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<td>Research Article</td>
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A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes

Abstract

Research in preterm birth has focused on the disparate outcomes for Black, Hispanic, and Latina women as compared to White women. However, research studies have not focused on centering these women in frameworks that discuss how resilience is embodied. This article presents a transdisciplinary contextual framework of resilience, building on work that centers Black, Hispanic, and Latina women, as well as historical oppression and trauma resilience frameworks developed by transcultural psychiatry, psychology, public health, anthropology, medicine, nursing, sociology and social work. To develop the model, we reviewed 115 articles and books (1977 to 2019), which were then evaluated and synthesized to develop a transdisciplinary framework of contextualized resilience to enable a better understanding of the complex interplay of medical and social conditions influencing preterm birth. The framework includes multiple ecological layers that cross the individual, familial and intimate, community, structural, policy and law, and hegemonic domains.

Keywords
Resilience framework; women of color; preterm birth, racial disparities; structural violence; historical oppression; health disparities; embodiment
Introduction

“Helplessness and isolation are the core experiences of trauma. Power and reconnection are the core experiences of recovery” (Herman, 2015).

Research in preterm birth has historically focused on the disparate poor birth outcomes for Black, Hispanic, and Latina women as compared to White women. Research to date has focused on how stress (Dunkel-Schetter, 2011), racism (Chae et al., 2018; Krieger 2012; Nuru-Jeter et al., 2009; Prather et al., 2018), discrimination (Author, et al., 2018; Sealy-Jefferson, Giurgescu, Slaughter-Acey, Caldwell & Misra, 2016), individual traits (Dunkel Schetter, 2011; Dunkel Schetter, & Dolbier, 2011), social support (Campos, 2008; Dunkel Schetter, & Dolbier, 2011; Dunkel Schetter et al., 2013), residential segregation (Mehra, Boyd & Ickovics, 2017), and the built environment (Bonam, Bergsieker, & Eberhardt, 2016) influences poor birth outcomes during pregnancy. Black women born in the United States (U.S.) are twice more likely than White women to experience preterm birth (defined as birth before 32 weeks gestation), and their babies are twice as likely to not survive the first year of life (Hamilton, Martin, Osterman, Driscoll, & Rossen, 2017; Ramey et al., 2015). For the purposes of this article, we discuss both preterm birth and low birth weight (LBW) as adverse birth outcomes.

Embodiment of contemporary and historical trauma has been shown to influence both disease and adverse birth outcomes for Black women (Sealy-Jefferson et al, 2016; Prather et al., 2018; Prather, Fuller, Marshall & Jeffries, 2016; Williams & Mohammed, 2013). Exposure to structural violence and threats in the form of discrimination and racism can be embodied as a higher allostatic load, or cumulative “wear and tear” on the body (Lu et al., 2010), which can result in weathering, an increased susceptibility of disease (Geronimus, Hicken, Keene & Bound,
2006; Williams & Mohammed, 2013) and poorer reproductive health outcomes among Black women (Nuru-Jeter, et. al., 2009; Prather et al., 2018; Prather et al., 2016).

Hispanic and Latina women in the U.S. have been shown to experience birth outcomes similar to White women, even while experiencing more socioeconomic disparities, buffered in part by strong social support systems (Campos et al., 2008; Hoggatt, Flores, Solorio, Wilhelm, & Ritz, 2012). The “Latina Paradox” has been refuted by past researchers, with researchers reporting foreign-born Latinas have stronger social supports that result in better birth outcomes. While U.S. born Latinas were more likely to have lower birth weight babies and moderate increases in preterm birth as they become more acculturated (Campos et al., 2008; Flores, Simonsen, Manuck, Dyer, & Turok, 2012; Hoggatt et al., 2012).

Other studies have shown neither foreign-born nor U.S. born Latinas had the same or better birth weights than Whites (Sanchez-Vaznaugh et al., 2016), with a slight variation for foreign-born Latinas who sometimes may have better birth weights than U.S. born Latinas. Stress, discrimination, poverty, nutrition, obesity, and decreased social supports are factors that researchers have postulated influence these different rates (Fleuriet & Sunil, 2017a; Fleuriet & Sunil, 2017b; Hoggatt et al., 2012; Novak, Geronimus, & Martinez-Cardoso, 2017; Osypuk, Bates, & Acevedo-Garcia, 2010). Recent studies show a rise in preterm births associated with increased maternal stressors among Latinas after the anti-immigrant rhetoric and policies of the 2016 elections (Gemmill at al., 2019; Krieger, Huynh, Li, Waterman & Wye, 2018). Additional sociopolitical stressors, such as the increasing threat of immigration raids and racialized legal status scrutiny (Asad & Claire, 2018), have been shown to be detrimental physically and mentally, which can result in poor pregnancy outcomes for Hispanic and Latina women.
(Braverman et al., 2017; Lu et al., 2010; Novak et al., 2017; Nuru-Jeter et al., 2009; Prather et al., 2018; Ramey et al., 2015).

Resilience, among the social sciences, has traditionally been defined by psychology as a personal and socially influenced trait that allows an individual to return to a normal state after adverse or traumatic events. (Antonovsky, 1993; Dunkel Schetter, 2011; Dunkel Schetter, & Dolbier, 2011; Eriksson, 2017; Hobfoll, 2014; Masten, 2001; Southwick, Bonanno, Masten, Panter-Brick & Yehuda, 2014). The fields of social work (Burnette & Billiot, 2015; Burnette & Hefflinger; Ungar, 2008, 2012, 2011a, 2011b), transcultural psychology (Allen et al., 2014; Elm, Lewis, Walters, Self, 2016; Kirmayer, Sehdev, Withley & Dandeneau, Issac, 2009; Kirmayer, Dandeneau, Marshall, Phillips, Williamson, 2011), anthropology (Bourgois, 2003; Castañeda et al., 2015; Farmer, 2004; Panter-Brick, 2015, 2014), public health (Krieger, 2001), and sociology (Pinderhughes, Davis & Williams, 2016) have added contextual ecological layers to build upon how resilience can be best understood. While medicine and nursing has focused on the experiences of survivors’ resilience via connectedness (Epstein & Krasner, 2013) and how health care providers (Turner & Kaylor, 2015) buffer adverse experiences for patients while increasing positive health outcomes (see Supplementary Table S1).

Resilience is a temporal, multilevel processes that varies from context to context – individual, familial, community, local, structural, political and historical - it involves many trajectories and often actions, inactions and acts of resistance that are not always positive or advantageous to the individual. To this purpose, we are defining resilience as a strengths-based processes that is impacted by structural violence and historical oppression, including how the intersection of race, class, gender identity, sexuality and varied abilities are shaped by institutional and social power differences. We define resilience as not only indicating a forward
positive trajectory but representing a process of “harnessing key resources to sustain well-being” (Panter-Brick, 2014) in which political economies, access to power, cultural norms and expectations are influenced by structural vulnerabilities, historical oppression and the ecological layers and environments of the individual, family and community.

It is important to note throughout this article that the original terminology used by the cited authors will be maintained; however, *ecosocial* context encompasses ecosocial theory (Krieger, 2012, 2011, 2001) and ecosystematic approaches (Brunette & Figley, 2016) and perspectives. Additionally, other elements related to our presented contextualized framework will include gendered roles and structural vulnerability, and will focus particular attention to the ways in which women of color survive, manage, thrive, transcend, and heal.

**Contextualized Historical Resilience Framework Development**

Historically, few research studies have focused on centering Black, Hispanic, and Latina women in conceptual models that describe resilience. The Preconception Stress and Resiliency Pathways (PSRP) model, developed by the National Institutes of Health Community Child Health Network, identified both stress and resilience along various ecological levels while focusing on strengths-based processes among women in low resourced communities (Ramey et al., 2015). The Preconception Stress and Resiliency Pathways model provides a simplistic framework for how everyday resilience works on six ecological levels to impact healthy birth outcomes. The model was NIH funded and was community engaged and developed; however, this model heavily relies on individual factors, while also attempting to assess social and community resources and the psychological stress caused by discrimination and racism (Ramey et al., 2015). The PSRP model is limited in its approach because it does not place individuals in the context of historical oppression as related to historical racism, oppression and trauma,
structural vulnerabilities, and gendered roles and constraints. In order to address the need for a strengths-based and woman-centered resilience framework and the limited research surrounding the adverse birth outcomes for Black, Hispanic and Latina women, we developed a preconceptual contextualized resilience model. To address these limitations, this article presents the results of a comprehensive scoping literature review of resilience and our preconceptual model that incorporates existing theories and new concepts from transdisciplinary works to inform and support how resilience is embodied. This preconceptual model supplemented historical oppression and trauma resilience frameworks that have been developed in the fields of transcultural psychiatry, psychology, public health, anthropology, medicine, nursing, and social work (Burnette & Figley, 2016; Fast & Collin-Vezina, 2010; Hinds & Haase, 2011; Kirmayer et al., 2011; Panter-Brick, 2015, 2014; Panter-Brick & Eggerman, 2017).

A secondary focus of this article is to discuss how the study findings can be applied to better understand the strength-based, dynamic resilience enacted in the everyday lives of women of color, specifically Black, Hispanic, and Latina women in relation to reducing adverse birth outcomes and improving healthy birth outcomes. Although we have borrowed and learned from the extensive previous work on resilience frameworks focused on Native American and Indigenous peoples, we have not focused on Native women’s birthing outcomes, as given the context of European colonization and resulting historical oppression Native and Indigenous authors must first do a resilience analysis. While keeping the focus on centered Black, Hispanic, and Latina women within an ecologic context, women are seen as enacting their resilience through action and praxis. Expanding on the work of Bourdieu (1977), we transitioned from an agency/structure binary construct for how resilience is lived and sought to instead understand the processes of resilience as dynamic and in constant flux over time. Further, resilience centers the
individual as both influential and influenced within the contextual situations and circumstances managed daily (Bourdieu, 1977; Kirmayer et al., 2009; Paulle, 2003).

**Analytic and Preconceptual Model Development**

The preconceptual model that the authors developed was based on ecological models in public health, social work and sociology. The authors then used the theories, frameworks and concepts gleamed from the scoping literature review (Kastner et al., 2012). The authors investigated how resilience interacts within and across ecological layers, and how it is manifested and expressed in the everyday lives of women. The focus on analysis began with an examination of current views of resilience across disciplines while seeking to understand theoretically how issues of power, the legacy of historical oppression, and structural vulnerabilities affects women’s lives (see Figure 1).

[Insert Figure 1]

Theoretical influences included the following foundational works on structural violence (Bourgois, 2001, 2003; Farmer et al., 2004; Peña, 2011; Pinderhughes et al., 2016), systems of power and their mechanisms along the ecological layers (Bourdieu, 1977, 1990; Foucault, 1982; Gramsci, 2011; Krieger, 2001), critical theory, critical race theory, and intersectionality (Burnette & Billiot, 2015; Burnette & Hefflinger, 2017; Chapman & Berggren, 2005; Crenshaw, 1991; Ford & Airhihenbuwa, 2010; Freire, 1972). The research team used thematic analysis to identify relevant and emerging threads from the literature reviewed and discussed. After incorporating an understanding of concepts and layers, the group participated in weekly meetings to determine the structure to represent the domains in the multiple layers of the framework. Next, each section was written to reflect current and past frameworks and conceptual themes. As articles were coded and reviewed, a statement was developed to describe each layer. Finally, a
single theme and corresponding label for conceptualized field and resilience factor was chosen to represent each layer of the framework. Themes reflected the main concepts that the authors determined to be paramount in the literature and research and considered important in the consideration of contextualized resilience and the reduction of adverse birth outcomes (see Supplementary Table S2).

The authors used the theoretical existing frameworks of historical oppression (Burnette, 2015; Burnette & Figley, 2016), structural vulnerabilities (Bourgois et al., 2017), embodiment (Walters et al., 2011; Nuru-Jeter et al., 2009; Scheper-Hughes & Lock, 1987) as the primary underlining influences. In addition, the theoretical concept of capacity was adapted (Kirmayer et al., 2009; Mancini & Bonanno, 2009; Masten, 2001). The authors also developed the concept of entitlement, which is our extended definition of “sense of coherence” (Antonovsky, 1993; Dunkel Schetter, 2011; Dunkel Schetter, & Dolbier, 2011; Kirmayer et al., 2009; Masten, 2001).

The framework of historical oppression includes historical and contemporary experience of both normalized and internalized oppression, including the experience of inequities, subjection and structural violence. Historical oppression encompasses an examination of how structural violence and gendered roles intersect to uniquely impact the lives of women (Burnette, 2015; Burnette & Figley, 2016). Structural vulnerability is an individual’s or group’s experience of being at risk for adverse health outcomes through their interactions with “socioeconomic, political, and cultural/normative hierarchies” (Bourgois et al., 2017, p. 3). Embodiment can be understood as to how stressors, inequities, symbolic and/or literal insults are held, housed, and experienced in the self, as well as how wellness, belonging and love are experienced (hooks, 2001; Scheper-Hughes & Lock, 1987; Walters et al., 2011).
Capacity is an overarching term defined as individual characteristics and traits that increase the ability to overcome and experience trauma and hardship without negative outcomes and/or while experiencing growth and can involve support networks and community (Bonanno, Romero & Klein, 2015; Kirmayer et al., 2009; Masten, 2001). Capacity changes based on access to power and power dynamics across and within the layers of our ecological framework.

Entitlement is a sense of belonging and worthiness that is inherent in the intimate level of how we construct our value, and right to exist vis-a-vie the world around us. Entitlement, as we define it, can be profoundly damaged and altered by experienced and embodied trauma, and consequently, healed or buffered by belonging and attunement (Van de Kolk, 2015). Capacity includes a sense of coherence, the belief that the world and one's existence in it, is logical and consistent (Antonovsky, 1993), whereby entitlement is our term developed to expand upon and add to a “sense of coherence” (Antonovsky, 1993; Davis, Barat, & West, 2016; Fanon, 1965; Kirmayer et al., 2009; Masten, 2001; Popova, 2015). In addition, an emphasis was added on historical and contemporary power dynamics and how individuals interact, both proactive and reactively, within inequitable power constraints (see Table 1).

[Insert Table 1]

Method

A scoping review of the literature was conducted from 2016 to 2019 to support the development of the contextual framework (Kastner et al., 2012). Search terms in PubMed, JSTOR, Antro Source, Science Direct, Google Scholar, included resilience, resilience and trauma, resilience and women of color, resistance, resistance and Black/African American women, resistance and Hispanic and Latina women, resilience and community, embodiment, preterm birth, adverse birth outcomes, structural violence, communities of color, and women of
color. One hundred and fifteen articles from peer reviewed journals and 10 books met inclusion criteria, based on the QATSDD (Fenton, Lauckner & Gilbert, 2015). Research articles were limited to those that met inclusion criteria. Inclusion criteria were (a) written in English; (b) study outcomes were related to resilience; (c) study outcomes needed to include but were not limited to birth related outcomes; (d) studies that described resilience in Black/African American, Hispanic/Latina women, and communities of color in North America; (e) Articles in the initial search were not limited by age range of participants, but special focus was given to childbearing years. Exclusion criteria were studies that described (a) war related trauma and resilience; (b) sports-related resilience; (c) studies that exclusively defined resilience as only individual choices, traits, or chronic characteristics and; (d) studies of resilience that only consider trauma or adversity within a singularly adverse event such as 9-11. For the purposes of this review, historical oppressions (Burnette, 2015; Burnette & Figley, 2016) and structural vulnerabilities (Bourgois et al., 2017; Quesada, Hart, & Bourgois, 2011) were included as potential stressors that contribute to adverse birth outcomes (see Supplementary Figure S1).

Results

The results of the scoping literature review resulted in major threads from which themes were incorporated into our initial preconceptual model in order to develop our final contextualized resilience framework (see Figure 2). Five major themes were determined from the resulting connecting literature and include, 1. embodiment via biosocial links and biophysiological mechanisms to stress, discrimination and adverse conditions that increase inflammation, higher allostatic load, and multiple responses that can lead to adverse health and birth outcomes for Black, Hispanic, and Latina women, 2. capacity via access to personal and social supports, socio-emotional knowledge, and access to resources and types of capital within
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various contexts, 3. entitlement and understanding of one’s own worth and belonging in the
world based on a sense of safety, control, and attunement with others, 4. resistance as a
transformative mechanism to create better birthing outcomes via improved equity in
communities and groups that have been historically discriminated against, and 5. both historical
oppression and structural vulnerability as important contextual reoccurring themes that provide
the sociopolitical foundation for our ecological layers and are interwoven within each theme
above.

Our contextual resilience framework was designed by integrating the five themes above
into our preconceptual model, which consists of 6 ecological layers. The initial label for each
layer represents our ecologically focused preconceptual model (seen in Figure 1), while the
gleamed corresponding contextual fields and resilience themes are represented via labels the
authors have given them in parentheses after the initial ecological layer (see Figure 2). The 6
layers of our framework represent 1. individual (capacity), 2. familial, intimate, and friends
(entitlement) 3. community and collective culture (resistance), 4. structural and institutional
(structural vulnerability and reformation), 5. policy (historical oppression and manifesting), and
6. hegemonic discourse (embodiment and transformation) areas. Within the interacting
ecological layers as a backdrop, we identified resilience as a strength-based processes, praxis,
and symbolic action or belief that women use as a means of claiming sovereignty over
themselves (see Figure 2).

[Insert Figure 2]

Our contextualized resilience framework is presented and described in order of the
innermost circle to the surrounding overlapping layers. The individual layer at the center should
be understood as moving through, influenced by, and influencing all overlapping layers in the framework.

**Discussion of Results**

The five primary theme findings were synthesized to develop our concept of a multi-layered contextualized resilience framework. The conceptual framework of contextualized resilience presented here was created to better understand how resilience works via both lived processes and symbolically for women of color, specifically Black, Hispanic, and Latina women to create better birth outcomes. Our framework was purposively developed using transdisciplinarity, as transdisciplinarity is achieved when a group develops an overarching framework that includes but transcends individual disciplines (Adler & Stewart, 2010). The resulting framework will be vetted and informed by Black, Hispanic, and Latina women based on their personal and community experiences. That said, we also intend our framework of contextualized resilience to expand on existing conceptual transdisciplinary knowledge and offer a starting point of theoretical discussion regarding how an ecological, critically aware, women of color centered resilience framework can be further constructed. A table of strategies to increase resilience was developed from the literature reviewed, and can be expanded through future community involvement and research (see Table 2).

[Insert Table 2]

**Layer One – Capacity**

The first resilience layer of the framework is described through the lens of individual capacity and internal abilities. The individual in the framework has been placed at the center and is represented through arrows that move within and throughout the overlapping layers of the framework, indicative of the resilient making praxis of the individual and the field within
symbolic and collective bodies in which individual interacts (Bourdieu, 1977). Social networks and supports have also been factored into the likelihood of an individual to display resilient behavior (Dunkel Schetter, 2011; Dunkel Schetter & Dolbier, 2011; Dunkel Schetter et al., 2013; Ungar, 2008, 2011a; Ungar, Brown, Liebenberg & Othman, 2007). We choose capacity as the descriptor to delineate the traits that represent resilience of the self. Although traits such as self-esteem, mastery, self-regulation, positivity, and other coping skills can no doubt build resilience in many environments, centering resilience in an individual’s personality or characteristics takes away from understanding how the ecological and social environments influence how individuals shift and negotiate resources as a process of resilience (Hobfoll, 2014). The primary focus on individual traits and capacity is based on a Eurocentric, dominant culture and western value-laden lens and can fail to provide a deep understanding of how Black, Hispanic, and Latina women build strength and support in their lives (Burnette & Figley, 2016; Kirmayer et al., 2011; Ungar, 2011a).

Resilience at the individual layer can be displayed in many different manners with the ability to adapt, shape and “shift and persist” or to “navigate and negotiate” as a process that ultimately bids to create better health outcomes amid the context of these disparate conditions (Burnette, 2015, 2017; Dunkel Schetter et al., 2013; Panter-Brick, 2015, 2014; Ungar, 2008, 2011b). Building self-regulatory skills through learning cognitive behavioral stress management has been shown to reduce perceived stress levels during pregnancy for Black, Latina, Asian, mixed, and White low-income women, although these skills did not improve cortisol levels during pregnancy (Urizar, Jr., Yim, Rodriguez, & Dunkel Schetter, 2019). A recent study on U.S. born and foreign-born Latinas experiencing anxiety while pregnant showed a pathway between mid-term anxiety and a placental corticotrophin-releasing hormone, resulting in shorter
gestation as compared to their non-Latina White counterparts (Ramos et al., 2019). Given that discrimination, racism, and various forms of stress cause poor health outcomes and birthing experiences, it is necessary to gain a better understanding of how the lived experiences around resilience create and safeguard wellness against the stress response (Burnette, 2015, 2017; Chae et al., 2018; Farmer, 2004; Krieger & Davey Smith, 2004; Nuru-Jeter et al., 2009; Selita & Kovas, 2018; Walters et al., 2011).

**Layer Two – Entitlement**

The second layer of entitlement is aligned with family, intimates, and friends. Entitlement includes a sense of coherence, the belief that the world and one's existence in it, is logical and consistent (Antonovsky, 1993). Entitlement is an essential part of resistance resources where a sense of coherence includes 1) comprehensibility: belief that the world is comprehensible and ordered; 2) manageability: belief that one has the skill, ability, support/help, or resources to face challenges; 3) meaningfulness: belief that life is worthwhile and has purpose. In terms of understanding resilience for Black, Hispanic, and Latina women, we include an important fourth additional element, the sense that one has the right to exist—which is not contested, denied, or ignored in the lived context of other layers in the contextual framework. This addition is important to understand in the context of symbolic violence (Bourdieu, 1977) and vulnerability via limited opportunities and the racist, classist, and gendered assaults experienced in everyday life (Michau, Horn, Bank, Dutt, & Zimmerman, 2015). This sense of entitlement is inherent in the intimate level of how we construct our value and right to exist vis-a-vis the world around us (Popova, 2015).

Entitlement involves the processes and symbolic concept of finding belonging, love, and solace in intimate, familial, and friend relationships, while also experiencing a sense of
continuity and a right to essential life, belonging (Antonovsky, 1993) and a notion of self-worth. Women experience and affirm their worth and identities through building relationships which provide belonging through a sense of coherence, which helps to manage a chaotic world (Bourdieu, 1977; Eriksson, 2017). Family and friends also provide connections to community relationships and supports for women (Campos et al., 2008). Researched foreign-born and U.S. born pregnant Latinas benefited from higher levels of social supports via familialism compared to their non-Latina White counterparts (Campos et al., 2008). Social supports were related to higher birth weights for foreign-born Latinas, as compared to their U.S. born Latinas and European American counterparts (Campos et al., 2008). Close relationships build resilience by reflecting back self-esteem and self-love for Black, Hispanic, and Latina women (hooks, 2001).

Reshaping and struggling against cultural scripts, such as gender roles, stereotypes, and other representations, allows women the movement to create authentic forms of love, solace, and belonging in relationships (Ross & Solinger, 2017; Mullings, 1997, 2002; Davis, 2014). Socio-political contexts and economic forces heavily influence gendered roles and cultural scripts. Migration, poverty, and cultural expectations can combine to create gender inequities. Research of Mexican-origin immigrant women in the United States found that gender inequity, and, subsequently, reproductive health behaviors linked with unequal distribution of labor at home, family levels of stability, and socioeconomic disparities. Although cultural norms influenced gendered roles, those roles were also influenced by migration patterns and resulting educational and economic opportunities for women (Coleman-Minahan, 2017).

Black, Hispanic and Latina women use known forms of cultural capital from their own histories and cultures as well as “dominant” White middle-class culture (Bourdieu, 1977; Yosso, 2005) to actively build resources through negotiating and navigating community support systems.
and socioeconomic environments (Panter-Brick, 2015, 2014; Ungar, 2011b) even among social fields and contexts in which resources have been historically restricted. In terms of birthing experiences, Black, Hispanic, and Latina women manage the sense of chaos that is a consequence of historical oppressions and structural violence by creating order and a sense of meaning via the agency of loving relationships with their own bodies, future children, lovers, and close family members (hooks, 2001; Mullings, 1997, 2002; Mullings & Wali, 2001). Creating a sense of safety via connection and belonging, produces better social supports, buffers stressful experiences and may disrupt or negate biosocial mechanisms that influence adverse birth outcomes.

**Layer Three – Resistance**

The third layer in our resilience framework is community—representing culture, intersectional identities, the local environment, and collective cultures, both historical and contemporary. Communities are complex systems, involving the social-cultural, physical, economic and built environment (Pinderhughes et al., 2016), and often contain intergenerational histories of trauma, and structural violence. Collective and intergenerational community trauma and adverse life experiences (Anda, Butchart, Felitti & Brown, 2010; Felitti et al., 1998) leads to poor health for all members of the community, including birthing women. Resistance, as an operational term, is used for this third layer and is defined as defying or opposing dominant individuals or institutions in a “context of differential power relationships” and, at times, can involve “refusal,” or rejecting unequal relationships to assert new ways in which power is configured (Seymour, 2006). Resistance activates and embodies resilience in the community. The movement of collective culture resisting inequities has been the basis of many positivist political and human rights movements in recent history, with the civil rights movement being the
most famous example (Davis, Barat, & West, 2016; Quesada et al., 2014). Organizing and giving collective support is restorative at the community, familial, and individual levels (Kirmayer et al., 2011; Lorde, 1999; Pinderhughes et al., 2016).

Healing collective trauma through social networks, rebuilding broken down built environments, and creating resources to combat socioeconomic barriers allow the act of communal self-caring and engagement to be transformative on an individual level, which directly and positively impacts women’s lives, stress level responses, and pregnancies. The individual self, and in this case pregnant and birthing women, can then survive through involvement in collective community (hooks, 2016a, 2016b) because the process of solidarity provides immunity or a buffer to maladaptive health outcomes (Pinderhughes et al., 2016; Quesada et al., 2011; Ramey et al., 2015). The internalization of social status and pregnancy related anxiety among Mexican immigrant women has been shown to predict low birth weight (Fleuriet & Sunil, 2015, 2017a), as has the reproductive habitus, defined as the manner of living the “reproductive body, bodily practices, and the creation of new subjects through interactions with people and structures” (Fleuriet & Sunil, 2015; Smith-Oka, 2012). The embodiment of selfhood via community agency can provide women with the ability to engage in personal practices that bolster self-regulation, self-efficiency, stress management, positive coping skills and contributes to better social economic resources (Dunkel Schetter & Dolbier 2011) that produce an embodied impact on pregnant Black, Hispanic, and Latina women.

Layer Four – Structural Vulnerability

The fourth layer of structural vulnerability describes the economic forces, institutional mechanisms, as well as the local policies that influence the quality of life and health of community members. Black, Hispanic, and Latina women are disproportionately negatively
impacted by structural forces, both institutionally, and through local policies that have not been created and managed to serve women of color (Bourgois et al., 2017; Krieger, 2012; Nuru-Jeter et al., 2009; Sealy-Jefferson et al., 2016; Walters et al., 2011). Structural vulnerability is an operationalized term that strongly aligns along all layers of the framework and can best inform the structural layer. Structural vulnerability (Bourgois et al., 2017; Green, 2011) describes an individual’s or a group’s condition of being at risk for negative health outcomes through their interactions with socioeconomic, political, cultural, and normative hierarchies. Individuals are structurally vulnerable when their location in societal interactive reinforcing power hierarchies (e.g., socioeconomic, racial, cultural) and institutional and policy statuses (e.g., immigration status, labor force participation, legal histories) constrain their ability to access health care and pursue healthy lifestyles (Bourgois et al., 2017; pg. 2).

Privilege and access to power in the United States was built through the development of natural and financial resources, while the historical disparity of access to these resources is the foundation of racial oppression and inequity (Du Bois, 1909). Community trauma involves a lack of resources and opportunity, a disregard for the built environment, and a proliferation of neglected urban social spaces that serve as visual indicators of segregation. These in turn negatively impact the health of the Black, Hispanic, and Latina women and increase stress levels that contribute to adverse pregnancy outcomes (Bonam et al., 2016; Burton, Kemp, Leung, Matthews, & Takeuchi, 2011; Gravlee, 2009; Mehra, Boyd & Ickovics, 2017; Pinderhughes et al., 2016; Suglia et al., 2010). Claiming power and producing praxis-based agency, which accordingly produces resilience, can reduce biosocial links to stress responses for birthing women.

Layer Five – Historical Oppression
The fifth layer represents the policy, law, and historical legacy of racism and oppression of our framework and highlights the established mechanisms of segregation that perpetuated inequities for communities of color and historically underrepresented groups. The operationalized term we are using that clarifies this process is historical oppression. Historical oppression focuses on “historically situating social problems in their structural causes, rather than inappropriately locating problems solely within the populations who tend to disproportionately experience them” (Burnette & Heffinger, 2017; Waller, 2001). This definition also includes the internalization of historical and contemporary oppressions, hierarchical power relationships, and an understanding of the intersectionality of racism, sexism, and colonial histories of U.S. policies (Crenshaw, 1991; Ford & Airhihenbuwa, 2010; Freire, 1972).

Building social resilience through community and common narratives of belonging can bolster a sense of entitlement across the intimate, familial, and community levels. Building community around healing is a step towards resilience in itself because hope is within the narrative of belonging and the right, or entitlement to exist. The processes of building resilience through active resistance in civil and social activism becomes more important as a function of hope (Castañeda et al., 2015; Davis, Barat, & West, 2016).

Understanding how structural violence is normalized within communities in both overt and silent ways helps us demonstrate how resilience is produced via joy, intimacy, and hope, even in spaces where the experience of collective community has been historically under resourced and undervalued (Abdou et al., 2010; Burnette, 2015, 2017; Kirmayer et al., 2009; Krieger, 2012; Pinderhughes et al., 2016). Daily interactions of indignities with healthcare personnel add up to increased stress and worry for Black, Hispanic, and Latina women, resulting in increased adverse birth outcomes (Colen, Ramey, Cooksey, & Williams, 2018; Author et al.,
2018; Novak et al., 2017; Nuru-Jeter et al., 2009; Suglia et al., 2010). Any fundamental shift in attitude, understanding, and policy towards creating systems of dignity, such as accessible, consistent supportive healthcare, in addition to informative, culturally humble and respectful health providers, can improve Black, Hispanic, and Latina women’s birth experiences by reducing cumulative stress and physiological responses in the body during pregnancy. Increased access to health and preconception care, nutritional fresh foods, economic opportunities and family supports can also provide an understructure to promote healthy birth outcomes and resilient pregnancies (Hamad, Collin, Baer & Jelliffe-Pawlowski, 2019; Lu et al., 2010; Prather et al., 2018).

Layer Six – Embodiment

The final layer of our framework, embodiment, involves the hegemonic discourse and the rejection of oppressive ideological representations, stereotypical norms, and a process of healing by means of developing critical consciousness and resistance around previously naturalized power inequities. The re-acquisition of places, memory, self, and history becomes a means of remaking the self (Davis et al., 2016; Freire, 1972). Resilience can be cultivated through the rejection of norms based on stereotypical representations, resulting in ongoing healing and transformation (Allen et al., 2014; Burnette & Figley, 2016; Panter-Brick, 2015, 2014; Pinderhughes et al., 2016; Ungar, 2012). Embodiment represents this layer of the framework and exists in all overlapping layers. Embodiment represents how stressors, inequities, and symbolic and/or literal insults are held, housed, and experienced in the self (Scheper-Hughes & Lock, 1987). It is an important concept and highlights how both trauma and resilience can affect the health and well-being of Black, Hispanic, and Latina women, influencing reproductive health and pregnancy outcomes in numerous ways (Krieger & Davey Smith, 2004; Nuru-Jeter et al., 2009). More specifically, it is crucial to understand how hegemonic discourse shapes and
influences the reproductive rights and health of women of color (Roberts, 1999). Embodiment represents the ways in which resilience, healing, and transformation lives in the symbolic space of thought and action on all layers of our framework.

After experiencing collective or individual experiences of trauma, various types of protective dissociation through the creation of art and cultural narratives can serve as projections of future hope and functional forms of escape. Similarly to art, transformation can be manifested through innovation and community knowledge, producing social action and local systems of positive change (Akom, Shah, Nakai, & Cruz, 2016). Along historical collective groups, solidarity acts as a transformative element via shared action, hope, and the healing of the larger social body (Kirmayer et al., 2011; Teufel-Shone, Tippens, McCrary, Ehiri, & Sanderson, 2018). Solidarity through political and social movements also provides witnessing of wrongs and inequities. Constructing narratives around people’s collective experiences of inequities influences policy change, reduces health disparities through increased access to care, and lowers experiences of discrimination and stress for pregnant and birthing women.

**Conclusions and Future Research**

This analysis was conducted using a preconceptual model for a scoping literature review of resilience from various fields relating to the definition, processes and creation of resilience that resulted in a multi-layered contextual resilience framework. The studies included in the review were synthesized by women of color to understand how Black, Hispanic, and Latina women create and cultivate resilience in their lives to influence healthy pregnancies and birth outcomes. However, any assertion of this contextual resilience framework is ineffective and unproductive if not further refined and vetted among communities of Black, Hispanic, and Latina women (Wallerstein, Yen, & Syme, 2011). The resulting contextual resilience framework was
developed with women of color, with intention to women of color scholarship and developing different ways of thinking about resilience and how it is captured in future studies. Thus, our framework identifies the limitations of how resilience has been defined and finds issue with how communities have been engaged or included in determining how to measure and present the information gleamed about them and for them. While centering Black, Hispanic, and Latina women within the creation and ongoing development of this framework and any measures developed to further its evolution, we also welcome a discussion regarding how a contextualized resilience framework can be better conceptualized with a lived understanding of the multi-dynamic processes that Black, Hispanic, and Latina women manage and negotiate while engaging resiliently. Future research should also consider biosocial links and biopsychological pathways is a viable and important method of research in order to understand how resilience is embodied among pregnant Black, Hispanic, and Latina women.

This contextual framework is the first step in the development of a praxis-based framework that has been conceptualized with the sole intent of identifying resilient strength-based practices that women of color currently manifest in their lives. The conceptual review was not exhaustive but aimed to cover many major works and fields of thought across different conceptualizations on resilience theory. The strength of our contextual framework is that it pulls from many fields and concepts to build upon our basic premise, and women of color are central to the narrative of their own health, wellbeing, and transformative strengths. Black, Hispanic, and Latina women in the United States have been navigating and negotiating their ability to survive and thrive for centuries, as well as endeavoring to embody healthy pregnancies and babies. Within this centrally focused view, we must strive to understand the overlapping layers
of the ecological system developed by historical oppressions and shaped via structural vulnerabilities (Bourgois et al., 2017; Burnette & Figley, 2016; Krieger, 2012).

Future research and understanding should focus on how people in diaspora create and interact in resilient communities. Our review also did not include a discussion of trans men and lesbian women of color’s experience with pregnancy and birth outcomes, as well as omitted a very relevant discussion of discrimination and its impact on pregnancy and birth outcomes for lesbian, gay, bisexual, transgender, queer, inter- and asexual individuals. We also did not research or discuss the experience of differently abled women’s birthing experiences or outcomes, thus falling short of providing an important and more comprehensive understanding of the adverse and different experiences they also have.

Subsequent resilience research should include feedback and opinions of Black, Hispanic, Latina women and birthing people in relation to their pregnancy and birthing experiences. Collaboration with women and birthing people is needed to better understand biosocial links and biopsychological pathways that influence pregnancy outcomes. Suggested activities and research include (a) the creation of contextual resilience measures with community members, (b) further development of narrative definitions for layers of the ecological framework, co-authored with women in represented communities to identify the processes and needs to bolster resilience, (c) implementation of vetted resilience supporting programs, education and structures to build community leadership, wealth, social support systems, and wellness, and (d) educational training for service providers, and community leadership and activism to create supportive health policies and wellness for birthing Black, Hispanic, Latina women, and birthing people’s families and communities.
References


doi:10.1177/1363459305050583


Epstein, R. M., & Krasner, M. S. (2013). Physician resilience: what it means, why it matters, and
how to promote it. *Academic Medicine, 88*(3), 301-303. doi:10.1097/ACM.0b013e318280eff0


https://doi.org/10.1007/978-3-319-04600-6_11


https://doi.org/10.1007/978-3-319-04600-6_11


WIC Food Package With Perinatal and Birth Outcomes: A Quasi-Experimental Study. 


Herman, J. L. (2015). *Trauma and recovery: The aftermath of violence--from domestic abuse to political terror.* United Kingdom: Hachette.


http://mc.manuscriptcentral.com/qhr


Table 1. Key Concepts for Contextual Resilience Framework

<table>
<thead>
<tr>
<th>Layer</th>
<th>Definition &amp; Disciplines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Embodiment</strong></td>
<td>Embodiment can be understood as how stressors, inequities, symbolic and/or literal insults are held, housed and experienced in the self, as well as how wellness, belonging and love are experienced (hooks, 2000; Krieger, 2005; Scheper-Hughes &amp; Lock, 1987; Walters et al., 2011): Anthropology (Medical/Social), Sociology, Public Health, Cross Cultural Psychology, Indigenous Studies</td>
</tr>
<tr>
<td><strong>Historical Oppression</strong></td>
<td>The framework of Historical Oppression (Burnette &amp; Figley, 2016) is an ecosystematic overlapping resilience framework that focuses on the experiences in relationship to contemporary, historical trauma, and structural violence. This model also critically examines how historical oppressions structural violence and gender intersect to uniquely impact the lives of women: Social Work/ Cultural Psychology/Indigenous Studies</td>
</tr>
<tr>
<td><strong>Structural Vulnerability</strong></td>
<td>Structural vulnerability describes an individual’s or a group condition of being at risk for negative health outcomes through their intersections with socioeconomic, political, cultural, and normative hierarchies (Bourgois &amp; Quesada, 2016; Green, 2011): Medical Anthropology/ Public Health</td>
</tr>
<tr>
<td><strong>Entitlement</strong></td>
<td>Entitlement is a sense of belonging and worthiness that is inherent in the intimate level of how we construct our value, and right to exist vis-a-vie the world around us. It includes a sense of coherence, the belief that the world and one's existence in it, is logical and consistent (Antonovsky, 1993). **Entitlement is our term developed to expand upon and add to a “sense of coherence” (Antonovsky, 1993; Davis et al., 2016; Fanon, 1965; Kirmayer, et al., 2009; Masten, 2001; Popova, 2015): Psychology, Transcultural Psychiatry/Indigenous Studies/Sociology/Poetry</td>
</tr>
<tr>
<td><strong>Capacity</strong></td>
<td>Capacity is an overarching term that is defined as characteristics and traits that allow an individual to overcome and experience trauma and hardship without negative outcomes and/or while experiencing growth and can involve support networks and community (Dunkel Schetter &amp; Dolbier, 2011; Kirmayer, et al., 2009; Masten, 2001). Capacity changes based on access to power and power dynamics and is experienced by the individual across and within the layers of our model: Psychology, Public Health, Social Work/Cross Cultural Psychology</td>
</tr>
</tbody>
</table>

*Used as a theoretical foundation for our resilience model

**Definition developed by authors for our resilience model
Figure 1. Preconceptual Model of the Contextual Resilience Framework

Note. Arrows represent that “individual” resilience is found within all layers of the overlapping model.
Figure 2. Layers of the Final Contextual Resilience Framework

Hegemonic Discourse
(Embodiment/Transformation)

Family/Intimates/Friends
(Entitlement)

Community/Collective Culture
(Resistance)

Policy
(Historical Oppression/Manifesting)

Structural/Institutions
(Structural Vulnerability/Reformation)

Individual
(Capacity)

Note. Arrows represent that “individual” resilience is found and interactive within all layers of the overlapping framework.
Table 2. Strategies to Increase Resilience along Contextual Framework layers

<table>
<thead>
<tr>
<th>Contextual Layer</th>
<th>Strategies</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Individual: Capacity</strong></td>
<td>- Consciousness raising, skill building, activism</td>
<td>Burnette, 2017; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; hooks, 2016; Kirmayer et al., 2009; Michau et al., 2015; Pinderhughes et al., 2016; Ramey et al., 2015; Urizar et al., 2019; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017</td>
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<tr>
<td></td>
<td>- Listening and validating, processing/integrating personal traumatic experiences, family healing, tailored supports &amp; opportunities, build connections &amp; structure</td>
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<td></td>
<td>- Trauma informed care, educational systems and mental health services</td>
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<td></td>
<td>- Teaching mindfulness skills, somatic healing, self-love and kindness, coping skills and stress management</td>
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<td></td>
<td>- Capacity to freely choose and define relationships entered into and boundaries for health and wellness</td>
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<td></td>
<td>- Dignified access to cultural competent and humble mental health services or various emotional supports</td>
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<tr>
<td><strong>Family/Intimates/Friends: Entitlement</strong></td>
<td>- Experiencing recognition, respect and dialogue – critical reflection, skill building, organizing</td>
<td>Burnette, 2017; Campos, et.al, 2008; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; hooks, 2016; Kirmayer et al., 2009; Author et al., 2018; Michau et al., 2015; Pinderhughes et al., 2016; Ramey et al., 2015; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017</td>
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<tr>
<td></td>
<td>- Family affirmation of non-violent values</td>
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<td></td>
<td>- Elder and family narration of supportive cultural values</td>
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<td></td>
<td>- Spiritual foundation or belief (individual or organized)</td>
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<td></td>
<td>- Rebuilding relationships and networks, strengthening healthy social norms, families/friends that support health and safety</td>
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<td></td>
<td>- Creating extended kin or support networks (build informal support systems)</td>
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<td></td>
<td>- Creating family and child focused support systems for support, housing, food, childcare and employment, shared resources (build social capital)</td>
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<td></td>
<td>- Support for challenging and redefining cultural gendered norms around gender identity, sexual identities, reproductive choices</td>
<td>Akom, et.al, 2016; Bourdieu, 1990; Burnette, 2017; Campos, et.al, 2008; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; Gramsci, 2011; Hamad et al., 2019; hooks, 2016</td>
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<tr>
<td>Structural/Institutional: Structural Vulnerability/Reformation</td>
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<tr>
<td>healing spaces, arts &amp; expression, base &amp; power-building</td>
<td>2016; Kirmayer et al., 2011; Lu et al., 2010; Author et al., 2018; Michau et al., 2015; Peña, 2011; Pinderhughes et al., 2016; Prather et al., 2018; Ramey et al., 2015; Wallerstein, 2011; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)</td>
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<tr>
<td>Restorative justice, healing circles, economic empowerment, workforce development, investment in resources/create local wealth (build cultural capital)</td>
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<tr>
<td>Using innovative knowledge and technology to create transformation and social action in local communities</td>
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<tr>
<td>Build sustainable gardens, traditional food growth and shared knowledge</td>
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<td>Access to affordable, fresh and local food</td>
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<td>Inclusive leadership that co-partners with community members</td>
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<tr>
<td>Providing culturally relevant history, narratives and access to teachers, elders and culturally reflective community systems</td>
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<tr>
<td>Trauma informed and historical oppression informed systems</td>
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<tr>
<td>Inclusive spaces and supportive systems for diversely abled women and parents – including removal of barriers to extended education and career/workforce trajectories</td>
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<td>Supportive infrastructure, public opinion campaigns, social movements for state accountability, legal and policy reform, funding, advocacy</td>
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<tr>
<td>Healing-centered &amp; restorative practices, listening campaigns, collective care, adaptive, responsive, and proximate, power-sharing (nothing about us without us)</td>
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<tr>
<td>Providing health care and other services with dignity and cultural humility</td>
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<tr>
<td>People in positions of power must be reflective of people they are in service to and have a praxis based reflective commitment to improve care and outcomes</td>
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<tr>
<td>Creating safer public spaces, improve built environment, invest in housing, transportation, availability of quality products and housing</td>
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<tr>
<td>Community and political organizing</td>
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<tr>
<td>Commit to environmental preservation and safeguarding</td>
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<tr>
<td>Research, studies and publications should be done with ecological levels and context incorporated and built on</td>
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<tr>
<td>Akom, et.al, 2016; Bourdieu, 1990; Burnette, 2017; Castañeda et al., 2015; Davis, 2016; Davis, 2014; Elm, et.al, 2016; Freire, 2000; Gramsci, 2011; hooks, 2016; Kirmayer et al., 2009; Lu et al., 2010; Author et al., 2018; Michau et al., 2015; Peña, 2011; Pinderhughes et al., 2016; Prather et al., 2018; Wallerstein, 2011; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)</td>
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</tbody>
</table>
strength resources and relationships in communities
- Allies responsible for reflection, education and dismantling segregating, racist and oppressive systems
- Transparent power relationships and creation of equitable access to services and resources
- Create supportive community systems for women, single mothers to live independently if desired and when needed
- Support Family systems and parent involvement
- Built environments and supportive systems for diversely abled women and parents

<table>
<thead>
<tr>
<th>Policy/Law: Historical Oppression/Subversion, Abolishing and Manifesting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance of power/gender equality</td>
</tr>
<tr>
<td>Collective liberation by truth &amp; reconciliation, reparations, redistribution, open borders/no borders, multi-racial solidarity, (re)imagined social compact</td>
</tr>
<tr>
<td>Local policy and law enacted that is written by and for populations that have been historically discriminated against</td>
</tr>
<tr>
<td>Restructuring and recreation of wealth in historically low access communities</td>
</tr>
<tr>
<td>Local laws that represent needs of women’s reproductive choices and desires/needs</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hegemonic Discourse/Media: Embodiment and Re-Acquisition/Transformation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Art and cultural expression, cultural representation in health services, government, leadership, educators, dignified representation and culturally competent service providers/partners, historical truth ….</td>
</tr>
<tr>
<td>Reformation of historical reproductive limitations and choices, independent access of choice provided to ALL women and birthing people</td>
</tr>
<tr>
<td>Recreation of normalized representation for mothers and women, to include LGBT and non-binary, trans identifying parenting, reproductive health and birthing practices/choices</td>
</tr>
</tbody>
</table>

Bourdieu, 1990; Burnette, 2017; S. Davis, 2014; Elm, et.al, 2016; Freire, 1972; Gramsci, 2011; Kirmayer et al., 2009; Lu et al., 2010; Michau et la., 2015; Pinderhughes et al., 2016; Prather et al., 2018; “Self-Healing Communities,” 2016; “Trauma and Healing Learning Series,” 2017)
A Transdisciplinary Conceptual Framework of Contextualized Resilience for Reducing Adverse Birth Outcomes

Supplemental Figure S1. PRISMA of Scoping Review Research

Supplementary Table S1. Summary Table of Existing Resilience Definitions

Supplementary Table S2. Literary and Conceptual Influences for the Contextualized Resilience Framework

This supplementary material has been provided by the authors to give readers additional information about their work.
Supplementary Table S1. Summary Table of Existing Resilience Definitions

<table>
<thead>
<tr>
<th>Discipline/s</th>
<th>Citation/Author/s</th>
<th>Existing Definitions of Resilience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthropology (Social, Urban, Medical)</td>
<td>(Bourgois, 2001, 2003; Castañeda et al., 2014; Farmer, 2004; Farmer et al., 2004; Panter-Brick, 2014, 2015; Scheper-Hughes &amp; Lock, 1987)</td>
<td>Seen through a social ecological framework informed by structural violence and vulnerabilities. A process of accessing key resources to sustain wellness in which political economies, access to power, and cultural norms and expectations influence practices differently in various environments.</td>
</tr>
<tr>
<td>Cross Cultural Psychology/Transcultural Psychiatry/Indigenous Studies</td>
<td>(Allen et al., 2014; Elm, et. al, 2016; Kirmayer, et. al, 2011; Kirmayer et al., 2009).</td>
<td>Seen as dynamic socio-ecological process influenced by cultural, language and community history and health. Social determinants and community resilience are interlinked with an individual’s culture, community, family and extended kin.</td>
</tr>
<tr>
<td>Social Work and Cultural Psychology</td>
<td>(Burnette, 2015; Burnette &amp; Figley, 2017; Burnette &amp; Hefflinger, 2017; Theron, Liebenberg &amp; Ungar, 2015; Ungar, 2008, 2011b)</td>
<td>Capacities of individuals to navigate psychological, social, cultural, and physical resources to sustain their well-being and negotiate these physical and symbolic spaces. Historical oppression is a framework of experiences of Indigenous people in relationship to contemporary and historical trauma and structural violence.</td>
</tr>
<tr>
<td>Psychology</td>
<td>(Antonovsky, 1993; Mancini &amp; Bonanno, 2009; Dunkel Schetter, 2011; Dunkel Schetter, &amp; Dolbier, 2011; Southwick et al., 2014) (Antonovsky, 1993; Eriksson, 2017; Hobfoll, 2014; Southwick et al., 2014)</td>
<td>Psychology has various definitions, 1) a steady trajectory of healthy functioning and coping, 2) the ability of a dynamic system to adapt, and 3) Resilience, which may exist and occur with PTSD (post-traumatic stress syndrome) and other trauma related responses.</td>
</tr>
<tr>
<td>Public Health</td>
<td>(Krieger, 2001, 2011; Novak, Geonimus, Martinez-Cardosa, 2017; Nuru-Jeter et al., 2009; Ramey et al., 2014; Panter-Brick, 2014, 2015; Southwick, et. al, 2014)</td>
<td>Defined in various ways, based on multiple theoretical frameworks. 1) Resilience can be seen as involving personal capacity, social and familial supports, and the ability to cope with stress, 2) The ecological or ecosocial model uses a multi-contextual framework that looks at the impact of structural violence, such as racism, class and gender inequities, and the embodied impact on health these inequities produce along the individual to the macro, or political level.</td>
</tr>
<tr>
<td>Science</td>
<td>(Gravlee, 2009; Krieger, 2012a; Selita &amp; Kovas, 2018; Southwick, et. al, 2014)</td>
<td>Basic science seeks to determine biological and genetic contributors to resilience, and how an organism interacts with the environment and vice-versa. Two important perspectives also address how the environment can shape biology, and how existing biology reacts to adverse events.</td>
</tr>
<tr>
<td>Medicine</td>
<td>(Epstein &amp; Krasner, 2013)</td>
<td>Personal resilience in medicine refers to five dimensions of connectedness that survivors experience after a serious medical occurrence: social, familial, connection to the physical environment, connection to personal inner wisdom and a strong psychological self.</td>
</tr>
<tr>
<td>Nursing</td>
<td>(Turner &amp; Kaylor, 2015)</td>
<td>Described as how nurses themselves build resilience strategies to be successful in their roles. Resilience has been defined as a nurse’s capacity to deal with stress and adverse situations by providing a protective buffer for patients, as well as supporting a patient’s return to wellness of “reconstitution.”</td>
</tr>
<tr>
<td>Sociology</td>
<td>(Pinderhughes, et.al, 2016)</td>
<td>Sociology addresses resilience as a multidimensional process of adaptation that is influenced by socioeconomics and systems of social capital and power.</td>
</tr>
</tbody>
</table>
Supplemental Figure S1. PRISMA of Scoping Review Research

**Key Search Terms:** Resilience, resilience and Trauma, resilience and community, resilience and women of color/Black/African American/Hispanic/Latina, preterm birth, adverse birth outcomes, resistance, structural violence, women of color, communities of color and trauma/resilience, embodiment

**Limitations:** English language

**Results:** 323,096

**Databases included:**
- PubMed, Anthro Source = 1,658
- JSTOR = 53,387
- Science Direct = 82,051
- Google Scholar = 1,860,000

**Studies excluded/Did not meet inclusion criteria:** 322,036

**Full article abstracts successfully retrieved:** 1060

**Excluded:** 926

**Exclusion criteria:** War related trauma and resilience, sports related resilience, studies that define resilience as individual choice/traits/characteristics, studies of resilience that focus on adverse events

**Articles reviewed for more detail:** 166

**Final studies used for conceptual framework development:** 115
Supplementary Table S2. Literary and Conceptual Influences for the Contextualized Resilience Framework

<table>
<thead>
<tr>
<th>Discipline/s</th>
<th>Citation/Author/s</th>
<th>Key Contribution/s to Contextual Framework</th>
</tr>
</thead>
</table>
● Mechanisms of social suffering                                               |
● "Perverse" resilience/resistance  
● Generational impact of political & economic inequities  
● Symbolic violence and cultural capital                                         |
● Political economy in relation to health inequities and immigration              |
• Sojourner Syndrome |
|------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------|
• Embodiment of historical trauma  
• Impact of inequities on disease |
• Embodiment of historical trauma  
• Impact of inequities on disease |
• Living in the US alters the meaning of motherhood and pregnancy and which increases stress during pregnancy, impacting low birth weight |
<table>
<thead>
<tr>
<th>Author</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fleuriet, K. J., &amp; Sunil, T. S.</td>
<td>2015</td>
<td>Reproductive habitus, psychosocial health, and birth weight variation in Mexican immigrant and Mexican American women in south Texas</td>
<td>Social Science &amp; Medicine, 138, 102-109.</td>
<td>Reproductive habitus and social status influences the sociocultural process on birth weight outcomes. Different subjective social status that mediates psychosocial stresses in different ways, leading to different low birth weights.</td>
</tr>
<tr>
<td>Fleuriet, J., &amp; Sunil, T.</td>
<td>2017</td>
<td>The Latina Birth Weight Paradox: the Role of Subjective Social Status</td>
<td>Journal of Racial and Ethnic Health Disparities</td>
<td>Subjective social status, depression, and perceived social among Mexican immigrant women and Mexican American women (both pregnant and non-pregnant). Community subjective social status was correlated with levels of depressive symptoms and perceived social stress.</td>
</tr>
</tbody>
</table>
• Resistance and transformation |
| --- | --- | --- |
• Sojourner syndrome as a framework |
• Intersectionality of race, class and gender  
• Impact of environmental racism and housing insecurity on reproductive health |
• Analyzing the political economy of resilience  
• Negotiating social, economic and material resources and narrative meaning as context |
| Anthropology (Medical) | Panter-Brick, C. (2015). Culture and resilience: Next steps for theory and practice. In Youth Resilience and Culture (pp. 233–244). Springer. | • Understanding culture in order to better understand resilience  
• Clarifying individual and family level pathways to resilience |
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<td>Field</td>
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</table>
- Community/Collective Culture  
- Community Inequity  
- Intimate Partner Violence (IPV)  
- Resilience |
| --- | --- | --- |
- Resilience and Transcendence  
- Structural Institution/Vulnerability  
- Community/Collective Culture |
- Tensions between individuals and culture  
- Resilience interventions with at-risk populations |
- Social and Physical Ecologies increase resilience  
- Resilience as a dynamic processes  
- Opportunity Structure  
- Distinguishing resilience from assets |
• Importance of social and physical ecologies  
• Protective mechanisms and processes foster resilience even under adversity  
• Processes rather than individual characteristics |
• Protective factors  
• Fostering environments that encourage and assist resilience  
• Research global and local protective processes  
• Understand contextual and cultural influences |
• Seven Tensions identified: access to material resources, relationships, identity, cohesion, power and control, social justice, and cultural adherence |
● Exposure to stress, trauma, discrimination and substance abuse  
● Historical Oppression  
● Multiple minority oppressed status  
● Narrative |
● Race-based trauma  
● Trauma models should take in historical trauma/resilience  
● Self-governance  
● Cultural and spiritual renewal |
● Intergenerational trauma  
● Chronic historic trauma vs. discrete historic trauma events  
● Different types of historic trauma results in different health and mental health outcomes, depressive vs. anxiety  
● Ecosocial theory |
● Sustainability of the health care workforce  
● Patient safety is the responsibility of communities of practice |
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<th>Field</th>
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- Providing a protective buffer for patients,  
- Supporting a patient’s return to wellness |
- Resilience-building in nurses  
- Supporting patient’s health |
| Psychology     | Antonovsky, A. (1993). The sense of coherence as a determinant of health. *In Health and Wellbeing* (pp. 202-211). Macmillan Education UK. | - Both disease and wellness are the norm, instead of extremes  
- Sense of coherence (SOC)  
- Coherent life experiences via psychosocial, material, and biological factors |
- Community Collective Culture  
- Racial disparities and overexposure to environmental pollution |
• (PTEs) potentially traumatic events  
• Latent growth mixture modeling (LGMM) |
• Latinas scored higher in social supports compared to European Americans  
• Higher social support was related to higher infant birth weight  
• Latinas scored higher in social supports compared to European Americans  
• Higher social support was related to higher infant birth weight |
• Pregnancy Anxiety is a risk factor to preterm birth  
• Prenatal Stress in context of structural violence  
• Biosociological pathways to adverse pregnancy outcomes |
• Context of Chronic Stress  
• Mechanisms linking chronic stress and health |
• Inequities and links to birth outcomes via stress pathway to health disparities  
• Perceived stress, chronic stress, IPV (interpersonal violence), racism |
• Toxic Stress and HPA axis linked to adult disease, substance abuse and poor mental health  
• Paradigm shift |
| Psychology | Herman, J. L. (2015). Trauma and recovery: The aftermath of violence, from domestic abuse to political terror. New York: Basic Books, a member of the Perseus Books Group. | • Trauma needs to be understood in sociopolitical context  
• Safety and connection as fundamental in healing  
• Paradigm shift |
• Resource caravans and passageways  
• Complex PTSD  
• Trauma models currently remove us from context and intervention  
• Constructs and processes that represent resilience |
• New Key Concepts: toughness, resistance to breakdown, and plasticity |
| Psychology | Masten, A. S. (2015). Ordinary magic: Resilience in development. Guilford Publications. | • Resilience in children and adolescents is common given adaptive systems both internal and external  
• Resilience is an order processes and resource |
• Individual differences  
• Resources  
• Appraisal process  
• Social support  
• Coping |
- Placental corticotrophin-releasing hormone is possible mechanism  
- Latinas reported higher levels of pregnancy anxiety |
- Stress linked to lower birth weight and preterm birth  
- Coping relaxation skills shown to reduce stress levels during pregnancy for Black, Latina, Asian, mixed, and White low-income women  
- These skills did not improve cortisol levels during pregnancy |
- Bonding, attunement and safe connections as healing  
- “Restoring relationships and community is central to restoring well-being.” |
- It constantly changes and interacts within a ecosystemic context |
| Public Health | Abdou, C. M., Schetter, C. D., Jones, F., Roubinov, D., Tsai, S., Jones, L., ... Hobel, C. (2010) Community perspectives: mixed-methods investigation of culture, stress, resilience, and... | - Community based participation  
- Sociocultural contexts can promote resilience |
<table>
<thead>
<tr>
<th>Category</th>
<th>Source</th>
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</table>
- Adverse birth outcomes among Black women  
- Preterm birth and low birthweight  

- Upwardly mobile non-Whites report more discriminatory treatment.  
- Discrimination results in Black/White gap in health.  
- Exposure to discriminatory treatment doesn’t explain much of Hispanic/White disparity  

- Gendered division of labor in the home leads to lower education rates, younger initial sexuality rates, higher rates of intimate partner violence and higher unintended pregnancy rates  
- The socio-political context of migration and disparities in gender  

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**References:**


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**Links:**

- [Social Science & Medicine](https://doi.org/10.1016/j.socscimed.2017.04.019)
- [Integrating Approaches from Across Disciplines](https://doi.org/10.1016/j.socscimed.2017.04.051)
- [Social Science & Medicine](https://doi.org/10.1016/j.socscimed.2017.04.051)
- US-born Latinas had poorer birth outcomes for preterm, low birth rate and small for gestational age outcomes
- Foreign-born Latinas only had a lower risk for preterm birth
- Supports a variation of the "Latina Paradox"
- Health Equity via the elimination of racism
- Praxis based critical and race consciousness
- Racist rhetoric and anti-immigration policies/legislation had negative health outcomes on Latinos
- Immigration stressors show links to higher blood pressure/pulse and poorer mental health among Latinas
- Early health deterioration for Blacks due to sociopolitical adversity and high levels of coping – not explained by poverty

http://mc.manuscriptcentral.com/qhr
- Physiological mechanism involved in health disparities  
- Impact of improved nutritional food on pregnancies for WIC Food Packages  
- Revised food package with more fruit, vegetables, whole grains and milk had a positive impact for birth outcomes  
- Birth weights more likely to be within healthy range |
- Maternal and infant health  
- Racial health inequities  
- Preterm births, and low birthweight |
- Little evidence that LBW and risk factors are modified by acculturation other than higher weight (obesity)  
- More research needs to be done regarding LBW in high weight (obesity) and lower income levels and behavior |
• Embodiment of racial inequity  
• Paradigm shift  
• Social determinants of health |
|---|---|---|
• Embodiment of racial inequity  
• Paradigm shift  
• Structural/Institutional Vulnerability  
• Discrimination is an exploitative and oppressive tool  
• Current research methods underestimate influence of racism on health. |
• Social epidemiology should expand to understand “embodiment,” and the causes and outcomes  
• Social inequities become expressed in societal disparities in health |
• Anti-Latino and Middle Eastern legislation and hate crimes and discrimination increases severe stress  
• The 2016 election increased racist rhetoric, specifically focused on the |
- Preterm births increased after election, with foreign born Latinas experiencing the highest rates  
- Allostatic load  
- 12 point plan to reduce birth disparities  
- Weathering via higher allostatic load which impacts pregnancy before and during  
- Stress linked to inflammatory dysregulation increasing risk of preterm labor and low birth weights |
- Systematic review of segregation and birth outcomes  
- Among Black mothers segregation is associated with increased risk of birth outcomes  
- Among White mothers segregation has little to no association with birth outcomes |
- Racialized stressors via discrimination and stress  
- Immigration raid influenced 24% increase in low birth weight and moderate elevation in preterm birth  
- Effected both US born and foreign born Latinas |
• Racism measures needed to understand impact on childbearing  
• Low birth weight, very low birthweight and preterm birth  
• Sense of vigilance of future racism for self and child/ren |
• Ethnic enclaves result in lower birth weights for US-born Mexican American women, suggesting downward assimilation  
• Living in immigrant enclaves (as compared to "ethnic enclaves" with limited social mobility and social environments) may have a protective benefit against low birth weights |
• Historical lens needed to address inequities and develop innovative models to improve health for African American women  
• Racism as a risk factor and cause for adverse health outcomes – not “race as a risk factor” |
<table>
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<tr>
<th>Publication</th>
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• Social determinants lead to inequitable health outcomes among African American women
• How institutional racism, personally mediated racism, internalized racism, work - all across the ecological model |
• Identified stress and resilience along ecological levels
• Ecological impact on birth outcomes |
• Intersectionality
• Pregnancy, abortion and parenting |
• Further research needed to look at inflammation and links between perceived neighborhood safety and order, depressive symptoms and preterm birth |
● Worse birth outcomes are consistent with socio-economic disadvantage  
● Policy should not be created with the "Latina Paradox" in mind as safeguards for socioeconomic disadvantaged Latinas from poor birth outcomes |
● Resilience literature review for American Indian and Alaska Native  
● Community Efficacy & Resilience |
● Social epidemiology and community-engaged interventions  
● Transdisciplinary training, practice, and research |
● Multiple pathways for racism to impact health casing health disparities  
● Discrimination, institutional racism & cultural racism’s links  
● Multiple links between proximal pathways and physiological responses of racisms impact on health |
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<td>• Gene-Gini interplay</td>
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<td>• Inequality stifles the expression of educationally relevant genetic propensities</td>
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<td>• Genes and socio-demographic factors impact health, well-being and educational outcomes</td>
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<td>• Racialized Legal Status (RLS) as a mechanism for social inequality with effects on health disparities</td>
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<td>• Primary impacts on individual Black and Latinos</td>
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<td>• Spill over impacts on those in social proximity</td>
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<td>• Habitus/symbolic violence</td>
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<td>• praxis/doxa/hexus</td>
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<td>• symbolic and cultural capital</td>
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<td>• production/reproduction &amp; internalization of power</td>
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<td>• Ecological and Cultural Diversity</td>
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<td>• Does ethnic-racial socialization provide resilience against interpersonal racism</td>
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<td>• Connection between racial discrimination and crime</td>
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|           | • Intersectionality as a way to understand intersection and complexity of race, class, gender, sexuality, ethnicity, citizenship, religion, dis/ability  
• Intersectionality as a theoretical framework                                                                                                                                                                                                                      |
|           | • Connections between state violence and worldwide oppression  
• Human liberation movement  
• Historical struggles and activism                                                                                                                                                                                                                             |
|           | • Salutogenic construct  
• Sense of coherence  
• Generalized resilience resource  
• Understanding how coherence improves health and well-being                                                                                                                                                       |
|           | • Political analysis of power  
• Relationship between power and subject  
• History as a force that shapes contemporary power and interaction                                                                                                                                                                                                   |
● Understanding of production and reproduction of social class and opportunities  
● Challenging oppressor/transported dichotomy  
● Liberation Theology  
● Praxis |
| --- | --- | --- |
● Social norms, supports and institutions reproduce status quo of inequities |
● Love is unmeasurable and hard to identify, unlike other currency/material value |
● Paradigm shift |
● Self care and acknowledgment as preservation  
● Self care and authenticity as essential entitlement to life |
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<td>● Importance of impact of early environments on brain development</td>
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<td>● Important to use biological inquiry paired with other resilience measures</td>
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<td>● Understand limits and strengths of applying biology to resilience research</td>
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<td>● Framework for addressing and preventing community trauma</td>
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<td>● Need community understanding of trauma</td>
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<td>● Promoting community resilience via individual approaches, community strategies and resilient community</td>
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<td>● Reproductive justice</td>
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<td>● Historical reproductive inequities and oppression</td>
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<td>● Economic privilege and wealth tied to historical controlling and exploiting Black women’s bodies</td>
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<td>● Ecological-transactional model - culture, community, kinship and family basis of resilience</td>
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<td>● Capacity vs. multilevel processes and practices in everyday life</td>
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<td>● Resilience processes in adolescence</td>
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<td>● Grounded theory and life histories</td>
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• Contemporary link between historical oppressions and stressors  
• Intergenerational transmission of historical trauma |
• Social and cultural context to resilience  
• Look at processes in which communities themselves create and produce resilience  
• Resilience as processes that pull from various forms and arenas of strength |
• Links between resilience and social capital  
• Building community resilience  
• Cultural context, language and spirituality, family ties, child development, building material wealth and infrastructure, storytelling and ties to environment, healing through helping, activism |
| Other sources: Education | Akom, A., Shah, A., Nakai, A., & Cruz, T. (2016). Youth participatory action research (YPAR) 2.0: how technological innovation and digital organizing sparked a food revolution in East Oakland. International Journal of Qualitative Studies in Education, 29(10), 1287-1307. doi: 10.1080/09518398.2016.1201609 | • Digital tech & app creation with “ground truthing” created a food revolution in East Oakland and enabled community youth leadership, innovation and community transformation  • Tech innovation as a modality to transform social inequities  • Social action is becoming fluid with flexible and ever changing access to information and knowledge |
| Other sources | Du Bois, W. E. B. (Ed.). (1909). The Negro American family: report of a social study made principally by the college classes of 1909 and 1910 of Atlanta University, under the patronage of the trustees of the John F. Slater Fund; together with the proceedings of the 13th annual conference for the study of the negro problems, held at Atlanta University on Tuesday, May the 26th, 1908 (No. 13). Atlanta University Press. | • Historical foundation of inequities and privilege in US  • Financial privilege and access to power in the US built via development of natural and financial resources,  • Disparity to access of resources structure of racial oppression and inequity from US beginning |
| Other sources | Fanon, F. (1965). The wretched of the earth. Translated [from the French] by Constance Farrington | • Psychological impact of racialization and colonialism  • Internalization of inequities and reproduction of social suffering  • Anti-colonial revolution and liberation |
• Liberation Praxis  
• Interacting Layers of Trauma and Healing |
|---|---|---|
• Belonging to the self  
• A right to exist as belonging |
• Challenge to White middle/upper class cultural capital as only capital  
• Community cultural wealth includes aspirational, navigational, social, linguistic, familial and resistant capital  
• Modes and capital used to navigate |