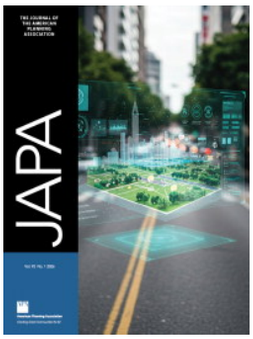

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REVIEW ESSAY

A Trauma-Informed Planning Framework (TIPF) for Immigrant Belonging

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ABSTRACT

Problem, research strategy, and findings: Forced migration exposes individuals to a range of traumatic experiences before, during, and after migration, with lasting effects on them, their families, institutions, and their sense of belonging in the receiving communities. We reviewed scholarship across public health, social work, psychology, and the planning/design fields to identify how urban planning can respond. Although trauma-informed approaches are well developed in health disciplines, planning scholarship remains nascent and rarely centers on immigrant populations. We propose the trauma-informed planning framework (TIPF), which integrates the Substance Abuse and Mental Health Services Administration's six principles with a socioecological model (encompassing individual, interpersonal, community, and institutional/systemic levels) and three planning dimensions—place, emotion, and cognition—to organize planning exploration, analysis, design, and community engagement. In this Review Essay we suggest TIPF can guide planning for Latine immigrants and—given shared structural determinants of trauma—for other marginalized communities through local adaptation. We also provide adaptable prompt banks to operationalize TIPF across different planning subfields with scoping, co-design, action, monitoring, and evaluation phases.
Takeaway for practice: Practitioners can use TIPF to map who acts at which level, with which trauma-informed principles, and through which spatial and psychosocial pathways. This would enable them to align investments (e.g., housing, public space, mobility) with healing-centered engagement and institutional learning, as well as develop context-specific indicators for tracking progress.

KEYWORDS
Belonging; forced migration; immigrant communities; SAMHSA; socioecological model; trauma-informed planning

Cities in the United States were struggling to address large numbers of migrants arriving at the U.S.–Mexico border seeking humanitarian protection after the pandemic. The ongoing economic, climate change, political, and public health crises led to an escalation in the number of people migrating to the United States (Ward & Batalova, 2023). The federal government allowed hundreds of thousands of people to enter, pending consideration of their asylum claims in immigration court, including thousands of Latin American immigrants (Christi et al., 2023).

In 2024, U.S. Customs and Border Protection reported more than 2.9 million nationwide encounters with migrants, with approximately 2.37 million happening at the southwestern U.S. border, the highest monthly record since 2020 (Gramlich, 2024). Since 2023, more than half of migrants have come from countries beyond Mexico and Central America for the first time, including Venezuela, Haiti, and China (Putzel-Kavanaugh & Ruiz-Soto, 2023). Newly arrived migrants have been heading mainly to New York, Illinois, Colorado, Texas, and Florida (Mejia & Beyer, 2024). Most people are heading to major cities and suburbs (Carpio et al., 2011; Lung-Amam, 2024), but they are also migrating to rural areas where opportunities for meatpacking and agricultural work exist (Mejia & Beyer, 2024; Miraftab, 2016; Torres & Gonzalez, 2025).

Facing a lack of opportunities or violence at home, many displaced people have endured strenuous journeys and dangerous situations along the way. Many asylum seekers and migrants from countries in the Americas, but also Africa and Asia, have been crossing via the Darien Gap in Panama. This dangerous forested area connects South America with Central America, where no phone service or infrastructure exists and where criminal gangs benefit from the absence of government officials

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(Yates & Pappier, 2023). Republican governors of U.S. border states have chartered buses to transport migrants to cities like New York (NY), Chicago (IL), and Washington (DC), while thousands of other migrants are awaiting their fate (Hicks, 2024). This increase in migration is affecting cities, prompting government officials to call for more collaborative efforts across levels of government to meet the needs, and creating a backlash of xenophobic discourse and measures by the current Republican administration.

Forced migration processes and their aftermath can be rife with traumatic experiences and emotional distress. Many immigrants face conditions that trigger emotional disturbances before, during, and after migration. Some of those factors may have prompted their migration in the first place, such as conditions that force people to flee civil strife, economic hardship, violence, or climate-induced disasters. Migrants' journeys or postarrival conditions may exacerbate the effects of previous stressors and bring challenges during their settlement process. While nonprofit organizations worldwide scramble to fill gaps in their response to the increasing number of migrants and their needs, planners and policymakers can conceive and implement trauma-informed approaches that facilitate the provision of culturally sensitive aid, services, and place-based interventions.

Whereas health-related disciplines, including social work, public health, and psychology, have long traditions of trauma-informed practices, there is still insufficient attention to their use vis-à-vis migrant populations. Urban planning has only recently started to pay attention to trauma-informed practices, and it has primarily not done so yet with migrant populations.

Given the growth and diversity of immigrant populations in the United States, it is imperative to understand how migration processes affect their health and adjustment and how societies can support them. Although planning can support immigrant integration in host societies, more planning precedents and literature are necessary to guide a trauma-informed planning approach. We aim here to explore how urban planning can incorporate and adopt trauma-informed approaches to enhance the wellbeing of migrants and benefit the host societies.

We organized this article as follows: We first state the challenges immigrant and refugee individuals and families face when migrating and integrating into a new host society. We then present a conceptual framework that builds upon precedents and literature from health disciplines and urban planning. We build upon a well-known trauma-informed approach to service delivery created by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). We combine this approach with a socioecological model (Bronfenbrenner, 1979) that addresses various layers of society, because trauma can affect communities at multiple levels. In addition, we propose policy and planning interventions in three complementary planning realms: the place, emotion, and cognition dimensions. We argue that adapting this approach to the specific needs of places and communities can support the wellbeing of both migrants and host societies. Planners and policymakers can also use the framework in other marginalized communities.

Background on Trauma

SAMHSA (2012) has defined trauma as the aftermath of "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being" (p. 2). Trauma can also affect families, groups, communities, cultures, and generations. Trauma affects 62% to 90% of the adult population in the United States, with marginalized groups bearing the most significant disadvantage (Schroeder et al., 2021). Trauma is multifaceted: It can be acute, complex, relatively short-lived, or chronic.

Adverse experiences such as violence, poverty, and discrimination can contribute to traumatic stress and poor health outcomes (Champine et al., 2018; Wade et al., 2014). Sociocultural factors that involve discrimination and structural inequities can amplify these impacts (Quiros & Berger, 2015). These physical and emotional circumstances can have long-lasting effects that harm the individual and lead to intergenerational consequences, affecting a person's or group's mental, emotional, and behavioral health. Psychologists like Danieli (2007) conceived the concept of transgenerational trauma, and Erikson (1995) pointed out that not only individuals but a whole community can experience trauma and demonstrated that forms of oppression and violation are often passed from generation to

generation (Burstow, 2003). Similar concepts include intergenerational, multigenerational, historical, and collective trauma (Barron & Abdallah, 2015; Quinn, 2020).

The distress passed down to offspring of traumatized parents can lead to symptoms of depression, anxiety, posttraumatic stress disorder (PTSD), or complex PTSD (C-PTSD) from prolonged exposure to trauma such as war or persecution, compounded in immigrants by challenges like cultural adjustment and language barriers. However, PTSD and C-PTSD are not always applicable to immigrant communities, particularly where forced displacement is ongoing and trauma endures alongside it. For example, in Palestine, "[t]he threat is still there. Hypervigilance, avoidance—these symptoms of PTSD are unhelpful to the soldier who went home, but for Palestinians, they can save your life. We see this more as 'chronic' traumatic stress disorder" (McKernan, 2024, n.p.). Saving the distances between the two cases, for immigrants who live under the constant threat of discrimination, detention, and deportation, hypervigilance and avoidance are coping strategies that can afford them and their families a modicum of safety.

Historical trauma responses can leave a legacy of trauma that affects generations (Sotero, 2006). Aboriginal children in Canada, the United States, and Latin America have also experienced the legacy of trauma from colonization and ongoing settler colonialism. Barron and Abdallah (2015) argued that trauma recovery program design should consider an intergenerational trauma perspective, especially interventions addressing the historic–sociopolitical context of intergenerational trauma and oppression and examining how they affect individuals across different ages, families, and communities. Their research on Palestinian children has found that intergenerational trauma can manifest as internalized oppression and self-hatred. Healing approaches, including storytelling, teaching, sharing within healing circles, and person-centered approaches, have effectively improved the lives of affected communities (Quinn, 2020).

According to Sotero (2006), four assumptions underpin historical trauma theory: (1) mass trauma is deliberately and systematically inflicted upon a target population by a subjugating, dominant population; (2) trauma is not limited to a single catastrophic event but continues over an extended period of time; (3) traumatic events reverberate throughout the population, creating a universal experience of trauma; and (4) the magnitude of the trauma experience derails the population from its natural, projected historical course resulting in a legacy of physical, psychological, social and economic disparities that persists across generations.

Research has demonstrated how historical trauma exacerbates racial and ethnic health disparities. For example, among African American people, traumatic psychological and emotional injury due to enslavement, extended by ongoing racism and oppression, continues to be endured (Leary, 2017; D. A. Williams et al., 2023). Research demonstrates how marginalized groups experience *weathering*, or the cumulative burden of stressors and a disproportionately higher trauma exposure rate (Voith et al., 2020). According to the concept of weathering (Geronimus, 1992), the constant stress of living within a racist society can lead to poor health among marginalized groups. Weathering theory emphasizes health as an outcome tied to social, economic, and physical determinants that affect stress responses and resources allocated inequitably across racialized groups due to historic and systemic racism or privilege (Geronimus et al., 2020). Similarly, Native Hawaiian communities have experienced historical trauma through cultural disruptions and physical displacement from their lands and face staggering health disparities today (Conching & Thayer, 2019).

Research also demonstrates how people's responses to trauma can vary. Communities that may experience traumatic events or chronic trauma are more likely to have higher rates of cardiovascular disease, cancer, type II diabetes, and obesity (Hughes et al., 2017). Neglecting mental health and psychosocial wellbeing can also have a negative impact, potentially leading to substance abuse, depression, anxiety, suicide, and interpersonal violence (Schroeder et al., 2021).

Whereas experiencing and coping with day-to-day, minor stressful events is a regular part of life and offers opportunities to build adaptive coping skills, traumatic stress—the reaction that can result from chronic or one-time exposure to traumatic events—can be toxic, altering brain development and affecting various physiological systems, especially in children and youth. Individual trauma among youth can reduce the brain's responsiveness to rewards, increasing the vulnerability to conditions such as addiction and obesity (Nelson et al., 2020). It can also trigger disproportionate flight, fight, freeze, or fawn responses to perceived threats,

which can become recurring patterns lasting for years after the threat itself is no longer present and affect memory, concentration, and other physical, emotional, and cognitive processes (Macy et al., 2003). Living in a social environment that includes violent targeting of people due to identity traits (e.g., immigrants of color) is a stressor. It can cause a person to develop trauma symptoms such as hypervigilance, intrusive thoughts, or difficulty sleeping, even when they have not (yet) themselves been directly targeted.

Immigrants and refugees often suffer from trauma, leading to poor health outcomes (Miller et al., 2019). There has been a growing number of migrant children and families crossing international borders. In 2022, an estimated 17.5 million children alone comprised about half of refugees and asylum seekers globally, and about 43.3 million were forcibly displaced due to conflict and violence (United Nations Children's Fund, 2023). These individuals and families face trauma before migration due to war, climate disasters, violence, discrimination, and poverty and may encounter exploitation and abuse along their journey (United Nations High Commissioner for Refugees, 2021). Once they reach and cross the border, unaccompanied women and children are particularly vulnerable to exploitation and abuse. These experiences can have a lasting impact on their lives.

Trauma Among Latine Migrants

Few available studies examine the experiences of Latine immigrants' trauma in the United States (Cleaveland & Frankenfeld, 2020; Kaltman et al., 2011). Latine immigrants face traumatic events before migrating and during their journey, along with high stress levels related to racism, ethnocentrism, and nativism once they are in the United States (Golash-Boza & Darity, 2008). Latine immigrants and their families often experience systemic oppression that can lead to psychological distress. The few studies with Latine immigrant subjects that do exist demonstrate that they are prone to experiencing traumatic events throughout the three different stages of migratory processes (Chavez-Dueñas et al., 2019): before migration, during migration, and after migration (Cleary et al., 2018).

There has been an increase in migrants and refugees from Latin America and the Caribbean in the United States in the last decade due to political upheaval, civil war, gang violence, and economic hardship. Researchers have documented premigration trauma among Latine immigrants before they leave their countries of origin. Keller et al. (2017) studied Central American migrants at the border and found that most had left their countries because of violence (83%). In the same study, some participants also stated that someone had murdered their relative in their country of origin. Chu et al. (2013) conducted a study that showed how immigration status and PTSD were present among survivors of political violence, with the strongest indicator of PTSD being their immigration status.

Furthermore, Dotson and Frydman (2017) examined how Central American women and girls are at significant risk of gender-based violence in their country of origin. Bubacz and Flores (2018) interviewed migrants from a 2018 caravan who reported that rape, sexual assault, and domestic violence were reasons for leaving their homeland. However, research on individuals with PTSD often focuses on their premigration traumatic experience, with little on their migratory experience and postmigration deprivation and structural needs in their new host country (Chu et al., 2013).

The arduous migration journey exposes those making the journey without legal authorization to extreme physical hardships and violence (Perreira & Ornelas, 2018). The journey by foot can last weeks to months and is often marked by deprivation and fear (Kaltman et al., 2011). Migrants encounter traumatic events that include but are not limited to theft, witnessing the death of fellow migrants, accidents, abusive encounters with border patrol, physical assault, and sexual abuse involving gangs, thieves, or coyotes (DeLuca et al., 2010). Children, mainly those unaccompanied, are vulnerable to victimization during the migration journey and can develop mental health problems (Perreira & Ornelas, 2018).

Once they have migrated, Latine immigrants will likely experience acculturative stress, formerly known as culture shock: the difficulty associated with adjusting to new customs, norms, and relocation. These challenges include adapting to a new country, culture, and language (Murphey & Aldebot-Green (2016)), which can hinder their access to stable jobs, housing, and health services (Peña-Sullivan, 2020). Family tensions are likely to arise as members may have different responses and paces in relation to the acculturation process. If not treated, trauma-related stress can harm children's development by impairing cognitive, social, and emotional skills;

compromising health; and increasing the risk of disease and early death (Rocha & Ruitenberg, 2019).

Within Latine communities, weathering does not operate uniformly. Evidence suggests steeper physiologic wear among some U.S.-born Mexican-origin populations relative to recent immigrants, with disparities visible in indicators like neonatal mortality and pregnancy-related hypertension; these patterns reflect compounding effects of racism, legal precarity, and place-based stressors rather than biology per se (Geronimus, 1992; Wildsmith, 2002). Conching and Thayer (2019) suggested that historical trauma can be passed down through patterns of prenatal care and changes in breast milk composition and breastfeeding. For planning, this implies upstream supports tailored by nativity, gender, and legal status: expanding culturally responsive prenatal/interconception care, reducing ambient stress through zoning and green–blue infrastructure, ensuring stable housing and antidisplacement protections, and partnering with worker centers to mitigate exploitative schedules and exposures that heighten allostatic load. Routine monitoring should disaggregate health and access metrics within Latine subgroups (Geronimus et al., 2020).

Migrants also face growing anti-immigrant rhetoric that heightens stress, depression, and anxiety once they arrive (Peña-Sullivan, 2020). Discrimination and unauthorized immigration status result in limited access to employment opportunities, housing, and healthcare services (Hurst et al., 2018; Irazábal & Farhat, 2008; Metawala et al., 2021). Aggressive anti-immigration policies and xenophobia contribute to negative psychological repercussions on families, family fragmentation, and economic hardship and create a collective fear of trusting government officials and agencies, such as the police and healthcare providers (Chavez-Dueñas et al., 2019; Garay-Huamán & Irazábal-Zurita, 2021; Garcia-Hallett et al., 2020; McManus & Irazábal, 2023). Children often bear the burden of these anti-immigrant policies and rhetoric, experiencing anxiety from family separation and posttraumatic symptoms (Brabeck & Xu, 2010). Fear of deportation and being treated like criminals are everyday worries among Latine families, with more than half experiencing worries related to immigration (68%; Chavez-Dueñas et al., 2019). The Trump administration started enhanced anti-immigration enforcement in January 2025, leading many immigrant families to worry about engaging in essential activities like healthcare visits, jobs, and schooling, fearing exposure of their immigration status, detention, and deportation (Bernstein et al., 2025). Congress is now considering boosting immigration enforcement funding and cutting immigrant families' access to food assistance, the child tax credit, and health insurance through Medicaid and the Affordable Care Act Marketplace (Gonzalez et al., 2025). Fear increases anxiety and deters immigrants from being in public, engaging civically, driving, attending church, and reporting crimes.

Many migrants live in crowded housing, segregated neighborhoods, and communities with limited resources and high levels of violence and stigmatization (Lung-Amam, 2024). Due to their legal status, restricted access to health insurance and care, lack of knowledge about the U.S. health system, culturally insensitive health practices, and the stigma around mental health treatment, mental health services are often unavailable to many Latine migrants (Espinoza-Kulick & Cerdeña, 2022; Irazábal de Sánchez, 2024). Recent Latine youth arrivals frequently have multiple traumatic experiences (Cleary et al., 2018). It is essential to provide culturally sensitive diagnostic and treatment services in Latine and other immigrant communities.

Urban Planning's Role in Trauma in Communities of Color

In the United States, communities of color are often sites of environmental injustices and harm that have alienated people experiencing racism, classism, and xenophobia and caused and created trauma to individuals and communities (Corburn, 2021; Hendricks & Van Zandt, 2021). Some urban policies and planning interventions have historically contributed to harmful, traumatic, and long-term effects on marginalized communities that continue to this day (Sweet & Harper-Anderson, 2023). Latine migrants are not only bringing the emotional and physical legacy of their traumatic experiences with them to the United States; they must also adjust to a country with past and ongoing historical injustices and a structural system quick to racialize them.

Redlining is one example of systemic exclusion dating back to the 1930s that has been linked to high concentrations of generational poverty, resulting in poor physical health outcomes. Policies such as urban renewal and freeway construction also led to forced displacement, primarily in Black, Brown, and immigrant communities, resulting in increased levels of family disintegration and substance abuse,

among other poor health outcomes (Thompson Fullilove & Wallace, 2011; Vitiello, 2009). Between 1955 and 1966, federally funded urban renewal programs targeted the clearing of so-called slums in poor and working-class communities, leading to the displacement of families across the country, particularly Black families and immigrants barred from living in specific neighborhoods (Garay-Huamán & Irazábal-Zurita, 2021; Irazábal & Farhat, 2008). Today, gentrification continues this trend by displacing low-income and working-class families, often people of color and immigrants, who cannot afford housing or reap the benefits of redevelopment and new businesses (Alvarez et al., 2021). Thompson Fullilove and Wallace (2011) stated that intervention is needed across the urban environment's economic, social, and physical sectors to address forced displacement and its impact. Recent evidence suggests that neighborhood- and society-level factors, witnessing violent crime in the community, and historical trauma from marginalization, loss, or oppression are essential factors to consider (Conching & Thayer, 2019).

Furthermore, climate disasters are exacerbating pre-existing vulnerabilities and inequities (Ballesteros et al., 2023). Populations with low income and wealth, communities of color, older people, individuals with disabilities, and immigrants often live in flood-prone or fire hazard places (Irazábal et al., 2025; Jones et al., 2024). Their limited access to resources and acute displacement risks can contribute to pre-existing trauma that a disaster can compound. People who have experienced disastrous events might adopt avoidance behavior, such as avoiding community recovery meetings where public officials might miss addressing their needs (Rosenberg et al., 2022). Community recovery processes must recognize the importance of providing a space where individuals' and groups' traumas are acknowledged and where people can feel supported through a healing process. Sheth et al. (2022) and Rosenberg et al. (2022) have argued that failing to address trauma conditions adequately can result in recovery planning processes and outcomes that are not fruitful and may even be counterproductive and retraumatizing.

Planning With and for Latines and Immigrant Communities

State and local governments often fail to create plans and codes that support minoritized and immigrant individuals and communities, frequently adopting controversial policies that limit their access to housing, labor markets, and public spaces and services (Arroyo, 2021; Huante, 2021). However, U.S. planning practitioners are often unable to ameliorate housing overcrowding, defend immigrants' use of public space, or design culturally relevant buildings in immigrant communities (e.g., a religious temple/mosque, a socially productive housing complex, an ethnic shopping/cultural center; Burayidi, 2000; Irazábal, 2012; Irazábal & Gómez-Barris, 2008; Irazábal & Punja, 2009; Sandercock, 1998; Vitiello, 2009). The changing geography of immigration patterns also presents new challenges, as more immigrants are overwhelmingly settling in suburbs and rural areas not accustomed to receiving immigrants (Carpio et al., 2011; Garay-Huamán & Irazábal-Zurita, 2021; Lung-Amam, 2024; Sandoval & Rodine, 2020; Singer, 2013).

In addition, planners often struggle to engage with Latine and immigrant communities, because participation in planning processes frequently fails to reflect the community's heterogeneity and needs and unauthorized immigrants usually feel at risk or unwelcome engaging in civic affairs (Ely-Ledesma, 2022; Sandoval & Maldonado, 2012). As Irazábal and Farhat (2008) argued, the rapid growth of Latine and immigrant communities in the United States prompts planners to understand their experiences and develop plans to address their needs and facilitate sociospatial integration.

The planning literature is limited in addressing planners' roles in creating livable communities for residents lacking U.S. citizenship status (Irazábal, 2010; Kim et al., 2017). Those who discuss planning for immigrants tend to focus on housing, employment, education, language, and service barriers (Arroyo, 2021). Although important, they do not address services that focus on trauma-informed care or how immigrant trauma shapes community experiences. Latine and other immigrants face several barriers to engaging in traditional community development and health-related programming, including linguistic, social, and cultural isolation; time constraints; financial or transportation barriers; and unsafe neighborhoods (Giusti & Ledesma, 2018; Irazábal et al., 2025; Irazábal de Sánchez, 2024; Lung-Amam et al., 2024). Within their communities, these barriers can create negative impacts on their mental health and compound their previous trauma experiences. For example, many cities in the United States are autocentric, which affects how

immigrants must travel to work or other places. Still, without cars or driver's licenses, many rely on public transportation, which is not always dependable. Women may feel unsafe using public transit at certain times (Ison et al., 2025). Employment can also be stressful, because many migrants are susceptible to labor exploitation without proper protections or insurance (Dreier, 2023; Miraftab, 2016). Last, cities and towns have passed ordinances that penalize landlords who rent to unauthorized immigrants. Other places without such policies have landlords who discriminate against renting to immigrants (Asad & Rosen, 2019). Navigating these trials can become triggering for migrant families who have experienced difficult, traumatic experiences before migrating.

Various sectors, including government agencies, resettlement organizations, schools, ethnic businesses, and immigrant-based mutual aid organizations, host local immigrant integration efforts. Undercapacity nonprofit organizations typically conduct the bulk of this work (de Graauw & Bloemraad, 2017; Sorrell-Medina, 2024). Nonprofits and churches, rather than government agencies, are usually at the forefront of serving as advocates and service providers to immigrants. Their role in immigrant community development and the building of inclusive planning practices has become increasingly evident (de Graauw, 2016; Irazábal & Dyrness, 2010; Kondo, 2012; Kotin et al., 2011). Most entities strive to welcome and support immigrants and refugees to acclimate to this country. Still, nonprofits are typically over capacity and unable to provide trauma treatment services.

Planners, however, usually do not specify immigrant integration goals, even in cities with a large foreign-born population (Kim et al., 2017), let alone aspire to a paradigm of belonging beyond integration. However, planners and community development professionals should pay significant attention to what it means to plan for immigrant integration and belonging. The onus of integration is on immigrants, thereby imposing and perpetuating neocolonial power structures (Schinkel, 2018). Schinkel (2018) argued that integration works similarly to assimilation, where the dominant society continues to impose its benchmarks without sufficient mutual adaptation. Heading this call, efforts for immigrant integration should shift toward immigrant justice and belonging, where a more nuanced understanding and inclusion of how migrants and host societies interact with and transform social ecologies are embraced and pursued.

Alternatively, immigrant belonging has occurred organically in places not often assisted or documented. For example, Sandoval and Rodine (2020) examined the relationship between immigrants and agricultural and environmental sustainability. They demonstrated how *ranchitos* serve as a form of immigrant integration by providing community and a sense of belonging through sustainable farming practices. Though some local government integration programs aim to facilitate immigrant participation in democratic processes, planners should consider that existing processes may already serve this purpose organically and recognize and work with the generative agency of migrants.

Unstable or hostile political contexts can influence the relationship between planners and immigrants, as seen during the 2016 and 2024 presidential elections and the subsequent Trump presidencies and Republican administrations, during which an increase in xenophobic and anti-immigration policies and sentiments at all levels have been enacted (Lee, 2019). To improve immigrant engagement, Lee (2019, p. 278) recommended that planners "spend more time with immigrants to build trust, use alternative spaces for immigrant engagements, and develop partnerships with nonprofits." As immigration growth and anti-immigrant policies and practices continue to increase across cities in the United States, planners and planning scholars have an enlarging role to play in transforming immigrant communities through a trauma-informed approach.

Trauma-Informed Approaches in Urban Planning

Professionals, including planners, architects, and urban designers, have recently begun incorporating trauma-informed principles to create environments that foster healing and resilience (Levine, 2021). Traditionally, trauma-informed care practices have not taken built environment considerations into account despite the crucial impact that the physical/spatial aspects of a neighborhood can have on triggering trauma or facilitating healing for individuals and communities (Schroeder et al., 2021). This is changing. Community practitioners, planners, landscape architects, urban designers, and architects are increasingly emphasizing the crucial role of the built

and natural environment in fostering individual wellbeing within a trauma-informed framework.

Some approaches that incorporate trauma and place include trauma-informed neighborhoods (TINs), trauma-informed design (TID), and trauma-informed placemaking (TIP; Greenwald, 2022; Schroeder et al., 2021). TIN prioritizes the physical aspects of a community's built environment, including lighting, traffic density, noise, and green spaces. Schroeder et al. (2021, p. 2) stated that "the concept of trauma-informed neighborhoods is focused on translating established tenets of trauma-informed care to the physical built-environment." TID is an emerging discourse in architecture that incorporates trauma-informed care principles when designing for the built environment (Ames & Loebach, 2023; Bollo & Donofrio, 2022; Mortice, 2023; Shopworks Architecture, 2020). TID typically focuses on housing and education and healthcare buildings, paying specific attention to the selection of furnishings and the layout of indoor spaces (Mortice, 2023). TIP emphasizes the creation of collective outdoor spaces that facilitate healing from individual and community trauma (Courage & McKeown, 2024; Greenwald, 2022).

One of the nation's first trauma-supportive housing communities, the Mental Health Center of Denver's (CO) Sanderson apartments, opened in 2017 with 60 apartments for people who have experienced chronic homelessness. Designed by Davis Partnership Architects, the designers acknowledged the link between design and mental health by incorporating fixtures that promote wellbeing, such as warm wood tones and joy-inspiring colors in the lobby and amenity areas. Cities are growing interested in healing through a TIP lens. After the mass shooting at Marjory Stoneman Douglas High School in 2018 killed 17 people, the cities of Parkland and Coral Springs (FL) embarked on a 2-year program of place-making interventions to create space for collective grief processing to help individuals transition from experiencing their trauma in isolation toward healing (Greenwald, 2022). In Philadelphia (PA), the New Kensington Community Development Corporation has worked on a trauma-informed model for community development since 2016. Working with residents, they developed a curriculum that enables residents to become community health workers, sharing their knowledge of trauma with their neighbors (NeighborWorks America, 2020; New Kensington Community Development Corporation, 2025).

Planning theory has paid limited attention to collective trauma, but some scholars have argued for an emotionally and healing-engaged approach for the field (Baum, 2015; Erfan, 2017; Hoch, 2006). Planning healing frameworks that posit humanistic approaches include community accountability and healing justice (Sweet & Harper-Anderson, 2023), territorial healing (Ortiz & Gómez Córdoba, 2024), and therapeutic planning (Sandercock, 1998). Community accountability seeks to redistribute power from experts to residents, thereby strengthening community wellbeing and promoting healing justice (Sweet & Harper-Anderson, 2023). For communities affected by violence-related trauma, Ortiz and Gómez Córdoba (2024) proposed that planners adopt territorial healing as a strategy for holistic intervention. Territorial healing targets socioemotional wounds and disruption in the social fabric of a community that can weaken collective resilience. Therapeutic planning acknowledges differences and diverse experiences of individuals, aiming to collaborate in solidarity toward transformation. It prioritizes individual and collective growth, ensuring that facilitating healing is given attention within the planning process.

These healing-centered approaches have converged toward reimagining planning as a caring process (Levine, 2021; Lyles & Swearingen White, 2019). Lyles and Swearingen White (2019) argued that deepening emotional, social, and cultural intelligence holds considerable potential for meeting the field's goals of fostering more compassionate and inclusive communities. They proposed a model that includes six building blocks: self-awareness, self-regulation, awareness of others, working with difference, empowering through relationships, and extending compassion.

Furthermore, R. Williams and Steil (2023) drew on Black radical thought to highlight three critical dimensions for incorporating and practicing reparative planning to heal the harm created by systemic racism and to imagine a just future. These dimensions include public recognition of the need to educate about past harm as part of policy and planning, material redistribution of resources to correct economic disparities, and social and spatial transformation and repair to create just environments. A reparative planning approach works toward healing harms historically rooted in White supremacist values embedded in policies and planning practices and considers the emotional and

psychological wellbeing of those affected by planning decisions.

There are limited examples of trauma-informed urban planning policies and practices in cities with high migrant populations or for immigrant communities specifically. Most trauma-informed approaches stem from mental health policies and practices or community partner programs concerning migrants and refugees. However, a growing body of literature demonstrates evidence-based practices that are relatable to urban planning by focusing on designing systems and environments sensitive to trauma behaviors among immigrants (Im & Swan, 2022; Lung-Amam et al., 2024; Miller et al., 2019; Sheth et al., 2022). For example, Sheth et al. (2022) identified actionable recommendations that align with trauma-informed urban planning in the metropolitan area of Washington (DC), including school-based support, community-building initiatives, employment-related support, integrated health services, and online or mobile technology-based support. Lung-Amam et al. (2024) discussed the development and implementation of *Cuidándome*, a mental health self-management program for Latina women with histories of trauma that implements a culturally responsive and trauma-informed program with interventions including trauma education, problem-solving therapy, facilitator group sessions, and environmental sensitivity. Planners can adapt similar programs into neighborhood-level planning efforts, offering practical solutions to enhance the wellbeing and resilience of immigrants.

Toward a Trauma-Informed Planning Framework

In the last decade, there has been a growing interest in adopting trauma-informed practices in various care delivery and program settings, as well as among specialists, including service providers, researchers, and government agencies (Bowen & Murshid, 2016). Trauma-informed approaches or practices acknowledge trauma's effect on individuals and communities and administer care to prevent and heal, recognizing the intersection of trauma with many health and social problems for which people seek help.

Planning research has demonstrated that some conventional approaches to community transformation can cause or perpetuate trauma and fail to support holistic wellbeing (BRIDGE Housing, 2018). These traditional approaches typically need more resources to support community healing and resiliency. They are often informed by and serve those who have the most power in society and do not acknowledge the needs and experiences of the most disenfranchized community members. Moreover, many community change frameworks follow cultural scripts and policies emphasizing individual coping without recognizing how people collectively react to change, particularly within oppressive systems. This often causes residents to refrain from participating in planning processes and from engaging with their local communities. By adopting a trauma-informed approach, planners can more effectively analyze how both interpersonal and structural contexts influence the dynamics of historically disenfranchized communities, including immigrants' and their communities' wellbeing. Understanding how trauma unfolds in communities is crucial for planners because it affects people's trust, behaviors, abilities, and willingness to handle situations and interactions with others. Trauma influences how people and communities experience the community development process (Thompson Fullilove, 2016).

Our study combines and adapts two trauma-informed care models to create a trauma-informed planning framework (TIPF). First is SAMHSA's trauma-informed approach. In the last 20 years, SAMHSA has actively recognized the importance of addressing trauma to improve public health. It has supported the development of trauma-informed care systems through its Trauma and Justice Strategic Initiative, which focuses on its trauma-informed approach (Flatow et al., 2015). SAMHSA bases its approach on six principles considered fundamental to building a trauma-informed framework: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (SAMHSA, 2012). SAMHSA encourages organizations to examine how a trauma-informed approach will benefit all stakeholders, conduct a trauma-informed organizational assessment and change process, and involve clients and staff at all levels in the organization process (SAMHSA, 2012; see Figure 1).

Second, our TIPF is informed by the socioecological model (Bronfenbrenner, 1979). The socioecological model introduces the idea that strategies created to support, empower, or foster healing for individuals with traumatic experiences should also

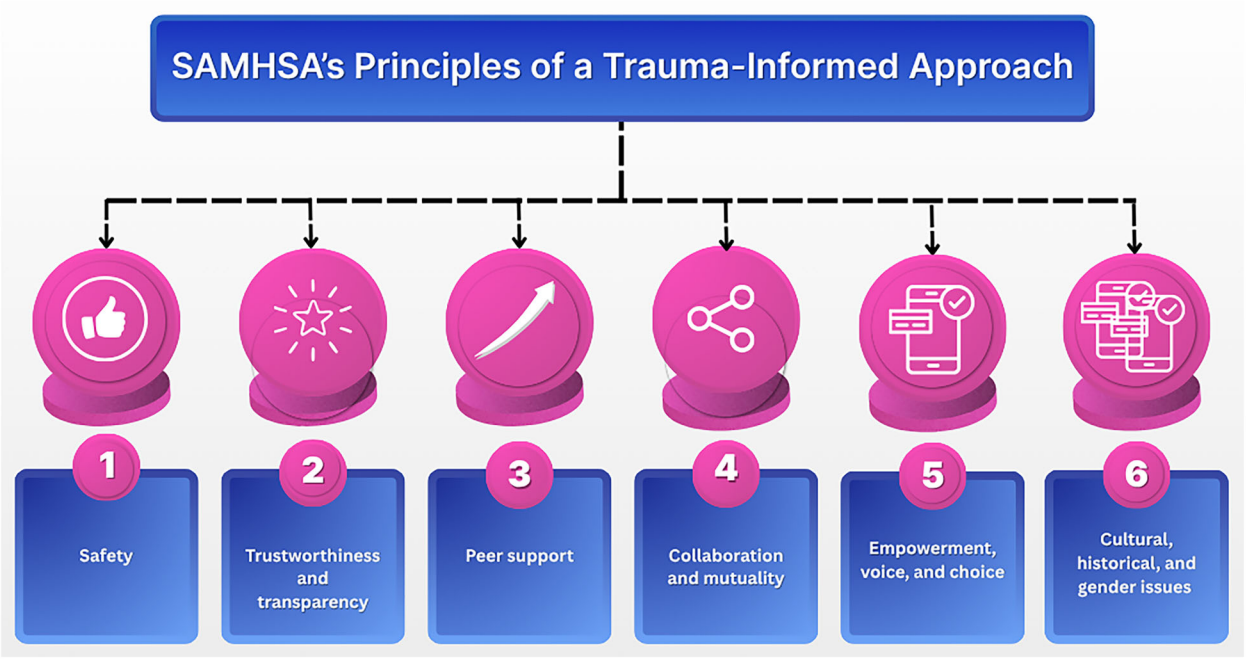

Figure 1. The six guiding principles of a trauma-informed approach by SAMHSA.

include approaches targeting the sociospatial levels in which individuals live and interact, namely interpersonal, community, and institutional/systems levels (Weinstein et al., 2014).

Bronfenbrenner's ecological systems theory suggested that interrelated environmental systems, spanning from immediate environments to larger societal frameworks, shape an individual's development. Bronfenbrenner and Ceci's (1994) subsequent work incorporated the impact of ecological, genetic, and cognitive variables within the framework. These studies emphasized the role of time in development and recovery, encouraging the design of resources and policies that support gradual healing over time. This perspective challenges simplistic views of vulnerability, which can limit the availability of resources needed for comprehensive and long-lasting care. The temporal dimensions of trauma-informed care and healing are vital in understanding how recovery unfolds over time, highlighting the importance of long-term support. Incorporating a nuanced understanding of vulnerability and centering time in planning, interventions can become more meaningful, and institutions can be held accountable for their programmatic priorities. This approach is especially crucial in times of volatility, such as the current period of political polarization. Camponeschi (2021) emphasized the need for this nuanced analysis to inform the design of responsive training for planners and personnel and address gaps in care.

The Trauma-Informed Community Building (TICB) model, a specific adaptation of the socioecological model in planning, was developed by BRIDGE Housing, an affordable housing developer on the West Coast, in collaboration with the Health Equity Institute (HEI) at San Francisco State University and the Department of Health Education. The model was further developed by Urban and HEI, with a new version emphasizing the structural harms underlying community trauma and the need for accountability and transparency. The model highlights the intersection of working with communities and the systems and institutions that impact community health and wellbeing (Falkenburger et al., 2018; Weinstein et al., 2014). It includes the various scales at which individuals and communities operate and recognizes the importance of incorporating each when addressing trauma among residents and their communities. Whereas traditional trauma-informed approaches may focus on individuals and fall short in recognizing their contexts, the TICB model is a more holistic approach that acknowledges the impact of community trauma on individuals' lives and recognizes that trauma hampers participation in traditional community-building efforts. Recently, BRIDGE Housing has used the TICB model. Furthermore, the growing interest in restorative justice and care has resonated within planning

practice, leading to an increased interest in adopting a healing-centered and reparative planning approach, like TICB.

Moreover, we propose policy and planning interventions in three complementary planning realms termed the place, emotion, and cognition dimensions. Why these three planning dimensions?

Place

Built and natural environments shape stress and healing (e.g., access to greenspace vs. blight, traffic, industrial exposures). Addressing place at each socioecological level links design, infrastructure, and policy to trauma-responsive outcomes. Considering the built environment at each level is critical to the experience of individuals and communities either triggering trauma or fostering healing (Christmas-Rouse et al., 2020) yet is often overlooked. The built environment, encompassing physical and spatial settings, can significantly influence the perceptions, behaviors, and experiences of individuals, communities, and institutions (Schroeder et al., 2021). The spatial/physical environment influences social interactions and vice versa. Proximity to high industrial land uses, large traffic volumes and noise, and hazardous waste facilities can induce stress. Also, vacant, blighted urban landscapes and pollution can contribute to stress and anxiety (Gong et al., 2016). In contrast, green spaces are associated with lower levels of stress and anger. Murals and public spaces that reflect the beauty and diversity of community residents have proven to foster social cohesion rather than building characteristics that promote feelings of threat, such as police cameras and wired fences (Arroyo, 2021). Place interventions can support or hinder planning interventions addressing the emotional and cognitive dimensions of wellbeing, but the latter interventions also have a substance of their own.

Emotion

Planning processes themselves can retraumatize or heal. Planners can design and implement community engagement processes that are culturally sensitive and inviting to immigrants by, for example, providing access to their native languages, offering familial ways of social interaction that respect sociocultural norms, family orientation, culturally appropriate food and music, and ensuring safety.

Cognition

Integration requires knowledge, skills, and institutional learning, including English as a second language, job training, civic education, digital literacy, and organizational capacity. Planners can support education, language proficiency, citizen and job preparedness, and business literacy programs for immigrants, among others.

The place, emotional, and cognitive dimensions can overlap and be synergistically addressed; for example, opportunities for residents to cocreate the design and use their spatial and physical surroundings can foster collaboration, feelings of safety, belonging, and empowerment (Irazábal, 2011; Schroeder et al., 2021).

This framework (Figure 2) aims to incorporate trauma awareness and responsiveness into planning endeavors, thereby fostering planning processes and interventions that are sensitive to the needs of immigrant individuals and communities at multiple levels and dimensions.

Overall, the TIPF incorporates trauma-informed criteria (the six SAMHSA principles), a socioecological model (individual, interpersonal, community, and institutional/systemic levels), and human and social dimensions important for planning (place, emotion, and cognition). Together, the framework encourages a healing-centered approach that urges planners to *repair* the harmful physical and economic impacts of planning decisions, *advocate* for social and healing justice and education, and *transform* the spaces and opportunities that allow individuals and communities to overcome trauma and thrive (Figure 3).

Box 1 illustrates the integration of processes and interventions within the TIPF. The table serves as an exemplary reference for planners to implement this framework within a community. We pose abstract questions (i.e., not referring to a specific place or community but potentially applicable to many) in each cell, considering one or more of the six SAMHSA principles that guide a trauma-informed approach and relating them to their pertinent socioeconomic level (see columns) and planning dimension (see rows). This provides a template for further exploration and tailoring questions or interventions to specific communities or places. Depending on the intent or case study at hand, cells can be filled with questions that guide planning action, monitoring, evaluation, or actual ideas for interventions (such as specific programs, policies, or projects) in real communities.

We achieved this by grouping recurring themes from the literature review, such as cultural

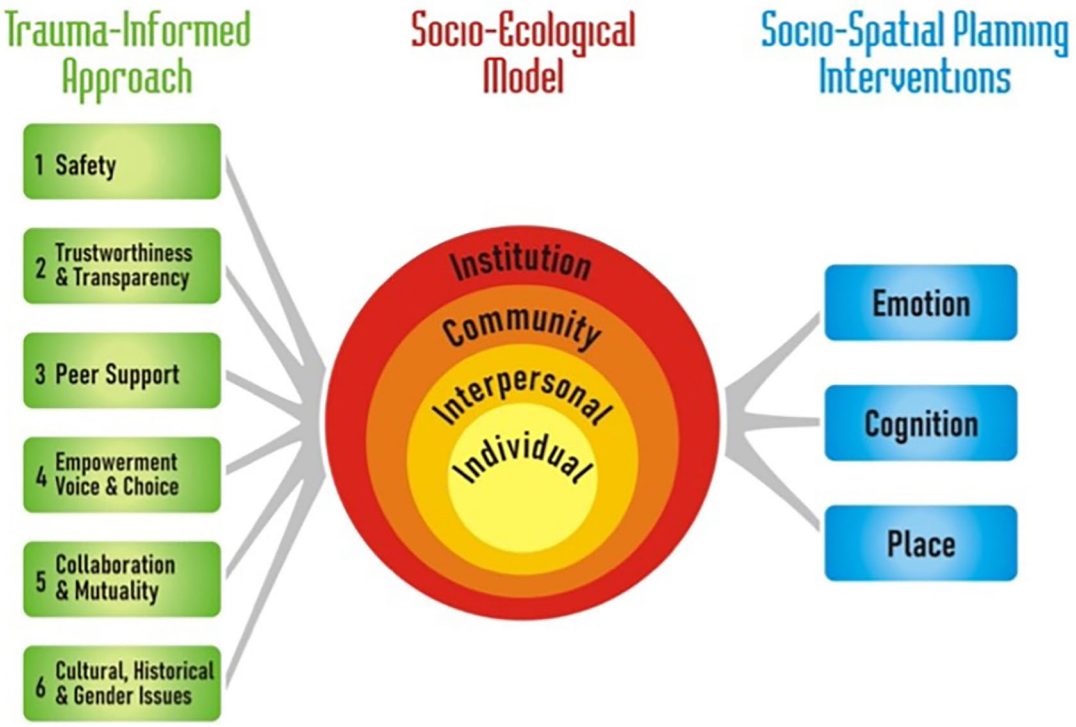

Figure 2. The proposed trauma-informed planning framework integrates the SAMHSA principles, the socioecological model (individual, interpersonal, community, and institutional/systemic levels), and the three realms of sociospatial interventions (place, cognition, and emotion). Image by Coco.

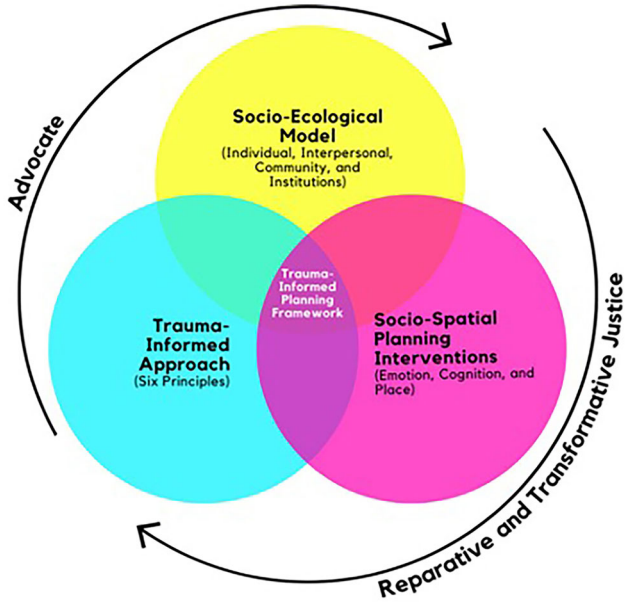

Figure 3. A trauma-informed planning framework that pushes for a healing-centered approach of repair, advocacy, and transformation. Image by Nohely Alvarez.

responsiveness and access to resources, and translating these themes into questions that corresponded to each socioecological level and dimension. Ideally, immigrants would be partners during the design, planning, and policymaking processes and in the monitoring and evaluation of these processes or when challenging existing planning practices, policies, and plans.

Although we specifically address questions pertinent to immigrant communities, the inquiries can also be adapted for other communities that have experienced trauma. Extending TIPF beyond immigrants is warranted because, as discussed above, structural inequities drive elevated trauma and chronic stress across many marginalized groups; the weathering literature documents cumulative physiologic wear from sustained social and economic adversity, helping explain wide health disparities (Forde et al., 2019). TIPF's foundations—the SAMHSA trauma-informed principles and the socioecological model—are explicitly cross-population tools intended for organizations and systems at individual, interpersonal, community, and societal levels, which TIPF translates into planning practice. Moreover, built environment determinants that can trigger or buffer trauma (e.g., access to restorative green/blue space, exposure to environmental noise) cut across groups: systematic reviews have linked nature exposure to mental health benefits, and World Health Organization guidelines identify environmental noise as a health risk requiring policy action (Gascon et al., 2015). Trauma-informed

Box 1. Sample questions for planning interventions informed by the trauma-informed planning framework.

	Socioecological levels of planning interventions			
Dimension	Individual	Interpersonal	Community	Institutional/system
Emotion	What factors (related to each of principles 1–6) support and hinder migrants' participation in planning processes? (1–6) Do migrants have access to culturally appropriate mental health services? (2, 6) Do immigrants have legal status and sense of safety? (1) Are there robust social safety nets and access to local health centers for migrants? (1) How can migrants express their cultural, historical, and gender identities and challenges? How do planners educate themselves and act in supportive ways vis-à-vis migrants' cultural, historical, and gender identities and challenges? (6) Is there local peer-to-peer support for the emotional wellbeing of migrants? (3)	Do migrants feel welcomed in community meetings? (1–6) How do planners build trust across interpersonal, cultural, historical, and gender differences when interacting with migrants (e.g., present information in another language, acknowledge past harms and immigration challenges, and show empathy)? (2, 6) Are there planners who speak the language of immigrant communities or share their race, ethnicity, and origin? (3) Are there mental health services with interpersonal and familial approaches beyond the individual? (5, 6)	Do planning and policy efforts address past harms and conditions that continue to negatively affect community safety? (1) Has local planning redefined or included the impact of trauma in their plans? (6) Have planners designed and facilitated participatory processes that are mindful of migrants' cultural, historical, and gender needs (e.g., offer meetings in Spanish, invite diverse input methods, offer food, are family-oriented)? (1–6) Are there mental health services with a community approach, culturally competent and context-sensitive to historical and gender issues? (1–6)	How might local, state, and federal policies and global dynamics affect the wellbeing of immigrants? (1–6) How has urban planning caused or may perpetuate violence and structural inequalities? (1) How are planners identifying and checking for potential cultural, historical, and gender biases that may play in processes of immigrant integration (e.g., xenophobia or religious discrimination)? (6) Is there an opportunity for community-building activities (e.g., meetings, informal gatherings, cleanups) that make migrants feel welcomed and build a sense of community? (2–5)
Cognition	Do migrants have access to work authorization, work preparedness, job training, digital literacy, English as a second language, education, and financial literacy? (2, 5) Are there schools and daycares for children of the community? (1–6) Are they offered education and support to access and retain housing rental and mortgage contracts? (1, 3, 4)	Are there opportunities for professionalizing apprenticeships, internships, tutoring, shadowing, and certifications for immigrants? (3, 4) Are there opportunities for peer-to-peer learning? (5)	How are planners and policymakers educating migrants about their local community? (5, 6) Are education and support services culturally competent and context-sensitive to historical and gender issues? (1–6) Is there universal access to education, English literacy, computer literacy, broadband, trade schooling, and good jobs? (1–6)	Are long-term community visions developed with a community-wide strategy that involves immigrants? (1–6) What barriers exist preventing immigrant access to housing, banking, college education, political participation and representation, and economic mobility? (1–6) How can conditions that induce migration in places of origin be reduced (e.g., via transnational planning)? (1, 4, 5)
Place	Do migrants have access to housing security and places that offer job training and opportunities and childcare support? (1, 3–5) Are there place-making opportunities that migrants can participate in? (4) Are there ethnic-friendly places and opportunities for placemaking? (6)	Are public spaces and events creating opportunities for peer-to-peer activities or neighbor-to-neighbor interactions? (2, 3) What spaces are available for community work and support? (2–5) Are there spaces for migrants and community members to rest and meditate? (e.g., healing gardens and meditative labyrinths)? (1, 2)	Does the community have appropriate and affordable amenities (e.g., clean water, electricity, Internet access, etc.)? (1) Are public spaces in the community welcoming, or are congregations of people considered loitering and criminalized? (1, 2, 6) Are there cultural centers, stores, restaurants, murals, other public art pieces, or programming that portray and celebrate Latin American culture? (4–6)	What spatial opportunities exist where migrant voices and their priorities are heard within the existing institutions/system? (1, 5) What spaces allow for this interaction to exist? (2–4) Are there physical spaces that enable residents to reflect on their grief, help foster healing, and memorialize cultural cornerstones? (1–6)

Note: Parenthetical numbers indicate the numbers of the SAMHSA criteria addressed by the questions.

community-building models have also been developed for disinvested neighborhoods (often communities of color), further demonstrating applicability beyond immigrant contexts (Falkenburger et al., 2018). Accordingly, TIPF provides a generalizable scaffold—coordinating interventions across levels and integrating place, emotion, and cognition—that can be locally tailored for immigrants and other marginalized populations.

Planners can use Box 1 as a scaffold to translate TIPF into concrete prompts. Local teams can add columns for partners, instruments/funding, timelines, and indicators to evolve Box 1 into a planning rubric.

Adopting a Trauma-Informed Planning Framework for Latine Immigrants

Healing in the process of fostering immigrant belonging should involve emotional, psychological, and social recovery. Healing should build on a strengths-based perspective and incorporate the rich lessons of diverse care ethics, such as Black, Latino, and feminist care perspectives, alongside social reproduction theory (Rai, 2024). Against these tailored and nuanced approaches, however, neoliberal interests impose narrow definitions of vulnerability and resilience to maintain the status quo (Camponeschi, 2022a, 2022b).

Understanding the Latine migration experience and the potential trauma faced before, during, and after migration is crucial for urban planning. Planners must advocate for sociospatial justice and education while addressing the historical impacts of planning decisions, aiming to repair past harms and ongoing (re)traumatizing conditions and promote holistic community wellbeing.

A trauma-informed approach in urban planning acknowledges the complex relationship between trauma, the built environment, and community wellbeing, striving to create cities conducive to healing and resilience for Latine immigrants and their communities. At the community level, where traditional planning focuses the most, trauma stemming from repeated exposure to harmful events and risks can fracture social bonds and increase isolation, but full healing needs to address all levels of the socioecological spectrum. A comprehensive, multistakeholder approach is essential, addressing sociospatial challenges at the individual, interpersonal, community, and institutional/systemic levels. Before embarking on planning projects, a trauma-informed community, site, and contextual analysis can reveal how past interventions may have contributed to trauma, guiding future efforts toward healing and recovery.

Understanding the political and policy contexts of immigrant communities is paramount. This is even more critical as cities are experiencing an increase in migrants and are often unprepared and underfunded to care for and provide services to them or to benefit from their human capital. This recently became evident in New York City, which terminated its partnership with DocGo, a migrant service provider, after a year following the signing of a $432 million contract (Root, 2024). DocGo was contracted without competitive bidding and is facing several allegations, including mistreating and lying to migrants, providing migrants with false papers, and employing unlicensed security guards. According to the city's comptroller, the city's haphazard management of these contracts, especially DocGo, exemplifies the pitfalls of continuing to treat asylum seekers like an emergency for 2 years, rather than providing services that will get them work authorization, status, security, and safety so that they can thrive in New York (Root, 2024, n.p.).

The situation highlights how cities are scrambling to figure out how to proceed, mismanaging contracts for migrant services and mistreating migrants and asylum seekers.

Planners and policymakers can leverage their expertise and presence across public, nonprofit, and private sectors to outperform what many private contractors have proven unable to do regarding immigrant belonging. With a trauma-informed approach, planners and policymakers can acknowledge the diversity within Latine and immigrant communities, ensuring that interventions are inclusive, sustainable, and responsive to their varied needs and experiences. The DocGo episode offers procurement lessons for migrant services: Time-boxed emergency contracts should transition to competitive awards with clear scopes, measurable milestones, and independent monitoring; payment should be tied to outcomes that matter (e.g., verified work authorization assistance, successful school enrollment, shelter-to-housing transitions), not just bed-nights. Providers must commit to culturally and linguistically competent staffing and trauma-informed protocols, and cities should require transparent data sharing, auditable complaint hotlines, and corrective action pathways. Embedding these terms in requests for proposals and master service

agreements helps prevent capacity overreach, protects clients, and aligns incentives with belonging, moving asylum support from perpetual *emergency* to accountable, routine city services.

Amid the current institutional vacuum and immigrant backlash, planners must also understand and support the labor of care of themselves and others that is often invisibly carried by marginalized individuals and communities. The depletion produced by the human costs of care, especially in austere or threatening environments, has effects that extend beyond the individual to households and communities (Rai, 2024). Healing in practice is reflected in environments where individuals feel safe, supported, and connected, fostering thriving communities that actively shape their futures.

To enhance the TIPF's applicability, we synthesized examples of TIPF's planning operationalization in a matrix that includes three planning domains (zoning, housing, and public space), listing three strategies under each domain, key actions per strategy, the trauma-informed principles addressed, and relevant policy instruments or funding mechanisms. It concludes with TIP principles that are common across domains (Box 2).

Conclusion and Recommendations

Many health interventions that address trauma are often provided at the individual and interpersonal levels despite the nature of community-level and institutional/systemic-level trauma conditions. Planners working with trauma-affected populations, like many immigrant communities, should adopt and advocate for policy and planning strategies to integrate a trauma-informed focus and healing-centered approach. Planning can enhance the well-being of immigrants, mitigating the effects of trauma-induced conditions by creating inclusive community spaces that foster social connections, ensuring accessible and culturally sensitive mental health services, and prioritizing affordable housing to provide stability. In addition, effective transportation systems can reduce stress and increase access to essential services, and cultural and recreational opportunities help immigrants maintain a connection to their heritage and communities.

However, planners face constraints due to time limitations, insufficient departmental resources (including staff and budget), competing priorities and demands, sociopolitical challenges, and a lack of trauma-informed literacy and training. Though planners aim to be responsive to migrants' needs, elected officials or a conservative public, who may disagree with their proposals, might constrain them (Harwood, 2005). However, planners can engage trauma experts, such as social workers, mental health clinicians, and researchers, to provide valuable insights and support when connecting with and serving immigrant communities.

Looking ahead, urban planners who work with Latine migrants and other historically disenfranchized communities must recognize the importance of being trauma-informed within their organizations (Dietkus, 2022). Given the structural push factors that propel migration from Latin America and elsewhere and the pull factors that attract migrants to the United States (McManus & Irazábal, 2023), migration is likely to continue. Immigrant belonging should not be treated as a passing emergency, raising questions for planners on how to grapple with belonging challenges in practice and theory. These challenges are increasing in complexity as the causes for migration and migration-related trauma diversify and intensify. Though migrants may experience trauma before, during, and after migration, they may have access to different planning affordances in their places of destination. Though the United States and other countries have provided migrants from countries with civil unrest asylum status or temporary work visas, climate migrants still lack legal protection and rights globally. This should change, thereby constituting a new arena for planning research and advocacy. It may soon change in Colombia, a first for Latin America and the Caribbean, where a recently proposed bill could recognize Colombians displaced by climate-fueled disasters (Moloney, 2023).

Similarly, the role of trauma and healing in place-based practice is garnering increasing attention. In 2023, San Mateo (CA) celebrated the 10th anniversary of *healing together* through health and cultural fairs. The fair's name*, Sana, Sana, Colita de Rana*, tapped into Latin American culture because this is a popular phrase used throughout the region to offer consolation to someone hurt and encouragement that things will get better.

Some existing urban resilience and public health planning models, which have adequate records of process, outcome, and impact evaluations, may strengthen the TIPF offered here. We propose TIPF as a planning framework rather than a validated rating scale. TIPF is designed for multiscalar, cross-sector planning that links built environment choices

Box 2. TIPF operationalization to foster immigrant belonging.

Planning domain	Operationalization strategy (key actions)	Trauma-informed principles addressed	Policy instruments/funding mechanisms
Zoning	1. Mixed-use zoning with essential services: Integrate housing with accessible health care (mental health), groceries, community centers, job opportunities.	Safety, trustworthiness, predictability, self-sufficiency	Zoning ordinance amendments, community benefit agreements, HUD Community Development Block Grants
	2. Antidisplacement zoning: Implement inclusionary zoning, community land trusts, tenant protections (rent control, just-cause eviction).	Stability, safety, predictability, empowerment	Zoning ordinance amendments, Low-Income Housing Tax Credits
	3. Buffer zones for sensitive populations: Create distance from environmental hazards or high-crime areas.	Safety, predictability	Zoning ordinance amendments
Housing	1. Prioritize safety and security: Design with clear sightlines, good lighting, secure entryways, private spaces. Avoid institutional designs.	Safety, trustworthiness, predictability	Housing trust funds, federal housing programs (HOME), philanthropic grants
	2. Accessible and equitable housing: Ensure physical accessibility and fair allocation processes free from discrimination.	Equity, fairness, respect	Federal housing programs (HOME), tenant-based rental assistance (Section 8), incentives for landlords
	3. Onsite support services: Integrate space for culturally competent services (mental health, language, legal aid, job training).	Trustworthiness, collaboration, empowerment	Philanthropic grants, federal housing programs (HOME)
Public space	1. Flexible and adaptable programming: Design spaces for diverse activities (contemplation, community celebrations).	Choice, collaboration, empowerment	Public art and cultural programs funding, participatory budgeting, environmental justice grants
	2. Clear and intuitive navigation: Easy-to-navigate spaces with clear multilingual signage, accessible pathways, legible layouts.	Predictability, safety, control	Public art and cultural programs funding, parks and recreation department budgets
	3. Memorialization and cultural expression: Integrate public art, community gardens, cultural markers.	Belonging, identity, healing	Public art and cultural programs funding, philanthropic grants
TIPF principles across domains	1. Participatory planning: Co-creation with immigrant communities, respecting lived experiences and cultural knowledge.	Empowerment, collaboration, respect	Dedicated community engagement funds, participatory budgeting
	2. Cultural competence: Employ bilingual staff, use interpreters, partner with trusted community leaders.	Trustworthiness, respect, understanding	Training budgets for city staff, grants for community-based organizations
	3. Interagency collaboration: Strong partnerships between planning, social services, public health, immigrant advocacy.	Trustworthiness, holistic support	Inter-departmental agreements, joint funding initiatives
	4. Training and education: Provide training for planners, city staff, developers on trauma-informed care and culturally responsive design.	Competence, trustworthiness	Professional development budgets, grant-funded training programs
	5. Data and evaluation: Collect disaggregated data to understand needs and outcomes; evaluate interventions.	Accountability, continuous improvement	Research grants, city planning department budgets

Note: The HOME Investment Partnerships Program (HOME) is the largest federal block grant from HUD (U.S. Department of Housing and Urban Development) to states and local governments, creating affordable housing for low-income families.

with psychosocial supports. Boxes 1 and 2 serve as an adaptable prompt bank that teams can tailor to support scoping, co-design, implementation, monitoring, and evaluation. Planners can use TIPF when coordinated action across levels is needed; where the primary task is facility or interior design, TID may suffice; for neighborhood environmental stressors, TIN is appropriate; for healing-centered placemaking, TIP is helpful; for sustained trust-building, TICB is well suited; and for governance and repair, community accountability/healing justice is indicated. TIPF complements these models by situating

them within a comprehensive planning logic that clarifies who acts, at which level, with which trauma-informed principles, and through which spatial and psychosocial pathways.

Suggestions for further research include a comparative examination of these models, aiming to test the robustness of the TIPF and enhance it as necessary, and the application of the framework to diverse empirical cases. Future research should further explore how trauma affects communities and the collective responses of their residents. Classic and contemporary scholarship has demonstrated that trauma can reshape communal identities and social infrastructure (Erikson, 1995; Koh, 2021; Korn, 2002), underscoring the need to integrate community-determined (rather than top-down) planning practices into TIPF. We hope future work will develop and empirically test a TIPF co-designed with local partners to operationalize collective trauma through participatory indicators, longitudinal learning processes, and comparative case applications.

Applying our proposed TIPF prompts planners and policymakers to ask questions or recommend interventions concerning the individual, interpersonal, community, and institutional systems within which communities are immersed. Embracing a trauma-informed planning framework and healing-centered approach has the potential to address critical voids present in the planning scholarship and profession and provide guidance on how to plan and foster belonging between Latines and other immigrants and trauma-affected populations and their larger societies.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Statement on the Use of Generative AI Tools

According to Taylor & Francis supports of responsible use of Generative AI tools that respect high standards of data security, confidentiality, and copyright protection, we used ChatGPT, Copilot, Gemini, Canva, and Grammarly for idea exploration, language improvement, interactive online search, graph creation, and literature formatting in AP-7 style.

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