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Trauma-Informed Engagement in Planning

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Public engagement is foundational to planning practice. It offers communities the opportunity to shape policies, projects, and places in ways that reflect shared values and aspirations. However, participation in planning processes is not always equally accessible.

For many individuals and communities, experiences of trauma can create significant barriers to engaging in traditional forums such as public meetings, workshops, or hearings. These barriers may take the form of mistrust, discomfort in group settings, difficulty concentrating, or an unwillingness to revisit painful experiences (Falkenburger, Arena, and Wolin 2018; Lyles and Swearingen White 2019; Weinstein, Wolin, and Rose 2014).

Trauma is far more widespread than many planners may assume. Approximately 70 percent of adults globally have experienced at least one traumatic event in their lifetime, and many have endured repeated or ongoing exposure (Figure 1) (World Health Organization 2024). Trauma is not limited to individual experiences such as abuse, neglect, or violence, but also extends to collective experiences such as disasters, systemic oppression, or mass violence (Ellis and Dietz 2017; Hirschberger 2018). Even mass layoffs or job losses at major employers can trigger collective trauma. These experiences shape how people navigate daily life, interact with institutions, and participate in civic decision-making. For planners, this reality underscores the importance of designing engagement practices that not only welcome participation but also safeguard emotional well-being and build trust over time (Gilmer et al. 2025; Levenson 2020).

Trauma-informed community engagement offers an emerging best practice for achieving these aims. A trauma-informed approach integrates an understanding of how trauma affects individuals and communities into the design and facilitation of participatory processes (Schroeder 2023). It emphasizes safety, trust, choice, collaboration, and empowerment (Ames and Loebach 2023; Harris and Fallot 2001; Leonce 2024; SAMHSA 2014), principles that support inclusion and healing while minimizing the risk of retraumatization (Figure 1). In doing so, it shifts the focus of engagement from extracting input to cultivating spac-es where residents feel respected, supported, and empowered to meaningfully contribute.

Figure 1. Trauma affects how people manage their emotions, how much they are able to trust others, and whether they feel comfortable fully participating in everyday situations (DragonImages/ Getty Images)

For planners working in communities affected by violence, disaster, systemic inequities, or long-standing marginalization, trauma-informed engagement is both a professional responsibility and an opportunity. It strengthens equity by creating more accessible and responsive participation pathways, builds trust between institutions and residents, and promotes healing at individual and collective levels (Sweetland 2024; Weinstein, Wolin, and Rose 2014). Importantly, trauma-informed engagement is not limited to crisis contexts. By embedding trauma-informed methods into everyday planning practice, planners can create more resilient, inclusive, and effective processes, ensuring that engagement is not just about gathering input, but about supporting communities in shaping their futures with dignity and care (Liphardt 2025; Madill 2025; NeighborWorks America 2019).

This *PAS Memo* explores trauma-informed engagement as a critical and timely approach to planning practice. It introduces the core principles of trauma-informed engagement, discusses strategies for putting those principles into practice, and examines a case study from Michigan State University (MSU). Following a February 13, 2023, mass shooting at the university, which resulted in the loss of three students and injuries to five others, MSU engaged the National Charrette Institute (NCI) to facilitate public engagement for a permanent memorial planning process rooted in trauma-informed principles. This case study illustrates how planners and facilitators can adapt traditional engagement methods to respond to grief, foster collective healing, and ensure community voices remain central in moments of profound crisis.

Background: Trauma-Informed Practice

Understanding core trauma definitions, the pervasiveness of trauma in our lives, and strategies for avoiding retraumatization are essential for planners when engaging communities in trauma-related work.

Trauma is defined as "an event or circumstance resulting in physical harm, emotional harm, and/or life-threatening harm" (SAMHSA 2014). The effects of traumatic events often show up in how people manage their emotions, how much they are able to trust others, and whether they feel comfortable fully participating in everyday situations (Hirschberger 2018). This can extend into groups, organizations, and communities as well.

Trauma is experienced uniquely by individuals, and its lasting effects are dependent on many factors. These include whether an individual has a history of trauma exposure, whether they have access to protective support systems, and whether they have resilience qualities already in place (SAMHSA 2014). Importantly, social and racial disparities also play a significant role in shaping how trauma is encountered and processed. Factors such as discrimination, inequitable access to resources, and systemic injustice deepen the impact of trauma in marginalized communities (Meléndez Guevara et al. 2021; Sweetland 2024). This often results in an unfair burden being placed on those with lived experience to educate and provide context to prevent retraumatization (Messmore and Davis 2020).

There are distinct differences between individual trauma, which arises from individual experiences such as abuse, neglect, or violence, and collective trauma, which is experienced by groups or communities through shared events such as natural disasters, systemic oppression, or displacement (Ellis and Dietz 2017; Hirschberger 2018). Both forms of trauma affect emotional regulation, interpersonal trust, and willingness or ability to participate in social and organizational contexts.

The concept of trauma-informed practice originated in the mental health and social work disciplines. The goal is to recognize how common trauma is and to adjust how we work with people so that services and environments do not unintentionally cause more harm (SAMHSA 2014). A trauma-informed approach is guided by five main principles: safety, trust, choice, collaboration, and empowerment (Figure 2) (Ames and Loebach 2023; Levenson 2020; SAMHSA 2014). These principles help create spaces where people feel respected, supported, and more able to heal (Falkenburger, Arena, and Wolin 2018; Weinstein, Wolin, and Rose 2014).

Figure 2. A trauma-informed approach is guided by five main principles: safety, trust, choice, collaboration, and empowerment

Over time, the application of trauma-informed methods has expanded beyond clinical and therapeutic settings. For example, participatory planning processes, where stakeholders are invited to engage in decision-making, can benefit from trauma-informed approaches to ensure equitable involvement and to build trust among participants.

Foundational Principles for Trauma-Informed Engagement

Planners are often the liaisons between government and governmental processes, the public, and specific groups and individuals. They are also often the conveners and facilitators of community engagement activities. Understanding what trauma is, how it manifests in individuals and communities, and how to work with it can help support engagement goals both for the planner and for the participant. Planners can easily identify collective trauma events, such as natural disasters, shootings, or mass layoffs that a community might experience together, but they must also keep in mind that any individual attending a public engagement event may be experiencing personal trauma (SAMHSA 2014).

Following universal best practices for public participation is an important foundation for trauma-informed engagement. The following planning principles, identified by the authors through an academic literature review, align with practical experience.

- **Center engagement processes on people's perspectives, needs, and desires** by ensuring cultural and ideo-

logical relevance and meaning; addressing generational groups; addressing racial, cultural, and economic barriers to participation by going to community members and events; and effectively facilitating dialogue among groups and individuals that disagree on project ideals or details.

- **Build lasting relationships with a diverse community of stakeholders** to ensure their voices and needs are understood and incorporated over time (Falkenburger, Arena, and Wolin 2018).
- **Understand, value, and incorporate lived experience** or experience-based knowledge (Golden 2020).
- **Work with and alongside trusted community-based organizations,** such as rotaries, religious institutions, community-based corporations, business associations, neighborhood associations, social groups, and others. This can include inviting them to leadership roles, providing resources such as tools or guidance for their efforts, and offering joint education and technical assistance (Weinstein, Wolin, and Rose 2014).
- **Invite community members into co-creation processes** for projects, alternatives, and evaluation (Ames and Loebach 2023).
- **Proactively involve a broad representation of community viewpoints** and a wide range of community members in the planning and project lifecycle (Hribar 2025).
- **Schedule community engagement when input is required** for critical milestones or project decision points. It is frustrating for community members to waste their time and energy providing input when it is not needed (Madill 2025).
- **Use engagement techniques preferred by, and responsive to, the needs of the community,** including techniques that reach historically underserved groups (Levenson 2020).
- **Cultivate personal empathy and emotional capacity.** Lyles and Swearingen White address the importance of "leadership, humbly engaging with difference and cultivating compassion" through six foundational competencies: self-awareness, self-regulation, awareness of others, working with difference, empowering through relationships, and extending compassion (2019, 294–95).
- **Document how community input impacted the final projects, programs, or plans,** and communicate to the affected communities how their input was used (Madill 2025).

The mental health and social work disciplines offer five additional key practice principles that can help planners integrate trauma-informed approaches within planning processes. Many of the underlying values overlap with the above list.

- **Recognize disparities** by understanding that not all stakeholders have equal capacity to engage (Meléndez Guevara et al. 2021). Those who are experiencing trauma may not be able to engage or might need a customized approach to engaging.
- **Prioritize pacing and safety.** The community's readiness to engage needs to take precedent over rigid project or policy timelines (Golden 2020). Some governmental processes requiring input from community members are on fixed timelines, while others can be more flexible. Individuals or communities experiencing trauma may need to participate at a slower pace. It is worth taking the time to pace the project according to those most affected. Therefore, it is important to consider the community's context when planning for and scheduling community engagement activities (Ames and Loebach 2023).
- **Provide support and opt-out options** for those experiencing trauma. Be prepared by providing resources, on-call mental health professionals, therapy animals, and fidget tools (Messmore and Davis 2020).
- **Validate emotional expression**. Emotions are part of the human experience, and when they aren't accepted or validated, we aren't acknowledging the whole of a person. So, accept grief, silence, and anger as valid parts of engagement (Levenson 2020). Sometimes stating this ("it is ok not to be ok") before the engagement starts is enough to validate someone experiencing trauma.
- **Be culturally responsive.** Be especially aware of cultural considerations related to communities that have experienced more trauma than typical, such as historically underserved communities (Ames and Loebach 2023; Carter, Rutherford, and Stevens 2022; Koury and Green 2019; Sweetland 2024).

Together, these principles illustrate how planners can integrate trauma-informed practices into public engagement, ensuring processes are safe, inclusive, and equitable, and promoting collective resilience in communities impacted by both individual and collective trauma (Falkenburger, Arena, and Wolin 2018; Gilmer et al. 2025; Hribar 2025; Mooney et al. 2024).

Trauma-informed planning is an emerging area of practice especially needed in light of long-standing societal and structural inequities as well as the increasing number of acute impacts to communities of natural disasters, economic shocks, mass shootings, and other collectively traumatic events. Staff at the National Charette Institute (NCI) were recently called upon to implement a trauma-informed approach to public engagement when they were asked by Michigan State University to facilitate a memorial design process.

Case Study: MSU Permanent Memorial Process

On February 13, 2023, Michigan State University (MSU) experienced a mass shooting that resulted in the loss of three students and injuries to five others, deeply traumatizing the campus community and beyond. To honor the victims and support community healing, the university wanted to create a permanent campus memorial for the event.

About eight months after the shooting, the university established a Permanent Memorial Planning Committee—composed of students, faculty, staff, and community liaisons—and laid out a process through which it would solicit community feedback to inform the development of a Request for Proposal (RFP) for the memorial's design (MSU 2025) (Figure 3). The uni-

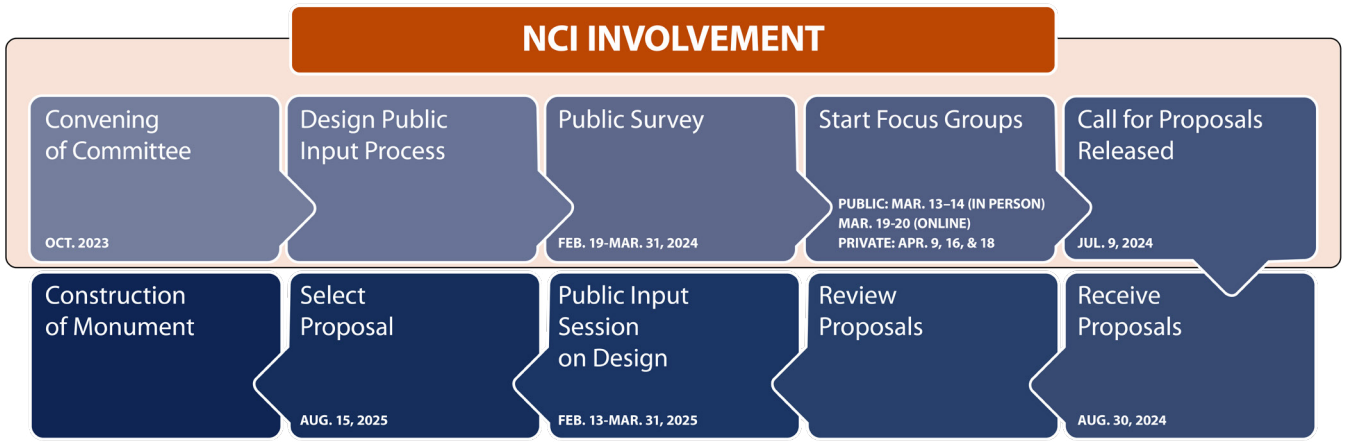

Figure 3. The MSU permanent memorial planning process (adapted from MSU 2025)

versity engaged NCI to work with the committee to facilitate a trauma-sensitive, inclusive public involvement process sensitive to the fact that many participants remained in the active stages of grief and recovery.

The committee sought to gather public input on three main topics: what the memorial should do or communicate, how people should interact with it, and where it should be located. After conducting a stakeholder analysis, the committee decided on two primary engagement approaches: administering a survey via email to the wider MSU community, and holding "charette-style" focus groups to allow MSU students, faculty, and staff to share their input in a more intimate setting. This case study focuses on NCI's trauma-informed approach to designing and implementing the focus groups.

NCI reached out to MSU Extension and other partner groups to secure 21 volunteer facilitators and 13 hosts for the focus groups. Not knowing how many people wanted to engage, but wanting to provide plenty of opportunities, we planned two full days of in-person focus groups and two days of online focus groups. For the in-person focus groups, we scheduled 45-minute sessions at the top of every hour, planning for 6–10 people per group, for a total of 140 scheduled focus group sessions over the two days. Similarly, we scheduled 54 online focus group sessions using breakout rooms over two days. NCI also scheduled seven invitation-only focus groups for the faculty and staff who were present at the time of the shooting or directly after and the first responders who assisted during the event. A separate team conducted mirror interviews and focus groups with the victims and their families, as well as other students who had been on campus during the shooting.

Though overall participation in the focus groups was modest—only 21 individuals (19 in person and two online) participated in the publicly offered focus groups, while 34 individuals participated in the invitation-only focus groups—the committee felt it had achieved its aim of giving everyone who wanted to have a voice in the process the opportunity to participate.

Throughout the process, NCI emphasized the core trauma-informed values of safety, trust, collaboration, empowerment, and choice. We recognized that the MSU community, committee members, and our volunteer facilitators and hosts were navigating collective trauma—a shared emotional landscape in which meaning-making, grief, and resilience were ongoing (Hirschberger 2018).

Acknowledging that trauma-informed systems must also care for their practitioners, we built in time for wellness check-ins at the start of committee meetings and focus group sessions, as well as post-focus group debriefs. The NCI team applied a "checking readiness" model, continually assessing emotional and logistical readiness before each engagement step. This iterative approach aligns with trauma-informed community-building models emphasizing flexibility, trust-building, and responsiveness to community signals of readiness (Ellis and Dietz 2017; Hribar 2025). We also coordinated with mental health professionals to provide training on trauma for all facilitators.

NCI embedded multiple emotional and cultural safety measures within the focus group settings, including anonymous participation options, multilingual materials, and trauma-informed facilitation practices rooted in respectful pacing and empathetic communication (Carter, Rutherford, and Stevens 2022; Leonce 2024). We arranged to have on-site support from campus mental health personnel present during the focus groups.

The physical and emotional design of engagement spaces was equally intentional. Drawing from trauma-informed design principles, facilitators emphasized predictability, a welcoming and calm environment, an orderly and secure space, clear agendas, and participant autonomy—factors shown to reduce retraumatization and enhance psychological safety (Ames and Loebach 2023; Bollo and Donofrio 2022).

The focus group room layout incorporated both individual, private spaces and group spaces for facilitated work (Figure 4, p. 5). We offered the following resources for participants:

- Self-care stations offering an expansive selection of food and beverages that accommodated a variety of dietary needs, fidget toys, and coloring pages.
- Therapy animals for anyone who felt they needed that source of connection and comfort.
- A yoga instructor to provide structured breathing support.

- Materials for participants to take with them for post-engagement support, such as breathing-related handouts for personal use within and outside of the space, and information on how to contact campus Counseling and Psychiatric Services (CAPS) and other off-campus services.

NCI documented the engagement process and the resulting feedback in a report, which the committee used to inform the drafting of the RFP, and facilitated a process in which the committee developed criteria to review proposals. This concluded NCI's involvement with the memorial planning process.

Ultimately, the MSU memorial planning process demonstrated that trauma-informed engagement can simultaneously support collective healing, trust-building, and inclusive design visioning (Siantz et al. 2024). By centering participant well-being, cultural sensitivity, and organizational readiness, MSU modeled how institutions can plan amid grief without replicating harm. Many participants voiced appreciation for the opportunity to be part of the memorialization process and talk about their experiences, and shared that they felt a strong sense of community as a result. The themes that NCI staff heard in focus group conversations and saw in survey comments were reflected in the memorial design proposals. The final design for the memorial, which was selected and announced in August 2025, reflects both the tangible outcome of the memorial planning process and the intangible outcome of a community reasserting agency, care, and connection through the act of planning itself.

Action Steps for Trauma-Informed Planning and Engagement

Applying trauma-informed principles systematically in community engagement work requires intentional design and shifts in both mindset and method. Trauma-informed engagement is not a checklist but a framework for practice that emphasizes empathy, equity, and empowerment throughout every stage of a planning process (Bloom and Farragher 2010; Levenson 2020). In a trauma-informed approach, planners must consider how all aspects of the planning process could retrigger or cause trauma for all participants (Messmore and Davis 2020).

As suggested by the MSU case study, planners can use the following strategies to help them begin practicing trauma-informed principles—moving from awareness to action by fostering safety, trust, and collaboration in community interactions (Falkenburger, Arena, and Wolin 2018).

- **Ensuring transparency and informed consent for participation**. This means allowing individuals the choice of whether to participate and how at all stages of the engagement process, creating opportunities for empowered decision-making.
- **Forewarning participants of potentially challenging or traumatic material** that may be difficult to discuss or be exposed to. Giving a "content warning" with additional instructions for participants on dismissing themselves or taking time away from a discussion further supports personal choice and prevents retraumatization.
- **Bringing sensory tools into meeting spaces to provide tactile grounding** for participants who may be anxious about or activated by the discussion content. These tools could be coloring sheets and crayons, small fidget toys, brick building blocks, or any array of small items that participants can handle quietly.
- **Providing additional on-site resources** such as mental health services, relaxation aids, or therapy animals (Figure 5, p. 6). This reinforces the safety and comfort of the space and provides additional support for individuals as needed.
- **Training event facilitators in trauma-informed practice** prior to the engagement event. Helping facilitators understand the context and preparing them to engage appropriately is critical in creating an effective trauma-informed approach.

Figure 4. Spaces for holding trauma-informed engagement sessions should be orderly, secure, and incorporate different types of spaces and resources to support participants (NCI)

Ensuring that participants are fully aware of what their participation will entail and that they consent to be present, that they can remove themselves from the process whenever they choose, and that they have access to grounding tools and additional mental health support while engaged all help to create safety in planning spaces. Facilitators must also be fully prepared and supported.

More generally, the Substance Abuse and Mental Health Services Administration (2014) has identified "four Rs" of trauma-informed practice—realize, recognize, respond, and resist retraumatization—that can help guide action steps for trauma-informed planning and engagement:

Realize means understanding the widespread impact of trauma and the potential paths for recovery. You can start this process by:

Figure 5. Therapy animals and other on-site supports can help create feelings of safety and comfort (Drazen Zigic/Getty Images)

- Learning the principles of trauma-informed care, which will help you understand how trauma affects individuals and communities (SAMHSA 2014).

Recognize means recognizing the signs and symptoms of trauma in clients, families, staff, and others involved in the system. You can prepare for this by:

- Learning about what trauma looks like in different environments, through different behaviors, and in different ways.
- Building cross-sector partnerships that include collaborations with mental health professionals, cultural leaders, and peer advocates to ensure emotional, social, and cultural supports (Levenson 2020).

Respond means fully integrating knowledge about trauma into policies, procedures, and practices for your engagement process. You can do this by:

- Designing inclusive and equitable processes that center lived experiences through multilingual access; culturally attuned facilitation focused on understanding different perspectives, communication styles, and values; and varied participation formats for greater access and choice (Meléndez Guevara et al. 2021).
- Embed emotional and physical safety into all activities, using consent frameworks, sensory tools, grounding exercises, and flexible opt-in/opt-out options (Bollo and Donofrio 2022).

Resist retraumatization means preventing participants from reexperiencing their trauma. You can do this by:

- Adapting timelines for community readiness by modifying engagement schedules, time of day, length of time, and other considerations according to participants' emotional capacity and needs (Golden 2020).
- Ensuring flexibility and responsiveness, allowing participants to set the pace, pause, or re-engage on their own terms (Golden 2020). Crises can create a false sense of urgency that runs counter to trauma-informed practice. By slowing the pace and recognizing that goals will still be reached—just on a timeline that fits the situation—we can create space for calm and stability.
- Collecting and evaluating feedback to revise approaches and strengthen future trauma-informed efforts (SAMHSA 2014).

Resources for Planning Trauma-Informed Community Engagement Events

Planners can gain greater awareness and understanding of trauma-informed approaches to planning through the following resources and organizations.

"Trauma-Informed Planning" (American Planning Association, 2023). This edition of *PAS QuickNotes* describes the elements of a trauma-informed planning approach and offers guidance on integrating trauma awareness into planning practice.

Connected Community: A Trauma Informed Community Engagement Toolkit (Impact Services and New Kensington Community Development Corporation, 2017). A curriculum designed to educate community members on the prevalence and impact of trauma, equip them with trauma-informed skills, and prepare them to teach the curriculum to others.

Trauma Informed Community Building: The Evolution of a Community Engagement Model in a Trauma Impacted Neighborhood (BRIDGE Housing, 2018). This white paper offers a research-based approach that acknowledges the effects of trauma, prioritizes emotional safety, and lays the groundwork for inclusive and sustainable community development.

Trauma-Informed Community Building and Engagement (Urban Institute, 2018). This document describes an approach that integrates awareness of trauma's impact into community engagement practices, fostering safety, trust, and resilience as foundations for sustainable development.

Concept of Trauma and Guidance for a Trauma-Informed Approach (U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Association, 2014). This report offers key definitions, principles, and implementation guidance for a trauma-informed approach; developed for a behavioral health context but designed to be adapted to other sectors.

Trauma-Informed Organizational Assessment (National Child Traumatic Stress Network, n.d.). This resource identifies nine domains that are key to creating a trauma-informed program or organization and offers a screening to assess organizational capacity for trauma-informed practice.

Finally, trauma-informed engagement is a relatively new topic, and investing in training is a sound strategy as more resources on the subject become available. Adapting and translating training from other disciplines, such as social work, mental health, and communication, can provide a robust foundation for trauma-informed practice (Koury and Green 2019; Messmore and Davis 2020). Similarly, working with and alongside mental health professionals and social workers can enhance trauma-informed engagements. Partnering with organizations and institutions that are fluent in trauma-informed practices supports mutual learning and creates safer, more effective community interactions. Building a trauma-informed workforce also requires organizational commitment to staff wellness and cross-sector collaboration (Impact Services and New Kensington Community Development Corporation 2020). The sidebar on p. 6 provides resources on trauma-informed approaches to help planners get started.

Conclusion

Trauma-informed planning is not solely a reactive response to crisis. It is a transformational practice that redefines how planners build relationships, share power, and co-create meaning with communities. By intentionally integrating safety, trust, choice, collaboration, and empowerment into engagement design, planners can create spaces that support both participation and healing (Harris and Fallot 2001; Levenson 2020; SAMHSA 2014).

Trauma-informed engagement deepens equity by recognizing that not all community members begin the process with equal capacity or confidence to participate. When practitioners slow down timelines, provide multiple ways to engage, and incorporate cultural and emotional supports, they remove structural barriers that have historically excluded marginalized voices (Golden 2020; Meléndez Guevara et al. 2021; Sweetland 2024). This approach also rebuilds trust, particularly in institutions that have been sources of harm or neglect, by demonstrating care and responsiveness through every interaction (Ames and Loebach 2023; Lyles and Swearingen White 2019).

Most importantly, trauma-informed engagement fosters healing—both for individuals and for communities. In moments of grief, anger, or uncertainty, planners have the opportunity to facilitate processes that strengthen collective resilience and reestablish a sense of agency (Ellis and Dietz 2017; Hirschberger 2018). The MSU case study illustrates how planning can serve as an act of restoration: a way of honoring loss while simultaneously building a foundation for connection, empathy, and shared recovery.

Trauma-informed planning is applicable to contexts as varied as disaster recovery, redevelopment, housing displacement, or long-term community revitalization. It does not require abandoning traditional planning methods, but rather reframing them around human dignity and well-being. When engagement processes prioritize care as much as content, planners can help communities move from surviving to rebuilding, and from rebuilding to thriving (Gilmer et al. 2025; Koury and Green 2019; Weinstein, Wolin, and Rose 2014).

As the planning profession continues to grapple with the intersecting challenges of violence, inequity, and environmental stress, trauma-informed approaches offer a powerful path forward. They remind us that planning is, at its core, a human practice—one that shapes not only our physical environments but our collective capacity to heal, trust, and imagine together.

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