

Values and Beliefs Underlying Mutual Aid: An Exploration of Collective Care During the COVID-19 Pandemic

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ABSTRACT *Objective:* Mutual aid has been a longstanding practice among communities who experience short-term crises (such as natural and human-made disasters) as well as long-term crises (such as systemic marginalization and poverty). It has proliferated as a widespread practice during the COVID-19 pandemic as a way for individuals and communities to share resources when government and nongovernmental services have failed. Our study aims to understand the values and beliefs underlying mutual aid practices in the early months of the COVID-19 pandemic. *Method:* We used phenomenological methods to interview mutual aid organizers and participants ($N = 25$) across the state of Colorado in the early months of the pandemic. *Results:* We identified three common values underlying mutual aid: reciprocity, shared humanity, and community-driven care and redistribution of resources. Participants recognized that realizing these values requires a generative and active community that is responsive to needs. *Conclusions:* These findings could inform mutual aid organizers, social workers, and scholars, enhancing their understanding of how mutual aid—as both a longstanding and emerging practice—may uniquely respond to the ongoing pandemic and compounding crises, such as economic distress and climate change, as government and nongovernmental (e.g., non-profit) systems fail to keep up with increasing needs.

KEYWORDS: mutual aid, values, COVID-19 pandemic, social work values, community organizing

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In spring 2020, the COVID-19 pandemic began to spread across the United States, beginning as a handful of identified cases in March 2020 and surpassing 50 million confirmed cases by March 1, 2021 (World Health Organization, 2021). With such a rapid and widespread global viral spread, governmental and nongovernmental organizations in the United States struggled to keep up with complex and ever-growing basic needs, alongside widespread delays in testing, contact tracing, and COVID-19 treatment (Sharfstein & Marx, 2020).

The COVID-19 pandemic has overwhelmed conventional U.S. social service systems and safety nets while broadening the scope of who needs support. The economic and social ramifications of the pandemic have also spread rampantly, resulting in increased unemployment, millions of Americans at risk of or experiencing eviction, and diminished access to basic needs such as food and housing (Benfer et al., 2020). These socioeconomic and health impacts have been particularly acute among people of color, who have been most likely to serve as “essential workers” during the COVID-19 pandemic (Rollston & Galea, 2020).

To respond to such challenges, mutual aid has emerged as a widespread way for people to help one another to meet basic needs through care and solidarity. Although mutual aid has been practiced for centuries, it has most often existed at the margins as a means for socially and historically excluded groups to meet their own needs when government systems fail to do so, as well as among groups experiencing acute crisis (Spade, 2020b). The COVID-19 pandemic and simultaneous racial justice protests in the summer of 2020 contributed to a proliferation of mutual aid throughout the United States, both as a terminology and as a practice (Drury et al., 2021; Haritaworn, 2020). Given the sudden popularization of mutual aid, now is a crucial moment to understand the unique values and beliefs underlying mutual aid as we plan for a future of unrelenting and compounding crises.

Although popular media has sought to capture how mutual aid has swept into mainstream culture (see, e.g., de Freytas-Tamura, 2021; Tolentino, 2020), little empirical work has illustrated the role of mutual aid in response to present crises. Thus, we sought to understand the values and beliefs underlying U.S. mutual aid practices in the early months of the COVID-19 pandemic to build deeper understanding of mutual aid as a response to crises when formal government systems fail to meet widespread needs. We discuss what proliferating mutual aid efforts mean for the social work profession, which aims to address many of the same social challenges and inequities.

Literature Review

Mutual aid broadly refers to practices of people caring for one another by building “new social relations that are more survivable” than those provided (or not) by formal government supports (Spade, 2020a, p. 136). Mutual aid may include support

for basic needs such as food, housing, and transportation, but it may also include supports such as emotional connection and coordination between those who need something and those who have something to give. In the United States, mutual aid has long been practiced among communities who experience marginalization from society and have systematically not had their needs met by government systems. Mutual aid practices often proliferate among broader swaths of the population during times of crisis (Aldrich, 2012), resulting in an enhanced sense of *post-disaster trust* among communities (Lee, 2020; Solnit, 2009). Mutual aid may be formal or informal and short or long term. Regardless of such specifics, Nelson et al. (1998) defined mutual aid networks as “settings in which people with a problem in living or a common experience come together on a voluntary and equal basis to share their experiential knowledge and to provide and receive informal social support” (p. 89). Mutual aid reminds people that systems designed to provide support to individuals (such as governments and nongovernmental organizations) may fail to support their survival in deeply consequential ways, especially for communities that face ongoing systemic oppression and marginalization.

Examples of Mutual Aid in the United States

Mutual aid has myriad lineages, including codification as a part of social science by Peter Kropotkin at the beginning of the 20th century and roots in anarchism and Marxist political movements (Kinna, 1995). Within the field of social work, mutual aid has been identified by some as a radical practice that often sits outside social welfare systems (Izlar, 2019) whereas others view it as a promising best practice for clinical work with groups (Steinberg, 2010).

Although an exhaustive history of mutual aid is outside of the scope of this paper, we briefly outline some of the ways mutual aid has existed in varied capacities in the United States during the past two centuries, drawing heavily on the work of Beito (2000). One example of a formal mutual aid organization is a fraternal society, such as the Freemasons, which have provided members with tangible goods and relief (e.g., funds, food, and medical care) and intangible support such as job opportunities. Whereas a fraternal society is a more exclusive example, mutual aid is often rooted in resistance and support among groups who experience marginalization from mainstream society (Fletcher, 2019; Nelson et al., 1998). Settlement houses, such as those popularized by Jane Addams, offered opportunities for recently arrived residents in the early 1900s to support one another; similarly, the Hebrew Immigrant Aid Society supported resettlement of Jewish refugees in the United States after World War II. In the Mexican American community tradition, mutual aid organizations—sometimes referred to as *mutualistas*—have supported the health and wealth of communities in the U.S. Southwest and West, including at the U.S.–Mexico border (Pycior, 2014; Rivera, 1984; Rosales, 1999). There have been longstanding efforts in the queer community to provide safe housing to one another (Spade, 2020a).

Lastly, the Black Panther Party's free breakfast program is among the country's most well-known examples of organized mutual aid.

Whereas the aforementioned examples of mutual aid represent community-based approaches to care among marginalized groups, mutual aid has also proliferated during moments of crises in the population more broadly (though it has not often been called mutual aid in these contexts). Some of the most well-known expressions of crisis-oriented mutual aid have included community efforts after Hurricanes Katrina, Sandy, and Maria (Spade, 2020b) as well as widespread helping behaviors and feelings of community after human-made crises such as the September 11 attacks (Abrams et al., 2004). Drury and colleagues (2021) highlighted how a massive uptick in helping behaviors during the COVID-19 pandemic may strengthen community trust and volunteerism in the short term but urge us to consider how such values and practices are sustained over time when crises are ongoing. Although mutual aid carries a philosophical ethos of radical, reciprocal, and responsive care (Spade, 2020a), no known empirical work has explored the values and beliefs underlying mutual aid in this moment, when the COVID-19 pandemic has shifted the scale and scope of need so broadly and so quickly, and when the crises necessitating mutual aid have been prolonged rather than acute.

Values and Beliefs Underlying Mutual Aid

Mutual aid stands in contrast to large bureaucratic assistance structures (such as governmental and nongovernmental organizations) in that it provides relief in an informal, decentralized, nonhierarchical, and reciprocal manner (Beito, 2000), versus top-down approaches to "helping." This ideological departure from traditional aid structures is communicated by the slogan "solidarity not charity" used in recent mutual aid movements (Spade, 2020a). Spade (2020a) recognized that "providing for one another through coordinated collective care is radical and generative" (p. 136), highlighting both what is possible through mutual aid care structures and the reality that formal government systems designed to provide support consistently fail to adequately do so.

Because no known empirical research explicitly outlines the values and beliefs of contemporary mutual aid in the United States, we can look to volunteer-run efforts in response to crises or natural disasters as having potentially adjacent values. For example, Leider et al. (2017) found that crisis standards of care across U.S. response systems to recent disasters—such as terrorism, disease outbreaks, and national disasters—included values such as *reciprocity*, *equity*, the *duty to efficiently steward resources*, and *triage* (i.e., prioritizing the most urgent needs). We can also look to on-the-ground mutual aid groups for some of the values and beliefs they name as guiding their work. Two prominent mutual aid groups, Cambridge Mutual Aid Network (in Cambridge, MA) and Mutual Aid NYC (in New York, NY), communicate their values via their public-facing websites (Cambridge Mutual Aid Network,

2021; Mutual Aid NYC, 2021). Both groups name the importance of *anti-racism* within their work, as well as respecting the *privacy* of all individuals by (a) not sharing information about them that may cause them harm (such as sharing details with law enforcement), and (b) using opensource tools that offer transparency around what support is exchanged while keeping personal information masked. Cambridge Mutual Aid Network specifically names the value of *solidarity not charity* and the importance of *trust* and letting participants share what they want to share, including remaining anonymous if desired. Mutual Aid NYC names the value of *long-term solidarity* (vs. a momentary act of charity) and the importance of *partnership* and *sharing power* to adapt to the needs of communities, remaining responsive and collaborative as needed. They also name their value of prioritizing *people over profit* and *meeting people where they are*, as well as being *accountable* to the impact of their actions on the communities with which they partner.

Social Work and Mutual Aid

Values of Social Work and Mutual Aid

The social work profession aims to address many similar social problems, conditions, and inequities as those addressed through mutual aid. In addition, certain social work values and ethical principles deeply align with mutual aid approaches. In particular, the ethical principles of *social justice*, *dignity and worth of the person*, and the *importance of human relationships* seem well-aligned with mutual aid values (National Association of Social Workers [NASW], 2021). Still, there is ample divergence between the profession of social work and mutual aid. According to the Bureau of Labor Statistics (n.d.), U.S. social workers most often work in the context of local or state governmental organizations, nonprofit service agencies, and health care services, whereas mutual aid largely functions outside of these structures. Social work's emphasis on service likely functions in contrast to mutual aid approaches, as it positions social workers as helpers to clients and communities and not as reciprocal recipients of care. Historically, the social work profession has not broadly legitimized mutual aid approaches within (or as) social work practice. Yet, with the continued proliferation of mutual aid to address mounting complex crises, it is worth considering what role social workers may play within or alongside mutual aid work in the future.

Social Work and Mutual Aid in Practice

Direct Practice Social Work and Mutual Aid. Although the aim of our study is to understand community-based mutual aid networks during the COVID-19 pandemic, it is important to acknowledge clinically oriented roots of mutual aid that have long been integrated into social work direct practice via peer support programming. In peer support work, individuals offer support to those with shared lived experiences—sometimes as paid professionals, as seen in our previous research

wherein peer support specialists work alongside young people experiencing homelessness (Erangey et al., 2020)—and other times in nonprofessional and/or unpaid capacities, such as 12-step programming for substance use (Tracy & Wallace, 2016). During the COVID-19 pandemic, peer support has taken on new forms. For example, during the sudden social isolation caused by the COVID-19 pandemic, the social media forum Reddit emerged as a fertile ground for social support and engagement among people who use opioids (Bunting et al., 2021).

Community-Based/Macro Social Work and Mutual Aid. In contemporary social work education, the *Specialized Curricular Guide for Macro Social Work Practice* (Council on Social Work Education, 2015) proposes several macro social work approaches that overlap with mutual aid approaches, such as community organizing, advocacy, and critical historical policy analyses. However, the history of mutual aid within macro social work has held tension between social change and reform, with direct action and protest being seen by some as aligned with social work practices (Izlar, 2019) and by others as in contention with social work professionalization (Abramovitz, 1998). Yet for social workers with marginalized identities, mutual aid at the community or institutional level has always been part of the ethos. For Black and African American social workers, for example, mutual aid has long been emmeshed as a community-based effort (Carlton-LaNey, 1999). Similarly, Chicano activists have used mutual aid as a political education tool and a way to share material resources within and across communities (Muñoz, 2007). We can see, then, that macro social work practices and mutual aid approaches align in many ways but have not always been included in conventional social work education and practice.

The Present Study

During the COVID-19 pandemic, mutual aid has proliferated as a care practice when traditional systems have consistently fallen short. And whereas mutual aid has traditionally existed at the margins of society among people of color, LGBTQ communities, those immigrating to the United States, and others underserved and unserved by government systems, the margins are widening as the needs of more people go unmet. Although mutual aid has often prevailed during acute short-term crises, as the pandemic has worn on, mutual aid organizers have been challenged to provide more sustained and long-term assistance. Seeking to understand the specific role mutual aid is playing in this unique moment, our study asked, “What values and beliefs underly mutual aid practices in the early months of the COVID-19 pandemic?” Our findings could inform mutual aid organizers, social workers, and scholars, deepening their understanding of the unique contributions of mutual aid—as both a longstanding and emerging practice—in response to the ongoing pandemic and compounding crises we will likely continue to face.

Method

Positionality Statement

Recognizing that mutual aid has historically existed in communities of color and queer and trans communities, we want to acknowledge how our identities impact our research and analysis. Authors' racial identities include Black and white, with most of the research team identifying as white. The majority of authors and contributors identify as cisgender women; one author is trans* and nonbinary. All research team members live in an urban setting, with a few team members having longtime roots in rural areas. As such, some team members belong to communities that have been historically engaged in mutual aid practice (such as queer communities and communities of color), whereas others do not; these experiences undoubtedly shape the lenses through which we approach our individual and collective work. Additionally, all team members have formal training in social work, ranging from being currently enrolled in a graduate program, to working professionally as a social worker, to being a full professor in a school of social work.

Our team has a variety of experiences with mutual aid, collective care, and intentional community. Some team members live in intentional communities (residential communities designed for connection), others have coordinated events for immigrant mutual aid organizations for many years, and some were introduced to mutual aid as a direct result of the COVID-19 pandemic and pressing needs in their community. All team members resided within the United States during the first year of the COVID-19 pandemic, when this research took place. Experiencing the pandemic as individuals and researchers has undoubtedly influenced our research on mutual aid during the pandemic. Because we experienced many of the same realities as our participants, our team routinely participated in conversations to acknowledge the biases and perspectives we brought into all stages of our research, as well as our accountability to mutual aid as a longstanding and historical social practice.

Study Overview and Design

This study used a phenomenological approach (Creswell, 2013) to understand the values and beliefs underlying mutual aid during the early phase of the COVID-19 pandemic through the perspectives of those engaging in mutual aid during this time. We conducted qualitative semistructured interviews with participants and facilitators of mutual aid groups and intentional communities.

Sample and Recruitment

Recognizing that a variety of groups were engaged in mutual aid in the early months of the pandemic—including groups that emerged in response to the pandemic and those that had been practicing mutual aid for quite some time—we

sought to capture a breadth of experiences. We intentionally sampled from groups identifying themselves explicitly as providing formal mutual aid as well as sampling intentional communities where mutual aid was integrated into residential spaces and was taking place in more informal, long-term ways. Our sampling strategy allowed for study participation by those who were facilitating and organizing mutual aid as well as those who were participating in (giving and/or receiving) mutual aid, recognizing that this was not binary and there was great overlap between roles. Given variation in state-level responses to COVID-19, we constrained our sampling frame to mutual aid and intentional community groups in our home state of Colorado.

A sampling frame was created using a Google search to develop a list of publicly posted mutual aid groups in Colorado. We contacted each mutual aid group from the sampling frame via e-mail (if a group administrator e-mail address was provided) and/or via Facebook Messenger and invited participation in the study. Because Colorado has several Indigenous and immigrant communities practicing mutual aid (but perhaps not using the term “mutual aid” in their group names), we also included Indigenous and immigrant care networks known to our research team in our sampling frame. Inclusion criteria included being 18 years of age or older and self-identifying as part of a mutual aid network or intentional community in Colorado. Invitations to participate shared that the potential participant had been identified as someone engaged in or coordinating mutual aid and invited them to participate in an interview focused broadly on understanding the unique ways that mutual aid has emerged as a form of collective care during the COVID-19 pandemic.

We developed a second sampling frame by generating a list of intentional communities (cohousing and cooperative housing) in the metropolitan Denver area and northern Colorado region. Members of our team who were embedded in the cohousing community identified contacts who were invited to participate via e-mail using a standard recruitment script that aligned with recruitment of mutual aid facilitators.

For both mutual aid and intentional community recruitment, individuals who agreed to participate were invited to meet via video conference (Zoom) or phone (if preferred and/or to increase accessibility) for an hourlong interview. After interviews, we asked participants to share our study description and invitation with others in their networks who they thought might be interested in being interviewed for our study, resulting in snowball sampling to broaden the range of study participants.

To aid transferability of our findings, it may be helpful to share information about Colorado and its COVID-19 response in the early months of the COVID-19 pandemic. Colorado has a population of more than 5 million people, over 80% of whom identify as white and roughly 20% as ethnically Hispanic/Latino (U.S. Census Bureau, 2019). Roughly 40% of voters identify as Democratic-leaning and Republican-leaning, respectively (Pew Research Center, 2014). The state has a few large urban areas along

the Rocky Mountain Front Range, with more rural areas and smaller towns in the plains and mountain regions. Colorado announced its first confirmed COVID-19 cases on March 5, 2020, and exercised a range of stay-at-home orders and nonessential business lockdowns from March through May of 2020 (Roberts, 2020).

Data Collection

Zoom (or phone) interviews began with eliciting verbal informed consent, followed by participation in a brief online demographic survey then a semistructured conversation. Interviews lasted approximately 1 hour. A participant identification code was generated to link demographic survey data with qualitative interview data. Interviews were conducted by a human-subjects-trained researcher, and all protocols were approved by the University of Denver Institutional Review Board. Interviews were audio recorded with participant permission and transcribed for analysis. Participants were sent a \$20 gift card to honor their time in participating.

Measures

Demographic variables collected included participants' age, gender, race, ethnicity, sexual orientation, country of origin, marital status, education level, employment status, whether one was considered an essential worker, housing situation, household composition, and length of involvement in mutual aid work.

The semistructured interviews asked participants about their experiences in four broad areas:

- mutual aid functions (i.e., the history and work of their mutual aid group, their motivation for getting involved, who engages in their mutual aid work, the level of formality or structure of their mutual aid work, the role of technology, how they define mutual aid, and the values or beliefs they believe guide their mutual aid work);
- mutual aid during the COVID-19 pandemic (i.e., shifts in mission and values during COVID-19, shifts in mutual aid work over various phases of the pandemic, observed shifts in boarder conversations about mutual aid during the pandemic);
- mutual aid benefits and byproducts (e.g., tangible or intangible benefits of mutual aid, how support through mutual aid differs from support through traditional social service systems); and
- mutual aid beyond COVID-19 (e.g., kinds of mutual aid one hopes are carried forward in the next 5–10 years and what one hopes to leave behind).

The interview guide was tailored slightly depending on whether the participant identified primarily as a facilitator of mutual aid, a participant in mutual aid, or a participant in an intentional community.

Data Analysis

Interview transcripts were analyzed in their entirety with two researchers excerpting all content relevant to the research question at hand, first coexcerpting to establish consistency and then dividing remaining transcripts to be excerpted by the primary coders. Excerpts relevant to the research question were then inductively coded using a values coding frame (Saldaña, 2016).

We used an iterative process to develop a codebook. The first quarter of the excerpts were coded independently by the two primary coders, who then met to clarify, combine, or delete codes as needed to develop consensus and a draft codebook. The two coders then used the draft codebook to code another quarter of the excerpts and met to establish coding consistency and make final revisions to the codebook. They used the final codebook to individually recode the first quarter of the excerpts and code the second half of the excerpts.

After completing coding, the two primary coders met with a third researcher to review coded data and group codes into patterns that became themes. A summary description of each theme was brought to the entire research team to seek input regarding clarity and implications.

Findings

Sample Characteristics

Our sample ($N = 25$) included individuals who identified as facilitators of mutual aid ($n = 10$), participants in mutual aid ($n = 7$), and members of intentional communities ($n = 8$). Participant characteristics are described in detail in Table 1. The sample spanned a wide age range (26–70), with the most common identities being straight (50%), white (80%), women (60%), and living in urbanized areas (72%) based on Census classification (U.S. Census Bureau, 2020). The most common length of time doing mutual aid work was 2–3 years (29%), followed by 6 months or less (25%), and 10 or more years (25%). Some examples of mutual aid practiced by participants during this time included creating technology to support collaboration among mutual aid actors, creating events to connect with others and make sure health and safety were maintained, organizing meal and grocery deliveries, sharing food and supplies among churches and networks, making and distributing masks, cooking community meals, facilitating cash transfers to pay for basic needs, and caretaking for neighbors in intentional communities.

Values

Results of our thematic analysis are summarized in Table 2. We sought to understand the values and belief systems that guided and underpinned participants' conceptualization of and engagement with mutual aid. Three salient themes arose: *reciprocity and beyond*, *shared humanity*, and *community-driven care and redistribution of resources*.

Table 1*Baseline Characteristics of Sample (N = 25)*

Baseline Characteristics of Sample	n	Valid %
Mutual aid affiliation	25	–
Facilitators	10	40.0
Intentional community	8	32.0
Participants	7	28.0
Time involved in mutual aid	24	–
0–6 months	6	25.1
7 months–1 year	2	8.4
2–3 years	7	29.2
5–9 years	3	12.5
10+ years	6	25.0
Gender	25	–
Women	15	60.0
Men	7	28.0
Non-binary, gender-queer, gender nonconforming, two-spirit	3	12.0
Race/ethnicity	25	–
Asian	1	4.0
Black or African American	2	8.0
Hispanic/Latina/Latino/Latinx	3	12.0
Multiracial/mixed race	4	16.0
White	20	80.0
Self-identify	2	8.0
Sexuality	24	–
Bisexual, gay, pansexual	5	20.9
Queer	5	20.9
Straight	12	50.0
Self-identify	2	8.3
Country of origin	25	–
United States	22	88.0
Other country	3	12.0
Education	25	–
High school or equivalent	2	8.0
Some college	3	12.0
Associate degree	1	4.0
Bachelor's degree	13	52.0
Master's degree	5	20.0
Doctorate or professional degree	1	4.0
Employment	25	–
Full time from home	5	20.0
Part time from home	4	16.0
Full time outside of home	4	16.0

Table 1 (Continued)

Baseline Characteristics of Sample	<i>n</i>	Valid %
Unemployed (furloughed or laid off due to COVID-19)	4	16.0
Student	1	4.0
Retired	3	12.0
Homemaker	1	4.0
Self-employed	10	4.0
Essential worker	6	24.0
Housing	25	–
Currently experiencing homelessness or housing instability	1	4.0
Apartment/condo	8	32.0
Single-family home	11	44.0
Other multifamily residence (e.g., duplex, cohousing)	5	20.0
Who participant lives with	25	–
Lives alone	6	24.0
Partner or spouse	14	56.0
Roommate(s)	6	24.0
My children	7	28.0
Parent or other family member	1	4.0
Other	2	8.0
Not applicable	3	12.0
Type of city/town	25	–
Urbanized area	18	72.0
Urban cluster	6	6.0
Rural	1	4.0

Note. Participants' geographic location was categorized using the U.S. Census classification system (2020). Urbanized areas are classified as a population > 50,000; urban clusters are classified as more than 2,500 but less than 50,000; rural areas are classified as less than 2,500. Although the classification helps to understand our sample, it does not take into account geographic proximity to resources.

Reciprocity and Beyond

A common theme that participants discussed was the idea of mutual aid encompassing *reciprocity and beyond*. The subtheme of *mutuality* (i.e., breaking out of a giver/receiver binary) illuminated the ways participants moved beyond reciprocity, with values of *solidarity and liberation* guiding participants, who acted on the belief that *mutual aid is for everyone*.

Mutuality: Breaking Out of a Giver/Receiver Binary. Participants discussed mutual-ity as recognition that everyone will have needs at some point and everyone can offer something—whether that is financial support, food, time, or energy. A mutual

Table 2
Qualitative Themes and Subthemes

Clusters	Themes	Subthemes
Values	Reciprocity and beyond	<ul style="list-style-type: none"> • Mutuality: Breaking out of a giver/receiver binary • Solidarity and liberation • Mutual aid is for everyone
	Shared humanity	• Interdependence
	Community driven care and redistribution of resources	–
Requirements to actualize these values	Generative and active communities	<ul style="list-style-type: none"> • Collaboration • Creativity • Cooperation • Connection: Authentic relating
	Responsive to needs	<ul style="list-style-type: none"> • Multifaceted support • Balancing organizational structure and emerging needs

aid participant involved for 2 years shared, “*Sometimes you have needs, sometimes you have stuff to give.*”

Participants discussed the ways in which they saw mutuality as ideally moving beyond the binary of giver and receiver and “*socially reorganizing the way we relate with one another*” (a mutual aid facilitator involved for 5 months). One participant recognized how difficult this was in practice:

I think in theory, the givers can be receivers and vice versa, and that, that happens but not a ton. I think part of our long-term vision again is to kind of blur those boundaries more and more. (Mutual aid facilitator involved for 5 months)

Participants expressed that when mutual aid expands beyond giver/receiver roles, relationships can become resources that can meet needs in both short- and long-term ways; these needs may range from being there for a friend who is grieving, providing companionship, and even bringing groceries to allow a person with a higher risk for severe COVID-19 infection to avoid the grocery store. One participant expressed how mutual aid goes deeper than traditional transactions:

I think [about] providing spaces for people to connect with each other to form friendships. And I think out of those connections and friendships come deeper into things where people help each other out. (Intentional community member involved with mutual aid for 3 years)

In many ways, participants conceptualized mutual aid as a way to break out of the binary of giver/receiver and instead view support and needs on a spectrum with no scorecard to keep.

Solidarity and Liberation. When discussing mutual aid, solidarity was often invoked as a value. One mutual aid facilitator who had been involved for 9 years expressed, “*I am fighting for liberation because . . . my liberation is . . . not available until we are all liberated.*” Many participants shared that for them, mutual aid was about more than an exchange of goods, money, or time; rather, mutual aid meant fighting to shift systems to take care of everyone and free everyone from oppression. As one participant illustrated,

I've been outside before, living outside before . . . if there's anybody outside houseless, like, I'm houseless too —like I feel that same way—because we are all in this ecosystem for all people. (Mutual aid facilitator involved for 7 months)

For this participant, the feelings of solidarity extended beyond intellectual ideals to a sense that lived experiences are bound together in a collective way.

Mutual Aid is for Everyone. During interviews, participants were asked who they think mutual aid is for. A common response was the value that mutual aid is a support for everyone. When discussing mutual aid being for all people, many participants shared a belief in letting individuals decide if they need support without proving confirmation of that need. One participant described,

It's not like we, you know, require to see somebody's like medical records or whatever. It's just, you know, kind of an honor system if you say you're in need, so we're going to give you food because worst case scenario, if you scam us out of food, like . . . you got fed. (Mutual aid facilitator involved for 2 years)

Most participants shared the idea that mutual aid is for everyone, but when discussing who needed support during the pandemic, they paid special attention to people who were at a higher risk of severe COVID-19. As one participant reflected,

I feel like it [mutual aid] should be more for . . . all the people that are in nursing homes and can't get out and people with severe immunocompromised systems that really shouldn't be out. (Mutual aid facilitator involved for 6 months)

There was recognition that some people may need more care during the COVID-19 pandemic. Further, participants brought attention to the ways that needs are fluid and everchanging as life circumstances change and systemic and environmental influences shift.

Shared Humanity

Shared humanity describes mutual aid as a compassionate act simply based on shared humanity. As one participant expressed,

Human beings' lives matter . . . we should do what we have in our capacity to help other human beings' lives continue to be alive. Period. (Mutual aid participant involved for 1 year)

Participants discussed shared humanity as not only a value or belief system they held but as a value that drove them into action through mutual aid. Sometimes shared humanity was mentioned in opposition to traditional aid systems like charity or government assistance. As one participant expressed,

Part of the beauty of mutual aid is that it forces us to make these connections between people and to see . . . our fellow humans as humans and not as statistics or as clients of a program. But that they're . . . individuals who live down the street from us and . . . have a life . . . just as meaningful as ours. (Mutual aid facilitator involved for 5 months)

This participant, and others, saw mutual aid as a humanizing approach to care that prioritizes relationships with neighbors as people worthy of care.

Interdependence. When participants discussed the concept of shared humanity, interdependence supported the conceptualization that shared humanity is a complex, encompassing belief system that influenced participants' mutual aid practices.

Participants discussed the ways in which interdependence is integral to their understanding of mutual aid. Interdependence was often discussed as a view that we are all connected as a human species and, if there is imbalance in one area of our society, it creates a domino effect and leads to an imbalance in another area. One participant shared,

I hope [what] gets carried forward is the realization people have of how interconnected they are, how their decisions actually do matter in shaping the communities that they live in. (Mutual aid participant)

Participants recognized the role that mutual aid plays in human interconnectedness, acting on interdependence and actively perpetuating and engaging in collectivism. One participant discussed interdependence in this way:

These networks of social capital in our neighborhoods that have been really disintegrated over the last several generations . . . because of all kinds of things that have, have allowed us to not need each other and, and so . . . I see mutual aid as a vehicle for deliberately reknitting together those, those connections between our neighbors and allowing us to depend on each other in the case that, that these other systems fail to meet our needs, which at one point or another, they inevitably will for all of us. (Mutual aid facilitator involved for 5 months)

Participants argued that by recognizing and acting with the belief of interdependence, people can meet one another's needs by engaging in mutual aid and distancing themselves from individualism.

Community-Driven Care & Redistribution of Resources

Several participants named the value and belief that mutual aid is inherently a *community-driven* effort—one that is located at the local level to support neighbors. One mutual aid facilitator who had been involved for 5 months distinguished mutual aid from other types of aid by recognizing it as “*happening in community, rather than from something up above,*” and another facilitator who had been involved for 4 months distinguished mutual aid as a “hyperlocal” effort that endeavors to “*directly connect people in physical—geographic—proximity with each other to help each other out.*” Other participants invoked the role of *trust* necessary when engaging in community-based mutual aid work; one facilitator who had been involved for 9 years suggested that “*mutual aid networks plug into existing trust networks*” in communities. Another participant, who lived in an intentional housing community and had been involved with mutual aid for 10 years, described how they turn to their community first when they need support: “*My community is always my mutual aid. They’re always my number one resource.*” In this vision of mutual aid, geographic communities can meet one another’s needs because of the convenience of sharing resources and the potential trust built by those who are proximal to one another.

Within community, participants explicitly suggested that community resources would need to be radically redistributed for equitable care structures to emerge. This very quickly became personal for some participants, who looked internally toward the resources they had to give and what they needed to receive. One participant reflected on how their own economic and racial privilege moved them to ensure that others’ needs are met:

A lot of harm has happened with communities that are doing mutual aid . . . segregation . . . redlining . . . there’s been an imbalance. I have a house. I have access to this stuff. So . . . my privilege is tied to others’ oppression. (Mutual aid participant involved for 2 years)

This participant and others saw the potential role of mutual aid in righting both the historical and present-day inequities in their community; in doing so, it may become possible for community members to have their needs met while shifting systems of power more broadly.

What is Required to Actualize These Values?

Although participants held strong views about the values and beliefs underpinning mutual aid, they recognized that to actualize such values required intentional action. Specifically, participants recognized the importance of *generative and active communities* and the consistent need to pivot toward being *responsive to needs*.

Generative and Active Communities

Mutual aid does not just happen; participants recognized the active labor required by a given group of people to actualize the values of mutual aid. Participants

described that actively working together in generative (i.e., constructive, mutually beneficial) ways required *collaboration, creativity, cooperation, and connection*.

Collaboration. Participants discussed the need for collaboration and that such collaboration stands in stark opposition to the individualistic culture of the United States. As one intentional community member who had been involved in mutual aid for more than 2 years shared that mutual aid is “*an opportunity to be a little bit more collaborative and collective and help one another out.*” Another mutual aid participant discussed how their community worked to figure out,

how we all can pool our collective resources, whether that be financial or skill sets, or experience, or in some case, even interests . . . so then we end up balancing each other out or complementing one another in our, in our offerings overall.

In other words, it became important to come together to share resources and recognize how each person’s skills and interests contribute to the whole.

Creativity. Participants recognized that people had to get creative to engage in mutual aid during the COVID-19 pandemic. Creativity often came with the recognition that supporting one another during a pandemic looked different than it had prior to social distancing protocols. Still, it was possible to find ways to support one another that met their respective and collective needs while honoring safety protocols. For example, one participant described an adaptive birthday celebration for a child in their intentional community: Instead of gathering in the shared indoor community space like they normally would have, community members lined the path between houses to celebrate her birthday and cheer her on in a mini parade.

Cooperation. Across multiple interviews, participants acknowledged the surprising (and vital) ability of individuals to cooperate with one another when participating in mutual aid during the pandemic. They shared,

There’s this cultural myth that in disaster scenarios, people become wolves to each other and everyone’s looking out for number one . . . but really, we are a cooperative species. And so mutual aid is about human cooperation. (Mutual aid facilitator involved for 9 years)

Without such cooperation, mutual aid is near-impossible as it requires working together.

Connection: Authentic Relating. The concept of connection went beyond the superficial. Participants discussed the authentic relating required to engage in meaningful mutual aid work. As one intentional community member who had been involved with mutual aid for 3 years shared, “*Mutual aid allows people to be much more engaged with each other. And to connect . . . so relationships are formed.* It was through this *real* (vs. superficial) kind of connection that longer-term support structures seemed to be building for many participants.

Responsive to Needs

Participants acknowledged the importance of mutual aid being *responsive to needs* in an ongoing way. This included the importance of *multifaceted support* rather than a singular vision around the types of needs participants had, as well as balancing *structure versus emerging needs* when conceptualizing needs and actualizing support.

Multifaceted Support. Needs shifted across the various phases of the pandemic. For example, at the beginning of the pandemic, participants mentioned a focus on groceries and errands, and a few months later, needs were centered around rent funds or bill payments. Participants found it vital to be able to pivot to best respond to individual and collective needs. Types of support ranged from direct funding to supplies to emotional support and many things in between. Participants highlighted that whereas funding was the most prevalent type of support, mental support, supplies, and other types of assistance were needed. At the end of the day, the goal of mutual aid is to find “*the right players that are willing to work together for the same goal*” (Mutual aid facilitator involved for 2.5 years).

Balancing Organizational Structure and Emerging Needs. Lastly, participants noted the need to balance leadership composition and other organizational structures that allowed for timely, responsive support with the reality that new needs continually emerge. When discussing the role of leadership structures in their mutual aid network, one participant shared, “*It was very fluid . . . and I think that’s one of the strengths of this network*” (Mutual aid facilitator involved for 5 months). For this participant’s mutual aid network, fluidly switching in and out of leadership roles was one way to assuage organizer burnout. Another participant viewed the balance of structure and emergence as a constant tension. When reflecting on this tension and how to sustain mutual aid into the future, they shared,

I see it existing on a spectrum where the more formalized it gets, I think it gets more efficient and more expert. But at the same time, it becomes more removed from the people . . . If you can manage to pull off something that’s very close to the ground and dispersed and informal, and if you can sustain it over time and ingrain it as sort of a “non-institutional institution” . . . then I think you’re building capital for the long term that will be incredibly versatile for whatever comes. (Mutual aid facilitator involved for 4 months)

In imagining an ideal balance of structure and emergence, this participant saw a mutual aid practice that could be sustained long term—both during this crisis and the inevitable crises ahead.

Discussion

Although mutual aid has been practiced for centuries among communities at the social margins and across the broader population during acute crises, the COVID-19 pandemic set the stage for new conditions in which mutual aid proliferated. As

widespread systemic failures left broad swaths of the U.S. population with unmet needs—including housing, food, and social contact—mutual aid groups offered a way for communities to help meet one another’s needs. The aim of our study was to understand what values and beliefs underlaid mutual aid practices during this unique time.

We found that participants valued *reciprocity (and beyond)*, a sense of *shared humanity*, and the importance of *community-driven care and redistribution of resources*. Although no known empirical work has sought to capture the values underlying mutual aid practices in the United States, the values that emerged from our study broadly echo conceptual and historical literature on mutual aid. Our participants echoed the slogan “solidarity not charity,” which has long been used by mutual aid movements (Spade, 2020a). Our participants also spoke about *solidarity and liberation* guiding their understanding of mutual aid. In doing so, participants specifically underscored the importance of complicating binary notions of reciprocity and mutuality, recognizing that mutual aid goes deeper when communities work in true solidarity.

Values only go so far, however. Our findings contribute new understanding about the conditions necessary to actualize the values underlying mutual aid practices. In recognizing that values alone are insufficient in actualizing mutual aid, participants named the importance of *generative and active communities* and the constant need to pivot to be *responsive to needs*. Spade has written that mutual aid needs to be “radical and generative” (Spade, 2020a, p. 136); our findings further this idea by outlining specific practices that support generative and active communities: *collaboration, creativity, cooperation, and connection*. Although each of these practices are worthy of their own empirical and practical explorations, they offer a basis for understanding how the values of reciprocity, shared humanity, and community-driven care may be realized among mutual aid groups and networks.

Although there is much alignment between our findings and prior understandings of mutual aid, there are notable divergences. Prominent mutual aid groups explicitly name values such as *antiracism, privacy, and transparency* as guiding their work (Cambridge Mutual Aid Network, 2021; Mutual Aid NYC, 2021). Our participants mentioned these values in passing or in isolated comments, but they did not arise as salient themes in our analysis. One potential explanation for these divergences is that a large proportion of our sample was relatively new to mutual aid and their conceptualizations of the work may be newer. It may be that many of those beginning involvement in mutual aid efforts as a direct result of the COVID-19 pandemic represent identities with greater privilege (i.e., white, cisgender, straight) compared to traditional mutual aid efforts, which have historically centered communities of color and queer communities. Researchers should consider the relationship between participant identities and stated values as an area for future exploration.

Limitations

Despite our understanding that mutual aid efforts are intentionally nonhierarchical, we did seek different mutual aid experiences by sampling people who organized or facilitated mutual aid groups as well as those who participated, creating differential roles that could be accurate in some groups and artificial in others. We only sampled in Colorado; it is important that readers consider the degree to which their communities are similar to or different than Colorado—in terms of geography, politics, demographics, and COVID-19 response and infection/mortality rates—as they translate our findings to work in their communities. Despite our efforts to gather a diverse sample across our state, some voices (e.g., Indigenous communities) were underrepresented in our data and analyses due in part to the urgent nature of this data collection, which sought to capture data a unique point in time and thus didn't allow for deeper community engagement statewide. Further, we sought to capture the experiences of mutual aid during the pandemic; in reality, multiple crises (e.g., wildfires, racial justice protests) layered atop the pandemic experiences, often further necessitating mutual aid. This may be a limitation when trying to stay narrowly focused, but it captures the contextual reality of mutual aid work. Finally, most of our team members held privileged identities (i.e., primarily white, cis, straight, highly educated) and were newer to mutual aid work; we may have missed certain perspectives that were not shared, understood, or conveyed due to our team members' lenses and social locations.

Implications for Research

Our work draws much-needed attention to the unique ways that mutual aid has supported communities in meeting their own needs amid widespread systemic failures. Although our findings are a snapshot of mutual aid responses to the COVID-19 pandemic in Colorado, future research should partner with specific mutual aid networks to observe how those networks respond uniquely to complex and prolonged crises (e.g., the COVID-19 pandemic and climate crisis) and how responses may vary by geography, time, participant identities, and political affiliation (among other factors), as well as how these practices differ from prepandemic circumstances. Additionally, we noticed that our participants had differing (and even contradictory) conceptualizations of mutual aid; future work should explore conceptualizations of mutual aid and mutual aid terminology, particularly during the pandemic when mutual aid proliferated. Future research should also seek to understand the extent to which the values of mutual aid networks may have been impacted by the COVID-19 pandemic, especially among groups with longstanding mutual aid practices—including queer communities and communities of color—and how they shifted their work to meet emergent needs during the COVID-19 pandemic. Lastly, future work would benefit from understanding how mutual aid

specifically converges with and differs from traditional aid structures, examining how mutual aid history and values may be integrated into social work education and training.

Although we feel it is vital to highlight the proliferation of mutual aid during the COVID-19 pandemic and compounding impacts of structural racism and the climate crisis, we do so with some caution. We do not seek to legitimize mutual aid through empirical research, as we recognize its inherent legitimacy as a long-standing practice, especially among communities of color and queer communities, which have been systematically failed by the government and nongovernmental organizations. By writing about this work, we are also wary of the potential of cooptation of mutual aid practices without grounding in its rich historical legacy. Furthermore, we recognize that, as researchers, we directly benefit from publication of this work, as publications are a currency of academia. As such, we are committed to asking research questions we hope are useful to the community and making our findings accessible through public-facing dissemination, sharing findings with participants directly, and publishing in open-access repositories whenever possible.

Implications for Mutual Aid Practice

Our work centers values and conditions underlying mutual aid rather than a prescribed formula for practicing it. One of these conditions—being *responsive to needs*—acknowledges the importance of consistently reorienting mutual aid practices toward the most pressing needs and being flexible in implementation as those needs emerge. During our study, participants discussed how mutual aid networks built during the early months of the pandemic shifted to meet the needs of Coloradans impacted by protests and wildfires in summer 2020. However, responding to emergent needs is complicated and requires attunement to the balance of structure and emergence, as identified in our interviews. There needs to be enough structure for networks to function effectively, but not so much that a mutual aid network cannot pivot to meet emerging needs. Finding the right balance between structure and emergence may also help facilitators avoid burnout, as organizing roles may be rotated rather than one or a few people holding all responsibility.

Because there is no one “right” way to conduct mutual aid and we do not believe that all mutual aid networks must subscribe to the same practices to meet their communities’ unique needs, values may guide organizers, helping them to stay true to the work while being nimble and responsive. Our previous research suggests that leaning into values can guide collaborative and nonhierarchical teams in making decisions when faced with ambiguity about uncertain processes (Littman et al., 2020). Furthermore, it is worth considering what historical and political grounding is useful for mutual aid organizers to share when embarking upon this practice. Doing this work in an ahistorical void, or without political education, could easily lead to

cooptation or inadvertently slipping into charity models of care. Dean Spade's work (2020a, 2020b) provides vital historical and political grounding for those participating in mutual aid, but we also consider public-facing works like Ariel Aberg-Riger's "A Visual History of Mutual Aid" (2020) as accessible content that highlights the rich history of mutual aid movements.

Implications for Social Work Practice

Several social work values and ethics (NASW, 2021) align with the mutual aid values that emerged in this study. Both social work and mutual aid aim to promote social justice, reduce inequities, and end oppression. Social work values the importance of human relationships, echoing mutual aid's emphasis on shared humanity. Furthermore, social work's emphasis on dignity and worth of the person aligns with our finding that *mutual aid is for everyone*. However, there are also notable differences between the values of mutual aid and social work—especially when values meet practice. Mutual aid's aim of *reciprocity* stands in stark contrast to conventional social work's emphasis on service. Social work often imagines one person as a helper and another being helped, positioning social workers as experts to support "those in need," not as recipients of care. Rather than social workers leaning into the potentially powerful nature of sharing experiences with clients, we are trained that sharing these experiences may harm the helping relationship or create conflicts of interest (NASW, 2021). However, our findings position mutual aid as leaning into those shared human experiences—a vital factor in relationships of care.

Finally, our findings highlight how mutual aid networks work to balance *structure* and *emergence* to be *responsive to needs*. Meanwhile, conventional social work service structures are rarely so nimble; social workers are often taught to uphold rigid boundaries around providing a specific designated resource to clients even though clients have a variety of unmet needs. In deciding how to allocate (albeit scarce) resources, social support organizations often have strict eligibility criteria around who is deserving and undeserving of care (see, e.g., Beito, 1993; Katz, 1990), making it difficult for these organizations to shift course when crises emerge and reifying power structures that exacerbate the (imaginary) distance between the "helpers" and the "helped."

Further, social work education systems have many rigid structures, such as admission criteria and accreditation standards for graduate social work programs. The rigidity of such structures constrains social work educators, who are at risk of losing credentialing and funding. For instance, the Council on Social Work Education Educational Policy and Accreditation Standards were last updated in 2015 (Council on Social Work Education, 2015). Given the recent global pandemic, massive wildfires on the West Coast of the United States, and nationwide racial justice protests, our world and social work are changing rapidly; yet, the standards that social work education programs must adhere to are not keeping pace. It is worth considering how

we could learn from mutual aid to practice more flexibly and respond to emergent needs and issues.

Meanwhile, we have also seen macro and direct practice social workers alike adapt their work in alignment with mutual aid approaches during the COVID-19 pandemic. Many social workers, such as Bell (2021), have found themselves on the frontlines of mutual aid efforts during the COVID-19 pandemic, often engaging as neighbors first and social workers second. In social work classrooms and field education during the COVID-19 pandemic, students and instructors adapted their teaching and learning to meet emergent needs. For example, we have seen mutual aid emerge as a support mechanism in the online group work classroom (Lind, 2020), and in some field internships, mutual aid became the central care approach among cancer survivors (Rhoads, 2021). These examples signal a potential merging of social work and mutual aid approaches as the pandemic persists, the climate crisis worsens, and social inequities continue to compound.

Although an exploration into the feasibility of integrating mutual aid values and social work practice is beyond the scope of this manuscript, we could begin with some theoretical exploration. If social work practitioners and scholars believe that mutual aid may be an important part of present and future social support systems, we must critically (re)consider the role of social workers within or alongside mutual aid systems. Similar helping professional organizations, such as the American Psychological Association, have called on members to engage in mutual aid, offering, for example, to provide psychoeducation on stress management or wellness checks to mutual aid volunteers (Domínguez et al., 2020). When participating in mutual aid approaches to care, should social workers arrive as professionals or fellow community members? Is there a meaningful role for social workers in these spaces, and should there be? How does social work engage without reproducing the helper/receiver binary? And, perhaps most importantly, do mutual aid organizers want social workers' support?

Lastly, social work should consider what it can learn from mutual aid values and approaches, and whether and how they could be integrated into conventional social work practice. If building trust and relationships with the communities we care for is central to social work, perhaps we should question how we can share about ourselves in genuine and authentic ways. If meeting needs and reducing inequities are central goals of social work, perhaps we should shift systems to support individuals when and how they ask to be supported. In what spaces is it important for social work to support community members to provide care to their own communities (as is sometimes done in peer support work and related approaches)? These are critical questions for social work practitioners, mutual aid facilitators, and researchers alike and are worthy of attention, care, and deep reflexivity in the coming months and years as compounding crises (and mutual aid) are likely to persist.

Conclusion

Amidst unprecedented crises—and unprecedented care—our study explored the unique values and beliefs underlying mutual aid practices in the early months of the COVID-19 pandemic. We found that values underlying mutual aid during this time included *reciprocity*, *shared humanity*, and *community-driven care and redistribution of resources*. Yet, participants also recognized that to realize these values requires a *generative and active community* that is *responsive to needs*. Mutual aid practitioners may benefit from our findings, which suggest that there is no right way to practice mutual aid and that values can guide efforts to create a sustainable balance between structure and emergence. Social work practitioners and scholars may consider how these findings complement, and critically challenge, social work ethics and practices. Future research should explore where—and if—social workers fit into a future where mutual aid is likely to continue proliferating.

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