In August 2016, the *New York Times* published a series of three columns by David Bornstein, founder of the Solutions Journalism Network and author of *How to Change the World* and *The Price of a Dream: The Story of the Grameen Bank* and co-author of *Social Entrepreneurship: What Everyone Needs to Know*. These columns focused on how disadvantaged neighborhoods have incorporated trauma-informed and resilience-building practices based on scientific findings about Adverse Childhood Experiences (ACEs).

ACEs were described in the 2015 Community Needs Evaluation from Metro Social Services, in the section Consequences of Poverty in Childhood and Beyond (pages 129-139). Additional information on ACEs and the need for trauma-informed care will be provided in the 2016 Community Needs Evaluation, scheduled for release in Spring 2017.

The graphic below has been widely used to show and categorize ACEs. In recent years, research has shown that extended and/or severe poverty/economic hardship is another adverse experience that can create the same type of damage.
The pyramid below from the U. S. Centers for Disease Control shows how Adverse Childhood Experiences negatively affect several health and well-being outcomes throughout their lives.

This graphic from the CDC shows the prevalence of ACEs from the original ACEs study.
Tapping a Troubled Neighborhood’s Inner Strength

Tapping a Troubled Neighborhood’s Inner Strength (New York Times, August 10, 2016) described how the Highlands neighborhood gradually transformed to create a more positive environment for its 5,000 residents (45% who lived in poverty) in southwest Washington State. The change began with and grew from a state initiative to bring together services to address interconnected issues that had previously been addressed separately – child abuse, domestic violence, high school dropouts, teen pregnancy, youth substance abuse and youth suicide.

In the early 1990’s, with a shoestring budget, Washington established a statewide Family Policy Council to integrate approaches to youth violence, resulting in 53 community networks that focused on youth violence. While some community networks thrived, others did not, so funding was discontinued for those who had not functioned well in 2001. Research in 2012 found that, as expected, “the funded networks were fare better at reducing health and safety problems for the entire community population. Particularly important is the result the most effective networks had in reduced adverse childhood experiences.

Data was analyzed on several communities, in which networks operated for at least eight years, showing dramatic improvement in several key areas. From 2002-2012, the community network brought together parents and professionals in areas such as health, social services, law enforcement and education to enhance responses to youth violence. During that time, births to teen mothers decreased almost 2/3 and both youth arrests for violent crime and high school dropout rates decreased by about half.

In 2006, the City of Longview, where the Highlands is located, created a revitalization plan for the Highlands neighborhood. The city encouraged the engagement of local residents to “identify and prioritize their own needs,” and city representatives went door-to-door to talk with residents who requested some specific changes to improve the appearance and functionality of the area:

- Porch lights turned on at night
- Yards maintained
- Garbage and debris hauled away
- Feral dogs removed
- Walking/biking trail in an area that had had been dark and poorly maintained

People from outside the Highlands assumed that residents wanted the lights off and the dogs around because they were dealing drugs and wanted to keep officials away. After the community
discussions began, the reason it was dark was that residents could not afford to buy light bulbs for their porches.

With help from the City of Longview and the community network, the residents and local leaders created the Highlands Neighborhood Association. Residents expressed strong views about the type of community they wanted but did not know how to achieve the changes. The city helped the Highlands obtain a grant to hire a community coach for three years.

The community coach and residents worked effectively together, beginning with arranging donations for light bulbs, followed by a celebration in the Highlands, now well-lit with donated bulbs. The community coach helped the neighborhood apply for and receive grants and work together toward community improvements. The city built the walking/biking trails, and residents created a community center, a community library, a community garden and organized teams around graffiti-removal, block watches and neighborhood cleanups.

During this time, there was a change in the relationship between the police and residents of the Highland. For many years, most residents were reluctant to interact with police. As overall neighborhood communication increased, the residents and police began gathering monthly for a series of “cop chats.” Residents were invited to help the community to solve problems and to watch out for each other, resulting in less opportunity for crime.

Many events were held by the neighborhood association, including summer movie nights, free laundry days, a free bike program, school supply giveaways, Thanksgiving food drives and a Christmas support program. It has a Facebook page, monthly newsletter and photo book for the neighborhood. Equally important has been the network continuing to provide workshops on Adverse Childhood Experiences and how to strengthen families.

The City of Longview’s community development director indicated that he had been both surprised and amazed at how well the neighborhood has responded. He suggested that the neighborhood association operates like an infrastructure and promotes the health of the neighborhoods.

**Lesson from the Community**

“When neighbors know one another, and have a conveniently located center where they learn about health and social services, problems are more likely to be noticed by neighbors, teachers, professionals or the police before they become crises.”

Similar to many initiatives elsewhere, funds began to decrease. In 2012, there was no longer funding for the community coach. After that, the neighborhood association lost some momentum. Longview’s development director pointed out that the neighborhood may not be ready to “stand by themselves” and past successes may diminish.
After funding decreased, calls to the police went up, but residents had become less likely to ignore problems in the neighborhood. A member of the association’s board said she had previously been afraid to meet new people because people had hurt her, but that she has since learned to help other people and that changing a neighborhood is a lengthy process. She emphasized that she has hope for herself and for all the neighbors, stating “People can make a difference . . . The way is to bring people together and make them stronger. That’s what moves mountains.”

How Community Networks Stem Childhood Trauma
The second article in the series, *How Community Networks Stem Childhood Traumas* (New York Times, August 17, 2016) provides clear examples of the powerful effect neighborhoods have on the children who live in them, whether the influences are positive or negative.

“How Community Networks Stem Childhood Trauma” provides additional information about a variety of improvements in various communities, based on a three-year study of five community networks in Washington by Mathematica Policy Research.

*Preventing and Mitigating the Effects of ACEs by Building Community Capacity and Resilience* (Mathematica Policy Research, July 14, 2016) reports on two phases of research:

- 2013-2014 – assessed the contexts in which the sites operated, strategies used to increase collective community capacity to address ACEs and the impact at the county level.
- 2015-2016 – assessed the capacity of sites to achieve their goals and examined the relationship with efforts to address ACES at subcounty levels.

Washington State’s Family Policy Councils that operated for almost two decades before funding was cut in 2012, as well as additional details about the quality of communities could significantly influence neighborhood children.” (Washington State now operates The Washington State ACEs
Public-Private Initiative, which is “a collaboration of private, community and public entities working together to learn how communities can prevent and address Adverse Childhood Experiences (ACEs).”

“Some communities had successfully reduced the long-term social, emotional and physical problems related of abuse, neglect and other adverse childhood experiences,” according to the Mathematica study. The principal researcher described these issues as difficult to solve and noted that some efforts had been successful with limited resources, chiefly because the networks were able to leverage resources by engaging partners in the community.

Modest investments in such community networks can improve communities when they can increase capacity to form partnerships, establish common goals and use evidence-based approaches to achieve progress. It is important to note that investment was required and that community members had to learn how to make use of data, mobilize residents and then to sustain their efforts. It describes ways that communities began to transform and improve:

- Walla Walla – reduced prenatal smoking and alcohol use by mothers
- Skagit – decreased infants born at low or very low birth weights
- Okanogan – reduced alcohol use among teenagers

Each community determined its own goals and approaches, usually addressing a priority concern in that area:

- Wahkiakum County – after the tragic death of a child caused by an inebriated young driver, the community decided it would no longer tolerate youth drinking and driving. The community worked with police to develop a strategy that reduced the incidence of drinking and driving. After that, they focused on reducing violence between intimate partners and built a shelter for victims immediately adjacent to the police station.

- Whatcom County – residents connected with child service agencies to ensure that children who were removed from homes were placed in foster care in their own neighborhoods so they could remain close to family, friends and siblings that is important to their well-being.

- Adams County – with a high rate of youth violence, the community network encouraged the community to take action. By gathering input from an array of community members, strategies were identified, funding was obtained, initiatives began and community volunteers were engaged. They attribute much of their success to including the broader community effort and the effective team involvement to prevent youth violence, delinquency and recidivism.

These successes were built on the capacity of neighborhood or county residents to lead changes, but only after understanding the underlying causes of these social problems and how to use the
data. The information from the original ACE Study, by the U. S. Centers for Disease Control and Prevention and Kaiser Permanente, done almost 20 years ago about the types of adversity (physical, sexual, emotional abuse or neglect, etc.) children may have experienced, created a scale that identified the number of ACEs individuals had experienced. People who had ACE scores of four or higher had “substantially higher risks of failing in school, abusing alcohol or drugs, having sex as a teenager, becoming depressed, committing suicide and developing a chronic illness,” with damages that could last a lifetime.

In later years, research has been conducted on the neurobiological mechanisms of “toxic stress” resulting from excessive or prolonged childhood stress when there are no mitigating influences to buffer the damage. Children can develop a “fight, flight or freeze” response, so that it becomes difficult for them to learn, to make friends or to behave in healthy and socially acceptable ways.

Most people in the U.S. have experienced one or more Adverse Childhood Experiences, with almost 25% experiencing three or more ACEs. Prevention of the ACEs is most effective, followed by early intervention with activities to increase resilience so that the damage is diminished.

As more and more scientific evidence was gathered, additional attention was directed toward the importance initiatives to address ACEs, including the creation of the Children’s Resilience Institute in 2012. There have been specific efforts to increase knowledge in sectors that involve children and their parents, such as law enforcement, state prisons, state housing, parent advocates, health, education and other types of organizations.

By teaching people who interact with children and their parents as they serve the community, the providers learn about the key concepts and effects of ACEs. ACEs awareness and understanding is essential to dismantle many of the inaccurate and outdated beliefs that some people hold.

For example, public systems have expected that punishment would be a deterrent for misbehavior. However, this belief is contrary to the neuroscientific and related research that has been done in recent years. Rather that achieve improved behavior through punishment, it has created damage that typically results in even greater behavioral problems.

In Walla Walla, Washington, Lincoln High School was an alternative high school for students who had behavioral issues and poor academic performances (usually those suspended from school). After the emphasis on trauma-informed care as a response to ACEs, in 2010 Lincoln High School completely embraced a fully trauma-informed approach, resulting in a significant 85% decrease in the suspension rate (on which the documentary Paper Tigers was based).
This image shows a Splash Pad that was built for children to play in Walla Walla, using funds raised through the local Rotary Club and local residents. (Photo from New York Times)

**Putting the Power of Self-Knowledge to Work**

*Putting the Power of Self-Knowledge to Work* (New York Times, August 23, 2016) describes how information about ACEs is now being shared widely, some 20 years after the original research was conducted. Although it remains “largely unknown to Americans,” social scientists and others acknowledge ACEs as a “major factor behind an array of social ills and chronic diseases.” In recent years, this recognition has led to 100-200 local and state government ACEs initiatives nationwide, working to spread knowledge to the public.

This article also emphasizes the frequency with which ACEs occur, particularly with people under age 55. **ACEsTooHigh** is a research/information social network to link the growing number of ACEs initiatives together and share experiences. ACEsTooHigh was started by a former health/science/technology journalist who had worked with major media outlets and scientific magazines. The ACEsTooHigh founder and editor pointed out that many people who have high ACEs scores do not realize that adverse experiences had hurt them, even though they may retain effects of the damage for many years.

ACEsTooHigh’s founder/editor, who experienced seven types of ACEs, stated, “*They weren’t born bad . . . If they suffered emotional or physical abuse, they think they must have deserved or caused it. And later, in the absence of healthy options, the way they cope with the pain, anxiety or shame is often by self-medicating.*”

“ACEsTooHigh is a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. We also cover how people, organizations, agencies and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, and cities, counties and states.”
This photo shows a group of mothers and their children who participated in a group well-child care program in Dorchester, Massachusetts, a medical model providing social support for mothers who face serious life adversities. (Photo from New York Times, Morgan Brockington)

*Putting the Power of Self-Knowledge to Work* describes the efforts of the Minnesota Communities Caring for Children that is dedicated to preventing child abuse. It has trained 130 people who travel across the state making presentations about ACEs. The initiative explains that a surprising level of impact occurs through awareness of ACEs and that these trainers bring insights into institutions such as schools, university systems, health care settings, etc. The growing knowledge has been transformative for many people, particularly those who have experienced trauma.

After learning about ACEs, people recognized the importance of ACEs information and often understood how it affected their own lives.

| “I wish I had known this before I became a parent.” |
| “Everybody should know about this.” |

“*I wish my younger self had known about it so I could have understood why I was the way I was.*”

Knowledge of ACEs changes the question from “What is wrong with that person?” to a **better** question, “What happened to that person and how can the person be helped?”
The article describes other initiatives that are effectively sharing information and introducing trauma-informed care as a way to address the damage of ACEs.

- **Jackson Care Connect**
- **AllCare**
- **National Council on Behavioral Health’s Trauma-Informed Care Learning Community**
- **The Sanctuary Institute**
- **ACE Interface** (Building Self Healing Communities)
- **Mobilizing Action for Resilient Communities**

Perhaps one of the most impressive initiatives is that of Washington State’s Department of Correction, whose deputy secretary previously served as chair of the Family Policy Council where she became knowledgeable about the science of ACEs. She stated, “We know that people are coming into our system with trauma, but oftentimes that trauma is overlooked because of their criminal offense.” She pointed out that about 96% of the incarcerated would return home, to a community or a family.

With the Washington recidivism rate of 32%, the goal of the ACEs initiative is to lower it to 25% by the year 2020. In June 2016, the first of a series of “Hope Cafes” was held with 200 men in the Stafford Creek Corrections Center. They discussed recidivism for 2 ½ hours, with roundtables and a comfortable environment (food, flowers, coffee, music) unlike the typical prison environment.

Participants received a program with data and graphs on recidivism and a description of the initiative. The participants had numerous ideas and challenges that often contribute to recidivism (housing, mental health, addiction, legal system and difficulties accessing program services. The participants expressed interest in learning about the “trauma they had experienced in their lives and how it impacted them in terms of the decisions that landed them in prison.” After the Hope Cafes have been conducted, the combined research will be shared with participants for further discussions.

The founder/editor of ACEsTooHigh emphasized the scientific reasons for programs to incorporate the findings related to ACEs across multiple areas. She noted that the typical response of increasing the level of punishment (that has obviously not worked) could be directed toward focusing on the root causes with the scientific findings from the last 20 years, which would shift the knowledge of human development to the next level.