



The FRIENDS National Center for CBCAP Parent Advisory Council Newsletter

Understanding Adverse Community Experiences and Community Trauma: Building Resilience at the Community-Level

There is growing understanding that trauma is not just an individual experience, and that trauma can manifest at the population or community-level. Community trauma is not just the total of individuals in a community who have experienced emotional trauma from violence and other sources, nor is it just tied to a single event. Community trauma is the common experience of chronic adversity from systemic factors.

Community trauma manifests in the community environment. It appears as damaged or fragmented social relations, particularly intergenerational relations, as destructive social norms, deteriorated buildings and public spaces, disinvested neighborhoods, limited employment opportunities, and multigenerational poverty. Adverse community experiences—such as concentrated poverty, limited opportunity, and community violence—contribute to community trauma, which can exacerbate adverse childhood experiences (ACEs). Community trauma increases risk factors that make ACEs more likely and reduces the resilience factors that are protective against ACEs.

Recognizing community trauma demands that we expand from a singular focus on ACEs to complimentary approaches that address the community conditions and environments that children and families live, work, and play in. It requires solutions and strategies that address the broader external factors that contribute to trauma, such as community violence, lack of educational and economic opportunity, and deteriorating physical environments. More importantly, it requires a focus on addressing those factors in the community environment that build resilience, health, safety, and well-being for children and families most impacted by adverse community experiences.

Addressing and working to prevent community trauma is complex but is critical



to the health, safety, and well-being of children and families. Communities and those working on behalf of communities must work together towards innovative actions and partnerships that improve community conditions for children and families. No one agency or organization can work alone to address the impacts of community trauma. Along with this call to collective action, parents and caregivers must be centered and included in decisions on strategies and solutions to improve community conditions and authentically engaged in the work to build resilience in their communities. Investments in strategies that promote community healing are also central to building family and community resilience.

Children and families can be more resilient with a focus on the community environment and the community factors that contribute to health, safety, and well-being. A focus on creating community environments that promote family well-being and support children in reaching their full potential over the life span will require increased investments in families living in communities that have been historically excluded from opportunity. It will require innovative partnerships to address a

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Visit the PAC on the FRIENDS website at www.friendsnrc.org

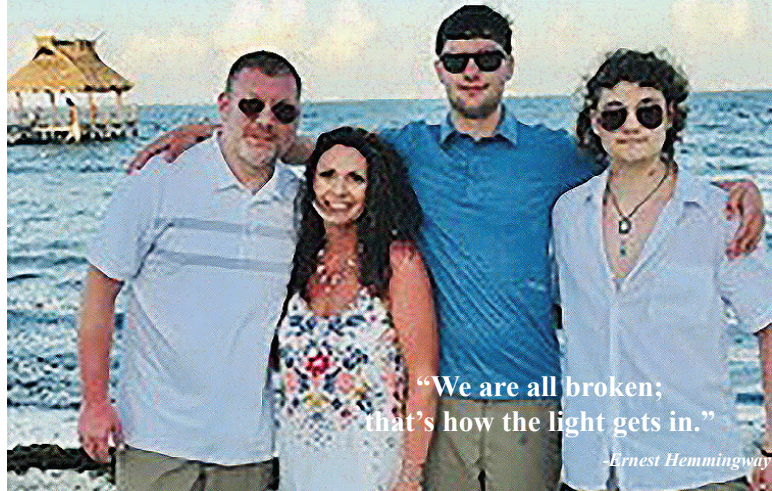
Mindfulness Taught Me How to Get My Life Back

My name is Heather Stenson. I have two beautiful sons, and I've been married for 25 years to my best friend. I work in Social Work, helping families that have been reported for child abuse and neglect. I teach the parents coping skills to interact with their child/infant by bonding with them, setting boundaries for them, teaching them how to praise their child when they do something good, and showing affection to their child.

I felt a tremendous amount of pride doing this work until one of my children suffered an unthinkable trauma in 2019. My son fell into a deep spiral of depression, self-harming, and self-medicating. For the first time in my life, I felt POWERLESS! Nothing I said or did, or tried, could help him. I became furious. I stopped trusting people. I stopped having empathy for people. I became vindictive. All that mattered to me was getting my son better and ensuring that the individuals responsible for his pain were held accountable.

I didn't recognize myself anymore, and neither did my spouse, family, or closest friends and colleagues. I wanted a divorce; I tried to quit the job I loved because I couldn't help my clients anymore; I was drowning in fear, anger, despair, frustration, loneliness, and pride. I felt like a fraud. How can I help other families if I can't even protect mine? If I couldn't see the signs of addictions in my child, how could I help my clients through addiction? How can I teach coping skills to parents when I can't help my son cope with his pain? Why should anyone listen to me? Why would anyone want my parenting advice?

And that is where I stayed for almost two years. In a very dark, lonely place while wearing a brave face and pretending that I wasn't falling apart at the seams. Until I was invited to a Mindfulness Session through the FRIENDS National Parent Advisory Council. There was something about being still, closing my eyes, and having no judgment.



I listened to the instructor's soothing, soft voice talking me through taking deep breaths, breathing in positive thoughts and feelings, and breathing out any negative thoughts and stress. I quickly realized how powerful breathing and being mindful of my thoughts while breathing was. I truly felt as if I was breathing in positivity from the universe and breathing out all that fear, anger, despair, frustration, loneliness, and hurt that my heart had been holding onto so intently for two years. Tears started flowing down my cheeks. My shoulders dropped, my stomach felt warm, my heart felt free from stress, my chest opened, and for the first time in a long time, I felt as though I could breathe easily.

Since that first mindfulness session, I have continued practicing and researching mindfulness daily. It has brought me so much inner peace. My smile has become genuine again. I'm beginning to love myself again and forgive myself, which in return gave me the gift to forgive the individuals responsible for my family's pain. Not because they've asked for it but because my son, family, clients, and I deserve peace.

Mindfulness isn't just sitting with your eyes closed and breathing. If you let it, it can change your way of living. It's about being present in the moment with yourself, your body, and your thoughts and feelings. Mindfulness is connecting to all those things. How often do you sit, really sit

still in silence and become mindful of your thoughts and how you are feeling? I encourage you to try it. It could change your life. It did mine.

I wish you happiness. I wish you health. I wish you a life with ease.

Heather Stenson
FRIENDS PAC Member

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Understanding Adverse Community Experience and Community Trauma

myriad of needs and opportunities across sectors including education, housing, transportation, healthcare, and justice. Lastly, it will require that systems reverse the policies and practices that have created and/or exacerbated community trauma while advancing policy and systems change solutions that build resilience, opportunity and hope for children, parents and caregivers.

For more information on Adverse Community Experiences and community trauma, please visit: [Adverse Community Experiences and Resilience: Understanding, Addressing and Preventing Community Trauma | Prevention Institute](#)

by Dana Fields-Johnson
Prevention Institute



ACEs From A Father's Perspective

From 1995-1997 the CDC-Kaiser ACE Study was conducted and over 17,000 people (mostly middle-class Caucasian) shared information about their childhood experiences and completed a physical health examination. This information was used to form the list of ACEs listed below.

Adverse Childhood Experiences (ACEs) are negative experiences that happen before the age of 18. Usually, ACEs are divided into three categories: physical, emotional, and sexual abuse; physical and emotional neglect; and household dysfunction, which includes mental illness, an incarcerated relative, parent treated violently, substance abuse and divorce. There are other types of adverse childhood experiences including community and environmental ACEs such as racism, bullying and community violence.

The ACEs study found that on average, individuals with six or more ACEs died nearly 20 years earlier than individuals without ACEs. There was a study, published in JAMA Pediatrics, indicating that low-income individuals, people of color and those who identify as gay, lesbian, or bisexual had a higher risk of experiencing ACEs.

I was forced into this ACEs journey and space a long time ago. When my grandson was ten years old, he started having some very challenging times at school. He was fighting, being disrespectful to his classmates and people that were in authority. Some of this was due to him being traumatized by the passing of his mother, my daughter. He went through so much trauma, so early in his life. Looking back, I realize that a lot of the problems he experienced including acting out and getting in trouble at school, were a result of what happened to him during his early childhood. Witnessing domestic violence, drug use and gun violence had an impact, resulting in Adverse Childhood Experiences

(ACEs). My grandson was affected by these experiences before he even started school. If there had been better services to support him, his childhood might have gone differently.

Because of his actions, I was at the school 3-4 times a week. I was there so much that they had my picture on the wall.

The school system tried to help, but the only thing they would ultimately do, was suspend him. I felt helpless as a parent and as a man. I didn't know how to help my grandson get through his social and emotional demons. I couldn't even live up to the false idea, that fathers were only protectors and providers, not nurturers.

I had to learn how to navigate the "Children System of Care". During this time, I found out that the system was very complicated and wasn't very father/grandfather friendly. Fathers/grandfathers were not authentically or intentionally engaged. This was difficult for me to understand, because the last time I checked, fathers/grandfathers were very involved in the family space.

Since I started this journey, I have been on a mission to engage fa-

thers, grandfathers, and father figures to become more involved in the well-being of their children's/grandchildren's lives from the time they are born and even prenatally. This is when social and emotional learning begins and helps our children experience better outcomes and reach their full potential.

By utilizing the many opportunities and platforms that have been afforded me, I have been able to share my firsthand experiences at local, state, and national forums, on my experiences as a father and grandfather raising his grandson with special health care needs.

We need to provide safe, stable, and nurturing relationships. Not only in our homes, but also in our community. We need to address affordable housing, access to quality healthcare, quality jobs with sufficient income and to support families.

As a father, I have begun to understand that ACEs in most cases are intergenerational. We haven't addressed the ACEs we generated when we were growing up. "Knowledge is Power"

David Armstrong
FRIENDS PAC Member



Resilience: Supported by Research and Experience

Stories of resilience are all around us. We see it in parents who give their children the safety and nurturing they longed to experience during their own difficult childhoods, and in the community that pulls together to recover from a natural disaster. We've seen it in abundance over the last two years as families have managed the challenges of remote school, social distancing, health concerns, and financial hardship. The growing science of positive experiences is filling in our understanding of how people come to thrive despite the obstacles they face, as well as concrete things we can do as individuals and as advocates in our communities to promote resilience.

Parental resilience—which the Center for the Study of Social Policy defines as “managing stress and functioning well when faced with challenges, adversity, and trauma” – is one of the five protective factors in the Strengthening Families Protective Factors Framework. Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors:

- Parental resilience
- Social connections
- Knowledge of parenting and child development
- Concrete support in times of need
- Social and emotional compe-



tence of children

Strengthening Families was developed and launched around the same time as the first reports came out about Adverse Childhood Experiences (ACEs). In the late 2000s and 2010s, as the Strengthening Families approach was spreading across the nation, states also began replicating the original ACE study and found that, across demographics, an adult's ACE score – the number of types of adversity they had experienced during childhood, from a list of up to eight possible adverse experiences – is strongly correlated with their health and well-being in adulthood. Already a believer in Strengthening Families, I co-authored Wisconsin's first ACE report, released in 2012. We included a section about resilience and the role that we believed protective factors play in the reality that not everyone with a high ACE score experiences negative outcomes. As Dr. Carl Bell summed it up, “Risk factors are not predictive factors because of protective factors.” However, until recently, we didn't have research on par with the ACE study to explore or demonstrate how protective factors and family strengths interact with risks and adversity to influence outcomes.

With recent research on positive childhood experiences (PCEs) and flourishing, we are finally gathering the data to paint a fuller picture of how childhood experiences, good and bad, affect our health and other outcomes. What was a common-sense hypothesis is now being confirmed by data at the population level: Our life trajectories are shaped not only by the risk factors that were present in our families or communities, or by the adversity we've experienced – but also by the positive experiences we've had, by foundational relationships with our parents and other caregivers, and by the strengths inherent in our families and communities.

These strengths, and the positive experiences they facilitate, pro-

foundly influence a child's experience of adversity – including by making those adverse experiences less likely, by buffering a child from the negative effects of adversity, by restoring a sense of safety as quickly as possible after a stressful experience, and by promoting healing and resilience. In the PCE research, we see these interactions play out, where a high PCE score is correlated with better outcomes overall, as we would probably all expect. But not only that: a high PCE score also mitigates the effect of a high ACE score. This means that people with high ACE scores and high PCE scores have better outcomes, on average, than people with high ACE scores and low PCE scores. The research to date has shown this effect most clearly on mental health outcomes, but as the body of research grows, a similar relationship is emerging between positive experiences and physical health and other forms of well-being. This is the science of resilience.

It's important to note that the PCEs measured in the current research are accessible to all families.

The majority of children experience loving relationships, a sense of belonging, and connection to community – and develop resilience as a result. Those experiences are not more available to families of one race, ethnicity, or immigration status than another, and they are not constrained by a family's income or the neighborhood they live in. They are universal – though they may look different across different cultures and contexts. And with a focus on the positive, parents and other adults can identify concrete things they can do to support the children in their lives. Beyond our individual relationships, we can also identify ways that our communities and our systems can better ensure that all children have these positive experiences, all families have support for their strengths, and we can all cultivate resilience.

Cailin O'Connor

Center for the Study of Social Policy



My Past Did Not Dictate My Future:

Turning Adverse Childhood Experiences into Motivation to Succeed

As we think back to our childhoods, we can all remember things that might have been traumatic and may still have an impact on us today. Joanne Hodgeman, a current PAC member, shared her adverse childhood experiences and how she was able to become resilient and successful. As you read, we hope to show that even though we might have experienced childhood trauma, we can press for a brighter future.

At the age of 5 or 6, Joanne experienced abuse and neglect from her parents. She took on the role of "mom" to her younger sister and felt it was her responsibility to keep her sister safe. With her dad going to jail for the abuse that was occurring, and her mother "disappearing", Joanne and her sister would find themselves in and out of 72-hour holds, as well as placed in temporary foster homes several times during their childhood. Joanne shared that during her stays in foster care, they often slept on the floor, wouldn't attend school, and on occasion not have enough food to eat.

After serving time in jail, Joanne's dad eventually entered into a re-entry program where he was placed into a home for convicts. Joanne's mother started taking them to visit their dad, where they were left unsupervised with other

men in the home. Joanne shared that her mom started "entertaining" several of the men who lived there and Joanne at times felt the need to intervene as she witnessed her mom being physically abused. Now, Joanne also took on the role of "protector" of her mother at an early age.

One day while Joanne and her sister were left alone, her dad came to the home demanding they open the door and let him in. Joanne, sticking to the rule to never open the door for anybody, only made her dad even more upset. He called the police reporting the children were in the home alone. When the police arrived, Joanne became fearful and placed a chair against the door. When the police finally left, Joanne and her sister ran to a trusted neighbor's home, where they stayed until their mother came looking for them. Fearful that her children would be taken away, Joanne's mother took them into "hiding" at their godparent's home and made the decision to place Joanne and her sister in the foster care system permanently.

Joanne vividly remembered staying in temporary placement for 6 months because they were trying to find permanent placement that would keep her and her sister together. On 8/8/88, after interviewing over a dozen families and their

mother not approving any of the families they liked, Joanne and her sister were able to leave temporary care and were placed with a family that agreed to take both her and her sister.

Now, maybe Joanne and her sister would be able to relax and have some stability. Entering into their new home still had its challenges. Joanne remembered being "inappropriately touched by her foster brother." After confiding in a friend, it was reported to her social worker which resulted in her foster parents being confronted. Joanne was faced with telling the truth or lying to stay in the home. She did not want to go back into the cycle she had just left from, so she chose to lie for the sake of some type of stability in her life.

In the mid-90's, Minnesota started pushing more towards reunification instead of long-term foster care. This push, resulted in Joanne and her sister facing going back into the home with their mother because her parental rights were never terminated. Even though her sister was placed back with her mother, Joanne was determined not to go back. This is where Joanne found her voice and advocated for herself. At the age of 16, Joanne gathered letters from her teachers and therapist then petitioned the court to remain in the custody of her foster family. She actually won her case and stayed in custody of her foster parents.

Being impressed by her ability to sway the court in her favor, she started being invited to share her story in front of State Legislators while advocating for out of home placements. She was also asked to serve as a youth board member for the Children's Law Center. Joanne stated that she had found her purpose and became an advocate and her life's work!!

As Joanne neared high school graduation, her foster mother be-

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My Past Did Not Dictate My Future...

came very ill and passed away before she would graduate from high school. Watching her foster mom "basically die before her eyes" was a very traumatic experience. Joanne then started focusing on applying for college in hopes of having a career in social work. Joanne was determined to get into the most prominent private college in her area and sought out information about financial aid with assistance for being a foster child. Joanne was informed that she was not eligible for tuition assistance because her mother still had parental rights. This information only motivated Joanne to press towards her goal and find another way to pay her tuition. With help from a "random" social worker, Joanne was able to receive half of her tuition for the first couple of years, as well as, financial aid. She also worked 3 jobs and participated in internships to be able to pay the rest of her tuition.

During school breaks, Joanne was able to go visit her foster family. She was not expecting her foster dad to

pass away over her summer break. This was yet another traumatic experience, as she was the one to find him and attempt to revive him. As the house was preparing to be sold, Joanne remembered exactly how she felt as she gathered the last of her belongings which would end her journey with her foster family.

Even though both her foster parents did not witness her graduate from college, Joanne remained resilient and persevered. She graduated with a Bachelor's Degree in Social Work, while being 5 months pregnant. She went on to receive a Master's Degree in Organizational Management and also became certified as a Trauma Advocate for families in the legal system. Now, a single mother of 3, Joanne will soon start work on her Master's Degree in Social Work.

You might ask, what motivated Joanne not to become a "statistic of the system"? Joanne shared that she wanted better, she wanted to be the "exact opposite" of her mother. Joanne shared how people would often say "she couldn't",

which motivated her to push to make it happen. At an early age, her main focus was to be stable enough to take care of her younger sister. As she grew older, she realized that her "life's work" was to be an advocate for other families.

Joanne believed the only way to make her voice heard and be able to advocate professionally in the courts is to have "initials behind her name". Joanne also shared that she motivated herself for "her". She wanted to accomplish these things for herself which proves that her adverse childhood experiences did not keep her from becoming successful. Yes, Joanne had a lot of childhood traumatic experiences and many would think her future would not look anything as it does today. Reading her story should give us hope for children who have adverse childhood experiences, that their past does not have to dictate their future to be grim but instead, successful.

*Vadonna Williams
FRIENDS PAC Member*



Combating ACEs through the Child Tax Credit

The current Child Tax Credit (CTC) and Earned Income Tax Credit (EITC) together lift more children above the poverty line, 5.5 million, than any other economic support program. This level of poverty reduction was achieved through multiple expansions of the EITC and Child Tax Credit since their respective enactments in 1975 and 1997.¹ These expansions will help many hard-hit by the current crisis.

Better outcomes are linked with stronger income assistance and include healthier birth weights, lower maternal stress (measured by reduced stress hormone levels in the bloodstream), better childhood nutrition, higher school enrollment, higher reading and math test scores, higher high school graduation rates, less use of drugs and alcohol, and higher rates of college entry.²

The child tax credit expansion wasn't just one big payment, it was spread out, and parents knew it was something they could count on. The CTC helped level the playing field, especially for people of color. As a parent leader and fatherhood engagement specialist for organizations throughout the United States, I've spoken to families about the sweeping COVID-19 relief bill that is expected to send more than \$5 billion to the state of Michigan where I live. Parents will be able to spend more on food, rent and transportation — things at least 43% of Michigan households currently struggle to afford.

With the CTC payments no longer being distributed to families, many communities, ACE's, Adverse Childhood Experience and/or Adverse Community Environments. One of the greatest pleasures that I experience in working with men of color is talking with them about ACEs and assisting them with being able to put a name to a symptom that has had a detrimental generational effect on their families. How can one heal when there is not a name associated with the disease?

¹ Chuck Marr, Kris Cox, Stephanie Hingtgen, Katie Windham and Arloc Sherman. American Rescue Plan Act Includes Critical Expansions of Child Tax Credit and EITC. March 12, 2021.

² Samantha Waxman, Arloc Sherman and Kris Cox. Income Support Associated With Improved Health Outcomes for Children, Many Studies Show. May 27, 2021.

Resources:

Chuck Marr, Kris Cox, Stephanie Hingtgen, Katie Windham and Arloc Sherman. American Rescue Plan Act Includes Critical Expansions of Child Tax Credit and EITC. March 12, 2021.

<https://www.cbpp.org/research/federal-tax/american-rescue-plan-act-includes-critical-expansions-of-child-tax-credit-and>

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Anthony Queen, Parent Leader Mentor, FRIENDS PAC Member



Parent Leaders in Action

In addition to supporting the work of FRIENDS and CBCAP, the FRIENDS Parent Advisory Council members are active in their states and communities. Take a look at the PAC's recent efforts and achievements!

Melissa Zimmerman (AZ) was recently promoted to the position of Care Coordinator at Terros Health in Phoenix, Arizona while concurrently completing her Masters Degree in Social Work.

Anthony Queen (MI) was asked to join First Step Kent, an organization dedicated to making sure every child has equal resources to thrive, to serve as Parent Leader, Parent Board & Commissioner. In addition, Anthony was asked to join First Step Kent's Diversity Equity

and Inclusion Task force and Executive Search Team.

Vadonna Williams (AL) received support from the CTF of Alabama and Alabama Partnership for Children to request and receive the first Proclamation from the Mayor of Tuscaloosa observing National Parent Leadership Month! Vadonna served on the planning committee for CTF to help form the first State Parent Advisory Committee and has participated in Prevention Awareness events such as Strolling

Thunder, located at the State Capital, and local activities offered at our Family Resource Center to keep parent leaders in Tuscaloosa active in the community. Vadonna is excited and has found it very rewarding to use her family business as a vehicle to bring awareness to Child Abuse Prevention and to be able to honor Parent Leaders.

**For more information
about ACEs visit:
www.friendsnrc.org**



FRIENDS Parent Advisory Council members (from l to r, top row): Marcela Henao, Elizabeth Reddick, Heather Stenson, Vadonna Williams, Anntoinette Johnson, Raven Sigure, Anthony Queen (from l to r, bottom row) Eileen Graham, Joanne Hodgeman, Melissa Zimmerman, David Armstrong, Valerie Lebanion, Paula Bibbs-Samuels, and Michael Cupeles..

About the PAC

FRIENDS has established a Parent Advisory Council to provide useful overall program direction and guidance to the activities of the National Center. Committee members share their experience and expertise in child abuse prevention and family strengthening through their active participation in FRIENDS workgroups and the annual Grantee's meeting, development/review of FRIENDS written materials, and by providing resource center staff with consultation and advice.

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This publication was produced by the FRIENDS National Center for Community-Based Child Abuse Prevention (CBCAP). FRIENDS is a service of the Children's Bureau and a member of the T/TA network.

FRIENDS is funded by the U.S. Department of Health and Human Services, Administration for Children, Youth and Families, Office on Child Abuse and Neglect, under discretionary Grant 90CZ0027. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy portions of the text which are not the property of copyright holders and share them, but please credit the FRIENDS National Center for CBCAP.

