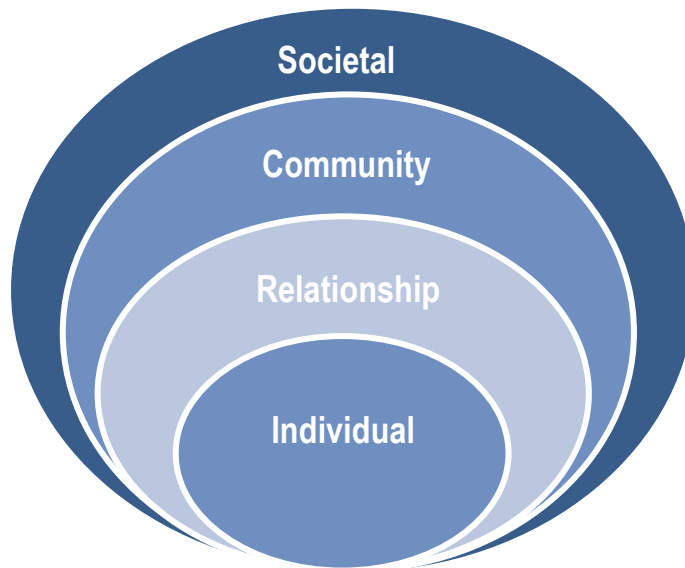


Understanding Adverse Childhood Experiences (ACEs) in Context:



Mapping Adversity Across the Socioecological Model

A brief service-provider's guide to understanding and addressing trauma and adversity at multiple levels.

© 2022 All Youth Access, LLC

All Youth Access, LLC



NACCHO
National Association of County & City Health Officials

Table of Contents

Acknowledgements.....	3
About this guide.....	4
PART ONE: ACEs at each level of the socioecological model (SEM)	
Societal level ACEs.....	7-8
Community level ACEs.....	9-10
Relationship and Individual level ACEs.....	11-14
PART TWO: Connecting ACEs across the SEM and Taking Action	
Redlining example.....	16
Vicious cycles	17
Taking action worksheet	18
Example of completed worksheet.....	19
References.....	21
Data sources.....	22

Acknowledgements

With Thanks:

We extend our gratitude to the seven sites that participated in the first cohort of the Comprehensive Community Approaches to Preventing Substance Use project funded by NACCHO.

California – Parents Anonymous

Colorado – Catholic Charities Diocese of Pueblo

Maryland – St. Mary's County Health Department

Michigan – The Youth Connection

Pennsylvania – Allegheny County Health Department

Tennessee – Meharry Medical College

Utah – Utah State University

We thank you for your time, efforts, and valuable insights on this project.

Funding Acknowledgement:

NACCHO would like to thank the Centers for Disease Control and Prevention (CDC) for providing financial support for this work, under cooperative agreement CDC #6NU38OT000306-02-01. The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the CDC.

About this guide:

This brief guide is designed for organizations and staff delivering programs that are intended to prevent or intervene on Adverse Childhood Experiences (ACEs). It will also be useful to decision-makers and policymakers who are developing strategies or allocating resources for addressing ACEs and trauma.

The guide assumes the reader already has an understanding of ACEs in the traditional sense (i.e., ten types of childhood adversity that lead to health problems in adulthood; Felitti et al., 1998). We do not provide a background or introductory discussion of ACEs here.

We illustrate adverse experiences across four levels of the socioecological model (SEM): societal, community, relationship, and individual. Collectively, these levels represent the environments in which we develop, and which influence developmental trajectories.

Within each level of the SEM, we provide a definition of the level, and examples of adversity at that level, including conceptual models and illustrative examples. We also provide data sources, equity considerations, some challenges of addressing adversity at that level, evaluation considerations, and implementation guidance for programmatic efforts.

Next, we provide an example of the interconnectedness of adversity across the levels using the example of redlining to show the cascading effect of societal level adversity on communities, relationships, and individuals. Also included is a brief discussion of three types of vicious cycles that keep adversity in place.

We sincerely hope this resource is helpful for informing your thinking and actions for addressing adversity, trauma, and ACEs. We welcome any feedback on improving the resource and would love to hear how you are using it in your work.

--The All Youth Access team

Author correspondence:

Direct communications about this resource to Dr. Stephanie Bradley at sbradley@allyouthaccess.com.

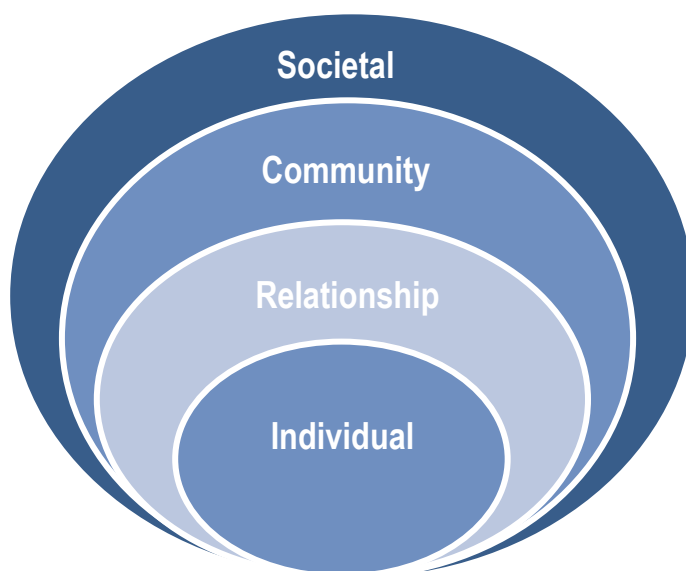
Suggested citation:

Bradley, S. A. & Creavey, K. L. (2022). *Understanding Adverse Childhood Experiences (ACEs) in context: Mapping adversity across the socioecological model*. All Youth Access.

Part One:

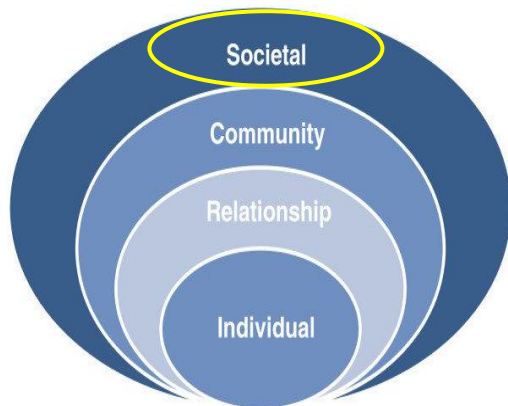
ACEs at Each Level of the

Socioecological Model



This page intentionally left blank.

Societal Level ACEs



Societal Level - Definition

Social norms, structures, and policies that broadly influence attitudes, beliefs, behaviors and opportunities.

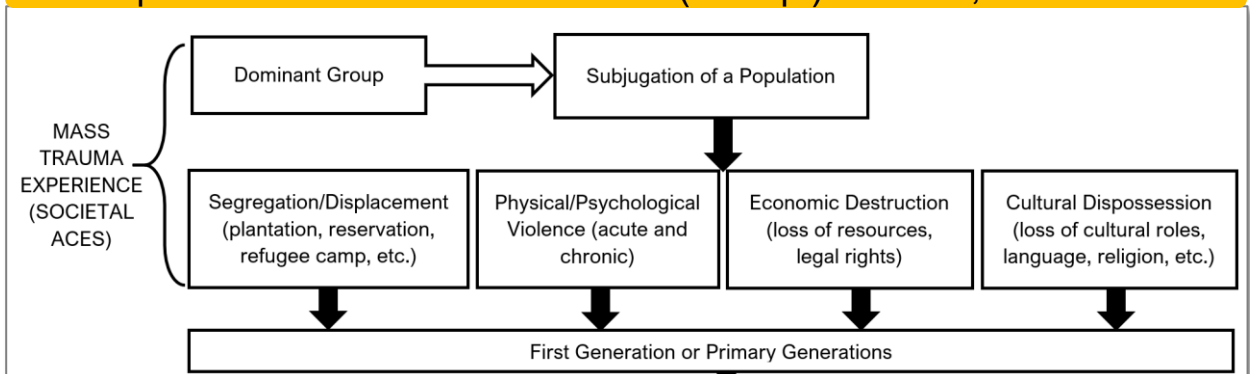
Societal Level ACEs - Definition

Social factors that make adversity more likely (e.g., inequities) or acceptable. Systems, policies, practices, and beliefs that create or sustain inequities between groups.

Societal Level ACEs - Examples

- Oppression and subordination of groups
- Racism, sexism, classism
- Hoarding of power and resources
- Scarcity mindset
- Cultural norms of dominance, substance use, and violence for coping
- Stigmatization of substance use and mental illness

Conceptual Model of Historical Trauma (excerpt) – Sotero, 2006



Illustrative Example(s)

- White dominant norms are enforced through government systems like child welfare and juvenile justice; removal of racialized children from homes and communities at disproportionate rates compared to white children.
- Governments and corporations are aligned to enforce the dispossession and decimation of Indigenous peoples' natural and sacred resources.
- Financial practices are exclusionary and predatory, preventing or limiting the economic mobility of low-income and racialized peoples.
- Substance use is stigmatized. Use is attributed to being a "moral failure" or due to a weakness of the individual. This leads to policymaker and citizen support for punishment-driven policies instead of proven-effective, harm-reduction approaches.

Data Indicators

- % of residents in poverty
- % of (male) unemployed residents
- % of home ownership (or other measure of residential stability)
- % of single parent/single income households
- % of residents with low educational level
- % of residents in management/professional occupations

Prevention Institute, 2015.

Equity Considerations

- Address gaps in diversity and inclusion in organizational decision-making roles.
- Establish and maintain authentic partnership with community members. Share decision-making power with them.

Challenges related to societal ACEs

- Social norms are sometimes challenging to see because they are so pervasive (e.g., “the water we swim in”).
- Present-day social norms often have deep historical origins making them more entrenched in our systems and ideals.

Evaluation

Challenge:

- Understanding the role that historical and present-day oppression play in health, well-being, and coping.
- Accessing instruments that adequately capture trauma and diverse ways of healing.

Problem Solving:

- Measuring collective, cultural, and social well-being.
- Valuing other ways of knowing beyond quantitative, researcher-developed tools.

Implementation Considerations and Guidance

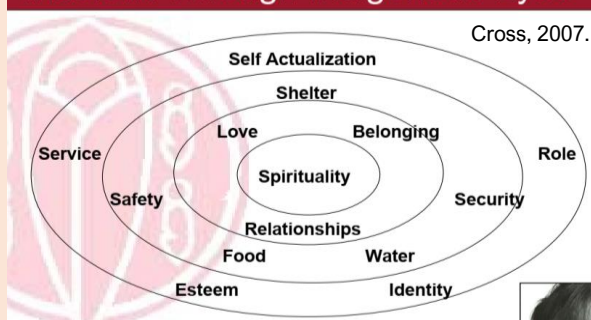
Examine how white dominant culture shows up in your organizations and programs. This refers to the explicit to subtle ways that the norms, preferences, and fears of white European-descended people overwhelmingly shape daily life and work. Identify any counter-productive norms and develop alternative approaches. **Recommended resource:** [White Supremacy Culture Characteristics \(dRworks\)](#)

Find opportunities to build clients' power and leadership. Identify organizational and programmatic strategies that build, wield, and share power with clients and constituent populations. Ensure programming builds leadership potential and opportunities for clients, who have likely experienced obstruction of equal opportunity.

Recommended resource: [PowerMoves \(NCRP\)](#)

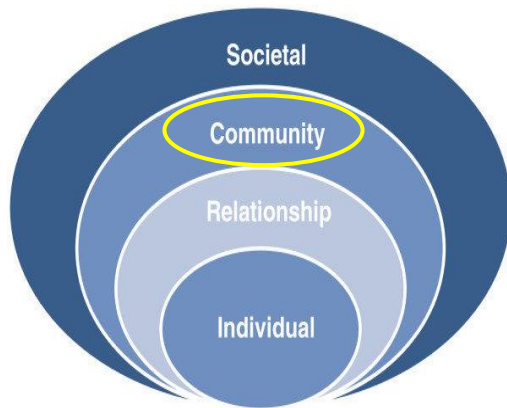
Explore models of problem-framing and -solving that include BIPOC communities and experiences. Integrate diverse methodologies and approaches into your programming.

Maslow: Through Indigenous Eyes



Above: Maslow's Hierarchy of Needs re-envisioned through an Indigenous perspective and values.

Community Level ACEs



Community Level - Definition

The contexts and environments in which people carry out their day-to-day lives, such as schools, workplaces and neighborhoods. Includes people, physical environment, and economic opportunity. Also includes non-geographical communities such as those with a shared identity or shared experiences.

Community Level ACEs - Definition

Actions and events that occur at a localized level which increase the likelihood of experiencing adversity, trauma, and loss, including breakdown of community/family structures and social networks, loss of resources, separation from loved ones.

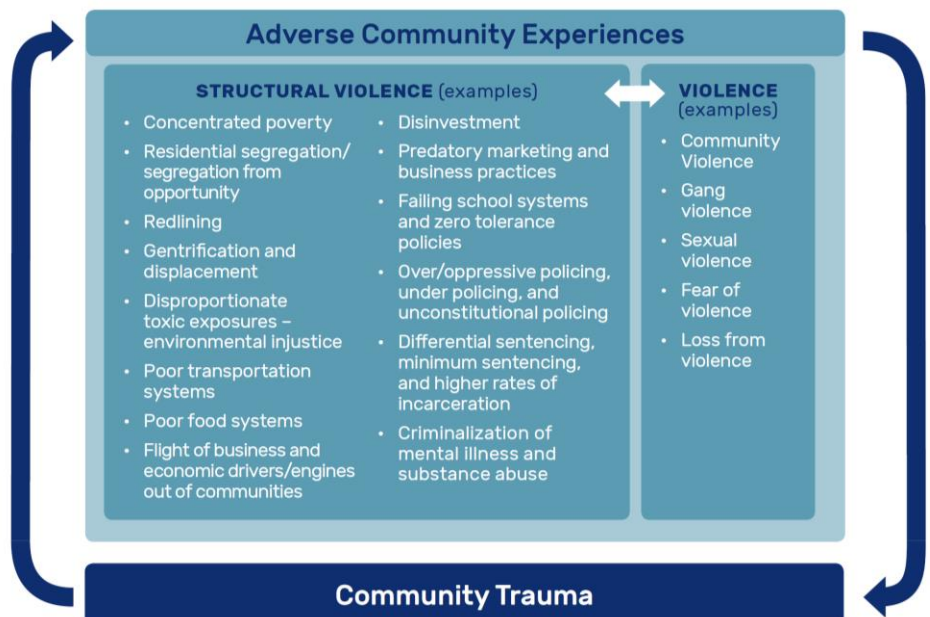
Community Level ACEs - Examples

- Housing insecurity, homelessness
- Food insecurity
- Living in extreme poverty
- Witnessing violence in the community
- High rates of overdose deaths in specific areas
- Over-representation of youth in juvenile justice system from certain neighborhoods/cities
- Police shootings of unarmed Black people
- Discovery of child graves at Indian residential schools
- Hate crimes targeting religious groups
- Factory closure leads to massive unemployment

Illustrative Example

Environmental hazards and climate-impacting businesses are often located in communities without enough financial and political resources to fight these decisions. Health is impacted directly; and indirectly by lack of access to care.

Adverse Community Experiences and Community Trauma (Prevention Institute, 2017).



Data Sources

- [Redlining maps](#) (U-Richmond)
- [American Community Survey](#) (US Census)
- [U.S. Small-area Life Expectancy Estimates Project](#) (CDC)
- [Social Vulnerability Index](#) (environmental disasters) (CDC)
- [National Equity Atlas](#) (PolicyLink)
- [Index of Deep Disadvantage](#) (U-Mich)
- [Food insecurity](#) (Urban Institute)

Equity Considerations

- Communities can be defined by history, past or current lived experiences, and experience of oppressive systems.
- Outside assumptions about community membership may run counter to an individual's endorsement of belonging to a community.
- Check for assumptions and blind spots in defining "community" when not a member of that community.

Challenges related to community ACEs

Adverse events and related trauma may be more evident at this level (compared to societal level). However, inequities are associated with flaws of the community instead of examining and addressing why inequities exist. Adverse community experiences manifest and compound across multiple, connected systems. Service organizations may not see or want a role in directly intervening on these realities. Funding and bureaucracy may limit innovation.

Evaluation

Challenges:

- Integrating adverse community experiences into evaluation plans
- Considering how these experiences impact relevance or effectiveness of services provided.

Solutions:

- Gathering qualitative data from clients and community members to understand how programming connects with (1) community-identified strengths, (2) community-defined trauma, (3) lived community experiences, (4) community-determined priorities, and (5) community members' perception of your programming fit with their definitions of #'s 1-4.

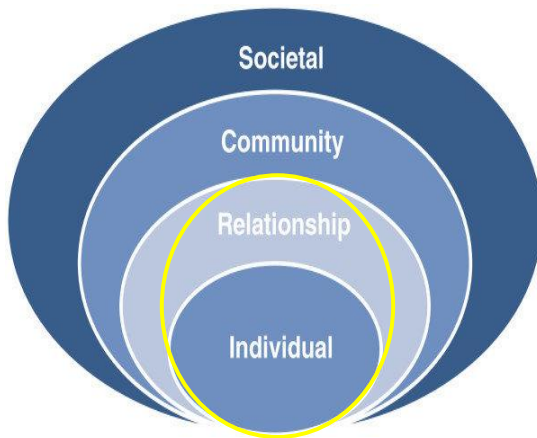
Implementation Considerations and Guidance

Understand the connection between the social validity of your program(s), participant engagement, and outcomes:



Gather feedback from community members across diverse communities. Learn where social validity of program offerings is strong and for which communities. Identify opportunities to increase social validity for groups who are less engaged in the program. Adapt the program to enhance its relevance. Consider adaptations to the target audience, recruitment, program components/materials, and program personnel (delivery, training).

Relationship & Individual Level ACEs



Definition of Relationship Level

Close social relationships such as peers, partners, and family members; they influence behavior and contribute to experiences.

Definition of Individual Level

Individuals and characteristics of the individual, such as demographics, personal history and experiences; biological and psychological factors, and temperament.

Definitions of ACEs at Relationship and Individual Levels

Relationship: The experience of adversity as it occurs within close social relationships such as those with family members, partners, and peers, directly affecting all those involved in the relationship. Can also be an indirect effect(s) of an individual's situation on others within that individual's close circle (e.g., effect of parental mental illness on members of household)

Individual: The isolated experience of an individual child who is experiencing an adverse event or who is the direct target of a violent act. Includes the child's physical experience of adversity; its impacts on the child's emotional, psychological, biological, and spiritual well-being; and the collective internal resources the child has within to cope with the adverse event.

Examples of ACEs at These Levels

Relationship ACEs:

Experiencing adverse effects from others' lives as a bystander and member of the relationship unit.

- Violence between two adult partners
- Substance abuse in the household
- Mental illness in the household
- Caregiver separation or divorce
- Caregiver incarceration

Individual ACEs:

Being the direct target of abuse and violence. Experiencing the absence of protection.

- Emotional, physical, and sexual abuse
- Physical and emotional neglect
- Discrimination
- Bullying

Considerations

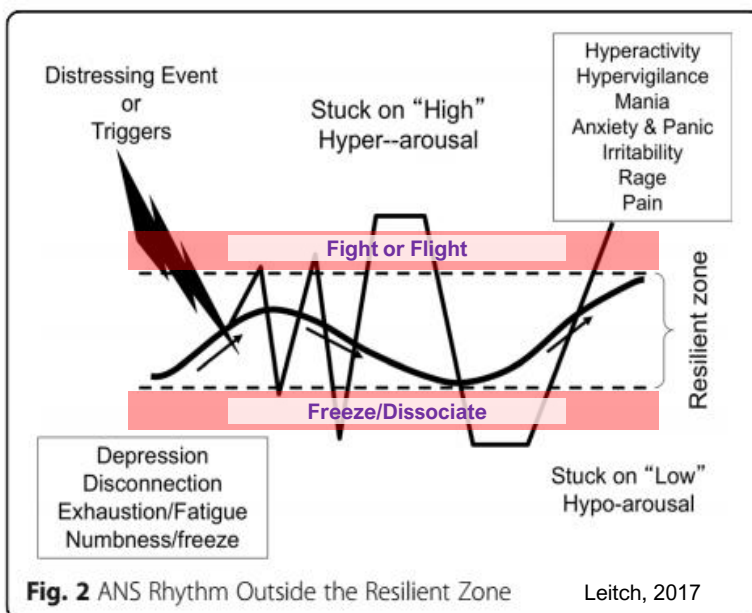
ACEs at the relationship and individual levels can be difficult to separate because most experiences of a child occur in a context that involves at least one other person, usually a person upon whom the child is dependent. The above distinction between relationship and individual level ACEs is an attempt to separate adverse experiences that truly occur in the context of multiple individuals or where multiple individuals are on the receiving end of the experience (relationship level) from those that are targeted at an individual child (individual level).

Illustrative Example(s)

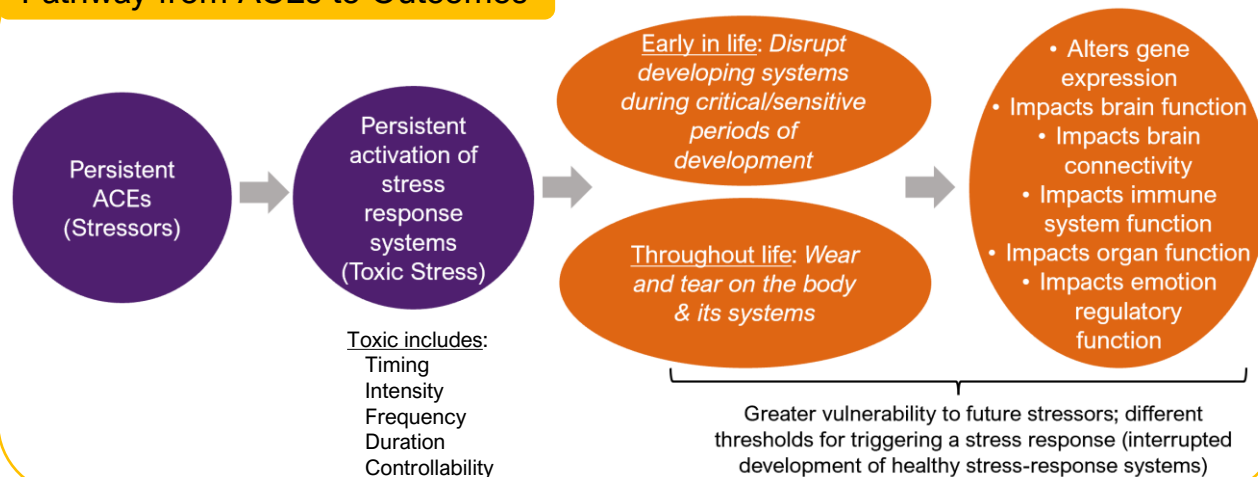
Relationship: A child grew up in a home where one parent struggled with alcohol abuse and eventually moved out of the home permanently. The child's other parent suffered from major depressive disorder and was unable to provide warmth and sensitivity to the child while growing up. This leads to disruptions in the child's emotion regulatory system and causes behavioral and emotional issues.

Individual: A young child experienced repeated physical abuse by a caregiver. This leads to insecure/avoidant attachment style of the child and overall lack of feeling safe and protected in the world. As an adult, the individual experiences depression, obesity, and difficulties forming healthy relationships.

For a child who has had multiple adverse experiences or particularly traumatizing experiences, any new event triggering the stress response system puts that system into hyper- or hypo-arousal, depending on the individual. This means that the stress response system is operating outside of the resilient zone, and it is difficult for the child to regulate their physical, emotional, and behavioral state in a healthy way.



Pathway from ACEs to Outcomes



Data Sources

- CDC-Kaiser ACE Study: <https://www.cdc.gov/violenceprevention/aces/about.html>
- Behavioral Risk Factor Surveillance System: <https://www.cdc.gov/brfss/index.html>
- National Survey of Children's Health: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>

Equity Considerations

- Black, Hawaiian/Pacific Islander, American Indian/Alaska Native, and Hispanic children experience ACEs at significantly higher percentages than white, non-Hispanic children¹³.
- Avoid focusing solely on intervening on individual and family problems. This obscures the need to focus on upstream and structural issues.
- Resilience as defined by researchers and policymakers is often removed from lived experiences and characterized by white dominant culture and values. Consider how people and communities define resilience for themselves.
- Individuals' and communities' awareness of oppression and ACEs in general can lead to rejection of and resentment toward the need to be resilient due to toxic environments.

Challenges @ These Levels

- A relational or family dynamic adds a layer to an individual's treatment or recovery plan. Each individual involved in the relationship or family system needs to contribute to and participate in treatment or recovery efforts and each affects the others' progression.
- In some situations, to maintain safety and end the continuation of adverse experiences, separation of individuals involved in relationships might be necessary. This may cause additional experiences of adversity and trauma for the child.
- Individuals' definitions of treatment success may not align with organizational or dominant society definitions of success.
- People live within a culture and society that often stigmatizes mental illness and/or substance use treatment. This can be a barrier to identifying, preventing, or mitigating individual or relationship level ACEs.

Evaluation

Challenges:

- Re-traumatizing clients is possible when collecting ACEs information
- Measuring ACEs often captures the experience of a single individual, and not the relational-nature of ACEs

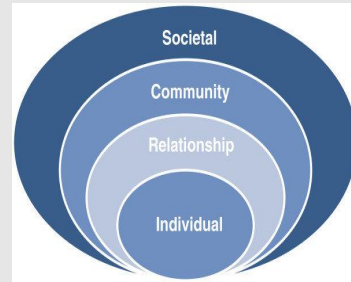
Problem-solving:

- Including balanced inquiry into strengths and sources of resilience
- Alternating the focus of questions (positive-focus, negative-focus) to mirror the balancing of the autonomic nervous system (calming, activating)
- Exploring ACEs with all individuals involved

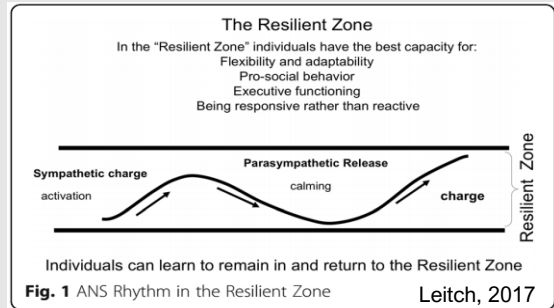
Implementation Considerations and Guidance

Overarching – Relationship and Individual Levels

Keep the big picture in mind. Be mindful of the community and societal level systems that the individual lives within and do not let the most visible, overt needs of the individual obscure the need to address upstream and structural issues.



Work with the micro-picture. Help clients develop self-regulation and socio-emotional skills. Educate clients and service provider staff to understand symptoms of dysregulation; coach them on the ability of the brain to learn, adapt, and build new pathways (i.e., neuroplasticity).



Relationship Level

Prevention Strategies:

- Encourage and provide opportunities for positive peer relationships among parents that can serve as models of healthy relationships and social interactions
- Provide parenting classes to educate parents on normative stages of child development, coach parents on reducing harsh parenting practices, and build parent skills for preventing child sex abuse.

Intervention Strategies:

- Consider dyadic or family-focused treatment strategies such as therapy models that include partners or family members in the same sessions.
- Identify and build on family strengths; do not focus solely on treating the problems. Consider an assessment like the Family Advocacy and Support Tool (FAST) to guide development of a treatment or action plan.

Individual Level

Prevention Strategies:

- Support youth development of social-emotional and assertiveness skills
- Provide children with training on body safety and autonomy and healthy relationships
- Encourage youth to practice self-care and healthy coping strategies in everyday situations
- Promote youth involvement in civic activities and those that serve the community

Intervention Strategies:

- Consider an individual's unique capacities and define realistic, incremental treatment goals.
- Allow space for the individual's culture to guide development and measurement of treatment goals; do not rely solely on traditional, research-driven treatment goals.

Part Two:

Connecting ACEs across the SEM

and Taking Action

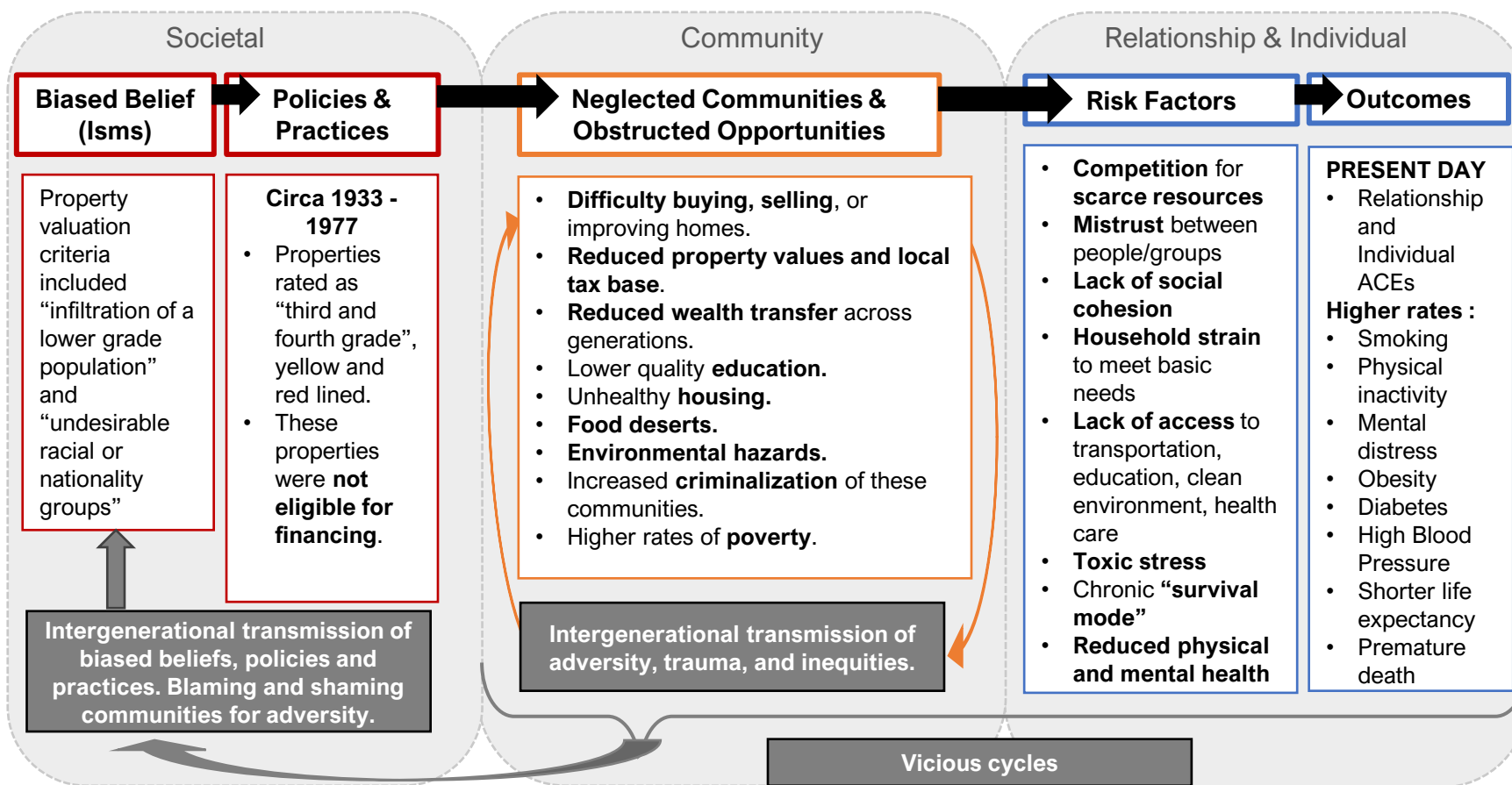


Connecting ACEs across the Socioecological Model

Preventing ACEs requires examining and understanding upstream factors at the societal and community levels. By gaining greater clarity about the processes that create the conditions for ACEs to occur, we can more effectively develop strategies to prevent and mitigate ACEs.

Below we use the example of redlining to demonstrate the cascading impact of societal level adversity on communities, relationships, and individuals. Notice that these historical policies and practices have shaped community environments into the present day, reducing equal opportunity and significantly constraining choices available locally.

Adverse environments lead to relational and individual stress related to finding ways to survive and thrive. Lack of resources to achieve these objectives can lead to breakdown in cohesion, coping, and response. Together these are the conditions that give rise to ACEs.



Connecting ACEs across the Socioecological Model

Understanding the conditions that foster ACEs requires paying attention to “vicious cycles”. We briefly describe vicious cycles below and highlight three that are critical to address.

Vicious Cycles

Vicious cycles are made up of processes that create and reinforce a cycle of collapse or degradation. These cycles occur within and across levels of the SEM and within and across sectors.

We have highlighted two vicious cycles in the redlining graphic, shown in dark grey boxes at the bottom. We review them below along with the vicious cycles that result from connectedness across sectors.

Intergenerational Transmission of Biased Beliefs

Biased beliefs are transmitted at the societal level through policies which adversely impact marginalized communities. These communities do not receive or experience the resources needed to thrive and often do not have enough to just survive. Communities are blamed for their lack of success without consideration for the upstream causes. Future policies are developed around this bias which perpetuate inadequate resourcing of communities and unequal opportunities.

Intergenerational Transmission of Adversity

Neglected communities operate with fewer and lower quality resources and must overcome obstructions to opportunities. The barriers are often high and interconnected making it difficult for community members to move up the economic ladder and provide opportunities for upward mobility for future generations.

Interlocking Sectors and Consequences

Our environments and the choices available within them are the result of the work of multiple sectors. Each sector is connected to multiple other sectors, is simultaneously influenced by other sectors, and influencing other sectors. When sectors are functioning equitably, this connectedness can be ideal and leveraged to create thriving communities.

However, when sectors cause, replicate, and sustain inequities that too becomes a vicious cycle. It is characterized by lack of resources in one sector (e.g., education) which leads to lack of resources in other sectors (e.g., employment, transportation) and is further reinforced by lack of investment from other sectors (e.g., healthcare, law enforcement).

When adversity is perpetrated through one sector, it will likely spread through other connected sectors.

Taking Action on ACEs across the SEM

- Continually incorporate each level of the SEM into your thinking about root causes of ACEs and trauma, and effective solutions.
- Consider internal and external approaches to addressing ACEs at each level. Aim to incorporate more over time.
- Use the worksheet provided below to brainstorm and document how you can take your ACEs work further.

	In our programs	In our organization	Outside our organization
Societal			
Community			
Relationship & Individual			

Taking Action on ACEs across the SEM – Completed Example

We have provided examples of each intersection below to illustrate the type of action you could take. These are just examples, and you should feel free to write in options that are relevant to your program(s), organization, and overall context. You may want to complete the whole table, or you may want to focus on just one column or one row or one cell. We encourage you to regularly return to this exercise to refine and expand your efforts over time.

	In our programs	In our organization	Outside our organization
Societal	Build and integrate leadership development opportunities into our parent programs.	Explore ways to share decision-making power with community members, including creating a Community Advisory Board.	Participate in juvenile justice advisory committee to advocate for equity and justice in that system.
Community	<p>Gather feedback from clients* on whether program is useful and responsive to their daily lives. Find out if they feel reflected in our programming.</p> <p>*Those who stayed and those who did not stay in the program!</p>	Examine to what extent personnel in decision-making and leadership roles reflect the community we serve.	Partner with housing, labor, and transportation sectors on an equity-focused grant proposal.
Relationship & Individual	Incorporate ongoing training on nervous system regulation for program staff and clients.	Explore integrating trauma-informed approaches into our work environment.	Initiate a discussion with state ACEs committee on how our community members define resilience for themselves.

This page intentionally left blank.

References

1. Barrera, M., Berkel, C., & Castro, F. G. (2017). Directions for the advancement of culturally adapted preventive interventions: Local adaptations, engagement, and sustainability. *Prevention Science*, 18, 640-48.
2. Barrera, M., & Castro, F. G. (2006). A heuristic framework for the cultural adaptation of interventions. *Clinical Psychology: Science and Practice*, 13, 311-16.
3. Berkel, C., Mauricio, A. M., Schoenfelder, E., & Sandler, I. N. (2011). Putting the pieces together: An integrated model of program implementation. *Prevention Science*, 12, 23-33.
4. Cross, T. (2007, September 20). Through indigenous eyes: Rethinking theory and practice. Paper presented at the 2007 Conference of the Secretariat of Aboriginal and Islander Child Care in Adelaide, Australia. Retrieved from <https://www.snaicc.org.au/through-indigenous-eyes-rethinking-theory-and-practice-keynote-address-2007-cross-t-snaicc-conf-2007-2/>.
5. Dahlberg, L.L., & Krug, E.G. (2002). Violence: A global public health problem. In World Report on Violence and Health. Edited by Krug, E.G., Dahlberg, L.L, Mercy, J.A., Zwi, A.B., Lozano, R. Geneva: World Health Organization; 2002:1–21. Available from: https://www.researchgate.net/publication/260148322_Prevention_of_sexual_abuse_Improved_information_is_crucial
6. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14 (4), 245-58.
7. Leitch, L. (2017). Action steps using ACEs and trauma-informed care: A resilience model. *Health and Justice*, 5, 5.
8. National Center for Responsive Philanthropy. (2018). PowerMoves: Your essential philanthropy assessment guide for equity and justice. Retrieved from <https://www.ncrp.org/initiatives/power-moves-philanthropy>.
9. National Scientific Council on the Developing Child. (2005/2014). Excessive Stress Disrupts the Architecture of the Developing Brain: Working Paper 3. Updated Edition. <http://www.developingchild.harvard.edu>
10. Okun, T. (2021). White supremacy culture – still here. Retrieved from https://drive.google.com/file/d/1XR_7M_9qa64zZ00_JyFVTAjmjVU-uSz8/view at <https://www.whitesupremacyculture.info/characteristics.html>.
11. Prevention Institute. (2015). Measuring what works to achieve health equity: Metrics for the determinants of health.
12. Prevention Institute. (2017). What? Why? How? Answers to frequently asked questions about the Adverse Community Experiences and Resilience framework.
13. Sacks, V., & Murphey, D. (2018). The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. *Child Trends*.
14. Sotero, M. (2006, Fall). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1 (1), 93-108. Available at SSRN: <https://ssrn.com/abstract=1350062>

Data Sources

- American Community Survey (US Census) <https://www.census.gov/programs-surveys/acs>
- Behavioral Risk Factor Surveillance System: <https://www.cdc.gov/brfss/index.html>
- CDC-Kaiser ACE Study: <https://www.cdc.gov/violenceprevention/aces/about.html>
- Food insecurity (Urban Institute) <https://apps.urban.org/features/disrupting-food-insecurity/>
- Index of Deep Disadvantage (U-Mich) <https://poverty.umich.edu/projects/understanding-communities-of-deep-disadvantage/>
- National Equity Atlas (PolicyLink) <https://nationalequityatlas.org/indicators>
- National Survey of Children's Health: <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>
- Redlining maps (U-Richmond) <https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58>
- Social Vulnerability Index (environmental disasters) (CDC) <https://www.atsdr.cdc.gov/placeandhealth/svi/index.html>
- U.S. Small-area Life Expectancy Estimates Project (CDC) <https://www.cdc.gov/nchs/nvss/usaleep/usaleep.html>