

# **Shared Learnings in ACEs, Trauma, and Trauma-Informed Approaches from Norway and Illinois**

*Session 1:*

*Promoting Safety, Healing and Wellness in Communities*

**The Illinois  
ACEs Response  
Collaborative**

**Health & Medicine**  
POLICY RESEARCH GROUP

**U.S. Department of  
Health and Human  
Services, Office of the  
Assistant Secretary for  
Health – Region 5**



# TRAUMA INFORMED CONGREGATIONS NETWORK

225 members from  
across the region

## Administrative Support through The Center for Faith and Community Health Transformation

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# FAITH-BASED SUMMIT, JANUARY 2017

CLAIMING THE WISDOM OF OUR TRADITIONS: SHAPING A FAITH-ROOTED MOVEMENT TO FOSTER RESILIENCE AND PREVENT CHILDHOOD TRAUMA



- 109 Participants
- 79 Organizations
- Multifaith—  
Christian, Jewish,  
Muslim, Jain,  
Baha'i
- Planning Team  
Established

# FOUR FOCUS AREAS BASED ON SUMMIT EVALUATIONS

Scan of existing faith-based efforts

Multi-faith, theologically based curriculum

Expand Restorative Justice Practices

Build the Community of Practice

# RISKING CONNECTION IN FAITH COMMUNITIES

Based on evidence-based curriculum for clinicians—Sidran Institute

Rooted in relational theory and practice

Multi-faith (Muslim, Jewish, Christian)

**RICH** Relationship Approach

Respectful

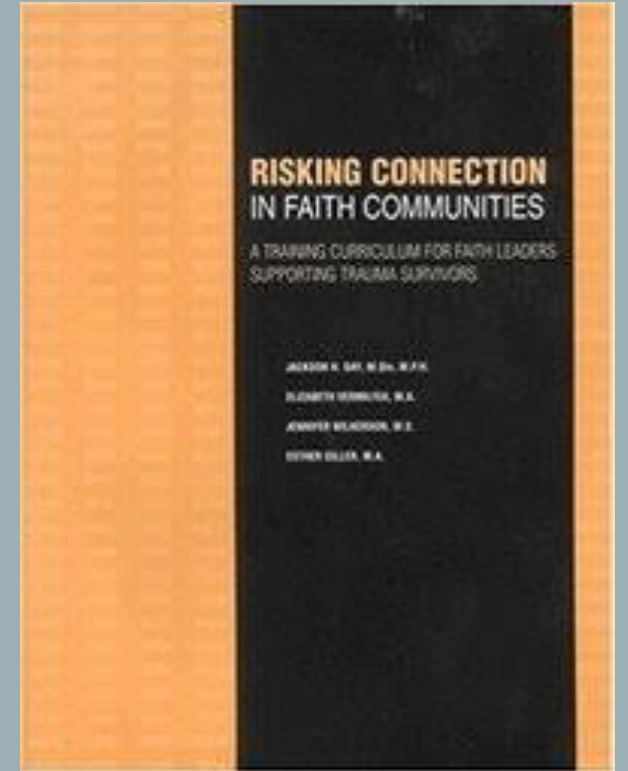
Informed

Connected

Hopeful

Cohort of 15 people being prepared to lead the curriculum

Strategically selected. Potential reach of over 700 congregations in first year.



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Based on work with Drs. Dario Longhi and Marsha Brown (manuscript in preparation)  
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## Community-Wide Resilience Moderates the Impacts of Adverse Childhood Experiences on Adult and Youth Levels of Health, School/ Work, and Coping Behaviors

1. This study developed and tested measures of community-wide resilience across 118 communities in Washington State.
2. Adult ACE measures: CDC-tested questions in BRFSS surveys.
3. Youth ACE measures: HYS survey
4. Community-wide resilience:
  - i. Adults: social capital, social cohesion and collective efficacy
  - ii. Children: protective supports- family/adult, peer, school and community.
5. Individual resilience includes social-emotional support, mastery and optimism



- Found significant effects of resilience factors on levels of mental and physical health, school performance, ability to work and coping behaviors, independent of ACEs, poverty and race/ethnic composition.
- Their magnitudes are substantial: up to 25 percent of variance explained in the short run, up to 76 percent in the long run, as higher resilience may lower levels of ACEs and poverty in future generations.
- Resilience moderates the impact of adverse experiences: up to 28 percent among adults, 58 percent among youth.
- Contextual and individual resilience together have significant effects for adults, **only contextual resilience for youth.**



1. This work is foundational on ACEs and needs to be replicated.
2. It is based on my and others work from the Harvard University Project on Human Development in Chicago Neighborhoods finding similar community buffers to juvenile delinquency, crime and child maltreatment.
3. Level of measurement: community.
4. It is the first study we know of that finds that community resilience is a more important factor than individual resilience for youth.
5. It works to create systemic, sustainable change that is not victim blaming!
6. Implications for policy and practice: communities that increase contextual resilience will likely improve coping behaviors, health, education, and occupation levels.