Adverse Community Experiences and Resilience

A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA

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Prevention Institute
Prevention and equity | at the center of community well-being

Contents

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Prevention Institute is a nonprofit, national center dedicated to improving community health and well-being by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on community prevention, injury and violence prevention, health equity, healthy eating and active living, positive youth development, health system transformation and mental health and well-being. For more information, visit www.preventioninstitute.org.

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Kaiser Permanente is recognized as one of America's leading healthcare providers and not-for-profit health plans. Recognizing its unique role as both a healthcare provider and community partner Kaiser Permanente provides funding and clinical expertise to work side-by-side with other organizations to address serious public health issues such as violence and obesity. Through its *Adverse Childhood Experiences (ACE) Study,* conducted with the Centers for Disease Control and Prevention, Kaiser Permanente demonstrated the connection between violence related trauma and the long-term health of individuals. Through its Healthy Eating Active Living (HEAL) investments the organization promotes community healing with support for individuals, families and safe public spaces. In 2014, Kaiser Permanente provided more than $18 million to build healthy, safe environments in northern California alone. For more information visit kp.org/communitybenefit/ncal.

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EXECUTIVE SUMMARY

A Framework for Addressing and Preventing Community Trauma

Introduction

Many communities are working to prevent violence and promote community safety and, through comprehensive, multi-sector actions, are making progress. However, communities that experience high rates of violence continue to be plagued with persistently high rates of trauma. Trauma and its associated symptoms of mental and psychological illness are more prevalent in the U.S. than in most other countries in the world. What's more, trauma can be a barrier to the most successful implementation of healing and well-being strategies, including those to prevent violence.

The impact of trauma extends beyond the individuals who directly witness or experience violence. Trauma is also produced by structural violence, which prevents people and communities from meeting their basic needs. The result is both high levels of trauma across the population and a breakdown of social networks, social relationships and positive social norms across the community — all of which could otherwise be protective against violence and other health outcomes. While new models are emerging to counter the effects of trauma, promote community healing and foster community resilience, there has not been an existing framework for understanding, addressing and preventing trauma at a community or population level. Our paper provides one.

The Landscape of Trauma

A There is growing understanding that trauma is widespread and has far-reaching impacts. The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model.

- Trauma is pervasive.
- Trauma has a significant impact on development, health and well-being.
- Trauma-informed care is becoming a standard practice in a growing number of places.
- The predominant construct for addressing individual trauma is based on a medical model.

B Trauma manifests at the community level. There are emerging practices to address trauma at the community level, but there is not yet a framework for addressing and preventing it.

- In communities with high levels of violence, the idea that whole communities are traumatized is a widespread belief.
- In recent years, there has been a slight shift from understanding trauma solely at the individual level to also include collective trauma.
- Despite the increasing recognition of the widespread nature of trauma as an epidemic at the population level, the predominant focus for addressing trauma remains at the individual level.
- Policy makers, public health officials, social services providers and community organizers report that trauma undermines efforts to promote health, safety and well-being.
- There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment and the economic environment.
  - **The social-cultural environment:** The economic and social processes that concentrate poverty and urban decay in inner city neighborhoods damage social networks and trust, the ability to take action for change, and social norms.
  - **The physical/built environment:** Economic and social changes in the last 50 years have led to communities where high rates of poverty are concentrated in neighborhoods with crumbling infrastructure: There are dilapidated buildings and deteriorating roads, poor transportation services and crippled local economies. The pressures of gentrification and displacement have become an added element in the toxic stress that exacerbates community trauma in poor inner-city, and suburban, communities.

- **The economic environment:** Multiple studies have found that levels of violence, crime and delinquency, education, psychological distress, and various health problems are affected by neighborhood characteristics, particularly the concentration of poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also indicate trauma at the community level.

- There are emerging practices, including indigenous-based healing and restorative justice, to address trauma at the community level.
- Until now there has been no framework that defines community trauma and identifies the elements or "symptoms" of community trauma. The framework outlined here would allow for an analysis of the full impact of community trauma and inform more comprehensive strategies to address and prevent it.
- While many urban communities have people working on issues related to trauma, there is an uneven level of capacity (e.g., resources, funding, knowledge and expertise) to conceptualize and address community trauma.

How to Address and Prevent Community Trauma

A number of community-level strategies are emerging to address community trauma and promote community healing and resilience. The most effective strategies build on indigenous knowledge, expertise and leadership to produce strategies that are culturally relevant and appropriate.

- Strategies within the **social-cultural environment** are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community. Where this community organizational infrastructure and capacity is lacking or absent, violence and trauma have a more profound impact on individuals and communities.
- Strategies within the **physical/built environment** focus on improving the physical environment, reducing deterioration, and creating space for positive interaction. Reclaiming public space to be appealing to residents, reflective of community culture, and a source of pride can contribute to a sense of community worth and be supportive of healing. The systematic disinvestment and

Photo provided by Jessie Daniels

neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last 60 years. Healing from this trauma requires that the roads, buildings, parks, transportation and public services be improved and maintained so they encourage positive social interaction and relationships, as well as healthy behaviors and activities.

- Strategies to **improve economic opportunities** for youth and adults in highly impacted neighborhoods are critical to the success of attempts to heal from community trauma, improve community health and wellness, and resist the pressures of gentrification and dislocation. These strategies must be multi-sectoral, focusing on different segments of communities, and should include: increasing the number of young people and adults who attend college; job training and placement for non-college bound youth; and job training and job-readiness training and placement of formerly incarcerated members of the community. It is critical that these employment opportunities come with a livable wage that can support a family.

Conclusion

Too many communities are plagued by trauma from experiencing adverse community conditions, including interpersonal violence and structural violence. Trauma-informed care has become a standard practice in health care and mental health care provision and education in many communities. While this is an incredibly important development, it's also critical that attention go beyond individuals and beyond a focus solely on treatment and protocols after exposure to traumatic conditions. Addressing community trauma requires attention at a population level and consideration of what can be done to prevent trauma in the first place.

INTRODUCTION

The Need for Understanding Trauma at a Community Level

Photo provided by Youth Uprising

Many communities are working to prevent violence and promote community safety. Through comprehensive, multi-sector actions, many cities are experiencing reductions in violence. However, communities that experience high rates of violence have continued to be plagued with persistently high rates of trauma. Trauma can be a barrier to successful implementation of violence prevention strategies. Trauma and its associated symptoms of mental and psychological illness are more prevalent in the U.S. than in most other countries in the world[1]. There is evidence that boys and men of color are at even higher risk of trauma due to multiple factors including higher rates of incarceration and more exposure to violence[2].

"No epidemic has ever been resolved by paying attention to the treatment of the affected individual."

— Dr. George Albee

To address widespread trauma at this scale means not only providing trauma-informed care for affected individuals, but also addressing trauma at the population level, as with any epidemic. As mental health expert Dr. George Albee stated, "No epidemic has ever been resolved by paying attention to the treatment of the affected individual.[3]" A focus solely on the treatment of individuals can only be *part* of a comprehensive solution.

Photo provided by Jeffrey Smith

This paper explores trauma at the population level and how it impacts efforts to prevent violence and improve other aspects of community health. It also presents a framework for addressing and preventing trauma at the community level. It was developed based on a literature review, interviews with practitioners in high-violence communities in Northern California, and interviews and ongoing communication with members of the UNITY City Network.*

The impact of trauma extends beyond the individuals who directly witness or experience violence. Vicarious trauma impacts, for example, service providers, first responders and residents in high-violence communities. The result is both high levels of trauma across the population *and* a break-down of social networks, social relationships and positive social norms across the community—all of which could otherwise be protective against violence. While new models are emerging to counter the effects of trauma, promote community healing and foster community resilience, there has not been an existing framework for understanding, addressing and preventing trauma at a community or population level.

*UNITY (Urban Networks to Increase Thriving Youth) is a national Prevention Institute initiative that builds support for effective, sustainable efforts to prevent violence before it occurs, so that urban youth can thrive in safe environments with ample opportunities and supportive relationships. UNITY works with cities around the country to advance prevention efforts through a public health approach. More than twenty cities are part of the UNITY City Network.

Themes and Findings

Photo provided by Bay Area LISC

A There is growing understanding that trauma is widespread and has far-reaching impacts. The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model.

1 Trauma is pervasive.

The prevalence of posttraumatic stress disorder (PTSD) is estimated to range from 9 to 12 percent in the general population.[4,5] These figures likely underestimate the prevalence among residents of urban, economically disadvantaged areas where there are higher risks of exposure to traumatic events. This greater risk can be attributed to a variety of factors, including low socioeconomic status and high rates of violence in the inner city. Despite this, trauma is likely under recognized and PTSD is often underdiagnosed.[6,7]

2 Trauma has a significant impact on development, health and well-being.

It is now commonly accepted that children and youth exposed to chronic and recurring violence often suffer psychological trauma and even exhibit the symptoms of PTSD. The earliest studies of the psychological consequences for young people who have experienced or witnessed violence were conducted in the early 1990's. They examined trauma resulting from a singular distressing or disturbing event such as rape, war or natural disaster[8,9] and surveyed children living in high-risk communities.[10,11] These studies focused on children's experience of distress, depression, and anxiety as the presumed symptomology resulting from exposure to violence.

3 Concepts of poly-victimization and complex trauma are transforming the literature surrounding multiple exposures to violence and trauma.

Research on trauma now incorporates the concept of poly-victimization, which is the exposure to multiple forms of violence simultaneously and/or throughout one's life course.[12] The National Survey of Children's Exposure to Violence provided the first comprehensive national survey that examined children's exposure to violence, crime, and abuse in a variety of locations, ages (1 month-17 years old), and time.[13] This survey discovered children from ages 1 month to 17 years who were exposed to just one type of violence were at increased risk of exposure to additional forms of violence. For instance, a child who has been physically assaulted in the past year is five times as likely to also have been sexually assaulted or maltreated during this time.[14]

One consequence of poly-victimization is complex trauma. According to Greeson, et al., this includes "both children's exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure. These events are severe and pervasive, such as abuse or profound neglect."[15] The effects of complex trauma include distress, anxiety, aggression, hyper arousal, and mental illness.[16] The concepts of poly-victimization and complex trauma are transforming the literature surrounding multiple exposures to violence and trauma.

4 Trauma-informed care is becoming a standard practice in a growing number of places.

Researchers identified trauma as a major problem in inner city neighborhoods and communities with high rates of violence in the early 1990's. But it took two decades for this research to be used to develop trauma informed care practices and to be widely adopted as a core concept by healthcare providers, practitioners and educators. Trauma informed healthcare, mental healthcare and trauma informed pedagogy are now being adopted as the standard of care for individuals with trauma and PTSD in many communities around the country.

5 The predominant construct for addressing individual trauma is based on a medical model.

The medical model tends to be the main way of addressing mental health problems,[17] and trauma is no exception. The conceptualization of trauma still predominantly focuses on how it manifests in individuals and how to screen for trauma and treat specific patients. A medical model treats individuals, often without acknowledging the social, community, and environmental factors that may be influencing them.

B Trauma manifests at the community level. There are emerging practices to address trauma at the community level, but there is not yet a framework for addressing and preventing it.

6 In communities with high levels of violence, the idea that whole communities are traumatized is a widespread belief.

The idea that whole communities are traumatized is a widespread belief. There is a general understanding that violence profoundly impacts communities through the concentration of trauma among individuals and there is a sense that it affects communities as a whole. Further, the existence of trauma is now a widely accepted reality in many inner city communities. Members from every city of the UNITY network reported the belief among practitioners and community members in their cities that children, youth and adults in neighborhoods with high levels of violence are traumatized, and that many exhibit the symptoms of trauma and PTSD. Every interviewee reported that large numbers of community members are emotionally and psychologically affected by the high rates of violence in their most highly impacted neighborhoods. For example, one interviewee noted, "In (inner city) African American communities — there is a high level of trauma from gun violence. In other areas of the city, not so much. Where I live, I hear gunshots from blocks away. That neighborhood is traumatized by the amount of violence that takes place there. A few blocks away where I live, there is hardly any violence."

"I think they are all experiencing community trauma. The fear they have of leaving home or going home. They put on their armor every day. The fear of getting shot. The pervasive trauma of poverty."

— Paul Flores, Manager, Latino Men and Boys at the UNITY Council

7 In recent years, there has been a slight shift from understanding trauma solely at the individual level to also include collective trauma.

In recent years, there has been a shift from understanding trauma solely at the individual level to the community level as collective trauma. Researchers have conceptualized collective trauma either as an aggregate of trauma experienced by community members or an event that impacts a few people but has structural and social traumatic consequences.[18] Collective trauma can break social ties, communality, and undermine previous supportive resources. Some have reiterated the importance of examining collective trauma and developed the concept of cultural trauma to mean, "A collective feeling they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways."[19] Cultural trauma not only highlights trauma at a community level but also the necessity of community level intervention to deal with trauma collectively.[20]

8 Despite the increasing recognition of the widespread nature of trauma as a population-level epidemic, the predominant focus of addressing trauma remains at the individual level.

While practitioners recognize the high prevalence of trauma across entire communities, most approaches to address trauma are focused on treating individuals. This in spite of the reality that, "No epidemic has ever been resolved by paying attention to the treatment of the affected individual."[21] While treatment of individual trauma has advanced through the development of a variety of treatment modalities and approaches designed to deal with the psychological and emotional effects of exposures to violence, there has been limited advance in our understanding of community trauma or in the development of strategies for addressing community trauma.

"It is described as an individual but if it feels like part of a system of oppression, like one by one my neighbors are being shot, or one by one, black men in my neighborhood are disappearing…"

— Community Health Worker

9 Policy makers, public health officials, social services providers and community organizers report that trauma undermines efforts to promote health, safety and well-being.

Communities around the country with high rates of violence share similar characteristics that make it difficult to develop and implement effective strategies to reduce the violence. As one violence prevention 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. I see it as impacting how people make decisions, how they meet their goals, how they problem solve, how they interact with their friends." Further, in communities with high levels of trauma, there may be lower levels of collective efficacy, the ability to come together to make positive changes and develop solutions for the community. As one interviewee noted, "If we have collective experience and collective consciousness, I believe we can have collective trauma. People are unbelievably resilient — but traumatized people interacting with other traumatized people — a community can really run the risk of imploding."

"The way I look at it is that trauma gets in the way of us doing what we need to do. I think it affects everyone in the same way. When it is chronic and not episodic, it is really damaging. I see it as impacting how people make decisions, how they meet their goals, how they problem solve, how they interact with their friends."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

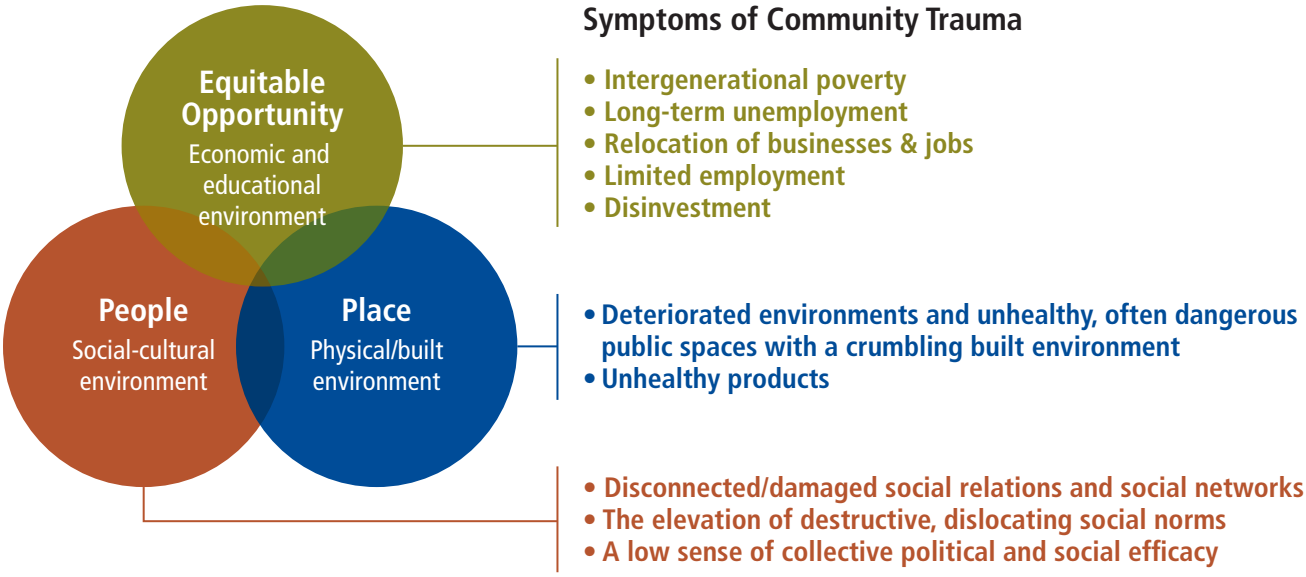


Figure 1 The Community Environment

10 Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. There are manifestations, or symptoms, of community trauma at the community level. The symptoms are present in the social-cultural environment, the physical/built environment and the economic environment.

A community can be described as having several inter-related components: the social-cultural environment (the people); the physical/built environment (the place), including infrastructure and public services; and the opportunities afforded in the economic and educational environment which is made up of the local economy and educational institutions (equitable opportunity) (see Figure 1) .

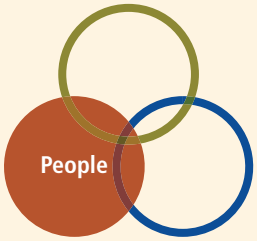
"This gets at my notion of violence prevention. We fall into a trap where we say we're doing violence prevention, but tend to focus on intervention or criminal justice solutions. Really, violence prevention means healthy communities where people have the opportunity to thrive and build social cohesion. The healing piece can come into play when people come together and feel safe and connected where they live, work, learn and play. I worry about a group of people coming in and saying we are now going to heal your trauma. I think going at it indirectly, by supporting residents to build community in a way that is meaningful to them, might be more effective. If a dog park is active at 8:30pm at night in the dark, that can be telling. If you feel like you can't go to the park in the daytime, let alone at night, then people may be walking around with cortisol constantly flowing. And that harms both physical and mental health."

— Christina Goette, Director, Shape Up SF

In healthy communities, these three spheres can promote community health and safety and promote resiliency for individuals and families. When a community is traumatized, each of these spheres is undermined and damaged so they begin to perpetuate the problems rather than protect the community (see Figure 1). That means that in traumatized communities, the community environment cannot promote resiliency. Instead, these factors can contribute to poor health, illness and injury of community members through the exacerbation of trauma and by contributing to the production of interpersonal and community violence.

The symptoms of community trauma are the product of decades of economic, political and social isolation, a lack of investment in economic development and for the maintenance and improvement in the built environment, the loss of social capital with the flight of middle class families, and the concentration of poverty and exposures to high levels of violence.

This section describes how trauma specifically affects these three aspects of the community environment.



THE SOCIAL-CULTURAL ENVIRONMENT Within the social-cultural environment, the symptoms of community trauma are particularly apparent. The economic and social processes that result in the concentration of poverty and the urban decay of inner city neighborhoods also damage the social-cultural environment and make-up of many inner city communities. The trauma manifests at the community level as:

i. Damaged, fragmented or disrupted social relations, particularly intergenerational relations;

ii. Damaged or broken social networks and infrastructure of social support;

iii. The elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors rather than community-oriented positive social norms; and

iv. A decreased sense of collective political and social efficacy.

i. *Damaged, fragmented or disrupted social relations, particularly intergenerational relations:* With fragmented families, high rates of incarceration and ineffective and inferior urban schools, community social relationships and social supports become more vital as potential sources of resiliency for children and youth exposed to violence and potential trauma. Family as well as neighborhood-based intergenerational relationships have been undermined with familial and communal love and bonds being replaced by fear, distrust, and social distance.

"The slow noise of dysfunctional family systems, ACEs (Adverse Childhood Experiences)—how many kids have relatives in prison? The disaffection people have—don't feel connected to the city, don't feel at the table."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

ii. *Damaged or broken social networks and infrastructure of social support:* Neighborhoods with high rates of violence tend to have much less social cohesion and decreased collective efficacy.[22] These communities are characterized by a damaged or underdeveloped infrastructure of community organizations and community social support network. In communities with large numbers of children, youth, and adults who have experienced trauma, the need for social support, social cohesion and social relationships as part of the foundation and source of resiliency in the face of violence and trauma is increased.

iii. *The elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors over community-oriented positive social norms:* Cultural and social norms are highly influential in shaping individual behavior, including the use of violence. Norms can either protect against violence or support and encourage the use of violence. Cultural acceptance of violence, either as a normal method of resolving conflict or as a usual part of child-rearing, is a risk factor for all types of interpersonal violence. Social tolerance of violent behavior increases the likelihood of violence within families, peer groups, communities and societies.[23]

iv. *Low sense of collective political and social efficacy:* Communities where there are lower rates of social cohesion and less sense of collective efficacy have higher rates of violence.[24] Collective efficacy — informal social control (residents' willingness to intervene when trouble arises, especially on behalf of the community's youth); and social cohesion and trust (residents' willingness to participate in collective action for the common good) is associated with lower violent crime rates and better health outcomes.[25,26,27] These are the same communities with higher incidence of trauma and PTSD. In communities that have higher rates of community trauma, there is less capacity to take collective action, thus reducing levels of political and social efficacy.

"When a young person witnesses extreme violence, especially losing someone violently — trying to concentrate in school is near to impossible. Grades have dropped, disillusioned, uninterested, they lean harder on their personal relationships, disappear from group activity, heavy marijuana use — they use drugs to avoid something, not just because they want to be stoned. When guys lose the desire to share in group — their communications gets restricted, sleeping in class. Unreliability. A sense of despair and hopelessness. Paranoia. Self destruction — some people will get arrested on purpose because they don't want to go home. Carelessness. Long term credit deficient in school — those kids are traumatized and have been through some serious stuff."

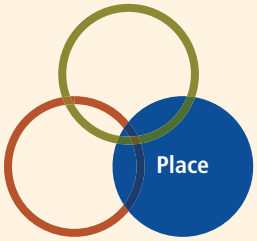
— Paul Flores, Manager, Latino Men and Boys at the UNITY Council

"[Trauma] manifests in community doubt, in the feeling of failure and no hope in change, a sense of hopelessness. The ways it manifests itself: a lot of alcohol and drug issues, student behaviors, poor attention and truancy issues."

— Community Health Worker

"What I've noticed is how disruptive [trauma] is. I realize that every time there's an incidence of violence it triggers all of these reactions in behaviors that seemed to have stabilized. The whole community flares up again at every incidence. "

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing



THE PHYSICAL/BUILT ENVIRONMENT The economic and social changes that occurred during the last 50 years have resulted in communities where high rates of poverty were concentrated in neighborhoods that had a crumbling infrastructure with dilapidated buildings and deteriorating roads, poor transportation services and crippled local economies. There is a mutually reinforcing dynamic between deteriorated physical environments, violence and community trauma. At the community level, trauma manifests within the physical environment, including as:

i. Deteriorated environments and unhealthy, often dangerous, public spaces with a crumbling built environment.

ii. The high availability of unhealthy products, such as alcohol.

In the past 20 years, many inner city neighborhoods have experienced a reversal in their economic situation fueled by increased government and private investment resulting in rising property values and large scale displacement of poor and working class communities and the acceleration of gentrification. As a result, many poor communities in affluent cities have been displaced to suburbs and smaller cities with fewer resources where the deteriorated quality of the physical environment is replicated. The pressures of gentrification and displacement have become an added element in the toxic stress that exacerbates community trauma in poor inner city, and suburban communities.

"…generational connection to public housing. Our community is isolated from the general community. The housing is substandard. Mold and other public health issues. A wave of violence — four shootings in four months over the summer. Low income, low academic achievement, folks not going to school. Lots of trauma. I define it as the cumulative impact of poverty."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

THE ECONOMIC ENVIRONMENT Over the last 40 years, scholars and policy makers have pointed to the role of "neighborhood effects" caused by concentrated poverty. Multiple studies have illustrated that levels of violence, crime and delinquency, education, psychological distress, and various health problems, among many other issues, are affected by neighborhood characteristics, particularly the concentration of poverty.[28] Conversely, the risk of violence and associated trauma is increased by the presence of concentrated poverty. The stressors of living with inadequate access to economic and educational opportunities or inequitable opportunities can also contribute to trauma at the community level. The manifestation of trauma at the community level includes:

i. Intergenerational poverty;

ii. Relocation of businesses and jobs;

iii. Limited employment and long-term unemployment; and

iv. Government and private disinvestment.

"Poverty in general, high unemployment rate. Education and access to healthy foods is an issue via food deserts. Second, third and fourth generations of families that continue to live in the same circumstance."

— Marie Sanchez, Community Benefit Manager for Modesto, Stockton, San Joaquin County and Stanislaus, Kaiser Permanente

11 While a comprehensive framework has not been advanced, elements of a useful framework are evident in the conceptions of the problem and approaches to addressing trauma and promoting health in highly impacted communities. There are emerging practices, including indigenous based healing and restorative justice, to address trauma at the community level.

In many communities around the country, community organizers, service providers, educators, activists and policy makers have responded to their heightened awareness of the high prevalence of trauma among children, youth and adults in highly impacted communities by developing healing strategies that draw on culturally based knowledge, ritual and practice. This is the result of an increasing appreciation and understanding of the importance of healing strategies that have been developed within communities that have been affected and subjected to structural violence and institutional racism and inequality. Some of the most effective strategies and programs are culturally based programs in African-American and Latino communities that utilize community members, values, rituals and practices to reconnect psychologically injured members of the community. Practices such as La Cultura Cura promote psychological, emotional and spiritual healing and renewal through a reconnection to community. As a part of this movement

"Our approach has really been focused on community building — which means engaging people around their community and the change they want to see in their community. Not so much focused on intervention, or program, or knowledge or skill. More about can we get to know each other and get to a point where we can agree on where we want to go. A shared vision. Building community — what is it you are building or rebuilding? We are building connection, neighborliness, investment in their neighbors and in themselves and what's going to happen."

— Susan Neufeld, Vice President Resident Programs and Services, Bridge Housing

"Community-level trauma is more pervasive. We are taking on community-level trauma in the HEAL zone. The second phase is around healing from trauma and looking at drivers: family cohesion, family safety, public spaces access, transportation… Part of our Bayview HEAL Zone initiative is a transportation plan. We've begun working with service providers who have vans and connecting them to residents to get them access to food retailers or doctors appointments."

— Jim Illig, Community Benefit Manager for San Francisco, Kaiser Permanente

there has been an emerging awareness of community trauma — the effects of structural and interpersonal violence on community norms, relations, networks and institutions and the need for strategies for healing at the community level. A key effort in this area is the Kaiser Permanente HEAL (Healthy Eating, Active Living) zones initiative, which incorporates strategies for community healing from community trauma through intervening at the three spheres of community trauma and resilience: people, place and economic opportunity.

12 Until now there has been no framework that defines community trauma and identifies the elements or "symptoms" of community trauma. The framework outlined here would allow for an analysis of the full impact of community trauma and inform more comprehensive strategies to address and prevent it.

Practitioners, advocates, researchers and communities do not have the conceptual foundation, language or data to inform the development and implementation of strategies to reduce community trauma. For the community members and policy makers who recognize the need to address the problem of violence and trauma at the community level, a framework for analyzing the symptoms of community trauma could inform a more comprehensive and effective approach.

13 While many urban communities have people working on issues related to trauma, there is an uneven level of capacity (e.g., resources, funding, knowledge and expertise) to conceptualize and address community trauma.

Overall, the understanding of the existence of trauma and the development of trauma-informed approaches to promote individual healing is more advanced in larger cities with large metropolitan areas. This may be as a result of violence prevention and mental health initiatives developed in partnership with university public health, education and psychology departments. Smaller cities, particularly those experiencing increased poverty and violence, have fewer community-based organizations and less capacity to develop and implement trauma-informed strategies, whether for individual healing or as a part of community-level violence prevention efforts.

Further, there appears to be a more advanced understanding of community trauma among public health workers and individuals working in community organizations dealing with highly impacted communities in the larger cities. The smaller cities, suburbs and exurbs where underserved communities displaced from major urban centers are relocating have much less capacity for addressing community trauma. With growing levels of displacement, there is a growing need to build capacity in communities that are receiving new community members from larger cities.

Public health advocates, practitioners, community organizers and violence prevention practitioners have shown enthusiasm for a framework clarifying the dynamics of community trauma and the development of strategies to address and prevent it.

The Production of Trauma from Violence

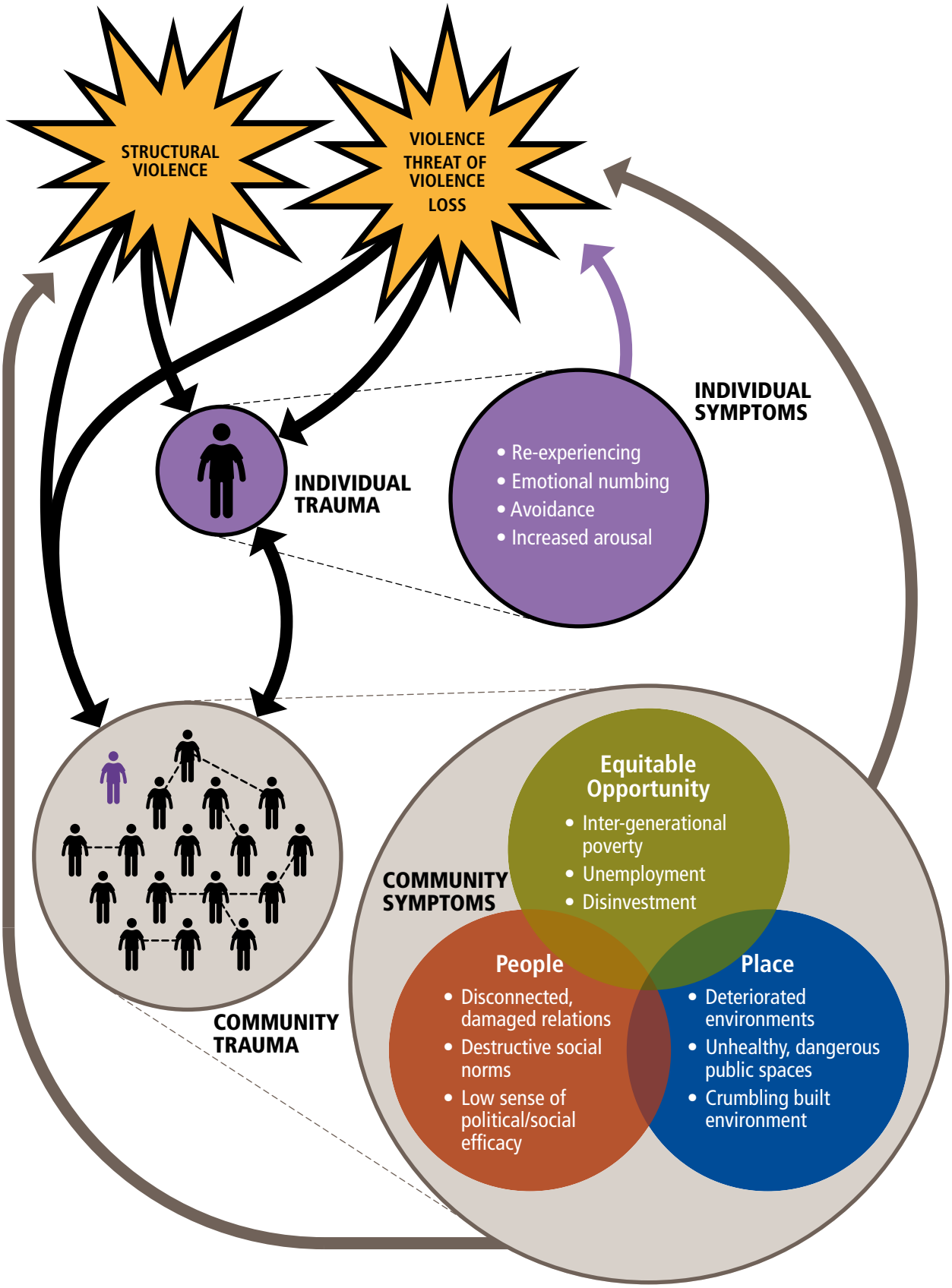
Figure 2 depicts the production of trauma from violence. Violence, the threat of violence, loss as a consequence of violence and structural violence all contribute to individual and community-level trauma. Trauma is caused by experiences or situations that are emotionally painful. Violence is the intentional use of physical force or power, threatened or actual, against oneself, another person, or against 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.[29] Structural violence refers to harm that individuals, families and communities experience from economic and social structures, social institutions, relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs.[30]

At the community level, this means both that multiple people are traumatized, and significantly, that there is a breakdown or disconnect within the community and across the members of the community.

There are symptoms of trauma at both the individual and community levels. At the individual level, symptoms include re-experiencing the trauma, emotional numbing, avoidance, and increased arousal. At the community level, trauma manifests within three interrelated clusters: the people cluster (the social-cultural environment), the place cluster (the physical/built environment) and within the equitable opportunity cluster (the economic environment). Symptoms of community level trauma within the people cluster include: damaged, fragmented or disrupted social relations, particularly intergenerational relations; damaged or broken social networks and infrastructure of social support; the elevation of destructive, dislocating social norms that promote or encourage violence and unhealthy behaviors instead of community oriented positive social norms; and a low sense of collective political and social efficacy. Symptoms within the place cluster include deteriorated environments; unhealthy, often dangerous public spaces with a crumbling built environment; and the availability and promotion of unhealthy products without the availability of healthy products. Symptoms within the equitable opportunity cluster include: intergenerational poverty; long-term unemployment; relocation of businesses, corporations and jobs; limited employment opportunities; and government and private disinvestment.

Both individual symptoms and community-level symptoms of trauma increase the risk of violence. Violence contributes to the production of trauma and trauma, in turn, contributes to the production of violence. Finally, a community that is experiencing these symptoms of community trauma, without healing and support, does not have adequate efficacy and capacity to organize against and counter structural violence. Further, the symptoms of community trauma may provide a basis for legitimizing structural violence (e.g. justifying enhanced suppression and containment tactics), which can further contribute to community trauma.

Figure 2 The Production of Trauma from Violence



Towards a Framework for Community Trauma and How to Address and Prevent It

Photo credit Lea Suzuki/San Francisco Chronicle/Polaris

Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. Community trauma is the product of the cumulative and synergistic impact of regular incidents of interpersonal, historical, and intergenerational violence and the continual exposure to structural violence. Structural violence refers to harm that individuals, families and communities experience from the economic and social structure, social institutions, social relations of power, privilege and inequality and inequity that may harm people and communities by preventing them from meeting their basic needs.[31] Structural violence is a primary cause of the concentration of premature death and unnecessary disability in oppressed communities and is very closely linked to social injustice.

"They know it, and they express it. They say things like 'the whole community is hurting.' Ongoing institutional and personal racism and other forms of oppression, make healing from trauma that much more challenging."

— Christina Goette, Director, Shape Up SF

Just as individuals who are subject to trauma from exposures to violence require healing to promote wellness and resiliency, communities need to heal from the trauma of interpersonal, structural, historical and institutional violence. Communities need to develop resilience to allow them to function as environments that can promote health and wellness and individual resiliency among the children, youth and families who are part of the community. Community resilience is

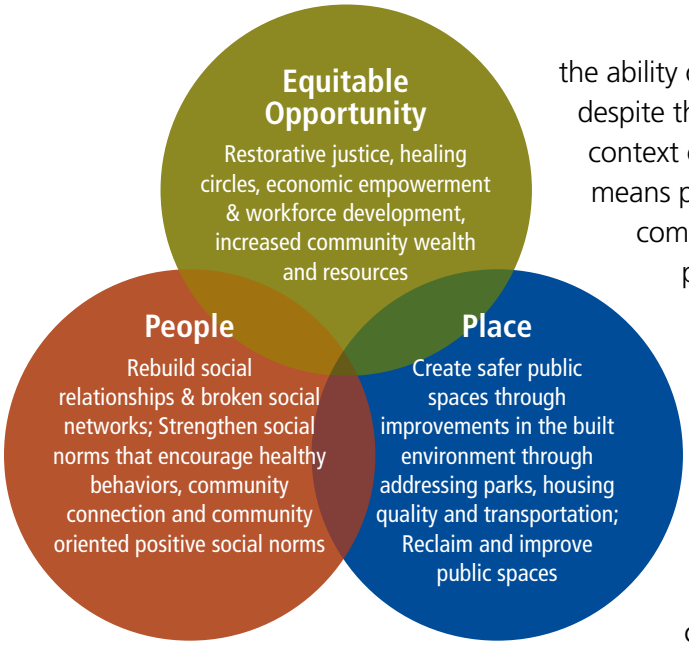
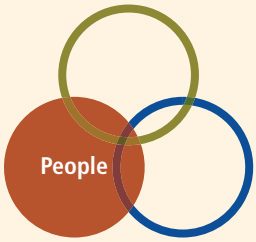


Figure 3 Community Strategies to Address Community Trauma

the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions. In the context of community trauma, building resilience means putting the conditions in place in which the community can heal from past trauma and be protected against the impact of future trauma. Strategies to create these conditions need to focus on the three inter-related components of the community environment: the social-cultural environment, the physical/built environment and the economic environment (see Figure 1). Such a comprehensive approach simultaneously promotes community healing while building community resilience and preventing violence (see Figure 4).

A number of community-level strategies are emerging to address community trauma and promote community healing and resilience (see Figure 3). The most effective strategies build on indigenous knowledge, expertise and leadership to produce strategies that are culturally relevant and appropriate.



THE SOCIAL-CULTURAL ENVIRONMENT Strategies within the social-cultural environment are intended to counter the symptoms of community trauma and support healing and connection between people, while shifting norms to support safe and healthy behaviors. Strategies include:

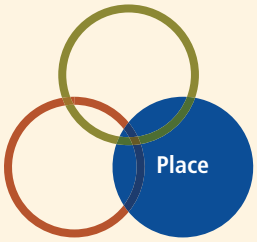
- **i.** Rebuild social relationships, particularly intergenerational relations;
- **ii.** Revitalize damaged or broken social networks and infrastructure of social support;
- **iii.** Strengthen and elevate social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms;
- **iv.** Establish collaborations that promote community-level strategies while rebuilding community social networks;
- **v.** Change the narrative about the community and the people in it;
- **vi.** Shift community social norms;
- **vii.** Organize and promote regular positive community activity;
- **viii.** Provide a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors;
- **ix.** Promote and restore a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes.[32]

COMMUNITY EXAMPLE

Safe Parks as Gathering Places

In San Francisco, Kaiser Community Benefit has partnered with the YMCA for neighborhood revitalization projects. One project focused on transforming a park that residents perceived as unsafe. Through family events in the park, families were served food and were given the opportunity to volunteer for a couple of hours. As a result, the park is now perceived as a safe space for residents. Community events such as movie nights in the parks help make residents feel safe because many of their neighbors are utilizing the park during the day and evening hours.

Some of the most successful youth development, violence prevention and health promotion programs build on existing community assets and are dependent on community members and organizations that connect individual youth and adults to a supportive community. Where this community organizational infrastructure and capacity is lacking or absent, violence and trauma have a more profound impact on individuals and communities. Churches fulfill some of this role in many communities but a healthy community has multiple entities including businesses, civic organizations, social organizations, schools and youth-driven organizations that contribute to the social and cultural environment that promotes positive relationships, social norms, behavior and activities within a community. A healthy community provides both the context for the healthy development of children and youth as well as the foundation for individual resiliency in the face of adversity and challenges to health and well-being.



THE PHYSICAL/BUILT ENVIRONMENT Strategies within the built environment focus on improving the physical environment, reducing deterioration, and creating space for positive interaction. Reclaiming public space to be appealing to residents, reflective of community culture, and a source of pride can contribute to a sense of community worth and be supportive of healing. Strategies include:

i. Improve the quality of the built environment and public spaces and maintain these for the community;

ii. Create safer public spaces through improvements in the built environment through addressing parks, housing quality and transportation;

iii. Reclaim and improve public spaces for the community.

The systematic disinvestment in and neglect of poor inner city communities has been a part of the structural violence that has produced community trauma over the last sixty years. Healing from this trauma requires that the roads, buildings, parks, transportation and public services be improved and maintained so they are transformed from sources of toxic stress with negative impacts on both the physical and mental health of residents to an environment that encourages positive social interaction and relationships and healthy behaviors and activities.

"We need to improve the built environment — and then beyond that the policy and systems change work — strategies. There is a policy and systems piece that says that the city thinks this is important. Creating a city-wide program like the healthy food initiatives is what we need around trauma."

— Community Health Worker

COMMUNITY EXAMPLE

Trauma-Informed Community Building

The impact of sustained trauma and persistent stress on a community result in challenges to traditional community building strategies. Fully understanding these challenges and how they impact a community's readiness for sustained neighborhood change is essential for community building efforts. In late 2012, BRIDGE Housing Corporation, in partnership with the residents of Potrero Terrace and Annex, consultants, and HOPE SF, embarked on a planning process to create a blueprint for improving outcomes for residents of Potrero Terrace and Annex, two large public housing sites in San Francisco, California. The Practical And Realistic And Desirable Ideas for Social Enrichment (PARADISE) Plan is the product of an extensive research and community engagement process to investigate and offer recommendations to address the disparities facing public housing residents in key investment areas that include: (1) Early Childhood Education, (2) K-12 Education, (3) Economic Security, (4) Health and Wellness, and (5) Public Safety. Known as Trauma-Informed Community Building (TICB). TICB is a model for strengthening community in trauma affected neighborhoods. The blueprint includes strategies that focus on people, neighborhood and housing. This model recognizes trauma as a challenge to community building and works to simultaneously improve the physical/ built environment and the social-cultural environment to promote community healing and resilience.

THE ECONOMIC ENVIRONMENT Strategies to improve economic opportunities for youth and adults in highly impacted neighborhoods are critical to the success of attempts to heal from community trauma, improve community health and wellness and resist the pressures of gentrification and dislocation. These strategies must be multi-sectoral, focusing on different segments of communities including strategies such as: increasing the number of young people and adults who attend college; job training and placement for non-college bound youth; and job training and job readiness training and placement of formerly incarcerated members of the community. It is critical that these employment opportunities be supplied with a livable wage which can support a family. Strategies include:

i. Institute restorative justice programs that shift the norms around conflict resolution and healing circles to, among other outcomes, support people to stay on paths to pursue educational and economic opportunities;

ii. Foster economic and workforce development strategies that improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage;

iii. Promote economic empowerment/opportunity and workforce development;

iv. Increase community wealth and resources to reduce dislocation and gentrification.

Fostering Resilient, Thriving Communities

Community-level strategies focused on the social, physical and economic environment can support healing from community trauma, while contributing to greater community resilience. A more resilient community (see Figure 4) can protect against trauma and other adverse community experiences, thus reinforcing community healing and reducing trauma-inducing conditions. This creates the conditions that are preventive against community trauma. These relationships are described in more detail in Figure 5 and the text box entitled: *Promoting Community Well-Being: From Trauma to Resilience.*

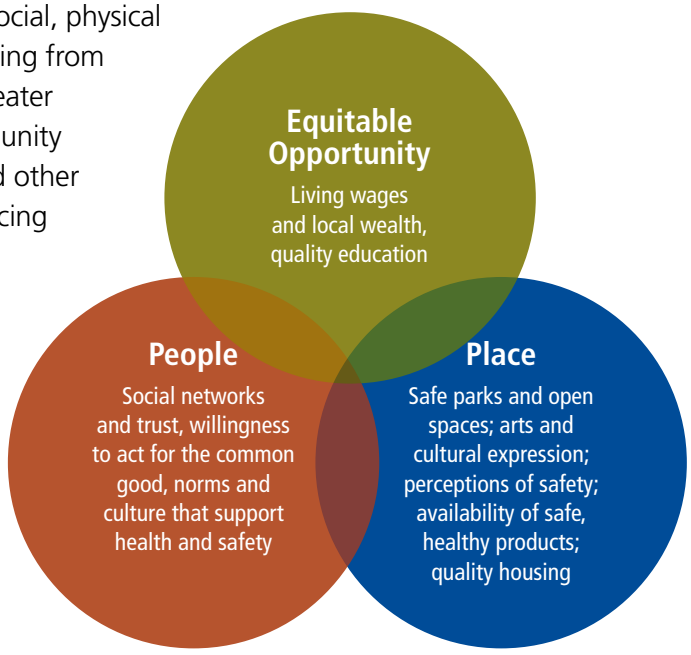


Figure 4 Elements of a Resilient Community

"Communities have deteriorated over time, generation after generation. We have curriculums that are effective, but we don't have the piece around self-love, community-love during the early stages of development and so the connection, the investment and ownership of their community is a result of loss of self and self-worth. A comprehensive community effort will recognize the pain that has been endured by young people for generations. Healing the Hood: childhood, motherhood, fatherhood, neighborhood. Protecting children, honoring women, respecting elders and building individual capacity in those neighborhoods. Reclaiming public space, looking at what we can do so that young men and older fathers can roll their sleeves up and contribute something to the community. It's about relationship building. Lifting up usually silenced or missing voices and bringing them to the table."

— Samuel Nunez, Executive Director, Families and Fathers of San Joaquin

PROMOTING COMMUNITY RESILIENCE

From Trauma to Well-being

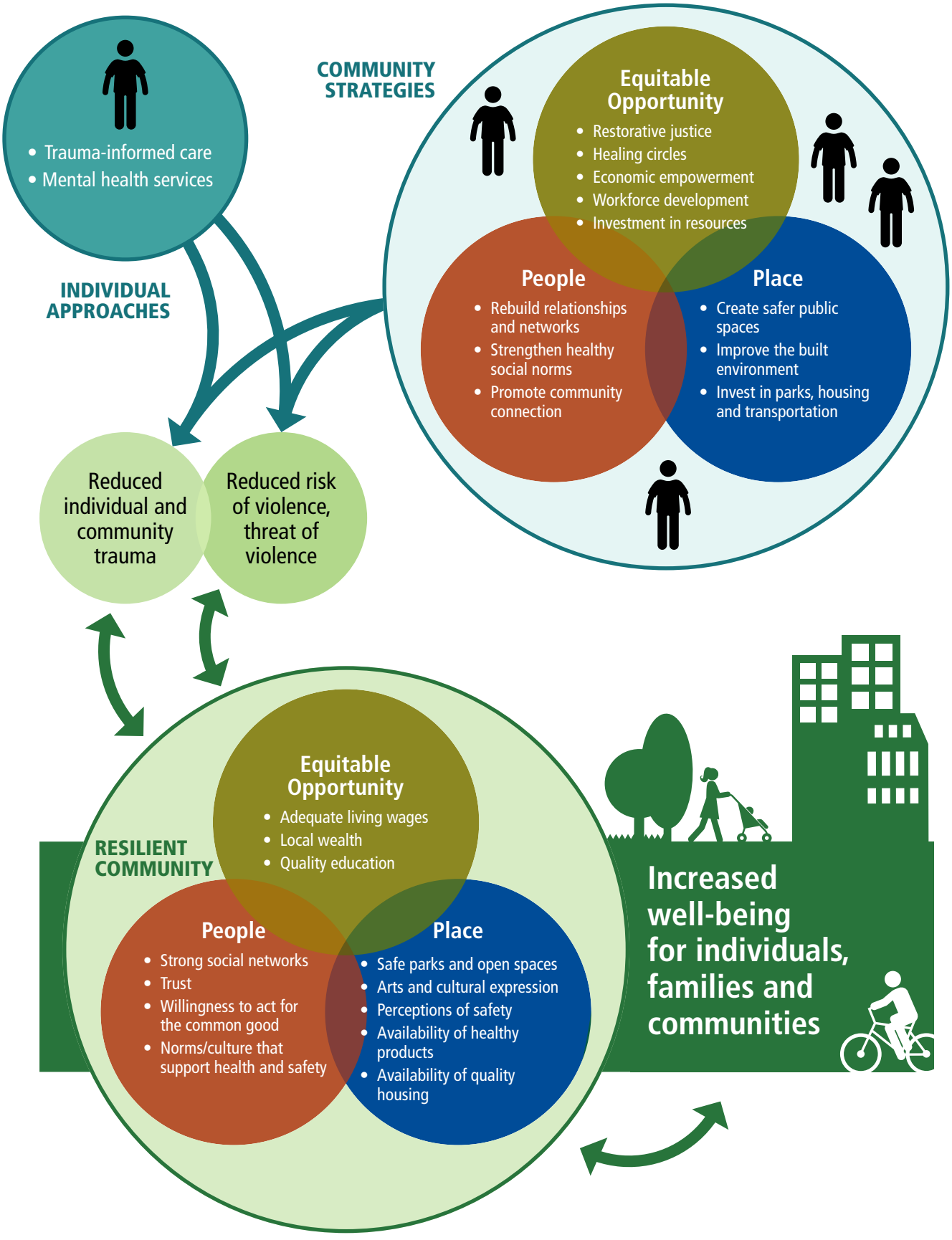
Figure 5 depicts a model for moving from trauma to community resilience and increased well-being for individuals, families and communities. In neighborhoods with high rates of interpersonal violence combined with exposure to structural violence, both individual and community trauma need to be addressed.

Individual approaches to trauma include trauma-informed care and mental health services, for example. Effective approaches contribute to individual healing and, in part, to community healing. Community level strategies must focus on the social-cultural environment (people), the physical/built environment (the place) and the economic environment (equitable opportunity) because the symptoms of community trauma manifest within each. The social-cultural strategies include: rebuilding social relationships, particularly intergenerational relations; revitalizing damaged or broken social networks and infrastructure of social support; and strengthening and elevating social norms that promote or encourage healthy behaviors, community connection and community oriented positive social norms. The physical/built environment strategies include: creating safer public spaces through improvements in the built environment by addressing parks, housing quality and transportation and reclaiming and improving public spaces. The economic/educational environment strategies include: restorative justice programs that shift the norms around conflict resolution and as an alternative to zero tolerance policies, healing circles that simultaneously provide spaces for expression of and healing from individual trauma and reinforcement and strengthening of intergenerational relationships; economic empowerment/opportunity; workforce development and increasing community wealth and resources. These strategies contribute to community healing and also help build community resilience.

A resilient community is a community that can thrive in spite of adverse events or experiences. The elements of a resilient community here are drawn from THRIVE (Tool for Health and Resilience in Vulnerable Environments). THRIVE is a framework for fostering community resilience and *a tool* for assessing the status of community conditions and setting priorities to improve health, safety, and health equity. First developed for the U.S. Office of Minority Health by Prevention Institute,[33] it identifies specific factors in the social-cultural (people), physical/built (place) and economic (equitable opportunity) environments that contribute to health, safety and health equity. A resilient community in turn reinforces community-level strategies to address trauma, helping to protect against the onset of trauma and contributing to community healing.

Individual and community healing result in reductions in trauma. These, in turn, contribute to reductions in violence and increased well-being. Similarly, a resilient community contributes to reductions in individual and community trauma and violence, as well as increased well-being for individuals, families, and communities.

Figure 5 Promoting Community Resilience: From Trauma to Well-being



CONCLUSION

It's Time to Take on Adverse Community Conditions

Too many communities are plagued by trauma from experiencing adverse community conditions, including interpersonal violence and structural violence. As understanding has grown about the deleterious impact of trauma, there has been an increased focus on trauma. Trauma informed care has become a standard practice in healthcare and mental healthcare provision and education in many communities. While this is an incredibly important development, it's also critical that attention go beyond individuals and beyond a focus solely on treatment and protocols after exposure to traumatic conditions. Addressing

There are environmental and societal impacts — community trauma is impacted by things like institutional racism — you can see it in schools, in where resources are directed, schools that are well resourced and schools that are not well resourced. Disparities in economic, social and cultural capital. Things like inequity in transportation, in access to stores. The individual level has a lot to do with the home environment, the family. We (Kaiser Permanente) form and support organizations to do work around trauma-informed care. We need to find ways to directly address community trauma.

— Ellen Brown, former Community Benefit Manager for South Sacramento, Kaiser Permanente.

community trauma requires attention at a population level and consideration of what can be done to prevent trauma in the first place.

There are identifiable elements or symptoms of community trauma. Traumatized communities have deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment; damaged, fragmented or disrupted social relations, particularly intergenerational relations; damaged or broken social networks and infrastructure of social support; the elevation of destructive, dislocated social norms that promote or encourage violence and unhealthy behaviors rather than community oriented positive social norms; and a low sense of collective political and social efficacy.

"There is very little information through this needs assessment. The conversations are not based on the root causes, but the high incidents of illness. Moving forward hopefully we can have those conversations and look better at the issue of violence, blighted communities, unemployment and what that does to the health of people in the community."

— Community Health Worker

While many of those living and working in impacted areas share the sense that whole communities can be traumatized, until now there has been no conceptual framework for understanding the systematic effects of trauma at a community level—and how community trauma undermines both individual and collective resiliency in the face of violence. The adoption of the framework for community trauma presented here could be instrumental in the development and adoption of strategies to reduce community trauma, heal communities and promote healthy, thriving communities. This framework includes a set of emerging strategies that hold great promise for promoting community healing and setting the stage for the development of safer, healthier, more resilient communities. Community healing strategies include:

- Trauma-informed community building strategies;
- Restorative justice programs that shift the norms around conflict resolution;
- Healing circles that both promote healing from individual trauma and strengthen intergenerational relationships;
- Economic and workforce development strategies that improve the employment skills, capacity and readiness of community members and link them to job opportunities with a living wage;
- Improvements in the built environment (parks, housing and transportation) that create safer public spaces;
- Collaborations that promote these community-level strategies while rebuilding community social networks; and
- Efforts to change the narrative about a community.

Often, when a serious health condition is recognized, attention turns to treatment. For example, as increasing numbers of Americans became overweight, there was an initial focus on diabetes management and bariatric surgery as strategies to address the growing epidemic. Fortunately,

public health experts and advocates also called for changes in policies, institutional practices and community environments, which supported healthy eating and activity in support of prevention. The same conditions that were preventive also supported disease management, as diabetics also needed safe places to be active and access to healthy, affordable food. While treatment models are important, it is also critical to focus on reducing the need for treatment through prevention. This is equally true in the case of trauma. As more and more models are developed for treatment and addressing trauma after its onset, there is a need for prioritizing how to treat it as a public health epidemic, exploring population-level strategies and prevention.

The successful implementation of strategies for community healing from community trauma is vital to 1) developing community resources for individual and collective resilience; and 2) improving other aspects of health in underserved communities including reducing incidence of chronic disease and violence. The adoption and dissemination of this framework for addressing community trauma would be an important step towards reducing violence and trauma in communities most impacted by individual and structural violence.

References

[1] Kessler, R. C., & Üstün B. (Eds). (2008). *The WHO World Mental Health Surveys: global perspectives on the epidemiology of mental disorders.* New York: Cambridge University Press.

[2] Prevention Institute. (2014). *Making Connections for Mental Health and Wellbeing Among Men and Boy in the U.S.,* (p. 12), Prevention Institute. Oakland, CA.

[3] Albee, G. W. (1983). Psychopathology, prevention, and the just society. *J Prim Prev.,* 4(1), 5-40.

[4] Breslau, N., Davis G. C., Andrewski, P., & Peterson, E. (1991). Traumatic events and posttraumatic stress disorder in an urban population of young adults. *Archives of General Psychiatry,* 48(3), 216-222.

[5] Resnick, H. S., Kilpatrick, D. G., Danksy, B. S., Saunders B. E., & Best, C. L. (1993). Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology,* 61(6), 984.

[6] Mueser, K. T., Goodman, L. B., & Trumbetta, S. L., Rosenberg, S. D., Osher, F. C., Vidaver, R., ... & Foy, D. W. (1998). Trauma and posttraumatic stress disorder in severe mental illness. *Journal of Consulting and Clinical Psychology,* 66(3), 493–499.

[7] Solomon, S.D., & Davidson, J.R. (1997).Trauma: prevalence, impairment, service use, and cost. *Journal of Clinical Psychiatry,* 58(9), 5–11.

[8] Hart, S. N. (2007). Reflections on the implications of re-victimization patterns of children and youth as clarified by the research of Finkelhor, Ormrod and Turner. *Child Abuse & Neglect,* 31(5), 473-477. DOI: 10.1016/j.chiabu.2007.03.014.

[9] Faletti V.J., Anda R.F., Nordenberg, D., Williamson, D. F., Spitz, A. M., & Edwards, V. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine,* 14(4), 245-258.

[10] Gorman-Smith, D., & Tolan, P. (1998). The role of exposure to community violence and developmental problems among inner-city youth. *Development and Psychopathology,* 10(01), 101-116.

[11] Funk, J.B., Baldacci, H. B., Pasold T., & Baumgardner J. (2004). Violence exposure in real-life, video games, television, movies, and the internet: is there desensitization? *Journal of Adolescence,* 27(1), 23-39.

[12] Turner, H. A., Finkelhor, D., Hamby S. L., Shattuck A., & Ormrod R. K. (2011, August). Specifying Type and Location of Peer Victimization in a National Sample of Children and Youth. *Journal of Youth & Adolescence,* 40(8), 1052-1067. DOI:10.1007/s10964-011-9639-5.

[13] Finkelhor, D., Turner, H., Ormrod, R., Hamby, S., & Kracke, K. (2009, October). Children's Exposure to Violence: A Comprehensive National Survey. Office of Juvenile Justice and Delinquency Prevention. *Juvenile Justice Bulletin (October 2009).*

[14] Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011, October). Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. *National Survey of Children's Exposure to Violence.*

[15] Greeson, J. K., Briggs, E. C., Layne, C. M., Belcher, H. M., Ostrowski, S. A., Kim, S., ... & Fairbank J.A. (2013). Traumatic Childhood Experiences in the 21st Century: Broadening and Building on the ACE Studies With Data From the National Child Traumatic Stress Network. *Journal*

of Interpersonal Violence, 29(3), 536-556. DOI: 10.1177/0886260513505217.

[16] Finkelhor, D., Turner, H., Hamby, S., & Ormrod, R. (2011, October). Polyvictimization: Children's Exposure to Multiple Types of Violence, Crime, and Abuse. *National Survey of Children's Exposure to Violence.*

[17] Prevention Institute. (2014). *Making Connections for Mental Health and Wellbeing Among Men and Boy in the U.S.,* Prevention Institute. Oakland, CA.

[18] Veerman, A. L., Ganzevoort, R.R. (2001). Communities Coping with Collective Trauma. *Psychiatry, 101,* 141-148.

[19] Eyerman, R., Alexander, J. C., Giesen, B., Smelser, N. J., & Sztompka, P. (2004). *Cultural Trauma and Collective Identity.* Oakland: University of California Press.

[20] Thesnaar, C. H. (2013). Embodying Collective Memory: Towards Responsible Engagement with the 'Other'. Scriptura: *International Journal of Bible, Religion and Theology in Southern Africa,* 112, 1-15.

[21] Albee, G. W. (1983). Psychopathology, prevention, and the just society. *J Prim Prev.* 4(1), 5-40.

[22] Sampson, R. J., Raudenbush, S. W., Earls, F. (1997). Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science 277*(5328), 918-924.

[23] World Health Organization (2009). *Changing cultural and social norms that support violence. Geneva: World Health Organization.*

[24] Sampson, R. J., Raudenbush, S. W., Earls, F. (1997). Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science 277*(5328), 918-924.

[25] Sampson, R. J. (2003). The Neighborhood Context of Well Being. *Perspectives in Biology and Medicine, 46*(3), S53-S64.

[26] Lochner, K. A., Kawachi, I., Brennan, R. T., & Buka, S. L. (2003, April). Social capital and neighborhood mortality rates in Chicago. *Soc Sci Med., 56*(8), 1797-805. DOI: 10.1016/S0277-9536(02)00177-6.

[27] Cohen, D. A., Farley, T. A., & Mason, K. (2003, Nov) Why is poverty unhealthy? Social and physical mediators. *Soc Sci Med., 57*(9), 1631-1641.

[28] Lochner, K. A., Kawachi, I., Brennan, R. T., & Buka, S. L. (2003, April). Social capital and neighborhood mortality rates in Chicago. *Soc Sci Med., 56*(8), 1797-805. DOI: 10.1016/S0277-9536(02)00177-6.

[29] World Health Organization. Definition and typology of violence. *Geneva, Switzerland: World Health Organization.*

[30] Burtle, A. What is Structural Violence? [Blog post]. Retrieved from http://www.structuralviolence.org/structural-violence/.

[31] Burtle, A. What is Structural Violence? [Blog post]. Retrieved from http://www.structuralviolence.org/structural-violence/

[32] Burt, C. H., Simons, R. L., & Gibbons, F. X. (2012). Racial Discrimination, Ethnic-Racial Socialization, and Crime A Micro-sociological Model of Risk and Resilience. *American Sociological Review, 77*(4), 648-677.

[33] Davis, R., Cook, D., Cohen, L.(2005). A community resilience approach to reducing ethnic and racial disparities in health. *Am J Public Health, 95*(12), 2168-73.

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