Trauma Informed Community Building

Lessons Learned from DELTA FOCUS

February 2020

preventIPV
tools for social change

National Resource Center on Domestic Violence

Contents

Contributing Organizations

Delaware Coalition Against Domestic Violence

dcadv.org/what-we-do/prevention

Indiana Coalition Against Domestic Violence

icadvinc.org/primary-prevention

North Carolina Coalition Against Domestic Violence

nccadv.org

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Overview

Delaware community park

In recent years, there has been a growing call[1] to identify programs that can prevent more people from ever experiencing violence. To date, this knowledge gap remains given only a limited number of intimate partner violence (IPV) prevention strategies have been rigorously evaluated for their impact in communities (e.g., neighborhoods, cities, and states) and community settings (e.g., hospitals, schools, businesses). The Centers for Disease Control and Prevention's (CDC) Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States (DELTA FOCUS) program[2] attempted to fill this knowledge gap by documenting the efforts of domestic violence coalitions to prevent IPV through influencing the environments and conditions in which people live, work, and play. These DELTA FOCUS lessons learned are intended to be shared with other domestic violence coalitions and those whose work intersects with preventing IPV.

The DELTA FOCUS program supported domestic violence coalitions to identify, implement, and evaluate programs that are theoretically or empirically linked to reducing IPV, or decreasing risk factors or increasing protective factors for IPV.[3] Consequently, the coalitions learned important lessons along the way. Some lessons are specific to one type of approach while some are more broadly applicable for implementing and evaluating community-based approaches. The goal of sharing these stories is for others in the violence prevention field to benefit from this collective learning. This includes learning more about existing field-based programs and practices, discovering what worked or did not work in implementation, and considering how to approach evaluation or develop a more rigorous evaluation than was possible for the DELTA FOCUS domestic violence coalitions.

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1 Centers for Disease Control and Prevention. Division of Violence Prevention Strategic Vision. Available at http://www.cdc.gov/violenceprevention/overview/strategicvision.html. Accessibility verified June 26, 2018.

2 CDC-RFA-CE13-1302. DELTA FOCUS (Domestic Violence Prevention Enhancement and Leadership Through Alliances, Focusing on Outcomes for Communities United with States). Department of Health and Human Services. Centers for Disease Control and Prevention. Available at: www.grants.gov/web/grants/view-opportunity.html?oppId=198393 Accessed October 22, 2018.

3 Armstead TL, Rambo K, Kearns M, Jones KM, Dills J, Brown P. CDC's DELTA FOCUS Program: identifying promising primary prevention strategies for intimate partner violence. J Women Health (Larchmt). 2017;26(1):9-12.

> "By creating community conditions where all of us get what we need to feel supported and connected, we are addressing both the motivations and permission for abusive behavior. Where we ensure that everyone's needs are met, we reduce motivations for abuse that grow out of experiences of disadvantage."
>
> – ICADV on Safe, Stable, Nurturing Relationships and Environments (SSNREs), Illustrating Our Prevention Story (2019)

Introduction

Communities experiencing trauma often have histories of unequal access to resources and face inequities in structural determinants of health.[4] Trauma-informed community building therefore recognizes that living in historically disadvantaged communities increases the risk of children and families experiencing multiple forms of violence.[5] For example, intimate partner violence was found to be highest in communities with the greatest disadvantage and lowest in communities with the least disadvantage.[6-7] These experiences are associated with negative effects on health and wellbeing.[8] Featured in this story are three coalitions in Delaware, North Carolina, and Indiana that implemented approaches in communities experiencing disproportionate trauma as a result of exposure to stressors such as chronic poverty, high rates of violence, and substandard housing. The highlighted lessons below reflect the importance of building and leveraging trusting relationships when working in communities that have experienced trauma while amplifying the voice of the community to build safe, stable, nurturing relationships and environments (SSNREs).

4 Structural determinants of health are defined as the economic and social policies, processes and norms that structure opportunities for the health of individuals, communities and jurisdictions; they include equitable access to quality early childhood development opportunities, education, employment/jobs with livable wages, food security, health services, housing, safe neighborhoods, and social inclusion (cdc.gov/violenceprevention/deltafocus/index.html).

5 Wilkins N, Tsao B, Hertz M, Davis R, Klevens J. Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2014.

6 Benson M., Wooldredge J., Thistlethwaite A., Fox G. The correlation between race and domestic violence is confounded with community context. Soc Probl. 2004; 51:326–342.

7 Wright E., Benson M. Clarifying the effects of neighborhood context on violence "behind closed doors". Just Q. 2011; 28:775–798.

8 Collins, K., Connors, K., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F. Thompson, E. (2010). Understanding the impact of trauma and urban poverty on family systems: Risks, resilience, and interventions. Baltimore, MD: Family Informed Trauma Treatment Center.

Table 1. DELTA FOCUS Approaches That Address Social and Structural Determinants of Health

Coalition	Approach and Goal	Example Activities
Delaware Coalition Against Domestic Violence's New Castle County Community Coalition[9]	**Safe + Respectful (S+R):** The goal is to affect social and structural determinants of health in a neighborhood with a history of systemic adversity and individual, community, and historical trauma.	S+R focused on supporting neighborhood youth in planning activities that foster community connectedness and facilitating connections to caring adults, which are known protective factors for IPV and other violence types.
North Carolina Coalition Against Domestic Violence	**Systems Change – Rapid Rehousing/Continuums of Care:** The goal of this approach is to mitigate the impact of the traumas of homelessness and witnessing domestic violence amongst survivors and their children who participate in rapid rehousing.	The coalition used the Systematic Screening Assessment method to identify community organizations to partner with local domestic violence agencies. They identified practices and programs related to IPV prevention, which include providing trauma-informed care and services and improving community connectedness.
Indiana Coalition Against Domestic Violence	**Social Determinants of Health:** The goal is to support community IPV service agencies in working with multi-sectorial partners to implement programs designed to modify structural determinants of health or social norms that enable IPV and other social problems.	The coalition provided mini-grants, training, and technical assistance to agencies to implement prevention activities aimed at addressing social determinants of health and root causes of violence.

9 The Delaware Domestic Violence Task Force

Key Lessons Learned

1. Partnering with organizations that have existing relationships with the community or offer complementary resources can facilitate lasting prevention efforts.
2. Building cohesion and trust requires a willingness to adapt program activities and goals to meet the interest and capacity of participants and partners.
3. Gaining traction on entrenched social determinants of health requires recognizing the validity of community members' expertise and supporting them as critical partners.

Key Lesson # 1: Partnering with organizations that have existing relationships with the community or offer complementary resources can facilitate lasting prevention efforts.

Delaware's Kids Place program location

When designing community-change approaches, long-term investment and stability in the community represents an important consideration, particularly when working in disadvantaged communities.[10] For example, Delaware's community coalition recognized that their focus neighborhood had already been the target of multiple revitalization and development efforts. However, few efforts had been sustainable due to time-limited funding and shifting priorities of prior organizations. Staff reported that community members could be distrustful of outside organizations, expressing that there had been a "revolving door of helpers," which could have the unanticipated consequence of reinforcing negative perceptions of their community. The coalition partnered with Child, Inc., which had almost 20 years of experience providing social services to residents in the focus neighborhood. Child Inc. also had two embedded facilities, including a long-established Family Resource Center and a newly established Kids Place, dedicated to services exclusively for children and youth in the community. The involvement of Child, Inc. helped to alleviate community concerns because of the organization's

10 National Institutes of Health (HHS). (2011). Principles of Community Engagement (2nd Edition).

long-standing ties to the neighborhood and the high degree of trust they had already established with residents. The coalition learned that identifying community partners who already possessed an established reputation and presence within the community helped them build trust with residents while demonstrating their commitment to sustainable efforts within the community.

Charlotte Housing Authority's Residents Advisory Council (RAC)

The coalitions learned that in addition to possessing long-term relationships with the community, partners may also offer different skill sets, resources, and expertise to facilitate successful prevention efforts. For example, the North Carolina coalition recognized the need to build a more effective, coordinated, and trauma-informed response when collaborating with interacting systems. To address this need, the coalition provided a mini-grant to the Charlotte Housing Authority to support their efforts to adopt organizational practices aimed at coordinating community resources, mitigating the effects of trauma, and demonstrating intolerance of IPV. The Charlotte Housing Authority was then drawn into partnership with Community Support Services, a department in the county's health and human services agency, where each contributed relevant expertise to this effort. Specifically, the Charlotte Housing Authority had experience in addressing homelessness and had developed a pre-existing relationship with the community. Community Support Services brought knowledge on how to support survivors using a trauma-informed perspective. By partnering, these organizations were able to merge their skills and respective expertise to develop practices and policies surrounding safe, stable, and affordable housing that considered the unique needs of domestic violence survivors.

Importantly, the coalitions also learned the value of considering whether other partners might be in a better position to lead prevention efforts because of their existing relationships, expertise, and available resources. For example, one of the community organizations that received a mini-grant from the Indiana Coalition, Crisis Connection, held trainings with youth and community members on institutionalizing safe, stable, nurturing relationships and environments (SSNREs). In the course of these trainings, substance abuse was identified as a challenge for youth in the community. Substance abuse can place a person

at risk for experiencing multiple forms of violence, including IPV.[5] A community mapping activity evolved from these trainings. Over time, follow-up responsibilities were given to the CARES Coalition, because of their strength as a multi-sectoral community coalition addressing social determinants of health and prevention of substance abuse. Through this example, the Indiana Coalition demonstrated the importance of maximizing each partner's strengths to benefit community prevention efforts. Overall, the coalitions learned that effective collaboration with partners who possess diverse skills, resources, and expertise can represent a critical component to trauma-informed community building for the prevention of IPV.

Key Lesson #2: Building cohesion and trust requires a willingness to adapt program activities and goals to meet the interest and capacity of participants and partners.

Prevention practitioners are often confronted with challenges in implementing prevention approaches as intended versus making adaptations that take a community's unique characteristics and context into account.[11] Due to long standing histories of structural and social inequalities, this presented a particular challenge for coalitions using a trauma-informed perspective. For example, Delaware's community coalition took deliberate steps to ensure the youth group activities remained appropriate and responsive to the focus neighborhood's needs and characteristics.

> "Many of the participants are dealing with trauma, either personally, historically, or at the community level. Living in a persistently traumatic environment often derails the prescribed curriculum, and facilitators will adapt lessons and plans to address the traumatic experiences and events that the youth bring to the group."

Delaware's Safe + Respectful project logo

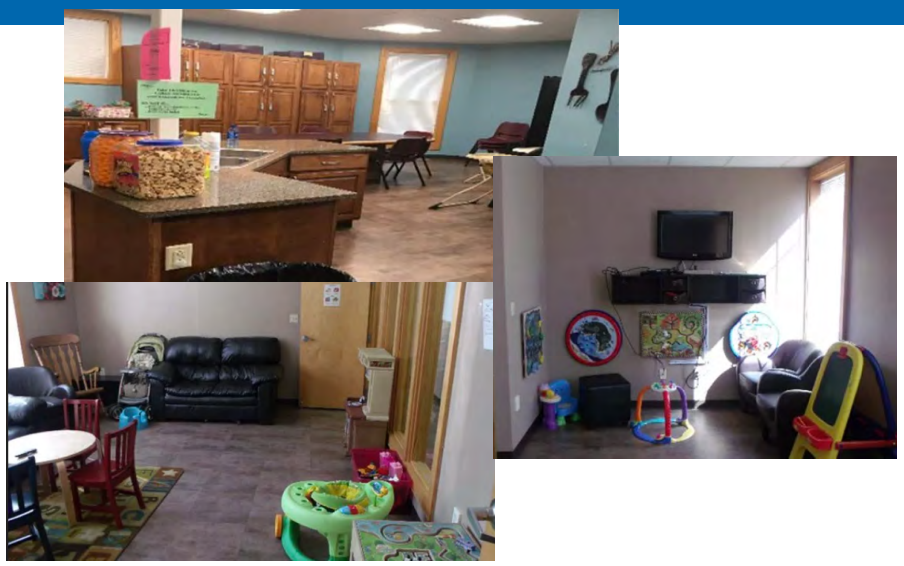
Delaware's community coalition anticipated the need to build inclusivity and acceptance as new members were regularly introduced to the youth group. This was important because the focus neighborhood consisted primarily of renters with a high degree of turnover among youth participants. Therefore they made adaptations to proactively integrate regular team-building activities into the existing curriculum.

Image of a community art project from North Carolina

At times, coalitions adapted their activities to build trust with partners. For example, the North Carolina Coalition partnered with the Renaissance West Community Initiative (RWCI), a nonprofit organization leading the revitalization of a public housing site, to learn more about how it was formed and the potential for impacting systems coordination. In the process of developing the partnership, the coalition learned that RWCI had a need for comprehensive program evaluation of a complex initiative. The coalition adjusted their planned activities to include providing expert program evaluation services to RWCI. Similarly, Crisis Connection in Indiana worked with a group of multi-sectoral partners to address social determinants of childhood health by institutionalizing safe, stable, nurturing relationships and environments (SSNREs) in as many entities as they could reach. They learned that their partners did not have the capacity to modify the structural background issues that impact safe, stable, nurturing relationships and environments (SSNREs), such as education and workplaces. They used this knowledge to develop revised program plans that helped organizations focus on promoting safe, stable, nurturing relationships and environments (SSNREs) within relationships. Collectively, the coalitions learned that willingness to adjust their plans and make important adaptations to their approach was critical to their ability to move the work forward. As stated by Delaware's community coalition:

> **"I hope that what we're able to contribute is that no matter how well-structured an evidence-based approach is, there is always some degree of adaptation that has to occur to really make sure that the fit is strong."**

Key Lesson #3: Gaining traction on entrenched social determinants of health requires recognizing the validity of community members' expertise and supporting them as critical partners.



Turning Point of Indiana's community spaces

Regularly soliciting input and feedback from participants, understanding cultural context, and placing an emphasis on empowerment have been identified as important principles of providing trauma-informed care.[12] Consistent with these principles, the coalitions found that when addressing social determinants of health in neighborhoods that have experienced chronic adversity, it is important to recognize and learn the history behind the community's experience. For example, one of the organizations funded with a mini-grant from the Indiana coalition, Turning Point, partnered with a local neighborhood family center to identify community needs. Initially, the partners identified social cohesion as an important community issue. When community survey data did not find this to be the case, Turning Point was intentional in their efforts to be inclusive by seeking advice from key community individuals and seeking leadership from within the community. As a result, Turning Point and the family center staff shifted their strategy to focus on increasing social efficacy among residents in an under-represented sector of their targeted neighborhood. Neighbors were invited to join a process for identifying priority needs and developing plans to address them. Over time, individuals in the neighborhood have begun to lead the change efforts.

Similarly, Delaware's community coalition relied strongly on the experiences of community members by developing and administering an adult needs assessment, conducting youth focus groups, and gathering information during community

12 Elliott, D.E., Bjelajac, P., Fallot, R.D., Markoff, L.S., Reed, B.G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. Journal of Community Psychology, 33(4), 461-477.

events. For example, attendees at a community barbeque identified the key issues confronting the community as "youth getting into trouble, drug use and dealing, and negative relationships with the police," which were used to inform the community coalition's initial approach. Since their goal was to implement a youth-driven program, it was especially critical that youth were engaged early in the planning process to ascertain their interest and buy-in. Program implementation data was crucial to the community coalition's ability to continually assess the alignment of program goals and youth interests. For example, youth played an integral role in planning community improvement projects, including an artistic performance and community-wide healing event that aimed to build community resilience. Involving youth in the planning process helped ensure that the event reinforced community values. Involving youth also provided an opportunity for community members to identify safe and healthy strategies for coping with chronic adversity.

Delaware's youth-led community needs assessment process included visual images to document assets and liabilities

We Can Prevent IPV

Indiana's In Search of a Hidden Treasure roadmap to promote safe, stable, and nurturing relationships and environments

IPV is a preventable public health problem, and we are continuing to learn more from practice and research about what works to prevent it. In 2017, CDC released Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices,[13] which helps states and communities take advantage of the best available evidence on preventing IPV across the lifespan. Additionally, CDC's Division of Violence Prevention shared a strategic vision for preventing multiple forms of violence by addressing shared factors that put people at risk or protect them from violence.[1] In communities that have experienced trauma – including trauma related to structural determinants of health – families and children can be at greater risk for experiencing IPV and other forms of violence.[5-7] Reducing risk factors (e.g., exposure to community violence or substance abuse) and increasing protective factors (e.g., community connectedness) through trauma-informed, community-based approaches may make it less likely that a community will experience violence. This story offers lessons learned from a selection of coalitions implementing approaches that address trauma-informed community building. While it is too early to report evidence of effectiveness from these specific approaches, the implementers are willing to share implementation and evaluation elements they found to be practical and useful. For more information, contact:

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13 Niolon, PH, Kearns, M, Dills, J et al. Preventing intimate partner violence across the lifespan: A technical package of programs, policies, and practices. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. 2017

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