



Community Resilience: More Supports, More Impact

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According to the U.S. Centers for Disease Control, 61 percent of adults report

at least one

Adverse

Childhood

Experience

(ACE).

Common

ACEs

include

parental

separation and emotional

neglect. ACEs contribute to

behavioral problems, higher rates of mental and physical

disorders, and a greater inability to learn and work. Although

ACEs are defined as experiences in childhood, there are long-

term consequences for both adults and children.



Figure 1 Photograph by Anak Dari Manokwari. Public Domain.

“Communities that increase community capacity and contextual resilience will likely improve coping behaviors, health, education, and occupation levels, even in poorer, higher ACE communities.”

ACEs disproportionately impact marginalized communities. Race, gender, and lack of money can increase the probability of ACEs and can make the ACEs worse. Children sometimes turn to their communities for help. This work focuses on the connection between community resilience and the impact of ACEs.

Highlights

Supporting community resilience helps promote child development within families, peer groups, schools, and communities.

Engage in capacity-building efforts to form closer mutual connections.

Community-wide resilience can decrease the impact of adverse events on the health of people within communities. Communities with higher community capacity were found to have higher levels of contextual resilience. Contextual resilience is the learned ability of a community to adapt to challenges and to build supports and work together. For example, a community in a “food desert” without nearby access to fresh vegetables may come together to create a community garden. Communities with contextual resilience will likely improve coping behaviors, health, education, and occupation levels for its members, even when those communities are poor or consist of individuals with higher levels of ACEs.

Methods

The community-wide level of ACEs was measured across 118 communities in Washington State for both adults and youth. A unique data set was constructed with data from two state-wide surveys, the Behavioral Risk Factor Surveillance System (BRFSS) for adults and the Healthy Youth Survey (HYS) for youth merged with state public agency data for the state of Washington. Contextual resilience included measures of social capital, such as social cohesion (mutual help) and collective efficacy (acting together for the common good), for adults and protective supports for youth in four domains – family/adult, peer, school and neighborhood/community.

Results

- Contextual resilience is a defining characteristic of places with higher community capacity, even in poorer, racially-mixed, and higher-ACE communities.
- Among adults, both contextual and individual resilience mitigated the impacts of ACEs on levels of mental and physical health, problem behaviors, and ability to work.
- Among youth, only contextual resilience had such effects: mitigated impacts of youths’ ACEs on levels of mental and physical health, problem behaviors, and school performance.

What Does This Mean For?

Practice: We need to shift away from focusing solely on individuals. We should include a focus on building higher community capacity to increase community-wide contextual resilience.

Research: Developmental, participatory research on complex community initiatives is needed to help build such community capacity that results in higher community-wide contextual resilience.

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