



Minimizing the Impact of Adverse Childhood Experiences through a Focus on Adverse Community Experiences

Early childhood is a critical time for development. Early experiences and exposures can shape opportunities and outcomes for a lifetime.¹ Further, exposures to adverse childhood experiences (ACEs) have been associated with poor health behaviors, higher risk for chronic diseases, increased use of health care services across the life course, and lower life expectancy overall.^{2,3} For this reason, a growing number of initiatives and organizations are focusing on addressing ACEs, including [ACEs Too High](#), Building Community Resilience, [Mobilizing Action for Resilient Communities \(MARC\)](#), and the [Center for Youth Wellness](#).

Adverse community experiences – such as concentrated poverty, segregation from opportunity, and community violence – contribute to community trauma, which can exacerbate ACEs. Community trauma makes ACEs more likely to occur and diminishes the conditions that are protective against the impact of ACEs. Therefore, focusing on adverse community experiences and community trauma is important in reducing exposure to ACEs as well as minimizing their long-term impact.

Photo credit: Andrea Flores Shelton

Safe & Peaceful Neighborhoods event at Children of the Rainbow Park, City of San Jose, July 21, 2017

Adverse childhood experiences (ACEs) include:

- Physical abuse or neglect
- Sexual abuse
- Emotional abuse or neglect
- Parent or caregiver treated violently
- Substance misuse within household
- Household member who has mental illness
- Parental separation or divorce
- Incarceration of household member

Source: Substance Abuse and Mental Health Services Administration, 2017

This brief explains the relationship between ACEs and adverse community experiences, thus making the case for focusing on preventing and addressing trauma at the community level, in addition to the growing focus on individual trauma. It also provides examples of emerging strategies to address community trauma and build community resilience.

What is community trauma?

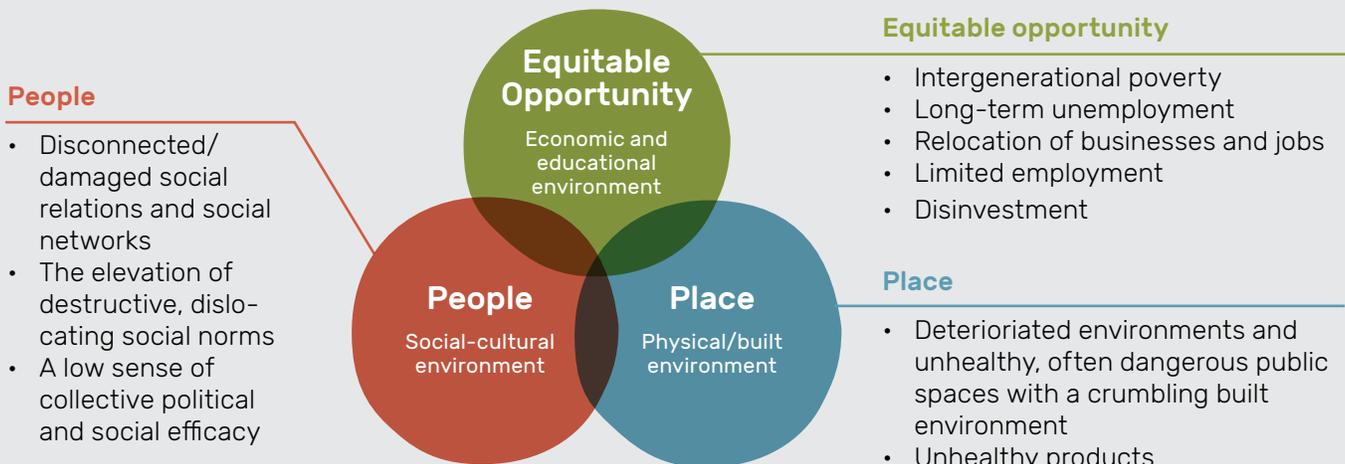
Community trauma is the impact of chronic adversity across a community from factors such as structural violence and community violence, or the threat of or loss from community violence. Structural violence refers to harm that individuals, families, and communities experience from economic and social structures; social institutions; and relations of power, privilege, inequality, and inequity which may harm people and communities— preventing them from meeting their basic needs⁴ (see Table 1 for examples).

Community trauma is not just the aggregate of individuals in a neighborhood who have experienced adversity. Trauma also manifests as symptoms at the community level, in the sociocultural environment, the physical/built environment, and the economic environment⁵ (see Figure 1). For example, community trauma appears as damaged, fragmented, or disrupted social relations, particularly intergenerational relations, as deteriorated buildings and public spaces, and as multigenerational poverty.

Table 1: Examples of Structural Violence

- Concentrated poverty
- Inequitable distribution of power, wealth, resources, and opportunity
- Residential segregation/segregation from opportunity
- Redlining
- Gentrification and displacement
- Racism, sexism, classism, and heteronormativity
- Disproportionate toxic exposures – environmental injustice
- Poor transportation systems
- Poor food systems
- Disinvestment
- Flight of businesses out of communities
- Predatory marketing and business practices
- Failing school systems and zero tolerance policies
- Over/oppressive policing, under policing, and unconstitutional policing
- Differential sentencing and minimum sentencing – higher rates of incarceration
- Criminalization of mental illness and substance abuse

Figure 1. THRIVE and Symptoms of Community Trauma



Source: Adverse Community Experiences and Resilience: Prevention Institute, 2016.

Why is addressing community trauma important in reducing exposure to ACEs and in addressing the long-term impact of ACEs?

Community trauma exacerbates ACEs, because 1) it increases risk factors that make ACEs more likely to occur, and 2) it reduces resilience factors which are protective against the impact of ACEs.

Community trauma increases risk factors that make ACEs more likely to occur.

- Adverse community experiences contribute to trauma across the community, too often on top of the trauma that individuals may already be experiencing, creating negative cumulative impact. In communities with high levels of violence (community and/or structural), community trauma is pervasive.⁶ When pervasive at the community level, trauma impacts people across the lifespan. Young children who are exposed to ACEs also experience the symptoms of community trauma (see Figure 1). Further, it impacts adults in the community—caregivers, service providers, first responders, and teachers – diminishing their capacity to be supportive and caring adults and increasing the likelihood of young children being exposed to ACEs. Collectively, adverse community experiences and ACEs contribute to a negative cumulative impact on young children.
- Community trauma is a risk factor for community violence, which can increase exposure to ACEs. While community trauma results in part from experiencing community violence, it also increases the risk of violence,⁷ creating a mutually reinforcing cycle. Community violence itself is a risk factor for child maltreatment,⁸ which is reflected in ACEs as physical abuse or neglect and emotional abuse or neglect. Further, in communities in which there are high rates of violence, there are also higher levels of policing and engagement with the criminal justice system, which increases the chances of household members being incarcerated (also an ACE). Approximately 45 percent of men aged 24 or younger who are in state and federal prisons are fathers,⁹ indicative of the level of exposure to this ACE among children.

Community trauma reduces resilience factors for ACEs, exacerbating their impact.

- Community trauma is a barrier to putting effective community improvement strategies in place. As the movement to address ACEs increasingly focuses on community-level solutions, it is important to recognize that communities with high rates of trauma are compromised in their capacity to be part of the solution.¹⁰ This minimizes the impact of community improvement initiatives. As one practitioner expressed, “Trauma gets in the way of us doing what we need to do. When it is chronic and not episodic, it is really damaging.”¹¹ Community trauma diminishes community empowerment and civic participation, which are powerful for achieving better community health outcomes¹² and less violence.¹³ Efforts focused on community change could have greater impact by addressing and preventing community trauma.
- Community trauma compromises social networks and support—a protective factor against toxic stress. Toxic stress typically has been conceptualized as strong, frequent or chronic activation of an individual’s stress-response systems in the absence of supportive relationships.¹⁴ The build-up of toxic stress from ACEs contributes to poor outcomes over a lifetime, including reduced life expectancy.¹⁵ A critical difference between tolerable stress and toxic stress is the presence of supportive relationships in the context of adversity (see the Stress Continuum on page 4). Community trauma manifests, in part, as disconnected or damaged social relations and networks,¹⁶ meaning its presence diminishes a key factor that is protective against the buildup of toxic stress. Healthy, vibrant communities provide the foundation for building resilience in the face of adversity and different types of stress. In particular, resilient communities provide the foundation for building strong intergenerational relationships and connectedness, which are protective against stress becoming toxic.



Photo credit: CC Parker Knight

The Stress Continuum and the Role of Community Trauma

Stress exists on a continuum from positive stress to tolerable stress to toxic stress.

Positive stress is brief and typically mild, such as when a child is anxious about the first day at a childcare center¹⁷ or when a community goes through an election and change in leadership.

Tolerable stress is more serious. Examples include the death of loved ones, contentious divorces, or even a natural disaster or act of terrorism and can include exposure to ACEs, as long as social supports are present to buffer the impact of any of these exposures.

Toxic stress is dangerous for health and well-being. This can include exposure to multiple ACEs, without protective factors, such as social supports in place to buffer their impact.

A critical difference between positive and tolerable stress, compared to toxic, is that supportive relationships exist that protect against derailing healthy development.¹⁸ Further, the circumstances that contribute to tolerable stress could be damaging, but when buffered by social supports, these supports can prevent neuronal disruptions and help with coping with adversity.¹⁹ Community trauma compromises the kinds of supportive relationships that could otherwise be protective against toxic stress.

What can be done to address community trauma?

A growing number of communities are implementing strategies to address community trauma. An important starting point is healing. At the community level, healing may take different forms, including healing circles and vigils and instituting restorative justice practices and community dialogue. Healing is not an individual experience and resilience is not an individual quality. People heal and are resilient through their connections and participation in families and communities. Other strategies to prevent and address community trauma include rebuilding social relationships and broken social networks; strengthening social norms that encourage healthy behaviors, community connection and community oriented positive social norms; creating safer public spaces through improvements in the built environment; reclaiming and improving public spaces; establishing restorative justice practices; promoting healing circles; and fostering economic empowerment and workforce development.²⁰

Such strategies can also help minimize the impact and reduce the likelihood of ACEs. Each of the following examples demonstrates how to improve factors in the community. Two of the examples reduce risk factors, and two of the examples increase resilience factors. In each of the examples, ACEs that are addressed are noted in italics.

Sample community trauma strategies reducing risk factors that make ACEs more likely to occur

Engaging multiple sectors to address trauma: Working with various sectors to understand individual and community trauma can lead to strategies that address the impacts of trauma on adults— including caregivers and service providers. For example, as part of the [Mobilizing Action for Resilient Communities](#) (MARC) initiative, several sites are training business leaders about ACEs and how trauma can impact employees, and the bottom line as a result. This work has informed business-led strategies to reduce the impacts of trauma on employees. Strategies include support for staff around substance abuse, domestic violence, and parenting; off-site childcare for employees; and mindfulness rooms and programs

at the work place.²¹ Multi-sectoral networks can build community capacity and willingness to prevent and address trauma, through the exchange and dissemination of knowledge, tools, and sources of resilience.

Restorative justice: Recognizing the traumatizing impacts of traditional criminal justice approaches, restorative justice programs shift the norms around conflict resolution and institute healing circles to support people in pursuing educational and economic opportunities, among other outcomes. For example, Denver, CO's Juvenile Diversion Program provides an alternative to formal court proceedings for first-time juvenile offenders. The program focuses on youth skill-building through participation in activities such as community service, restitution, and restorative justice. By providing an alternative to incarceration or further involvement in the criminal justice system, the program helps to break the school-to-prison pipeline and provides opportunities for youth to develop important skills in problem-solving, conflict resolution, and job-training.²² Effective restorative justice programs are also intentionally structured to strengthen social networks by rebuilding intergenerational relationships and connection.

Sample community trauma strategies increasing resilience factors for ACEs

Trauma-informed community-building (TICB): Developed by the community housing developer BRIDGE Housing Corporation, the TICB approach recognizes the impact of pervasive trauma on a community, including the trauma that could result from displacement and new housing development. For example, as part of the [Rebuild Potrero Community-Building Initiative](#) in San Francisco, CA, BRIDGE Housing's Healing Generations Project offers community social activities, parenting workshops, and daily walking school buses to local elementary schools as part of public housing transformation efforts.²³ The TICB approach directly engages community residents in the transformation of their own physical environments, while building stronger social relationships and support during the transition to new housing. Outcomes for residents include reduced depression, improved self-esteem, greater feelings of happiness and relaxation, increased physical activity, a healthier diet, and

maintenance of a healthy weight.²⁴ BRIDGE has helped to ensure that more residents become active community stakeholders and that they feel increasingly connected within their community.²⁵ Community building activities have also fostered new and meaningful connections between residents and have served as the foundation for the development of cross-cultural and multi-generational relationships.²⁶ Community empowerment, social networks, and trust are important for both building community resilience and preventing ACEs such as child abuse and neglect and domestic violence.

Participatory community-driven planning processes:

These processes acknowledge the effects of trauma on the community's ability to put effective community improvement strategies in place. Effective participatory planning processes should incorporate community healing and engage community members in all aspects of planning and implementing strategies to improve their own communities, including budgetary decisions. For example, in Tacoma, WA, the Tacoma Pierce County Health Department and community partners are working to enhance community resilience to prevent and mitigate the impacts of trauma through a community-driven planning process. The process operates on the principles of equity, inclusivity, transparency, and participatory decision-making, and integrates spaces and opportunities for collective healing from trauma.²⁷ In addition to strengthening community efficacy, community-driven planning processes improve the environment of economic and educational opportunity when residents can directly influence the investment in their communities.

For further information on Adverse Community Experiences and Resilience

With the support of Kaiser Permanente Northern California Community Benefit, Prevention Institute and Dr. Howard Pinderhughes developed Adverse Community Experiences and Resilience (ACE|R): A Framework for Addressing and Preventing Community Trauma. ACE|R provides a roadmap for addressing and preventing community trauma. Access the ACE|R report at www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing.

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CRADLE TO COMMUNITY: A FOCUS ON COMMUNITY SAFETY AND HEALTHY CHILD DEVELOPMENT was a national partnership project of Prevention Institute and the Center for the Study of Social Policy, supported by a grant from the Robert Wood Johnson Foundation. With the UNITY City Network and Early Childhood LINC, the project identified strategic policy, practice, systems, and

norms change levers to make communities safer so that all children have the opportunity to develop optimally. The project also identified policies and practices to strengthen early childhood development as a strategy to foster safer communities in the long-term. Activities included convenings, a learning lab, peer learning forums, technical assistance, and the development of briefs, fact sheets, and profiles to support practice. The 18 month planning grant laid the foundation for critical work at the intersection of healthy child development and community safety, all in service to a Culture of Health.

PREVENTION INSTITUTE is a focal point for primary prevention, dedicated to fostering health, safety, and equity by taking action to build resilience and to prevent problems in the first place. A national nonprofit with offices in Oakland, Los Angeles, and Washington D.C., we advance strategies, provide training and technical assistance, transform research into practice, and support collaboration across sectors to embed prevention and equity in all practices and policies. Since its founding in 1997, Prevention Institute has focused on transforming communities by advancing community prevention, health equity, injury and violence prevention, healthy eating and active living environments, health system transformation, and mental health and wellbeing.

UNITY, a [Prevention Institute](#) initiative, builds community safety in cities through comprehensive, multi-sector strategies that prevent violence and support community resilience. By supporting practice and innovation, UNITY has been collectively advancing the field and shifting the paradigm on community violence and what cities can do about it since 2005.

THE CENTER FOR THE STUDY OF SOCIAL POLICY (CSSP) is a national, nonprofit organization recognized for its leadership in shaping policy, reforming public systems and building the capacity of communities. CSSP's mission is to secure equal opportunities and better futures for all children and families. The organization works to ensure that children and youth are born healthy; enter school ready to learn and succeed; and grow up in safe, supported, and economically successful families and communities. CSSP especially focuses on those who face the most significant barriers to opportunity, including racial and ethnic minorities, immigrants and refugees, families in neighborhoods of concentrated poverty, and families in contact with intervening public systems.

EARLY CHILDHOOD LEARNING AND INNOVATION NETWORK FOR COMMUNITIES (EC-LINC), an initiative of the [Center for the Study of Social Policy](#), was developed by and for local communities across the country, and works to support families and improve results for young children through accelerating the development of effective, integrated, local early childhood systems.

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Endnotes

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CRADLE TO COMMUNITY: A FOCUS ON COMMUNITY

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