

# Illinois ACEs Response Collaborative

## MISSION

to catalyze the movement to prevent trauma across the lifespan, promote thriving, and put the issue of trauma on the forefront of the equity agenda in Illinois.

## VISION

a resilient and equitable Illinois in which individuals, families, communities, and systems—including health care, education, criminal justice, business, and legislative bodies—have access to the resources they need to prevent trauma, heal, and thrive.

Policy and advocacy

Capacity building

Research translation and dissemination

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Health & Medicine  
POLICY RESEARCH GROUP

# Context

- Use of TI approach in organizations and service delivery
- Policies have caused, and continue to cause, significant trauma to individuals, families, and communities
- Growing interest among Illinois policymakers
- Collaborative uniquely positioned to lead this effort
  - **Rebecca Levin**, Executive Director, Strengthening Chicago's Youth, Ann & Robert H. Lurie Children's Hospital of Chicago
  - **Anita Weinberg**, Director, ChildLaw Policy Institute, Loyola University School of Law
  - **Elena Quintana**, Executive Director, Institute on Public Safety & Social Justice, Adler School of Professional Psychology
  - **Misty Brown**, Program Coordinator, Institute on Public Safety & Social Justice, Adler School of Professional Psychology



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# Context

**AJPH** PERSPECTIVES

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## Trauma-Informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy

*Elizabeth A. Bowen, PhD, and Nadine Shaanta Murshid, PhD*

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Trauma-informed care is a service provision model used across a range of practice settings. Drawing on an extensive body of research on trauma (broadly defined as experiences that produce enduring emotional pain and distress) and health out-

RATIONALE FOR A TRAUMA-INFORMED PERSPECTIVE ON SOCIAL POLICY

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# Trauma-Informed Policymaking Tool

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## Objectives

Integrating the science of early adversity into policy, including recognizing the widespread impact of trauma and its disproportionate impact on marginalized groups

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Preventing trauma by identifying and eliminating its sources

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Avoiding re-traumatizing people

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Addressing historical trauma, and promoting resilience and healing to help individuals, families, and communities thrive

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# Trauma-Informed Policymaking Tool

## PRINCIPLES OF TRAUMA-INFORMED POLICYMAKING

In this section, we will define each trauma-informed principle and describe its application to both the process of policymaking and its outcome (the resulting policy, benefit, and/or program). Prompts are provided to help stakeholders understand if and how their policymaking embodies each principle. Policymakers should hold themselves accountable for answering these and other related questions.

### SAFETY

Ensure the physical and emotional safety of vulnerable populations.

- *Process:* All stakeholders feel safe participating in the policymaking process.
- *Outcome:* Physical and emotional safety of vulnerable populations is prioritized.
- *Ask:* Whose safety is being prioritized?

### TRUSTWORTHINESS AND TRANSPARENCY

Make decisions with transparency, with the goal of building and maintaining trust.

- *Process:* There is transparency about who is involved, how decisions are made, and the intended goals of the policy.
- *Outcome:* Policies and the resulting programs and benefits are clearly defined, including the breadth of services offered, eligibility criteria for participation, and timelines. There are accountability measures in place for agencies, providers, and contractors.
- *Ask:* What information about the policy is available, and how is it made accessible to the community?

### PEER SUPPORT

Individuals with shared experiences are collectively working to advance policy. Working towards policy change together is a healing experience.

- *Process:* Promote sharing of lived experiences among peers and the development of healing relationships.
- *Outcome:* Sustained relationships are prioritized, particularly among individuals with shared experiences of trauma.
- *Ask:* Which relationships are being prioritized?

### COLLABORATION AND MUTUALITY

Level power differences for shared decision-making.

- *Process:* Individuals who will be impacted by policy outcomes—including benefit recipients, frontline workers, and policymakers—have an equal voice in the policymaking process. Lived experience and firsthand knowledge are prioritized as much as, or more than, outside professional experience.
- *Outcome:* Policies work to dismantle the root causes of power differences and reflect the needs of the community.
- *Ask:* What measures are in place to ensure that every group that is impacted by the policy has equal representation in decision-making?

### STRENGTHS-BASED APPROACH

Recognize, build on, and validate individual and community strengths and experiences and integrate a belief in resilience and the ability to heal from trauma.

- *Process:* Individuals and communities are empowered to build on their strengths to identify the strategies that will help them heal from trauma and become more resilient.
- *Outcome:* Policies are more effective at promoting healing because they recognize individual and community strengths and experiences.
- *Ask:* How does the policy build on community strengths to address trauma caused by past policies?

### SOCIAL JUSTICE

Acknowledge the ongoing impact of historical trauma for individuals and communities and challenge the systemic and institutional oppression that continues to create trauma.

- *Process:* Use a root cause approach to understand the origins of issues, challenges, and outcomes.
- *Outcome:* Policies narrow disparities in the experiences and impacts of trauma and also promote equity.
- *Ask:* How does this policy address root causes? Which populations will benefit from this policy?

*Health & Medicine is the lead convener of the Illinois ACEs Response Collaborative, multi-sectoral stakeholders committed to expanding the understanding of trauma and its impact on people's lives. Through advocacy and mobilization efforts, we work to put the issues of ACEs and resilience on the forefront of the equity agenda in Illinois.*

*The Collaborative would like to thank the following members for their input: Misty Brown, Rebecca Levin, MPH, Elena Quintana, PhD, and Anita Weinberg, JD, MSSW.*

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# Trauma-Informed Policymaking Tool

**Safety:** Ensure the physical and emotional safety of vulnerable populations

- *Process:* All stakeholders feel safe participating in the policymaking process
- *Outcome:* Physical and emotional safety of vulnerable populations is prioritized
- *Ask:* Whose safety is being prioritized?

**Trustworthiness and transparency:** Make decisions with transparency, build and maintain trust

- *Process:* Transparency about who is involved, how decisions are made, and goals
- *Outcome:* Policies, programs, and benefits are clearly defined, including breadth of services offered, eligibility criteria, and timelines; accountability measures in place
- *Ask:* What information about the policy is available, and how is it made accessible to the community?

# Trauma-Informed Policymaking Tool

**Peer support:** Individuals with shared experiences collectively work to advance policy; this is a healing experience

- *Process:* Promote sharing of lived experiences among peers and development of healing relationships
- *Outcome:* Sustained relationships are prioritized, particularly among individuals with shared experiences of trauma
- *Ask:* Which relationships are being prioritized?

**Collaboration and mutuality:** Level power differences for shared decision-making

- *Process:* Individuals impacted by policy outcomes have equal voice. Lived experience and firsthand knowledge are prioritized as much as, or more than, professional experience
- *Outcome:* Policies work to dismantle root causes of power differences and reflect needs of community
- *Ask:* What measures are in place to ensure that every group impacted by the policy has equal representation in decision-making?

# Trauma-Informed Policymaking Tool

**Strengths-based approach:** Recognize, build on, and validate individual and community strengths and integrate a belief in resilience and the ability to heal from trauma

- *Process:* Individuals and communities are empowered to build on strengths to identify strategies that will help them heal from trauma
- *Outcome:* Policies recognize strengths and are more effective at promoting healing
- *Ask:* How does the policy build on communities' strengths?

**Social justice:** Acknowledge the ongoing impact of historical trauma and challenge the systemic and institutional oppression that continues to create trauma

- *Process:* Use a root cause approach to understand origin of issues, challenges, and outcomes
- *Outcome:* Policies narrow disparities in the experiences and impact of trauma, and promote equity
- *Ask:* How does this policy address root causes? Which populations will benefit from this policy?

# Next Steps

- Dissemination: legislators, advocates, communities, etc.
- Evaluation
- Feedback and modification

## Trauma-Informed Policymaking Tool

*A policy approach to preventing and healing from trauma*

The trauma-informed framework incorporates the science of early adversity and promotes thriving for individuals, families, communities, and systems. When applied at the policy level, this framework has the potential to create sustainable, scalable change[1].

Trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful, overwhelming the ability to cope. Trauma can have lasting adverse effects on an individual's functioning, and it impacts mental, physical, and social-emotional well-being across the lifespan[2]. A wide range of experiences can be traumatic. These include interpersonal experiences such as abuse, neglect, parental substance abuse, and witnessing intimate partner violence, as well as structural ones like community violence, racism, and poverty.

Trauma is both a universal experience affecting all groups of people and also one that disproportionately burdens historically marginalized groups. Historical trauma is a type of trauma that is experienced over time by a group of people with a shared identity (i.e., race, ethnicity, religion, etc.); the current generation may experience trauma-related symptoms without having been present for the past traumatizing event[3]. Examples of historical trauma include slavery and genocide. Disparities in the burden of trauma are widened when groups with unaddressed historical trauma experience new traumatic events.

Policies have caused significant trauma and continue to traumatize individuals, families, and communities. A trauma-informed policymaking framework can roll back these policies and promote healing. Trauma-informed policymaking has four objectives:

- Integrating the science of early adversity into policy, including recognizing the widespread impact of trauma and also its disproportionate impact on marginalized groups
- Preventing trauma by identifying and eliminating its sources
- Avoiding re-traumatizing people
- Addressing historical trauma and promoting resilience and healing to help individuals, families, and communities thrive.

In this way, trauma-informed policymaking addresses disparities and promotes a more equitable society.

This Trauma-Informed Policymaking Tool adapts the six principles of the trauma-informed approach from the Substance Abuse and Mental Health Services Administration and can be applied to policy issues across all sectors.

[1] This tool builds off of the work of Brewin, E. A., & Mizrahi, N. S. (2014). Trauma-informed social policy: A conceptual framework for policy analysis and advocacy. *American Journal of Public Health, 104*(2), 223-228.  
[2] Substance Abuse and Mental Health Services Administration (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. *HHS Publication No. (SMA) 14-4886*.

[3] Mithras, N. N., Zaslavsky, A. B., Thiel, N. D., & Tebes, J. C. (2014). Historical trauma as public narrative: a conceptual review of how history impacts present-day health. *Social science & medicine (1982)*, 106, 128-134. doi:10.1016/j.socscimed.2014.01.043



To learn more about trauma-informed policymaking, please contact: Lara Altman, Director, Illinois ACEs Response Collaborative, [laltman@hmprg.org](mailto:laltman@hmprg.org).

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