"If it is not anti-racist...if it is not about justice and liberation, it is not trauma-informed":
Exploring the intersections of racial justice and trauma informed care

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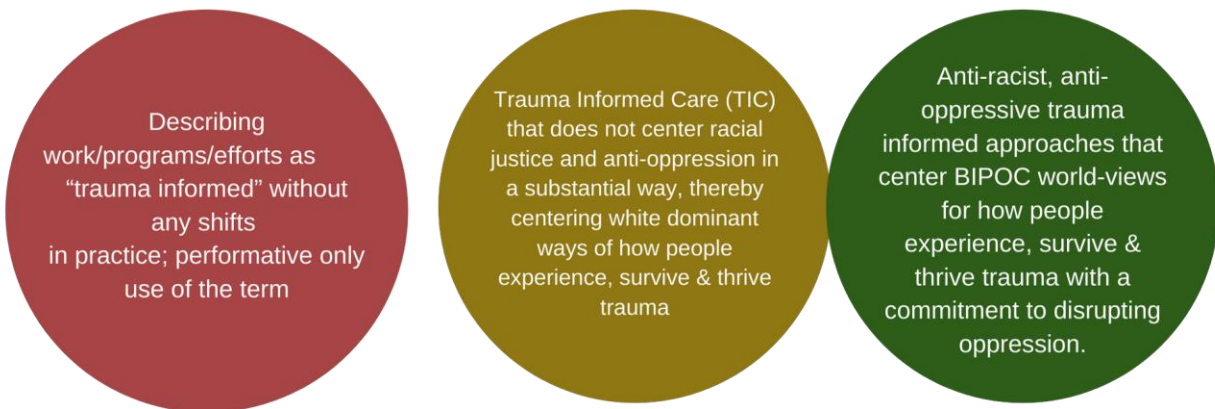

Background and Overview

Trauma Informed Care (TIC), as it is predominantly conceptualized, realizes the widespread prevalence of trauma, recognizes the impact on people within systems/organizations, and responds by integrating this knowledge into how organizational policies and practices are developed and implemented to prevent and mitigate harm. Experiences of trauma encompass harm that happens interpersonally, in the community and environment, and harm caused by organizations, systems and society, as a result of systemic oppression and racism. Therefore, we cannot be successful at preventing and mitigating harm if we do not address the trauma of racism, interpersonally, communally and in society. And yet, racial justice work [including frameworks of Diversity, Equity, Inclusion (DEI), anti-racist work, cultural humility, and healing work] and TIC have not been explicitly in conversation with one another in the field at large. This is particularly true in service areas that are gatekept by white dominant institutions within the fields of, for example, medicine, mental and behavioral health, early childhood and k-12 education, etc. Though "trauma informed care" and "racial equity" are often conflated by organizations, systems, and system actors, little has been done by most mainstream systems to understand or operationalize the intersections of this work.

The Substance Abuse and Mental Health Services Administration (SAMHSA) framing of TIC is widely utilized in the field of trauma informed care, and as such is often not problematized or more deeply assessed with a social justice lens. Though the contributions of the SAMHSA framework are significant, our commitment to deepening our work at the intersection of TIC and racial justice compel us to think both inside and outside of the way this government institution describes both the problems and the solutions. For example, the 6 principles of TIC as defined by SAMHSA are: safety; trustworthiness and transparency; peer support and mutual self-help; collaboration and mutuality; empowerment voice, and choice; cultural, historical, and gender issues. All of these principles, and how they may come to life in practice, are shaped by world view, lived experience, cultural ways of knowing, and identity. What constitutes "trustworthiness," for example, will always be informed by identity within and outside systems of oppression. How we reach "trustworthiness" as systems and providers is *not* universal, neutral, or outside of sociopolitical reality. Additionally, SAMHSA only in recent years added the sixth principal, "cultural, historical, and gender issues." This framing, to communities most impacted by injustice, can feel like an insignificant, ill-thought out, hasty addition that treats the

survival of oppression under harmful systems and institutions as an afterthought, rather than foundational.

At present, it can*not* be assumed that TIC is anti-racist, and similarly a racial justice or DEI approach cannot be assumed to be trauma-informed. Centering racial justice in TIC work is imperative if we are to truly promote the health and well-being of *all* communities and organizations. Practitioners and thought leaders of color have long been working at this intersection within systems, communities, and families. This project aims to, first and foremost, elevate the expertise and recommendations of thought and practice leaders of color in this area, demonstrating how they are understanding and operationalizing their work at the intersection of racial justice and trauma informed care, with or without acknowledgement from the TIC field at large. We also offer a preliminary scan of the literature written about this intersection.

For the purposes of this project, we have noted that the discourse of "trauma informed care" is used widely and in diverse ways in both literature and practice. Based on our observations, we have conceptualized three primary spheres that exist under the banner of "Trauma Informed Care." These spheres can function discreetly in a stand-alone manner in some environments, and in some they are pushing up against each other and even overlapping.

Describing work/programs/efforts as "trauma informed" without any shifts in practice; performative only use of the term

Trauma Informed Care (TIC) that does not center racial justice and anti-oppression in a substantial way, thereby centering white dominant ways of how people experience, survive & thrive trauma

Anti-racist, anti-oppressive trauma informed approaches that center BIPOC world-views for how people experience, survive & thrive trauma with a commitment to disrupting oppression.

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In this document, when we use the term "Trauma Informed Care" or "TIC," we are referring to formalized trauma informed care as structured under the confines of dominant culture paradigms, or TIC *without* explicit commitment to anti-oppression (the middle circle). When we use terms such as "trauma informed work" or "trauma informed approaches," we are speaking more broadly about a range of trauma informed strategies that may include more informal approaches, BIPOC-led work, approaches that center racial and social justice, healing, and liberation (the green circle). It is clear through our research and analysis that the term "trauma informed care" takes on different connotations depending on the context and the speaker. This is also true in the realm of racial justice and DEI work. We believe more precision in language and concept is necessary over time if we are to significantly integrate racial justice and anti-oppression into TIC at large.

Who We are and This Moment in Time

This is a project of Trauma Informed Oregon, led by Gita Mehrotra and Erin Fairchild. Gita Mehrotra, MSW, PhD is a faculty member at Portland State University, School of Social Work. She is South Asian, queer, cisgender, middle class, and not presently disabled. Prior to entering higher education, Gita worked for over a decade in the field of domestic violence with an emphasis on cultural and language access, training/education, and meeting the needs of LGBTQ survivors of color. Her current work centers on race and racial justice in social work education, the wellness and safety of women and LGBTQ people of color, critical perspectives on domestic violence work, and creative and qualitative methodologies for social work. Erin Fairchild, MSW is a consultant to Trauma Informed Oregon for this project, and is white, cis, queer, currently middle class, and not presently disabled. Erin has worked with systems, communities, and families impacted by trauma for over 20 years in various capacities, primarily focused on confronting white supremacy (and other forms of oppression) in herself and within systems as a critical component of healing centered, trauma informed work. We take the position that our social locations and lived experience as well as our educational and professional experiences shape our lens and approach to this work.

During the course of this project, the United States was confronted with a violent insurrection of white supremacists amidst a turbulent presidential election; the continuance of a global pandemic with over 600,000 deaths in the US and disproportionate harm to communities of color; multiple climate crises; anti-Asian violence; and the persistent uprising against white supremacy and perpetual pushback from systems and institutions maintaining the status quo of oppression. As project leads, we were impacted by the sociopolitical context, as were our key informants. Our process as a team was cognizant of and held space for the complexities of our current moment as we aimed to do our work in a way that was values-aligned and reflective of the values we were studying in this project. We believe a trauma informed and equity informed environment must always place itself in the cultural moment.

Key Themes from Literature

Though providing a comprehensive literature review was beyond the scope of this project, it is important to locate our exploration in the context of emerging thinking, scholarship, and practice conversations regarding the intersections of TIC and racial justice. (We have shared a brief bibliography as an appendix). In our preliminary literature search, it became clear that the lack of conceptual clarity regarding the discourse and practice of TIC itself makes it difficult to define the scope and parameters of these bodies of work. It is notable that the term "trauma informed" has become ubiquitous in the literature, though often this language is unclear, focused on direct service delivery rather than comprehensive organizational change, and/or as used as an undefined adjective. For the purposes of this project, we focused on formalized TIC efforts that are centered on organizational practice and change work (vs. direct service provision). Further, we focused searches on "anti-racist practice", "racial justice", and "racial equity" to help add specificity to our search of work happening at this intersection of TIC and racial justice.

Recently, and in particular since the racial uprisings of Spring/Summer 2020, there has been a rise in naming the importance of race and racial justice in TIC discourse. This is most evident in the practitioner literature (particularly over the past 2-3 years), though this conversation is also emerging slowly in the academic literature. Often this looks like naming racism and/or historical trauma as traumas that must be attended to in TIC and other times this means conflating racial justice and TIC work--but in the vast majority of cases, this feels like an add-on and does not include deeper analysis, concrete practices/strategies, or a fundamental questioning, expanding, or reimagining of TIC/racial justice work. In exploring the range of disciplines and fields of practice that are engaging with TIC and racial justice work, it was evident that the most robust work happening at the intersections of racial justice and TIC are happening in K-12 education spaces, and most of the literature that is truly weaving together these intersections of work and analysis are from education. We also found that within disability justice spaces, there are unique and complex integrations of both anti-oppressive and trauma informed practices that could inform the field at large.

Lastly, analysis building and practice at the intersection of TIC/racial justice is nascent and emergent and is happening in a range of settings - though also often informed by generations of cultural knowing outside of white dominated structures - including: academia, practice settings, activist circles, and within communities themselves. A compelling example of the type of analysis emerging from the practitioner level on social media is found in this quote from @inclusivetherapists on Instagram: *"Society [asks]: 'what's wrong with you?' Therapists [ask]: 'what happened to you?' Therapists for justice and liberation [ask]: What has happened to you and your people? What is happening right now?'"* This example is focused on service delivery through therapy, *and* this analysis deeply aligns with themes of critical inquiry and experience

that our key informants suggested that TIC move towards. For the purposes of this phase of this project, we primarily focused our exploration on academic and practice literatures, with an acknowledgement that future work must dig substantially deeper into social media, activist, and community knowledges to inform efforts moving forward.

Methods

For this study, we conducted 12 in-depth interviews with key informants in the arena(s) of trauma-informed care (TIC) and racial justice (racial justice). Participants were invited to participate based on their experience, leadership, and current work at the intersections of TIC and racial justice and priority was given to elevating the voices of BIPOC practice and thought leaders. Interviews were conducted using a semi-structured interview guide with open-ended questions, including questions about participants' current work (specifically how they see TIC and racial justice coming together in their work), what they see as tensions and challenges to bringing these two frameworks together, and what they feel is needed to center racial justice more explicitly and intentionally in TIC efforts (see Appendix 1 for a complete interview guide). Interviews took place virtually and ranged from 30-60 minutes in length. Participants reflected a range of social identities--all identified as BIPOC--and were working in a range of settings, including education, government, and community-based organizations.

Thematic analysis was used to make meaning of the interviews and to capture significant ideas emergent from participants' narratives. Participants had the opportunity to give input and/or feedback on preliminary themes to ensure that their voices and perspectives were adequately and authentically represented.

Key Learnings

From our thematic analysis, we identified 6 primary themes in regard to the intersection of TIC and racial justice and what is needed to center anti-racism in TIC efforts moving forward. There was a high level of consistency and convergence across interviews about these themes, despite participants working in different contexts.

1. **We cannot do Trauma Informed Care without centering racial justice, social justice, equity, & liberation.**

This was stated by every participant; this is the core finding from this study and all else flows from this foundational assumption

- TIC/racial justice are not separable; if you are not doing racial justice you are not doing TIC.
- Although we can build resilience against trauma, BIPOC people will keep experiencing trauma as long as there is white supremacy.
- Racism as an original trauma; colonization/racism/enslavement should be viewed as ACES.

- We need to be honest and transparent about the contradiction of teaching about and applying TIC in traumatic systems.

2. **TIC has the potential to co-opt and tokenize the work of anti-oppressive practitioners and communities of color.**

Communities of color have often and organically engaged with trauma informed considerations, and it is white systems that have attempted to codify and systematize that as something "new."

- It is common, under the guise of white dominated trauma informed efforts, especially where direct services are offered, for people of color to be brought in as "brokers for white expectations," for cultural and linguistic translation, while their expertise and ways of practice are devalued, not trusted, not researched or funded, not integrated.
- TIC spaces are often ruled by whiteness, where white "experts" establish themselves as gatekeepers and meaning makers, and BIPOC cultural ways of knowing, healing, and fighting injustice are generally challenged and/or disregarded.

3. **Trauma informed work that centers racial justice must center healing, wholeness, & cultural ways of knowing**

TIC most often focuses on "absence of symptoms" or "avoiding pain" (ie "avoid retraumatization") which is a white worldview on wellness. In contrast, liberatory BIPOC-driven work aims to center hope, healing, resilience, solutions, and well-being.

- White worldview of trauma and TIC is inherently limited; based on "fixing clients".
- TIC is too focused on organizational practice vs. more expansive views of healing.
- TIC must center cultural ways of knowing, including cultural and ancestral healing and practices that are within/for/by communities of color.
- TIC must attend to global suffering and issues happening abroad that also impact communities here.

4. **Anti-racist trauma informed approaches must problematize TIC's reliance on ACES and the medical model**

TIC is based on the white western medical model, which does not center justice, liberation, or whole person and whole community healing and well-being; the white medical model consistently fails people of color and is inherently limited.

- There is ample evidence and research demonstrating, under western medical model standards, how oppression impacts health and well-being across the lifespan, and how survivors of oppression can heal and make significant gains when they are informed and empowered around how oppression impacts health; the white medical model continues to largely ignore this research, defying it's own science to center white comfort.
- White dominated TIC spaces often link their work to ACEs while simultaneously disregarding racism and other forms of oppression as adverse childhood experiences that contribute to other forms of trauma and adversity.
- The white western medical model over-focuses on trauma as a problem that must be solved by how trauma survivors engage with systems, rather than on re-imagining the very systems that cause harm.

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- Communities themselves (need to) define what trauma is as well as what healing/liberation look like.

5. **TIC often centers 'white right to comfort' at the expense of people of color.**

Because dominant culture organizations tend to operate from a de-facto foundation of white comfort and entitlement, it is easier for white people to engage in TIC without an anti-racist lens, at the expense of people of color, and often in direct defiance of the self-defined principles of TIC, like avoiding retraumatization.

- When TIC efforts do not take up racial justice and anti-oppression, it can feel false, performative, inauthentic, and retraumatizing to people who experience consistent and significant harm under systemic oppression.
- When TIC efforts have not taken up the trauma of racism, people of color are often expected to "educate" white people within the organization about the traumatic impact of racism, which amounts to retelling lived traumatic experiences over and over to "make the case" for white people/white systems. This contradicts the principles of TIC, which typically state that survivors of violence should not have to perform their pain to receive support and validation.
- TIC often gives organizations language to "feel good" without making meaningful change that actually benefits equity and racial justice within the organization and the community.
- White people/white dominated organizations often see TIC as "universal" but do not see racial justice as "universal".

6. **Anti-Racist TIC shows us that how we do the work *is* the work**

TIC cannot just be about organizational policies/procedures, but also must focus on relationships, self and organizational reflection, lifelong learning, cultural humility, embodiment, slowing down the pace of the work

- A key component of centering racial justice in TIC work is challenging the characteristics of White Supremacy Culture in organizations.
- Anti-racist TIC must center relationships and community.
- TIC efforts that center racial justice should engage with somatics, growing internal coping skills, building window of tolerance, and embodiment (especially for white people).
- Slowing down the pace and timelines of the work, creating space to sit with feelings, being vulnerable, present, and okay with not-knowing, holding process and complexity, and engaging with questions are all central to anti-racist approaches to TIC.
- TIC should be more authentic and less sterile--a more humanized process; this work is experiential, empathetic, deep, and human.
- TIC needs to focus less on organizational and administrative policies/procedures and instead center lived experiences and issues of racism/white supremacy.
- TIC efforts can be overly focused with the "how" (organizational and administrative policies/procedures), often because of feelings of guilt and organizations/systems' inability to be people-centered, care-centered, and solutions-focused. Instead we should

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shift our emphasis to considering indicators: what are the indicators that survivors are happy, well, making their own meaning on their own terms? Then we can get back into the "how," as a way to course correct for the fact that trauma-informed care is an apology from the white service community.

● TIC has been focused on strategy but not necessarily attending to culture (doing vs. being).

Recommendations

These recommendations largely come directly from participant interviews and also include some suggestions from us based on our engagement with this work.

1) **TIC efforts must center racial justice in order to be truly trauma informed.**
   ● Develop shared frameworks, new models, new and shared language for this intersectional racial justice/TIC work. We need to be willing to step back, reassess, reimagine racial justice and TIC work together and potentially even start over with new ways of doing the work.
   ● Continue to find ways to braid together TIC and racial justice in order to build more sustainable and liberatory approaches.
   ● Tailor TIC work to the needs of different groups and communities; develop analyses and strategies that are local and contextual and that meet the needs of diverse communities, including rural communities and both white dominant and BIPOC-led organizations.

2) **TIC must be led by people of color and voices of color in this work need to be uplifted.**
   ● Build capacity of more trainers of color with diverse identities to provide training, advocacy, and support for racial justice/TIC work.
   ● Create opportunities for BIPOC practitioners who are doing this work to share best practices and materials.
   ● White folks also need to do this work, so all of the emotional labor is not on BIPOC; white folks need spaces to heal their trauma so they can work through guilt and shame that often arises in the context of equity and racial justice work, so that they can mitigate harm and meaningfully and strategically engage in disrupting white supremacy.
   ● Distribute power and ensure that everyone has access to power-- white folks (and others will privilege) need to understand that there's enough for all of us.

3) **Intentionally build more opportunities for communities to engage with this work (not only agencies/administrators/organizations/academics)**
   ● Universalize this information for all community members.
   ● Center communities and people most affected.

- Start these discussions earlier with young people (i.e. in school curriculum, SEL, etc.).

4) **Fund and support dedicated spaces for BIPOC centered/led healing**
   - Fund community-based organizations to do work based on their own ways of making meaning and innovating. Support efforts that are focused on indicators for well-being that they define rather than driven by dominant culture frameworks/measures.
   - Expand funding timelines and approaches to accommodate community-based work (that may take more time and different strategies)
   - Advocate with funders to support trauma informed work that exists both within and outside of the SAMHSA-defined principles and framework.
   - Provide support and care for practitioners to reduce burnout and do our own healing so we don't transfer onto clients.

5) **Institutions must be open to change & must structurally support this work**
   - For organizations that have TIC work groups and DEI workgroups that function separately, they should combine and/or collaborate in significant ways.
   - Dedicate staff for this work; create plans and infrastructure that integrates DEI/racial justice and TIC.
   - Examine agency policies and procedures to ensure that they are trauma *and* equity-informed.
   - Don't weaponize TIC and racial justice to reinforce hierarchies, binary, and supremacy thinking.
   - Strategically leverage existing TIC efforts to center anti-racist practice within systems, organizations, and programs.
   - TIC work and research should center control, resource allocation and decision-making within BIPOC communities; thus moving away from institutional power models and gatekeepers of knowledge and resources that largely are situated in predominantly white institutions.

Future Work & Next Steps

- More in-depth literature review to better understand how these intersections are being talked about in both research and practitioner literature(s)
- Engage more deeply with innovative thinking in activist and social media conversations about these intersections; including going beyond formalized TIC and looking at efforts led by communities of color
- Learn from the thought and practice leadership and resources coming from K-12 education and disability justice movements around this intersection

- Build a sustained network for community building, visioning, and information sharing amongst practitioners who are doing work at the intersections of TIC and racial justice
  - Host a convening for practitioner leaders
  - Explore ways to share materials, resources, best practices, technical assistance
  - Build peer support and leadership opportunities
- Develop and support research around this TIC/racial justice intersection that ask new questions and draws upon diverse methodologies
  - Better understand and delineate the range of how people are talking about and implementing TIC and how this impacts our research, practice, and policy in regard to TIC and racial justice
  - Engage further with racial justice advocates, activists, and practitioners to understand these intersections from their perspective(s), including social media review and analysis
  - Conduct research with people most affected, including survivors, service users , and employees/staff about these intersections of racial justice/TIC
  - Case study exemplars of settings that are embodying this intersection and are modeling the work of anti-racist trauma informed care

Appendices: resource list, interview guide

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Appendix 1:
Relevant Resources

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For the purposes of this project, we did a preliminary literature search of both academic and other online sources (from practitioners and activists). The list provided here is not comprehensive, but is meant to provide a snapshot of what we found that explicitly speaks to the intersection of TIC and racial justice. This scan of the literature was informative in giving us a sense of the general discourse in the field(s) about this intersection. However, it is important to note that while some of these articles are generally useful/potential resources, many are reflective of the limits, approaches, and even problems with the way that the intersection of TIC and racial justice are being taken up in the field (including within practice and research). This is meant for internal purposes only to provide context but is not for circulation.

Academic Articles

Blitz, L. V., Anderson, E. M., & Saastamoinen, M. (2016). Assessing perceptions of culture and trauma in an elementary school: Informing a model for culturally responsive trauma-informed schools. *The Urban Review*, *48*(4), 520-542.

Crosby, S. D. (2016). Trauma-informed approaches to juvenile justice: A critical race perspective. *Juvenile and Family Court Journal, 67(1), 5-18.*

Fortuna, L. R., Tolou-Shams, M., Robles-Ramamurthy, B., & Porche, M. V. (2020). Inequity and the disproportionate impact of COVID-19 on communities of color in the United States: The need for a trauma-informed social justice response. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*(5), 443-445.

Joseph, A. A., Wilcox, S. M., Hnilica, R. J., & Hansen, M. C. (2020). Keeping race at the center of school discipline practices and trauma-informed care: An interprofessional framework. *Children & Schools*, *42*(3), 161-170.

McClinton, A., & Laurencin, C. T. (2020). Just in TIME: Trauma-informed medical education. *Journal of Racial and Ethnic Health Disparities*, *7*(6), 1046-1052.

Pihama, L., Smith, L. T., Evans-Campbell, T., Kohu-Morgan, H., Cameron, N., Mataki, T., Nana, R.T., Skipper, T. & Southey, K. (2017). Investigating Māori approaches to trauma informed care.*Journal of Indigenous Wellbeing*, 2 (3), 18-31.

McIntosh, M. L. (2019). Compound fractures: Healing the intersectionality of racism, classism and trauma in schools with a trauma-informed approach as part of a social justice framework. *Journal of Educational Leadership and Policy Studies*, 3(1), 1-14.

Meléndez Guevara, A. M., Lindstrom Johnson, S., Elam, K., Hilley, C., Mcintire, C., & Morris, K. (2021). Culturally responsive trauma-informed services: A multilevel perspective from practitioners serving latinx children and families. *Community Mental Health Journal,* 57, 325-339.

Quiros, L., Varghese, R., & Vanidestine, T. (2020). Disrupting the single story: Challenging dominant trauma narratives through a critical race lens. *Traumatology*, 26(2), 160–168.

Shaia, W. E., Avruch, D. O., Green, K., & Godsey, G. M. (2019). Socially-Engineered trauma and a new social work pedagogy: Socioeducation as a critical foundation of social work practice. *Smith College Studies in Social Work*, *89*(3-4), 238-263.

Practice-Based & Non-Academic Articles

Ginwright, S. (2018)
The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement
https://ginwright.medium.com/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c

Quiros, L. (2020)
How is trauma connected to diversity, equity, and inclusion work?
https://www.lauraqc.com/blog/3x67e6gncufahudizwn6hw8j59eibv

Washington State Department of Health (2019)
Framing the CrossRoads of Trauma Informed Care and Equity
https://www.doh.wa.gov/Portals/1/Documents/Pubs/141-007-EfC-CoP-May19ActivityHarvest.pdf

Posaementier, J. (2020)
Why Trauma Informed Approaches Help Advance Racial Equity
https://www.cfchildren.org/blog/2020/08/why-trauma-informed-approaches-help-advance-racial-equity/

Grimes, H.R. (n.d.)
Trauma Informed Practice Must Integrate Anti-Racist Work
https://pepcleve.org/news-events/trauma-informed-practice-must-integrate-anti-racist-work/

Pierce, S. (2019)
Doing Right by Kids at the Intersection of Equity, Trauma-Informed Practice and SEL
https://educationnorthwest.org/northwest-matters/doing-right-kids-intersection-equity-trauma-informed-practice-and-sel

Communities for Just School Funds (2020)
Reclaim Social-Emotional Learning: Centering Organizing Praxis for Holistically Safe Schools
(report/"radport")
https://drive.google.com/file/d/1NmfOOCumhYsB5IRpBGDKBRoTRAw2zXBt/view

Futures Without Violence (n.d.)
Equity and Trauma Informed Principles in the Health Care Setting
http://www.clinicalexcellenceconference.com/uploads/8/1/4/9/81491828/bs1a_handout_2.pdf

Communities for Just School Funds (2020)
SEL is used as another form of policing
https://medium.com/@justschools/when-sel-is-used-as-another-form-of-policing-fa53cf85dce4#:~:text=Schools%20across%20the%20country%20are,in%20school%20and%20in%20life

Racial Equity Tools (n.d.)
Addressing Trauma and Healing (Resources)
https://www.racialequitytools.org/resources/act/strategies/addressing-trauma-and-healing
Extensive list of relevant resources/tooks/readings/organizations

Hochman (2020)
"A Different Distribution of Power": ACEs, Trauma and Resilience Networks Sharpen Focus on Racial Justice and Equity
https://marc.healthfederation.org/tools/article/different-distribution-power-aces-trauma-and-resilience-networks-sharpen-focus-racial

Agosti, J., Connors, K., Hisle, B., Kiser, L., Streider, F.,Thompson, E. (2016)
Baltimore: *A Trauma and Resilience Informed City for Children and Families – Breakthrough Series Collaborative Final Report* (The Baltimore Partnership for Family and Trauma-Informed Care)
https://www.thefittcenter.org/home/news/204-baltimore-a-trauma-and-resilience-informed-city-for-children-and-families

Shramko, M., Pfluger, L., & Harrison, B. (2019). *Intersectionality and Trauma-Informed Applications for Maternal and Child Health Research and Evaluation: An Initial Summary of the Literature* (Prepared for MN Department of Health)
https://www.health.state.mn.us/docs/communities/titlev/itiappmchresearcheval.pdf

Books

My Grandmother's Hands by Resmaa Menaken, 2017

Equity Centered Trauma Informed Education by Alex Shevrin Venet, 2021

Incorporating Diversity and Inclusion into Trauma-Informed Social Work by Dr. Laura Quiros, 2021.

Trauma X: Holding Space Radically by Vo Vo

(available at: https://fixmyhead.storenvy.com/products/30702403-trauma-x-holding-space-radically-book)

Social Media

- *Note: there were many examples on social media/IG that encompassed deep thinking and analysis-building on the intersections of TIC and racial justice--these are just a few!*

@softpathhealing
https://www.instagram.com/softpathhealing

@yumisakugawa
https://www.instagram.com/yumisakugawa

@andrearanaej
https://www.instagram.com/andrearanaej

@rootedintenderness
https://www.instagram.com/rootedintenderness

@courtneyahndesign
https://www.instagram.com/courtneyahndesign

@the.embodiment.institute
https://www.instagram.com/the.embodiment.institute

@sonyareneetaylor
https://www.instagram.com/sonyareneetaylor

Appendix 2:
Interview Guide: Key Informant Questions

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- *Informed consent, including consent to record & opportunity to ask questions*
- *Additional context*
- *We are purposely asking very broad, exploratory questions. We know there is a lot of nuance and complexity in this work that is not being captured here but hope that this initial exploration will help us better understand what else we need to learn/what questions should be asked in the future*

1) Tell us about your current role and work & what you do?
   - How did you come to this work?

2) Tell us about your work at the intersection of Racial Justice and Trauma Informed Care (TIC).
   - How do these approaches work together well/complement or support each other?
   - Where do you see tensions/challenges in thinking about these together?
     - How is TIC helping/hurting Racial Justice work?

3) What would it look like to you if the field of TIC was centering Racial Justice?
   - What is needed to further Racial Justice in TIC?
   - What do you think Racial Justice movements need to know/integrate about TIC?

4) Who else do you think might be important for us to talk with about their work at the intersections of Racial Justice/TIC
   - Thinkers, activist groups, books, resources you suggest?

5) Anything else you'd like to share?