TRAUMA-INFORMED COMMUNITY CHANGE

An Exploration of Community-Led, Trauma-Informed, Prevention-Oriented, Resilience-Building, & Healing-Centered Considerations for Strengthening Communities

Written by Whitney Marris, LCSW, Director of Practice & System Transformation
Edited & designed by Laura Braden, Director of Communications and Outreach

Introduction

There is little doubt that our nation's systems and institutions are simultaneously experiencing trauma themselves while also perpetuating trauma in ways that powerfully shape our individual and collective lived experiences. As the movement to create a more trauma-informed and -responsive world grows and makes meaningful impacts, it becomes increasingly clear that there is transformative power in unlocking the potential held within the communities where we live, learn, work, play, and connect.

While enshrining trauma-informed policies and practices in law is a significant component of building and sustaining the resilient and flourishing world we hope for, it is also critical that we notice the fertile ground within our communities for true healing and growth to take root and that community members have what they need to sow the necessary seeds to support well-being now and in the future.

Indeed, it is within our communities, where stories, lived experiences, and culture intertwine, that we find the seeds of transformation waiting to sprout. By fostering community-led capacity- and coalition-building efforts, we can remove barriers and dismantle dynamics that limit potential while nurturing the collective spirit and mobilizing resiliency factors to create the context and conditions where all may stand empowered to thrive together.

Through such actions, CTIPP envisions a future defined by rich, connected community life where compassion reigns, institutions act in alignment with localized needs and priorities, and the radiance of true community stewardship and citizenry among residents illuminates a clear path ahead.

How "Traditional" Community Change Efforts Fall Short, and Where Trauma-Informed Change Differs

In terms of building capacity to support equitable and meaningful civic, political, economic, and social participation, particularly among those living in trauma-impacted communities, "traditional" community-building approaches tend to fall short. Research reveals that many aspects of traditional approaches to community transformation can further perpetuate trauma and do not support holistic well-being (BRIDGE Housing, 2018) since they typically:

- Lack the breadth and depth of resources demonstrated to support healing, growth, and resiliency to help communities withstand further harm
- Are informed by and based on the worldview of those who have the greatest power in our society
- Fail to acknowledge the full range of the human experience of people living in and interfacing with the community

These "typical" approaches to community change, then, often further exacerbate existing inequities, limit access to essential supports, and chill empowered, expansive participation in community life.

It is unsurprising that challenging the status quo, striving for justice, and promoting equality of access, opportunity, and outcome is often considered threatening among those who already hold ample power and unearned privileges.

With change, there is loss, and shifting the balance of how our world functions to support increasing access to resources to support justice, equality, and optimal well-being among a greater group of people can breed fear, uncertainty, and resistance among those who already enjoy these aspects of community life (Freire, 1972). This resistance can stall or suffocate community change efforts, leaving trauma-impacted communities vulnerable to further re-traumatization and threats to holistic well-being (Isom et al., 2021).

Further, many community change frameworks subscribe to existing cultural scripts and policies that emphasize individual coping without recognition of the strength of how people adapt to survive within oppressive systems. This can perpetuate exclusion, shame, and coercive power, thus further hindering democratic participation and stifling the potential of many communities and their residents from participating in and engaging with society in ways that promote healing, growth, and well-being (Kane, 2019; Tebes et al., 2019).

It is through taking on transformation with an eye toward trauma-informed strategies that a profound paradigm shift can occur. A trauma-informed approach urges us to critically analyze the interpersonal and structural contexts that shape our communities and the agency and well-being of the people within them.

Trauma-informed strategies offer an alternative to the oppressive "doing to" and the paternalistic "doing for" approaches embedded in traditional community development and instead make a shift toward "doing with," ensuring that community voice is centered and meaningfully leading the direction of the work.

The exclusion and silencing of community voice in "improvement" or "revitalization" efforts often leave needs unmet and can lead to harm and re-traumatization. These impacts are exacerbated when the tenuous, unstable funding that is intended to propel change is contingent on reaching goals and hitting benchmarks that have been set by external parties whose priorities are significantly different from the community.

Anchoring in a trauma-informed frame can powerfully catalyze communities to move away from the dominance of individualism and pathology and toward promoting community wellness, mutual meaning-making, and collective care (Ungar, 2021). By embracing this path toward transformation, we unlock the potential for genuine empowerment, resilience, safety, belonging, healing justice, and a brighter future for all.

Common Barriers to Engagement and Effective Change Efforts in Trauma-Impacted Communities

Multi-level trauma exposure can challenge communities and undermine earnest efforts to implement resiliency- and well-being-promoting change (Pinderhughes et al., 2015).

There is no "one size fits all" approach to trauma-informed community development, and it is vital to acknowledge the complexity of many factors that are often at play, particularly among communities and residents impacted by trauma. Factors related to this complexity can include:

- The presence of chronic daily stressors related to living in poverty, exposure to community violence, experiencing unaddressed trauma symptomology and sequelae, and other challenges can limit the capacity and motivation to engage with and participate in the community in ways that are necessary to sustain change;

- Community-based resources and organizations may be stretched too thin to serve as key leaders, funders, supporters, or other such roles critical to the success of community engagement and development;
- Outreach efforts without intentional design to ensure the messaging lands with those who have been impacted by trauma tend not to resonate in ways that result in robust engagement;
- Since change strategies are often imposed on communities from the "outside," critical community context is lacking, as is a sense of belonging and ownership of change efforts among community members;
- Historical and ongoing structural oppression, racism, exclusion, isolation, and other forms of institutional betrayal contribute to a healthy sense of distrust, a lack of hope, and other barriers to engagement among those living in trauma-impacted communities;
- People who have experienced trauma often feel a sense of futility and/or skepticism after many experiences of being ignored, harmed, and left behind, often accompanied by external entities over-promising and under-delivering, thus making engagement feel as if it is not worthwhile;
- Lack of shared understanding and language among community members and other potential change partners to conceptualize and address community trauma;
- The necessary collaboration for large-scale community change is sometimes quashed based on powerful community organizations or other stakeholders being protective of and in charge of distributing what are generally quite scarce resources; and
- Experiencing trauma can limit a person's access to future-based orientation and thinking, thus obscuring what might be imagined as realistically possible in the way of meaningful change, thus making it challenging for community members to fully appreciate the role they could play in creating change.

Community change plans that do not take these and other relevant factors into account can lead to false starts, frustration and disappointment, deterioration of hope, and a lack of motivation for continued engagement among funders, community members, and other stakeholders.

These experiences can perpetuate cycles of trauma and re-traumatization for the people living within such communities, compounding the complexity of community needs.

There is, however, promise for changemakers to overcome such barriers when intentional efforts are directed toward considering and being responsive to trauma and its localized, multi-level impacts. The praxis of trauma-informed community development and engagement can facilitate access to material necessities and internal and external resources demonstrated to help heal community wounds and promote engagement. A review of community efforts reveals many positive shifts along the pathway of change that is aligned with a trauma-informed approach, including (BRIDGE Housing, 2018; Ungar, 2021):

A review of community efforts reveals many positive shifts along the pathway of change that is aligned with a trauma-informed approach, including (BRIDGE Housing, 2018; Ungar, 2021):
- Increased self-efficacy
- Sense of accountability/ownership in relation to community well-being
- Shared power among partners in change
- Movement toward health equity, increased access to quality resources, and justice
- Greater sense of acceptance/belonging
- Increased social capital
- Enhanced connection and cohesion
- Greater consistency (and the safety that accompanies it)
- Increased trust in institutions and the collective
- Commitment to community stewardship
- Co-creation of community culture rooted in resiliency and strength, supported by a powerful collective comprised of community members of diverse identitie

What Makes an Approach Trauma-Informed?

At their core, trauma-informed community engagement and development strategies seek to:
- Integrate an understanding of the indelible impacts of interpersonal, structural, and historical trauma
- Promote healthy, pro-social, and culturally grounded coping
- Honor community expertise and center voices of lived experience

These common elements can ultimately build capacity to advance individual and community resiliency and well-being, reduce the likelihood of re-traumatization, and increase opportunities for expansive, meaningful participation in society in ways that can mitigate vulnerability to suboptimal wellness, expectantly cascading through the years to disrupt intergenerational transmissions of trauma and adversity (BRIDGE Housing, 2018).

This is operationalized more clearly through the six values of a trauma-informed approach as outlined by SAMHSA. At a high level, SAMHSA describes trauma-informed systems and communities as settings wherein the people there:
- Realize the widespread prevalence of trauma and understand paths for trauma recovery;
- Recognize its signs and symptoms in individual and collective contexts;
- Respond by integrating knowledge of the nature and impacts of trauma into formal policies and community norms related to the ways of knowing, thinking, being, doing, and relating; and
- Actively resist re-traumatization through intentional actions that reduce the likelihood of further harm (SAMHSA, 2017).

Safety (Physical and Psychological)
Traditional community-building models tend to mirror broader societal norms that ultimately prioritize mitigating threats to some groups' safety over others based unjustly on ascriptive characteristics including but not limited to ethnic background; racial identity; gender identity or presentation; sexual orientation; socioeconomic status; age; (dis)ability; and religious/spiritual affiliation.

The reinforcement and replication of these hegemonic dynamics can be re-traumatizing for many with lived experiences as it hearkens to the oft-received message of not mattering, being unworthy, and lacking voice and control in one's life. Establishing resilient, trauma-informed communities involves the creation and sustainment of safe physical environments based on expressed local perspectives and commitment to intentional action that limits and, ideally, prevents collective and individual exposure to violence across the lifespan among all members of the community.

Trustworthiness and Transparency

It is not unusual for people with lived experience to carry with them a worldview in which people cannot be trusted—often including oneself and the broader systems and institutions that underpin our everyday lives (O'Neill, 2018).

The trauma-informed value of trustworthiness and transparency is enlivened when a community fosters positive relationships among all of its members, from its residents, to those in City Hall, to law enforcement officers, schools, and other local institutions, businesses, and organizations that comprise the community.

Before proposing action toward change, it is often vital to build relationships with residents through a variety of mechanisms, such as community events and activities, to lay the groundwork for establishing meaningful relationships and building trust with key community members (Larson, 2022).

In the change planning and implementation process, enlivening this value can include being honest about the possibilities for change based on resources available and anticipated barriers to change that may be encountered. This also can be derived from inviting community members to play central roles in spearheading change, both demonstrating to the broader community that they are being represented and potentially motivating others to join in action to amplify community representation and voice in the process.

Trustworthiness and transparency remain central to any trauma-informed community change process as the healthy development of the human brain and body demands consistent compassion and predictability, which ultimately can unlock healing at individual, relational, community, and system levels (Matlin et al., 2019; Porter et al., 2016).

Peer Support

In the trauma-informed community context, trauma-informed peer support entails community members working together on issues of common concern. Community members themselves sharing information to normalize and de-pathologize trauma as well as disseminating details on how trauma-informed approaches can help their communities can be a powerful way to generate momentum and cultivate supportive and symbiotic relationships among residents to move the larger community towards greater self-efficacy, empowerment, and resilience (CDC, 2022).

Further, the active and positive coping supported on an individual level through processes such as peer support, as well as the meaning-making experiences of supporting neighbors in navigating challenges related to trauma and adversity, can support the emergence of post-traumatic growth among community members engaged in powerful peer connections, ultimately bolstering community capacity and power in the change process.

Notably, in addition to individual-level post-traumatic growth that can be enhanced through peer support, there is also emerging wisdom from the field on the concept of community post-traumatic growth. This emerging phenomenon demonstrates the powerful positive impacts that joining together to support one another in promoting well-being and engaging in collective experiences of witnessing resiliency and growth throughout the community and of the community-as-a-whole can bring about (Black et al., 2022).

Collaboration and Mutuality

In the spirit of the African proverb, "If you want to go fast, go alone, if you want to go far, go together," trauma-informed communities support the meaningful involvement of residents in efforts to build capacity and implement change.

Similarly, trauma-informed communities prioritize cross-agency and -sector collaboration by promoting partnership and coordination among and between community entities. This ultimately enhances collective knowledge and creates stronger community and organizational linkages for community members to receive equitable, appropriate, accessible, and affirming trauma-informed supports and services (Ellis & Dietz, 2017).

Empowerment, Voice, and Choice

In alignment with the adage posed by Desai and colleagues (2019), "If you want to know about a book, ask the author," trauma-informed community development strategies intentionally center lived experience and community voice.

This is accomplished through conceiving community members as experts of themselves and through the deliberate noticing, honoring, and mobilizing the inherent wisdom, strengths, capacities, and skills of communities and the individuals, families, and groups who interface with them.

In frameworks that seek to integrate trauma-informed and resilience-building approaches, a community is enhanced to support opportunities for individual and collective growth and self-actualization based on what its members truly desire, and those opportunities are designed to be accessible and equitable for all.

Cultural, Historical, and Gender Issues

Historical and present-day threats to civility and dignity contribute to cascading and compounding consequences that disproportionately impact those made most vulnerable to experiencing marginalization, oppression, adversity, discrimination, disenfranchisement, and trauma (O'Neill et al., 2018).

Trauma-informed capacity-building approaches have vast liberatory potential to drive positive community-level change because they value and support local history and culture with a reverence for the diversity of a community's makeup.

This requires intentionality around interweaving efforts to advance accessibility, belonging, diversity, equity, inclusion, and justice (ABDEIJ) into all actions undertaken toward community change. Integrating ABDEIJ concepts is critical to acknowledging and addressing the profound and interconnected impacts of historical, racial, cultural, and other forms of collective trauma that contribute to the cyclical nature of trauma within communities (Pinderhughes et al., 2015).

The burdens borne by communities affected by generational trauma, including displacement, violence, exclusion, disenfranchisement, and cultural erasure, perpetuate high stress, isolation, and disengagement from the civic participation that is needed for capacity- and coalition-building efforts to be truly community-led (BRIDGE Housing, 2018; Porter et al., 2017).

Recognizing the importance of remembering and allowing space for grief is essential to foster healing and memorializing cultural cornerstones in ways that can contribute to sustained change in communities (BRIDGE Housing, 2018; Mussell et al., 2004; Tebes et al., 2019). By engaging with culturally grounded resources and practices, community members can find self- and collective understanding, compassion, and coping strategies to recover from and counteract structural harms (BRIDGE Housing, 2018).

Additionally, engaging (directly or indirectly) with trauma material can lead to burnout and hinder sustained participation, further exacerbating the struggles of those facing intersectional and compounding trauma-related challenges (Silva, 2020).

Integrating cultural wisdom and indigenous practices into community organizing, capacity-building, and change implementation has been demonstrated to bolster critical awareness and collective action to drive social, political, and cultural changes within communities impacted by trauma (Crawford et al., 2021; Faust et al., 2021).

One powerful example emerges from the Menominee Indian Tribe, which highlights that we can achieve transformative change when we honor lived experience, collectively remember and listen to the stories, and provide support to communities so they may direct the change that helps them expand into their vision of a preferred future through culturally grounded principles, efforts, and activities (Faust et al., 2021; Menominee Indian Tribe of Wisconsin, n.d.).

The importance of cultural context that this example shines a spotlight on cannot be emphasized enough when considering how to enliven this principle of a trauma-informed approach in community engagement and development work.

Broad Considerations for Building Capacity and Engaging Communities in Trauma-Informed Change

To reiterate: given the dynamism and complexity of community life, and how each community has its constellation of unique needs and individualized ideas of how to prioritize addressing barriers to getting those needs met, there is no "one size fits all" approach to creating and sustaining healthy communities that fit every possible context.
Building, sustaining, and mobilizing community resilience and trauma prevention efforts demand an approach adaptable to local contexts and evolving needs.

This complexity can often lead communities to question where to begin implementation. It can also be challenging to balance aligning change efforts with best hopes while also being realistically adaptable to the unique community environment in which implementation is being considered based on available resources, capacity, and other characteristics that determine the direction for the work to be done (Danielson & Saxena, 2019).

In addition to community context and broader sociopolitical factors influencing goodness-of-fit for implementing various approaches to change, it is also important to recognize that different communities will have different trauma recovery trajectories that may center on pre-trauma characteristics and circumstances, adding yet another layer of complexity that demands a trauma-informed approach (Magruder et al., 2017).

With these factors in mind, the below considerations are proposed to support changemakers in leaving scant, siloed change efforts behind in favor of coalescing around common community values and best hopes and working cooperatively and collaboratively to cultivate community cultures and environments that sustainable support resilience and wellbeing for all.

Anchoring in a Process Orientation and Remaining Flexible

While an overarching vision, long-term goals, and/or shared values may remain consistent throughout a community's journey toward change, the strategies utilized and interim objectives along the way are likely to shift based on a variety of ambiguities and uncertainties given how quickly conditions can change, as has been demonstrated clearly in the last several years.

Adopting a flexible process orientation will help meet the unique needs of a community because it is nearly certain the context and conditions around the effort will evolve as new knowledge is gained and new participants are engaged. Building resilient, healing-centered, and trauma-responsive communities through a flexible, process-oriented lens entails:

- Leveraging social capital and indigenous wisdom to meet challenges and choice points as they arise
- Creating feedback loops and reciprocal learning cultures, informed by continuous data collection, leaving community members standing empowered to align resources and change efforts effectively
- Engaging community members and stakeholders to foster   collective competence and shared responsibility for impactful change

Keeping an Eye Toward Prevention, as Viewed Through a Systems Lens

Maintaining a systems lens helps changemakers and stakeholders shift away from individual blame and deficiency toward a more holistic understanding of community challenges rooted in time, space, and context. It is essential to recognize that individual, family, and collective community behaviors and experiences are interconnected with broader factors that exist, emerge, and evolve in the context of broader living systems (Bronfenbrenner, 1992; SAMHSA, 2017).

Aptly encapsulating the importance of context in examining and disrupting cycles of trauma, Resmaa Menakem (2020) has stated: "Many times trauma in a person decontextualized over time can look like personality. Trauma in a family decontextualized over time can look like family traits, trauma decontextualized in a people over time can look like culture. It takes time to slow it down so you can begin to discern what's what."

As this quote highlights, while individual- and family-level clinical interventions, services, and supports can be helpful, alone, they are insufficient. Targeting a broader context is integral to reducing the incidences of harm that create the need for such interventions, services, and supports in the first place (Matlin et al., 2019).

A prevention-oriented approach acknowledges the broader systemic dynamics that perpetuate trauma and focuses on multi-level strategies to promote self-healing, interpersonal and relational healing, as well as structural and systemic healing to optimize well-being for all (Magruder et al., 2017; Bellis et al., 2019). Investments in the social determinants of health and macro-social factors known to impact experiences and outcomes among those with lived experience can reduce future trauma exposure and promote population-level health and well-being (Tebes et al., 2019).

By prioritizing systems-level prevention and investing in upstream community-based solutions, communities can lift the burdens of trauma and re-traumatization, achieve a greater return on investment than is accomplished by merely responding to harm that has already occurred, and improve overall community health, thus also building resilience and capacity to future potential experiences of trauma and adversity.

Engaging a Multi-Generational Lifespan-Based Perspective

Too frequently, the solutions to ACEs and developmental adversity are confined to direct interventions that support children and young people in isolation. Building resilience to navigate stress, challenge, and change successfully requires expanding our approach across the lifespan and paying attention to context.

Breaking intergenerational cycles of trauma and adversity requires an approach that considers the additional vulnerability often present among caregivers and others who themselves have lived experience, given the interconnectedness of community life. This includes seeking to reduce how adversity is dosed and buffered in child- and youth-caregiver and other significant community-based relationships (Center for Youth Wellness & Zero to Three, 2018).

Family functioning can be profoundly impacted by community conditions and the presence/absence of risk and protective factors that promote trauma recovery and holistic well-being, including:

- Low collective efficacy or social control
- Lack of neighborhood services
- Low community socioeconomic status
- Limited community-based access to enriching environments (e.g., greenspaces, locations to be in connection with one another, etc.)

This suggests that community-level intervention with an eye toward multigenerational prevention can reduce exposure to ACEs that can snowball with each generation if left addressed only in the context of what happens in early life development (Schofield et al., 2018).

A multigenerational approach includes supporting healthy development in both informal (e.g., shifting neighborhood culture toward a trauma-informed, healing-centered, resilience-oriented lens) and formal contexts (e.g., social services using positive parenting programs or other similar approaches) alike, all of which can align community assets with the needs and strengths of the families within it such that positive experiences and outcomes become increasingly more likely (Schofield et al., 2018).

What happens across our lifespan can compound to perpetuate further patterns that can impact generations to come. A trauma-informed approach acknowledges that individual and collective needs can and do look different based on where a community member, group, or the community-as-a-whole is within the lifespan.

Mobilizing Strengths, Assets, Capacities, Skills, Gifts, and Wisdom through Community-Led Action

Elevating and amplifying community voice and ensuring that efforts toward change are community-led can enhance success in engaging in transformational community change. This process brings about a sense of belonging, ownership, connectedness, and pride that motivates continued participation and motivation toward change (BRIDGE Housing, 2018).

Trauma-informed approaches to community development and engagement demonstrate a reverence for community wisdom and lived experience, suggesting that the people who have the most at stake if change efforts are implemented ought to be the ones driving the change (Chapin Hall, 2022; SAMHSA, 2017).

There is some doubt about whether institutions and organizations have the agility and flexibility to devise holistic solutions that attend to community priorities and needs with the same efficacy as tapping into the social and human capital of community members (Brennen, 2020).

Ultimately, community infrastructure and social capital among community members are what remain after external funding sources evaporate or are otherwise disinvested, which creates a compelling argument for capacity-building. These processes can restore power to the community to catalyze and sustain change efforts based on its priorities, values, and best hopes (Falkenburger et al., 2018).

In considering how to leverage community strengths, is important to recognize that leadership and meaningful participation can originate from anywhere – from seasoned community organizers, to local artists, to a collective of concerned pediatricians, to a county government entity, or any other person, group, or organization that seeks to catalyze community resiliency-building efforts.

And yet, it is important that power is shared among community members to prevent ongoing efforts from becoming siloed, replicative, or competitive. It is vital that all partners in change are accountable to community members acting and advocating on their behalf and interests.

Returning to the idea of process orientation versus outcome orientation, it can be helpful to avoid focusing on building capacity to implement a particular initiative and instead consider building on the capacity of the community itself to gain long-term direct access to resources, set forth actionable plans, and enable participation that fits for each community member (Ellis & Dietz, 2022).

Such capacity is built through empowerment frameworks prioritizing trust-based community relationships and community-generated solutions. These can be further strengthened by engaging in shared leadership with an openness toward "uncommon partners" in the work as a critical competency for sustainable, meaningful, community-driven change (Porter et al., 2016).

A useful strategy for some communities has been pooling strengths and capacities through the creation of cross-sector, cross-system "champions" who regularly connect to organize and activate others around achieving a shared vision of sustainable change to lead to their preferred future (Aspen Institute, 2010; BRIDGE Housing, 2018; Ellis & Dietz, 2017; Matiln et al., 2017). Further, it can be useful to build multiple points of entry and a variety of different opportunities for community members to engage, participate, and contribute based on their own unique gifts, capacity, bandwidth, and motivation to change efforts.

Differing philosophies around what constitutes significant and meaningful engagement looks like can impact (Matlin et al., 2019; Hall et al., 2012; SAMHSA, 2017; Tebes et al., 2019):
- How resources are (or are not) shared
- What expectations for change efforts are held
- What level of motivation to participate is present
- Whether trust and safety to fully and authentically show up is possible
- How significantly key predictors of success such as optimism, hope, efficacy, curiosity, commitment, and belonging are experienced

Continuously Creating Opportunities for the Co-Construction of Knowledge and Meaning

Research suggests that dismantling oppressive systems and institutions challenges existing power structures and contributes to creating the context and conditions for empowerment to emerge. This can foster collective transformation related to social dynamics, shift overarching values and virtues, promote post-traumatic growth, and support other progressive changes that enhance well-being (Freire, 1972; Somasundaram & Sivayokan, 2013).

Accordingly, ongoing learning and education are vital to advance trauma-informed and resilience-building approaches, thus ensuring community members understand individual and collective trauma responses they have experienced or borne witness to, along with the powerful role they can play in driving the transformation needed to create and sustain thriving, flourishing communities (Blanch et al., 2019; Tebes et al., 2019).

While workforce development is vital in building and sustaining trauma-informed communities, consciousness-raising, education, and training efforts most powerfully advance community change when this knowledge is not solely held among those who hold employed positions in mental health, education, legal, and other professionalized systems/institutions (SAMHSA, 2017).

To build capacity across sectors and to fully tap into the diverse community expertise that will lead to the most effective long-term change, it is vital that all members of the community are equipped with knowledge of trauma and trauma-informed approaches. This leaves community members standing empowered to choose how they want to make meaning of this information and what they wish to do to act upon the knowledge and understanding of how trauma has impacted their lives and the lives of their cared-for ones and neighbors.

Thinking outside of the box to meet community members where they are is critical to build and leverage a groundswell of support. By creating learning and digestion opportunities, you can help build the capacity to sustain trauma-informed community change (Kania & Kramer, 2011; Mobilizing Action for Resilient Communities, n.d.; Porter et al., 2016).

For instance, some changemakers have found that creating open education opportunities through community-based events and/or integrating discussions about trauma and community transformation at existing town hall meetings can powerfully foster competency- and content-based learning, equipping community members with the knowledge, tools, skills, and pathways to make an impact (Matlin et al., 2019).

Framing around a shared language and understanding when messaging opportunities for engagement and participation can also be critical in increasing community capacity for resilience-focused change. For example, rather than framing change implementation that the community wishes to sustain as "initiatives" or "projects," it can be helpful to message engagement efforts as advancing movements or establishing networks/collaboratives.

The right terminology can help engage community members because it implies earnest and intentional efforts rather than focusing on set budgets, rigid timelines, and box-checking. This can also help grow momentum to work collectively toward shared principles and behaviors, as well as build capacity to sustain these positive gains based on what has been established as important or engaging to community members.

Workforce development is integral to building and sustaining trauma-informed communities, necessitating an understanding of trauma's impacts and self-care for professionals (SAMHSA, 2017). Policies, procedures, and hiring practices that align with trauma-informed principles help to concretize a trauma-informed culture and help ensure that this lens is embedded in an organization's mission, vision, and values so that intentionality around engaging in a trauma-informed way does not peter out over time (SAMHSA, 2017). Training is most impactful when it extends beyond clinical staff to reach leadership and administrative roles (SAMHSA, 2017).

In addition to formal education opportunities for people to engage with in their workplaces, cultivating opportunities for shared learning among community members can further enhance community capacity and enable cross-sector, cross-system collaboration. Engaging the community in learning that grounds itself in strengths-based language and a sense of urgency can fuel the awareness needed to catalyze collective transformation (Tebes et al., 2019; Blanch et al., 2019).

Various mechanisms and settings for learning, such as community events, meetings, online platforms, and competency-based education, can raise consciousness and promote leadership within communities (Matlin et al., 2019). These considerations and strategies, among others, further seek to create shared knowledge, language, and meaning. They can help communities co-construct a collective understanding of their history and future possibilities to work toward realizing together.

Similarly, as new ways of thinking, knowing, being, doing, and relating are discovered along a community's pathway toward resiliency and flourishing, it is important to ensure that implementation efforts and actions undertaken and underway are those which will help a community achieve sustainable well-being.

Engaging in ongoing evaluation and progress-monitoring as new learnings are integrated into change plans is of critical importance. However, there are few psychometrically valid, reliable, and universalizable tools available for implementing trauma-informed community change – an important insight to inform continued exploration and research.

Grounding Awareness and Action in Wisdom from the Fields of Neuroscience, Epigenetics, Adverse Childhood Experiences, and Resilience (NEAR)

The ever-evolving field of NEAR science illuminates what we know and are continuing to learn about individual and collective experiences of trauma and resilience and provides important context for any community capacity-building and change effort because it equips communities with the knowledge to transform intergenerational health and well-being (Porter et al., 2016).

Implementing trauma-informed and allied community change efforts works most effectively when education about and consideration for the NEAR framework is integrated throughout the planning, implementation, and sustainment process. It is also vital to integrate and institutionalize this knowledge within programs, policies, protocols, and practices among community organizations, entities, businesses, and agencies, as well as among the general community population (Müller & McKenney, 2020).

This is interconnected with education, as already highlighted. For instance, communities can promote positive child and family well-being through facilitating education on the impact of trauma-impacted environments and traumatic experiences on human development and promoting activities associated with allied frameworks such as the Healthy Outcomes for Positive Experiences approach to facilitate pro-social, positive development and disrupt intergenerational cycles of trauma and adversity (Sege et al., 2017; Social Current, n.d.).

Bolstering individual and collective protective factors that the research connects to resilience and post-traumatic growth can facilitate the establishment and maintenance of self-efficacy at individual, family, and community levels. These positive experiences achieved through task accomplishment along the change process are connected to profound shifts in worldview among those who have experienced trauma (Keyes & Galea, 2016; Tebes et al., 2019).

This can be accomplished by supporting NEAR-based activities, including:
- Structuring opportunities for reflection into community capacity-building and change efforts
- Providing opportunities to hone skills for transformational leadership to support community members with lived experience in informing and leading change efforts that:
    - promote connection and cohesion
    - advance workforce development
    - support community resource-need alignment
    - shift the course of public policies
    - increase access to science-aligned promising practices
    - equip many community members with what is needed to engage in ongoing learning and evaluation
    - support efforts to scale the prevention continuum to ensure sustainability and resiliency to future threats of harm (Sege et al., 2017; Social Current, n.d.)

[see the APPENDIX for more information on NEAR science]

Diversifying Funding Streams and Tapping into an Abundance Mindset

Sustaining financial support for aligning community objectives and hopes with enhancing macrosocial determinants that influence overall health and well-being is essential to heal, mitigate, and prevent trauma and build community resilience (Bowen & Murshid, 2016; Matlin et al., 2019). Communities vary considerably, however, in the ways that trauma and its sequelae emerge; the resources each community has available to produce effective, sustainable solutions also, in turn, are diverse.

Common funding sources for community change efforts include designated community, city, county, state, and federal appropriations, grants, agency, organizational, and departmental contributions, private contributions, business sector and philanthropic contributions, and the establishment of local taxes or fees (414 Life, n.d.; BRIDGE Housing, 2018). Often in community development and engagement efforts, these resources are pooled into a central organization or nonprofit, sometimes referred to as a "backbone institution."

This action is generally framed as "investing in the community," yet placing such power and focus in the hands of nonprofits or other centralized entities excludes community members from participating in important conversations and influencing the direction taken at critical choice points, ultimately disempowering the community under the guise of inclusive action (Chapin Hall, 2022; Devia et al., 2017).

There is also an unfortunate tendency for institutions and organizations to sequester resources as they see fit rather than redistribute them in alignment with community preferences (Hebert & Gallion, 2016). Further, funding allocation is frequently prioritized based on an oppressive status quo and examines difficult-to-attain benchmarks that do not always indicate meaningful change outcomes based on shared community vision and values (Hebert & Gallion, 2016). This tactic can cause communities to have funding pulled for "not meeting expectations" in change efforts during times of profound need (Chapin Hall, 2022). In addition, those benchmarks tend to be deficit-focused rather than salutary and working toward positive change, which counters what is connected to promoting deep and authentic community engagement (BRIDGE Housing, 2018; Daniels, n.d.).

Finally, research, technical assistance, and support provided by outside organizations often end up absorbing substantial partnership funds, reducing the total resources available to implement critical change initiatives in communities, leading to fizzled-out hopes and cycles of re-traumatization (Hebert & Gallion, 2016). Clearly, without access to diverse, sustainable funding streams, communities can be hindered from truly flourishing and allocating the resources needed to thrive, where they know will create the most significant positive impact.

Given the complexity of transformative change in trauma-impacted communities, aligning, leveraging, braiding, and blending resources from various sectors and sources is often necessary to sustain support for change. This often also requires communities, potential funders, and other change partners to shift from a scarcity mindset to an abundance mindset and can require significant action given how counter-cultural a collective approach to allocating resources can be to what those in power in communities are used to.

Positioning communities to take the lead to cultivate and mobilize community strengths and skills through a trauma-informed lens demands more innovative funding models that allocate resources directly into the hands of residents rather than organizations to enable capacity and scaling of collective change efforts driven by the community, for the community (Chapin Hall, 2022). Advocates and change partners can work to establish a system where community members maintain control over how resources are used, such as by requiring funds to be shared with and/or controlled directly by communities and tribes, which has been shown to strengthen community cohesion and ownership in change efforts while bolstering procedural and other forms of social justice (Ellis & Dietz, 2022; Devia et al., 2017).

While paternalistic models of community change may consider adaptations to trauma and adversity exhibited among communities to be "liabilities," there is ample evidence that communities that have built internal capacity to self-sustain community change efforts over time have been able to achieve consistent, positive progress on complex and interrelated issues at scale without necessarily needing to devise drastically new approaches or finding new major sources of funding (Cabaj & Weaver, 2016; Kania & Kramer, 2011).

Expanding the Evidence Base in an Accountable, Anti-Oppressive Way

In the quest to build and sustain resilient, healthy communities, engaging evidence-based, evidence-informed, and promising practices play a pivotal role. So often, communities have been cautiously hopeful and optimistic at the prospect of being able to spearhead the change they want to see happen while, instead, external agendas prevail, leaving people with lived experience feeling particularly slighted and exploited by the process of external parties coming in and benefitting from their pain without seeing actual improvements or change to their communities.

Trauma-informed approaches can turn this tide, integrating accountability and honoring community preference and expertise to support sustainable change.

While empirical research practices to deepen the understanding of individual and collective trauma experiences and related outcomes are often problematic, the current lack of empirical support specifically for trauma-informed community change models can impede change efforts and deter funders from providing necessary support. It is crucial to address this gap by utilizing collaborative frameworks such as community-based participatory research and empowerment evaluation, which prioritize meaningful community engagement and support communities in getting what they need to stand empowered to evaluate their strategies and progress.

These approaches establish trust between researchers, funding partners, community members, and other partners rather than contributing to the traditional harms researchers and academia have inflicted upon communities (Cox et al., 2009; Danielson & Saxena, 2019). Meaningful data collection and analysis, driven by community expertise, can help establish best practices and inform decision-making—as long as academics and researchers avoid viewing communities solely as research subjects or data sources.

By combining evidence-based approaches with meaningful community engagement, we can strengthen the empirical foundation of trauma-informed models, cultivate a culture of inclusivity, mutuality, and shared learning, support empowered communities leading the charge in the change they want to see, and build resilient futures together.

Joining Individual, Family, Organizational, Institutional, and Systems Reform with Place-Based Community-Level Change

While there is much promising change happening in many communities, CTIPP often hears that this change remains siloed and falls short of cascading through the community in mutually enhancing ways.

Change efforts targeted solely at the internal operations of organizations or enabling skill development among individuals who access services and supports could fall short of meeting broader community needs.

Efforts to engage in trauma-informed community change without parallel efforts that are implemented across various systems will not produce large-scale change and can reproduce harm by touching on trauma themes (Tebes et al., 2019). The interconnectedness of our lives with others contextualizes that each person and each family are not individual islands operating in isolation.

Accordingly, as stated earlier, a living systems approach calls upon each change partner to be attentive to the ways that they are engaged in reciprocal relationships and interactions at various levels of our society and how being embedded within these dynamic, complex ecologies require intentionally designed multi-level, multi-pronged approaches to enhancing well-being.

While it can be an understandable survival technique for those, who recognize the need for change and fervently wish to play some sort of role in enlivening that change to focus on hyper-localized change as it feels more as if it is within their individual control, expanding beyond our individualistic efforts to see a pathway toward something more broadly different that can only be achieved through coordinated, collaborative, and collective action is a vital aspect of breaking through the barriers that sustain cycles of the status quo.

It is vital for all to courageously step outside of their own echo chambers and silos in pursuit of connecting with those who have shared interests, values, and visions for the future. Expanding and more strategically levering community partnerships leverages the synergies between systems to improve community conditions and capacity to meet the complex individual, family, and community needs exhibited among those impacted by trauma, which generally cannot be realized through change within a single organization or even a single system of care (Chapin Hall, n.d.; Tebes et al., 2019).

It thus behooves advocates and activists with a stake in advancing community well-being to intentionally uplift the interconnectedness and interdependence of the strands of community life in the work (BRIDGE Housing, 2018).

Working with partners can help create a framework that enables components that contribute to community resilience, such as an ethical and secure means for data-sharing, the development of collective goals, and partialized objectives/action steps that tap into the unique wisdom and gifts of all involved, as well as connection points to support staying focused on and anchored in the priorities that will most support the community in building community capacity to sustain well-being   (Bethell et al., 2017; Ellis and Dietz 2017).

Mechanisms to build transparent, trusting relationships to facilitate an open dialogue wherein all stakeholders are listening to their partners' needs remain essential and are a key component of coming together in service of advancing trauma-informed change.

Zooming even further out, it can be helpful to highlight how local coordination and collaboration are essential to laying the groundwork to build a national network of sustainable, resilient trauma-informed communities. Cross-disciplinary, cross-sector, and cross-system collaboration, over time, improve outcomes at all levels, including the possibility for broad, sustained community- and population-level change (Srivastav et al., 2020).

Structures such as CTIPP's _**PressOn**_ are cultivating communities of practice that span geographical borders to provide space where advocates and activists can share and learn from one another. The initiative is helping communities at all stages of change gain inspiration and practical wisdom to evolve and grow localized pockets of transformation.

Further, staying connected to others can sustain the hope, self-efficacy, engagement, and momentum that sometimes can peter out when insular or isolated change efforts rather than collaborative, coordinated, and collective ones prevail (Ellis & Dietz, 2017, Mobilizing Action for Resilient Communities, n.d.).
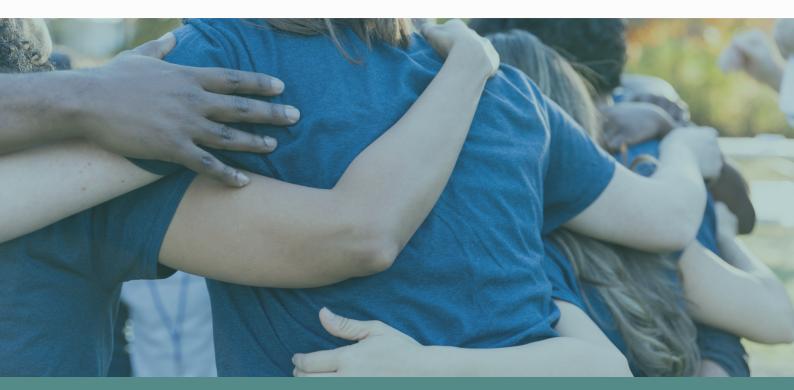
Final Thoughts

No community is immune to the unexpected upheavals of trauma and adversity. By integrating and embodying the values and principles of a trauma-informed approach, we create fertile grounds for healing, recovery, resiliency, and post-traumatic growth on individual and collective levels.

It is through operationalizing these values that we can work together to fortify our communities, enabling them to weather future adversity with unity, connection, strength, wisdom, compassion, and unwavering hope, while simultaneously working to prevent harm from occurring in the future.

By infusing our change efforts with a trauma-informed lens, we unlock a world of benefits that extend far beyond individual healing. It becomes a universal precaution woven into the fabric of our strategies, propelling us towards prevention, supportive environments, social justice, equity, and intergenerational well-being for all.

Learn more at CTIPP.org.

Appendix: NEAR Science

Neuroscience relates to the understanding of the nervous system and brain, including discovering the role of emotions in relation to memory and the brain, understanding the basics of various brain states with an emphasis on the various stress/trauma/survival responses that may emerge, recognizing and generally comprehending the capacity humankind has available through neuroplasticity (the changing of the brain as trauma or adversity happen and heal over time), and being able to determine how to intervene to support resilience and recovery across the lifespan based on what is observed individually and/or collectively among community members (Posakony, 2020).

Epigenetics describes how the body's genes are expressed and adapt to experience and environment across the life course and, as research has revealed, transgenerationally (Yehuda & Lehrner, 2018). This aspect also promotes a realistic sense of hope by revealing that while trauma and its impacts can be transmitted through epigenetic changes that are passed on from one generation to the next, so, too, can resiliency, skills, strengths, and the capacity to heal and grow (Posakony, 2020).

There is evidence that such conditions within communities that adopt a trauma-informed approach are more likely to see changes in genetic expression that may contribute to generational healing and recovery (Danielson & Saxena, 2019). Community change has the potential to support future generations with a disposition toward empathy, resiliency, strength, social competency, reflective awareness, and citizenship, all of which contribute to more empowered, meaningful ways of being than are available to trauma-impacted communities that do not undergo change efforts through this type of framework (Ungar, 2021).

Adverse childhood experiences (ACEs) refer to certain indicators of significant stressors and challenges encountered within families, communities, and systems that, when experienced in the first eighteen years of life, particularly in the case of compounding and/or intersectional challenges, can powerfully shape physical, psychological, social, spiritual, emotional, and behavioral health and well-being.

Importantly, while there are many population-level challenges, public health research indicates that people tend to become more vulnerable in connection to experiencing ACEs, with consideration for the concept of multifinality – defined by McLaughlin (2016) as "the process by which the same risk and/or protective factors may ultimately lead to different developmental outcomes" – and the broad range of possible sequelae along the lifespan among people who have experienced ACEs, it is critical to recognize that there is no "set" trajectory following exposure to ACEs (Tebes et al., 2019; Weems et al., 2021).

It is also noteworthy that there are other forms of developmental adversity – "exposure during childhood or adolescence to environmental circumstances that are likely to require significant psychological, social, or neurobiological adaptation by an average child and that represent a deviation from the expectable environment" – that are important to consider in devising and implanting plans for trauma-informed community change work (McLaughlin, 2016). Such examples may include experiencing discrimination or racism, being bullied, experiencing migration or displacement, witnessing war, enduring or extreme poverty, being exposed to community violence or deteriorating built environments, or becoming involved in the foster system (Philadelphia ACE Project, n.d.; Posakony, 2020).

Further explorations, such as Smart Start's (n.d.) "Healthy & Resilient Communities" frameworks, have further expanded this exploration by including adverse climate experiences (E.G., hurricanes, wildfires, droughts, and so forth) as well as "atrocious cultural experiences" (E.G., having a legacy of trauma through a macro and sociohistorical lens, such as slavery, genocide, colonization, segregation, family separation, and so forth). All of these conditions and experiences demand contextual consideration in addressing community change.

Resilience describes the capacity to adapt to, prevent, or mitigate the impacts of an adverse event or traumatic experience and recover through survival, adaptability, evolution, and growth in spite of ongoing stress, challenge, and change (Ellis & Dietz, 2017). Resilience may be developed as well as exercised and may occur at the individual- and community-level.

Considering communities each as living, self-organizing systems makes it of great importance to consider how to unlock and mobilize community-level resilience. Indicators of contextual community resilience include factors like mutuality and social reciprocity, community co-care and collaboration, and, interestingly, training on NEAR science itself (Posakony, 2020).

There are certain adaptive capacities in communities that are able to build and sustain resilience and well-being through trauma-informed change efforts, identified by Ellis & Dietz (2017) as the ability to sustain economic development within the community; the degree to which residents possess social capital (I.E., social networks and supports, including family and other community members); the effective bidirectional transfer of information and communication between residents and community-based organizations/agencies that provide services and supports; and the community competence to support activities related to civic engagement, self-management, and collective empowerment for community engagement and advocacy.

These are factors that it is critical to find individualized strategies to support within communities for them to become self-sustaining in their change and growth process despite uncertain and stressful circumstances.

References

414 Life. (n.d.). Milwaukee blueprint for peace.

Bellis, M. A., Hughes, K., Ford, K., Ramos Rodriguez, G., Sethi, D., & Passmore, J. (2019). Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: A systematic review and meta-analysis. Lancet Public Health, 4(10), e517-528.

Bethell, C. D., Carle, A., Hudziak, J., Gombojav, N., Powers, K., Wade, R., & Braveman, P. (2017). Methods to assess adverse childhood experiences of children and families: Toward approaches to promote child well-being in policy and practice. Academic Pediatrics, 17(7S), S51-S69.

Black, S., Trachtengot, I., & Horenczyk, G. (2022). Community post-traumatic growth: Israeli Ultra-Orthodox coping with coronavirus. Contemporary Jewry, 42, 85-112. https://doi.org/10.1007/s12397-022-09422-5

Blanch, A. K., Shern, D. L., Reidy, C., & Lieberman, L. (2019). Building stronger networks: How a framework recognizing adverse childhood experiences, trauma, and resilience can facilitate community collaboration. Mobilizing Action for Resilient Communities. https://marc.healthfederation.org/sites/default/files/MARC_Building%20Stronger%20Networks_May%202019.pdf

Bowen, E., A., & Murshid, N. S. (2016). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. American Journal of Public Health, 106(2), 223-229. https://doi.org/10.2105%2FAJPH.2015.302970

Brennen, J., Guarino, K., Axelrod, J., & Gonsoulin, S. (2020). Advancing trauma-informed care within and across child-serving systems. https://www.chapinhall.org/research/mstic-guide/

Bronfenbrenner, U. (1992). Ecological systems theory. In R. Vasta (Ed.), Six theories of child development: Revised formulations and current issues (pp. 187-249). Jessica Kingsley Publishers.

Cabaj, M., & Weaver, L. (2016). Collective impact 3.0: An evolving framework for community change. Tamarack Institute Community Change Series. https://cdn2.hubspot.net/hubfs/316071/Events/CCI/2016_CCI_Toronto/CCI_Publications/Collective_Impact_3.0_FINAL_PDF.pdf?t=1472671593093&__hstc=&__hssc=&hsCtaTracking=2004d74b-f861-48af-855d-eb4a9ccb22a4%7Ccbe8119a-e05c-43a8-afec-12498cea1f11

Center for Youth Wellness, & Zero to Three. (2018). Two-generation approach to ACEs. https://www.acesaware.org/wp-content/uploads/2019/12/13-Two-Generation-Approach-to-ACEs-English.pdf

Centers for Disease Control and Prevention. (2022, May 25). Building trauma-informed communities. https://blogs.cdc.gov/publichealthmatters/2022/05/trauma-informed/

Chapin Hall. (n.d.). Implementation collaborative: Building capacity in child welfare systems to improve outcomes for children and families. https://www.chapinhall.org/project/implementation-collaborative/

Chapin Hall. (2022). System transformation through community leadership. https://www.chapinhall.org/wp-content/uploads/Invest-Equity-Bulletin.pdf

Cox, P. J., Keneer, D., Wandersman, A. H., & Woodward, T. L. (2009). Evaluation for improvement: A seven-step empowerment evaluation approach for violence prevention. https://www.cdc.gov/violenceprevention/pdf/evaluation_improvement-a.pdf

Crawford, K., Martell, E., Sullivan, M., & Ngok, J. (2021). Generational and ancestral healing in community: Urban Atabex herstory. Geneaology, 5, 1-29. https://doi.org/10.3390/genealogy5020047

Crockett, M., & Harwood, R. C. (2019). One step at a time: Winchester and Clark County seizing the moment. *Harwood Institute for Public Innovation*. https://static1.squarespace.com/static/5602cde4e4b04430b90a97fd/t/5daf113d93ab88371e8b8ca9/1571754305273/One_Step_At_A_Time_FINAL2+%281%29.pdf

Daniels, H. (n.d.). *ABCD toolkit: Community building principles and activities*. https://resources.depaul.edu/abcd-institute/resources/Documents/CommunityBuildingPrinciplesandActionStepsChart.pdf

Danielson, R., & Saxena, D. (2019). Connecting adverse childhood experiences and community health to promote health equity. Social and Personality Psychology Compass, 13(7), 1-13. https://doi-org.gate.lib.buffalo.edu/10.1111/spc3.12486

Desai, M. U., Bellamy, C., Guy, K., Costa, M., O'Connell, M. J., & Davidson, L. (2019). "If you want to know about the book, as the author:" Enhancing community engagement through participatory research in clinical mental health settings. Behavioral Medicine, 45(2), 177-187. https://doi.org/10.1080/08964289.2019.1587589

Devia, C., Baker, E. A., Sanchez-Youngman, S., Barnidge, E., Golub, M., Motton, F., Muhammad, M., Ruddock, C., Vicuna, B., & Wallerstein. (2017). Advancing system and policy changes for social and racial justice: Comparing a rural and urban community-based participatory research partnership in the U.S. International Journal for Equity in Health, 16, 1-14. https://doi.org/10.1186/s12939-016-0509-3

Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The building community resilience model. Academic Pediatrics, 17(7), S86-S93. https://doi-org.gate.lib.buffalo.edu/10.1016/j.acap.2016.12.011

Ellis, W. R., Dietz, W. H., & Chen, K. D. (2022). Community resilience: A dynamic model for public health 3.0. Public Health Management & Practice, 1(28), S18-S26. https://doi.org/10.1097/phh.0000000000001413

Falkenburger, E., Arena, O., & Wolin, J. (2018). Trauma-informed community building and engagement. Urban Institute. https://www.urban.org/sites/default/files/publication/98296/trauma-informed_community_building_and_engagement_0.pdf

Faust, V., Pollard, E., Welch, K., Hilgendorf, A., Reiter, G. A., Brown, T., Thunder, C., Wescott, S., Wilber, D., Christens, B. D., & Wells, A. (2021). Building power through reindigenization: Sharing the story of Menīkānaehkem. Journal of Community Psychology, 49(8), 3162-3177. https://doi.org/10.1002/jcop.22733

Freire, P. (1972). Pedagogy of the oppressed. Herder and Herder.

Hall, J., Porter, L., Longhi, D., Becker-Green, J., & Dreyfus, S. (2012). Reducing adverse childhood experiences (ACEs) by building community capacity: A summary of Washington Family Policy Council research findings. Journal of Prevention & Intervention in the Community, 40(4), 325-334. https://doi.org/10.1080/10852352.2012.707463

Hebert, S., & Gallion, J. (2016). The making connections experience with resident engagement and leadership. Center for the Study of Social Policy. https://cssp.org/wp-content/uploads/2019/07/cssp-FosteringResidentVoiceInfluence-2016.pdf

Isom, D. A., Mikell, T. C., & Boehme, H. M. (2021). White America, threat to the status quo, and affiliation with the alt-right: A qualitative approach. Sociological Spectrum, 41(3), 213-228. https://doi.org/10.1080/02732173.2021.1885531

Kane, E. W. (2019). Beliefs about family policy among US mothers in publicly-subsidized housing: Collective responsibility or individual self-sufficiency? Journal of Poverty and Social Justice, 27(3), 333-349. https://doi.org/10.1332/175982719X15538485252706

Kania, J., & Kramer, M. (2011). Collective impact. Stanford Social Innovation Review. https://ssir.org/articles/entry/collective_impact

Keyes, K. M., & Galea, S. (2016). Setting the agenda for a new discipline: Population health science. American Journal of Public Health, 106(4), 633-634. https://doi.org/10.2105%2FAJPH.2016.303101

Larson, S. (2022, April 29). How much time does trauma-informed community-building take? It's complicated. ShelterForce. https://shelterforce.org/2022/04/29/how-much-time-does-trauma-informed-community-building-take-its-complicated/

Magruder, K. M., McLaughlin, K. A., & Elmore Borbon, D. L. (2017). Trauma is a public health issue. European Journal of Psychotraumatology, 8(1), 1-9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5800738/

Matlin, S. L., Champine, R. B., Strambler, M. J., O'Brien, C., Hoffman, E., Whitson, M., Kolka, L., & Tebes, J. K. (2019). A community's response to Adverse Childhood Experiences (ACEs): Building a resilience, trauma-informed community. American Journal of Community Psychology, 64(3-4), 451-466. https://doi.org/10.1002%2Fajcp.12386

McLaughlin, K. A. (2016). Future directions in childhood adversity and youth psychopathology. Journal of Clinical Child and Adolescent Psychology, 45(3), 361-382. https://doi.org/10.1080%2F15374416.2015.1110823

Menakem, R. (Guest). (2020, November 15). How do we heal? [Audio podcast episode]. In Talk Easy. https://talkeasypod.com/resmaa-menakem/

Menominee Indian Tribe of Wisconsin. (n.d.) Who we are and how we started. https://www.menominee-nsn.gov/CommunityPages/FosteringFutures/FosteringFuturesMain.aspx

Mobilizing Action for Resilient Communities. (n.d.). ATR network map. https://marc.healthfederation.org/atr-network-map

Müller, R., & McKenney, M. (2020). A science of hope? Tracing emergent entanglements between the biology of early life adversity, trauma-informed care, and restorative justice. Science, Technology, & Human Values, 46(6), 1230-1260. https://doi.org/10.1177%2F0162243920974095

Mussell, B., Cardiff, K., & White, J. (2004). The mental health and well-being of Aboriginal children and youth: Guidance for new approaches and services. University of British Columbia. https://childhealthpolicy.ca/wp-content/uploads/2012/12/RR-8-04-full-report.pdf

O'Neill, L., Fraser, T., Kitchenham, A., & McDonald, V. (2018). Hidden burdens: A review of intergenerational, historical, and complex trauma, implications for Indigenous families. Journal of Adolescent Trauma, 11(2), 173-186. https://doi.org/10.1007%2Fs40653-016-0117-9

Philadelphia ACE Project. (n.d.). Philadelphia ACE Survey. https://www.philadelphiaaces.org/philadelphia-ace-survey

Pinderhughes, H., Davis, R. A., & Williams, M. (2015). Adverse community experiences and resilience: A framework for addressing and preventing community trauma. Kaiser Permanente. https://www.preventioninstitute.org/sites/default/files/publications/Adverse%20Community%20Experiences%20and%20Resilience%20Executive%20Summary.pdf

Porter, L., Martin, K., & Anda, R. (2016). Self-healing communities: A transformational process model for improving intergenerational health. https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html

Porter, L., Martin, K., & Anda, R. (2017). Culture matters: Direct service programs cannot solve widespread, complex, intergenerational social problems. Culture change can. American Pediatrics, 17(75), S22-S23. https://doi.org/10.1016/j.acap.2016.11.006

Posakony, T. (2020). N.E.A.R. Science (Neuroscience, Epigenetics, ACEs, and Resilience). Emerging Wisdom. http://www.emergingwisdom.net/n-e-a-r-science-neuroscience-epigenetics-aces-and-resilience/

Schofield, T. J., Donnellan, M. B., Merrick, M. T., Ports, K. A., Klevens, J., & Leeb, R. (2018). Intergenerational continuity in adverse childhood experiences and rural community environments. American Journal of Public Health, 108(9), 1148-1152. https://doi.org/10.2105%2FAJPH.2018.304598

Sege, R., Bethell, C., Linkenbach, J., Jones, J. A., Klika, B., & Pecora, P. J. (2017). Balancing adverse child experiences with HOPE: New insights into the role of positive experience on child and family development. https://www.social-current.org/wp-content/uploads/2021/10/balancing_aces_with_hope.pdf

Silva, C. (2020). Black activist burnout: 'You can't do this work if you're running on empty." NPR. https://www.npr.org/2020/08/10/896695759/black-activist-burnout-you-can-t-do-this-work-if-you-re-running-on-empty

Smart Start. (n.d.). 4 realms of ACEs and resilience. https://www.smartstart.org/resilience-intro/resilience-home/

Social Current. (n.d.). Change in Mind Institute. https://www.social-current.org/engage/change-in-mind-institute/#:~:text=An%20initiative%20of%20the%20Alliance,broader%20systems%20and%20policy%20change

Somasundaram & Sivayokan. (2013). Rebuilding community resilience in a post-war context: Developing insight and recommendations - a qualitative study in Northern Sri Lanka. International Journal of Mental Health Systems, 7(3), 1-24. https://doi.org/10.1186/1752-4458-7-3

Srivastav, A., Strompolis, M., Moseley, A., & Daniels, K. (2020). The empower action model: A framework for preventing adverse childhood experiences by promoting health, equity, and well-being   across the life span. Health Promotion Practice, 21(4), 525-534. https://doi.org/10.1177/1524839919889355

Substance Abuse and Mental Health Services Administration. (2014). SAMHSA's Concept of Trauma and Guidance for Trauma-Informed Care. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf

Substance Abuse and Mental Health Services Administration. (2017). SAMHSA
Spotlight: A series on building resilient and trauma-informed communities.
https://store.samhsa.gov/sites/default/files/d7/priv/sma17-5014.pdf

Tebes, J. K., Champine, R. B., Matlin, S. L., & Strambler, M. J. (2019). Population
health and trauma-informed practice: Implications for programs, systems, and policies.
American Journal of Community Psychology, 64(3-4), 494-508. https://doi-
org.gate.lib.buffalo.edu/10.1002/ajcp.12382

Ungar, M. (Ed.). (2021). Multisystemic resilience: Adaptation and transformation in
contexts of change. Oxford University Press.
https://doi.org/10.1093/oso/9780190095888.001.0001

Weems, C. F., Russell, J. D., Herringa, R. J., & Carrion, V. G. (2021). Translating the
neuroscience of adverse childhood experiences to inform policy and foster population-level
resilience. American Psychologist, 76(2), 188-202.
https://psycnet.apa.org/doi/10.1037/amp0000780

Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects:
Putative role of epigenetic mechanisms. World Psychiatry, 17(3), 243-257.
https://doi.org/10.1002%2Fwps.20568