

Individual, Collective, and Intergenerational Trauma Recovery: Considering the Restorative Roles of Restitution and Reparations

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BACKGROUND

Trauma and Its Effects

Interpersonal, collective, and intergenerational trauma can be associated with deleterious and long-lasting physical and physiological (e.g., McFarlane, 2010; Stenson, van Rooij, et al., 2021), psychological (e.g., SAMHSA, 2022; Sangalang, & Vang, 2017), economic (e.g., Graf, 2014; Loya, 2015), and spiritual (e.g., Bryant-Davis, 2007; Houck, 2017) outcomes for individuals and communities. There is evidence that traumatic incidents have been both linked and cause long-term negative effects, including but not limited to post-traumatic stress disorder (PTSD), depression, anxiety, somatic complaints, physical injuries, sleep disorders, anxiety, panic, and dissociation (e.g., Comas-Díaz et al., 2019; Hood et al., 2023; van der Kolk, 2014, 2015). Trauma, an emotional, physiological, and psychological response related to an event or series of incidents as harmful and/or life-threatening, or beyond the scope of one's ability to cope, is insidious, widespread, and disruptive (Conti, 2022). Traumatic incidents, including experiences of interpersonal and sexual violence, human trafficking, adverse childhood experiences, war, and identity-based oppression, including violence, can be experienced both directly and vicariously, and responses can be both acute and long-lasting, discrete and complex.

Individual-level traumas encompass experiences such as physical and sexual abuse, emotional abuse, neglect, and personal losses, all of which appear to be significantly associated with wide-ranging psychological, biological, and social negative outcomes. Psychologically, individuals may experience symptoms related to depression and anxiety (Chu et al., 2013; Suzuki et al., 2014), PTSD (Ogle et al., 2013a; Ogle et al., 2013b), eating disorders (Convertino et al., 2022), borderline personality disorder (Gold & Ellis, 2017) and dissociation (Brand & Frewen, 2017; Connors, 2018). Research also indicates that trauma survivors may engage in self-harming behaviors (e.g., cutting or burning) and have an increased risk of suicidality (Ford & Gómez, 2014). In addition, the experience of trauma may be linked to the development of substance use disorders, as individuals may engage in drug or alcohol use as means to cope with emotional pain and distress (Khoury et al., 2010; SAMHSA, 2022).

Beyond the noted psychological outcomes associated with trauma, health scientists have documented a range of neurobiological and physiological health issues also associated with individual-level trauma (Sowder et al., 2018). They include cognitive impairments (e.g., memory problems, difficulty concentrating, and impaired decision-making; Ford & Courtois, 2013; Tolchin et al., 2023), as well as chronic physical conditions such as pain (e.g., fibromyalgia and headaches), cardiovascular problems, hypertension due to stress, and immune system dysregulation leading to increased susceptibility to infections and illnesses (Miró et al., 2020; Oh et al., 2018; Scott et al., 2013). Socially, there is evidence that individuals who have experienced trauma have difficulties with forming and maintaining healthy attachments in relationships (Zvi & Rachjimi, 2024), experience disruptions in attachment (Erozkan, 2016) and are at increased risk of experiencing additional traumas due to vulnerability to re-victimization (Jaffe et al., 2019). Further, epigenetic research has indicated the profound physiological effects that trauma can have on the body may often lead to psychological and neurological vulnerabilities that are transmitted to future generations (Bowers & Yehuda, 2016; Perroud et al., 2013; Radtke et al., 2011; Yehuda et al., 2016). As a result, individual-level traumatic experiences that are experienced both directly and vicariously often have long-lasting and intergenerational effects, and responses can be both acute and complex (Conti, 2022; Yehuda et al., 2001).

Restitution for Individual Interpersonal Trauma

Whether referenced in the literature as restitution, restorative justice, or reparations, these actions are intended to “repair individual, relational, and social harm” caused by trauma (Klar-Camalish & Peleg-Koriat, 2021, p. 1057). Restitution is important for healing, recovery, and post-traumatic growth and necessitates three foundational elements: 1) acknowledgment and apology for harm committed; 2) material redress for the harm; and 3) closure through mutual understanding between the accountable party and the beneficiary of restitution (Darity & Mullen, 2020). Offering restitution to survivors of trauma is of paramount importance as it acknowledges the profound impact of their experiences and aims to address the harm inflicted upon them.

Restitution represents a fundamental step towards justice, healing, and recovery for those who have endured various forms of trauma, whether it be individual, interpersonal, or collective (United Nations

General Assembly, 2005). Restitution includes the ability to support and provide meaningful assistance to validate survivors' experiences and foster a sense of empowerment (Cassell & Marsh, 2015; Comas-Díaz et al., 2019; Ina, 1997; Sveaass, 2013; Woolford & Wolejszo, 2006). Such factors are essential to the process of helping those impacted to rebuild their lives and regain a sense of agency. In recognition of the significance of restitution, there is a demonstration of commitment to safeguarding the well-being and dignity of individuals and groups, thus contributing to the broader goal of creating a more compassionate and just society.

Psychological science has well-documented the psychological, physiological, and social benefits of receiving validation and apology following betrayal or trauma. For example, receiving an apology after an experience of interpersonal transgression has been associated with subsequent greater high-frequency heart rate variability recovery (associated with better regulation of the emotional negative responses to trauma and reductions in risk for heart disease and stroke; Bednarek, 2021; Whited et al., 2010). Similarly, restorative justice processes, during which the offender commits to witnessing and responding to the survivor's experience of the harm and both parties agree on appropriate measures to rectify the harm, have been found to reduce some symptoms of post-traumatic stress and promote emotional restoration in survivors (Lloyd & Borrill, 2020), in addition to reducing symptoms of anxiety, distress, and fear (Nascimento et al., 2023).

Although various forms of psychotherapy have been researched to decrease the mental health outcomes of interpersonal trauma, psychological and policy literature have documented the utilization of restitution practices to supplement the psychotherapeutic process. These restitution efforts have included but are not limited to financial victim compensation, state-sponsored victim's assistance programs that cover costs of mental health services, and wrap-around programs to assist with housing, food, child care, education including free access to community college, health care, and job training and placement (Hamilton & Foote, 2018). Other efforts include financial coverage for medical forensic exams, free legal assistance for survivors of and those fleeing from intimate partner violence, and food assistance for the prevention of food insecurity following natural disasters (United States Department of Agriculture, n.d.; Urban Institute, 2021; California Victims Compensation Board, n.d., WomensLaw.org, n.d.). These programs and policies are in alignment with psychological science, which documents the diverse outcomes of trauma, which are not only emotional, cognitive, and behavioral but also physical and economic (e.g., Loya, 2015; McFarlane, 2010; SAMHSA, 2022).

Scholarship with specific interventions (e.g. free medical forensic exams, free victim assistance) has been particularly noted for survivors of sexual assault/violence (Harvey, 2012; Weinter, 2017). While therapeutic outcome studies often limit the measure of effectiveness to psychological well-being, programs and policies that promote restitution examine the lives of victims more comprehensively. This comprehensive perspective of intervention

effectiveness reflects an ecological model, or systems approach to psychology, which is the theoretical understanding that people have bi-directional relationships with the systems in which they live and that their mental health is affected by these various systems.

Recognizing the heightened risk trauma survivors face for being unhoused, many trauma programs routinely offer wraparound services, which are a form of restitution or repair beyond psychotherapy (Cardenas et al., 2022; Ellison et al., 2018; Middleton et al., 2018; Weiner, 2017). In a critical review of the small but growing literature on restorative justice for adult sexual violence survivors, Burns and Sinko (2023) explore the implications of restorative justice practices to both support the repair of harms enacted upon survivors and promote accountability for offenders. Restorative justice practices have also been implemented to address interfamilial sexual abuse both as supplements to legal action and therapeutic care as well as replacements for both processes (Klar-Camalish & Peleg-Koriat, 2021). Human trafficking survivors often face persistent psychological barriers that can impede their survival and functioning (Banu et al. 2021). A qualitative study based on interviews with survivors and program directors found that restorative factors include active social support of family and friends, therapeutic care, medical care, and internal resiliency traits (Chilaka, 2019). Restorative practices, even on the individual level, can function in alignment with APA's commitment to eradicating structural racism and promoting equity (APA 2021c, 2022) by operating similarly to stimulus packages; these packages help to combat poverty, stimulate home ownership, and increase job training and skill development.

Intergenerational Trauma and Collective Trauma

Experiences of trauma may have differential impacts on individuals and social groups, as structural and systemic oppression often heightens marginalized individuals' and communities' vulnerability through discrimination based on gender, ethnicity, race, Indigeneity, age, class, physical ability, sexuality, and other social markers that limit access to support and recovery (Bryant-Davis, 2019; Crenshaw, 2005; Lefevor et al, 2019). Based on identity, persons may be targeted and therefore at heightened risk for certain types of trauma. This identity-based targeting that can have effects on the descendants of those targeted has different names in the literature, including but not limited to historical trauma, ancestral wounds, intergenerational trauma, transgenerational trauma, race-based trauma, hate crimes, and the trauma of oppression (Cénat, 2023; Comas-Díaz et al., 2019). Additionally, there are collective traumas in which a number of people are targeted at the same time, and those persons may or may not be related or share the same identity, for example, 9/11, school shootings, community violence, and shootings at social, religious, and educational institutions. These traumas are linked to PTSD, depression, anxiety, anger, distrust, somatic complaints, physical health outcomes such as cardiovascular problems and weakened immune responses, dissociation, emotional dysregulation, negative sense of self, and difficulty functioning (Comas-Díaz et al., 2019; Galea et al., 2005;

Helms et al., 2010; Hood et al., 2023; Norris et al., 2002; Polanco-Roman et al., 2016; van der Kolk, 2014; Yehuda et al., 2005).

Socially, collective trauma is known to strengthen or weaken social relationships. For some communities, social cohesion and resilience emerge due to the shared experience of adversity (Lowe et al., 2015). For others, collective trauma incidents that marginalized groups may experience, such as stigmatization and discrimination, can exacerbate psychological distress (Drexler, 2022; Lewis, Allen et al., 2014). Notably, incidents such as war or environmental disasters can result in mass displacement and migration, leading to social disruption and the loss of traditional community structures (Porter & Haslam, 2005). Such incidents can have intergenerational effects, where the trauma experienced by one generation influences the psychological well-being and behaviors of subsequent generations (Danieli, 1998). In 2021, 1 in 10 Americans faced climate related threats to their housing (CoreLogic, 2022); our psychological response to these challenges faced by an ever-growing number of displaced people will determine the future of our planet (Bednarek, 2021).

Restitution and Reparations for Intergenerational and Collective Trauma

In acknowledgement of the expansive harm that traumatic incidents, particularly those sanctioned or facilitated by institutions, can have on individuals and communities, governmental agencies and both public and private organizations have acted to promote justice and repair in the lives of people impacted by such life-altering incidents. Specifically, these institutions have sought to both acknowledge and account for their role in human rights violations by compensating victims of individual and collective trauma. For example, in May 2023, the White House released its first commitment and plan to formally address and combat gender-based violence in the United States. The proposal—U.S. National Plan to End Gender-Based Violence: Strategies for Action—acknowledges the “significant effects of gender-based violence on mental health and substance use” and outlines federal actions that seek to provide redress to gender minority persons (e.g., cisgender women, non-binary and transgender persons, two-spirit persons) navigating trauma following experiences of sexual violence, intimate partner violence, stalking, and other forms of gender-based violence (The White House, 2023, p. 38).

Eshowsky (2019) writes about restorative indigenous psychotherapy practices that are based on the value of collective healing and the integration of spirituality; they utilize restorative healing circles (group interventions) aimed at the restoration and reintegration of survivors of individual, collective, and intergenerational trauma as well as those who have done harm. Few serious scholarship efforts have investigated the individual justice practices of Native Americans and their changes over time, given the impact of the effects of colonization and assimilation into models that exclude restorative justice (Meyer, 1998). Additionally, unfortunately, there are instances where governmental efforts to recognize instances

of historical trauma have been lackluster, and may in themselves have been retraumatizing (Warrior's Path, 2021). For example in 1993, President Bill Clinton signed Public Law 103-150, the “Apology Resolution,” which apologized for the role of the U.S. government in the 1893 overthrow of the Hawaiian monarchy and was intended as a means of reconciliation, but did not provide federal recognition to Native Hawaiians.

According to the United Nations Basic Principles and Guidelines on the Right to Remedy and Reparations for Victims of Gross Violations of International Human Rights Law and Serious Violations of International Humanitarian Law, there are five forms of reparations that the principle recognizes: 1) restitution: restoration of a victim's rights, property, citizenship status; 2) rehabilitation: psychological and physical support; 3) compensation; 4) satisfaction: acknowledgment of guilt, apology, burials, construction of memorials, etc; and 5) guarantees of non-repetition: reformation of laws and civil and political structures that led to or fueled violence. The second form of reparations, rehabilitation, aligns with the mission and expertise of psychologists.

Similarly, to provide restitution to victims of human trafficking, the United Nations Protocol to Prevent, Suppress, and Punish Trafficking in Persons and the United Nations Convention against Transnational Crime require the United Nations to provide judicious procedures for survivors of human trafficking to be able to access restitution and compensation for the trauma outlined in that Convention. This effort by the United Nations also honors that collective reparations cannot fully restore or make up for the psychological, material, and emotional harm that trafficking caused, but that the United Nations can be a part of collective reparations serving as a mechanism for providing relief to mitigate mental and physical harm, loss of successful employment, social egress, educational loss, material and financial loss, legal needs, requisite medical services, and social and psychological needs (United Nations, 2000).

Adopting restorative approaches to justice and repair such as those mentioned above, restitution for collective trauma both globally and within the United States has included psychosocial support and access to mental healthcare; material reparations such as housing and skills training; rehabilitation services in the form of access to medical care, therapy, and educational support; and, economic support (Bajwa et al., 2017; Cardenas et al., 2022; Eggers et al., 2022; Ellison et al., 2018; Hahn et al., 2014; Klein et al., 2022; Mueller et al., 2019; Park et al., 2022; Winston et al., 2007). For example, Canada's Truth and Reconciliation Committee's Call to Action notes the need for Indigenous healing centers that address the physical, mental, emotional, and spiritual harms caused by residential schools (Wilk et al., 2017). In the U.S., hundreds of thousands of Native children were likewise taken from their families and forced to attend government-sanctioned boarding schools that not only served as tools of assimilation and cultural oppression but also led to the death and disappearance of a yet unknown number of children (Newland, 2022); the National Native American Boarding School Healing Coalition calls for a U.S. Truth and Healing

Commission to promote healing by bringing to light an accounting of the breadth and depth of these harms across generations that will lead to recommendations for justice and healing, along with repatriating children buried at boarding schools (National Native American Boarding School Healing Coalition, 2020). Following contact to Hawaii by European and American foreigners there were drastic changes to Native Hawaiian livelihood and significant deaths due to the introduction of western disease. These changes were compounded by illegal and forced United States occupation of the Hawaiian Islands in the late 1800s – and the resulting hundreds of thousands of deaths and severe population decline, forced relocation from land that sustained their lives, suppression of traditional cultural, spiritual practices and speaking the Hawaiian language, and significant interconnected health disparities we see today (Riley et al., 2022). As a result, Native Hawaiians have sought restoration of political self-determination for over a century (Goodyear-Ka'opua et al., 2014; Silva, 2004). Likewise, in response to similar colonial and neocolonial forces across what is now known as North America, Indigenous people of diverse Tribes have long worked towards true sovereignty and self-determination in the pursuit of collective healing and justice, resisting colonialism, and revitalizing cultures and languages (LaDuke, 1999; Lewis, Williams et al., 2014; Williams & Mohammed, 2009). Similar issues also persist on the island of Guam (Rapadas, 2007; Louie, 2021) and the suggestion of reparations for “empowerment and rebirth” are offered to bring forward balance and peace to the lives of the native Chamoru of today's Guam (Rapadas, 2007).

The colonization of Puerto Rico by the United States began in 1898 during the Spanish-American War, when U.S. forces invaded and took control of the island, ending over 400 years of Spanish colonial rule (Ayala & Bernabe, 2007). The Treaty of Paris later that year formalized the transfer of Puerto Rico to the United States. This transition significantly impacted the indigenous population, the Taíno people, who had already suffered under Spanish rule (Flores, 2009). Under U.S. governance, the island's economy was restructured to serve American interests, leading to widespread land dispossession and economic exploitation of Puerto Ricans. The imposition of English in schools and government, alongside the suppression of Puerto Rican cultural practices, further eroded the island's indigenous heritage. Some argue that this has led to a type of internalized oppression via the internalization of inferiority and epistemic motivation (Rivera Pichardo et al., 2021). Further, these forms of colonial mentality have been linked to increased depression symptomatology for Puerto Ricans (Capielo Rosario et al., 2019). These changes exacerbate social and economic inequalities, contributing to the marginalization and cultural diminishment of Puerto Rico's native population.

The United States government's response to the harm caused to indigenous Puerto Ricans during colonization has been limited and largely insufficient. While there have been some efforts to address economic disparities and support cultural preservation, these measures have often fallen short of meaningful restitution. For example, the establishment of the Puerto Rican Federal Affairs

Administration (PRFAA) aimed to improve relations and address some socio-economic issues, yet it has not significantly mitigated the historical harms faced by indigenous communities (Ayala & Bernabe, 2009; Flores, 2009). Furthermore, U.S. policies have often prioritized economic and strategic interests over genuine reparative actions, leaving many indigenous Puerto Ricans still struggling with the legacy of colonial exploitation and cultural suppression.

Similarly, scholars have proposed health justice reparations that account for the consequences of colonization and resource removal in African nations (Timothy, 2021). These proposed reparations include debt forgiveness for individuals and governments, transnational education on Indigenous languages, and prioritization of funding for physical and psychosocial support services to address the impact of transgenerational health trauma within these populations (Chapman, 2022; Winbush, 2003). The number of colleges and universities across the United States that provide free tuition for American Indian and Alaska Native students has been expanding (Hall, 2022; Oregon Tribal Student Grant, n.d.). Other types of restitution include recognition of instate tuition for enrolled members of the 574 federally recognized Tribes, and future Tribes added, as included on the Federal Register (Oregon State University Admissions, n. d.). Health reparations have also been proposed in the United States for racially marginalized communities who were adversely and disproportionately impacted by COVID-19 (Soled et al., 2021). Collective reparations in the form of economic support perhaps have the earliest historical precedence (Davis, n.d.). For example, to initiate restitution for the harm done to Japanese American individuals and families incarcerated in internment camps, the United States Congress paid \$38 million in reparations in 1948 and, in 1988, distributed an additional \$20,000 to each surviving detainee, totaling more than \$1.6 billion (National Archives, 2017). Moreover, in 1988, the United States Congress paid \$12,000 in restitution to each surviving Unangan survivor of internment camps and created a \$6.4 million trust fund for their communities (United States Code, 1988). Similarly, the German government awarded Holocaust victims approximately \$86.8 billion in restitution and compensation by the German government (U.S. Department of State, 2021). Restitution is not always a financial payout; it can also be in forms of medical and dental costs, mental health treatment, funeral/burial expenses, relocation expenses, education/tuition, constructing memorials and formal apologies (Buyse, 2008; Ray & Perry Institute, 2020). Few serious scholarship efforts have investigated the individual justice practices of Native Americans and their evolution during and after colonization into models that exclude restorative justice.

Within the United States, some groups have been overlooked in the research on restorative justice and have been denied restitution for the traumas and injustices they have endured. These include older adults. The United Nations, in alignment with psychological science, has established the widespread abuse and exploitation of older adults. Beck, Lewinson, and Kropf (2015) have published on the need for increased research on how restorative justice can be applied to the recovery of older adults who have been

victimized. Additionally, examples of overlooked groups include Black Americans, who have faced centuries of slavery, segregation, and systemic racism without comprehensive reparation policies; LGBTQ+ individuals who faced persecution and discrimination; and survivors of forced sterilizations; Native Hawaiian, Chamorro, and other Pacific Islanders who face the ongoing detrimental effects of Western occupation on their population health, traditional cultural practices, economies, institutions, and ecosystems (Kaholokula et al., 2009); American Indian and Alaska Native people who have faced genocide, displacement from land, starvation and disease, internment in concentration camps, forced sterilization and removal of children from their families, and who still today face ongoing cultural and social oppression, environmental harms, and physical and sexual interpersonal violence, and are subject to a U.S.-imposed colonial ‘blood quantum’ for Tribal or Corporation membership and any related benefits, such as health care, education, shares, and subsistence rights (Brave Heart & DeBruyn, 1998; Charles & Rah, 2019; Lewis, Allen, et al., 2014; Mercurieff, 2016; Schmidt, 2011; Walters et al., 2010). Despite the forced occupation of the islands of Hawai‘i and the illegal deposing of the Sovereign of the Kingdom of Hawai‘i, Queen Lili‘uokalani, by the United States in 1893, Native Hawaiians have not been awarded governmental political status, recognition, reparations, and protections that they are due (Kaholokula et al., 2019). Addressing these historical injustices and working towards restitution and equitable reparations in the United States remains an ongoing discourse, often met with controversy, hesitation, and outright resistance.

Relatedly, intergroup apologies, when perceived as comprehensive, non-defensive, sincere, and preceding redress and behavioral change, have demonstrated some effectiveness in repairing trust and restoring relationships (Folmer et al., 2021; Schumann & Dragotta, 2020). With regard to material redress, scholars have examined the effectiveness of programs that seek to both acknowledge and repair structural harm and oppression through equitable policies and practices. Specifically, there is ample empirical evidence demonstrating positive outcomes for historically marginalized individuals and social groups impacted by racial, gender, and class discrimination, war, and subsequent xenophobia. Restorative Justice practices were central to many Indigenous populations’ peacemaking processes (Akhtar, 2017; Gordon & Datta, 2020). For example, to acknowledge and atone for interpersonal, structural, and individual biases that disadvantage students historically underrepresented in medicine, the Pediatrics department of the University of California, San Francisco, implemented several interventions designed to mitigate bias and achieve equity in the admissions process (Marbin et al., 2021; Mabeza, et al., 2023). After implementing the changes between 2017 and 2020, the University saw a significant increase (from 11% in 2015 to 45% in 2019; OR 6.8, $P = .008$) in the number of historically underrepresented students who matriculated into its program, inevitably leading to an increase in the number of pediatricians from racial and gender minority backgrounds. For example, a recent review indicates that when universities adopt a combination of interventions to increase racial and ethnic diversity in their graduate medical education programs, including explicit

institutional messaging regarding the importance of diversity, they see increases in the number of historically underrepresented students who apply, interview, and matriculate into their programs, inevitably leading to an increase in the number of physicians from racial and gender minority backgrounds (Mabeza et al., 2023).

The final element of restitution—closure through mutual understanding—requires the respect of and regarded input from communities that have been harmed. As various institutions seek to repair relationships and partner with individuals and communities to move toward closure, other institutions and governments are beginning to acknowledge both the moral imperative and collective benefits of collective reparations (e.g., California Task Force to Study and Develop Reparation Proposals for African Americans, 2023; United Nations Secretary-General, 2023). As such, the push for collective reparations and restorative justice processes that move toward restitution is now gaining momentum across cities, municipalities, and historical institutions globally. The following resolution establishes APA’s support for restorative initiatives that facilitate healing and repair for survivors of individual, collective, and intergenerational trauma. Interpersonal and collective trauma make the realization of the APA’s strategic priority of advancing health equity a more distant possibility by limiting marginalized populations’ access to healing (Report of the American Psychological Association Presidential Task Force on Psychology and Health Equality, 2023)

This focus is central to APA’s strategic goal of utilizing psychology to make a positive impact on critical societal issues, including the objective of employing psychology to improve population health, increase access to services, and advance equity (APA, 2024). This resolution is in alignment with and builds on APA’s prior commitment to addressing social determinants of health and various forms of trauma, racism, and all forms of oppression. Prior relevant resolutions foundational to this resolution include but are not limited to, the Offer of Apology to the First Peoples in the United States, the Apology to People of Color for APA’s Role in Promoting, Perpetuating, and Failing to Challenge Racism, Racial Discrimination, and Human Hierarchy in U.S., the Resolution on Poverty and Socioeconomic Status, the APA Resolution on Ending Homelessness, the Resolution on Advancing Health Equity in Psychology, and Psychology’s Role in Dismantling Systemic Racism: Racial Equity Action Plan (APA, 2001, 2021a, 2021b, 2021c, 2021d, 2022, 2023).

While examples of survivors of collective and historical trauma have been provided, this list of examples is not exhaustive and this resolution is in support of restoration of all survivors.

RESOLUTION

WHEREAS experiences of interpersonal and collective trauma (i.e., incidents interpreted as harmful, life-threatening, or beyond one’s individual or collective ability to cope) have been significantly and positively associated with traumatic stress, including but not limited to poor physical, physiological (e.g., McFarlane, 2010),

psychological (e.g., SAMHSA, 2022), economic (e.g., Loya, 2015), and spiritual health (e.g., Bryant-Davis, 2007), and such stress is evidenced to occur across the lifespan and to transmit across generations (e.g., Bowers & Yehuda, 2016; Perroud et al., 2013; Sowder et al., 2018);

WHEREAS interpersonal, collective, and intergenerational trauma, including torture, are often the direct or indirect outcomes of human rights violations (United Nations, 2000) that have emerged as a priority of the American Psychological Association (APA) to redress (APA, 2021d; Patel, 2019)

WHEREAS psychological scientists have established potential long-term outcomes of individual and collective, as well as intergenerational trauma (Comas-Díaz et al., 2019; Dubois, & Guaspere, 2020; Galea et al., 2005; Helms et al., 2010; Hood et al., 2023; Kaholokula et al., 2020; Lehrner & Yehuda, 2018; Norris et al., 2002; Polanco-Roman et al., 2016; Walters et al., 2011; Yehuda et al., 2005);

WHEREAS experiences of trauma may have differential impacts on individuals and social groups, as structural and systemic oppression often heightens marginalized individuals' and communities' vulnerabilities through discrimination based on gender, race, Indigeneity, ethnicity, age, class, ability status, sexuality, and other social markers that limit access to support and recovery (Cénat, 2023; Roberts et al., 2011);

WHEREAS individual and collective trauma (e.g., gender-based violence and human trafficking; the Holocaust; United States internment of Japanese Americans and Unangan people in concentration camps and other subjugated and marginalized Asian and Asian American populations in the United States; United States enslavement of Africans and their descendants; theft of native lands and ongoing systematic oppression of Native Hawaiians and other Pacific Islanders, Alaska Natives, American Indians, Puerto Ricans, and other populations) as well as historical and contemporary collective violence (e.g. targeting of Haitians, Palestinians, Congolese, and Sudanese communities particularly those facing structural inequity, whether sanctioned by governments and/or other military, social, economic, and health institutions) are linked to deleterious psychological outcomes across the lifespan (APA, 2017; Awad et al., 2019; Bryant-Davis, 2019; Cénat, 2023; Comas-Díaz et al., 2019; Danieli, 1998; Galea et al., 2005; Helms et al., 2010; Hood et al., 2023; Klar-Chalamish & Peleg-Koriat, 2021; Lloyd & Borrill, 2020; Mahamid, 2024; McMorrow & Saksena, 2017; Mercurieff, 2016; Polanco-Roman et al., 2016; Riley et al., 2022; U.S. Department of State, 2021; Whited et al., 2010; Yehuda, 2022; Yehuda et al., 2001);

WHEREAS research has documented the intergenerational effects of historical and collective traumas (e.g., Holocaust, terrorist attack survivors) through study findings that indicate biological evidence of the epigenetic transmission of trauma to future generations (Yehuda, 2016) that have been conceptually and theoretically applied to other

systemically subjugated populations, including Native Hawaiians (Conching & Thayer, 2019), American Indians and Alaska Natives (Brave Heart and DeBruyn, 1998; Smallwood et al., 2021; Walters et al., 2011), and Mexican Americans (Estrada, 2009);

WHEREAS that APA applauds the reparations that were made to the people of Guam who have a long history of multi-colonialism, which included massacres of CHamorus and the suppression of CHamoru language, culture, and traditions. Their land, which holds ancestral ties, was seized and occupied. Today, their island has made efforts to address intergenerational trauma including the award of \$4.13 million in war reparations to survivors and descendants (Laygo, 2024);

WHEREAS contemporary capitalism is inextricably linked to historical colonialism, as colonizers accumulated capital through the exploitation and expropriation of resources and labor and globalized their commodification, shaping contemporary capitalism and entrenching enduring racial hierarchies, contributing to systemic disparities and economic inequities (Fraser, 2022; Melamed, 2015; Tarlow, 2024);

WHEREAS APA has recognized sociocultural disparities across contexts, including the underrepresentation of various groups in psychology, such as from BIPOC and LGBTQI+ communities, that stem from societal and institutional forms of oppression (1993; 2005, and 2009 resolutions);

WHEREAS, in response to sociocultural disparities, APA has created institutional structures and programs to help rectify these disparities (e.g. The Office of Ethnic Minority Affairs, Minority Fellowship Program, The Office of Sexual Orientation and Gender Diversity, The Women's Programs Office), which can be considered positive acts of restitution;

WHEREAS some governmental agencies, as well as public and private organizations, have publicly acknowledged the expansive harm caused by experiences of collective trauma and have subsequently acted to promote justice and repair through tangible restitution efforts (Attanasio, 2015; California Task Force to Study and Develop Reparation Proposals for African Americans, 2023; National Archives, n.d.a/b; Soled et al., 2021; The White House, 2023; U.S. Department of State, 2021; Wilk et al., 2017);

WHEREAS such organizations including the United States government and its plan to end gender-based violence (The White House, 2023); the United Nations and the U.S. federal government's protocols to prevent and respond to human trafficking (United Nations Secretary-General, 2023), and various states' policies and funding resources for services for victims of violence (e.g., California Victim Compensation Board, n.d.);

WHEREAS the restitution plans outlined by such organizations include relief from physical and mental harm, lost employment, education, social opportunities, material damages and loss of

earnings, moral damages, legal fees, medical debt, and fees related to psychological (e.g., therapy) and social services (California Victim Compensation Board, n.d.; Urban Institute, 2021; Women'sLaw.org, n.d.);

WHEREAS the United Nations definition of reparations recognizes the widespread impact of trauma on survivors and moves from aspiration to accountability to include money, education, mental health care/rehabilitation, etc. (Attanasio, 2015; Carpenter, 2023; Correa, 2014; De Brouwer, 2007; De Greiff, 2006; Dutton & Ni Aolain, 2018; Freeman & Pathare, 2005; Garcia-Godos, 2016; Greenstein, 2023; LaPlante, 2013; Montoya, 2017; Patel, 2017; Roht-Arriaza, 2014; Shelton, 2007; Skaar et al., 2005; Van Boven, 2009; Zeigler & Gunderson, 2006);

WHEREAS there is evidence of individual and societal benefits following restitution plans that provide relief from the consequences of interpersonal trauma (Burns & Sinko, 2023; Chilaka, 2019; Klar-Camalish & Peleg-Koriat, 2021; Middleton et al., 2018), including improvement in psychological wellbeing, fewer resources and attention have been directed towards improving wellbeing following experiences of collective trauma;

WHEREAS burgeoning psychological science demonstrates feasibility, acceptability, and efficacy of individual and group mental health interventions for youth and adults to address the effects of interpersonal trauma (Ehring et al., 2014; Micklitz et al., 2024; Peters et al., 2021; Shirk et al., 2014; Taylor & Harvey, 2010) and collective trauma (Brave Heart et al., 2020; Brown et al., 2017; Gishoma et al., 2014; Kip et al., 2020; Weiss et al., 2015);

WHEREAS trauma psychologists have established that associations of and consequences of trauma include not only psychological outcomes but educational (Harris et al., 2021; Porter & Haslam, 2005; Wilk et al., 2017), vocational, and economic outcomes (Currie & Widom, 2010; Lowe et al., 2015; Porter & Haslam, 2005; Riley, 2023) as well;

WHEREAS our science demonstrates that a lack of education is a risk factor for trauma and a barrier to recovery and when efforts are made to increase the educational opportunities for those who have experienced trauma positive outcomes occur (Bajwa et al., 2017; Cardenas et al., 2022; Eggers del Camp & Steinert, 2022; Ellison et al., 2018; Hahn & Postmus, 2014; Luster et al., 2010; Mendenhall et al., 2017; Mueller et al., 2019; Rana et al., 2011);

WHEREAS our science demonstrates that a lack of employment is a risk factor for trauma and a barrier to recovery and efforts to mitigate a lack of employment, including supported employment and subsidies (such as child care) leads to mitigation of the impact of trauma and supports recovery (Baller et al., 2020; Hahn & Postmus, 2014; Loya, 2015; Miller et al., 2007; Park et al., 2022; Probyn et al., 2021; Showalter et al., 2019; Tarshis et al., 2022);

WHEREAS our science demonstrates that poverty and financial insecurity is a consistent, complex, and intersectional risk factor for trauma and a barrier to recovery for both interpersonal and collective trauma contexts; that when people who have dealt with traumatic incidents face an increase in financial power they have more ability to mitigate the deleterious impact of trauma and report positive outcomes (Ackerman, 2005; Anakwenze & Zuberi, 2013; Balboni & Bishop, 2010; Blanco et al., 2016; Bornstein & Poser, 2007; Bryant-Davis et al., 2010; Eggers del Campo & Steinert, 2022; Forgette et al., 2009; Fothergill & Peek, 2004; Golin et al., 2017; Goodman et al., 1991; Hahn & Postmus, 2014; Klein et al., 2021; Legal Momentum, 2011; Loya, 2014; Newton, 2015; Raphael & Haennicke, 1999; Sanders & Schnabel, 2006; Santiago et al., 2013; Somasundaram, 2007; Walker & Wamser-Nanney, 2023; Winston et al., 2007);

WHEREAS throughout the US, there have been socioeconomic inequities and historically based systemic racism that has resulted in pronounced disparities in academic and mental health outcomes for Black American, Latin, Indigenous or First Nations, and Pacific Islander students relative to their White counterparts (Carr et al., 2020; Hope et al., 2015)

WHEREAS APA highlights (1) scientific research findings establishing the long-term psychological, social, and economic consequences of the Trans-Atlantic slave trade, segregation, the Jim Crow system of apartheid, and continued systemic racism against African Americans (APA, 2001; APA, 2021a; Helms et al., 2010, 2012); (2) that a verbal apology was given to African Americans on behalf of the United States government (U.S. House of Representatives, 2007); (3) that reparations promised to African Americans were never distributed (Chapman, 2022); and (4) that reparative efforts- whether financial, educational, or health-related- would likely have psychological benefits for the African American community (Chapman, 2022; Graff, 2017; Helms et al., 2010, 2012; Winbush, 2003);

WHEREAS it is APA's role to provide to the public the scientific knowledge regarding the impact of trauma and the various pathways of restoration, however, it is not APA's role to rank severity nor create hierarchies among survivors. Given the scope of our role we assert that the appropriate type of restitution or reparations would be best collectively determined by victims and (federal and/or state) governmental and/or human rights officials and entities;

THEREFORE, BE IT RESOLVED that the APA promotes the science of the devastating potential long-term outcomes of interpersonal, collective, and intergenerational trauma (Awad et al., 2019; Brave Heart & DeBruyn, 1998; Comas-Díaz et al., 2019; Galea et al., 2005; Helms et al., 2010; Hood et al., 2023; Norris et al., 2002; Polanco-Roman et al., 2016; Walters et al., 2011; Yehuda et al., 2005);

BE IT FURTHER RESOLVED that the APA recognizes that because interpersonal, collective, and intergenerational traumas take many forms, the groups of people highlighted in this resolution are not an

exhaustive accounting of all people who have suffered, are currently suffering, or will suffer from these traumas;

BE IT FURTHER RESOLVED that the APA asserts that the same experience may lead to different outcomes across people of higher socioeconomic status, including both higher education and greater income levels, and social support have been established as protective factors for trauma survivors (Assari, 2020; Benzie & Mychasiuk, 2009; Cichetti, 2023; Cichetti & Rogosch, 1996; McLaughlin et al., 2020; Mock, 2010);

BE IT FURTHER RESOLVED that the APA commits advocates, as an act of restitution, to advocate for decolonization activities to promote transformation of American society and its social institutions in order to reduce the likelihood of future traumatization due to inherent social injustices, explicitly focusing on dismantling artificial human hierarchies as discussed in the 2021 antiracism resolutions (APA, 2021a, 2021b, 2021c).

BE IT FURTHER RESOLVED that the APA combat the neglect and abandonment of victims that have been revictimized by systems and structures, including mental health institutions (Chapman, 2022; Helms et al., 2012; Phipps-Yonas, 2021);

BE IT FURTHER RESOLVED that, in alignment with its commitments to population health and its recognition that individual components of reparations have been linked with positive outcomes for trauma survivors, the APA issues a call for psychological research on reparations, including economic restitution, access to housing, employment, education, and quality physical and mental health care for survivors of trauma.

BE IT FURTHER RESOLVED that the APA recognizes the diverse approaches to restitution and reparation to address systemic changes, including but not limited to financial compensation, land and water rights, subsistence rights, education, healthcare, therapy, and housing to individuals and communities (California Victim Compensation Board, n.d.; Darity & Mullen, 2020; Middleton et al., 2018; National Archives, n.d.a/b; Urban Institute, 2021);

BE IT FURTHER RESOLVED, APA supports the dissemination of evidence-based intervention resources for educators and school systems to target discriminatory school policies, biased instructional approaches, and racially biased disciplinary practices.

BE IT RESOLVED that, given the vital role of educational experiences of children and youth's psychological, social-emotional, and cognitive development; APA utilizes our research and applied science to mitigate factors that operate in school systems that contribute to the continued educational and mental health disparities among historically marginalized youth and APA calls for psychologists to advocate for educational reforms that eliminate these disparities.

BE IT FURTHER RESOLVED that the APA commends the creation of policies that have led to restitution and reparation efforts for

trauma survivors, distributed by government entities and individual offenders through the process of fines; and encourages awareness raising regarding the mental health impact of these policies in our psychological education and training (Movement for Black Lives, 2020; United Nations, 2000; United Nations Office on Drugs and Crime, 2000);

BE IT FURTHER RESOLVED that the APA applauds the compensation and resource provision allocated to individual trauma survivors, including but not limited to survivors of intimate partner violence, sexual assault, human trafficking, armed conflict, and natural disasters (Casey et al., 2018; Gross et al., 2000; Memon, 2023; Simancas-Fernández, 2022; United States Department of Agriculture, n.d.);

BE IT FURTHER RESOLVED that the APA supports the development and continuation of policies that allow for compensation and resource provision to survivors of individual and collective trauma and their descendants.

BE IT FURTHER RESOLVED that the APA rejects discrimination within the restitution and reparation process, noting that all survivors are deserving of care and compensation;

BE IT FURTHER RESOLVED that the APA convenes a Task Force to initiate, support, and disseminate a psychological research report examining the benefits of collective reparations to understand best practices with regard to the distribution of restitution programs and to facilitate the adoption of distributive justice practices in other global organizations. Task Force members would include current movers of the resolution as well as a representative from Division 31, the State, Provincial, and Territorial Association, or the Council of Executives of State and Provincial Psychological Associations (CESPPA) given the significant role that states play in this issue.

BE IT FURTHER RESOLVED that the Council encourages the Board of Directors and staff to convey to the public the psychological benefits of wrap-around services and restorative interventions;

AND BE IT FURTHER RESOLVED that the APA calls for psychologists to (1) recognize the consequences of individual, collective, and intergenerational trauma, (2) advocate for restitution and reparations without discrimination, and (3) engage in further research, education, training, and advocacy for wraparound trauma response policies and programs.

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