.canada.ca/covid-19/current-situation.html>
- Sachser, C., Berliner, L., Risch, E., Rosner, R., Birkeland, M. S., Eilers, R., Hafstad, G. S., Pfeiffer, E., Plener, P. L., & Jensen, T. K. (2022). The child and adolescent trauma screen 2 (CATS-2): Validation of an instrument to measure DSM-5 and ICD-11 PTSD and complex PTSD in children and adolescents. *European Journal of Psychotraumatology*, 13(2), 2105580. <https://doi.org/10.1080/20008066.2022.2105580>
- Saito, L. E., Li, J. (2022). Applying an AsianCrit lens on Chinese international students: History, intersections, and Asianization during COVID-19. *Journal of Higher Education Policy and Leadership Studies*, 3(1), 122-140. <https://doi.org/10.52547/johepal.3.1.122>
- Shah, M. (2021). Acceptance-based therapies and Asian philosophical traditions: Similarities and differences in the concept of acceptance. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 39(1), 1-13. <https://doi.org/10.1007/s10942-020-00355-2>
- Shahid, M., Weiss, N. H., Stoner, G., & Dewsbury, B. (2021). Asian Americans' mental health help-seeking attitudes: The relative and unique roles of cultural values and ethnic identity. *Asian American Journal of Psychology*, 12(2), 138-146.
<https://doi.org/10.1037/aap0000230>

- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, *104*, 333–339.
<https://doi.org/10.1016/j.jbusres.2019.07.039>
- Statistics Canada. (2025, March 25). *Police-reported hate crime in Canada, 2023*.
<https://www150.statcan.gc.ca/n1/daily-quotidien/250325/dq250325a-eng.htm>
- Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural competency in psychotherapeutic interventions. *Annual review of psychology*, *60*, 525–548. <https://doi.org/10.1146/annurev.psych.60.110707.163651>
- Su-Kubricht, L. P., Chen, H. M., Guo, S., et al. (2025). Towards culturally sensitive care: Addressing challenges in Asian and Asian American mental health services. *Contemporary Family Therapy*, *47*(2), 202–215. <https://doi.org/10.1007/s10591-024-09716-w>
- Truong, N. N., Ahn, L. H., & Miller, M. J. (2024). Secondary traumatic stress, financial stress, and the role of coping in understanding Southeast Asian American mental health. *Asian American Journal of Psychology*, *15*(4), 319-328. <https://doi.org/10.1037/aap0000345>
- U.S. Government Publishing Office. (2021, May 20). *S.937-COVID-19 hate crime act*. Congress.Gov. <https://www.congress.gov/bill/117th-congress/senate-bill/937/text>
- Wang, C. X., Huey, S. J. Jr, & Rubenson, M. P. (2024). Effects of COVID-19 related economic threat on political conservatism, xenophobia, and racial bias in the United States. *PloS one*, *19*(9), e0309766. <https://doi.org/10.1371/journal.pone.0309766>
- Wang, L., Bordon, J. J., Wang, K. T., & Yeung, J. G. (2019). Acculturation, enculturation, perceived discrimination, and well-being: A comparison between U.S.-raised and non-U.S.-raised Asian students. *Asian American Journal of Psychology*, *10*(1), 22-32.
<https://doi.org/10.1037/aap0000117>

- Wang, S. C., & Santos, B. M. C. (2022). "What support?" A qualitative study on social support for Asian American victims of racism during the COVID-19 pandemic. *Frontiers in public health, 10*, 961215. <https://doi.org/10.3389/fpubh.2022.961215>
- Weiss, N. H., Spillane, N. S., Goldstein, S. C., Kiefer, R., Raudales, A. M., Nalven, T., Egan, A., Trinh, C. D., Moore, R. S., & Gone, J. P. (2023). Ground-up approach to understanding the impacts of historical trauma in one reserve-dwelling First Nations community. *Journal of Consulting and Clinical Psychology, 91*(12), 717–730. <https://doi.org/10.1037/ccp0000840>
- Weiss, N. H., Spillane, N. S., Goldstein, S. C., Kiefer, R., Raudales, A. M., Nalven, T., Egan, A., Trinh, C. D., Moore, R. S., & Gone, J. P. (2023). Ground-up approach to understanding the impacts of historical trauma in one reserve-dwelling First Nations community. *Journal of consulting and clinical psychology, 91*(12), 717–730. <https://doi.org/10.1037/ccp0000840>
- Williams, M. T., Holmes, S., Zare, M., Haeny, A., & Faber, S. (2023). An evidence-based approach for treating stress and trauma due to racism. *Cognitive and behavioral practice, 30*(4), 565–588. <https://doi.org/10.1016/j.cbpra.2022.07.001>
- World Health Organization. (2020, December 13). *Impact of COVID-19 on people's livelihoods, their health and our food systems*. <https://www.who.int/news/item/13-10-2020-impact-of-covid-19-on-people%27s-livelihoods-their-health-and-our-food-systems#:~:text=The%20economic%20and%20social%20disruption,the%20end%20of%20the%20year>
- World Health Organization. (n.d.). *Coronavirus disease (COVID-19)*. https://www.who.int/health-topics/coronavirus#tab=tab_1

- World Health Organization. (n.d.). *Coronavirus disease (COVID-19) pandemic*.
<https://www.who.int/europe/emergencies/situations/covid-19>
- World Health Organization Data. (2024, December 29). *World Health Organization COVID-19 dashboard*. <https://data.who.int/dashboards/covid19/deaths?n=o>
- Wu, S., Marsiglia, F. F., Ayers, S., Cutrín, O., & Vega-López, S. (2020). Familial acculturative stress and adolescent internalizing and externalizing behaviors in Latinx immigrant families of the Southwest. *Journal of immigrant and minority health, 22*(6), 1193–1199.
<https://doi.org/10.1007/s10903-020-01084-5>
- Xiang, Y. T., Yang, Y., Li, W., Zhang, L., Zhang, Q., Cheung, T. & Ng, C. H. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. *The Lancet Psychiatry, 7*(3), 228– 229
- Yang, J. P., Do, Q. A., Nhan, E. R., & Chen, J. A. (2024). A mixed-methods study of race-based stress and trauma affecting Asian Americans during COVID. *Clinical Psychological Science, 12*(3), 468-485. <https://doi.org/10.1177/21677026231180810>
- Zhang, D., Li, G., Shi, L., Martin, E., Chen, Z., Li, J., Chen, L., Li, Y., Wen, M., Chen, B., Li, H., Su, D., & Han, X. (2022). Association between racial discrimination and delayed or forgone care amid the COVID-19 pandemic. *Preventive medicine, 162*, 107153.
<https://doi.org/10.1016/j.ypmed.2022.107153>