



Being Anti-Racist is Central to Trauma-Informed Care: Principles Of An Anti-Racist, Trauma-Informed Organization

Introduction

Our nation is at a critical precipice for reimagining how to improve access to and quality of the services for children, families, and communities throughout the United States (US) who have been traumatized by the current and historical impacts of anti-Black racism, as well as to dismantle the white supremacy culture that continues to uphold this racism. The goal of this resource is to light a fire in the bellies of systems, their leaders, and their agents to adopt conscious transformational efforts and actions that promote equity, healing, and justice. This cannot be achieved by inspiring systems to simply think differently about individuals negotiating racism in their daily lives. Rather, systems and organizations must shift beyond performative action toward the fundamental transformation of becoming anti-racist and trauma-informed. This resource offers actionable principles and strategies that organizations can implement to make this move toward fundamental transformation. The authors are making a case for radical healing, starting with revisiting how we got to this precipice as a nation.

This work exists because of the leadership and authorship of a group of NCTSN experts in anti-racism and trauma-informed care, in partnership with the Evidence Watch Collective, Inc. (EWC). Dr. Wisdom Powell of EWC shared a vision that sparked this work and guided the ARS Faculty throughout the process. Dr. Leslie Adams of EWC facilitated the process of sorting, piling, and refining the principles. The Anti-Racism Summit Initiative was led by ARS faculty members: Elizabeth Thompson, PhD, Sandra Chase, MSW, ACSW, Leslie Faith Jones, JD, Carmen Rosa Noroña, LICSW, MEd, IECMH-E, Jen Agosti, MPP, Bradley Stolbach, PhD, Won-Fong Lau Johnson, PhD, NCSP, Megan Clarke, MPH, Tracy Henderson Bethel, MPH, and Isaiah Pickens, PhD.

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How Did We Get Here As A Nation?

For more than two years, our nation has been embattled by a rapidly spreading syndemic, or synergistic clustering of biological and social conditions over geography and time.¹ The combined impacts of the global COVID-19 pandemic and upticks in racialized violence across the US are unearthing cumulative wounds buried deep below the surface of our collective memories requiring urgent attention. This fierce urgency also commands the adoption of new assets-based frameworks and principles that move us beyond simply being trauma-informed. For too long, the field of child traumatic stress has become accustomed to giving legitimacy to the kinds of trauma ignited from individual direct exposures, while, in contrast, we veritably ignore those traumas that are ignited by secondary, communal, and/or vicarious exposures. Despite advancements in our scientific and clinical knowledge, we have also failed to address the trauma hierarchy that edges out exposures related to biopsychosocial stressors like racism. Structural failures play a critical role in our nation's inability to mount a sustained effort to upend racism. While race-related traumas are persistently experienced, interventions have been fragmented, largely focused on helping individuals cope better with their effects, rather than acknowledging and addressing the wide-ranging impacts of racism on the well-being of historically excluded communities. Drs. Janet Helms and Robert Carter were among the first to frame exposures to racism as potentially traumatogenic. There is now a rich body of theoretical and empirical scholarship focused on racial trauma summarized in a groundbreaking special issue of the *American Psychologist*.² As a whole, this scholarship aptly reminds us that acute and chronic exposure to racism: 1) can induce symptoms similar to those legitimized in the Diagnostic and Statistical Manual; 2) is often experienced vicariously by merely bearing witness to racialized violence; 3) instigates non-pathological responses among individuals and families; and 4) is cumulative. For Black, Indigenous, and People of Color (BIPOC) and other minoritized individuals to be able to wholly achieve the right to heal, grow, and thrive, systems and structures have to drastically change, and in some cases be dismantled. This will require a willingness to examine and transform racist foundations that have historically made these systems complicit in re-traumatization rather than healing. To be certain, racial trauma is a wicked public health, biomedical, and sociopolitical problem; one that can only be addressed by adopting frameworks and principles that enhance the capacity of systems, leaders, and agents to grapple with the complexity produced by the rapidly mutating syndemics of our time.

Throughout this document, we use the word "Black" to refer to people who are a part of the African diaspora. This may include people who identify as African American, Afro-Caribbean, Afro-Latinx, and African immigrants. We use this term because of the pervasive experience of anti-Black racism in the US, regardless of the path by which an individual, family, or community arrived in this country. In the vein of Dr. Dorothy Roberts' scholarship,⁵ we acknowledge that race is a "mythic and fatal social invention." Yet, we also highlight how our nation's relentless embrace of biologically driven beliefs about racial differences has also led to targeted acts of disproportionate and unrelenting violence against Black people, because they were believed to be constitutionally inferior.

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Why Focus on Anti-Black Racism?

Dr. Camara Jones defines racism as "a system of structuring opportunity and assigning value based on phenotype ('race')." ³ She reminds us that racism operates on multiple levels and uniquely impacts historically excluded populations. Why is it necessary to focus on anti-Black racism versus racism more generally? Black people aren't the only group of people in this country to experience discrimination, prejudice, marginalization, oppression, violence, etc. based on the socially constructed system of categorizing humans based on phenotypes (e.g., skin color, ancestry). What about other People of Color who experience racism? Don't they get left out if you only talk about anti-Blackness?

"Anti-Blackness is a specific kind of racism. It represents society's hatred of Blacks and the inability to recognize our humanity." - Dr. Kihana Ross⁴

Though frequently asked, these questions are rooted in white supremacy culture. The questions create a false wedge and can lead to oppressed groups competing against one another around who is worse off or who is mistreated the most. Many have referred to this as the Oppression Olympics.



¹ Singer, M., Bulled, N., Ostrach, B., & Mendenhall, E. (2017). Syndemics and the biosocial conception of health. *The Lancet*, 389(10072), 941-950.

² Comas-Díaz, L., Hall, G.N., Neville, H.A., & Kazak, A.E. (Eds.). (2019). *Special Issue: Racial trauma: Theory, research, and healing*. *American Psychologist*, 74(1).

³ Jones, C.P. (2002). Confronting institutionalized racism. *Phylon* 50(1), 7-22.

⁴ Ross, K.M. (2020, June 4). *Call it what it is: Anti-Blackness*. *New York Times*. Accessed at <https://www.nytimes.com/2020/06/04/opinion/george-floyd-anti-blackness.html>

⁵ Roberts, D. (2011). *Fatal invention: How science, politics, and big business re-create race in the twenty-first century*. New Press/ORIM.

For Black, Indigenous, and People of Color (BIPOC) and other minoritized individuals to be able to wholly achieve the right to heal, grow, and thrive, systems and structures have to drastically change, and in some cases be dismantled. This will require a willingness to examine and transform racist foundations that have historically made these systems complicit in re-traumatization rather than healing.

Focusing on the racist history and current day experiences of one group in no way diminishes or discounts the same of another group.

In reality, there is more than enough equity, justice, and inclusion to go around. These questions also provide an example of one of Tema Okun's (2021) ten white supremacy characteristics referred to as "Either/Or and the Binary" thinking.⁶ Focusing on the racist history and current day experiences of one group in no way diminishes or discounts the same of another group, and every resource or project need not aspire to encompass all forms of racism. Lastly, the questions suggest an acceptance of racism without the acknowledgement of the specific experience of anti-Black racism. In essence, these questions create a diversion from the real issues and attempt to create a problem that does not really exist.

"We can no longer say only racism. We must specify anti-Black racism to acknowledge the difference that holds Black people in oppression. We must say it, we must name it and we must walk in boldness to address it." - Marlysa Gamblin⁷

This resource recognizes that the concept of racism alone is not specific and does not fully encompass the Black experience. Given the pervasiveness of white supremacy culture, all racially minoritized individuals are at risk. However, racism experienced by Black people living in the US is rooted in enslavement, the legacy of which is evident in present day impacts such as mass incarceration and disproportionate police violence. In addition to slavery, Black codes, Jim Crow laws, racial terror (e.g., KKK, public lynching), "separate but equal" doctrine, redlining—all legally sanctioned by the government—continually manifest in structural inequities that are baked into every major institution in this country. Racial disparities exist in healthcare, employment, education, housing, financial stability, and the legal system because of intentional, often economically driven, structural racism rooted in this history. As a country, we have yet to fully reckon

with these historical traumas. Not only are they denied and minimized; those who publicly call attention to the connections between our past and current realities are often attacked and vilified. This is the difference that Marlysa Gamblin refers to in her quote. The entire world saw George Floyd stripped of his humanity as a White police officer knelt on his neck until he took his last breath. Yet, there are members of our nation who refuse to name or claim anti-Black racism's hold over our society or that we are not yet, nor should we singularly aspire to become, post-racial.

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What Do We Mean By Anti-Racist And Trauma-Informed?

Understanding a family and their context requires an intentional and deep understanding of historical trauma, intergenerational trauma, structural racism, and power. Similarly, meaningful partnerships with families require an intentional and deep understanding of how systems induce trauma, perpetuate institutional and interpersonal racism, and inequitably distribute power. Neither familial nor structural understanding of these processes can be achieved without also addressing how they intersect with culture, history, race, gender identity, location, social hierarchies, and power.

"Definitions anchor us in principles. This is not a light point: If we don't do the basic work of defining the kind of people we want to be in language that is stable and consistent, we can't work toward stable, consistent goals.... To be an antiracist is to set lucid definitions of racism/antiracism, racist/antiracist policies, racist/antiracist ideas, racist/antiracist people.... Pain is usually essential to healing. When it comes to healing America of racism, we want to heal America without pain, but without pain, there is no progress." - Ibram X. Kendi⁸

Thus, for any organization to become truly trauma-informed, it must work to dismantle racism along with the white supremacy culture that holds racism in place. This is the only way that the current and historical traumas experienced by children and their families can be addressed—working through the pain of white supremacist history and culture to allow healing to begin.

"Being antiracist results from a conscious decision to make frequent, consistent, equitable choices daily. These choices require ongoing self-awareness and self-reflection as we move through life. In the absence of making antiracist choices, we (un)consciously uphold aspects of white supremacy, white-dominant culture, and unequal institutions and society. Being racist or antiracist is not about who you are; it is about what you do." - National Museum of African American History and Culture⁹



⁶ Okun, T. (2021). *White supremacy culture*. <https://www.whitesupremacyculture.info/>

⁷ Gamblin, M.D. (2020, July 10). *A reflection on anti-Black racism*. Bread for the World. Accessed at <https://www.bread.org/blog/reflection-anti-black-racism>

⁸ Kendi, I. X. (2019). *How to be an antiracist*. New York, NY: One World.

⁹ National Museum of African American History and Culture. *Being antiracist*. <https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist>

The development of these anti-racist, trauma-informed principles was grounded in radical healing frameworks, which are rooted in healing justice and liberatory praxis. At its essence, radical healing is a process of confronting, metabolizing, and mitigating the impacts of identity-based wounds. This framework was first advanced by Dr. Rudolph Ballentine, who saw a gap in the ways medical professionals conceive of, and respond to, physical health conditions. Dr. Ballentine aptly noted that healing requires a “restoration of wholeness.”¹¹ Nothing resonates more at this critical precipice than this revelation. Psychologists are also advancing frameworks for radical healing that incorporate trauma-informed lenses and a focus on the kinds of identity-based wounds created by racism. Such frameworks urge systems to emphasize individual strengths while also adopting collective strategies for systems change.

The work of radical healing is spirit work and thus requires sustained commitment to actualizing a vision for anti-racist, trauma-informed organizations. Often, systems taking up the work of anti-racism can get mired down by myths of complexity or can experience mission drift. It is important to also note that radical healing is an intentional, time-intensive process, as opposed to an outcome per se. The pivotal value of this framework lies in its assets-based lens. Systems that lean into radical healing should begin this journey by acknowledging the full range of humanity, potential, and worth of BIPOC. As a starting place, the authors focus our application of this framework on Black individuals, families, and communities.



Advancing a radical healing agenda requires leaders to establish an organizational culture grounded by several interrelated anchors: (1) collectivism, (2) critical consciousness, (3) strength and resistance, (4) cultural authenticity and self-knowledge, (5) radical hope, and (6) restorative self-care.¹² Each of these anchors ladder-up to a broader vision for trauma-informed care that moves beyond establishing policies designed to help individuals cope with racism towards ones that lead them to thrive. Radical healing frameworks remind us that sitting on the academic sidelines while racism, as Ta-Nehisi Coates describes, “rips muscle, extracts organs, cracks bone, breaks teeth”¹³ is not a viable option, because taking sociopolitical action is fundamental to restoring dignity among individuals who have experienced trauma.

Radical healing frameworks remind us that sitting on the academic sidelines while racism, as Ta-Nehisi Coates describes, “rips muscle, extracts organs, cracks bone, breaks teeth”¹³ is not a viable option.

Radical Healing Anchors¹²

Collectivism: Connection of personal liberation with that of broader BIPOC communities.

Critical consciousness: BIPOC communities’ capacity to critically reflect and act upon their sociopolitical environment.

Strength and resistance: Calling on the radical tradition of BIPOC ancestors who have survived centuries of atrocities.

Cultural authenticity and self-knowledge: Resisting colonized knowledge and practices as the only way of knowing and being and instead honoring ancestral wisdom and promoting racial-cultural pride.

Radical hope: A sense of agency to change things for the greater good, the belief that fighting for justice is possible and that it will not be in vain.

Restorative self-care: Audre Lorde stated, “Caring for myself is not an act of indulgence. It is self-preservation, and that is an act of political warfare.”¹⁴ Engaging in restorative wellness practices that can benefit the individual and the community, including resting, taking a break from the work, sleeping, incorporating ancestral or Indigenous healing practices to process experiences of dehumanization and oppression and to find strength.

¹⁰ Alberta Civil Liberties Research Centre. (2021). *Anti-Racism*. <https://www.aclrc.com/antiracism>.

¹¹ Ballentine, R. (1999). *Radical healing: Integrating the world’s great therapeutic traditions to create a new transformative medicine*. New York, NY: Harmony Books.

¹² French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14–46.

¹³ Coates, T. (2015, July 4). Letter to my son. *The Atlantic*.

To truly be trauma-informed, understanding and healing our society requires an understanding of the massive historical trauma that created it.

The field of child traumatic stress focuses on how unaddressed, unresolved childhood trauma shapes individuals' development, perceptions, and patterns of relating to others, as well as focuses on interventions to support trauma recovery and resolution of past and present traumas so that individuals can thrive in the present and future. Trauma clinicians apply a trauma lens to understanding and healing individuals. To truly be trauma-informed, understanding and healing our society requires an understanding of the massive historical trauma that created it. We live in a nation that came into existence through near genocide of the Indigenous peoples of this continent and the enslavement of Africans and their descendants. The foundation of this nation, and everything that followed, was made possible by genocide. These unaddressed unresolved traumas from the infancy and childhood

of our nation have shaped our development and continue to exert power not only over how we perceive and treat one another, but also on the ways that our systems are structured and operate. The NCTSN, the field of child traumatic stress, and our nation as a whole must address all of these historical traumas in order to experience healing. This resource focuses intentionally on the historical trauma of enslavement and its legacy.

*"Stolen bodies working stolen land. It was an engine that did not stop, its hungry boiler fed with blood."
- Colson Whitehead¹⁵*

More than 400 years after the beginning of the transatlantic slave trade, and more than 150 years after all enslaved people in the US were proclaimed as free through the signing of the Emancipation Proclamation, our society has done little to consistently address our traumatic past. One cannot understand what it means to be Black in the US in the 21st century without taking into account the massive historical trauma of chattel slavery and the ways that its legacy shapes all aspects of life in this country. As often occurs with individual trauma, our society has been in this process of ignoring, dissociating from, and denying our past for some time. Therefore, the process that led to the development of the Principles for Anti-Racist, Trauma-Informed Organizations was slow and deliberate, and necessarily started by examining our history. This required excavating the bones in the basements of our field that have continually stalled our progress and resulted in avoidant mission drift.

The Field of Traumatic Stress: Origins to the Present

The field of traumatic stress has its origins in late 19th century Europe, when White men such as Sigmund Freud, Jean-Martin Charcot, and Pierre Janet engaged in the study of "hysteria," an affliction affecting young White women. The construct now known as Posttraumatic Stress Disorder was first defined by a White New Yorker, Abram Kardiner, whose 1941 book, *Traumatic Neuroses of War*, described the effects of trauma on primarily White combat veterans. It is not surprising, then, that the field of child traumatic stress has been shaped by a Eurocentric approach focused on individual "psychopathological" responses to trauma types most likely to affect White children, centering interventions developed by White clinicians, and often based on research with White children and families. In the 20 years since the NCTSN was established, hundreds of thousands of children of all racial and ethnic backgrounds have benefited from such models and the NCTSN has been tremendously successful in achieving its mission to raise the standard of care and improve access to services for children, families, and communities who have experienced trauma throughout the US. However, for those whose work focused specifically on promoting trauma recovery for Black children and families, it seemed that this constellation of clients and the types of traumas they experienced – such as those caused by racism and white supremacy culture – were rarely at the center. Amazing work was being done to make child service systems like child welfare and juvenile justice more trauma-informed. Yet more work was needed to understand and address the racist foundations of these systems as well as the fact that Black children were so disproportionately involved with them.

One of the great services the NCTSN provides is distributing resources to support children and families in response to mass trauma events, such as school shootings and natural disasters. But when the police killings of Black young people Michael Brown, Laquan McDonald, and Freddie Gray led to uprisings demanding justice in Ferguson, Chicago, and Baltimore, as a Network we were silent; acting as though this kind of racial trauma was not our business. We knew that witnessing this violence hurt the children and families we served and believed not only that this was our business, but that, as our nation's resource for child trauma, we needed to respond to this cumulative trauma with a unique perspective that could support collective healing. The initial result was the [NCTSN position statement on racial injustice and trauma for African Americans in the US](#). The position statement began with a quote from Dr. Maya Angelou's *On the Pulse of Morning*, "*History, despite its wrenching pain cannot be unlived, but if faced with courage, need not be lived again.*"

¹⁵ Whitehead, C. (2016). *The underground railroad*. New York, NY: Doubleday.

The position statement was an attempt to do what all good trauma work does: speak the unspeakable, understand what is happening in the present in the context of the past, and make conscious the links between the unaddressed massive historical trauma of slavery and the trauma of the present moment. The statement went on to identify aspirational goals for the NCTSN to work toward in addressing racial trauma and voiced a commitment to these goals.

Included in these goals was that the NCTSN “become a national leader in raising awareness about historical trauma related to African Americans, the impact of current-day racial injustice, and the implication of such history and experiences on trauma-informed health and mental health care.” That sounded good, but what would it mean to turn these words into actions? A guiding principle of the NCTSN has always been that we can deal most effectively with complex problems through collaboration, bringing together expertise and experience from many different perspectives and learning from each other by “sharing relentlessly.”

Words Into Actions

In December 2019, a small group of NCTSN members envisioned a collaborative process that would bring together individuals and organizations with an interest in addressing racial injustice to go beyond thinking and talking to taking concrete steps toward anti-racist, trauma-informed practice. A working group was formed and set about planning the “Being Anti-Racist is Central to Trauma-Informed Care” Virtual Summit Initiative, to be launched in August 2020. In May 2020, in the midst of the planning effort, George Floyd was murdered, his murder was witnessed by millions of people, and millions of people took to the streets all over the world demanding justice. This murder pulled back the curtain for many organizations and generated a groundswell of interest in this Anti-Racism Summit Initiative.



The initiative included a competitive application process in which 37 organizations were selected for participation out of 70 submissions. These organizations represented a variety of organizational sizes, locations across the US, and service systems and settings (e.g., community mental health, academic institutions, hospital systems). Each organization was represented by a team of 3-6 staff members, representing various roles and levels of institutional leadership in their organizations.

As part of this initiative, the Anti-Racism Summit Faculty (ARS Faculty) and the Evidence Watch Collective, Inc. (EWC)—a consulting collective with expertise in brand equity, anti-racism, healing justice, and strategic planning for organizational change—engaged with participating teams from across the US and collaborated to develop a set of guiding principles for anti-racist, trauma-informed organizations.

6 What are Principles and Strategies?

Igniting and sustaining systems change for anti-racism requires adopting shared norms and making explicit commitments to uncompromising truths. Organizations, especially those at earlier stages of readiness, need guideposts for implementation. While principles for radical healing for individuals have been generally outlined by researchers and policy leaders, the authors could only find a few examples of principles designed to advance radical healing at a systems-level. Principles at a systems-level matter because they help to mitigate cognitive biases and dismantle the white supremacy culture that inevitably prevails, even when the best laid intentions are to advance healing and justice. Since principles also provide rules for engagement, they further support systems and their agents to catch themselves in the flow of inequitable practices. However, without concrete strategies in place, principles are nothing more than aspirations or wishes akin to the “thoughts and prayers” that are often extended to communities of color in the aftermath of racialized violence. Strategies are essential to creating anti-racist, trauma-informed organizations. By defining strategies, organizations are more prepared to move beyond theoretical notions of anti-racism and trauma-informed service delivery towards practical application of the principles. Strategies might also be conceived as an organization’s long-term or “true north” goals and the steps it plans to take to accomplish them. Hence, our goal was not to simply generate abstract principles that rest statically on organizational communications; rather it was to establish principles that could be

Principles are propositions and values that establish rules of conduct, provide decision-making support, and lend behavioral guidance.

Strategies are carefully developed plans for implementation.

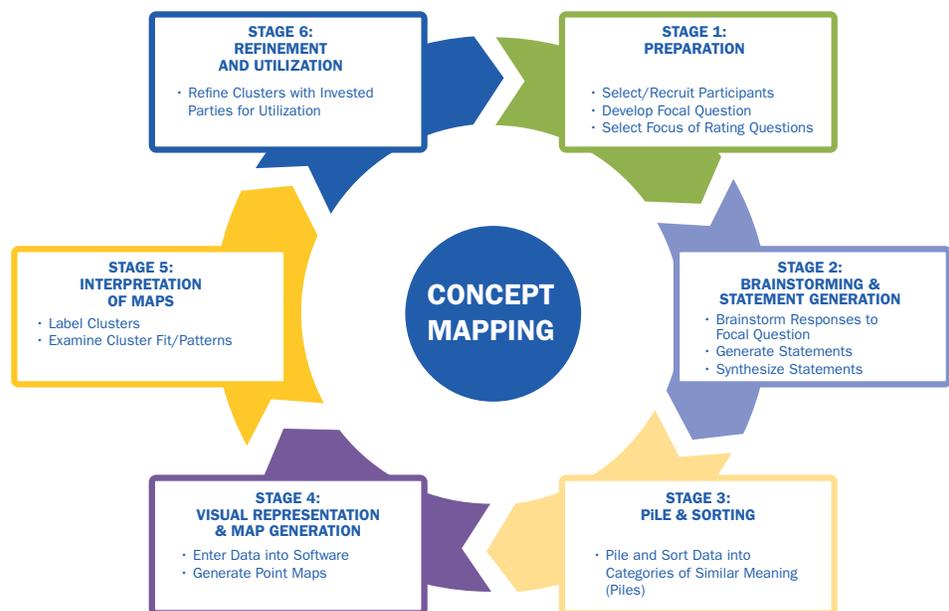
actualized through deliberate, day-to-day operations. The following section includes an overview of the processes and methods deployed to generate the principles and strategies for anti-racist, trauma-informed organizations.

7 The Process: General Concept Mapping Overview

To determine the principles for anti-racist, trauma-informed organizations, the ARS Faculty and the EWC team utilized concept mapping, a structured mixed methods approach designed to organize and operationalize views on a particular topic expressed by invested parties.¹⁶ While it is standard in academic culture to provide a detailed description of research methods using standardized nomenclature, we assert that rigid adherence to these rules reflects an implicit commitment to sustaining white dominant culture and ways of knowing.¹⁷ Instead, the mechanics of concept mapping are briefly described below, and the authors focus more attention in this section on the rationale. Readers who desire more explicit methodological details can refer to Appendix D of this document.

Conventional academic research often begins with a set of preconceived assumptions and explanations. These assumptions and explanations are predominantly shaped by the researchers' point of view. By design, research initiated in this manner privileges researchers' points of view over those held by individuals with more proximity to the challenges and solutions. In keeping with tenets of radical healing, the methodology and approach to developing these principles centered multiple ways of knowing. While the authors relied on existing methodological tools, we also expanded and adapted our results through purposeful dialogue. In other words, we assume that statistical software groups information in status quo ways and that participant wisdom is required to rigorously check these groupings.

Concept mapping is rooted in the science of participatory action and consists of six stages, designed to lead groups through a structured process of idea and statement generation.¹⁸ In light of COVID-19, concept mapping sessions were conducted virtually from September 2020 to April 2021. The EWC team started the process by asking ARS Faculty to design the open-ended focal question, "Based on your knowledge and experience, what are 1-3 guiding principles of a trauma-informed, anti-racist organization?" (Stage 1: Preparation). Next, Summit participants were prompted to respond to this focal question via Qualtrics (Stage 2: Brainstorming & Statement Generation). During this stage, ARS Faculty worked to synthesize the responses into a smaller number of statements to enhance clarity and remove redundancies. Afterwards, ARS Faculty members sorted and grouped statements with similar meaning into piles (Stage 3: Pile & Sorting). Once consensus was reached on these groupings, the EWC team used well-established methods to analyze the data and create visual representations or "concept maps" (Stage 4: Visual Representation & Map Generation). ARS Faculty spent numerous hours on the final stages (Stage 5: Interpretation of Maps; Stage 6: Refinement and Utilization), where the concept maps were further refined, and deliberate work was undertaken to produce a more robust, actionable set of principles rooted in the realities of those closest to the wicked problems produced by anti-Black racism.



The following section is the final list of principles derived from the concept mapping process divided into four clusters. Each cluster includes both principles as well as strategies that further describe how an organization might operationalize the principles in that cluster. The lists of strategies were developed through consensus-driven dialogue and are not intended to be exhaustive but to simply provide ideas of how to move from principles to action in order to create and nurture anti-racist, trauma-informed organizations.

¹⁶ Kane, M., & Trochim, W. M. (2007). *Concept mapping for planning and evaluation*. Sage Publications, Inc.

¹⁷ Okun, T. (2021). *White supremacy culture*. <https://www.whitesupremacyculture.info/>.

¹⁸ Trochim, W. (1993, November). *The reliability of concept mapping*. In annual conference of the American Evaluation Association (Vol. 6).

Principles of an Anti-Racist, Trauma-Informed Organization

BEARING WITNESS, CENTERING VOICES, & HONORING LIVED EXPERIENCE

- We proactively center, amplify, and learn from the voices of those most impacted by racism and trauma, bearing compassionate and non-judgmental witness to their stories and realities.
- We honor each individual's intrinsic value, lived experience, humanity, and innate strengths, including the various unique social identities they embody (e.g., race, gender identity, ethnicity, sexual orientation) and the strengths and protective factors of their communities.

ORGANIZATIONAL VALUES, GOVERNANCE, & STRATEGIC OVERSIGHT

- We commit to equity-based governance, power redistribution, and shared decision-making processes across all staffing levels and with the communities we serve.
- We acknowledge the impact of racism, historical trauma, power dynamics, and systemic inequities.
- We commit to taking sustained steps to dismantle racism, white supremacy, and privilege in our structures, policies, procedures, practices, performance evaluations, and outcomes.
- We promote accountability and transparency in decision-making and leadership with all those who are impacted, including partners and those accessing services.

STRUCTURAL REFORMS, PARTNERSHIPS, & SYSTEMS CHANGE

- We commit to socio-structural reforms and promote practices designed to foster truth, atonement, and collective repair and to enhance radical healing of people who are Black.
- We commit to addressing conflicts when partners and funding sources actively cause harm to Black communities and/or limit anti-racist work.
- We acknowledge the ways in which systems have been used to control and destroy Black bodies and harm Black families, and that understanding informs how we engage with and confront those systems.

HUMAN RESOURCES, STAFF SUPPORT, & LEADERSHIP DEVELOPMENT

- We prioritize the hiring, development, promotion, and retention of people who are Black at all levels of the organization.
- We value, support, and cultivate leaders and managers who continually examine, acknowledge, and address the ways in which they and their organizations may contribute to oppression.
- We support holistic well-being for Black staff.
- We assume responsibility for providing staff with the necessary knowledge and skills required to support staff and deliver care to Black communities.
- We seek, implement, and invest in interventions and innovations designed by Black practitioners and in close collaboration with Black communities.

PRINCIPLES:

- We proactively center, amplify, and learn from the voices of those most impacted by racism and trauma, bearing compassionate and non-judgmental witness to their stories and realities.
- We honor each individual's intrinsic value, lived experience, humanity, and innate strengths, including the various unique social identities they embody (e.g., race, gender identity, ethnicity, sexual orientation) and the strengths and protective factors of their communities.

Black people living in the US have always had their historical narratives and the nature of their current existence told and defined by others. This is a product of white supremacy culture. As a result, policies and interventions designed to address the negative impact of historical trauma and systemic inequities have been developed, defined, and mandated by those who have no lived experiences of being harmed by systemic racism. A frequent outcome is flawed strategies designed to “save people” and “fix their brokenness.” It is imperative that anti-racist, trauma-informed organizations fully acknowledge that it is essential to embrace and employ those directly impacted. Bearing witness encompasses both centering voices and honoring lived experience. It can be healing, restorative, reparative, resilience-building, and empowering for the teller.

“There is no greater agony than bearing an untold story inside you.” – Maya Angelou¹⁹

Strategies designed to operationalize these principles should focus on creating and maintaining a culture where service providers have the necessary skills to solicit, hear, act on, and share power with the wisdom of those being served in meaningful ways. The recognition and valuing of lived experience may increase the likelihood of actions based in solidarity and not mere allyship. Hearing stories from those who have experienced them—at the times, and in the ways, people choose to share those stories—should be instrumental in altering practices, policies, and procedures that have a greater likelihood of being effective and sustained over time.

“The lion's story will never be known as long as the hunter is the one to tell it.” – West African Proverb²⁰

STRATEGIES:

- Create meaningful opportunities for those with lived experience to share their stories in ways that do not retraumatize them or serve as others' education at their expense.
- Continuously partner with (move beyond inviting or tokenizing) community members and those with lived experience at all stages of program planning and decision-making.
- Equitably compensate those with lived experience for sharing their experiences, knowledge, skills, and talents. Ensure that those with lived experience are not compensated at a lower rate than everyone else working on an event or project.
- Provide staff with the knowledge and skills to ensure they are able to listen, hear, and honor the experiences and stories of those with lived experience.
- Name and dismantle “savior culture” and “missionary zeal” that center Whiteness and exude paternalism.
- Acknowledge and appreciate the value of hiring and retaining staff who hold both professional and lived experience and create a culture that values the fullness of their knowledge, insight, and experience.
- Create physical spaces and materials that demonstrate a respect and value for the community.

¹⁹ Angelou, M. (1969). *I know why the caged bird sings*. New York City: Random House.

²⁰ Stevenson, H. (2015). Hearing the lion's story. *Learning for Justice*. Issue 49. Accessed at <https://www.learningforjustice.org/magazine/spring-2015/hearing-the-lions-story>.

PRINCIPLES:

- We commit to equity-based governance, power redistribution, and shared decision-making processes across all staffing levels and with the communities we serve.
- We acknowledge the impact of racism, historical trauma, power dynamics and systemic inequities.
- We commit to taking sustained steps to dismantle racism, white supremacy, and privilege in our structures, policies, procedures, practices, performance evaluations, and outcomes.
- We promote accountability and transparency in decision-making and leadership with all those who are impacted, including partners and those accessing services.

Organizations have their own cultures, climates, processes, and structures that guide and dictate how their staff behave to one another and to their clients. Organizations striving to become anti-racist and trauma-informed must ensure that everything about them reflects, promotes, and requires these principles to be enacted. This includes the values they articulate and practice, the way power in the organization is held and wielded (their “governance”), and how they are held accountable to their staff and the communities they serve. This requires more than hiring a “Director of Diversity, Equity, and Inclusion”, convening a “Racial Equity Committee”, or hosting “Community Listening Sessions”.

“I can’t believe what you say...because I see what you do.” - James Baldwin²¹

To uphold these principles, organizations must assess and understand—in deep and meaningful ways—how they are fundamentally organized; who holds power and authority; how staffing, leadership, and organizational structure decisions have historically been made; and what continues to hold all of this in place. The principles in this cluster require organizations to embody their vision and mission statements as they operate in restorative, reparative, and healing ways. They require willingness to restructure, revise, and often dismantle offending structures, processes, and policies. It is not enough to know what is wrong; organizations must make things right. Organizations, and the individuals who are part of them, must recognize the power and privilege they hold—historically and currently. They must use this power strategically to name how racism, privilege, and white supremacy culture are showing up and to actively amplify the voices of families, community members, and colleagues who have been minoritized and oppressed, with the ultimate goal of relinquishing the disproportionate power they have unfairly held.

“Not everything that is faced can be changed, but nothing can be changed until it is faced.” - James Baldwin²²

STRATEGIES:

- Clearly integrate commitments to anti-racist and trauma-informed approaches into the organization’s mission/values statements.
- Provide and promote opportunities to name how and where racism, white supremacy, and privilege are showing up and impacting the organization.
- Create and support internal governance and decision-making processes that intentionally engage staff at all levels, families, and community members.
- Design accountable and transparent processes to ensure relief from and redress for interactions resulting in both implicit and explicit harm to people who are Black.
- Create active, sustained, brave spaces for open and honest dialogue, as well as the exploration of Eurocentric worldviews and privilege, self-reflection, and perspective-taking.

²¹ Baldwin, J. (1966). *A report from occupied territory*. The Nation.

²² Baldwin, J. (1962). [Review of book *As much truth as one can bear*.] The New York Times.

- Review existing structures, policies, procedures, practices, and outcomes with a racial justice impact frame and institutional analysis and respond accordingly.
- Ensure transparency and openness in all administrative and human resource policies and practices.
- Engage, include, support, and amplify the voices and roles of community members and staff at all levels in organizational planning and decision-making.
- Value and compensate families and community members in ways that honor their roles as essential experts.
- Engage families and communities to define their own meaningful outcomes for the organization.
- Monitor and evaluate anti-racist work, and share progress, outcomes, and challenges transparently with community members, staff at all levels of the organization, and other collaborative partners.

CLUSTER
THREE

Socio-Structural Reforms, Partnerships, and Systems Change

PRINCIPLES:

- We commit to socio-structural reforms and promote practices designed to foster truth, atonement, and collective repair and to enhance radical healing of people who are Black.
- We commit to addressing conflicts when partners and funding sources actively cause harm to Black communities and/or limit anti-racist work.
- We acknowledge the ways in which systems have been used to control and destroy Black bodies and harm Black families, and that understanding informs how we engage with and confront those systems.

Child- and family-serving systems (e.g., child welfare, education, justice, healthcare) provide much of the funding, governance, and structure for organizations working with children and families and often are core partners in the day-to-day work. These systems have a history and legacy of oppression and continue to harm Black families. Organizations working to become anti-racist and trauma-informed must critically examine their own relationships with these systems and actively challenge policies and practices that perpetuate harm against Black people. For example, mental health providers who procedurally contact law enforcement in response to crises should reconsider these policies, given the harm police have generationally and historically caused in Black communities. Anti-racist, trauma-informed organizations must actively seek alternative strategies (e.g., strategies rooted in restorative and transformative justice) which openly acknowledge that our systems have not centered safety for Black children and families.

“I learned that racism, like most systems of oppression, isn’t about bad people doing terrible things to people who are different from them but instead is a way of maintaining power for certain groups at the expense of others.”
- Alicia Garza²³

In order to be anti-racist and trauma-informed, organizations must also be willing to name the historical and ongoing harms caused by these systems to people who are Black, as a first step to making atonement and repair possible. Acknowledging and telling these truths can require risk—risk of facing and naming truths about our own organizations, risk of hard conversations with partners and funders, and risk of potentially strained or severed relationships. Even so, anti-racist and trauma-informed organizations accept that there can be no reconciliation or healing without hard truths.

“Don’t let anybody, anybody convince you this is the way the world is and therefore must be. It must be the way it ought to be.” - Toni Morrison²⁴

²³ Garza, A. (2020). *The purpose of power: How we come together when we fall apart*. New York: One World.

²⁴ Morrison, T. (2019). *The source of self-regard: Selected essays, speeches, and meditations*. New York: Alfred A. Knopf.

This truth-telling can and should be done with a vision toward repairing harm and restoring humanity, dignity, respect, and trust. However, truth-telling by itself is not enough. Anti-racist and trauma-informed organizations must actively work to imagine and create entirely new ways of operating that decenter Whiteness. This work of creating new systems free from white supremacy culture—that heal rather than harm—is hard but not impossible. Truth-telling and taking concrete action to address and make reparations for historical harms can unlock the collective vision and power possible to achieve this vision.

STRATEGIES:

- Prioritize partnerships with community leaders and members, recognizing that these likely include informal community leaders and people who are not providing traditional mental health services.
 - Develop meaningful community partnerships both within and outside traditional contractual relationships.
 - Provide authentic avenues to receive ongoing feedback from partners and those accessing services.
 - Seek out, listen to, and respond to communities' wants and needs, rather than providing offerings based only on what currently exists.
 - Help organize and/or participate with humility in community truth and reconciliation sessions.
 - Create and support opportunities for community partners to play healing roles in families' lives, based on families' priorities and preferences.
 - Leverage resources and influence with partners and funders to name and foster the dismantling of systemic and structural racism within service systems.
 - Support capacity building and associated resource allocations that reflect the needs and wants of the community to support its own people.
 - Learn about and implement restorative and transformative strategies for accountability and protection from harm that center the safety of Black people and do not rely on police, prosecutors, and prisons.
-

CLUSTER FOUR

Human Resources, Staff Support, & Leadership Development

PRINCIPLES:

- We prioritize the hiring, development, promotion, and retention of people who are Black at all levels of the organization.
 - We value, support and cultivate leaders and managers who continually examine, acknowledge, and address the ways in which they and their organizations may contribute to oppression.
 - We support holistic well-being for Black staff.
 - We assume responsibility for providing staff with the necessary knowledge and skills required to support staff and deliver care to Black communities.
 - We seek, implement, and invest in interventions and innovations designed by Black practitioners and in close collaboration with Black communities.
-

Traditional human resources (HR) systems and personnel practices in the US are constructed to adhere to policies and legislation primarily in order to avoid penalty, rather than to uphold or aspire to values of justice and equity. These systems therefore create the illusion of objectivity and impartiality, while maintaining white supremacist structures and cultures. "Color blindness," sometimes considered the ideal to which hiring organizations should aspire, does

nothing to undo the greater value placed on Whiteness over Blackness in the US and will be insufficient to undo the unequal access to power, status, opportunity, and networking that is entrenched in centuries of white supremacist systems. Organizations must actively identify and dismantle HR policies and processes that create and perpetuate unequal access to power, decision-making, and opportunities. Anti-racist organizations take proactive responsibility for the people who make up their organization including who is supported in training and education partnerships, who applies for positions, who is hired, who remains at the organization, who is elevated into formal leadership roles, and whose opinions and work is valued and amplified. This requires organizations to be explicit about the characteristics, qualifications, and aspects of job performance that they value most in current and prospective staff and to scrutinize their job descriptions, interview and selection criteria, performance evaluations, and promotion processes accordingly. An organization should be as specific about current and prospective staff demonstrating commitment to anti-racism as they are about educational requirements and any other measurement of job performance.

“Dominant culture has tried to keep us all afraid, to make us choose safety instead of risk, sameness instead of diversity. Moving through that fear, finding out what connects us, reveling in our differences; this is the process that brings us closer, that gives us a world of shared values, of meaningful community.” - bell hooks²⁵

Anti-racist, trauma-informed organizations know that their responsibility extends beyond diversity in hiring and promotion and that they must also ensure that staff have the supports needed to remain at the organization and to engage in sustained anti-racist work. This includes adequate and ongoing training related to anti-racist practice. This also requires cultivating an environment and structures that support holistic well-being for Black staff and goes beyond self-care, including benefits, adequate supervisory and peer support, and a culture that acknowledges the impacts of racism as well as the importance of particular current and historical events.

Anti-racist, trauma-informed organizations must engage in active reparations in their workforce development, hiring, promotions, and staff support—unapologetically centering the hiring, promotion, and wellness of Black staff. This must be done with the intention to avoid tokenism of Black staff and leaders, which requires transparency, humility, and ongoing review and reflection on organizational processes and outcomes.

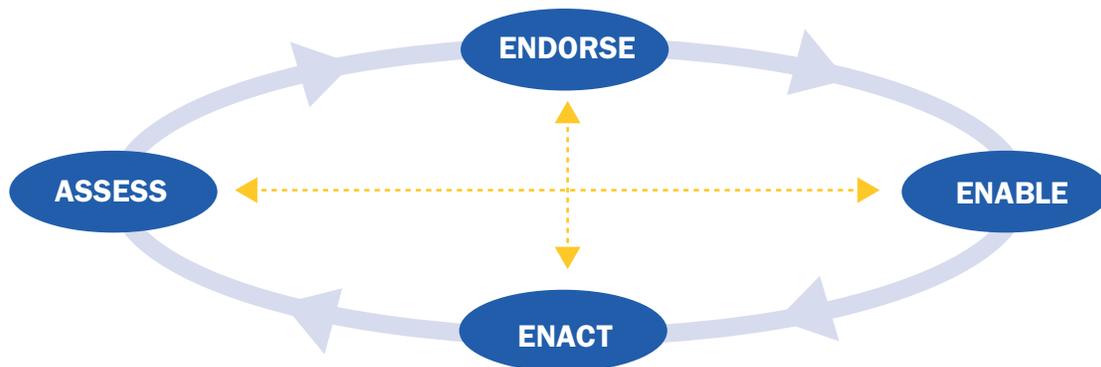
STRATEGIES:

- Prioritize partnerships with Historically Black Colleges and Universities and other Black institutions to cultivate the workforce pipeline through internship and mentorship opportunities, to expand networking opportunities, and to actively recruit Black staff.
 - Create job descriptions that include requirements for demonstrated commitment to anti-racism and eliminate requirements that are unnecessary to be able to perform the role and add further barriers within educational and employment systems that privilege Whiteness and class status.
 - Develop and offer peer mentoring for Black staff to support continuous development and advancement.
 - Ensure that formal and informal spaces exist in the workplace to identify and address stress related to trauma and racism.
 - Provide specific wellness and well-being strategies for Black staff to manage both primary and secondary trauma related to racism.
 - Develop accountability measures for leaders to ensure they are actively dismantling racism and white supremacy in the organization.
 - Include skills and competencies related to anti-racist work and dismantling racism and white supremacy in hiring, promotion, and performance evaluations for all levels of staff.
 - Ensure the sustained presence of resources and representation to develop knowledge, skills, and capacity to deliver care that is rooted in radical healing and assets-based frameworks.
 - Invest in ongoing, compensated partnership with Black developers, trainers, and facilitators who have a history of active engagement in the work of dismantling racism.
-

²⁵ hooks, b. (2003). *Teaching community: A pedagogy of hope*. New York: Routledge.

The authors recognize that organizations require a roadmap and resources to support the adoption and implementation of anti-racist, trauma-informed principles. Embedding principles into organizational policies, practices, and procedures is especially important to sustainability. Successful adoption and implementation of the principles described in this document requires deliberate strategy alignment across all areas of an organization, not just within siloed Diversity, Equity, and Inclusion initiatives. There are four steps organizations should take to put the principles into sustained action: 1) Assess; 2) Endorse; 3) Enable; 4) Enact.²⁶ In entering the work of bringing the principles to life in organizational behavior, practice, and policy, organizations must be prepared to do this in non-linear ways that center BIPOC ways of being and thinking. The process of implementing and sustaining the principles is, at its core, as important as the principles themselves.

The process of implementing and sustaining the principles is, at its core, as important as the principles themselves.



As we talk about changing organizations and systems, it is essential that we remember that all organizations and systems are made up of individuals. Each individual making up these systems can uphold white supremacy culture or actively engage in moving toward anti-racism, and they can leverage their particular sphere of influence to build buy-in and move toward change. Anti-racism work must continually happen at all levels—individual, interpersonal, team, organizational, and system.

Assess

Assessing organizational readiness for engaging in anti-racist, trauma-informed work is a critical, and often overlooked, first step. Including, listening to and valuing the authentic perspectives of BIPOC staff and key partners at the onset and throughout the assessment process is critical. We highly encourage organizations to take full stock of any strengths, weaknesses, opportunities, and threats before initiating the principles implementation process. Additionally, organizations might choose to administer climate, readiness, and capacity assessments to determine equity gaps, align intentions, and establish a course of collective action. Taking this preliminary step will further allow organizations to anticipate and plan alternative strategies to address potential pain points. Organizations can host listening sessions with staff, leadership, and other stakeholders to garner initial reactions to the anti-racist, trauma-informed principles outlined in this document. The overarching goal of this step is to ensure that everyone is on the same page about fully integrating anti-racism and trauma-informed lenses in the fabric of the organization's mission. Assessment is not a one-time endeavor. Many organizations will benefit from re-assessment throughout implementation in order to monitor outcomes, adjust strategies, and continue forward movement.

Endorse

Anti-racist work and implementation of the principles outlined in this document must be top-down and bottom-up, and it must be driven by members of the organization who are committed to create change from wherever they sit in the organization. That being said, successful adoption and implementation of the principles outlined hinges on leadership buy-in. Securing top-down endorsement will not only set the tone required for sustained organizational commitment, but it will enhance stability in moments when pain points are experienced. Endorsement from senior leadership, board members, and managers within a system also signals to organizations that the adoption of anti-racist, trauma-informed principles is not a performative exercise. Grassroots advocacy from any level of an organization is often an essential step and powerful tool to cultivate leadership buy-in, hold leaders accountable, and push leaders toward action. We suggest that organizations invest the time and resources to establish the command climate for anti-racist,

²⁶ Adapted from: Vogus, T.J., Sutcliffe, K.M., and Weick, K.E. (2010). Doing no harm: Enabling, enacting, and elaborating a culture of safety in health care. *Academy of Management Perspectives*. 24(4), 60-77.

trauma-informed work. This should include establishing clear pathways to leadership for BIPOC staff to drive but not hold sole responsibility for anti-racist work. Leaders with less experience leading anti-racist, trauma-informed work within their organizations may also benefit from securing equity-centered executive coaching. Tacit leadership in which positional leaders release a statement of support and then designate the implementation work to other staff will not succeed. In other words, leaders can endorse this work even while they are learning how to implement it; however, the leadership support required for this work must be vocal, explicit, continuous, and bold.

Enable

Equally critical to successful implementation of the outlined principles are resources and inputs focused on building structural competencies for anti-racist, trauma-informed work. Structural competencies are defined as trained abilities to discern how a host of organizational and client service issues also represent decisions made upstream about matters like governance, human resources, leadership development, and workflow.²⁷ As noted earlier, one of the key anchors of radical healing frameworks is critical consciousness. Similarly, we suggest that organizations commit to becoming a learning system, investing adequate time and resources into anti-racist, trauma-informed, knowledge-building, culture-changing activities. Such activities might focus on cultivating shared vocabulary and opportunities for deliberative and courageous conversations. These activities should be ongoing and designed to address foundational and emergent topics or issues. The goal is to enable systems to do anti-racist, trauma-informed work authentically.

Enact

Once organizations decide to take up the work of principles implementation, they also have to thoughtfully consider and detail the frontline actions required to enhance success. This document has offered concrete strategies that organizations can implement in order to enact these principles. It matters less where an organization starts, but that they take committed, sustained, and concrete steps. Implementing these principles includes establishing processes that facilitate movement and anticipate common challenges and stalling tactics that lead to inertia and distraction. These actions should not be implemented as part of or the responsibility of a “special project” or committee but should be undertaken as part of organization-wide commitment and change. In any organization-wide change effort, coordination across teams and units is pivotal to avoid duplication of effort and process fatigue. Organizations should ensure that Black leadership is centered in anti-racism work at the organization, while not expecting that Black and BIPOC staff hold full responsibility for implementing it. Organizations must recognize, respect, follow, and give credit for professional and lived experience in anti-racism work, while also ensuring that the work remains the responsibility of every individual in their system. Finally, given the complexity of changing deeply rooted white supremacist norms, it is essential for organizations to continually assess progress and challenges- redirecting any efforts, planning, or resources as needed to continue becoming more anti-racist and trauma-informed.

In Conclusion: “May Everything Change”

Amanda Gorman was the first National Youth Poet Laureate in the US and held that role from 2017-2018.

Hymn for the Hurting Amanda Gorman²⁸

Everything hurts,
Our hearts shadowed and strange,
Minds made muddied and mute.
We carry tragedy, terrifying and true.
And yet none of it is new;
We knew it as home,
As horror,
As heritage.
Even our children
Cannot be children,
Cannot be.
Everything hurts.
It’s a hard time to be alive,
And even harder to stay that way.
We’re burdened to live out these days,
While at the same time, blessed to outlive them.
This alarm is how we know
We must be altered —
That we must differ or die,
That we must triumph or try.
Thus while hate cannot be terminated,
It *can* be transformed
Into a love that lets us live.
May we not just grieve, but give:
May we not just ache, but act;
May our signed right to bear arms
Never blind our sight from shared harm;
May we choose our children over chaos.
May another innocent never be lost.
Maybe everything hurts,
Our hearts shadowed & strange.
But only when everything hurts
May everything change.

²⁷ Metzl, J.M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequalities. *Social Science & Medicine*, 103, 126-133.

²⁸ Gorman, A. (2022, May 27). *Hymn for the hurting*. *The New York Times*.



Appendices

Appendix A: Authors, Contributors, and Gratitude

This work exists because of the leadership and authorship of a group of NCTSN experts in anti-racism and trauma-informed care, in partnership with the Evidence Watch Collective, Inc. (EWC). Dr. Wizdom Powell of EWC shared a vision that sparked this work and guided the ARS Faculty throughout the process. Dr. Leslie Adams of EWC facilitated the process of sorting, piling, and refining the principles. The Anti-Racism Summit Initiative was led by ARS faculty members: Elizabeth Thompson, PhD, Sandra Chase, MSW, ACSW, Leslie Faith Jones, JD, Carmen Rosa Noroña, LICSW, MEd, IECMH-E, Jen Agosti, MPP, Bradley Stolbach, PhD, Won-Fong Lau Johnson, PhD, NCSP, Megan Clarke, MPH, Tracy Henderson Bethel, MPH, and Isaiah Pickens, PhD.

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Center for Child and Family Traumatic Stress at Kennedy Krieger Institute	Center for Child Trauma Assessment, Services and Interventions	Centerstone of FL
Chadwick Center for Children and Families	Child Abuse Program, Children's Hospital of the King's Daughters	Child First, Inc.
Child Health and Development Institute of Connecticut Inc.	Child Witness to Violence Project at Boston Medical Center	Childhood Violent Trauma Center
Children's Home Society of Florida	Community Behavioral Health Philadelphia	Family PEACE Trauma Treatment Center
FrontLine Service	Healing Hurt People Chicago	Hollywood Homeless Youth Partnership
Institute for Health and Recovery Inc.	Kristi House	LA Unified School District
Louisiana State University Health Sciences Center	Mt. Hope Family Center	National Center for Child Traumatic Stress
Section on Developmental and Behavioral Pediatrics at OUHSC	St Louis County Family Court	The Family Center
The Village for Families and Children	Tulane Parenting Education Program	UCLA-Duke ASAP Center for Trauma-Informed Suicide, Self-Harm, and Substance Abuse Prevention and Treatment
UConn Health	UCSF HEARTS	UMD-Baltimore- Baltimore-Network of Early Services Transformation
University of Pittsburgh Medical Center		

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Appendix B: Terminology and Resources for Further Understanding

This list of terms, definitions, and resources is not all-inclusive. There are many different definitions and many additional terms that are used to describe and define anti-racism work. This list includes terms, brief definitions, and additional references and resources. It is offered as a tool to further personal knowledge, understanding, and growth. You can find a more complete and regularly updated glossary at Racial Equity Tools: <https://www.racialequitytools.org/resources/fundamentals/core-concepts>.

Term	Definition	References and resources to further understanding
Anti-racist	“The active dismantling of systems, privileges, and everyday practices that reinforce and normalize the contemporary dimensions of white dominance”, including “a critical understanding of the history of whiteness in America” - Kimberlé Crenshaw	Being Antiracist - National Museum of African American History and Culture How to Be an Anti-Racist - Ibram X. Kendi
Black, Indigenous, and People of Color (BIPOC)	The term BIPOC stands for Black, Indigenous, and People of Color and is used “to highlight the unique relationship to whiteness that Indigenous and Black (African Americans) people have, which shapes the experiences and relationship to white supremacy for all people of color within a U.S. context.” - The BIPOC Project	The BIPOC Project Why the term “BIPOC” is so complicated, explained by linguists - Constance Grady, Vox
Brave space	“A brave space encourages dialogue. Recognizing difference and holding each person accountable to do the work of sharing experiences and coming to new understandings – a feat that’s often hard, and typically uncomfortable.” - Break Away	Do We Need Safe or Brave Spaces? - Break Away From Safe Spaces to Brave Spaces - Brian Arao & Kristi Clemens, The Art of Effective Facilitation
Historical trauma	“Historical trauma is defined as cumulative trauma — collective and compounding emotional and psychic wounding —both over the life span and across generations.” - Maria Yellow Horse Brave Heart	The Return to the Sacred Path: Healing the historical trauma and unresolved grief response among the lakota through a psychoeducational group intervention - Maria Yellow Horse Brave Heart
Institutional racism	“The ways in which the structures, systems, policies, and procedures of institutions in the U.S. are founded upon and then promote, reproduce, and perpetuate advantages for white people and the oppression of BIPOC communities and people.” - dRworks	Racism Defined - dRworks
Oppression	“The systematic subjugation of one social group by a more powerful social group for the social, economic, and political benefit of the more powerful social group.” - dRworks	Racism Defined - dRworks
Performative	“We should be taking responsibility for our actions as individuals and, subsequently, giving something up. Your actions should benefit someone other than yourself...Performative allyship is based on the idea of self-gratification and does not look at your responsibility within a community; it is disingenuous...If that’s the case, then you are not actively living as an anti-racist. Performative allyship is done to make yourself feel better, to ‘prove’ you are not a racist, to create a perception of yourself for others, to be trendy.” - Anna Fosberg, Amber Bynum, & Heidi Tripp	How do you distinguish effective allyship from performative allyship? - Anna Fosberg, Amber Bynum, & Heidi Tripp, Penn State Law Doing Whiteness: On the Performative Dimensions of Race in the Classroom - John T. Warren
Power	“Social and institutional power manifests in greater access to resources, ability to influence others, access to decision-makers to get what you want done, and the ability to define reality for yourself and others.” - dRworks	Racism Defined - dRworks

Racial trauma	<p>“Racial trauma, or race-based traumatic stress (RBTS), refers to the mental and emotional injury caused by encounters with racial bias and ethnic discrimination, racism, and hate crimes. Any individual that has experienced an emotionally painful, sudden, and uncontrollable racist encounter is at risk of suffering from a race-based traumatic stress injury. In the U.S., Black, Indigenous People of Color (BIPOC) are most vulnerable due to living under a system of white supremacy.” - Mental Health America</p>	<p>Racial Trauma - Mental Health America</p> <p>Moving Upstream: Confronting Racism to Open Up Children’s Potential - Center on the Developing Child at Harvard University</p>
Reparations	<p>“States that commit or fail to prevent violations, as well as non-state entities, including individuals, institutions, corporations, and armed groups that perpetrate or are complicit in those violations, have a legal obligation to provide reparations. It is important to remember that compensation—or the payment of money—is only one of many different types of material reparations. Other types include the restitution of civil and political rights; physical rehabilitation; and granting access to land, housing, health care, or education. Reparations can also take the form of revealing the truth about the violations themselves and providing guarantees that they will not be repeated.” - International Center for Transitional Justice</p>	<p>Reparations - International Center for Transitional Justice</p>
Restorative and Transformative Justice	<p>“Restorative Justice is a theory of justice that emphasizes repairing the harm caused by crime and conflict...Restorative responses are meant to repair harm, heal broken relationships, and address the underlying reasons for the offense.” - Racial Equity Tools</p> <p>“Restorative Justice starts with the question ‘What was the harm done to the community? How can a person who created harm give back?’ Transformative Justice asks why the harm was committed, what are the root causes, and what the survivor or community needs for justice...Transformative Justice (TJ) is conceived to operate outside of the criminal justice system and actively cultivates the things we know that prevent violence such as healing, accountability, resilience, and safety for all involved.” - Racial Equity Tools</p>	<p>Act, Strategies, Conflict Transformation and Restorative Justice - Racial Equity Tools</p> <p>Transformative Justice - Transform Harm</p> <p>Restorative Justice - Transform Harm</p>
Tokenism	<p>Tokenism occurs when an institution brings in or promotes a small number of people who hold historically excluded identities to give the impression of being diverse and inclusive, when in reality the institution is not taking action to dismantle its own white supremacy culture.</p> <p>“Tokenism is a performative action...[it is] used for public gain; it deceives onlookers into thinking that the organization or group has the objective of inclusion when the organization or group only has the intention of including a minoritized person to be perceived well by the public.” - Petiri Ira</p>	<p>The Real Difference Between Diversity and Tokenism - Petiri Ira, An Injustice!</p> <p>8 Ways People of Color are Tokenized in Nonprofits - Helen Kim Ho, The Nonprofit Revolution</p>
Trauma- informed	<p>Creating structures in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with those structures, including children, caregivers, and service providers.</p>	<p>Trauma-Informed Care - The National Child Traumatic Stress Network</p>
White supremacy culture	<p>“the ways in which [the] ruling class elite or the power elite in the colonies of what was to become the United States used the pseudo-scientific concept of race to create whiteness and a hierarchy of racialized value” - Tema Okun</p>	<p>White Supremacy Culture - Tema Okun</p>

Appendix C: Additional Radical Healing Resources

French, B. H., Lewis, J. A., Mosley, D. V., Adames, H. Y., Chavez-Dueñas, N. Y., Chen, G. A., & Neville, H. A. (2020). Toward a psychological framework of radical healing in communities of color. *The Counseling Psychologist*, 48(1), 14-46.

Ballentine, R. (1999). *Radical healing: Integrating the world's great therapeutic traditions to create a new transformative medicine*. Three Rivers Press (CA).

Adames, H. Y., Chavez-Dueñas, N. Y., Lewis, J. A., Neville, H. A., French, B. H., Chen, G. A., & Mosley, D. V. (2022). Radical healing in psychotherapy: Addressing the wounds of racism-related stress and trauma. *Psychotherapy*. Advance online publication. <https://doi.org/10.1037/pst0000435>

Cowan, E. S., Dill, L. J., & Sutton, S. (2021). Collective healing: A framework for building transformative collaborations in public health. *Health Promotion Practice*, 23(3), 356–360. <https://doi.org/10.1177/15248399211032607>

Ginwright, S. A. (2015). Radically healing black lives: A love note to justice. *New Directions for Student Leadership*, (148), 33-44. <https://doi.org/10.1002/yd.20151>

Powell, W., Adames, H. Y., & Lewis, J. A. (2021). *Breath, eyes, memory: Transforming health systems and advancing public health policies for radical healing*. Health Disparities Institute: UConn Health.

Appendix D: Technical Description of Concept Mapping Methodology

Overview of Concept Mapping

Concept mapping combines qualitative data collection procedures and quantitative analytic approaches to create a pictorial representation of key partners' input about a topic. Concept mapping holds noted characteristics that make it a relevant approach to create organizational principles in health-oriented settings by guiding action planning, program development, or evaluation and measurement of shared goals across multiple sources with differing content expertise.²⁹ Moreover, this methodological approach hones in on the ways participants make meaning and connections across bodies of knowledge and lived experience. In this Summit Initiative, we employed concept mapping to generate principles of anti-racist, trauma-informed organizations that can be applied in and beyond NCTSN-affiliated organizations.

Concept mapping consists of six stages, described below, designed to lead groups through a structured process of idea and statement generation.³⁰

- 1** Preparation: In this stage, participants work to select a focus for conceptualization.
- 2** Brainstorm and Statement Generation: In this stage, to generate statements, participants are invited to brainstorm in response to a single, focal question determined at the preparation stage. During this stage, responses are revised to remove redundant statements and enhance clarity. The goal is to end up with a smaller number of more manageable statements (no more than 60).
- 3** Pile and Sorting: In this stage, statements are structured during a sorting activity to determine how statements relate to one another. This sorting process is first conducted individually and then finalized through group discussion and consensus in later stages.
- 4** Visual Representation and Map Generation: In this stage, visual representation of statements and their connections or “point maps” are produced. There are a variety of analytic methods used to produce maps including multidimensional scaling and hierarchical cluster analysis. Points on maps resulting from this stage of the process reflect individual statements and their proximity to one another.
- 5** Interpretation of Maps: In this next stage, the goal is to create a preliminary interpretation of the clusters or maps.
- 6** Refinement and Utilization: In this final stage, participants are convened for a participatory interpretation session wherein they clarify meaning, label clusters, and produce final concept maps, which are often utilized to support organizational planning and evaluation.

²⁹ Novak, J. D. (1990). Concept mapping: A useful tool for science education. *Journal of Research in Science Teaching*, 27(10), 937-949.

³⁰ Trochim, W. (1993, November). *The reliability of concept mapping*. In annual conference of the American Evaluation Association (Vol. 6).

Overview of the NCTSN Concept Mapping Process (Statement Generation and Structuring stage)

Data was collected from September 2020 to April 2021. Concept mapping data were collected in three phases: brainstorming, sorting, and interpretation. Dr. Wisdom Powell (WP) and Dr. Leslie Adams (LA) from the EWC facilitated each phase and moderated sessions with members of the ARS Faculty. The brainstorming phase occurred online and consisted of a Qualtrics survey question in which NCTSN Summit participants were asked to brainstorm or “free list” ideas related to the following focal question: “Based on your knowledge and experience, what are 1-3 guiding principles of a trauma-informed, anti-racist organization?” 351 responses were received from 204 participants. Given the goals, timing (during the COVID-19 pandemic), and limited subject matter expertise of many Summit participants, the sorting and interpretation phases were carried out by ARS Faculty members (n=9). ARS Faculty members met over several sessions facilitated by the EWC team to organize the list of items provided by NCTSN during the virtual brainstorming process. Results from both the participants and the ARS Faculty were synthesized, discrepancies resolved, and utilized to formulate a final list of labeled principles.

Eligibility Criteria and Recruitment (Preparation stage)

Preparation for the concept mapping process was undertaken by the ARS Faculty and the EWC team. During this time, initial meetings with ARS Faculty members were held to develop a focal question to guide the development of anti-racist, trauma-informed principles to be implemented in future NCTSN action plans and strategic planning activities.

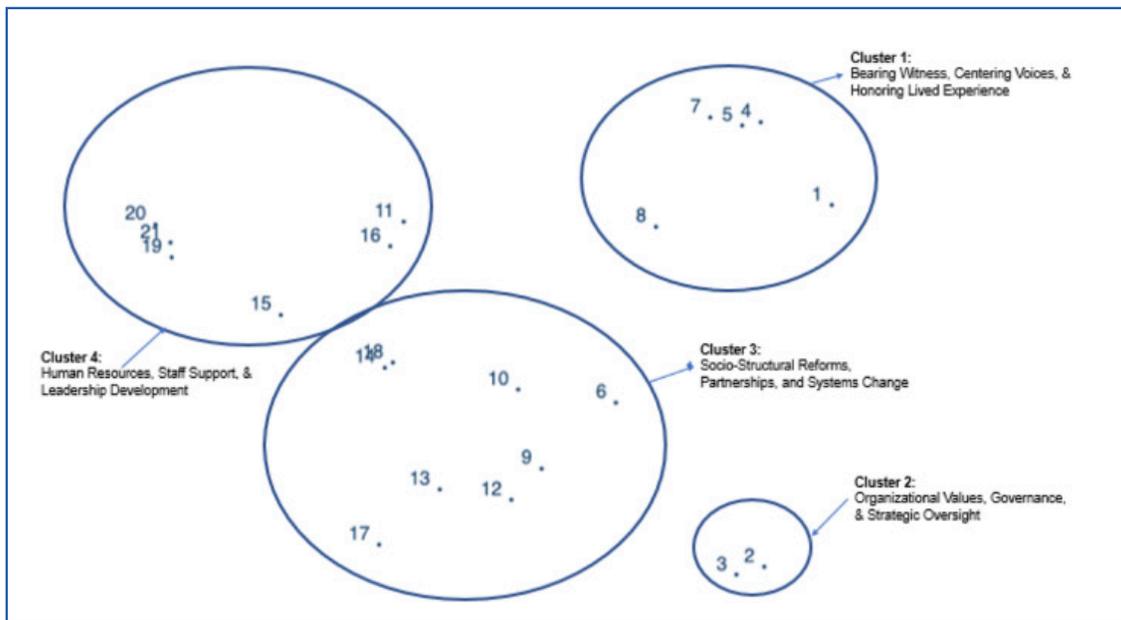
Analysis (Representation and Interpretation stages)

Data analysis was conducted using Excel and Stata v. 18. The software uses multidimensional scaling (MDS) and hierarchical cluster analysis (HCA) to yield a visual display. MDS and HCA were used to derive a point map (Fig. 1) and cluster map. In the point map, points represent statements from the brainstormed activity. Points that were closer in proximity on the map indicated that ARS Faculty grouped these statements together during a sorting activity after the Summit Day. A cluster map was generated from the point map using HCA with Ward’s algorithm to partition the points into non-overlapping cluster boundaries. Clusters, defined by the content of the included points or statements with similar meaning and concept, indicated distinct concepts related to anti-racist and trauma-informed organizational practices. The EWC team generated a range (3-5) of potential clusters that were reduced to a meaningful number of clusters, labeled, and provided with operational definitions by the ARS faculty. During the interpretation phase, the ARS faculty engaged in iterative discussions to validate results and confirm the appropriate number of clusters that best represented conceptual domains (principles) of anti-racist and trauma-informed organizations. As a result, the final cluster map (Fig. 2 & Table 1) reflects those generated through MDS, HCA, and in collaboration with the ARS faculty during the interpretation session.

Appendix D Fig. 1: Raw Point Map



Appendix D Fig. 2: Final Cluster Map (4 Factor Solution)



Appendix D Table 1: 4 Factor Solution with Sample Synthesized Statements*

*The sample statements included in this table correspond with the numbers in the cluster map in Figs. 1 and 2. Please note that these sample statements are not consistent with the final language for the principles. They represent the language at that point of the process and were refined further during additional interpretation and finalization stages to arrive at the final principles.

CLUSTER 1	
1	Anti-racist, trauma-informed organizations root themselves in equity-based governance, collective power, and shared decision-making processes across all staffing levels and with the communities they serve.
4	Anti-racist, trauma-informed organizations assess and acknowledge the impact of racism, historical trauma, power dynamics and systemic inequities, and a commitment to dismantling racist practices is clearly integrated into their mission statement.
5	Anti-racist, trauma-informed organizations take sustained steps to dismantle racism, White Supremacy, and privilege in their structures, policies, procedures, practices, performance evaluations, and outcomes.
7	Anti-racist, trauma-informed organizations promote accountability and transparency in decision-making and leadership and establish metrics and continuous quality improvement processes with the assistance and support of its stakeholders that (1) monitor and (2) evaluate anti-racist work, linking evaluative findings to meaningful outcomes.
8	Anti-racist, trauma-informed organizations create active, brave spaces for sustained open and honest dialogue; exploration of Eurocentric worldviews and privilege; and self-reflection and perspective-analysis; while also establishing accountable and transparent processes to ensure relief from and redress for interactions resulting in both implicit and explicit harm to people who are Black.
CLUSTER 2	
19	Anti-racist, trauma-informed organizations acknowledge the trauma of policing and mass incarceration on Black people and cultivate relationships in consumers' communities to prevent and respond to needs rather than relying on law enforcement.
20	Anti-racist, trauma-informed organizations leverage their resources and influence with stakeholders, partners, and funders to prioritize the dismantling of systemic and structural racism within child and youth-serving systems and more broadly.
21	Anti-racist, trauma-informed organizations recognize, actively strategize, and are willing to take risks to address conflicts with partners and funding sources that actively cause harm to Black communities or try to introduce limitations to anti-racist work.

CLUSTER 3	
11	Anti-racist, trauma-informed organizations advocate for structural reforms at multiple levels and promote practices that are designed to foster truth and reconciliation and enhance radical healing of people who are Black.
16	Anti-racist, trauma-informed organizations have leaders and managers who continually examine, acknowledge, and address the ways in which they and their organizations may contribute to oppression, and who demonstrate a commitment to dismantling white supremacist structures and building structures for collective power.
CLUSTER 4	
2	Anti-racist, trauma-informed organizations prioritize, center, amplify, and learn from the voices of those most impacted by racism and trauma, starting by bearing compassionate and non-judgmental witness to their stories.
3	Anti-racist, trauma-informed organizations are committed to honoring each individual's intrinsic value, lived experience, humanity including the various unique social identities they embody (race, gender, ethnicity, sexual orientation), and the innate resilience they possess.
6	Anti-racist, trauma-informed organizations seek, develop, use, adapt, invest in, and stay abreast of best practices, models, tools, and research designed by or in close collaboration with Black communities, scholars, activists, and practitioners who have a history of active engagement in the work of dismantling racism, white supremacy, and privilege.
9	Anti-racist, trauma-informed organizations have a transformational impact on their staff by ensuring that they have the space, resources, and representation to develop knowledge, skills, and capacity to deliver care with people who are Black that is rooted in radical healing and assets-based frameworks. They do so without placing the burden for providing this knowledge, skills, and support on people who are Black, Indigenous or Other People of Color (BIPOC).
10	Anti-racist, trauma-informed organizations assess, provide services and offer expertise on the environmental, socio-economic, historical, inter-generational, and contemporary effects of racial trauma in the context of lifespan development to ensure that children, youth, adults, families and their communities have the tools needed to achieve optimal individual and community well-being in a sustained way.
12	Anti-racist, trauma-informed organizations are rooted in strengths-based, healing justice frameworks that are designed to create and support communities of care and authentic relationships that explicitly recognize and honor the past, present, and promising future contributions of Black people to society and organizations/institutions.
13	Anti-racist, trauma-informed organizations invest in the hiring, development, promotion, and retention of people who are Black at all levels of the organization.
14	Anti-racist, trauma-informed organizations actively address power imbalances, remove barriers to services and engage in intentional outreach to provide equitable access to services and supports that the community wants.
15	Anti-racist, trauma-informed organizations actively partner with local stakeholders, community partners, and those accessing services to provide authentic avenues for feedback and collaboratively leverage resources to dismantle barriers and structural racism in the community.
17	Anti-racist, trauma-informed organizations support holistic well-being for Black staff by creating formal and informal space in the workplace to identify and address stress related to trauma and racism.
18	Anti-racist, trauma-informed organizations nurture organizational cultures that manifest every moment of every day through the large and small actions of every individual within the organization toward equity, justice, humility, belonging, listening, trust, collectivity, and transparency.

Additional Concept Mapping Resources:

1. Mahabir, D. F., O'Campo, P., Lofters, A., Shankardass, K., Salmon, C., & Muntaner, C. (2021). Experiences of everyday racism in Toronto's health care system: a concept mapping study. *International Journal for Equity in Health, 20*(1), 1-15.
2. Windsor, L. C. (2013). Using concept mapping in community-based participatory research: A mixed methods approach. *Journal of Mixed Methods Research, 7*(3), 274-293.