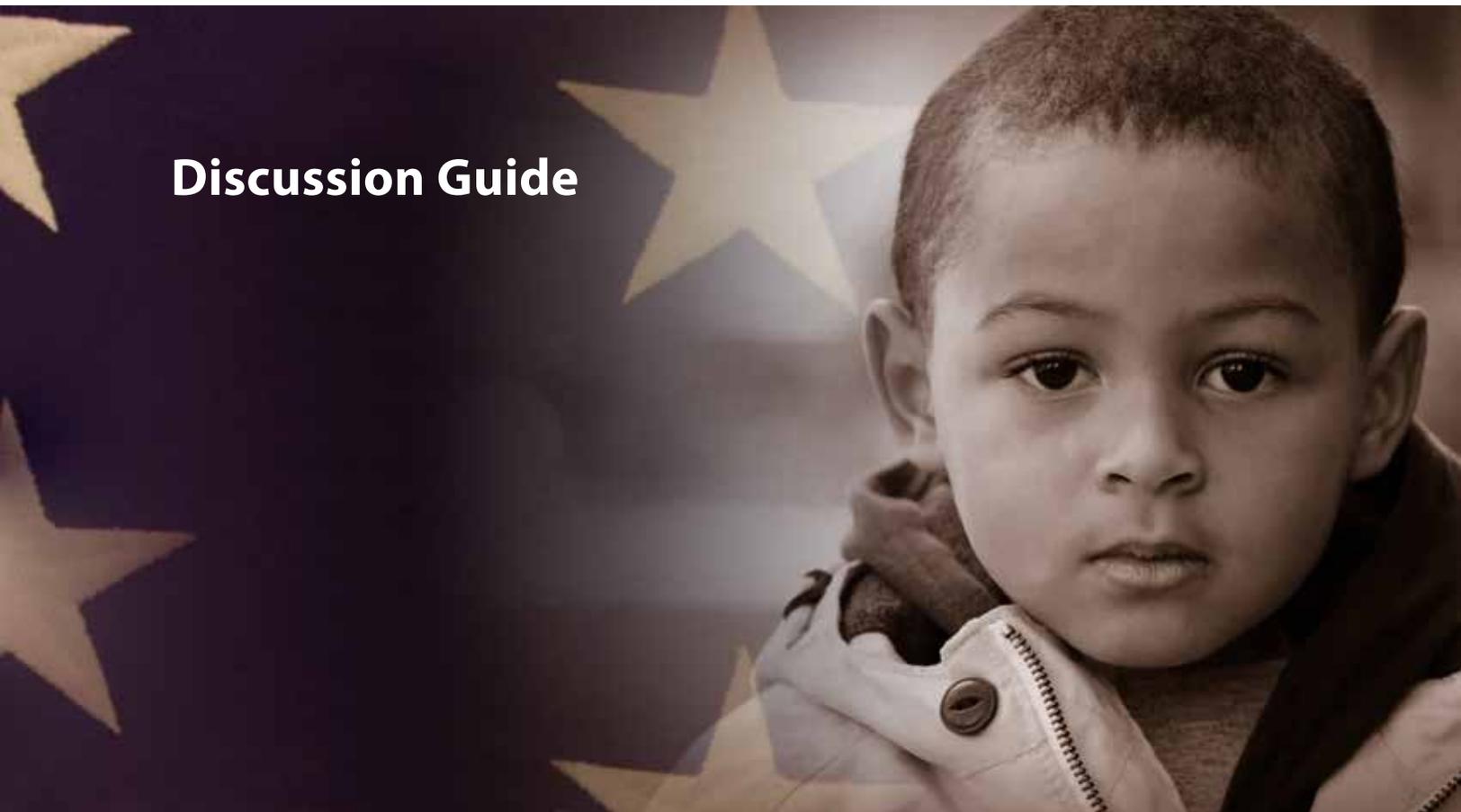


EPISODE 4: WOUNDED PLACES

CONFRONTING CHILDHOOD PTSD IN AMERICA'S SHELL-SHOCKED CITIES

A young child with a serious expression is shown from the chest up. The child is wearing a light-colored jacket with a zipper. The background is dark with several large, golden stars, suggesting an American flag.

Discussion Guide

EPISODE 4: WOUNDED PLACES

Discussion Guide 1.0

The Raising of America: Early Childhood and the Future of Our Nation

The Raising of America is an ambitious documentary series and public engagement campaign that seeks to reframe the way we look at early child health and development. It illustrates how a strong start for all our kids leads not only to better individual life course outcomes (learning, earning and physical and mental health) but also to a healthier, safer, better educated, more prosperous and equitable nation.

Learn more about each episode in the series at raisingofamerica.org:

- Ep 1: *The Raising of America*
- Ep 2: *Once Upon a Time*
- Ep 3: *Are We Crazy About Our Kids?*
- Ep 4: *Wounded Places*
- Ep 5: *DNA is Not Destiny*

View our 400+ partner organizations at raisingofamerica.org/partners and join the campaign (raisingofamerica.org/join-campaign) to change the conversation about what we can—and should—do to give all our kids a strong start.

This guide was developed by Faith Rogow, PhD, Insighters Education Consulting with input from Larry Adelman and Rachel Poulain at California Newsreel.

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Wounded Places

SYNOPSIS

Episode 4: *Wounded Places* (40 minutes) is part of the documentary series *The Raising of America: Early Childhood and the Future of Our Nation*.

This episode asks:

Why do so many children in America from poor, urban neighborhoods exhibit signs of PTSD? How can we help them? How can we improve community conditions?

PTSD (post-traumatic stress disorder) isn't just about combat-scarred soldiers. Too many of our children, especially children of color in neighborhoods of concentrated poverty, are showing the effects of unrelenting structural racism, street violence and domestic instability. And their symptoms look a lot like PTSD.

What's even worse, unlike single-event traumas with clear beginnings and endings, children in these isolated and neglected communities can be exposed to multiple traumatic stressors at many different points in time. As Stanford physician Victor Carrion puts it, "If we are crossing the street and we see that a truck is coming at us, we can manage that situation, get scared, jump, and move quickly. Unfortunately, many children in our society feel like a truck is coming at them all day long, for more days than not, and this really takes a toll."

Through individual stories of young people and families in Philadelphia and Oakland, and observations from professionals in the field, *Wounded Places* explores how the symptoms of chronic trauma manifest in daily life. We meet children whose PTSD-like symptoms—unexplained rages, hypervigilance, inability to trust, and difficulty concentrating on school work—have become "normal."

In the early childhood population, children suffering from PTSD-like symptoms are often misinterpreted as “acting out” or “being defiant.” As a result, some communities respond by suspending or even expelling large numbers of children from preschool and kindergarten. In contrast, a new model of support called trauma-informed care asks not, “What’s wrong with you?” but rather, “What happened to you?” As the film shows, this simple shift can be transformative, not only for individual children, but also for their families, neighborhoods, and for the professionals trying to help.

PTSD? OR PTSS?

PTSD, or post-traumatic stress disorder, is a diagnosis made by a medical professional based on the DSM (a standard psychological diagnostic tool). While *Wounded Places* uses the term “PTSD” because of its familiarity, many youth who exhibit symptoms of PTSD do not meet the criteria for an official diagnosis.

Instead, many professionals increasingly use the terms “PTSS” (post-traumatic stress syndrome), or “CTSD” (complex, cumulative, or chronic trauma) to describe youth exhibiting PTSD-like symptoms.

This guide will use PTSS to better reflect what many young people experience.

THEMES

Wounded Places is appropriate for audiences interested in:

Anti-poverty initiatives	Public policy
Behavioral problems in children	Race and racism
Child development	Racial equity
Chronic trauma	School suspension / expulsion rates
Continuous traumatic stress syndrome	Segregation and isolation
Crime prevention	Social problems
Early childhood education	Social welfare
Economic development	Social work
Economic equity	Socioeconomic class
Economic justice	Sociology of poverty
Education	Stratification
Human capital development	Substance abuse
Parenting	Trauma theory
Psychology	Trauma-informed care
PTSD	Urban life & issues
Public health	Violence

FILM CHAPTERS

1. 00:00 – What Happened to You?
2. 03:36 – Civilian Casualties
3. 08:08 – Hidden Brain Injuries
4. 11:43 – When There is no “Post” in PTSD
5. 14:36 – Early Life Exposures
6. 19:54 – The Developing Brain and Traumatic Stress
7. 25:00 – The ACE Studies ... and Poverty
8. 27:51 – Healing the Hurt: Trauma-Informed Care
9. 37:55 – Preventing the Hurt: Valuing Families and Communities

STATISTICS FROM THE FILM

- In Oakland, California, there were 869 shootings in 2009 and over 1,500 in 2011. These shootings were overwhelmingly concentrated in two of the city's most impoverished neighborhoods, East Oakland and West Oakland.
- More than one in three children in Philadelphia grow up in poverty.
- In Philadelphia, the poverty rate in 2011 was 34% for African Americans and 42% for Latinos.
- Researchers suggest the PTSD rate among the urban poor in Philadelphia could be as high as 40%.
- One Philadelphia neighborhood study of seven-year-old children exposed to street violence indicated that 75% heard gunshots in their neighborhood; 61% were worried that they would get shot and killed themselves; 10% saw a dead body, or someone being shot or stabbed.
- A 2005 study reported that the rate of expulsion of children from preschool for behavioral problems was three times higher than the expulsion rate for K to 12 students.
- In 2012 in Connecticut, 2,000 children 6 years and under—overwhelmingly black and Latino—were suspended from kindergarten and preschool.
- In the mid-1990s, more than one in five of the 17,000+ mostly middle class, white adults (members of San Diego Kaiser Permanente) who participated in the ACE (Adverse Childhood Experiences) Study reported three or more ACEs. Philadelphia researchers found that 14% of the general population reported four or more ACEs. When they expanded the ACE study to add questions about racism, neighborhood safety, and violence outside the home, the number of people reporting four or more ACEs jumped to a startling 37%—more than one-third of the population. The higher their ACE score, the more likely people are to suffer from heart disease, liver disease, lung disease, depression, suicide, I-V drug abuse, alcoholism and other health problems.

FILM PARTICIPANTS

In order of appearance

Javier Arango

Youth Engagement Specialist,
Catholic Charities of the East Bay

Christine Henry

Mother of two preschool-aged sons
and a newborn with partner, Tracy, in
Philadelphia, PA

Kenny Ray Johnson and his parents,
Kenneth Johnson and Rochelle Owens

Caheri Gutiérrez

Violence Prevention Educator & Case
Manager, Youth Alive!

John Rich, MD, MPH

Professor, Drexel University
School of Public Health
Director, Center for Non-Violence
and Social Justice

Sandra Bloom, MD

Associate Professor, Drexel University
School of Public Health

Antonio Carter

Father of Antonio, Jr. in Oakland, CA

Olis Simmons

President & CEO, Youth UpRising

Ted Corbin, MD, MPP

Assistant Professor, Drexel University
College of Medicine &
School of Public Health
Medical Director, Healing
Hurt People Program

Aisha Coulson Walters

Former Social worker, 11th Street Family
Health Services of Drexel University

Dan Taylor, MD

Director, Community and Child Advocacy,
St. Christopher's Hospital for Children

Victor C. Carrion, MD

Professor of Psychiatry and Behavioral
Sciences, Stanford University
School of Medicine
Director, Stanford Early Life Stress Research
Program, Lucile Packard Children's Hospital

Maria D. McColgan, MD

Medical Director, Child Protection Program,
St. Christopher's Hospital for Children

Roy Wade, Jr., MD, PhD, MPH

Department of General Pediatrics,
Children's Hospital of Philadelphia

Millie Burns

Deputy Chief of Programs,
Catholic Charities of the East Bay

Aswad Aarif

Restorative Practices Coordinator,
Catholic Charities of the East Bay

Ricardo Peña

Clinical Case Manager,
Catholic Charities of the East Bay

Harold Reed

Director, Boys & Girls Club
of Wilson Park, Philadelphia

1. Facilitating the Discussion

A successful film screening allows participants to:

- Watch purposefully and critically
- Reflect upon what they've seen
- Consider new information and how it affirms/conflicts with preconceived ideas
- Bring viewers' attention back to their own situation and how they might tackle inequities

Your job as facilitator is not to lecture but to encourage participation and keep the discussion focused and flowing. Be prepared to accept reactions to the film without judgment. If people feel that you are fishing for particular opinions, they are less likely to engage.

At the same time, participants will look to you to keep the discussion from wandering. If necessary, gently guide discussants to consider how their personal experiences or concerns reflect larger systems, structures and policies.

Prior to the discussion, be sure to preview the film yourself so you won't be processing your own reactions to the issues while trying to guide the group. You can also preview the transcript of the episode, available at www.raisingofamerica.org.

Finally, plan in advance how you will deal with logistical issues, including strategies to ensure that everyone who wishes to speak has an opportunity to be heard.

2. Pre-Viewing Activities

Before you show the film to your audience, you can get them thinking about the issues involved. You can use these activities to start a pre-viewing conversation and get your audience engaged.

VISUALIZATION ACTIVITY

In sixty seconds or less, describe a person (either on paper or in your “mind’s eye”) who comes to mind when you hear this term: PTSS (post-traumatic stress syndrome—[see page 2](#)). Share with the group. What are the most common images? As you view the film, consider what you left out.

ROOT CAUSES ACTIVITY

Which of these twenty things do you think of as a contributing cause of PTSS ([see page 2](#))?

1. Engaging in combat/being on a battlefield
2. Witnessing real-life violence
3. Seeing graphic media violence
4. Not being allowed to play outside because your parent fears violence
5. Child abuse and neglect
6. Experiencing racism or similar injustices
7. Poverty
8. Living in a concrete jungle (no green space)
9. Segregation
10. Famine
11. Chronic hunger (food is generally available, but not to you)
12. Chronic lack of sleep
13. Overcrowded and sub-standard housing
14. Family substance abuse
15. Witnessing or being in a terrible accident such as a plane crash
16. Living through a natural disaster such as an earthquake or hurricane
17. Being homeless
18. Loss of a parent
19. Being bullied

3. *Post-Viewing Discussions*

The questions and prompts in this section are designed to help a wide range of audiences understand, analyze, explore and reflect on what they've seen, as well as on what they hear from others in the room. There is no need to use all the questions or use them in any particular order. Choose those that best meet the needs of your group.

A) OPENING PROMPTS

1. If a friend asked you what this film was about, what would you say?
2. Name three things from the film: one that surprised you, one that frustrated you, and one that inspired you. How did the things you named compare to the things named by other people in the room? How would you account for the similarities and differences?
3. Jot down a “tweet” describing the film’s most important messages.
 - After people have had a minute or two to compose their tweet, invite volunteers to share what they wrote (and, if they wish, to send the tweet). Discuss whether there is a consensus about what the main message is or why people may have had different ideas about the main message.

B) COMPREHENSION CHECK-INS

1. What is PTSS ([see page 2](#))? What are its symptoms in adults? What are its symptoms in young children?
2. What are some of the behaviors or thinking patterns commonly associated with young people who have suffered severe or chronic trauma?
 - In what situations might those behaviors be adaptive and helpful?
 - In which situations are they not helpful?
3. What are the features of America's poor and neglected neighborhoods?
 - How do they differ from other places?
 - How might those differences contribute to chronic trauma or PTSS in children?
4. What does the research reveal about the impact of chronic stressors in a child's early years?
5. How might the neurobiology of trauma affect a child's readiness to learn?
6. What is "trauma-informed care" and how does it differ from other types of interventions?

C) UNDERSTANDING THE IMPACT

1. What did you learn about trauma and healing from the stories of each of these people: Caheri? Antonio? Christine and her son Izayah?
2. What do Caheri, a young Latina in the Bay Area, and Izayah, a Black preschooler in Philadelphia, have in common?
3. As the film reports, in Connecticut, 1,200 kindergarten and preschoolers were suspended from school in 2012, most for defying or mouthing off to a teacher, putting a head down on a desk, or otherwise acting out. What do you think the immediate impact of a suspension is on a four, five or six year old? What are the lasting effects?
4. Consider some of the neurobiological injuries characteristic of PTSS and the associated coping behaviors—hyper-vigilance or jumpiness, anger, low stress response threshold, anxiety and paranoia, despair, withdrawal. How might these behaviors increase the risk of substance abuse or violence—either as perpetrator or victim?
5. Antonio says, “One of my worst fears is, walking down the street with my son, and you know what I mean, like, and all of a sudden, like shots just start... I wouldn’t know what to do if I lose him because, like, him and his mom, he’s all I got.” How might the instability and violence that Antonio experienced affect his son?
6. Parents like Christine work hard to protect their children from exposure to violence, but there’s only so much control an individual has over their surroundings. What do you think the effects are on children when they are confronted with the knowledge that their parents, on whom they rely for security, can’t always protect them? What’s the effect on parents?



(cont. →)

C) UNDERSTANDING THE IMPACT (CONT.)

7. Olis Simmons invokes the adage “hurt people hurt people.” She says, “Violence is not the problem. It’s the symptom of the problem. The people with the greatest need have the least resources. Have the least skilled teachers, the least outdoor space, the least music, the least recreation, the least art, the least of all of it, when they have the greatest need. And they know that other people have it and they don’t. We can’t have whole communities of people locked out of economic opportunity, undereducated, under and unemployed and believe that we can continue to thrive, because it’s just not possible.”
 - Why can’t society as a whole thrive when whole communities are locked out of economic and educational opportunities?
 - How does the sense that they are being devalued and excluded contribute to the stress experienced by children in poor neighborhoods?

8. Javier and Millie describe young children moving beds away from windows and knowing that they must drop to the floor when they hear “pow-pow-pow.” What are the consequences for children and for communities when kids grow up seeing gun violence as inevitable?



(cont. →)

C) UNDERSTANDING THE IMPACT (CONT.)

9. Kenneth Johnson was shot and paralyzed. Describe all the costs to his family, both financially and emotionally. How does becoming a victim of the violence in his community further entrench the insecurities experienced by Johnson's family?



10. What did you learn from the film about the ways in which cumulative trauma can affect large populations?
- Think of an historical event that traumatized many members of a generation of a population (e.g., Jewish survivors of the Holocaust, Cambodian survivors of genocide, Cherokees forced from their tribal lands, children who have lived through war, or families and friends of the “disappeared” in Chile or Argentina). Have you seen evidence that the impact of the trauma you named has continued to reverberate through subsequent generations?
 - How might the trauma depicted in the film continue to affect future generations?
 - In your view, what responsibility does the larger society have to help descendants of those who have experienced trauma?

D) UNDERSTANDING HOW WE GOT HERE

1. Pediatricians are noticing signs of PTSS in children growing up in pockets of concentrated urban poverty. What are the connections between living in isolated, poor urban neighborhoods and the extreme anxiety and traumatic stress that the doctors are seeing?
2. Besides violence, what other adverse experiences increase the risk of PTSS in poor communities?
 - What other adversities do poor communities of color face?
 - How does racism create or add to the risk?
3. Mainstream media tend to depict poor communities, especially poor communities of color, as comprised of “bad” people. This ignores what public health professionals call the “social determinants of health”—the conditions in which people are born, live, work and play that are shaped by the distribution of money, power and resources and affect the choices individuals can make.
 - What have you learned about the social determinants that characterize the Oakland and Philadelphia neighborhoods shown in the film?
 - How do those social determinants compare to wealthier neighborhoods you know?
 - How do they compare to your own neighborhood?



(cont. →)

D) UNDERSTANDING HOW WE GOT HERE (CONT.)

4. Dr. Sandra Bloom suggests that to endorse family values as a country, we have to take care of families and people who are raising children: “That’s what we need to really believe in.” What evidence do you see that the United States genuinely believes in “family values?”
 - In your view, where is the nation falling short in terms of supporting people who are raising children?
 - How might it do better?

5. Why would a film about health look at a “city’s corrosive history of race-based politics of economic exclusion”?

6. The narrator says, “In cities across America, many young people are living from birth in neighborhoods exposed not only to violence—but also entrenched poverty and social isolation: the result of decades of business flight, government neglect and residential segregation.” What social and economic forces contributed to this disinvestment and social exclusion?
 - Are any of the conditions intrinsic to particular places or cultures?
 - Which have origins outside the neighborhood?

7. The film shares research from South African psychologist Gill Straker, who used the term “Continuous Traumatic Stress Syndrome” to describe the condition she observed in black townships under apartheid—“continuous, because for these young people, there was neither pre-trauma nor post-trauma. They were living lives of unrelenting adversity.” What was your reaction to hearing American neighborhoods compared to black townships?
 - What’s similar and what’s different in terms of the role of government, economic exclusion, racism and discrimination?



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D) UNDERSTANDING HOW WE GOT HERE (CONT.)

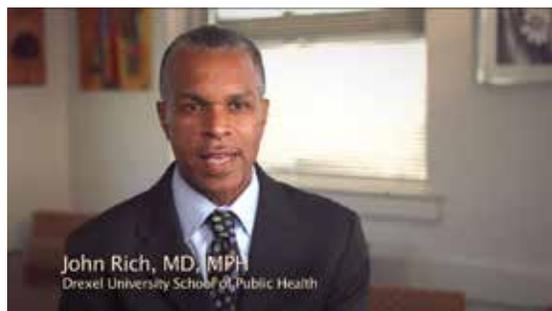
8. Boys & Girls Club Director Harold Reed says, “It’s very frustrating to know that they’re building a \$400 million prison when the schools are suffering.” What are the connections between the failure to address chronic trauma and the growth of the U.S. prison system?



E) TOWARDS A TRAUMA-INFORMED APPROACH

1. Physician John Rich explains shifting definitions of trauma: “It used to be we thought about trauma as someone being in a plane crash, or someone having a gunshot wound. Those are types of trauma, but more generally, we can talk about trauma as when the strengths inside you and the resources around you can’t respond to a threat.” What does this mean? Can you give an example?

- What could be done, both in your community and from a policy perspective to help children build the “strengths inside” that would enable them to thrive?
- What could be done to reduce the threats that feed the trauma in the first place?



2. In addition to interventions aimed at helping injured children heal, what could be done to help parents like Christine and Antonio?
 - Why would it be important for children’s well-being to ensure the well-being of their parents or guardians?
3. Antonio practices a solution based on personal responsibility to keep his son safe: “Right now, I don’t even let him go outside to the front, to play in the front yard ... Because I know what could happen.” What might a more systemic solution look like?
4. The film shows examples of “trauma-informed care.” What do you notice about this care that is different from responses based solely on personal responsibility? How does its recognition of trauma as form of injury serve as a pathway to healing?
5. Physician Sandra Bloom says, “Trauma-informed care begins with how you make people safe. How do you create safe zones in schools and in playgrounds and in communities for kids to just be kids?” What does “letting kids be kids” look like? How does the Wilson Park Boys & Girls Club help meet the need?

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E) TOWARDS A TRAUMA-INFORMED APPROACH (CONT.)

6. Dr. Roy Wade says, “Poverty is an adverse childhood experience that gets under your skin. Living in economic distress can actually translate into long-term negative health outcomes even for the most resilient individuals.” What are some of the different ways poverty can get under the skin affecting social, emotional and physical health?

7. 11th Street Family Health Services was developed in cooperation with the community to provide comprehensive health services. What do they define as “health” services?
 - How does this compare to the health service providers in your community?

8. What is your reaction to the film’s conclusion that “healing the hurt of young people ... means confronting the racial segregation, disinvestment and lack of jobs and decent, safe housing, which generate suffering rather than hope for so many American children and families”?
 - What do you imagine that confrontation would look like? What did it look like in the film?

9. Dr. Roy Wade questions the approach taken by some well-meaning professionals: “Oftentimes folks like me come in, and we come in as the authorities saying, ‘This is what you have to do.’ And we don’t tap into the leadership and the talent that’s in the community.” Who are the leaders who might be tapped in your city to tackle the conditions that produce chronic trauma?

10. Caheri Gutiérrez and Javier Arango responded to trauma by becoming youth leaders. They display strong post-traumatic growth and resilience. What youth leadership training opportunities exist in your community? What else could you and the various institutions in your community do to nurture the kind of resilience Caheri and Javier show?



F) CHANGING PRACTICE

The questions in this section are especially recommended for anyone who works with children.

1. Dr. John Rich suggests that, “If these young people have been harmed or injured by the stress in their lives, then what they really need is healing. We have two choices. We can ask ourselves, “What’s wrong with this person?” or we can ask, “What happened to this person?” In terms of who is held accountable, what’s the difference between these two questions?

2. How would asking “What happened to this person?” instead of “What’s wrong with this person?”:
 - Change the way you approach discipline?
 - Change the way you think about how to help children living in poor or neglected neighborhoods?
 - Change your approach to combating poverty, racism, substance abuse, or violence?
 - Change your relationship to the families of the children with whom you work?

3. Several people in the film address the ways in which trauma affects school performance. Caheri recalls, “Man, I had some good-ass grades in high school. I was playing volleyball for the state of California—I couldn’t focus, I just couldn’t. The teacher’s talking about biology and the cells and da-da-da-da-da, and I’m just thinking about images of my brother getting shot again, and again, and again...”



Dr. Sandra Bloom explains that a child who is living with chronic trauma “cannot sit comfortably and calmly in a seat and take in information about world geography. They can’t do

(cont. →)

F) CHANGING PRACTICE (CONT.)

it. Our minds don't work that way." The film goes a step further, reporting that "exposure to chronic stress early in life can lead to actual changes in brain architecture."

- What lessons do these perspectives offer relative to current school reforms?
 - How well do initiatives like Common Core or increased accountability through testing address the needs of traumatized students? If current efforts aren't the answer, what is?
 - What do you think schools should be doing to ensure academic success for children like Izayah?
 - How could you design the physical space in your school or classroom to support children who have experienced cumulative trauma?
4. Dr. Sandra Bloom sees children who "are perceiving the world as dangerous all the time and defending against those feelings by becoming aggressive." This is a natural response for very young children who haven't yet developed the language skills to convey their emotions or experiences verbally. Yet, rather than help children develop alternative coping strategies, some preschools and kindergartens are opting to protect some children at the expense of others by expelling the aggressors—especially when the aggressors are Black or Latino boys.



The film asks, "Instead of labeling them as 'bad kids,' why don't we see them as children facing adversities that other children don't?" How would you answer that question?

(cont. →)

F) CHANGING PRACTICE (CONT.)

- What is your school district doing to implement alternatives to suspension?
- What could help early childhood professionals develop the capacity to help traumatized children rather than expelling them?
- What professional development does the district provide for working with children who have experienced chronic trauma?
- What additional training would you like to receive?

5. Dr. Victor Carrion describes the difficulty that youngsters have understanding their situation: “They may have the history of what happened, they may have feelings about what happened: fear, sadness, anger. They may have no words for these feelings, and then they have these behaviors. But they really do not connect all of them. They don’t know that because this happened, I developed these feelings that make me behave this way.” What could you do to help children make the connections between trauma and behavior?



- The film points out that many who serve children don’t make the connections either. Does the institution you work for make the connections?
- If not, what steps would need to be taken to heal rather than blame children who act out?

(cont. →)

F) CHANGING PRACTICE (CONT.)

6. The film discusses Dr. Roy Wade’s expansion of the ACE studies, adding questions about adverse community exposures (e.g. hunger, homelessness, racism, etc). How do you think pediatricians or social workers could include Dr. Wade’s expanded ACE questions as part of their intake evaluation?
 - What would they learn that might otherwise be missed?

7. The ACE studies show that childhood experiences influence adult health outcomes. Imagine that you are developing a public health campaign to improve adult health. How would the ACE studies inform your choices?
 - Would your campaign address hardships like food insecurity, racism, or exposure to violence outside the home?
 - Would you focus on children? Their parents or caregivers? The community? State or federal government? Explain your choices.

8. Staffers at places like 11th Street Family Health Services, who have repeated interactions with traumatized children, may experience “vicarious trauma.” That trauma can be made worse by conditions of disempowerment by one’s managers and employer. As a service provider, what sorts of things do colleagues and managers do that make you feel heard, valued and supported. What more would you like?
 - What would give you a greater sense of control and agency in your work?
 - How might one’s own history of PTSS affect interactions with young people experiencing trauma?



G) SUMMING UP

1. Describe one thing you learned from the film. How does your new insight affect the way you think about kids growing up in concentrated poverty and taking a trauma-informed approach?
2. What major questions was the filmmaker trying to answer (and how do you know)?
 - How did the filmmaker answer those questions? Did you agree with the answers? Why or why not?
 - Were there other questions you wanted to ask, and if so, what were they?
3. How is this film similar to or different from other media you have seen, read, or heard on this issue? In what ways did it confirm or challenge ideas you held?
4. Dr. John Rich says, “If we believe that behaviors are shaped out of experience—and we know that’s how the brain develops—then we should expect that people will behave based on their experiences, and they sometimes are reacting because those experiences were traumatic.” How does what you saw in the film compare to your own experience? What behavior patterns do you notice in yourself that you can connect to childhood experiences?
5. Caheri describes some of her symptoms: “I was suicidal. I was paranoid. I had nightmares, nightmares so much that I did not want to sleep...” She over-reacted to being touched (hyper-vigilant) and had unexplained emotional swings that made her feel “crazy.” Others in the film displayed over-protectiveness, substance abuse, aggression, depression, fear and anxiety even when the immediate danger was long gone. Have you encountered young people who exhibited similar behaviors? Thinking back, what was your reaction?

(cont. →)

G) SUMMING UP (CONT.)

- Did you consider him or her as an injured child in need of comfort and healing? Or was your focus on meting out punishment for bad behavior? Perhaps both (or neither)?
 - Why do you think you responded the way that you did?
6. What would it look like if your community treated violence among young people as a public health problem and not just a criminal problem? How might a public health approach transform your community?
 7. If you could arrange for policymakers and politicians to watch this film, what would you want their “takeaway” to be?

4. Moving to Action

Ending discussions by planning action steps creates energy and optimism, even when the conversation has been difficult. Powerful action ideas are most likely to come from participants themselves, so we recommend leaving time at the end of your event, meeting, or class to brainstorm.

SUGGESTIONS FOR GETTING STARTED

1. Youth UpRising's Olis Simmons says:

"There are entire communities in America that are disconnected generationally from labor markets. They don't have a job. Their parents didn't have a job. Their grandparents might have been underemployed or unemployed. Those communities are black and brown communities separated very much from communities that are white."

 - Familiarize yourself with any such communities. What is their history?
 - Find out where the businesses went. Why did they leave?
 - Who owns most of the housing stock? How did the community become segregated?
 - Create a visual historical timeline that shows growing disinvestment.
2. Investigate existing advocacy initiatives both locally and nationally. Get in touch with those that interest you and find out how you can help.



(cont. →)

SUGGESTIONS FOR GETTING STARTED (CONT.)

3. Develop, fund, and conduct a needs assessment for neglected neighborhoods in your city. What does the neighborhood need that it doesn't have in terms of services and infrastructure?
 - Plan ways to publicize the results of your research.
 - Convene a meeting of stakeholders to plan possible actions based on your results.

4. Identify people in your community who are willing to speak publicly about the issues raised in the film. Work together to develop a press packet using statistics from the film and information that you gather from your school district, neighborhood, city, county, or state.
 - Distribute the packets to local media outlets, offering opportunities for interviews and visits to groups who take a trauma-informed approach in your area.

5. Host a special screening of *Wounded Places* for the many organizations and stakeholders in your area who would have an interest in this issue: childcare center staff and parents, neighborhood associations and other community-based groups, affordable housing and racial justice advocates, service clubs, religious institutions, PTAs, school volunteers, social service providers, your local chapter of the American Academy of Pediatrics, law enforcement, school teachers and administrators, and juvenile justice staff.
 - Don't forget to include government officials and your local Chamber of Commerce or other business groups.
 - Dedicate part of the screening to brainstorming responses that are specific to your community and asking people to "adopt" action steps that match the capacity and expertise of their agency or organization.

(cont. →)

SUGGESTIONS FOR GETTING STARTED (CONT.)

6. Identify, monitor and investigate the status of programs and legislation designed to minimize school suspensions in your district or state. Design a plan to publicize the success stories and facilitate sharing their methods with other school districts. Arrange to meet with your elected representatives and their designated education staffers and explain what you think is important and why. Share with them a copy of the film, along with key talking points.
7. Find out what types of training professionals who most frequently encounter young people suffering from chronic traumatic stress receive (e.g., teachers, police and other law enforcement authorities, health workers, foster parents or court-appointed guardians, social workers, youth center staff, etc.). Offer to organize a screening and discussion of *Wounded Places*.
 - As a follow-up to the film, consider arranging for a professional to share their experience adapting a trauma-informed approach—challenges and successes.
8. Convene a study circle to do an in-depth examination of the connections between chronic trauma and the likelihood of ending up in prison. Also look at the ways that communities have disrupted this pipeline and/or instituted alternatives to incarceration.
 - You might start by looking at the Children’s Defense Fund’s Cradle to Prison Pipeline Campaign (www.cdf-mn.org/programs-campaigns/cradle-to-prison-pipeline/). Share what you learn with local officials and activists who can disrupt the “cradle to prison pipeline” in your community.
9. Many public health departments are working to redefine gun violence as a public health issue. Look into what your local public health department is doing and how you might get involved. For more information on approaching violence as a public health issue, visit the Prevention Institute (www.preventioninstitute.org) and search “gun violence.”

Background & Resources

WHAT IS TRAUMA?

Traditionally, the label “trauma” was reserved for events or experiences outside of normal human experience, such as war, rape, a plane crash or child abuse. But this definition excluded those whose traumatic experiences were embedded in everyday life. Today, “trauma” is more commonly understood to mean:

- experiences or situations that are emotionally painful and distressing, and that overwhelm an individual’s ability to cope; and
- chronic adversity (e.g., discrimination, racism, oppression, poverty).

This includes experiencing or witnessing violence, but also includes the pervasive anxiety produced by living with adversity. As Bessel Van der Kolk summarized, “when internal and external resources are inadequate to cope with external threat, the experience is one of trauma.” (2005)

When experienced chronically, trauma can produce fear, anxiety, hypervigilance, a sense of powerlessness, aggression, anger, mood swings, depression, difficulty concentrating, rages, nightmares, flashbacks, insomnia, and substance abuse. These can have a cumulative impact which can be life-altering, with serious long-term effects on health and other life outcomes.

Trauma theory represents a fundamental shift in thinking from the supposition that those who have experienced psychological trauma are either “sick” or deficient in moral character to the reframe that they are “injured” and in need of healing. In part, this theory developed to more accurately describe Vietnam veterans who were suffering trauma as a legacy of their war experience—what we now commonly call PTSS. It also better described the experience of women who experienced ongoing domestic violence or sexual assault.

Source: Healing the Hurt www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf

WHAT IS TRAUMA-INFORMED CARE?

The National Center for Trauma-Informed Care (TIC) defines TIC as “an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.” Organizations that adopt this approach assess (and where needed, modify) every facet of their work to reflect an understanding of the ways in which trauma impacts the lives of individuals seeking services. In some cases, that not only means addressing the needs of an individual, or even that person’s family, but also the needs of the community in which the person lives.

Source: www.samhsa.gov/nctic/trauma-interventions

TRAUMA-INFORMED CARE RESOURCES

Healing the Hurt

A 2009 study on the effects of chronic trauma on boys and young men of color includes easy-to-understand explanations of trauma theory that apply to everyone. Among the authors are several people featured in the film: John Rich, Sandra Bloom, Ted Corbin
www.calendow.org/uploadedFiles/Publications/BMOC/Drexel%20-%20Healing%20the%20Hurt%20-%20Full%20Report.pdf

National Center for Trauma-Informed Care

A federal project to promote a shift in the approach to care. The site includes explanations of the concept, as well as training, resource and referral services.
<http://www.samhsa.gov/nctic/>

Trauma Center and the Justice Resource Institute

A social justice organization that supports and researches trauma-informed care.
www.traumacenter.org

American Academy of Pediatrics

The Academy’s official policy statement on early childhood and toxic stress. Also of interest is a summary of the research backing the statement: “The Lifelong Effects of Early Childhood Adversity and Toxic Stress”
<http://pediatrics.aappublications.org/content/129/1/e224.long>

Romeo Vitelli – When the Trauma Doesn't End

An easy-to-read summary of the research on continuous trauma.

www.psychologytoday.com/blog/media-spotlight/201305/when-the-trauma-doesnt-end

ACEs Too High

A comprehensive source of news, research, resources and initiatives around adverse childhood experiences.

www.acestoohigh.com

ACEs Connection

A community of practice using trauma-informed community building approaches to reduce adverse childhood experiences.

www.acesconnection.com

UNITY: Urban Networks to Increase Thriving Youth

A public health approach to violence prevention.

www.preventioninstitute.org/unity.html

CDC Division of Violence Prevention

Research and practice for violence prevention, funding programs around the nation. Of special interest is Essentials for Childhood, a new framework for creating safe, stable, and nurturing experiences and environments for all young children:

www.cdc.gov/ViolencePrevention/childmaltreatment/essentials/index.html

FEATURED ORGANIZATIONS, PEOPLE AND PLACES

Youth UpRising

The East Oakland youth center and advocacy group headed by Olis Simmons offers analysis of core issues and programs designed to empower young people to improve their community.
www.youthuprising.org

Youth Alive!

The workshop shown in the film led by Caheri Gutierrez is just one of Youth Alive!'s programs. Focused on violence prevention and leadership development organization, resources include information on trauma-informed care, current legislation, and more.
www.youthalive.org

Catholic Charities of the East Bay

Includes a description of the Restorative Justice program.
www.cceb.org

11th Street Family Health Services

The website includes a statement of guiding principles.
www.drexel.edu/11thstreet/home.asp

Institute for Safe Families

John Rich, Sandra Bloom, and Roy Wade all serve on the Board of Directors of this Philadelphia organization.
www.instituteforsafefamilies.org

ACE Study

www.cdc.gov/ace/prevalence.htm

Sandra Bloom, MD

A collection of articles and resources on Bloom's Sanctuary Model for trauma-informed care.
www.sanctuaryweb.com

Ted Corbin / Healing the Hurt

This site includes links to several of Corbin's projects, appearances, and articles.
www.stoneleighfoundation.org/fellows/corbin

John Rich, MD / Center for Nonviolence and Social Justice

The site includes information on Healing Hurt People, a hospital-based program designed to reduce re-injury and retaliation among youth.
www.nonviolenceandsocialjustice.org



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Award-winning titles include *Unnatural Causes: Is Inequality Making Us Sick?*, *RACE-The Power of an Illusion* and *Homegoings*. Visit www.newsreel.org to view over 150 documentary titles.