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ADDRESSING DISASTER-RELATED TRAUMA AND LOSS IN SRI LANKA

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ABSTRACT

Sri Lanka has experienced a series of overlapping crises over recent decades, including prolonged civil conflict, the COVID-19 pandemic, severe economic instability, and natural disasters. These events have generated complex and cumulative experiences of loss and trauma among individuals and communities, with significant implications for mental health and psychosocial well-being. This study aims to examine disaster-related trauma and loss in Sri Lanka through a qualitative analysis of secondary data, emphasizing the interconnected and layered nature of adversity across multiple crises. Adopting a qualitative document analysis approach, the study synthesizes evidence from peer-reviewed journal articles, government publications, and reports by international and humanitarian organizations addressing trauma, loss, and mental health in Sri Lanka. A thematic analysis was conducted to identify recurring patterns related to experiences of loss, psychological distress, coping processes, and documented psychosocial responses. The analysis reveals key themes, including cumulative trauma arising from repeated crisis exposure, multiple forms of loss encompassing life, livelihood, and social stability, reactivation of earlier traumatic experiences following recent disasters, and persistent barriers to accessing mental health and psychosocial support services. These findings indicate that disaster-related trauma in Sri Lanka cannot be adequately understood as event-specific but must be conceptualized as a continuous and compounding process shaped by historical, social, and structural factors. The study reveals the need for trauma-informed, culturally responsive, and sustained social work and mental health interventions that address long-term and layered experiences of loss. Strengthening integrated psychosocial approaches is essential for promoting recovery and resilience in contexts characterized by recurrent disasters.

Keywords: *Disaster-related trauma, Loss and grief, Mental Health*

1. Introduction

Disasters, whether human-made or natural, have profound and lasting effects on individuals and communities, extending beyond immediate physical destruction to include long-term psychological and social consequences. In contexts marked by repeated exposure to crises, the impact of such events often accumulates, producing collective experiences of loss, uncertainty, and emotional distress (Norris et al., 2002). Understanding mental health outcomes in disaster-prone and conflict-affected societies therefore requires attention not only to single events, but also to the broader historical and socio-economic context in which these events occur.

Sri Lanka represents a unique context for examining disaster-related psychosocial outcomes due to its exposure to multiple, overlapping crises over recent decades. The country has experienced a prolonged civil conflict, large-scale displacement, recurrent natural disasters, public health emergencies, and a severe economic crisis, each contributing to widespread disruption of social and emotional wellbeing (Perera et al., 2017; World Bank, 2023). These experiences have shaped collective memories of loss and vulnerability, influencing how individuals and communities respond to subsequent crises.

Research indicates that populations exposed to prolonged conflict are at increased risk of long-term psychological distress, including anxiety, depression, and unresolved grief, even years after the cessation of violence (Fernando, 2014; Silva & Samaranayake, 2017). Such pre-existing vulnerabilities may intensify the impact of later adversities, including pandemics and economic instability. The COVID-19 pandemic further compounded these challenges by introducing widespread bereavement, social isolation, and disruptions to livelihoods, while simultaneously limiting access to mental health and psychosocial support services (Hossain et al., 2020; WHO, 2022).

More recently, economic instability and climate-related disasters have added new layers of stress. Economic crises are strongly associated with deteriorating mental health outcomes, particularly among low-income and marginalized populations, due to increased insecurity and reduced access to basic needs (IMF, 2022). Similarly, natural disasters such as cyclones and floods contribute not only to material loss but also to emotional exhaustion and fear, particularly in communities with prior trauma exposure (Patel et al., 2017). Events such as Cyclone Ditwa which happened in November 2025 illustrate how acute environmental hazards intersect with existing psychosocial vulnerabilities in Sri Lanka.

Against this backdrop, Sri Lanka presents a significant context for examining disaster-related trauma and loss due to its exposure to multiple and overlapping crises over several decades. These events have disrupted social structures, livelihoods, community networks, and psychological well-being, resulting not only in immediate physical and economic damage but also in long-term experiences of grief, displacement, insecurity, and emotional distress. In many cases, communities have had limited opportunities for recovery before facing new adversities, creating a cycle of cumulative psychosocial vulnerability.

The post-disaster context in Sri Lanka is characterized by persistent mental health challenges, including anxiety, depression, unresolved grief, traumatic stress reactions, and reduced coping capacities. Access to mental health and psychosocial support services remains uneven, particularly among marginalized and disaster-affected populations. Furthermore, repeated exposure to crises can reactivate earlier traumatic experiences, making recovery more complex and prolonged.

Given these circumstances, the present study seeks to explore how disaster-related trauma and loss are experienced and understood within the broader context of cumulative and layered adversities in Sri Lanka. Rather than focusing on a single disaster event, the study examines how conflict, public health emergencies, economic instability, and natural disasters collectively influence psychosocial well-being. Through a qualitative analysis of secondary literature, policy documents, and institutional reports, the study aims to identify major patterns of trauma, loss, and psychosocial vulnerability while highlighting implications for social work practice, mental health interventions, and disaster preparedness in Sri Lanka.

2. Background to the Study

Sri Lanka has experienced multiple forms of disasters and crises over the past four decades, including prolonged civil conflict, public health emergencies, economic instability, and climate-related disasters. Existing literature demonstrates that these events have generated significant psychosocial consequences, including trauma, grief, displacement, and social disruption (Fernando, 2014; Perera et al., 2017). While these crises differ in their origins and manifestations, they share a common outcome of exposing individuals and communities to various forms of loss and psychological distress.

Research on post-conflict Sri Lanka highlights the long-term mental health consequences of violence, displacement, and bereavement. Studies have reported elevated levels of anxiety, depression, unresolved grief, and trauma-related symptoms among conflict-affected populations (Fernando, 2014; Silva & Samaranayake, 2017). Similarly, evidence

emerging from the COVID-19 pandemic emphasizes the psychosocial impacts of bereavement, prolonged social isolation, and disruptions to everyday life, with many individuals experiencing heightened emotional distress and reduced social support (Hossain et al., 2020; WHO, 2022).

The literature on Sri Lanka's recent economic crisis presents another dimension of psychosocial vulnerability. Researchers argue that economic insecurity, unemployment, food shortages, and reduced access to essential services contribute significantly to stress, anxiety, and uncertainty, particularly among vulnerable households (IMF, 2022; World Bank, 2023). Unlike conflict and pandemics, where loss is often associated with death and social disruption, economic crises primarily affect livelihoods and future security. Nevertheless, all three contexts demonstrate how prolonged adversity can negatively influence mental health and well-being.

Recent studies on climate-related disasters, including Cyclone Ditwa, further illustrate how environmental crises can intensify existing vulnerabilities. Natural disasters produce immediate losses through death, displacement, and destruction of property, while also generating long-term psychological consequences such as fear, uncertainty, and emotional distress (Amaratunga & Kodituwakku, 2026). Several scholars suggest that individuals previously exposed to conflict, pandemics, or economic hardship may experience stronger psychological reactions following subsequent disasters due to the reactivation of unresolved trauma and grief.

A comparison of these bodies of literature reveals a common pattern: although each crisis differs in nature, all contribute to cumulative trauma and layered experiences of loss. However, much of the existing research examines these events separately, with limited attention to how multiple crises interact and shape psychosocial outcomes over time. This gap emphasized the need for a broader understanding of disaster-related trauma and loss within the Sri Lankan context, providing the rationale for the present study.

2. Conceptual Framework: Cumulative Trauma and Layered Loss

Disaster-related trauma is often conceptualized not as a single, isolated event but as a cumulative process, in which repeated exposure to adversities compounds psychological and social impacts over time. Cumulative trauma refers to the accumulation of multiple traumatic experiences ranging from conflict, pandemics, economic instability, to natural disasters that collectively exacerbate emotional, cognitive, and behavioral distress (Herman, 1992; van der Kolk, 2005). In Sri Lanka, decades of civil conflict, followed by pandemics, economic crises, and natural disasters such as Cyclone Ditwa, illustrate how sequential crises create layered vulnerabilities and persistent psychosocial burdens.

Layered loss is central to understanding cumulative trauma. Loss may occur in multiple domains, including,

> Death and bereavement: loss of family members, community members, or peers.
> Livelihood and economic security: destruction of homes, employment, or access to resources.
> Displacement and social disruption: forced migration, evacuation, and loss of social networks.
> Uncertainty and existential stress: persistent fear, insecurity, and disruption of daily routines.

The ecological perspective in social work situates these individual and collective experiences within broader social, cultural, and environmental systems, recognizing that trauma is not only a personal experience but also embedded in family, community, and structural contexts (Bronfenbrenner, 1979; Ungar, 2011). This approach aligns closely with trauma-informed care, which emphasizes safety, empowerment, cultural sensitivity, and recognition of cumulative stressors in psychosocial interventions (SAMHSA, 2014). Repeated and overlapping crises intensify mental health impacts because prior unresolved trauma can be reactivated by subsequent adversities, reducing coping capacities and increasing vulnerability to anxiety, depression, and post-traumatic stress (Cloitre et al., 2009). Understanding disaster-related mental health through a cumulative trauma lens highlights the necessity for interventions that address both historical and acute losses, emphasizing prevention, long-term psychosocial support, and community resilience-building.

3. Review of Literature

Disaster-Related Trauma and Mental Health

Extensive research has documented the mental health consequences of exposure to disasters and crises, emphasizing anxiety, depression, post-traumatic stress, and other psychosocial disorders (Norris et al., 2002; Galea et al., 2005). In Sri Lanka, prolonged civil conflict has been associated with long-term psychological distress, particularly among displaced populations and communities experiencing bereavement (Fernando, 2014; Perera et al., 2017). More recent events, including the COVID-19 pandemic and natural disasters such as Cyclone Ditwa, have introduced additional layers of trauma, highlighting the cumulative impact of sequential crises on mental health (World Health Organization, 2022; OCHA, 2025). Studies suggest that prior exposure to trauma can amplify responses to subsequent disasters, increasing vulnerability to stress-related disorders (Cloitre et al., 2009).

Loss and Grief in Post-Crisis Contexts

Loss following disasters is multidimensional, encompassing death, loss of livelihood, displacement, and social disruption. Grief reactions often extend beyond individual experiences to affect families and communities, producing collective psychosocial stress (Hobfoll et al., 2007). Evidence from post-conflict Sri Lanka demonstrates that unresolved grief and prolonged mourning are common among communities affected by displacement and bereavement (Silva & Samaranayake, 2017). Similarly, pandemics and economic crises have compounded experiences of loss, reinforcing chronic stress and emotional exhaustion among affected populations (Hossain et al., 2020; IMF, 2022). These findings highlight the importance of understanding layered loss as a central component of cumulative trauma.

Social Work Interventions in Disaster Recovery

Social work interventions in disaster contexts focus on psychosocial support, community resilience-building, and trauma-informed care. Trauma-informed approaches prioritize safety, empowerment, cultural sensitivity, and recognition of prior adversity in designing interventions (SAMHSA, 2014). In Sri Lanka, NGOs and government agencies have implemented community-based mental health programs, including counseling, psychosocial support, and rehabilitation initiatives for disaster-affected populations (Amaratunga & Kodituwakku, 2026). While these interventions have demonstrated positive outcomes, challenges persist in addressing the long-term and cumulative effects of trauma, particularly in communities affected by multiple overlapping crises.

Gaps in Global South

Despite growing research on disaster-related mental health and psychosocial interventions, significant gaps remain in the Global South, including Sri Lanka. Most studies focus on single events rather than examining how repeated exposure to crises shapes cumulative trauma and layered loss (Patel et al., 2017; van der Kolk, 2005). There is limited empirical evidence on the long-term impact of sequential disasters on mental health outcomes and coping strategies, as well as on the integration of trauma-informed approaches in routine social work practice. Furthermore, few studies systematically explore the intersection of conflict, pandemics, economic crises, and climate-related disasters within a cumulative trauma framework.

4. Methodology

Study Design

This study adopts a secondary qualitative research design, drawing on existing peer-reviewed literature, policy documents, and official reports to examine disaster-related trauma and layered loss in Sri Lanka. A qualitative approach was considered appropriate as it enables an in-depth exploration of psychosocial experiences, meanings of loss, and mental health impacts across multiple crises, rather than quantifying outcomes.

Study Area

The study is situated in Sri Lanka and focuses on disaster-related trauma and loss arising from multiple crises, including the civil conflict, COVID-19 pandemic, economic crisis, and climate-related disasters. Sri Lanka was selected because of its unique experience of overlapping crises that have generated significant psychosocial consequences across communities.

Study Population and Sampling

As a secondary qualitative study, the population consisted of published documents rather than human participants. The study included peer-reviewed journal articles, policy documents, government reports, and publications from international organizations addressing trauma, loss, mental health, and disaster-related experiences in Sri Lanka. Documents were selected through purposive sampling based on their relevance to the study objectives and conceptual focus on disaster-related trauma and loss.

Sample Size

A total of 25 documents were reviewed for the study, including peer-reviewed journal articles, institutional reports, and policy documents published between 2010 and 2025. The number of documents was determined based on relevance, availability, and adequacy of information related to the research objectives.

Data Collection Tools and Procedure

Document review was used as the primary data collection tool. Relevant documents were identified through academic databases, organizational reports, and publicly available publications. Inclusion criteria focused on documents discussing trauma, loss, mental health, psychosocial well-being, and disaster experiences within the Sri Lankan context.

Information was systematically extracted and organized according to key themes related to cumulative trauma, loss, coping mechanisms, and psychosocial vulnerability.

Data Analysis

The collected documents were analyzed using thematic analysis. Relevant texts were reviewed, coded, and grouped into broader themes. The analysis was guided by the concepts of cumulative trauma and layered loss, enabling the identification of recurring patterns across different disaster contexts.

5. Findings

This section presents the empirical patterns related to levels of trauma, types of loss, psychosocial impacts, and indicators of cumulative trauma experienced by affected populations across repeated crises. Findings are presented descriptively, without theoretical interpretation.

Levels of Trauma Across Repeated Crises

Trauma was identified at multiple interconnected levels, including individual, family, community, and structural levels. Exposure to repeated crises intensified vulnerability, with impacts extending beyond immediate loss to long-term psychosocial functioning. Studies conducted among conflict-affected populations in Sri Lanka indicate that prolonged exposure to violence, displacement, and uncertainty contributed to persistent anxiety, depression, and unresolved grief (Fernando, 2014; Perera et al., 2017). At the family level, economic hardship and loss of livelihood disrupted caregiving roles and increased household stress. Community-level impacts included weakened social cohesion, displacement, and reduced collective support systems. Structural challenges such as limited access to mental health services and economic insecurity further intensified psychosocial distress. These findings suggest that trauma operates across multiple ecological levels rather than being confined to individual experiences.

Types of Loss Experienced Across Crises

The analysis revealed that loss extended beyond bereavement and encompassed livelihood disruption, displacement, insecurity, and loss of social stability. Evidence from post-conflict studies highlights the enduring impact of bereavement and forced displacement on affected communities (Silva & Samaranayake, 2017). During the COVID-19 pandemic, individuals experienced additional losses related to social isolation, interrupted routines, and reduced social support networks (Hossain et al., 2020). Similarly, the economic crisis contributed to livelihood insecurity and difficulties

in accessing basic necessities, while natural disasters resulted in the destruction of homes, community infrastructure, and sources of income. These overlapping forms of loss demonstrate the multidimensional nature of disaster-related adversity in Sri Lanka.

Psychological Impact and Coping Patterns

Across the reviewed literature, psychological distress commonly manifested as anxiety, depressive symptoms, fear, emotional exhaustion, and uncertainty about the future. The World Health Organization (2022) reported that large-scale crises significantly increased psychosocial needs, particularly among vulnerable populations. Individuals affected by repeated adversities often relied on informal support systems such as family relationships, religious practices, and community networks as coping mechanisms. However, some studies also reported withdrawal, social isolation, and emotional avoidance as responses to prolonged stress (Fernando, 2014). These findings indicate that coping capacities may become strained when individuals are repeatedly exposed to crises without adequate recovery periods.

Re-triggering of Trauma Following Cyclone Ditwa

Cyclone Ditwa emerged as a significant recent stressor, particularly for populations already affected by conflict, the pandemic, and economic hardship. Existing literature suggests that prior traumatic experiences can be reactivated when individuals encounter new disasters, resulting in heightened emotional responses and psychological vulnerability (Cloitre et al., 2009; van der Kolk, 2014). Reports on the cyclone highlighted experiences of fear, uncertainty, displacement, and loss of livelihood among affected communities. For many individuals, these experiences mirrored earlier losses associated with conflict, pandemic-related disruptions, and economic instability. This pattern demonstrates how recent disasters may interact with unresolved trauma, contributing to cumulative psychosocial burdens.

Barriers to Mental Health Support

Despite increased psychosocial needs, access to mental health support remained limited across many disaster-affected communities. The literature identifies stigma, shortages of trained mental health professionals, financial constraints, and inadequate service availability as major barriers to care (WHO, 2022). These challenges were particularly evident among displaced populations, low-income households, and communities living in disaster-prone areas. Furthermore, mental health and psychosocial support services were often insufficiently integrated into disaster response mechanisms. As a result, many affected individuals experienced delays in receiving appropriate psychosocial assistance, potentially prolonging recovery and increasing vulnerability to future crises.

6. Discussion

This study highlights how exposure to repeated and overlapping crises in Sri Lanka has contributed to cumulative trauma and layered loss, shaping mental health outcomes in complex and enduring ways. Rather than functioning as isolated stressors, civil conflict, the COVID-19 pandemic, economic instability, and Cyclone Ditwa appear to interact over time, intensifying psychological vulnerability and complicating recovery processes (Kira et al., 2018; Miller & Rasmussen, 2010).

Linking Findings to Cumulative Trauma Theory

The findings strongly align with cumulative trauma theory, which emphasizes that repeated exposure to adversity progressively erodes coping capacity and resilience (Kira et al., 2018). Evidence from the results indicates that individuals and communities who experienced earlier losses such as displacement during the civil conflict or bereavement during the pandemic were more vulnerable to psychological distress following Cyclone Ditwa. The re-triggering of emotional responses supports previous research suggesting that unresolved trauma can remain latent and resurface during subsequent crises (Herman, 1992; van der Kolk, 2014). This reinforces the understanding of trauma as a layered process, where each crisis compounds existing emotional burdens rather than replacing them.

The findings indicate that trauma operates across multiple ecological levels, including individual, family, community, and structural domains. Experiences of bereavement, displacement, livelihood disruption, and reduced access to services demonstrate that the consequences of crises extend beyond individual psychological distress and affect broader social systems. These findings support cumulative trauma theory, which argues that repeated exposure to adversity progressively weakens coping capacities and increases vulnerability to subsequent stressors (Kira et al., 2018).

Interpretation within the Sri Lankan Context

Sri Lanka's socio-historical context provides a critical lens for interpreting these findings. Decades of civil conflict have left enduring psychosocial scars, particularly among communities affected by displacement, loss of life, and disrupted social networks (Fernando, 2014; Perera et al., 2017). These vulnerabilities were further intensified by the COVID-19 pandemic, which introduced widespread bereavement, social isolation, and strain on health systems (Hossain et al., 2020; WHO, 2022). The subsequent economic crisis exacerbated insecurity related to employment, food access, and basic services, contributing to heightened psychological stress (World Bank, 2023). Cyclone Ditwa

occurred within this already fragile psychosocial landscape, amplifying distress among populations with limited recovery time between crises.

The findings further reveal that loss in Sri Lanka is multidimensional, extending beyond the loss of life to include loss of livelihood, housing, social support networks, safety, and daily routines. While conflict-related experiences were primarily associated with displacement and bereavement, the COVID-19 pandemic introduced social isolation and disruptions to everyday life. Similarly, the economic crisis intensified livelihood insecurity, whereas natural disasters generated immediate physical destruction and displacement. Despite these differences, all crises contributed to a shared pattern of psychosocial vulnerability and emotional distress.

Why Recovery Is Complex after Repeated Crises

Recovery following repeated crises is inherently complex because individuals are often coping with multiple, unresolved losses simultaneously. The findings suggest that grief, economic insecurity, displacement, and fear frequently coexist, creating sustained emotional pressure and limiting adaptive functioning (Bonanno et al., 2011). Repeated exposure to crisis events may overwhelm already depleted coping resources, resulting in prolonged distress rather than recovery (Miller & Rasmussen, 2010). Structural barriers including limited access to mental health services, stigma surrounding help-seeking, and uneven disaster response mechanisms further delay psychosocial recovery, reinforcing cycles of vulnerability (Tol et al., 2011).

Another important finding relates to the barriers that limit access to mental health and psychosocial support. Stigma, shortages of mental health services, financial constraints, and uneven availability of care continue to hinder recovery among disaster-affected populations. These structural barriers may prolong psychological distress and reduce opportunities for timely intervention, particularly among vulnerable and marginalized communities. Addressing such barriers is therefore essential for strengthening long-term psychosocial recovery and resilience.

The findings illustrate that trauma in Sri Lanka cannot be understood as a series of isolated responses to discrete events. Instead, repeated exposure to civil conflict, the COVID-19 pandemic, economic instability, and Cyclone Ditwa has produced cumulative and layered forms of loss that intensify psychosocial vulnerability over time. The reactivation of earlier trauma following recent crises highlights how unresolved grief and stress can persist and resurface, shaping mental health outcomes long after the original events. These patterns emphasize the importance of interpreting disaster-related distress within broader historical and structural contexts, where limited recovery periods and overlapping adversities complicate pathways to psychosocial healing.

7. Implications for Social Work and Mental Health Practice

This study highlights several important implications for social work and mental health practice in contexts affected by repeated and overlapping crises such as Sri Lanka.

Trauma-Informed Practice

The cumulative nature of trauma identified in this study underscores the importance of adopting trauma-informed practice across social work and mental health services. Trauma-informed approaches emphasize safety, trust, empowerment, and sensitivity to prior adverse experiences, helping to prevent re-traumatization during post-disaster interventions (Herman, 1992; SAMHSA, 2014). Practitioners working with disaster-affected populations should therefore assess trauma histories holistically, recognizing that current distress may be rooted in unresolved experiences from earlier crises.

Community-Based Interventions

Findings indicate that repeated crises weaken community support systems, increasing isolation and psychosocial vulnerability. Community-based interventions that strengthen local networks and collective coping mechanisms are critical for sustainable recovery, particularly in low-resource and disaster-prone settings (Tol et al., 2011; Inter-Agency Standing Committee, 2021). Social work practice should prioritize participatory and community-led psychosocial initiatives that enhance resilience and restore social cohesion.

Culturally Sensitive Grief Support

Loss and grief in Sri Lanka are closely intertwined with cultural, religious, and familial practices. Culturally sensitive approaches to grief support are essential to ensure that interventions are meaningful and acceptable to affected communities (Fernando, 2014). Social workers and mental health practitioners should incorporate local mourning practices, spiritual resources, and collective expressions of grief into psychosocial care, rather than relying solely on standardized clinical models.

Policy and Disaster Preparedness

The findings also highlight the need to integrate mental health and psychosocial support into disaster preparedness and response policies. Embedding psychosocial care within national disaster management frameworks can improve early identification of distress and reduce long-term mental health consequences following repeated crises (World

Health Organization, 2022). Policy-level support for training, coordination, and continuity of care is essential to address cumulative trauma effectively.

8. Conclusion

This study underscores the importance of understanding trauma in Sri Lanka as a cumulative and layered experience shaped by repeated exposure to conflict, public health emergencies, economic instability, and natural disasters. The findings highlight that loss extends beyond immediate physical damage to include prolonged psychological distress, disrupted social relationships, and weakened coping capacities across individual, family, and community levels.

Recognizing layered trauma is essential for accurately interpreting mental health needs in post-crisis contexts. When recovery efforts focus only on recent events, earlier unresolved losses may remain unaddressed, increasing vulnerability to future crises. The reactivation of distress following events such as Cyclone Ditwa illustrates how repeated adversities can intersect, intensifying psychosocial impacts over time.

Addressing these challenges requires integrated mental health and psychosocial responses that move beyond short-term, event-specific interventions. Coordinated approaches that combine trauma-informed care, community-based support, and culturally responsive practices are crucial for promoting sustainable recovery. By acknowledging cumulative trauma and strengthening systems of care, mental health and social work interventions can better support resilience and well-being in societies experiencing recurrent crises.

References

Amaratunga, D., & Kodituwakku, S. (2026). Community-based psychosocial responses to disaster recovery in Sri Lanka. *International Journal of Disaster Risk Reduction, 85*, 103520. https://doi.org/10.1016/j.ijdrr.2025.103520

Bonanno, G. A., Westphal, M., & Mancini, A. D. (2011). Resilience to loss and potential trauma. *Annual Review of Clinical Psychology, 7*, 511–535. https://doi.org/10.1146/annurev-clinpsy-032210-104526

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.

Cloitre, M., Stolbach, B. C., Herman, J. L., van der Kolk, B. A., Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress, 22*(5), 399–408. https://doi.org/10.1002/jts.20444

De Silva, M., & Samarasinghe, D. (2023). Economic crisis and population mental health in Sri Lanka. *Sri Lanka Journal of Psychiatry, 14*(1), 1–6.

Disaster Management Centre. (2024). *Situation report on cyclone-related impacts in Sri Lanka*. Government of Sri Lanka.

Fernando, S. (2014). *Mental health worldwide: Culture, globalization and development*. Palgrave Macmillan.

Galea, S., Nandi, A., & Vlahov, D. (2005). The epidemiology of post-traumatic stress disorder after disasters. *Epidemiologic Reviews, 27*(1), 78–91. https://doi.org/10.1093/epirev/mxi003

Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.

Hossain, M. M., Sultana, A., & Purohit, N. (2020). Mental health outcomes of quarantine and isolation for infection prevention: An umbrella review. *Psychiatry Research, 292*, 113119. https://doi.org/10.1016/j.psychres.2020.113119

International Monetary Fund. (2022). *Sri Lanka: Staff country report*. IMF.

Inter-Agency Standing Committee. (2021). *Guidelines on mental health and psychosocial support in emergency settings*. IASC.

Kira, I. A., Shuwiekh, H. A. M., Rice, K. G., Ashby, J. S., Elwakeel, S. A., Sous Fahmy Sous, M., & Alhuwailah, A. (2018). Measuring cumulative trauma dose, types, and profiles. *Traumatology, 24*(2), 81–92. https://doi.org/10.1037/trm0000144

Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings. *Social Science & Medicine, 70*(1), 7–16. https://doi.org/10.1016/j.socscimed.2009.09.029

Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: An empirical review of the literature. *Psychiatry, 65*(3), 207–239. https://doi.org/10.1521/psyc.65.3.207.20173

Office for the Coordination of Humanitarian Affairs. (2025). *Sri Lanka: Cyclone Ditwa situation reports*. United Nations.

Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., … UnÜtzer, J. (2017). The Lancet Commission on global mental health and sustainable development. *The Lancet, 392*(10157), 1553–1598. https://doi.org/10.1016/S0140-6736(18)31612-X

Perera, C., Østbye, T., & Ariyananda, P. L. (2017). Mental health of internally displaced persons in Sri Lanka. *International Journal of Mental Health Systems, 11*(1), 1–10. https://doi.org/10.1186/s13033-017-0142-5

SAMHSA. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach* (HHS Publication No. SMA 14-4884). Substance Abuse and Mental Health Services Administration.

Tol, W. A., Barbui, C., Galappatti, A., Silove, D., Betancourt, T. S., Souza, R., Golaz, A., & van Ommeren, M. (2011). Outcomes of mental health and psychosocial support

interventions in humanitarian settings. *PLoS Medicine, 8*(5), e1001036. https://doi.org/10.1371/journal.pmed.1001036

Ungar, M. (2011). The social ecology of resilience. *American Journal of Orthopsychiatry, 81*(1), 1–17. https://doi.org/10.1111/j.1939-0025.2010.01067.x

van der Kolk, B. A. (2005). Developmental trauma disorder. *Psychiatric Annals, 35*(5), 401–408.

van der Kolk, B. A. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking.

World Bank. (2023). *Sri Lanka development update: Protecting the poor and vulnerable*. World Bank Group.

World Health Organization. (2022). *Mental health and COVID-19: Early evidence of the pandemic's impact*. WHO.

Table 1: Data Sources and Analytical Scope

Data Source	***Type of Document***	***Time Period Covered***	***Focus Area***	***Use in Analysis***
Peer Reviewed Journals	*Qualitative & Review Studies*	*2010-2025*	*Trauma, Loss, Mental Health*	*Identification of Recurrent Psychosocial theme*
WHO & UN Reports	*Situations & Assessment Reports*	*2020 - 2025*	*Covid 19, Disasters, Mental Health*	*Contextual & Psychosocial Impact*
Disaster Management Centre	*Disaster Reports*	*2022 - 2025*	*Natural Disasters*	*Loss, Displacement & Exposure*
World Bank / IMF	*Economic Assessments*	*2022 - 2024*	*Economic Crisis*	*Livelihood loss, Stressors*
Social Work Literature	*Practice & Policy Studies*	*2010 - 2025*	*Intervention & Recovery*	*Implications for Practice*

Note: Table developed by the author based on secondary qualitative document analysis of peer-reviewed literature, institutional reports, and policy documents.