What? Why? How?

Answers to Frequently Asked Questions about the Adverse Community Experiences and Resilience Framework
FUNDING AND AUTHORSHIP

Written by Prevention Institute.

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Prevention Institute (PI) 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 catalyze innovation, advance policy and systems change, and build momentum for prevention, wellbeing, and health equity. 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.

Suggested Citation
What happens to a dream deferred?

Does it dry up
like a raisin in the sun?
Or fester like a sore—
And then run?
Does it stink like rotten meat?
Or crust and sugar over—
like a syrupy sweet?

Maybe it just sags
like a heavy load.

Or does it explode?

– Langston Hughes, “Harlem”
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Executive Summary

There is more known about the impact of trauma than ever. If unaddressed at the individual level, trauma makes it hard to succeed in school, interferes with work productivity, damages relationships, increases the risk of suicide and other forms of violence, and is associated with shorter lifespans. When trauma manifests as a community phenomenon, it damages community cohesion, fosters damaging norms, and exacerbates individual trauma. For communities, this can mean compromised academic achievement; diminished economic productivity; and shorter, less healthy lives. Fortunately, more is known than ever about how to address and prevent trauma at both the individual and community levels, making communities stronger and more resilient.

**Adverse Community Experiences and Resilience (ACE|R): A Framework for Addressing and Preventing Community Trauma** was the first framework of its kind to advance an understanding of trauma at the community level and to work toward community resilience and prevention. The Framework advances the understanding that adverse community experiences contribute to trauma at the individual and community levels. Trauma manifests as symptoms within individuals and across communities, such as in disconnected social relations and networks. Supporting community healing and building community resilience fosters communities that can thrive, even in the context of future adversity, and creates conditions for effective collective action by communities to find solutions that improve community wellbeing.

**What? Why? How?** builds off of core concepts in the Adverse Community Experiences and Resilience Framework and addresses early questions that emerged in practice and implementation. Community efforts to operationalize the Adverse Community Experiences and Resilience Framework revealed opportunities to refine and clarify elements of the Framework and to expand its applicability across a diversity of communities and community concerns. This document organizes these learnings as Frequently Asked Questions (FAQ).
Terminology at a glance

- **Structural drivers**: the inequitable distribution of power, money, and resources.2

- **Structural violence**: that which inflicts harm on communities.

- **Violence**: the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, maldevelopment, or deprivation.3

- **Adverse Community Experiences**: structural violence and violence.

- **Trauma**: the impact of experiences or situations that are painful.

- **Community trauma**: the impact of chronic adversity across a community.

- **Community resilience**: the ability/capacity of a community to adapt, recover and thrive, even in the face of adversity.

Concepts at a glance

**COMMUNITY TRAUMA**

- **The difference between structural drivers and structural violence**: structural drivers drive conditions that harm communities; structural violence is what inflicts the harm, contributing to trauma.

- **Symptoms of community trauma**: the manifestations of the impact of experiencing adversity (structural violence and/or violence) across a community.

- **Importance of addressing community trauma**: communities with high levels of community trauma share similar characteristics (see symptoms of community trauma) that make it difficult for them to develop and implement effective strategies to improve wellbeing and thrive.

- **Elements of a resilient community that are protective against community trauma**: social connections and trust, willingness to act for the community good, cultural identity, safe gathering places, and economic opportunity.
THE IMPORTANCE OF THE COMMUNITY ENVIRONMENT

• **Importance of a focus on the community level:** there is a strong and growing evidence base confirming the power of community environments and factors in shaping health, mental wellbeing, safety, and equity.

• **Adverse community environments:** adverse community environments are environments that do not provide ample opportunities to achieve optimal health, mental wellbeing, safety, and equity.

PAIRS OF ACE’S

• **The difference between Adverse Community Experiences and adverse community environments:** Adverse Community Experiences recognize the traumatic and widespread impact of chronic adversity across a community; adverse community environments are environments that do not provide ample opportunities to achieve health, mental wellbeing, safety, and equity.

• **The relationship between Adverse Community Experiences and Adverse Childhood Experiences:** Adverse Community Experiences contribute to community trauma, which in turn contributes to and exacerbates Adverse Childhood Experiences (ACEs) in two ways: community trauma 1) increases risk factors that make ACEs more likely to occur, and 2) reduces resilience factors which are protective against the impact of ACEs.

LINKS WITH VIOLENCE

• **The relationship between structural violence and violence:** structural violence creates the community conditions that increase the likelihood of violence (risk factors) and diminishes factors that are protective against violence (resilience factors).

• **The relationship between violence (structural and interpersonal) and community trauma:** structural violence, violence, and trauma create a self-perpetuating, mutually reinforcing production cycle.

• **The relationship between the symptoms of trauma and community risk factors for violence:** the presence of community trauma (manifested as symptoms) compromises community factors in a way that increases the likelihood of them being risk factors for multiple forms of violence.
Actions at a glance

- **How are communities using the Adverse Community Experiences and Resilience Framework?** Communities around the country are adopting, adapting and implementing the Adverse Community Experiences Framework and/or elements of the Framework as part of their efforts to improve community wellbeing across a range of community concerns.

- **What should we do to address community trauma?** Community trauma can be addressed through action at the community level to foster more resilient communities and at the systems and policy level to alter the factors that are contributing to community trauma.

- **How can we track/measure progress?** Tracking community change necessitates the need for community indicators.

- **What are some policy and practice directions to address and prevent community trauma?** Policy and organizational practices can support healing and community resilience and alter the factors that are contributing to community trauma.

- **How do you engage the community in the process?** Locales engage community members through a variety of processes including town hall meetings, focus groups, community planning processes, surveys, and interviews.
What? Why? How?

Introduction

There is more known about the impact of trauma than ever. If unaddressed, at the individual level, trauma makes it hard to succeed in school, interferes with work productivity, damages relationships, increases the risk of suicide and other forms of violence, and is associated with shorter lifespans. When it manifests as a community phenomenon, trauma damages community cohesion, fosters damaging norms, and exacerbates individual trauma. For communities, this can mean compromised academic achievement; diminished economic productivity; and shorter, less healthy lives causing human suffering and driving rising healthcare and other costs. Fortunately, there is more known than ever about how to address and prevent trauma at both the individual and community levels, making communities stronger and more resilient to cope with, and address, the next potential adverse community experience.

About the Adverse Community Experiences and Resilience Framework

Adverse Community Experiences and Resilience (ACE|R): A Framework for Addressing and Preventing Community Trauma was the first of its kind framework to advance an understanding of trauma at the community level and to work toward community resilience and prevention. The Framework advances the understanding that adverse community experiences – structural violence and violence – contribute to trauma at the individual and community levels. Trauma manifests as symptoms within individuals and across communities, such as in disconnected social relations and networks. Trauma at both the individual and community level increases the likelihood of further adverse community experiences, thus creating a mutually reinforcing
production cycle, in which trauma and violence are produced and reproduced in communities and across generations. Supporting community healing and building community resilience fosters communities that can thrive, even in the context of future adversity and creates conditions for effective collective action by communities to find solutions that improve community wellbeing. Diagrams depicting the production of trauma from violence and promoting community resilience are depicted on the following two pages and explained in greater detail in the document, *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma*.

**About this Document**

*What? Why? How?* builds off of core concepts in the Framework and addresses questions that have emerged in practice and implementation. It is based on themes and lessons that emerged over an 18-month grant from Kaiser Permanente Community Benefit, National and Northern California, to advance and refine the *Adverse Community Experiences and Resilience Framework* and to develop and disseminate products that build an understanding of the Framework and emerging solutions. Over this period, communities adopted, adapted and/or integrated the Framework into their efforts to improve community outcomes. The Framework was applied across multiple community concerns, including multiple forms of violence, opioid misuse, a desire to improve mental health and wellbeing, and strengthening communities in the face of climate change. Community efforts to operationalize the *Adverse Community Experiences and Resilience Framework* revealed opportunities to refine and clarify elements of the Framework and to expand its applicability across a diversity of communities and community concerns. This document organizes these learnings as Frequently Asked Questions (FAQ) and serves as a reference guide for further implementation of the Framework.
The Production of Trauma from Violence

- Re-experiencing
- Emotional numbing
- Avoidance
- Increased arousal

Equitable Opportunity
- Inter-generational poverty
- Unemployment
- Disinvestment

People
- Disconnected, damaged relations
- Destructive social norms
- Low sense of political/social efficacy

Place
- Deteriorated environments
- Unhealthy, dangerous public spaces
- Crumbling built environment

FREQUENTLY ASKED QUESTIONS ABOUT THE ADVERSE COMMUNITY EXPERIENCES AND RESILIENCE FRAMEWORK
FAQ questions at a glance

**Terminology**

What are structural drivers?
What is structural violence?
What is violence?
What are Adverse Community Experiences?
What is trauma?
What is community trauma?
What is community resilience?

**Concepts**

**COMMUNITY TRAUMA**

What is the difference between structural drivers and structural violence?
What are the symptoms of community trauma?
Why is it important to address community trauma?
What are the elements of a resilient community that are protective against community trauma?

**THE IMPORTANCE OF THE COMMUNITY ENVIRONMENT**

Why focus on the community level?
What are adverse community environments?
PAIRS OF ACE’S
What is the difference between Adverse Community Experiences and adverse community environments?

What is the relationship between adverse community experiences and adverse childhood experiences?

LINKS WITH VIOLENCE
What is the relationship between structural violence and violence?

What is the relationship between violence (structural and interpersonal) and community trauma?

It seems there is a lot of overlap between the symptoms of trauma and community risk factors for violence. How are they different?

Actions
How are communities using the Adverse Community Experiences and Resilience Framework?

What should we do to address community trauma?

How can we track/measure progress?

What are some policy and practice directions to address and prevent community trauma?

How do you engage the community in the process?
Terminology

At a glance

**Structural drivers:** the inequitable distribution of power, money, and resources.\(^4\)

**Structural violence:** that which inflicts harm on communities.

**Violence:** the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, maldevelopment, or deprivation.\(^5\)

**Adverse Community Experiences:** structural violence and violence.

**Trauma:** the impact of experiences or situations that are painful.

**Community trauma:** the impact of chronic adversity across a community.

**Community resilience:** the ability/capacity of a community to adapt, recover and thrive, even in the face of adversity.

**What are structural drivers?**

*Structural drivers are the inequitable distribution of power, money, and resources.*\(^4\) Examples include: the housing market, the market economy, educational opportunity, community development and design, justice, and immigration. Racism, sexism, classism, ableism, and heteronor-mativity influence the inequitable distribution of power, money and resources across the drivers. As the systemic and institutional arrangements that can cause harm (i.e., inflict structural violence), structural drivers shape the circumstances in which people are born, grow, live, work, and age.\(^7\) Ask: *What systems are driving the harm?*

**What is structural violence?**

*Structural violence is what inflicts harm on communities* and is driven by structural drivers. It is sometimes referred to as systemic violence. Structural violence is often the result of past discriminatory actions and current-day policies, laws, practices, and procedures within
government, institutions, businesses and systems, and whether deliberate or inadvertent, have produced negative health and safety outcomes and contributed to health inequities across racial/ethnic and socioeconomic lines. Examples include: displacement and gentrification, loss of economic engines/jobs, school funding formulas, toxic exposures, the criminalization of mental illness and substance abuse, and family separation due to immigration status. In the Adverse Community Experiences and Resilience Framework, we defined structural violence as the harm that individuals, families, and communities experience from the economic and social structure; social institutions; and relations of power, privilege, inequality, and inequity that may harm people and communities by preventing them from meeting their basic needs. Ask: What’s inflicting the harm?

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<thead>
<tr>
<th>Structural Drivers – examples</th>
<th>Structural Violence – associated examples</th>
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<tbody>
<tr>
<td><strong>The housing market</strong></td>
<td><strong>The market economy</strong></td>
</tr>
<tr>
<td>• Displacement</td>
<td>• Unsustainable, poverty level wages and work arrangements</td>
</tr>
<tr>
<td>• Gentrification</td>
<td>• Underemployment</td>
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<td></td>
<td>• Flight of businesses</td>
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<td>• Loss of community economic engine</td>
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<td>• Homelessness</td>
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<td>• Widespread job loss</td>
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<td>• Shift to automation/technology</td>
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<td>• Redlining</td>
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<td>• Segregation from opportunity</td>
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<td><strong>Educational system</strong></td>
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<td>• Failing schools and school systems</td>
<td>• Disproportionate toxic exposures</td>
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<td>• Zero tolerance policies</td>
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<tr>
<td></td>
<td>• School funding formulas</td>
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<tr>
<td><strong>Community development and design</strong></td>
<td><strong>Justice system</strong></td>
</tr>
<tr>
<td>• Disproportionate toxic exposures</td>
<td>• Over/oppressive policing, under policing, and unconstitutional policing</td>
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<td></td>
<td>• Criminalization of mental illness and substance abuse</td>
</tr>
<tr>
<td></td>
<td>• Differential sentencing and minimum sentencing, higher rates of incarceration</td>
</tr>
<tr>
<td><strong>Justice system</strong></td>
<td><strong>Immigration policy</strong></td>
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<tr>
<td>• Over/oppressive policing, under policing, and unconstitutional policing</td>
<td>• Travel bans</td>
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<tr>
<td>• Criminalization of mental illness and substance abuse</td>
<td>• Refugee restrictions</td>
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<tr>
<td></td>
<td>• Courthouse raids</td>
</tr>
<tr>
<td></td>
<td>• Family separation</td>
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</table>
What is violence?
Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community that either results in or has a high likelihood of resulting in injury, death, psychological or emotional harm, maldevelopment, or deprivation.\textsuperscript{10} Examples include community violence, intimate partner violence, sexual violence, bullying, hate violence, suicide, elder abuse and child maltreatment.

What are Adverse Community Experiences?
Structural violence and violence are Adverse Community Experiences. The harmful or damaging experience of exposure to Adverse Community Experiences contributes to trauma at the individual and community levels.

What is trauma?
Trauma is the impact of experiences or situations that are painful. At the individual level, trauma is associated with impacts that are emotional, psychological (the psychological damage resulting from uncontrollable, terrifying life events\textsuperscript{11}) and physical/physiological, such as overload to the nervous system and the buildup of toxic stress, which has been associated with lower life expectancies due to multiple health problems.\textsuperscript{12} At the individual and community level, trauma can shake the foundation of our beliefs about safety and trust. Some traumas include elements of betrayal, fear, and feelings of helplessness.\textsuperscript{13}

What is community trauma?
Community trauma is the impact of chronic adversity across a community. Structural violence and/or violence contribute to and exacerbate community trauma.

What is community resilience?
Community resilience is the ability/capacity of a community to adapt, recover and thrive, even in the face of adversity. Community resilience is rooted in community factors, such as social networks and trust; willingness to act for the community good; living wages/local assets and wealth; healthy, equitable community design and infrastructure; and healthy products and services.

"Trauma gets in the way of us doing what we need to do. When it is chronic and not episodic, it is really damaging."

- Susan Neufeld, Vice President, Resident Programs and Services, Bridge Housing
Concepts

At a glance

COMMUNITY TRAUMA

The difference between structural drivers and structural violence: structural drivers drive conditions that harm communities; structural violence is what inflicts the harm, contributing to trauma.

Symptoms of community trauma: the manifestations of the impact of experiencing adversity (structural violence and/or violence) across a community.

Importance of addressing community trauma: communities with high levels of community trauma share similar characteristics (see symptoms of community trauma) that make it difficult for them to develop and implement effective strategies to improve wellbeing and thrive.

Elements of a resilient community that are protective against community trauma: social connections and trust, willingness to act for the community good, cultural identity, safe gathering places, and economic opportunity.

THE IMPORTANCE OF THE COMMUNITY ENVIRONMENT

Importance of a focus on the community level: there is a strong and growing evidence base confirming the power of community environments and factors in shaping health, mental wellbeing, safety, and equity.

Adverse community environments: adverse community environments are environments that do not provide ample opportunities to achieve optimal health, mental wellbeing, safety, and equity.

PAIRS OF ACES

The difference between Adverse Community Experiences and adverse community environments: Adverse Community
Experiences recognize the traumatic and widespread impact of chronic adversity across a community; adverse community environments are environments that do not provide ample opportunities to achieve health, mental wellbeing, safety, and equity.

The relationship between Adverse Community Experiences and Adverse Childhood Experiences: Adverse Community Experiences contribute to community trauma, which in turn contributes to and exacerbates Adverse Childhood Experiences (ACEs) in two ways: community trauma 1) increases risk factors that make ACEs more likely to occur, and 2) reduces resilience factors which are protective against the impact of ACEs.

LINKS WITH VIOLENCE

The relationship between structural violence and violence: structural violence creates the community conditions that increase the likelihood of violence (risk factors) and diminishes factors that are protective against violence (resilience factors).

The relationship between violence (structural and interpersonal) and community trauma: structural violence, violence, and trauma create a self-perpetuating, mutually reinforcing production cycle.

The relationship between the symptoms of trauma and community risk factors for violence: the presence of community trauma (manifested as symptoms) compromises community factors in a way that increases the likelihood of them being risk factors for multiple forms of violence.

Community trauma

What is the difference between structural drivers and structural violence?

Structural drivers drive conditions that harm communities; structural violence is what inflicts the harm, contributing to trauma. An example of a structural driver is the housing market; an example of related structural violence is displacement. (See Terminology for more information.)
What are the symptoms of community trauma?

Community trauma symptoms are the manifestations of the impact of experiencing adversity (structural violence and/or violence) across a community. Examples include: damaged social networks, a low sense of social and political efficacy, deteriorated built environments, and intergenerational poverty. Just as individual’s experience symptoms of trauma – emotional numbing, avoidance, increased arousal – communities also experience symptoms. Each community may experience and characterize their symptoms in different ways; it can be important to let a community characterize how it has been impacted by adversity. The use of the term ‘symptom’ is meant to underscore that experiencing adversity from historic and/or present day factors has a real impact. It is not meant to blame the community for its circumstances or for experiencing the impact, rather to acknowledge the impact in a way that can support healing, resilience and efficacy.

The following chart includes sample symptoms, which emerged through interviews with practitioners in high violence communities and were included in the original framework. They are organized by three elements of the community environment: the sociocultural environment (people), the physical/built environment (place) and the economic environment (equitable opportunity).
Why is it important to address community trauma?

Communities with high levels of community trauma share similar characteristics (see symptoms of community trauma) that make it difficult for them to develop and implement effective strategies to improve wellbeing and thrive. For example, these communities may experience lower levels of efficacy (i.e., the ability to come together to make positive changes and develop solutions for the community). A community that experiences community trauma without healing does not necessarily have the full capacity and efficacy to organize effectively around solutions to address threats against being a healthy community, including structural violence and violence. This means that while addressing the underlying reasons for community trauma (i.e., structural drivers, structural violence and violence) is critical to support thriving communities, a key element of this transformation necessarily includes addressing and preventing community trauma so that communities themselves have the agency to identify and achieve their own solutions. Further, addressing community trauma builds community resilience which strengthens a community’s ability to

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“Working on community determinants is both scary and reassuring. If we don’t do this level of prevention, we will always be chasing the problem.”

- CCIM4C Learning Community Partner

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**Adverse Community Experiences and Community Trauma: Mutually Reinforcing**

### Adverse Community Experiences

**STRUCTURAL VIOLENCE** (examples)
- Concentrated poverty
- Residential segregation/segregation from opportunity
- Redlining
- Gentrification and displacement
- Disproportionate toxic exposures – environmental injustice
- Poor transportation systems
- Poor food systems
- Flight of business and economic drivers/engines out of communities

**VIOLENCE** (examples)
- Disinvestment
- Predatory marketing and business practices
- Failing school systems and zero tolerance policies
- Over/oppressive policing, under policing, and unconstitutional policing
- Differential sentencing, minimum sentencing, and higher rates of incarceration
- Criminalization of mental illness and substance abuse

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**Community Trauma**
face future adversity (e.g., loss of a major industry or employer in an area, community violence, catastrophic weather event).

Community trauma also contributes to and exacerbates individual trauma, in part because it diminishes factors that are protective against trauma such as social supports. For example, Adverse Childhood Experiences (ACEs) are early experiences of adversity (e.g., recurrent physical or emotional abuse; having an alcohol and/or drug abuser in the household, an incarcerated household member, a household member who is chronically depressed, mentally ill, institutionalized, or suicidal; a mother who is treated violently; one or no parents; or experiencing emotional or physical neglect or sexual abuse). These experiences have been linked to poor health outcomes and shorter lifespans. Community trauma contributes to and 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. It increases risk, for example, because Adverse Community Experiences contribute to trauma across the community, often on top of the trauma that individuals may already be experiencing, creating negative cumulative impact. Community trauma is a risk factor for community violence, which can increase exposure to ACEs. It minimizes protective factors because community trauma is a barrier to putting effective community improvement strategies in place and community trauma compromises social networks and support – a protective factor against toxic stress.

What are the elements of a resilient community that are protective against community trauma?

Communities are identifying protective factors including social connections and trust, willingness to act for the community good, cultural identity, safe gathering places, and economic opportunity. Through Making Connections for Mental Health and Wellbeing Among Men and Boys, a national initiative funded by the Movember Foundation, 16 local coalitions building resilience in rural, urban, and suburban locations across the U.S. have identified critical elements that enabled successful planning and lay the groundwork for moving forward. These characteristics are necessary for both individuals and communities to withstand stressors and build resilience. Making Connections has identified and characterized these essential elements, which have been clustered into six provisional Pillars of Wellbeing: belonging/connectedness, control of destiny, dignity, hope/aspiration, safety, and trust. Having these elements in place appears to be protective against the impact of adversity as well.

“People are unbelievably resilient—but traumatized people interacting with other traumatized people—a community can really run the risk of imploding.”

- Violence prevention practitioner, from the Adverse Community Experiences and Resilience Framework.
The importance of the community environment

**Why focus on the community level?**

There is a strong and growing evidence base confirming the power of community environments and factors in shaping health, mental wellbeing, safety, and health equity. Prevention Institute’s THRIVE (Tool for Health and Resilience in Vulnerable Environments) framework identifies twelve specific community factors and organizes them in three interrelated clusters – People, Place and Equitable Opportunity.

**What are adverse community environments?**

Adverse community environments are environments that do not provide ample opportunities to achieve optimal health, mental wellbeing, safety, and equity. Community factors (e.g., housing) can either support or undermine health, mental wellbeing and safety. They can either become risk factors for poor health, mental wellbeing and safety outcomes (e.g., unsafe or unaffordable housing) or protective/resilience factors supporting good health, mental wellbeing and safety (e.g., supportive, affordable housing). THRIVE factors are defined as protective/resilience factors. When community factors undermine health, mental wellbeing and safety, they reflect an adverse community environment.

**Community Environments:** This figure depicts THRIVE’s 12 community factors that shape health, mental wellbeing, safety and equity. They are organized in three clusters representing the community environment.
**Adverse Community Environments:** This chart provides examples of community factors being represented as risk factors for poor health, mental/behavioral health and safety, which also contribute to inequities in outcomes. They are shown in comparison to the corresponding THRIVE factor.

<table>
<thead>
<tr>
<th>THRIVE Community Factors</th>
<th>Corresponding examples of community factors in adverse community environments</th>
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</thead>
<tbody>
<tr>
<td>1. Social networks &amp; trust</td>
<td>• distrust</td>
</tr>
<tr>
<td>2. Participation &amp; willingness to act for the common good</td>
<td>• isolation</td>
</tr>
<tr>
<td>3. Norms &amp; culture</td>
<td>• norms supportive of violence</td>
</tr>
<tr>
<td>4. What’s sold &amp; how it’s promoted</td>
<td>• high alcohol outlet density</td>
</tr>
<tr>
<td>5. Look, feel &amp; safety</td>
<td>• perceived lack of safety</td>
</tr>
<tr>
<td>6. Parks &amp; open space</td>
<td>• no green space</td>
</tr>
<tr>
<td>7. Getting around</td>
<td>• infrequent public transit</td>
</tr>
<tr>
<td>8. Housing</td>
<td>• unaffordable housing</td>
</tr>
<tr>
<td>9. Air, water, soil</td>
<td>• lead contamination</td>
</tr>
<tr>
<td>10. Arts &amp; cultural expression</td>
<td>• no investments in the arts</td>
</tr>
<tr>
<td>11. Education</td>
<td>• failing schools</td>
</tr>
<tr>
<td>12. Living wages &amp; local wealth</td>
<td>• high unemployment</td>
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</tbody>
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**Community Environments:** This chart gives examples of THRIVE factors being represented as resilience factors supporting good health, mental wellbeing and safety.

<table>
<thead>
<tr>
<th>THRIVE Community Factors</th>
<th>Examples of THRIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social networks &amp; trust</td>
<td>• strong social networks and trust</td>
</tr>
<tr>
<td>2. Participation &amp; willingness to act for the common good</td>
<td>• community engaged in solutions</td>
</tr>
<tr>
<td>3. Norms &amp; culture</td>
<td>• norms supportive of healthy relationships</td>
</tr>
<tr>
<td>4. What’s sold &amp; how it’s promoted</td>
<td>• access to healthy food/products</td>
</tr>
<tr>
<td>5. Look, feel &amp; safety</td>
<td>• perceived safety</td>
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<td>6. Parks &amp; open space</td>
<td>• safe parks/accessible open space</td>
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<td>7. Getting around</td>
<td>• reliable ways to get around</td>
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<td>• safe, affordable housing</td>
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<td>9. Air, water, soil</td>
<td>• safe/clean air, water, soil</td>
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<tr>
<td>10. Arts &amp; cultural expression</td>
<td>• thriving arts /cultural expression</td>
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<tr>
<td>11. Education</td>
<td>• high quality education (pre-K-on)</td>
</tr>
<tr>
<td>12. Living wages &amp; local wealth</td>
<td>• living wages, local ownership</td>
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### Pairs of ACEs

**What is the difference between Adverse Community Experiences and adverse community environments?**

Adverse Community Experiences recognize the traumatic and widespread impact of chronic adversity across a community; adverse community environments are environments that do not provide ample opportunities to achieve health, mental wellbeing, safety and equity. As Adverse Childhood Experiences links early experiences to the buildup of toxic stress and shorter lifespans in an individual, ‘Adverse Community Experiences’ language specifically refers to community trauma, or, the experience of adversity across a community.

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#### Adverse Community Experiences:

This figure depicts structural drivers driving structural violence, which manifests in the community environment, contributing to community trauma, reflected as sample symptoms across the community clusters. Community trauma increases the chances that community factors will manifest as risk factors, diminishing health, mental/behavioral health and safety.

#### Sample Symptoms of Community Trauma

- Disconnected/damaged social relations and social networks
- A low sense of collective political and social efficacy
- The elevation of destructive, dislocating social norms
- Deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment
- Intergenerational poverty

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**What is the relationship between adverse community experiences and adverse childhood experiences?**

Adverse Community Experiences contribute to community trauma, which in turn contributes to and exacerbates Adverse Childhood Experiences (ACEs) in two ways: community trauma 1) increases risk factors that make ACEs more likely to occur, and 2) reduces resilience factors which are protective against the impact of ACEs.
Adverse Childhood Experiences are early experiences of adversity (e.g., recurrent physical or emotional abuse; having an alcohol and/or drug abuser in the household, an incarcerated household member, a household member who is chronically depressed mentally ill, institutionalized, or suicidal; a mother who is treated violently; one or no parents; or experiencing emotional or physical neglect or sexual abuse). These experiences have been linked to poor health outcomes and shorter lifespans.

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. 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. 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 can result from experiencing community violence, it also increases the risk of violence, creating a mutually reinforcing cycle. Community violence itself is a risk factor for child maltreatment, which is reflected in ACEs such 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, indicative of the level of exposure to this ACE among some children.
Community trauma reduces protective/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.\(^{28}\) This minimizes the impact of community improvement initiatives. Community trauma diminishes community empowerment and civic participation, which are powerful for achieving better community health outcomes\(^ {29}\) and less violence.\(^ {30}\) 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 has been conceptualized as strong, frequent or chronic activation of an individual’s stress-response systems in the absence of supportive relationships.\(^ {31}\) The build-up of toxic stress from ACEs contributes to poor outcomes over a lifetime, including reduced life expectancy.\(^ {32}\) A critical difference between tolerable stress and toxic stress is the presence of supportive relationships in the context of adversity. Community trauma manifests, in part, as disconnected or damaged social relations and networks,\(^ {33}\) meaning its presence diminishes a key factor that is protective against the buildup of toxic stress.

Links with violence

What is the relationship between structural violence and violence?

Structural violence creates the community conditions that increase the likelihood of violence (risk factors) and diminish factors that are protective against violence (resilience factors). The presence of violence in a community may be used as justification for structural violence such as over/oppressive policing, under policing, and unconstitutional policing.
What is the relationship between violence (structural and interpersonal) and community trauma?

Structural violence, violence, and trauma create a self-perpetuating, mutually reinforcing production cycle. Collectively, they increase the likelihood that further violence will take place. Structural violence has perpetuated a system of diminished opportunity for certain populations and created the conditions in some communities in which violence is more likely to occur. People who live in neighborhoods of concentrated disadvantage are more likely to experience violence and to be the victims of violence. Nationally, most or all of the difference in rates of violence between racial and ethnic groups can be accounted for by differences in the neighborhoods in which these groups live.

Further, community violence itself is a known risk factor for other forms of violence including child maltreatment, sexual violence, bullying, and youth violence. These exposures in turn contribute to individual and community trauma as well increase the risk for further violence because people who experience or are exposed to one form of violence are at a higher risk for both being a victim of other forms of violence and for inflicting harm on others. Experiencing these forms of violence may also increase system involvement such as in child welfare and juvenile justice systems, which can further trauma. Finally, high levels of community violence and trauma may legitimize further forms of structural violence including greater disinvestment and justifying enhanced suppression and containment tactics – which can additionally contribute to community trauma.

It seems there is a lot of overlap between the symptoms of trauma and community risk factors for violence. How are they different?

The presence of community trauma (manifested as symptoms) compromises the community factors in a way that increases the likelihood of them being risk factors for multiple forms of violence, as well as other health problems including substance misuse and depression.
Actions

At a glance

**How are communities using the Adverse Community Experiences and Resilience Framework?** Communities around the country are adopting, adapting and implementing the Adverse Community Experiences Framework and/or elements of the Framework as part of their efforts to improve community wellbeing across a range of community concerns.

**What should we do to address community trauma?** Community trauma can be addressed through action at the community level to foster more resilient communities and at the systems and policy level to alter the factors that are contributing to community trauma.

**How can we track/measure progress?** Tracking community change necessitates the need for community indicators.

**What are some policy and practice directions to address and prevent community trauma?** Policy and organizational practices can support healing and community resilience and alter the factors that are contributing to community trauma.

**How do you engage the community in the process?** Locales engage community members through a variety of processes including town hall meetings, focus groups, community planning processes, surveys, and interviews.

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**How are communities using the Adverse Community Experiences and Resilience Framework?**

Communities around the country are adopting, adapting and implementing the Adverse Community Experiences Framework and/or elements of the Framework as part of their efforts to improve community wellbeing across a range of community concerns.
For example:

- **Making Connections for Mental Health and Wellbeing Among Men and Boys**: Across the Making Connections initiative, 16 communities authentically engaged men and boys and their families to identify actionable strategies to support mental wellbeing. The planning processes themselves created the conditions for Pillars of Wellbeing (i.e., belonging/connectedness, control of destiny, dignity, hope/aspiration, safety, and trust) and were therapeutic in and of themselves, for participants and for systems and institutional representatives. All sites have been trained on the Framework and many are applying a community trauma lens in their work.

- **UNITY**: Among UNITY sites, cities commit to creating safer communities through comprehensive, city-wide prevention plans, and planning efforts have increasingly embraced a community trauma lens, recognizing historical and current day transgressions and injustices and the harm this has caused to community. Strategies include looking at implicit bias across multiple service providers/government agencies, including law enforcement. Through comprehensive planning processes, communities have expanded their focus beyond preventing a single form of violence to addressing multiple forms of violence, such as community violence, intimate partner violence, and child abuse.

- **Ohio Opioid Prevention**: In Ohio, a state agency has adopted the Framework to explore a prevention strategy to prevent opioid misuse, working with 12 rural communities around the state. Recognizing opioid misuse as a disease of despair that has reached epidemic proportions across rural Ohio communities, the state is advancing a strengths-based approach to identify community level factors that can strengthen community resilience and inform a statewide prevention strategy.

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*Making Connections for Mental Health and Wellbeing Among Men and Boys* is a national initiative to transform community conditions that influence mental wellbeing, with an initial focus on communities of high need, including men and boys of color, military service members, and veterans. The Movember Foundation is funding the work; Prevention Institute is providing coordination, training, and technical assistance; and a team from the University of South Florida is evaluating progress and outcomes.

UNITY, or Urban Networks to Increase Thriving Youth, is a Prevention Institute Initiative that 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.
• **ReCAST**: The Substance Abuse and Mental Health Services Administration’s ReCAST initiative supporting 11 communities that have experienced civil unrest in the wake of structural violence (i.e., police shootings, high levels of lead in municipal water) has embraced a community trauma lens as part of its overall trauma framework. Efforts are focused on training service providers to understand what community trauma is, why it’s important to address, and how to address it. SAMHSA has shared the Framework with all ReCAST sites and plan to disseminate the Training of Trainers on the Framework being developed at the Oakland site.

• **St. Joseph Health Community Partnership Fund**: Throughout 2017, the St. Joseph Health Community Partnership Fund has envisioned, designed and launched its Intersections Initiative, a comprehensive and multi-sectoral investment towards strengthening the alignment of Community Benefit and community grant-making towards upstream community prevention. The ACE|R Framework has provided a foundation for this effort and will serve as a core framework for the Initiative and its awardees moving forward in 2018. As of December 2017, Community Benefit leads representing seven Ministries across California have participated in convenings and webinars focused on ACE|R and are exploring how to integrate the Framework into their community benefit improvement plans and partnerships.

Specific examples include:

• **Alaska**: Alaska’s Voices of Prevention Conference featured a workshop on ACE|R to add an equity and community trauma lens to their efforts to address and prevent opioid and other substance misuse, and to build resilience.

• **Boston, MA**: Staff at the Boston Public Health Commission were among the first UNITY City Network members to raise the challenge of implementing violence prevention strategies in the context of widespread trauma across communities with high rates of violence. Their work was featured in an early Prevention Institute document on community trauma called, *Addressing and Preventing Trauma at the Community Level*. More recently, the Commission launched an initiative pairing grassroots community based organizations with

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ReCAST, or Resilience in Communities After Stress and Trauma, is a SAMHSA grant program to assist high-risk youth and families and promote resilience and equity in communities that have recently faced civil unrest through implementation of evidence-based, violence prevention, and community youth engagement programs, as well as linkages to trauma-informed behavioral health services.
neighborhood health centers to create five Neighborhood Trauma Teams in communities with high rates of gun violence. In addition to offering an immediate set of crisis response services for individuals and families impacted by violence and access for all individuals to long-term, evidence-based trauma treatment, these teams conduct intentional outreach to the broader community to connect with residents who live in the neighborhood impacted by the event. The purpose of this outreach is to ensure that residents a) know what services are available to them, that the city cares and b) so that residents can help shape the support they need – such as community healing groups or positive neighborhood events that bring residents together. The Commission believes that both assuring services for the individuals most closely impacted by an event (e.g., family members) and attending to the community as a whole are critical in mitigating the cumulative effects of violence and trauma.

- **City Heights/San Diego, CA:** The United Women of East Africa Support Team is addressing community trauma and building resilience in East African boys and men. Their work is described in a community profile entitled, *Taking a Gendered Approach to Community Trauma in San Diego’s East African Refugee Community*.

- **East San Jose, CA:** As one of eight communities in the California Accountable Communities for Health Initiative, the East San Jose Peace Partnership has used ACE|R as its overarching framework. This emphasis has allowed the project to remain focused on community level change strategies and provided a structure for expanding its focus to address multiple forms of violence. As the site moves into implementation, they plan to provide in-depth training on the Framework to community members and service providers. The Santa Clara County Health Department serves as the backbone agency advancing this work in partnership with the community and governmental and private partners. Their work is described in a community profile entitled, *Cultivating Resilience to Address Adverse Community Experiences in an Accountable Community for Health: The East San Jose PEACE Partnership*.

- **Houston, TX:** In the wake of Hurricane Harvey, local mental health groups and the Houston Health Department are exploring how to advance statewide policy and approaches that build on the ACE|R Framework, including addressing widespread trauma at the community level and focusing on policies and funding that promote community resilience given the likelihood of future adverse weather and other events.
In November 2017, Milwaukee released its Blueprint for Peace which is grounded in the Adverse Community Experiences and Resilience Framework. Milwaukee’s Blueprint for Peace identifies forms of structural violence and violence and draws on community assets and best practices to focus on preventing violence before it occurs, as well as intervention efforts to ameliorate the impacts of violence and prevent future perpetration and victimization. Over 1,500 individuals participated in the planning process, including residents and representatives of multiple sectors. Among the Blueprints goals are to: promote healing and restorative justice; support children, youth, and families; advance economic opportunity; foster safe neighborhoods; and it includes a strategy to apply trauma-informed, racial equity, and implicit bias reduction lenses across sectors.

- **Humboldt, CA:** Redwood Memorial is exploring ACE|R as it relates to Adverse Childhood Experiences to strengthen efforts and partnerships for building resilience within communities and families.

- **Kalihi Valley, HI:** Recognizing the deleterious impacts of historical trauma — loss of land, stripping of cultural identity — on the community it serves, Kokua Kalihi Valley, a federally qualified health center, is taking steps to ameliorate it. For example, at its bike shop, Kalihi Valley Instructional Bike Exchange, or KVIBE, boys and young men not only learn how to fix bikes, they connect with each other and reconnect with their history and culture. One way KVIBE does this is through introductions during group discussions, where participants introduce themselves with their name, their home, and their ancestors. The Adverse Community Experiences and Resilience Framework has underscored the ubiquitous nature of trauma in their community and the need for healing and reconnection to cultural identity and practices as critical to supporting health and wellbeing.

- **Kansas City, MO:** Under the lead of the health department, the city is using ACE|R as a core framework to inform its Youth and Family Violence Prevention Masterplan. The Framework has underscored the importance of addressing the underlying causes of trauma and the need for healing, as the city works to prevent multiple forms of violence.

- **Milwaukee, WI:** In November 2017, Milwaukee released its Blueprint for Peace which is grounded in the Adverse Community Experiences and Resilience Framework. This work is described in a community profile entitled, Milwaukee’s Blueprint for Peace: Charting the Path Forward with the Adverse Community Experiences and Resilience Framework.

- **Napa and Sonoma Counties, CA:** ACE|R is serving as the core framework for emerging, local coalitions focused on upstream approaches to mental and behavioral health for two St. Joseph Ministries in Napa and Sonoma Counties: Queen of the Valley and St. Joseph Health. A 2017 convening in Sonoma introduced ACE|R and sparked dialogue among community partners in regards to what is missing in existing efforts across the region.

- **New Orleans, LA:** As part of transition planning in preparation for a new administration, the NOLA Public Health Department has emphasized a focus on community trauma as part of their priorities moving forward (draft/emergent language: build knowledge about
the impact of community trauma and increase capacity of residents, community partners and stakeholders to develop strategies that promote healing and increase community resilience).

- **New Orleans, LA:** The Institute of Women and Ethnic Studies focuses on the pervasiveness of trauma, and particularly community trauma as a result of community-wide episodes, such as Hurricane Katrina and exposure to violence. They find that these traumas have deeply ingrained themselves in communities and systems, and have taken cues from the ACE|R Framework to implement a multisector and community centered approach to achieve change and build resilience.

- **Oakland, CA:** Through its SAMHSA funded ReCAST initiative, the city’s Human Services Department and the Alameda County Department of Behavioral Health are supporting the development and implementation of a 6-hour Training of Trainers on the Adverse Community Experiences and Resilience Framework for city and county service providers.

- **Ohio:** The State’s Department of Mental Health and Addiction Services is utilizing ACE|R to drive its statewide opioid prevention efforts and strategy in partnership with 12 communities. This work is described in a community profile entitled, *Developing a Community-Trauma Informed Approach to the Substance Misuse Epidemic in Ohio.*

- **Orange County, CA:** Community partnerships within three St. Joseph Ministries in Orange County (St. Jude, St. Joseph Orange, Mission Hospital) are exploring how to integrate key elements of ACE|R into collaborative efforts to support mental health and wellbeing and in particular support resilience for communities and people experiencing trauma from the enforcement of recent federal policies that target immigrant families and communities of color.

- **Riverside, CA:** Riverside First 5 is taking lessons from the ACE|R Framework and applying it to add a community lens to its work to address Adverse Childhood Experiences.

- **San Bernardino, CA:** St Mary’s Hospital Community Benefit staff are using the ACE|R framework to assess the current landscape of violence and trauma in their St. Joseph Ministry area and develop a plan to build resilience and advance health equity through hospital and community partnerships.
• **San Francisco, CA:** The city’s Department of Public Health is using ACE|R as the basis for their PEOPLE framework (see diagram at left) which integrates a life course perspective into the model and ensures a focus on community trauma as part of its trauma-informed work.

• **San Francisco, CA:** Bridge Housing has advanced the notion of Trauma Informed Community Building. Their work is described in a community profile entitled, *Fostering Social Connections and Trust in Public Housing: BRIDGE Housing’s Approach to Addressing Community Trauma*. Their work is expanding its focus to include early childhood, and they are looking to ACE|R to keep a focus on the community level.

• **Tacoma-Pierce County, WA:** The Health Department embraced the ACE|R Framework in its community-driven planning process to improve mental wellbeing for boys and men of color and LGBTQ youth. Their work is described in a community profile entitled, *Building Community Power to Heal and Thrive: Addressing Adverse Community Experiences*.

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What should we do to address community trauma?

Community trauma can be addressed through action at the community level to foster more resilient communities and at the systems and policy level to alter the factors that are contributing to community trauma (i.e. structural violence and violence). At the community level, preventing and addressing community trauma requires a comprehensive approach. It can be integrated into community planning efforts designed to address multiple issues such as safety, mental wellbeing, healthy eating/activity environments, and community and economic development. The planning process itself can help support healing and build resilience.

The strategies that have emerged to address and prevent community trauma span healing as an important starting point, and then include strategies among people, within communities and across systems. Consistent across these is the importance of recognizing the source of the trauma (what happened to your community?), understanding how that manifests in the community (what does it look like?), and then identifying actionable solutions to strengthen community resilience throughout the community environment.
Healing: Healing is a starting point for community agency, which is necessary for effective collective action to find solutions that improve community health. Individual approaches to healing include trauma-informed care and mental health services. At the community level, healing may take different forms, including healing circles and vigils or instituting restorative justice practices and community dialogues that acknowledge transgressions and identify solutions for moving forward.

Mental health practitioners, youth workers, teachers and community organizers have noted the importance of recognizing the pain that has been endured by young people for generations and the value of lifting up usually silenced or missing voices and bringing them to the table. Many communities around the country have developed healing approaches that draw on culturally-based knowledge and practices. Some of the most effective strategies are based in indigenous, Black, and Latino cultural practices, values, and rituals. By engaging inter-generational community members, they utilize reconnection to and reaffirmation of cultural identity to support the healing process.
Sample healing activities:

- **Healing circles**: A collective community approach to psychological and emotional healing that is deeply rooted in the traditional practices of indigenous people. Many Native American communities have used the healing circle as a way of bringing people of all ages together for the purposes of collective teaching, listening, learning and healing.

- **Vigils**: The collective practice of spiritually holding a space and place to identify, acknowledge, and elevate a person, event or condition which needs to be grieved and/or highlighted as a part of the process of healing and collective action.

- **Restorative justice practices**: A theory of justice that emphasizes the acknowledgement of harm done, the acceptance of responsibility and the achievement of reconciliation as a community method for repairing the harm caused by criminal behavior or institutional policy and practice. It is best accomplished through cooperative processes that include all stakeholders. This can lead to healing and transformation of people, relationships and communities.

- **Acknowledgement/reconciliation**: Efforts to discover, understand, reveal and take responsibility for past wrongdoings in an effort to resolve conflicts and harm done in the past.

- **Arts and engagement in the arts**: Forms of cultural, social and political expression which include music, visual arts, spoken word and writing which can function as a method of expression of experiences, forms of education about experiences and conditions, which can contribute to movements for social, political, economic and cultural change.

- **Community dialogues**: A process of organized and structured discussion and exchange which facilitates the communication and expression of diverse stakeholders, organizations and members of a community.

- **Practices that are culturally and community rooted and acknowledge harm and promote resilience**: Community wide processes, activities, rituals and events that help build community connections, social relationships, social networks, trust, and collective efficacy that are the basis for effective collaboration and collective community action.

Just as individual and community trauma exacerbate each other, individual healing contributes to community healing, and vice-versa.
Just as individual and community trauma exacerbate each other, individual healing contributes to community healing, and vice-versa. Both individual and community healing contribute to reductions in trauma. This, in turn, contributes to reductions in the risk associated with the likelihood of violence and increased well-being and resilience for individuals, families, and communities. Healing also paves the way for implementing specific strategies.

**Example activities among people:** These actions improve social connections and trust, support participation and willingness to act for the common good, and support healthy norms and cultural identity.

- Increase civic engagement and participation
- Supporting multigenerational relationships
- Coming together to build community efficacy
- Advancing positive norms
- Uplifting positive narratives of hope and resilience from within the community
- Enhanced community engagement and advocacy
- Trauma informed community building
- Reconnecting with cultural identity

**Example activities within the community (place):** These actions reclaim space in a way that works for community members and reflects their culture, values and priorities.

- Reclaiming land, spaces and public places
- Arts and cultural reflection/expression in the community
- Focus on ensuring stable housing with dignity
- Creating safe and supportive places for regular gathering/coming together

**Example activities within the community (equitable opportunity):**

- Workforce and economic development
- Restorative justice in schools
- Resident ownership of businesses
Example activities across systems:

- Trauma informed systems transformation: A process whereby systems, such as education, housing, and justice, recognize their tremendous impact – historical and present day – on the communities they serve to achieve better outcomes
- Public health involvement in police-community violence
- Power-sharing (e.g., participatory budgeting, shared leadership and decision-making)

How can we track/measure progress?

Tracking community change necessitates the need for community indicators. While community data is less available than individual measures, community level indicators are emerging. The following table shows emergent measures to track community resilience, which supports an emphasis on measuring what communities are trying to achieve rather than measuring the scope of the problem.
**What are some policy and practice directions to address and prevent community trauma?**

Policy and organizational practices can support healing and community resilience and alter the factors that are contributing to community trauma (i.e., structural violence and violence). Given that community approaches to addressing trauma are fairly new and most efforts aimed at trauma-informed approaches default to individual trauma, one important aspect of policy builds and reinforces an understanding of trauma at the community level and what to do about it. Policies in locales can support the development of strategic plans to address and prevent community trauma, for instance, and can lead to ongoing alignment with budgeting processes, evaluation of community improvement efforts, and other governmental functions. Other policies and organizational practices may address underlying causes of trauma (e.g., increase economic opportunity or reduce displacement and gentrification), support healing (e.g., acknowledgment of past transgressions and reconciliation), and/or foster community resilience.

- Sample policies/practices to address underlying causes of trauma: establish fair and sustainable wages, address implicit bias across multiple sectors and agencies, make school funding formulas equitable, create requirements and/or incentives for affordable housing units as part of new developments

- Sample policies/practices to support healing: acknowledge harm to specific groups of people based on past practices, acknowledge traditional owners of the land, implement restorative justice practices in schools

- Sample policies/practices to build community resilience: mandate end-user involvement in planning and zoning decisions; ensure voting rights; practice participatory budgeting in locales

Next steps to identify and advance a community trauma-informed policy agenda include:

- Continue to apply a community trauma lens across multiple policies and policy discussions

- Develop guidance and recommendations for organizational policy and practice change responsive to community trauma (e.g., trauma informed systems transformation, power sharing)
• Develop a policy agenda beyond understanding and application of the lens to action (e.g., reconciliation, living wage policies, housing stability)

• Engage in dialogue with a cross-section of practitioners, advocates, and other stakeholders through a series of peer learning forums to identify the implications and elements of both a community trauma-informed policy agenda and a research agenda

• Develop and disseminate a local policy checklist to guide local policy work

How do you engage the community in the process?

We have worked with and seen communities engage members through a variety of processes including town hall meetings, focus groups, community planning processes, surveys, and interviews. The community profile entitled, Building Community Power to Heal and Thrive: Addressing Adverse Community Experiences describes an in-depth community planning process and multiple activities that engaged the community in Tacoma, Washington.

The following pages have some prototypes of tools that could guide the type of community input that could be useful in understanding the community’s experiences of adversity (What happened to you[r community]?), the impact of those experiences (What impact do these Adverse Community Experiences have on your community?), and what the community aspires to (Where do we want to go? Toward Community Resilience).
ADVERSE COMMUNITY EXPERIENCES WORKSHEET

What happened to you[r community]?

INSTRUCTIONS: Complete steps 1-3 to identify the Adverse Community Experiences that are impacting your community.

Step 1: What experiences are adversely affecting your community? Review the list of Adverse Community Experiences and add any that are missing for your community in the space provided.

Step 2: Adverse Community Experiences score: To what extent is each community experience adversely affecting your community? Using a scale of 0 (not at all) to 4 (extreme adversity), rate how this adverse community experience is currently being experienced in your community.

Step 3: Top priorities: What adverse community experiences are most pressing in your community? Bubble in up to five adverse community experiences that you feel are most important to address in your community with the goal of reducing trauma, fostering community resilience and achieving wellbeing.
# Adverse Community Experiences Worksheet

<table>
<thead>
<tr>
<th>Adverse Community Experience</th>
<th>Score</th>
<th>Top 3–5</th>
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</thead>
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<tr>
<td>Concentrated poverty</td>
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<tr>
<td>Residential segregation/segregation from opportunity</td>
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<td>Redlining</td>
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<td>Gentrification and displacement</td>
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<td>Flight of businesses and economic drivers/engines out of communities</td>
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<td>Write in:</td>
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</tr>
</tbody>
</table>
COMMUNITY SYMPTOMS WORKSHEET

*What impact do these adverse community experiences have on your community?*

**INSTRUCTIONS:** Complete steps 1-3 to identify the impact of Adverse Community Experiences in your community, which manifest as symptoms. The tool enables you to rate factors in the sociocultural environment (people), physical environment (place), and economic environment (equitable opportunity).

**Step 1: What are the [a]ffects of Adverse Community Experiences across your community?** Review the list of symptoms of community trauma and add any that are missing for your community in the space provided.

**Step 2: Adversity score:** To what extent is each symptom of community trauma showing up in your community? Using a scale of 0 (not at all) to 4 (extremely visible), rate how each symptom is currently being expressed in your community. Please bubble in your response.

**Step 3: Top priorities:** What symptoms are most pressing in your community? Bubble in up to five symptoms that you feel are most important to address in your community with the goal of healing and fostering community agency to foster community resilience and wellbeing.
### COMMUNITY SYMPTOMS WORKSHEET

<table>
<thead>
<tr>
<th>Symptoms of community trauma</th>
<th>Score</th>
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<tbody>
<tr>
<td>Disconnected/damaged social relations and social networks. We don’t know or trust each other.</td>
<td>0 1 2 3 4 o</td>
<td></td>
</tr>
<tr>
<td>A low sense of collective political and social efficacy/we don’t feel like we can accomplish anything</td>
<td>0 1 2 3 4 o</td>
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<tr>
<td>The elevation of destructive social norms</td>
<td>0 1 2 3 4 o</td>
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<tr>
<td>Hopelessness</td>
<td>0 1 2 3 4 o</td>
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<tr>
<td>Write in</td>
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<td>Write in:</td>
<td>0 1 2 3 4 o</td>
<td></td>
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<tr>
<td>Write in:</td>
<td>0 1 2 3 4 o</td>
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<tr>
<td>Deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment</td>
<td>0 1 2 3 4 o</td>
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<tr>
<td>Write in</td>
<td>0 1 2 3 4 o</td>
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<td>Write in:</td>
<td>0 1 2 3 4 o</td>
<td></td>
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<tr>
<td>Write in:</td>
<td>0 1 2 3 4 o</td>
<td></td>
</tr>
<tr>
<td>Intergenerational poverty</td>
<td>0 1 2 3 4 o</td>
<td></td>
</tr>
<tr>
<td>High dropout rates in schools</td>
<td>0 1 2 3 4 o</td>
<td></td>
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<tr>
<td>Write in</td>
<td>0 1 2 3 4 o</td>
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<td>Write in</td>
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</tbody>
</table>
COMMUNITY RESILIENCE MEASURES WORKSHEET

Where do we want to go? Toward community resilience

INSTRUCTIONS: Complete steps 1-3 to identify potential measures for community resilience and wellbeing. The tool enables you to rate factors in the sociocultural environment (people), physical environment (place), and economic environment (equitable opportunity).

Step 1: What measures will be indicative of your community resilience? Review the list of measures and add any that are missing for your community in the space provided.

Step 2: Resilience score: To what extent is each measure of community resilience important for your community? Using a scale of 0 (not at all) to 4 (extremely important), rate how important each measure might be moving forward. Please bubble in your response.

Step 3: Top priorities: What measures are most important to your community? Bubble in up to five measures that you feel are most important to foster in your community with the goal of achieving community resilience and wellbeing.
# Community Resilience Measures Worksheet

<table>
<thead>
<tr>
<th>Measures of community resilience</th>
<th>Score</th>
<th>Top 3-5</th>
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<tbody>
<tr>
<td><strong>People</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social cohesion</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Trust</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Collective efficacy</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Civic engagement</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Voting and voter registration rates</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Community involvement</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Elevated positive narrative</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Resident stability</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Write in</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Write in:</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td><strong>Place</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceived safety</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Stable, affordable housing</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Community gathering space and places</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Murals/cultural and/or artistic expression</td>
<td>0 1 2 3 4</td>
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<tr>
<td>Resources for investments in the arts</td>
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<td>o</td>
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<tr>
<td>Write in</td>
<td>0 1 2 3 4</td>
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<tr>
<td>Write in:</td>
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<td>o</td>
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<tr>
<td><strong>Community</strong></td>
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<td></td>
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<tr>
<td>Living wages</td>
<td>0 1 2 3 4</td>
<td>o</td>
</tr>
<tr>
<td>Local business/community ownership</td>
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<td>o</td>
</tr>
<tr>
<td>Employment opportunities</td>
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<td>Community stability</td>
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<td>o</td>
</tr>
<tr>
<td>High graduation rates</td>
<td>0 1 2 3 4</td>
<td>o</td>
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<tr>
<td>Stability of businesses and schools</td>
<td>0 1 2 3 4</td>
<td>o</td>
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<td>0 1 2 3 4</td>
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<tr>
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<tr>
<td><strong>Equitable Opportunity</strong></td>
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<tr>
<td>Write in</td>
<td>0 1 2 3 4</td>
<td>o</td>
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<tr>
<td>Write in:</td>
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</table>
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preventioninstitute.org