

Widening the Lens on ACEs: The Role of Community in Trauma, Resilience, and Thriving

The Illinois
ACEs Response
Collaborative

Health & Medicine
POLICY RESEARCH GROUP

Introduction

An increasing number of organizations, institutions, and sectors are committing to responding to trauma and adverse childhood experiences (ACEs) to better support the people they employ and serve, and this growing awareness is critical to improving life outcomes. As we think about how best to promote resilience and thriving, we need to zoom out beyond the individual and consider the role of community contexts and structural forces both in contributing to trauma and promoting healing. By engaging partners and stakeholders across sectors, we can support community building initiatives and advocate for systems-level change that can prevent trauma, mitigate its impact, and interrupt its transmission from one generation to the next.

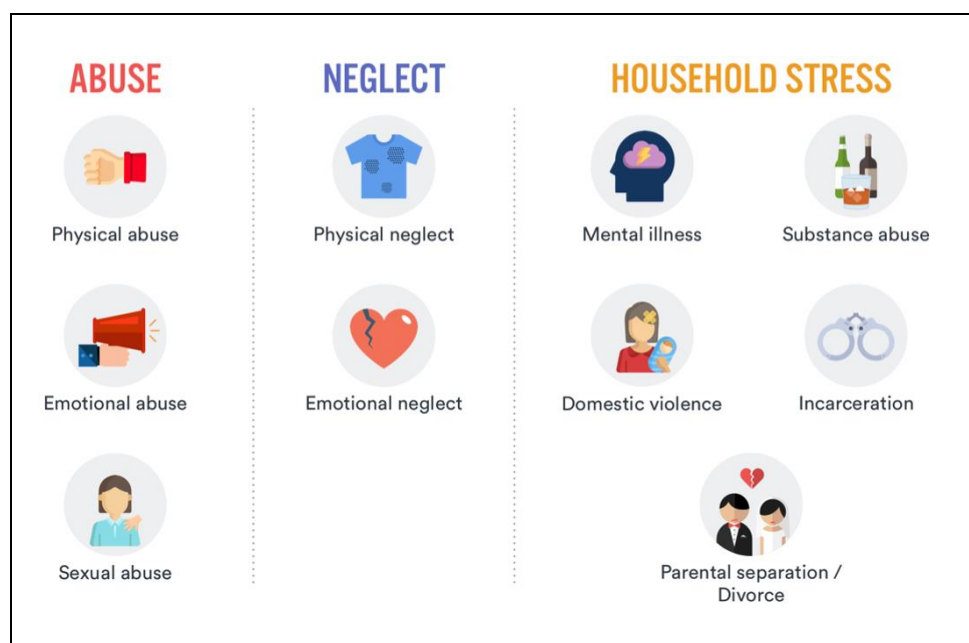
Trauma, ACEs, and Toxic Stress

A growing body of research has demonstrated the connection between traumatic experiences in

childhood and a range of adverse outcomes across the lifespan. Trauma results from an event, series of events, or set of circumstances that are physically and/or emotionally harmful or threatening and that have lasting adverse effects on an individual's mental, physical, social, emotional, and/or spiritual wellbeing¹. Traumatic experiences before age 18 often cause toxic stress, which can occur when a child experiences prolonged, severe, and/or frequent adversity without sufficient buffers. This leads to the ongoing activation of the stress-response system and interrupts the development of brain architecture and other organs, increasing the risk of disease and cognitive impairment across the lifespan².

One of the seminal studies on this topic is the 1998 ACE Study, which surveyed 17,000 people on 10 experiences of childhood adversity across three categories (abuse, neglect, and household stress) (Fig 1). The study made three key findings: 1) ACEs were common; 2) the more ACEs a person reported,

Figure 1



the higher the likelihood that they would experience broad negative physical, mental, and social-emotional health outcomes in adulthood; and 3) those with six or more ACEs were at risk for a life expectancy 20 years less than those with zero ACEs³.

Beyond the 10 ACEs

The ACE Study revolutionized the way we think about what contributes to health, but it is important to understand that toxic stress can be caused by a much broader range of experiences than the 10 ACEs measured in the study. Structural forces, such as poverty⁴, discrimination, and racism⁵, and adverse community environments, such as lack of economic opportunity and community violence⁶, can result in toxic stress and disrupt healthy brain development (Fig 2). Moreover, through collective historical experiences, such as slavery and the Holocaust, trauma can be passed down across generations⁷. The very systems on which society is built can result in toxic stress too. Structural violence is the harm caused by economic and social structures, like power, privilege, inequality, and inequity, that prevent people from meeting their basic needs⁸. Structural violence both contributes to and compounds the adversities that children and families face⁹.

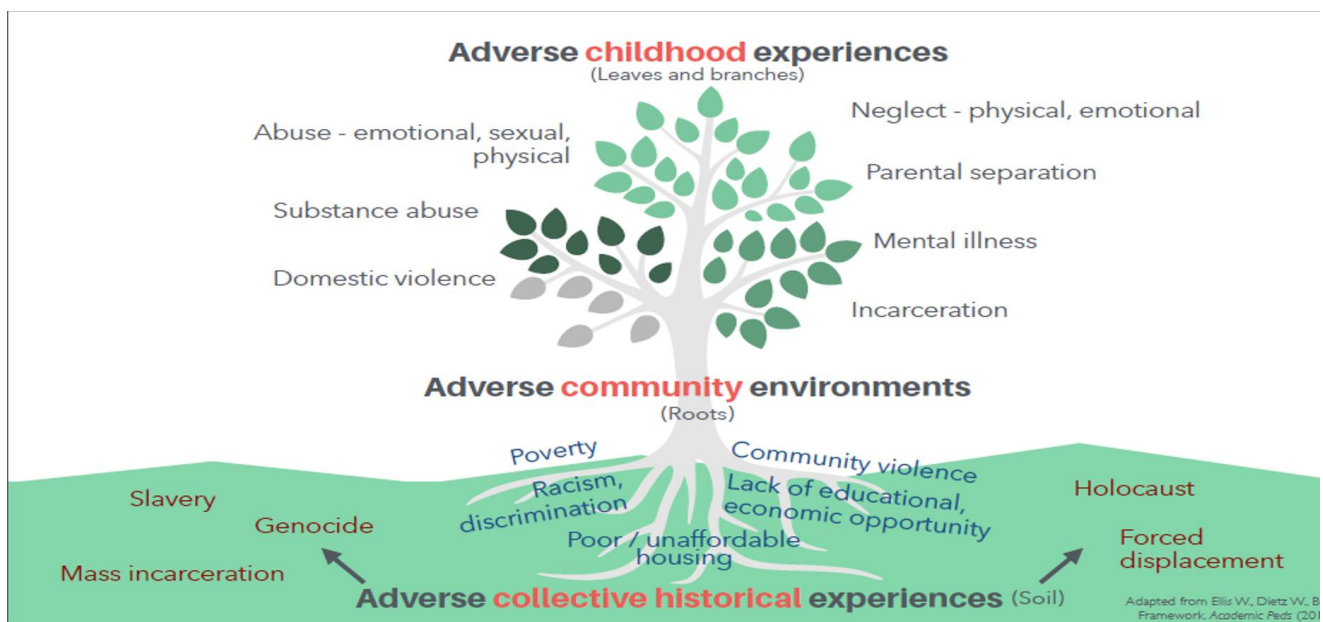
Traumatized Communities

Just as individuals can be traumatized, so too can communities. Traumatized communities are more than a collection of traumatized individuals. Rather, they are communities that have a history of disenfranchisement and oppression and that disproportionately carry the burden of structural violence¹⁰. The Prevention Institute explains that community trauma manifests across three domains: social-cultural (i.e., lack of supportive social networks), physical environment (i.e., run-down buildings), and economic environment (i.e., lack of affordable housing). These symptoms of community trauma often perpetuate the cycle of trauma for individuals, as they create environments with increased risk of violence and household stress.

The Power of Resilience

Trauma and ACEs are not destiny for individuals or for communities. For people, resilience is the ability to cope with and recover from stressful events; it is the thoughts, actions, and behaviors that help people bounce back from stressful situations. Children who grow up with caring adults in their lives learn the skills they will need to cultivate and maintain resilience through those relationships¹¹. Practitioners and social services agencies can help

Figure 2



foster resilience by providing a safe and supportive environment for their clients¹².

Community resilience is the ability of a community to utilize its resources to withstand and recover from difficult situations and entrenched, daily adversities¹³. The resources can be structural such as robust infrastructure or community organizations, and they can also be the connections neighbors form with each other, a sense of support in the community, or a sense of control over the community's future. Community resilience is thus multidimensional and is reflected across multiple capacities: supporting economic development; fostering social capital and social cohesion of residents; supporting bidirectional communication between residents and the social service agencies that support them; and cultivating civic engagement and collective empowerment¹⁴.

While much attention has been paid to enhancing individual resilience, community resilience is critical in mitigating the impacts of trauma. In fact, new research has demonstrated that community resilience is just as important as individual resilience in buffering against the impact of ACEs for adults, and it is the only significant resilience factor for youth. Moreover, higher levels of community resilience are associated with positive mental and physical health outcomes, better performance in school, and increased ability to work on the community level¹⁵. Therefore, focusing on strategies to build community resilience is imperative—and just as, if not more, important than focusing on individual level strategies—to achieving scalable, sustainable progress on reducing the impact of ACEs and trauma.

Enhancing Community Resilience

Fortunately, we can learn from the existing, successful models of building community resilience. Some common themes cut across these models: they bring together a broad range of organizations (such as health departments and community-based organizations) from a broad range of sectors (such as housing, criminal justice, and health); they engage community members at the center of decision making; and they intentionally cultivate social support and social cohesion across the community.

Examples of models that have shown promising outcomes include:

- **Building Community Resilience** employs a continuous improvement model to develop community resilience. Its four step process includes creating shared understanding about trauma and resilience; assessing system readiness; developing cross-sector partnerships; and collaborating with community members. Each community using this model identifies the partners that should be involved, the strategic priorities to pursue, and the strategies to implement¹⁶.
- **The Self-Healing Communities Model** builds the capacity of communities to define and solve their problems and generates new cultural norms that reflect the values that community members have for their children. It describes four phases of the work: leadership expansion, including engaging people most affected by ACEs; development of a shared focus informed by neuroscience, epigenetics, ACEs, and resilience research; iterative cycles of learning to continuously transform the community; and a system-wide focus on results that engages community members in outcome research and reporting¹⁷.
- **The Prevention Institute** calls for putting conditions in place in which a community can heal from past trauma and protect against the impact of future trauma. Just as the symptoms of community trauma are identifiable across three domains, the suggested strategies are too:

Equitable opportunity: restorative justice to shift norms around conflict resolution; healing circles to support people to pursue education and economic opportunities; economic empowerment; increased community wealth and resources

Social-cultural: support connections between people and shift norms to support healthy behaviors

Physical/built environment: create safe spaces through improvements in the built environment through addressing parks, housing quality and transportation; reclaim and improve public spaces¹⁸

Conclusion

When we view trauma, ACEs, and toxic stress in the context of community and structural factors, it becomes clear that supporting community resilience is critical to promoting healing and thriving for children and families. This is multi-sectoral and multi-dimensional work in which a broad range of stakeholders must engage. When these partners come together, with community members central to and driving the process, we can create sustainable change that will reduce the impact of trauma across generations.

About the Illinois ACEs Response Collaborative

Established in 2011, the [Illinois ACEs Response Collaborative](#) (the Collaborative) represents a broad range of organizations and agencies committed to expanding and deepening the understanding of the impact of childhood trauma and ACEs on the health and well-being of Illinois families and communities. The Collaborative works to develop education, policies, and responses to assist those who have experienced a high level of adversity, while simultaneously developing strategies to reduce the frequency and impact of ACEs as well as preventing their transmission to the next generation.

About Health & Medicine Policy Research Group

Health & Medicine is a Chicago based non-profit working to improve the health of all people in Illinois by promoting health equity. Founded in 1981 by Dr. Quentin Young, it was formed as an action-oriented policy center—nimble, independent, and focused on regional health issues. Health & Medicine’s mission is to promote social justice and challenge inequities in health and health care. It conducts research, educates and collaborates with other groups to advocate policies and impact health systems to improve the health status of all people. Health & Medicine has successfully developed health policy recommendations and implementation strategies for different public and private entities, earning the trust of the legislature, advocates, the media, researchers and policymakers at all levels of government in Illinois to become the region’s “honest broker” on healthcare policy matters. Learn more at www.hmprg.org.

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Endnotes

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