Chapter 29
Black Lives, Mass Incarceration, and the Perpetuity of Trauma in the Era of COVID-19: The Road to Abolition Social Work

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Introduction

Six months in the year 2020 has demonstrated to me the importance of living in the *now*. Yet as social workers, who are needed more than ever in the era of COVID-19, we can no longer afford to solely triage oppression and trauma. No matter how dystopian this moment may feel, we must move beyond the surface and explore the root of the social ills we seek to combat. Sankofa is a word and practice in West Africa (Temple 2010), which implies that to understand the present, we need to examine its history. Rather than begin this reflection prematurely amid a global pandemic—which has significantly exacerbated the trauma and oppression of historically marginalized people—I believe it prudent to provide some brief historical context towards our understanding of trauma and its relationship to the Black experience in the United States. And finally, I will articulate why in this now—amid the COVID-19 pandemic and the Black Lives Matter (BLM) movement—social work must reckon with its history and actualize its values by embracing abolition.

Trauma: A History Rooted in War

*Trauma* has been a buzzword for many years. I believe understanding it is of paramount importance to liberating a world engulfed for centuries in the trauma of white supremacy. Yet there is often minimal conversation on its history or the conceptual framework which guides our understanding and practice as social workers—
especially as it pertains to Black people impacted by carceral systems (James and Smyth 2014).

The genesis of the word “trauma” comes from the Greek word “traumat”—which means to wound. Trauma is “often used interchangeably with post-traumatic stress disorder [PTSD]”—which seeks to understand the present-day impact of a past traumatic event (DeVeaux 2013, p. 261). The current clinical and conceptual framework for the understanding of trauma is rooted in war—as soldiers came home from World War I, it became clear that they were suffering. A British medical journal, The Lancet, would ultimately coin the term “shell shock” in February 1915 to explain the phenomenon initially thought to be a physical illness emanating from exposure to the loud discharge of weapons. Through much research, debate, and advocacy by veterans, “shell shock” would become trauma and ultimately evolve to PTSD—which was then added to the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) in 1980 by the American Psychiatric Association (APA) (Crocq and Crocq 2000). In simple terms, trauma is any experience that overwhelms your ability to cope and respond as your best self. Clinical recognition and subsequent treatment of PTSD required an “etiological catalyst”—a trauma of sorts—often wide-ranging yet nevertheless rooted in extreme conditions (Goodwin 1987).

A 1990s research study on adverse childhood experiences (ACEs) further demonstrated the impact of trauma on children. They found that exposure to as little as one adverse experience (or traumatic event) could present lifelong consequences into adulthood. The outcomes included poor mental and physical health, substance use, higher risk for sexual diseases, lower socioeconomic opportunities, and ultimately, incarceration (Stensrud et al. 2019).

In my work with people impacted by carceral systems, I like to say that “trauma is drama” as it impairs numerous cognitive processes like the corpus callosum, a bridge that connects the left and right brain and is a conduit for critical thought and reality perception. Biological research on trauma demonstrates an impact on respiratory functioning, digestive functioning, immune functioning, and just about every automatic process necessary for health (Van der Kolk 1996). Understanding trauma and its genesis has been instrumental in my practice as a social worker. However, I have often felt that something was missing in trauma research and practice—which is again, mostly rooted in PTSD—implying a post or halt to the traumatic event. I am not sure if the magnitude of the question felt daunting to the APA or if its relevance would disturb white supremacy’s dissonance, but I have always wondered “How do we quantify the impact of trauma (war) that has never been ‘post’?”.

The Quest for White Supremacy and Its War on Black Lives

The Black Lives Matter (BLM) movement is again challenging the historical dissonance and apathy towards the oppression of Black people (and other oppressed minorities) in the United States. However, the dissonance is not limited to “racists” or pronounced “white supremacists.” The student-led uprisings within social work
education are similarly challenging the profession to recognize the lack of diversity and historical content afforded to students in preparation for their work with marginalized populations (James and Smyth 2014). The goal for this section is not solely to bridge the educational gap but to allow us a window to truly consider from a heart space, the trauma of oppression.

For the sake of this reflection, “Black Lives” is operationalized rather broadly. A brief historical account of the trauma African people have experienced in the quest for white supremacy—colonization, slavery, racism, and capitalism—and continuing through the journey for liberation and equity in the year 2020, is highlighted by BLM.

The root of much Black trauma is “white supremacy”—which took root in West Africa around 1471, when Portuguese sailors invaded the continent lusting after its gold. Shortly after, Europeans would go on to determine Black bodies were also of monetary value. Chattel slavery would rob millions of men, women, and children from their homes, families, languages, and history. For months they had to eat, sleep, and defecate in spaces not built for human beings. Many died in these conditions, but the ones who survived went through the door of no return on a transatlantic journey—where millions would perish—many choosing to jump with children into shark-infested waters to escape their predicament. It got no better for the ones who survived and made it ashore to various diasporic “captured land,” including what would become the United States in 1619.

These stolen people would have to adjust to strange lands, new languages, religion, and food. They would again have to adjust to being separated and sold to plantations where brutally cold winters and hot summers awaited, with backbreaking labor enforced by whippings and other forms of public torture, where Black women had to teach their daughters how to survive rape and white men’s sexual fetishization of Black bodies (Wideman 1998).

Black people would have to endure centuries of untold brutality before the passage of the 13th Amendment in 1865 feigned to acknowledge their humanity. The amendment hailed as the legislation to end chattel slavery in the United States declared slavery illegal, except for people convicted of crimes (James 2016). So as Black people awaited the promises of reconstruction, the southern states—many of which depended on the exploitation of Black bodies (via slavery) to sustain their economies—moved immediately to exploit the language of the amendment.

They established the “Black codes”—a series of laws that laid the groundwork for false theories and practices to substantiate Black criminality post-chattel slavery. The “codes” made it a crime to be unemployed, walk on the same side of the street as white people, look white people in the eye, and testify against white people in court (James 2016). Former slaves, lacking the ability to defend themselves against these laws rooted in anti-Blackness, were often convicted and sentenced to years in prison for minor offenses, only to be sent back to plantations—a practice termed “convict leasing system” by historians (Mancini 1996). Imputing crime to color within the American psyche could now be corroborated by the large percentages of incarcerated former slaves. Numerous media outlets then began to assert that Black people were inherently criminal. Race Traits and Tendencies of the American Negro,
a popular publication of the time, would proclaim that “crime, pauperism, and sexual immorality” were inherent tendencies of Black people (Hoffman 1896, p. 217). This false narrative set the stage for the Jim Crow era and another century of racialized oppression and trauma.

The Civil Rights Act of 1965 (similar to the 13th Amendment) brought with it a new hope, but what followed were new Black codes in the form of “The war on drugs,” mandatory minimums, truth in sentencing, three-strikes law, the 1994 crime bill, stop and frisk, etc.—all policies and practices with profound racial implications disproportionately affecting Black people (Alexander 2020). Also, true to the formula established in 1865, there was an intentional neoconservative agenda to negate social determinants of behavior—and to thus marginalize, if not extinguish, the role of poverty and varied systematic layers of oppression as causal factors of behaviors considered “criminal,” while simultaneously utilizing various methods of propaganda to promote Black criminality and anti-Blackness within the American consciousness.

While the police and carceral systems are central tools in maintaining white supremacy, they are not the only structures of harm inducing trauma. Many scholars have pointed out that capitalism—with its roots in slavery—continues to be a tool of Black labor exploitation and racialized violence, leaving millions of Black people to live their lives in perpetual financial insecurity (Melamed 2011; Pulido 2017). Education—often hailed as a necessary tool to access capitalistic structures—is often denied and/or inaccessible to many Black people. Those who can enter such structures have attested to the violence they must endure to survive and succeed (Black and Garvis 2018). Even social work has a tremendous bias towards admitting formerly incarcerated people (Magen and Emerman 2000). Health care and housing—the building blocks of fundamental human rights—are still largely inaccessible to many Black people, especially those entrapped within the carceral apparatus. How does social work begin to quantify and work with that magnitude of trauma, further exacerbated by the quest for white supremacy, on Black lives? And how has the COVID-19 pandemic further impacted people who are already compromised in this way?

**Mass Incarceration**

George Jackson, one of the greatest advocates for the rights of incarcerated individuals, would profoundly articulate in his classic *Soledad Brother* that:

> Black men born in the US and fortunate enough to live past the age of 18 are conditioned to accept the inevitability of prison. For most of us, it simply looms as the next phase in a sequence of humiliations. Being born a slave in a captive society and never experiencing any objective basis for expectation had the effect of preparing me for the progressively traumatic misfortunes that lead so many black men to the prison gate. I was prepared for prison. It required only minor psychic adjustments. (Jackson 1994, p. 4)
Much of my current research and interventions center on “mass incarceration”—a euphemism academics used to downplay the vestiges of colonialization, slavery, and racialized oppression inherent in the United States. The term further incorrectly implies that there is an equal probability of incarceration for all people living in America—which is statistically incorrect. The truth is that more Black men are incarcerated today than were enslaved in 1850. Black men, women, and children are significantly overrepresented in every facet of the prison industrial complex erected by the United States. A country that purports to be a democracy, but with only 5% of the world’s population, has managed to incarcerate 25% of the total global prison population. Almost 11 million people are jailed to await trial each year; over 2 million people are sentenced and warehoused in state and federal prisons throughout the nation. More children are incarcerated in the United States than any other country in the world. Women are the fastest-growing prison population, and millions more are trapped in their communities under the auspices of parole and probation (Alexander 2020).

The majority of people held in jails and prisons are Black—direct descendants of mothers, fathers, and children stolen from Africa beginning in the fifteenth century (Wacquant, 2002). An almost 500-year continuous history of war. Quite possibly, an “etiological catalyst” unlike any witnessed in the history of this world. Yet their trauma—one certainly exacerbated by the pandemic—is rarely a topic of conversation. I have to admit that the first time I was asked to consider the trauma of racialized oppression, I was dumbfounded. My dissertation advisor asked me to consider the traumatic impact of carceral systems and centuries of oppression on Black and brown people. Yet I was having a hard time conceptualizing the question, especially considering I had just illustrated in over 200 pages what I believed to be the impact of racialized oppression with well-sourced quantitative data. But he persisted “your work shows how people are impacted systematically, but how does the trauma of that oppression impact the people?”.

It is a question that social work as a profession has spent little time contemplating—and it is a question made even more relevant during this pandemic that has disproportionately impacted Blacks, not only in deaths but economically, socially, and in ways that, frankly, have yet to be understood, which terrifies me! The resilience of Black people in the face of constant oppression speaks for itself. But COVID-19, coupled with blatant racism and gaslighting by the US government amid gross police and state-sanctioned violence, presents another layer of traumatic stress for extremely vulnerable people who have never had a post trauma. How do we quantify the impact? By now, you should know that the question is rhetorical as we have no tools at our disposal to access the trauma of 500 years of oppression—but even without a tool of measure, we know that there will be an impact. And let us not forget “trauma is drama.”
COVID-19: The Personal Is the Professional

Trauma awareness needs to be a parallel process that starts internally with us as social workers—which can often feel selfish and challenging to people who have dedicated their lives in service to others. However, much like the announcement before takeoff that cautions us to put on our oxygen mask first in the case of an emergency, we must recognize that an understanding of our own trauma is paramount to our ability to show up as our best selves in work to dismantle oppression amid a pandemic. Furthermore, the truth, all of it, has to be centered in that process.

There is catharsis that awaits us all in truth-telling. But since March of 2020, and the Zoom invasion into my personal life, “How are you doing?” has become my most dreaded question. The often-used expression has taken on a new depth during the coronavirus pandemic. Yet, depending on the person or situation, I know the answer is often a watered-down palatable version of my truth. But in honoring Baldwin and this moment, here is the truth of how I am doing: I am a Black man living in the United States and a world rooted in anti-Blackness, where the trauma of white supremacy is an omnipresent facet of my existence, an existence that is always in question. The uncertainty the world feels, as a result of this pandemic, is the uncertainty myself and that most oppressed people have to live under each day. And much like that of my enslaved ancestors, it began at birth. Yet, for brevity, I will share only my experiences during the first 6 months of 2020.

January arrives with two of my closest friends and my 20-year-old brother, incarcerated. My brother, incarcerated for weed possession, has to spend 6 months in jail before his release in May. At the same time, my friends remain trapped in human cages, separated from their families and children amid a global pandemic. In February, my 27-year-old brother—a graduate of Columbia University and Duke University School of Medicine—had a mental health breakdown during which he is hospitalized for 2 weeks. Kobe Bryant died on the same weekend of his hospitalization—and as I cried for Kobe and my brother, there was no way I could have imagined the world getting any worse, but it did.

March brings the apocalyptic reality of COVID-19 and the academic transition online—a traumatic period for all—yet very little acknowledgment or support for faculty, staff, and students, especially those of color, whom, historically marginalized and traumatized, will be more vulnerable to the myriad impacts of this pandemic. March further brings the challenges of finding balance in my own life while supporting my family and children in their own emotional, educational, and professional transitions.

April begins the first wave of calls and emails reporting the death and illness of friends and relatives associated with COVID-19. The loss of my uncle to COVID-19 heralds in May, followed by another mental health breakdown for my brother—this time involving a 30-hour police and family stakeout outside his Washington, D.C. apartment—requiring my mom and dad to fly in from Georgia during the height of a pandemic. In June, on my mother’s birthday, she is hospitalized for stress-related symptoms. My grandmother would follow my mom to the
hospital a week later—and while the doctor could not determine what was causing her chest pains, I can tell you without a doubt that it was trauma!

And that snippet is by no means exhaustive, as I have not even mentioned the very public killings of Black people in this period: George Floyd in Minneapolis, Minnesota; Breonna Taylor in Louisville, Kentucky; Ahmaud Arbery in Glynn County, Georgia; Tony McDade in Tallahassee, Florida; Dion Johnson in Phoenix, Arizona; and countless others killed and victimized daily—a steady stream of murder, used as trauma porn on continuous media loops showing knees on necks and final cries of “I can’t breathe.”

It’s all beyond exhausting, and there is no letup. Email alerts from students and colleagues—at all hours—each urgent and demanding of an immediate response continually bombard and threaten the illusion of privacy. Or maybe it’s the late-night calls from Black men and women, all suffering and seeking to check in. And as much as I try to hold space for everybody, I am aware of my trauma and vulnerabilities in the present moment—especially their ability to adversely impact my health.

Self-care has often felt like an empty cliché in social work circles. However, for me and many others, its practice has become integral to survival amid a pandemic and racialized violence. Yoga, running, biking, cooking, and finding joy within my moments have all become tools of resilience building. But as a Black man, even one who is formerly incarcerated, I am aware of my privilege. In sharing my struggles during the pandemic, I hope to create the space for truth, healing, and resilience-building among my colleagues—and social work as a profession—which will be needed now more than ever. But to truly show up, we must recognize our own trauma on individual and organization levels—while co-creating appropriate spaces for healing.

The Road to Abolition Social Work

COVID-19 has amplified the historical harm of marginalized people to such a degree that we cannot afford to not actualize our core values at this moment. These values are intrinsically aligned with abolition—a historical call to end slavery (or jails and prisons) and transform this nation so that everyone has the right to self-actualize.

I believe in the possibility of an abolitionist and liberatory social work. But for social work to become the vanguard of justice it professes, it must be willing to recognize the dissonance between its values and actions. It must uproot the ideas of white supremacy, settler colonialism, anti-Blackness, racialized capitalism, and cis-heteropatriarchy that permeate its education and practice. It must reckon with its intellectualization of oppression at the expense of meaningful action. And it must also reckon with its relationship with carceral systems.

In a recent article titled “Resisting Carcerality, Embracing Abolition: Implications for Feminist Social Work Practice,” the authors Richie and Martensen (2020) outline
three tenants for abolition praxis. The first one requires a critique of the factors that have facilitated “mass incarceration.” The authors contend that “crime is more of a social construction than an absolute phenomenon” (p. 13) and highlight eras in which “crime” rates went down as financial allocation to policing increased. Second, the authors argue that increasing funds unwarranted for policing is “associated with a simultaneous divestment of resources from programs and services that would otherwise strengthen communities with their most significant needs” (p. 13). And finally, the authors argue that we must speak to the “misnomer” of “mass incarceration” as it is a system with a clear intent to target and subjugate Black people and other vulnerable populations. At all levels, social work must be a loud voice of truth—challenging the antiquated criminal narratives and stereotypes attributed to oppressed people.

As the push to defund police coincides with a global pandemic, “inner-city violence”, and nationwide protest—amid a renewed fascist-led media propaganda campaign to distort the truth while pathologizing Black people and other minorities to maintain the status quo (Giroux 2018; Stanley 2020)—social work must resist. It must loudly challenge long-held myopic narratives related to “crime,” causation, and public safety. Social work must tell the truth—it must teach and give voice to the perpetuity of oppression and trauma inflicted by the quest for white supremacy. It must demand the reinvesting and redistribution of resources that support restorative and transformative practices in response to harm and community building. Social work must also be transparent and accountable to what an actualization of its core values looks like—especially as it attempts to discern actions aligned with power and domination (reformist reforms) vs. liberation. While abolition social work is an evolving concept with much room for dialogue, growth, and imagination, the questions below are a framework adapted from abolitionist activist Cameron Rasmussen and Dean Spade (Rasmussen and James 2020) and expanded by the author to gauge our collective actions as social workers toward liberation:

- Does the work shift power, give voice, mobilize, and include the leadership of impacted people?
- Does it dismantle dichotomies of good vs. bad, violent vs. nonviolent, and/or deserving vs. undeserving?
- Does it work against the expansion and legitimization of carceral systems? Or the narratives that fuel them?
- Does it provide financial relief for impacted people without compromising their agency?
- Is the work trauma-informed and rooted in a historical analysis of oppression?
- Is the work committed to an evolving process of decolonization and inquiry towards its ways of knowing, being, and acting?
- And maybe most importantly, is the work self-actualizing—meaning, are we moving towards the co-creation of a society that puts us out of business?
Conclusion

COVID-19 has disproportionately impacted Black people—am I surprised? No! Black Lives from the micro to the macro have been intrinsically linked with oppression and trauma—one that has never been post, and only exacerbated by a pandemic and the senseless murders of innumerable Black men and women. And while the antidote for trauma is often resilience, I would caution against social work championing resilience for the sake of solely surviving and acquiescence to oppression—and ask that we see resilience as a key to resistance and the transformation of our society. I ask that as a profession we commit to creating liberatory spaces where we can better understand the traumatic impact of COVID-19 on impacted communities—so that we may work with them in partnership to heal, build resilience, and move our society from an ethos rooted in power and domination, to one of love.

I remain an optimist, no matter how long the journey to the promised land is. But I would not be living in truth if I didn’t share that I am deeply concerned to what degree social work, and our society, can commit to decolonization—meaning, are we really ready to extrapolate our ways of knowing, being, and acting, from the omnipresence of white supremacy?

We are living in a moment that demands societal change if the United States is to be considered a democracy—yet in prior moments, such as the period following the 13th Amendment and the Civil Rights Movement, what followed were false narratives and institutions amounting to “reformed” legacies of chattel slavery. We cannot allow history to repeat itself. We must evolve by standing in truth: Black Lives Matter! There can be no justice, no peace, and certainly no democracy until every human being has the right to self-actualize—and be free from the oppression and trauma of white supremacy.

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