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Trauma-Informed Community Building and Engagement

Elsa Falkenburger and Olivia Arena
URBAN INSTITUTE

Jessica Wolin
SAN FRANCISCO STATE UNIVERSITY

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Residents in public housing and other low-income or marginalized communities live with the daily stressors of violence and concentrated poverty, which stem from historic and structural conditions of racism, disenfranchisement, and isolation. Part of this trauma is the result of an extensive history of broken promises made by those intervening in marginalized communities. It is essential for community-building and engagement efforts to be realistic and transparent about new opportunities and to be truthful about what they are offering. This requires stakeholders to acknowledge these community-level traumas. Collaboration that addresses these traumas and offers opportunities for healing can generate viable and sustainable community change through improved policies, programs, and institutional practices. This document is a guide for those seeking innovative, effective, and responsible approaches to supporting residents of low-income housing communities.

This guide includes

- background on trauma and community healing;
- strategies and practices for effectively integrating trauma-informed resident engagement into your work; and

- two case studies that provide concrete examples of how we implemented these strategies and practices in San Francisco and Washington, DC.

This document is based on work done by the Health Equity Institute (HEI) at San Francisco State University in partnership with BRIDGE Housing and communities in San Francisco. We adapted this model based on BRIDGE's Trauma-Informed Community Building model (box 1) (Weinstein, Wolin, and Rose 2014). The Urban Institute partnered with HEI on this publication to integrate insights from similar community-based work as part of the Housing Opportunity and Services Together (HOST) and Promoting Adolescent Sexual Health and Safety (PASS) initiatives into a new model of resident engagement. HOST and PASS are supportive program models that Urban codesigned and tested with public housing communities in several cities. Implementing this work required trauma-informed approaches for the direct services and for the research and community-engagement efforts.
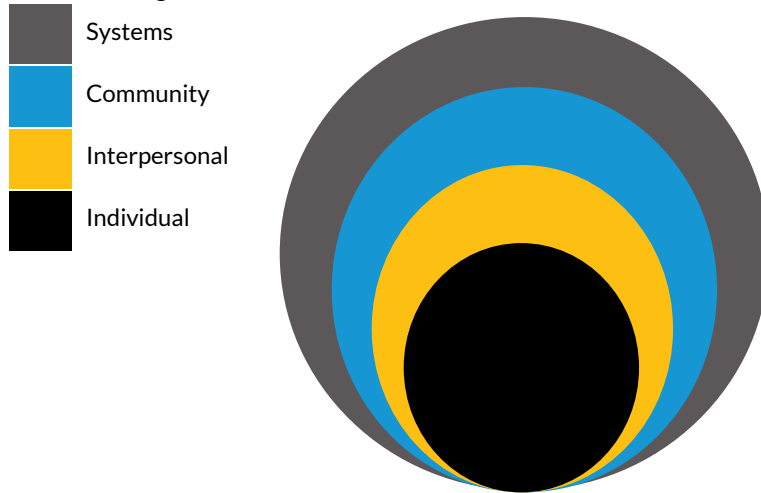
Community Trauma

"Community trauma" affects social groups or neighborhoods long subjected to interpersonal violence, structural violence, and historical harms. Research suggests that the causes of community trauma lie in the historic and ongoing root causes of social inequities, including poverty, racism, sexism, oppression and power dynamics, and the erasure of culture and communities (Pinderhughes, Davis, and Williams 2015). Community trauma in public housing communities stems from the place (disinvestment in certain neighborhoods), environment (poor housing and public space quality), or interpersonal connections (violence, lack of stability or consistency). The legacy of forced displacement, historic disinvestment, and inconsistent services has created a pervasive and deep sense of distrust of new programs, staff, and city-led initiatives while community violence has led to high levels of stress and isolation.

As they confront traumas, communities can heal. Outlets for community members to express their collective trauma, efforts to reframe community narratives, peer support networks, and investment in community health and well-being are opportunities for healing from trauma. Further, community organizing and opportunities to engage in work that helps the community can give residents an avenue to affect their community's future and strengthen their sense of control and self-determination.

Figure 1, the social-ecological model, illustrates the various layers of communities—how systems affect communities and, in turn, affect interpersonal relationships and then individuals. Strategies aimed at helping support, empower, or provide healing for individuals should include strategies that target each layer of the community (Weinstein, Wolin, and Rose 2014).[1] In this way, engagement and development work must include practices that acknowledge and address the trauma of residents *and* their collective communities.

FIGURE 1
Social-Ecological Model

Systems

Community

Interpersonal

Individual

Source: Emily Weinstein, Jessica Wolin, and Sharon Rose, *Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods* (San Francisco: BRIDGE Housing, Health Equity Institute: 2014).

BOX 1

Trauma-Informed Community Building and HOPE SF

In 2011, San Francisco State University's Health Equity Institute and Department of Health Education joined the San Francisco Department of Public Health and the City's HOPE SF Initiative to examine the health issues facing residents of four distressed public housing sites in the city.[a] Since then, faculty and students have partnered with community stakeholders to conduct six community-based participatory research projects to better understand the array of community health issues and possible strategies to address them. Trauma and healing practices have been central to both the methods and findings of this research.

As a result of this work, HOPE SF's Community Health and Wellness program was established to bring physical and mental health services on site. The program also includes a community health worker program. HEI conducted an evaluation of this program, as well as HOPE SF youth leadership and project-based employment and education interventions. This past year, HEI also worked with HOPE SF residents and staff in a community-engaged public art process to create permanent art pieces that reflect the history and experience of residents.

[a] A partnership between the mayor's office, the San Francisco Housing Authority, philanthropy, and private developers, HOPE SF is a responsible relocation effort to revitalize public housing in four sites: Hunters View, Alice Griffith, Portero, and Sunnydale. The project aims to provide current public housing residents with access to retail, community centers, services, and newly constructed housing in mixed-income communities. According to the initiative's website, "HOPE SF will have one-to-one replacement of public housing units and phased development, allowing for on-site relocation of current residents and minimizing displacement during construction." For more information on the project, see "About HOPE SF," HOPE SF, accessed April 24, 2018, http://hope-sf.org/about.php.

The Trauma-Informed Community Building and Engagement Model

Over the past decade, HOPE SF has aimed to rebuild four of the most distressed public housing sites in San Francisco. HOPE SF is making a significant investment in health, education, economic, and workforce development interventions, and community building is a core HOPE SF strategy that cuts across these efforts to address ongoing toxic community stress and trauma.[2]

In 2015, BRIDGE Housing, the primary developer at one of the largest HOPE SF sites, and HEI developed the Trauma-Informed Community Building model (TICB) (Weinstein, Wolin, and Rose 2014). The TICB model was created to capture the approach BRIDGE staff were using to engage with the community, adapting and building upon the trauma-informed service approach, which is largely accepted as essential in the service delivery field.[3] They identified strategies for effectively engaging public housing communities affected by trauma and developed programming with these strategies in mind.[4]

As they confront traumas, communities can heal.

In January 2017, Urban contracted HEI to provide a team orientation on trauma-informed community building for the PASS project, a part of the HOST initiative. HOST is an Urban Institute initiative focused on designing and testing effective two-generation strategies to promote the well-being of low-income families in supportive housing. The HOST initiative recognizes the importance of resident engagement and emphasizes a collaborative and community-based approach to research; in designing research programs through field experience, we give service providers, practitioners, and residents the agency to help shape projects that affect their communities.

The Health Equity Institute, with input from HOPE SF residents, collaborated with the Urban Institute to develop a new version of the TICB model, emphasizing that TICB must go hand in hand with promoting community strength and healing. Further, this new version places more emphasis on the structural harms that underlie community trauma and the need for accountability and transparency around these issues. This approach means that social service agencies that may have come and gone from a community, because of legitimate funding constraints acknowledge the impact their absence had on a community and researchers openly recognize negative experiences residents may have had with research, provide space for open discussion with the community, and offer a new path forward. This Trauma-Informed Community Building and Engagement model emphasizes thinking critically about how work with communities intersects with the systems and institutions that affect community health and well-being. Researchers thus need to acknowledge structural racism, intrinsic to systems of

government, when designing and facilitating community-based research, and local government staff need to recognize and account for the inequities public agencies and policies have promoted over time.
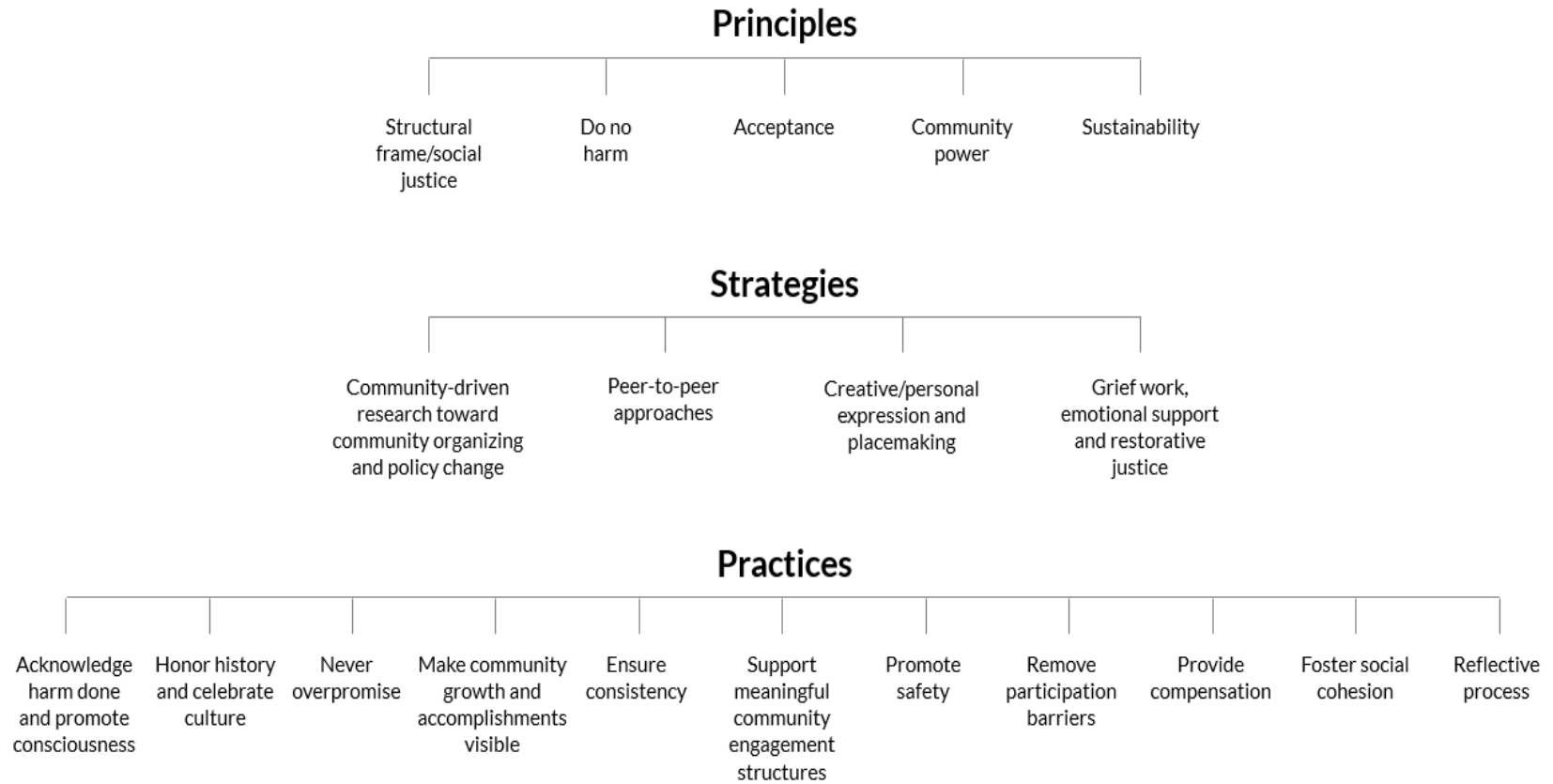
To acknowledge and address community-level trauma, community residents must take the lead in designing and implementing plans for change through equitable participation and accountability among stakeholders. Partners representing traditional positions of power (e.g., government agencies or officials, research institutions, law enforcement) need to provide space for community members to take on leadership roles and support them in these roles. These partners can further leverage their institution's position of power to benefit historically marginalized communities.

To acknowledge and address community-level trauma, community residents must take the lead in designing and implementing plans for change through equitable participation and accountability among stakeholders.

Building on the idea that individuals exist within a larger community and system, the ultimate goal of the Trauma-Informed Community Building and Engagement model is a community with a strong social fabric, positive health outcomes, meaningful community leadership and vibrant community institutions. The model aims to achieve this goal by acknowledging and addressing poverty and systemic racism, including opportunities for creative expression, recognizing the history of place and residents, implementing resident-driven programs, and emphasizing the sustainability and consistency of programming. The model includes overarching principles for working in communities with system trauma, strategies for engagement and programming, and more specific practices that can be adopted. Figure 2 lays out the structure of the Trauma-Informed Community Building and Engagement model, which incorporates methods for healing and empowerment at all levels of the social-economic framework—systems, communities, interpersonal relationships, and individuals.

FIGURE 2

Trauma-Informed Community Building and Engagement Model

Principles

| Structural frame/social justice | Do no harm | Acceptance | Community power | Sustainability |

Strategies

| Community-driven research toward community organizing and policy change | Peer-to-peer approaches | Creative/personal expression and placemaking | Grief work, emotional support and restorative justice |

Practices

| Acknowledge harm done and promote consciousness | Honor history and celebrate culture | Never overpromise | Make community growth and accomplishments visible | Ensure consistency | Support meaningful community engagement structures | Promote safety | Remove participation barriers | Provide compensation | Foster social cohesion | Reflective process |

The Model in Action

The following two case studies provide concrete examples of how we incorporated the principles, strategies, and practices of the model into the HOPE SF and PASS community collaborations.

HOPE SF Peer Leadership Program

In November 2011, HEI came together with the HOPE SF Initiative to research and support the implementation of the HOPE SF Peer Health Leadership program, a peer-to-peer health strategy in four public housing sites in the city. This investment by local philanthropic institutions was the first large-scale programming to be implemented as part of HOPE SF. From the start, residents made it clear that they did not want new programs. Rather they felt investments in residents to "serve themselves" was the key to realizing long-term, meaningful change. Thus, the Peer Health Leadership program builds on and honors the history of community leadership and resident-driven work to improve health at these four public housing sites. The program seeks to illuminate how the City of San Francisco and other stakeholders can best support the continued development and implementation of peer health leadership strategies at all the HOPE SF sites in a manner that honors the culture of residents at each site and ensures a coordinated and thoughtful approach. At each site, the Peer Health Leadership program has strived to have generational, ethnic, and gender diversity among the peer leaders to reflect the resident population. Ethnic-specific programming, such as the With Every Heartbeat Is Life curriculum, focuses on heart health for African Americans, acknowledging the need for activities that resonate with specific groups of residents. At the same time, activities, such as cultural exchange potluck dinners, that peer leaders facilitate bring residents from different ethnic groups together.

A key step toward doing no harm, even unintentionally, was engaging first in community-driven research that brought together San Francisco State University graduates, resident leaders, and program staff to determine the best way forward for program design and implementation. Based on that research, in August 2013, pilot funds were awarded to community organizations at each HOPE SF site to develop its own Peer Health Leadership activities, including health education and community building. By the end of 2013, all four sites had hired residents, providing significant financial incentives for them to be peer leaders, and had begun program implementation. HOPE SF and HEI made a significant effort to secure ongoing stable funding for these programs with initial multiyear private funding established first and then ongoing city funds put in place to ensure sustainability over time.

As part of the program, Peer Health Leaders learned about health equity and the social issues that underlie the health conditions in their communities using the documentary *Unnatural Causes: Is Inequality Making Us Sick?* as a tool for analysis and reflection. Framing the program through social justice has enabled an ongoing process of raising critical consciousness, supporting peer health leaders to see their work as part of improving traditional service structures and systems. There remains an ongoing challenge that has been the mistrust of outsiders, including grant-based interventions, service providers, and evaluators in the community. Well-intentioned programs and activities can draw few

participants, and service providers meet resistance from residents who doubt they will be there long. One peer leader stated, "The hardest thing in this neighborhood is that there is such a high turnover of programs and such a lack of trust." Key to overcoming these challenges is never overpromising and ensuring consistency, such as always providing incentives on time, making sure classes occur at the same time on the same day each week with no interruption or changes, and ensuring that materials are procured and organized before each session. Finally, a key aspect of the Peer Health Leadership program is providing structures of emotional support so that they can engage in their own healing and health promotion. Over the course of a year, community violence took the lives of peer leaders' friends and relatives. Through these experiences, individual therapy for the peer leaders is instrumental in supporting the peer leaders in their work. In addition, supporting each other in regular group meetings and facilitated group mental health support sessions are critical to promote healing.

The HOPE SF Peer Health Leadership program continues to evolve, integrating with other on-site programming and with new residents becoming Peer Health Leaders. Despite challenges, the program continues to strive to engage with communities in a way that promotes healing and health and is led by the residents themselves.

PASS Case Study

The Promoting Adolescent Sexual Health and Safety (PASS) project launched in September 2012 as a partnership between Urban, the DC Housing Authority, the Benning Terrace public housing community, and the University of California, San Diego. PASS is a community-led adolescent pregnancy prevention program that seeks to both reduce risky sexual behavior and empower youth ages 13 to 18 and their caretakers to challenge gendered and societal norms, build healthy relationships, and connect to local health services.

In the earliest stages of our project planning, the Urban team visited weekly at Benning Terrace, building relationships, talking to residents, and forming what would later become the PASS Steering Committee and adult and youth Community Advisory Boards (CABs). Many of the conversations we had involved an honest acknowledgement and discussion of residents' experiences with organizations from outside the community. Residents expressed that they initially had trouble trusting the research team and new service providers. They felt, in the past, researchers treated residents like "lab rats," and service providers came to their community just to "hit their numbers" and abandoned the community after meeting the needs of the organizations.

To acknowledge these experiences and not reintroduce traumatizing practices, the PASS team's community-based participatory approach relied on the Steering Committee and CABs. To ensure the representation of community voices, the Steering Committee held decisionmaking power and was made up of more community stakeholders than researchers. In the design phase, the Steering Committee received feedback from the two CABs and integrated their suggestions to ensure that all decisions were meeting residents and CAB members "where they were at." Urban also hired a Benning Terrace resident to be on staff and collaborated with the Steering Committee and CABs on all phases of the research and program design.

Input from community meetings directly informed the program structure and survey development. After reviewing the initial design, the CABs suggested that adults should also be offered programming so that the conversations around sexual health and safety could be continued at home and the teens could feel they have a group of safe adults to turn to outside of weekly programming. The curriculum development committee found a companion program (Parents Matter) to offer adults in the community. The CABs also expressed that program content would be better received members of their community presented it, so the Steering Committee created a model in which reproductive health experts would cofacilitate with adult community residents. And when Urban's resident staff member reviewed the survey and questioned vague terminology or the ordering of questions, the research team modified the survey instrument. Not all these suggestions worked perfectly, as the survey instrument was criticized for being far too long, and the research team only shortened it minimally. However, the iterative and collaborative project model allowed community members to mold the program to be more accessible and effective.

When the CABs expressed that they valued an interpersonal connection with service providers as their top priority, the Steering Committee acknowledged that and provided a meet-and-greet opportunity with all potential service providers and a chance for residents to provide their feedback to the Steering Committee. The PASS team also ensured that the conversation around sustainability began from the outset of the project. They were fully transparent with all community partners, being honest about the length and limitations of their three-year grant. The team built in mechanisms to foster sustainability by partnering with the DC Housing Authority and training community residents as the facilitators of the programming.

Particularly with a sensitive topic like sexual health and safety, project staff were continually defining new ways to ensure they were "doing no harm" and providing the space necessary for stakeholders to process, unload, and find ways to heal from past traumas. The PASS team ensured regular contact with trained social workers and community health specialists, created safe spaces for meetings (always in familiar places that were easy for residents to access), and left time within agendas to discuss topics of concern—from challenges with property management to personal experiences with sexual harassment or neighborhood violence.

Additionally, the team either compensated participants as fellow professionals for their time or provided incentive payments for shorter-term engagements in the project work. They also attempted to remove barriers to participation by ensuring safe, easy-to-access meeting locations, providing meals, welcoming children, and ensuring meeting times were most convenient to resident schedules.

Recognizing past community trauma, the PASS team was intentional in structuring the project around honoring community voices and incorporating partners at each step. Acknowledging residents' goals and intentions in programming, PASS provided an opportunity for participants to co-create their own programming around sexual health and safety. Ultimately, the Urban team and community partners succeeded in creating and sustaining a useful resident-driven program for DC youth.

Principles

Underlying the Trauma-Informed Community Building and Engagement model are six principles that reflect the beliefs and practices of its resident-centered approach (figure 3).[5] These principles are based on the initial four principles of the Trauma-Informed Community Building work and are not specific procedures but are instead a set of values that influence all the work.[6] The original principles include "do no harm," "acceptance," "community empowerment," and "reflective process." They emphasize the importance of acknowledging the historical context of communities, their structural realities, and long history of harms. Practitioners should recognize that neighborhood change and personal change are long-term journeys that demand patience and tolerance and the belief that transformation is possible. Building ownership requires that practitioners recognize community knowledge and experience are equally as valuable as other sources of expertise, commit necessary resources, and demonstrate a willingness to address sources that further stigmatize or shut out marginalized communities.

This model builds upon the original model with two additional principles: "structural frame or social justice" and "sustainability."

Principles of the Trauma-Informed Community Building and Engagement

Structural frame/ social justice — Do no harm — Acceptance — Community power — Sustainability
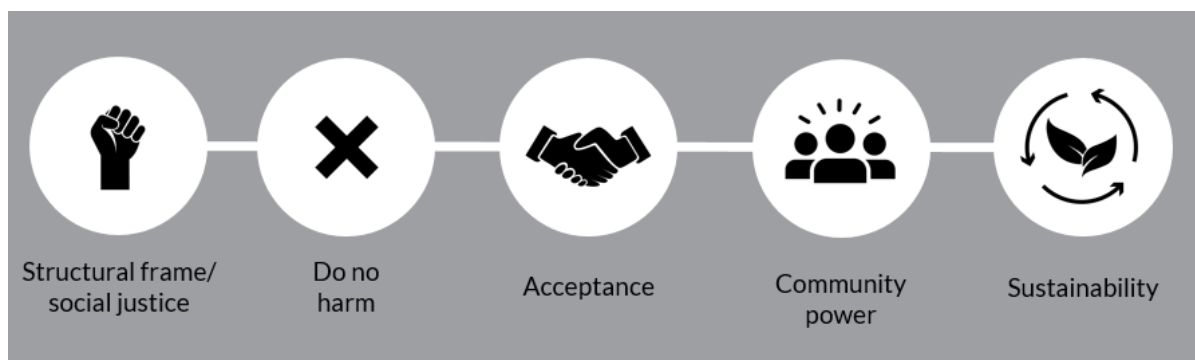
Note: Icons courtesy of the Noun Project.

Structural Frame or Social Justice

Decades of policies and systems have created community conditions, residential segregation, and public housing as it is today—not the individual behaviors of residents. Shining light on these structural challenges shifts the blame off individuals, similar to how a trauma-informed approach to social services shifts the question from "what is wrong with you?" to "what happened to you?" This shift destigmatizes poverty and empowers residents to engage in work to improve their community.

Sustainability

A common source of community trauma is the lack of commitment and long-term sustainability of many resources, programs, or other initiatives. Beyond financial resources, it is important to invest in

community infrastructure, social capital, and the residents, as this is who and what remains after short-term funding sources are gone. Without this commitment, communities experience abandonment and feel used as individuals and organizations with a professional stake in their community pass through, taking what they need and leaving when resources dry up or they have met their short-term needs.

Strategies

Putting the model into practice requires thoughtful strategies (figure 4). Below are a few approaches to working with communities that have experienced trauma.

Strategies of the Trauma-Informed Community Building and Engagement Model
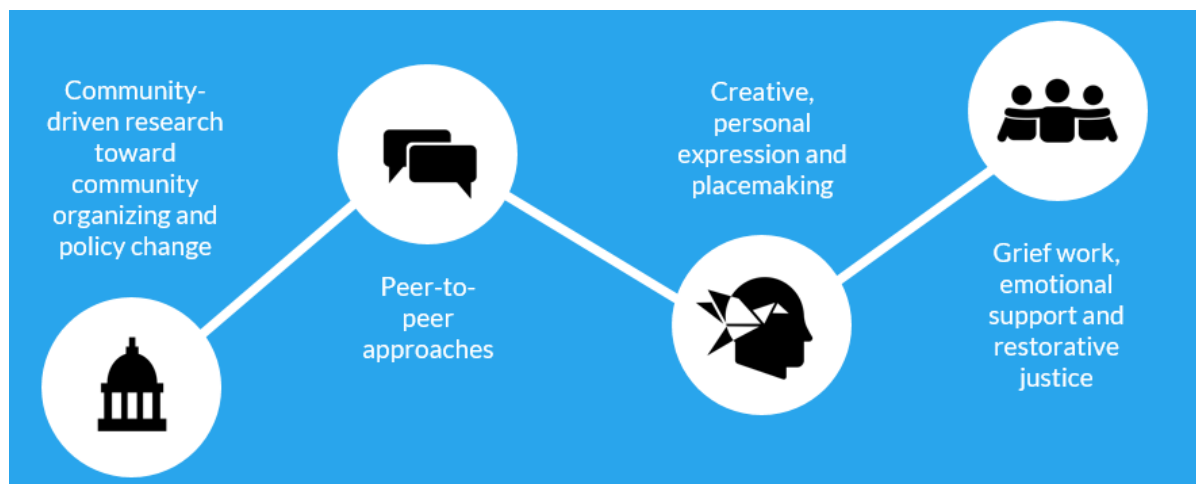
Note: Icons courtesy of the Noun Project.

Strategy 1: Community-Driven Research toward Community Organizing and Policy Change

Community-based participatory research, Participatory Action Research and other approaches to research that enable residents to engage in the process of listening and examining issues of importance to them is a critical piece of the process of community healing.[7] When these collaborative and empowering research approaches are linked to meaningful change at the structural and policy level, they can encourage community healing. Additionally, community organizing itself is a strategy for promoting community well-being, as it engages residents in the process of change through the full realization of their own power (Wolff et al. 2017).

Strategy 2: Peer-to-Peer Approaches

Peer-to-peer approaches can provide a meaningful source of income to community residents, foster role modeling, and invest in community leadership. Residents can serve as a source of information,

bridge to services, advocate for community needs, facilitator of community action, and organizer of community building activities. Numerous peer-to-peer models exist in the public health and social work fields, including community health workers, *promotoras*, and parent liaisons (Wolin and Rueckhaus 2012). Critical outcomes from peer-to-peer approaches include significant personal changes for residents who serve as peer leaders. At the community level, increased social support, social cohesion, and more meaningful engagement in services can result.

Strategy 3: Creative or Personal Expression and Placemaking

Using creative practices to promote healing of community wounds is a powerful mechanism of change. Some residents of low-income or supportive housing see the process of creating art as way to cope with stress (Wolin et al. 2015).[8] In addition to the individual experience of making art, community-engaged art processes that make visible the physical and emotional experience of residents can help heal collective feelings of disinvestment, exclusion, and other harmful community experiences. Housing design and development processes provide a unique opportunity to integrate art processes with an intentional effort to reclaim "place".[9] Creating opportunities for residents to reframe the narrative about their community and express cultural pride and shared history counteracts the relentless focus on community damage and messages about community harm and trauma.

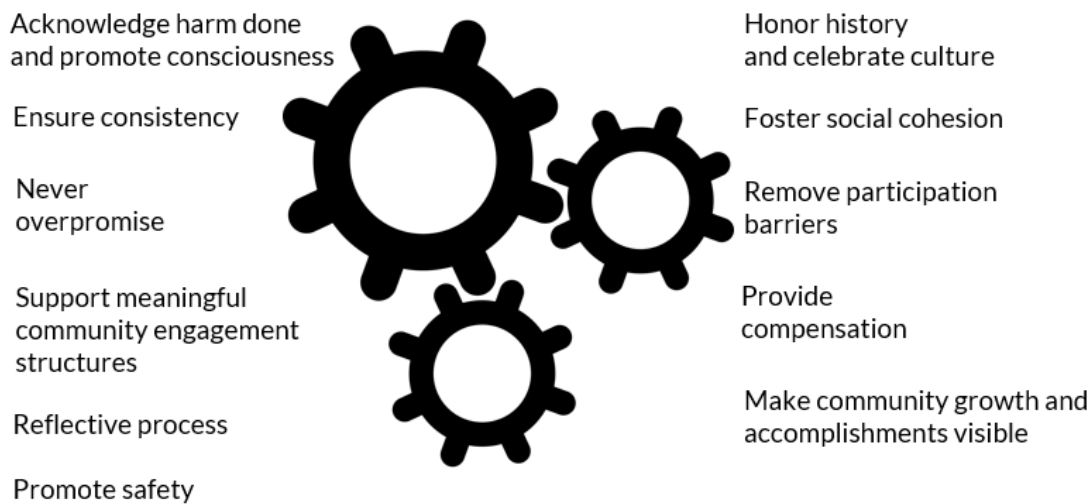### Strategy 4: Grief Work, Emotional Support, and Restorative Justice

Often, community trauma is intertwined with a tremendous sense of loss and stress at both the individual and community levels.[10] It is essential to create support mechanisms for residents to understand and cope with the ongoing retraumatization from racism, injustices, and structural harms. Social support groups, "healing circles," and culturally grounded mourning rituals bring together community residents to meaningfully share difficult emotional experiences (Wolin 2013). Finally, using restorative justice approaches allows communities to make positive steps forward from the harm of crime and violence, as it prioritizes accountability, making amends, and repairing relationships. Restorative justice's goal of reintegration of both victim and perpetrator is part of a larger vision of community building over punishment. Such restorative justice and nonviolent communication skills can provide mechanisms for residents to resolve interpersonal conflict in a way that promotes reconciliation and fosters social connections.[11]

Practices

Practices are more concrete ways to incorporate larger ideas and guidance into programming for all kinds of stakeholders (figure 5).

FIGURE 5
Practices of Trauma-Informed Community Building and Engagement

Acknowledge harm done
and promote consciousness

Ensure consistency

Never
overpromise

Support meaningful
community engagement
structures

Reflective process

Promote safety

Honor history
and celebrate culture

Foster social cohesion

Remove participation
barriers

Provide
compensation

Make community growth and
accomplishments visible

Note: Icon courtesy of the Noun Project.

Practice 1: Acknowledge Harm Done and Promote Consciousness

Engaging residents in dialogue and training that promotes critical consciousness of how policies, systems, or groups that have caused their community harm over time is essential to moving beyond blaming individuals and their behavior for community ills. It is also important for nonresident stakeholders to explicitly acknowledge how their own institution (research, government, social services, other) may have contributed to this harm in the past and conditions that exist today. Openly discussing the history, accepting membership in that group and the associated privileges (e.g., access to resources or individuals with decisionmaking power), and communicating and demonstrating a commitment to change is a powerful process. Simple or discrete actions can demonstrate the commitment is genuine, such as engaging in discussion to solve an issue unrelated to your reason for engagement with the community or using your institution's platform or personal privilege to connect community residents with sources of decisionmaking power.

Practice 2: Honor History and Celebrate Culture

Our challenge is not to envision "transformed" communities but an evolution of place that carries with it visible markers of the history of the place and its residents. Community-defined narratives need space and support to develop and be visible. Create opportunities for residents to take an active role in making permanent art pieces that are displayed in public spaces. Highlight historic references in materials and physical spaces, especially when rebuilding and renovating housing and community spaces. Finally, grounding activities in cultural practices is key to creating welcoming and relevant spaces for residents where cultural differences are respected and valued.

Practice 3: Never Overpromise

It is tempting to enter a community with promises of all the good new services, interventions, and redevelopment that will come to a community. Part of the trauma public housing communities experience is the extensive history of broken promises. It is essential to take care to be realistic and transparent about new opportunities and to be truthful about what is being offered.

Practice 4: Make Community Growth and Accomplishments Visible

Critical to fostering the belief that healing is possible is making visible counter narratives, community strengths, and the positive efforts made to promote meaningful change. Creating opportunities for effective interventions, engaged community work, and residents' efforts to be seen by other residents, staff, and policymakers is motivating and reinforces that change is occurring.

Grounding activities in cultural practices is key to creating welcoming and relevant spaces for residents where cultural differences are respected and valued.

Practice 5: Ensure Consistency

To combat what may feel like a shifting or disconnected emotional environment, practitioners should implement consistent and dependable communication. Lack of communication exacerbates feelings of distrust and confusion, and consistent communications can support a sense of structure and reliability. Multiple interactions, a regular and dependable schedule that is well known, extensive outreach, and repeated attempts to engage may be needed to secure trust and participation.

Practice 6: Support Clear and Meaningful Community Engagement Structures

For communities to feel a sense of ownership around solutions, it is essential to create clear and meaningful leadership and engagement structures and opportunities. Tokenizing, taking advantage of people, diminishing residents to their "story," and not recognizing the intersection of multiple identities and experiences are all traps of perhaps well-intentioned but inadequate community engagement. Community-building efforts should be transparent, accepting, and committed to empowering residents.

Practice 7: Promote Safety

A significant cause of ongoing community trauma is community and interpersonal violence. Regardless of the activity, ensuring the safety of participants is paramount. Location, time, modes of transportation, and other aspects of implementing activities must always be considered with a commitment to providing for the safety of all participants. And though safety may not be the main focus of every

community initiative, it is at the forefront of most community members' minds. It may be necessary to stretch the focus of the initiative to incorporate safety objectives.

Practice 8: Remove Participation Barriers

To encourage resident participation in activities, provide incentives and remove barriers consistently and without judgment. Considering the time of day, location, or format of meetings can help remove practical and personal barriers to participation. Providing food, financial resources, child care, and transportation are some ways to foster resident participation.

Practice 9: Provide Compensation

All sources of expertise are valued. Community members who dedicate time and energy to community-building activities should be financially compensated for their participation. Fair and transparent compensation with mechanisms that are not prohibitive or cumbersome are critical. Often, compensating residents may include changing systems to meet the needs of residents rather than asking residents to change to meet the needs of bureaucracy. Conversations around income restrictions on financial and housing benefits that may be affected as a result of the income is necessary to prevent unintended or unanticipated consequences.

Practice 10: Foster Social Cohesion

Community trauma fragments the bonds between residents. Social support is a core coping and healing practice that is key to counteracting the damages of trauma over time. Engaging residents in activities that promote "tending and befriending" allows for healing and connection. As seen in BRIDGE Housing, shared experiences of pleasurable physical activity, such as Zumba, yoga, walking clubs, and more, promote physical and emotional well-being that is essential to community healing.[12]

Practice 11: Reflective Process

Building in a process or system for ongoing reflection on current events and experiences allows for continual improvement and adjustments to community needs as they evolve. Iterative input and feedback helps ensure long-term meaningful impact, as improving outcomes in a trauma-affected community requires a sustained approach over multiple generations.

Applying Lessons in the Field

In community-based work, practitioners, researchers, and other stakeholders can incorporate these principles, strategies, and practices to foster more collaborative and participatory initiatives. Acknowledging past harms, honoring community knowledge, ensuring sustainability, setting realistic expectations, and creating clear ways for residents to get involved encourage accountability and foster thoughtful and sustainable work. Operating with a trauma-informed lens allows stakeholders to better

understand and acknowledge community experience and implement strategies that help communities have ownership over community-based initiatives and better incorporate results in a meaningful way.

Notes

1. "The Social-Ecological Model: A Framework for Prevention," Centers for Disease Control and Prevention, last modified February 20, 2018, https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html.

2. See the HOPE SF website, http://www.hope-sf.org/. See also "A Model Move: Trauma Informed Community Building," Annie E. Casey Foundation blog, September 15, 2015, http://www.aecf.org/blog/a-model-move-trauma-informed-community-building/.

3. Trauma-informed approaches to service delivery are outlined by organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA). See "Trauma-Informed Approach and Trauma-Specific Interventions," SAMHSA, last updated August 14, 2015, https://www.samhsa.gov/nctic/trauma-interventions.

4. Since the original TICB model was developed, work in the field has evolved with the work of Pinderhughes, Davis, and Williams (2015).

5. Successful and sustained community building efforts require a "framework of axioms, hypotheses or principles that can provide a common language and guide its practice." (Hyman 2002). See also "Trauma-Informed Approach and Trauma-Specific Interventions," SAMHSA, last updated August 14, 2015, https://www.samhsa.gov/nctic/trauma-interventions.

6. These principles build on SAMHSA's trauma-informed principles and are the basis for the first iteration of the Trauma Informed Community Building Model (Weinstein, Wolin, and Rose 2014).

7. Community-based participatory research embraces looking at community assets and strengths in addition to more traditional problem investigation (Minkler et al. 2012).

8. "I would say that it's an outlet. It's calming for me…art has been a whole, like, a transformation to help me be able to live in this community, survive in this community, and continue to work hard in this community." See Jessica Wolin and Brett Cook, "A Community Planning Process—Even A Good One—Is Not Enough," Shelfterforce blog, January 26, 2017, https://shelterforce.org/2017/01/26/from-community-transformation-to-a-radical-act-of-longevity/.

9. Place includes the history of the physical place, its residents, and its culture.

10. Approaches to addressing grief include support groups, community rituals, and restorative justice approaches; see "Interacting Layers of Trauma Exposure; Interacting Layers of Healing," RYSE Center, accessed April 24, 2018, http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/416618476901050324/filePointer/4169002 61791702175/fodoid/416900261791702171/Layers%20of%20Trauma%20and%20Healing.pdf.

11. "Tutorial: Introduction to Restorative Justice," Center for Restorative Justice and Reconciliation, accessed April 17, 2018, http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/#sthash.XJkMecay.dpbs.

12. More information about how the principles are integrated into programming, like Zumba, at Portero, is available from Susan Neufeld, "Community Building Despite Trauma," Shelterforce blog, May 4, 2016, https://shelterforce.org/2016/05/04/community-building-despite-trauma/.

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About the Authors

Elsa Falkenburger is a senior research associate in the Metropolitan Housing and Communities Policy Center at the Urban Institute, where she is part of the Neighborhoods and Youth Development initiative. Her portfolio includes being project manager for the Housing Opportunity and Services Together demonstration and the Promoting Adolescent Sexual Health and Safety project. Falkenburger has also worked with the DC Promise Neighborhoods Initiative since its launch in 2010, assisting with the needs assessment and process study. She has experience working on place-based initiatives, community-based participatory research, performance measurement, formative evaluations, and other qualitative research methods.

Olivia Arena is a research assistant in the Metropolitan Housing and Communities Policy Center. Arena graduated from the University of Texas at Austin with degrees in Plan II honors, urban studies, and international relations, with concentrations in Latin American studies and geography. Her senior thesis explored urban interventions as a form of civic engagement in Austin.

Jessica Wolin is the associate director of community practice at the Health Equity Institute at San Francisco State University. She has over 18 years of experience in community-based participatory planning and in strategic planning, organizational development, technical assistance and training, and program development and management. Wolin has served in leadership and consulting roles at the San Francisco Department of Public Health, Alameda County Public Health Department, and several local nonprofits in the San Francisco Bay Area. She is one of the founders the Women's Community Clinic, the only free clinic for women in San Francisco, and the Alameda County Youth Commission.

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