NOURISHING

FORSYTH

LATINE

Uncovering Adverse Childhood Experiences and Toxic Stress of the Latine community of Forsyth County North Carolina

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Executive Summary

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Adverse Childhood Exp
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childhood (0-17 years)" [

Overview

Forsyth County is dedicated to creating safe and flourishing communities. Still, many communities within Forsyth County face increasing crime and mental health concerns, poor health, educational, and economic outcomes. [1] It has been well studied that trauma within communities that experience poor outcomes and high crime is pervasive. Trauma has a crushing impact on the development of individuals and the communities they are in. [2]

Adverse Childhood Experiences or ACEs, are traumatic events of violence, abuse, neglect, or instability that occur before the age of 18 [3]. The more types of ACEs you experience the "greater the risk for toxic stress response" and ACE-Associated Health Conditions (e.g., asthma, obesity, cardiovascular disease, and mental health disorders)[4]. If you experience one of the forms of ACEs as a child, you are at greater risk of experiencing more forms of violence [2]. Having experienced an ACEs can have repercussions in adolescence and adulthood. ACEs are correlated to substance abuse in adolescence and adulthood; as well as to poor health and well-being. They can impact one's educational achievement or job potential in adulthood. Additionally, ACEs is linked to Toxic Stress which is known to have detrimental impact on the heart, leading to heart disease, stroke, and other chronic illnesses. [3] Nationally, 51% of the Hispanic/Latine population has experienced at least one ACE [5]. It is critical for our community to identify the prevalance and awareness of ACEs in the Latine community to provide the support and resources this community may need to heal.

Through the sponsorship of Kate B. Reynolds the Nourish Forsyth Collaborative was formed across five local organizations: Love Out Loud, Action4Equity, Center for Trauma Resilient Communities, Forsyth County Association of Educators, and Our Kijiji; with the goal of raising awareness of how ACEs is impacting the Latine Forsyth County communities. This brief is designed to be used by the Nourish Forsyth Collaborative to identify the needs of the community and build sustainable approaches to support their healing.

Methodology

How We Did It

Recruit	Train	Survey	Synthesize	Solutions
Identify champions within the community.	Culturally competent trauma informed training.	Design the survey and engage the community to participate.	Review the data to build an understanding of community needs.	Make recommendations accessible to the collaborative.

Eight members of the Forsyth Latine community were recruited to participate as community researchers for this project. The researchers were chosen to be diverse (e.g., socio-economic, lingual, gender etc.) to reflect the community of Forsyth. Further details on criteria are included below.

The community researchers completed a series of trainings provided by ImpactoEDU–– external consultants supporting the implementation of this study in the Latine community. These trainings were designed to prepare community researchers to engage in trauma related research.

To further protect participants, community researchers completed the CIRTification: Community Involvement in Research Training, offered by the University of Ilinois Chicago, in their preferred language (e.g. English or Spanish) [6]. These trainings gave researchers information on conducting ethical research, obtaining informed consent, collecting and protecting data, and handling issues in the field. Trauma informed experts were invited to build greater awareness on the subject of ACEs, trauma, and gentle parenting. Table 1 lists the training sessions provided by ImpactoEdu. Community researchers were paid for their research activities.

Criteria of Selection Researchers

A researcher profile was created that included diverse representation of the Latine community of Forsyth:

- 6-8 Researchers
- 50% Female 50% Male
- English & Spanish Language Proficiency
- Did not have to have prior knowledge of ACEs
- Did not have to have prior knowledge of Community Participatory Research
- Age range between 18-70 years old
- Needed to have high level of community engagement
- Wanted even representation of community members from Northside of Forsyth & Southside
- Had to identify as Latino/Hispanic

#	Table 1. Community Researcher Trainings
1.	Relationship building
2.	Leadership Development & Self-Empowerment
3.	Building Community & Awareness of ACES
4.	Ethics & Community Based Participatory Research
5.	Research Tools & Cultural Competency
6.	Deep Dive Into Trauma Informed Practices : Beatriz Vides Center for Trauma Resilient Communities
7.	Implementing a Research Project
8.	Review of Research Design & implementation
9.	Community Engagement Plans & Evaluation

Survey Design

Research consultants worked with community researchers and stakeholders to design the survey instrument and ensure it was culturally competent. With this survey, stakeholders wanted to better understand the awareness level of ACEs, Toxic Stress (TS), and trauma in the Latine community of Forsyth. The ultimate goal was for stakeholders to gain a better understanding to design data-driven advocacy efforts that support the healing of Forsyth Latine and prevent future ACEs.

The survey instrument captured some general demographics; awareness of ACEs and TS; screened for ACEs [7] and a select few of ACEs-I items--immigrant related childhood adversities [8]; screened for trauma symptoms [9]; and asked about support, resources, and coping mechanisms.

Participants were given a study information sheet with access to a list of community and national resources compiled by the research team. Participants completed a consent form before the survey and were specifically warned of the sensitive questions that would be asked. Their participation was voluntary and were allowed to end the survey at anytime. All data was de-identified to protect participant confidentiality.

Sample selection

Potential participants were invited to complete the survey if they self-identified as Latine/o, or of Latin American or Hispanic Heritage; adults 18+; spoke either English or Spanish; were born in or outside of the United States, and lived in Forsyth County.

Community researchers recruited participants at local events, through partnerships with local churches, grocery stores, food pantries, and word of mouth with family and friends. A total of N=603 surveys were fully completed and used in the analysis.

Meet Our Community Researchers

Researchers Answered the following Questions:
- As a community researcher, why do you think community research is so important?
- What impact do you hope this project makes on the community?
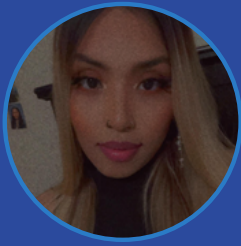
Maggie Zarate

As a Lead Community Researcher, I believe community research is very important because through community research we are able to engage our community, build relationships & become aware of the needs in our community. Community research helps us educate & advocate for resources & programs to be able to support each other. The impact I hope this project makes in the community is to be able to educate, support, advocate & provide resources in our community that are accessible to our Hispanic community. I hope that the impact of this project helps us come together as one, break generational curses & help support each other.
"We Are The Change We Seek"

Christain Rubio Perez

As a community researcher I believe community research is very important because we are able to not only better understand our community but also identify the needs & struggles in our community.The impact I hope this project makes in our community is that we are able to support our community & their needs. Educating our communities on Aces Awareness, toxic stress & how they impact us. Creating resources that are accessible for the Latino community.

Adaly Zarate

As a community researcher, I believe community research is important because it provides information that is used to better help our community. The impact I hope this project makes in the community is for this project to provide more help where it is needed & help the community become more aware on ACES.

Daniel Sostaita

Research, listening sessions or surveys are a powerful tools for our community. Due to discoveries, shortcomings, needs, urgencies and concerns of our communities. The end result is to gather information and generate solutions and resources for the people. I have no doubt that it will bring light to the research and we can make a transcendental change in issues such as mental health and management of internal conflicts of the individuals in our community. Providing resources and being a source of relief for people in crisis. I send you a warm embrace.

Meet Our Community Researchers

Researchers Answered the following Questions:
- As a community researcher, why do you think community research is so important?
- What impact do you hope this project makes on the community?

It is important because we need to be able to become aware of things happening and understanding why/how. That way we are able to help others become aware and are able to get people the help they need.The impact I hope this project has on my community is for the community to be aware and get the help they need. To show that there are resources that can help & that they are not alone.

Hilda Zarate Arroyo

It is important to include the community to gather information, identify needs and better understand the problems they face. So we can help in a favorable way to improve the community (Mental and physical health) I hope it will have a beneficial effect and bring solutions and relief to their needs. That they can have hope and faith that there are people and places to turn to when they need it.

Irene Tarico

It gives us knowledge on what our community lacks & needs more support I hope it shows the clear need that we need to educate ourselves & our Hispanic community on mental health & how to see the struggles of it, to stop treating it as a joke.

Lizbeth Raymundo

Research is important because even though we think we know everything about a subject, there is always more to learn. It helps us understand the issues and needs impacting communities and from that we can create resources. Research helps us expand on prior knowledge of the subject.I hope we're able to create little to no cost counseling for any kind of abuse. A safe place/ bringing awareness. Lower the risks of depression, anxiety etc. in the Latino community. I hope it educates the community to prevent future toxic stress.

Barvara Jazmin Toscano Toribio

Major Findings

Awareness in Forsyth Latine

- There is pervasive lack of awareness within the community while having high rates of ACEs, ACEs-I, and trauma symptoms. 91% of respondents had never heard of ACEs nor toxic stress (74%); even though 61% had experienced one or more forms of ACEs, 29% experienced one or more ACE-I, and 64% of participants experience one or more trauma symptom.
- The Latine Forsyth community is primarily getting their information from their family and friends (29%) and media sources (26%). Schools (14%), workplace (12%), community based organizations and churches (11%) , and healthcare (8%) are seen less as sources of information or access to important resources.
- When it comes to the appropriate channel to screening for ACEs, informing on ACEs, and intervening should be healthcare workers but the lack of awareness in this population suggests that community members within a healthcare system are being underdiagnosed and therefore underserved. Similarly, education systems today have greater trauma-informed approaches and should be institutions that are empowered to help identify, screen, and intervene in circumstances related to ACEs, ACEs-I, and TS.

ACEs & Toxic Stress in Forsyth

- ACEs+I and TS are pervasive in the community. 61% had experienced one or more forms of ACEs, 29% experienced one or more ACE-I, and 64% of participants experience one or more trauma symptom.
- The highest rankings of ACEs had 28% of respondents reported having lost a parent and 24% reported having lived with someone who had a substance abuse problem before the age of 18. Other forms of ACEs presented themselves demonstrating diversity in the type of ACEs being experienced by members of the Forsyth Latine community.
- 29% of participants experienced at least one form of ACE-I. Using this instrument gave light to adverse experiences immigrant children face when coming to the United States and the ACEs they experience once here that are unique to their circumstances (i.e., documentation status, instability of DACA, separation from family etc).
- Participants understanding of ACEs+I impact on their well-being as an adult varies. Most believe it has had significant impact on their well-being but some see a slight to non-existing impact regardless of if they are experiencing trauma symptoms.
- 64% of participants experienced one or more trauma symptom, indicating a need for greater attention.

Healing Forsyth Latine

- Having a supportive community made up of family and friends was the primary source for coping and healing for the community yet undocumented families are at risk of losing the most important source that supports their well-being.
- Community resources play a critical role in the well-being of members. Access to safe parks, gyms, local schools, community centers, food banks, shelters, health centers are crucial to the day to day of individuals in this community.
- Additionally, having a strong cultural identity was seen to provide significant protection to stress and anxiety.
- This is a clear indication for the need of a multi-pronged approach that targets the self, family and community, and institution. Individuals are interacting with activities that promote their mental and emotional well-being. Different approaches should be taken to promote greater adoption of activities that support their well-being.

Recommendations

1. Raise Awareness:

- Develop culturally tailored awareness campaigns using media sources and community-based organizations to disseminate information about ACEs, toxic stress, and available resources within the Forsyth Latine community.
- Collaborate with schools, workplaces, and healthcare providers to implement outreach programs that educate community members about ACEs and the importance of seeking support.

2. Empower Healthcare Systems:

- Advocate for training programs for healthcare professionals to enhance their understanding of ACEs, allowing for improved identification, screening, and intervention within the Latine community.
- Foster partnerships between healthcare institutions and community organizations to ensure comprehensive and culturally sensitive support for those facing ACEs, ACE-I, and trauma symptoms.

3. Strengthen Trauma-Informed Education:

- Advocate for the integration of trauma-informed approaches within educational systems to proactively address the diverse experiences of Latine students.
- Collaborate with educational institutions to create support networks and resources for students affected by ACEs, ACE-I, and trauma symptoms.

4. Address Unique ACEs of Immigrant Children:

- Develop specialized interventions and resources targeting the unique ACEs experienced by immigrant children in the Forsyth Latine community, such as issues related to documentation status, DACA instability, and family separation.
- Collaborate with immigration advocacy groups to ensure a comprehensive approach to addressing the specific challenges faced by immigrant families.

5. Promote Community Resources:

- Advocate for increased accessibility to community resources such as safe parks, gyms, local schools, community centers, food banks, shelters, and health centers, particularly in underserved areas.
- Collaborate with local authorities and organizations to address disparities in resource distribution and ensure equitable access for all community members.

6. Preserve Supportive Networks:

- Advocate for policies that protect and support undocumented families, recognizing the crucial role of family and community in coping and healing.
- Collaborate with legal and advocacy organizations to provide resources and support to undocumented individuals and families facing challenges related to documentation status.

7. Cultural Empowerment:

- Support initiatives that promote a strong cultural identity as a protective factor against stress and anxiety within the Latine community.
- Collaborate with cultural organizations and leaders to strengthen the connection between cultural identity and mental well-being.
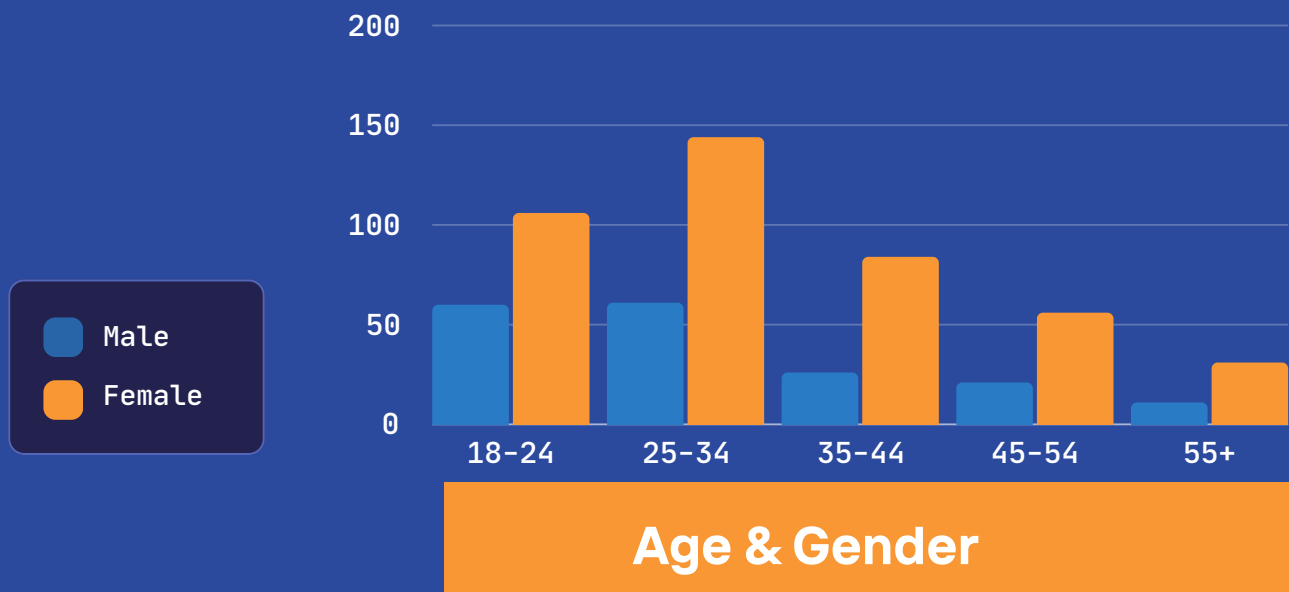
8. Implement Holistic Well-being Initiatives:

- Develop and implement multi-pronged approaches targeting the individual, family, community, and institutions to promote mental and emotional well-being.
- Encourage diverse and inclusive activities that resonate with different segments of the community, fostering a sense of belonging and resilience.
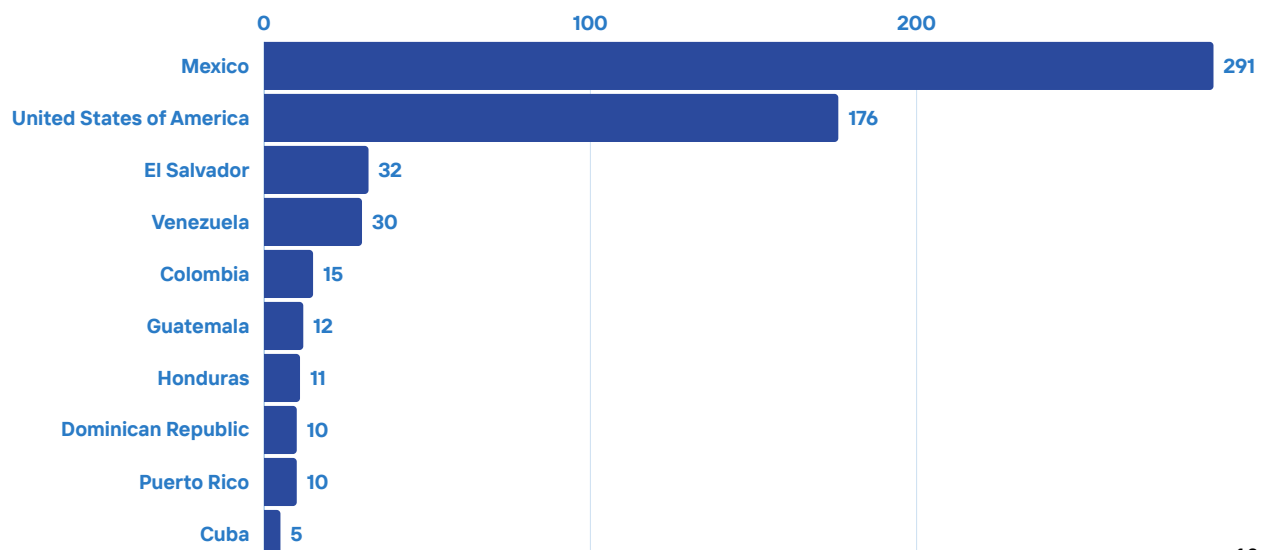
These recommendations form the basis for a comprehensive and collaborative advocacy strategy, aiming to address the identified challenges and create a more supportive environment for the Forsyth Latine community affected by ACEs and toxic stress.
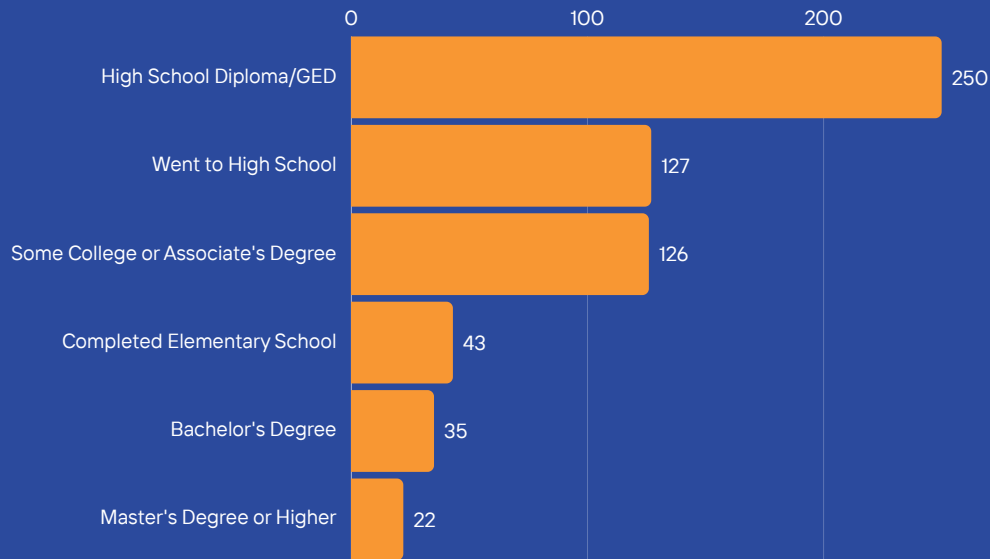
Demographics

N=603 participants from diverse backgrounds (e.g., age, gender, nationality, education level, and employment status), were recruited to participate in the study. All participants were residents of Forsyth County at the time of the survey. 70% of participants were female, 30% were male, under 1% were non-binary or did not prefer to say. The highest representation are 25-34 year old and female. Participation decreases as the age group increases, with the least participation in the 55+ age group. This trend is seen across a wide range of nationalities, with the highest participation from Mexico and the United States.

Male
Female

Age & Gender

Nationalities Represented

Mexico	291
United States of America	176
El Salvador	32
Venezuela	30
Colombia	15
Guatemala	12
Honduras	11
Dominican Republic	10
Puerto Rico	10
Cuba	5

Level of Education

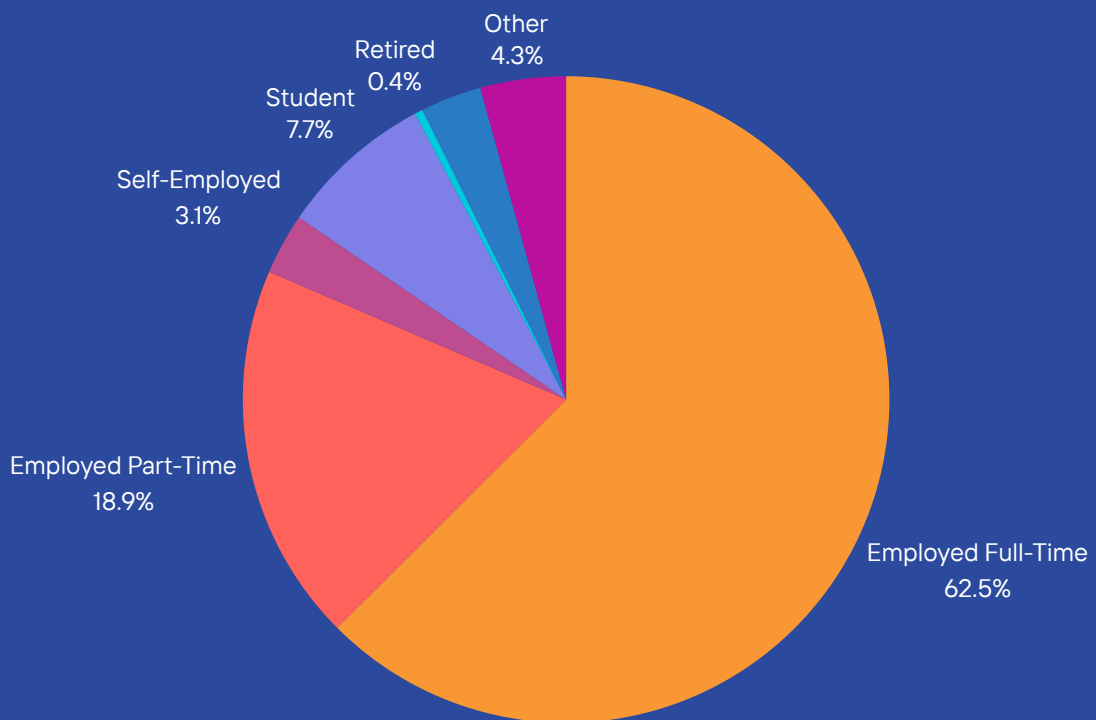|	
High School Diploma/GED	250
Went to High School	127
Some College or Associate's Degree	126
Completed Elementary School	43
Bachelor's Degree	35
Master's Degree or Higher	22

The majority (41%) of participants had a high school diploma or GED, went to high school (21%), or completed some college (20%). Very few participants completed a 4-year degree or went on to graduate school. 63% of participants worked full-time or part-time 19%.

Employment Status

- Other 4.3%
- Retired 0.4%
- Student 7.7%
- Self-Employed 3.1%
- Employed Part-Time 18.9%
- Employed Full-Time 62.5%

Survey Results

What does the community know about ACEs & Toxic Stress?

91%
Unaware of ACEs
Respondents who have never heard of ACEs

74%
Unaware of Toxic Stress
Respondents who have never heard of Toxic Stress

90%
Uninformed on Coping Mechanisms
Respondents who had never received information on coping with ACEs and Toxic Stress

Three major themes were observed when measuring the awareness of Adverse Childhood Experiences (ACEs) and toxic stress (TS) among the respondents:

1. **Lack of Awareness**: A significant majority of respondents were not aware of these concepts. Specifically, 91% of respondents had never heard of ACEs, and 74% had never heard of TS.
2. **Limited Information:** There is a notable gap in the dissemination of information, with 90% of respondents reporting that they had never received information on coping with ACEs or TS.
3. **Familiarity Among Those Aware**: Among the small group of participants who were aware of ACEs and toxic stress (33 participants), a majority (27 participants) felt somewhat to very familiar with the long-term impact of ACEs and Toxic stress.

These observations were noted in individuals regardless of their education status or employment, highlighting the need for increased awareness and education about ACEs and toxic stress, as well as strategies for coping with them at all segments of the population.

Where does the community access information on ACEs and TS?

The most common source of information on ACEs and toxic stress (TS) are friends and family, accounting for 29% (see Table 2). This suggests a strong reliance on personal networks for information, and a potential for the sharing of misinformation to occur. ACEs and TS should be concepts that are identified and addressed by institutions (e.g., healthcare workers, schools etc.) the individuals interacts with, but only 14% are learning about ACEs and TS at schools or universities, and only 8% are learning about this subject from healthcare workers. This is a clear indication that the community is being underinformed by these critical institutions.

Table 2. Information Sources

#	Information Source	Description	% Percentage
1.	Friends & Family	Family members, friends and people the know.	29%
2.	Media Sources	Includes internet, radio, tv, social media, books, and articles.	26%
3.	School & University	Either a school or university the respondent attended at or the school their child attends.	14%
4.	Work Related Activities	Seminars, conferences, training, or research that was work related.	12%
5.	Local Community	Includes local organizations, churches, other public spaces for the community.	11%
6.	Healthcare	Doctors, therapist, hospitals, clinics accessible to the community.	8%

What does ACEs look like in Forsyth Latine?

Out of 603 study participants, 369 experienced one or more ACEs (see Table 3). The highest rankings of ACEs had 28% of respondents reported having lost a parent and 24% reported having lived with someone who had a substance abuse problem before the age of 18. Other forms of ACEs presented themselves demonstrating diversity in the type of ACEs being experienced by members of the Forsyth Latine community.

Table 3. Traditional ACEs Counts

#	ACE Type N=603	# Count
1.	Participants who experienced traditional ACEs out of the sample N=603	369
2.	Lost a parent through divorce, abandonment, death, or other reasons	169
3.	Lived with anyone who had a problem with drinking or using drugs, including abusing prescription drugs	145
4.	Had a parent or adult in their home who frequently swear at them [survey respondent], insulted them, or put them down	119
5.	Didn't have enough to eat, wore dirty clothes, or had no one to protect and take care of them [survey respondent]	104
6.	Had parents or adults in your home who hit, punched, beat or threatend to harm each other	103
7.	Experienced unwanted sexual contact	99
8.	Lived with anyone who was depressed, mentally ill, or attempted suicide	96
9.	Lived with anyone who went to jail, prison, or immigrant detencion center	80
10.	Never had anyone in your family who made you feel loved or made them [survey respondent] feel special	75
11.	Had a parent or adult in their home who would hit, beat, kick, or physically hurt them [survey respondent] in any way.	70

Immigrant Specific ACEs-I

A modification of the ACEs instrument was used to capture migrant related forms of ACEs developed by Conway and Lewin (2022) called ACES-I. Only a specific set of items, that showed high prevalence, from their screening tool were used in this study. 29% of participants experienced one or more ACEs - I. Nearly 50%, experienced fear over the journey to reach the United States. 46% experienced anxiety and worry over them or their family member being deported. 30% were forced to leave their home country because of gang violence or political unrest. Of the 176 individuals who experienced at least one ACEs-I, only 10 had heard of ACEs. This disparity is alarming. Migrant populations are experiencing unique forms of ACEs that need to be better understood in order to provide appropriate trauma informed care.

Table 4. Adapted ACEs-I Counts

#	ACEs - I Experienced N=176	# Count
1.	Feared the journey on foot to reach the United States	86
2.	Worried or worry that themselves or their family could be deported	81
3.	Were afraid that they [survey respondent] might get lost or die during their journey	73
4.	Were forced to leave their [survey respondent] home country because of gang violence or political unrest	53
5.	Experienced insecure documentation status (DACA,TPS)	43
6.	Experience the tragedy of seeing someone get murdered or beaten up by gang members, soldiers, or police	40
7.	Were separated from family because of immigration status	29
8.	Were detained or had family detained because of immigration status	29
9.	Were emotionally, physically or sexually harmed during their [survey respondent] journey	17

68%
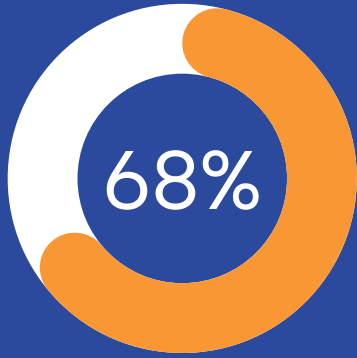
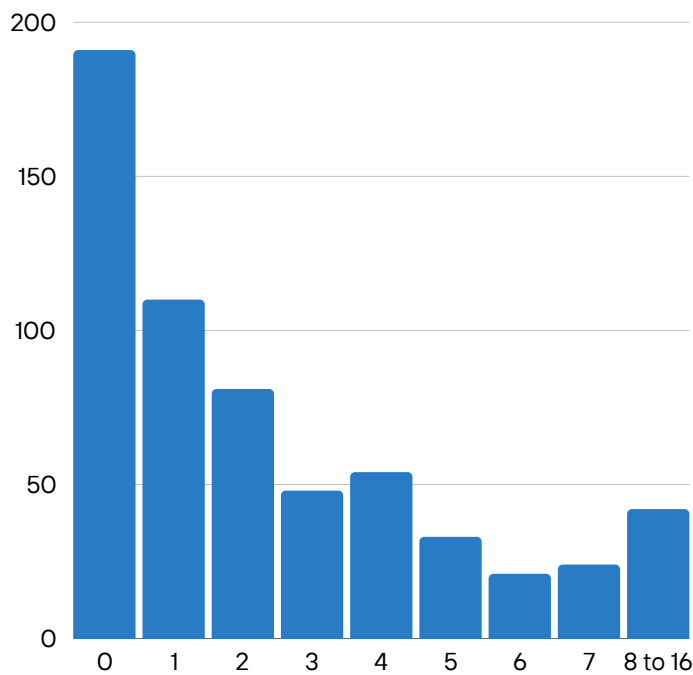**Of Respondents Experienced at Least 1 ACEs+I***

29%

Of Respondents Experienced 4 or More ACEs+I*

*ACES+I is used as an abbreviation encompassing ACES and ACEs-I

Overall, in the Forsyth Latine community 68% of survey respondents experienced at least one and 29% experienced four or more forms of ACEs or ACEs-I.
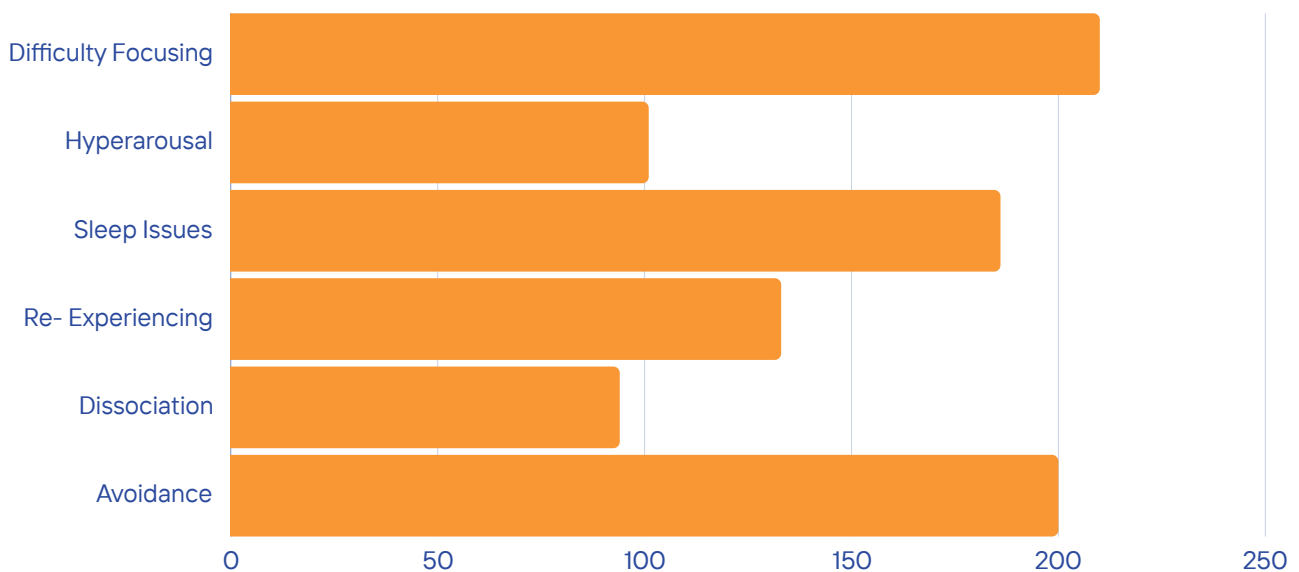
Number of ACEs/ACEs-I Experienced

ACEs & Toxic Stress Impact

58% of participants felt that their ACEs experiences have impacted their well-being today. 64% of respondents experience one or more trauma symptom.[5] 35% have difficulty focusing, 31% have sleep issues (e.g., trouble falling and staying asleep), 33% try hard to no think about bad experiences, 22% re-experience disturbing memories, thoughts, or nightmares about stressful experiences.

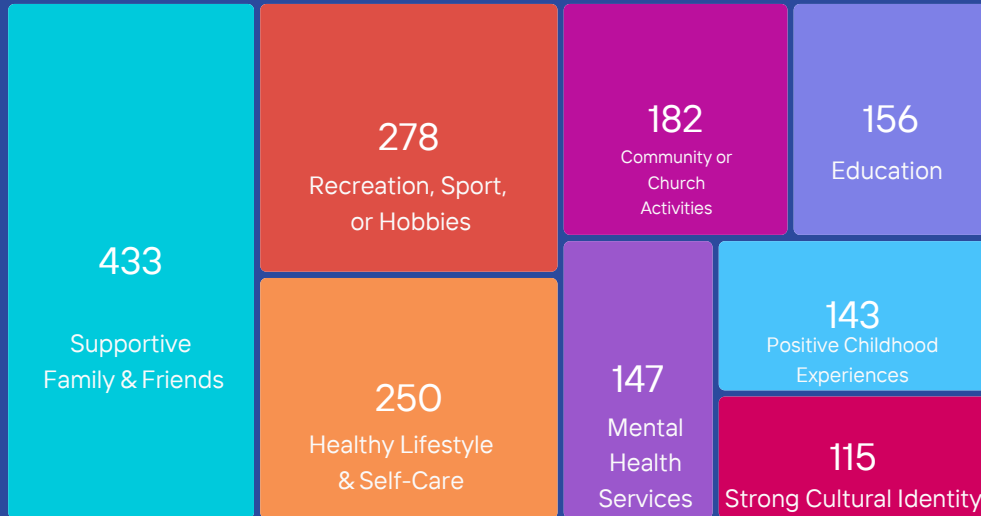## ACEs + I Impact on Overall Well-Being
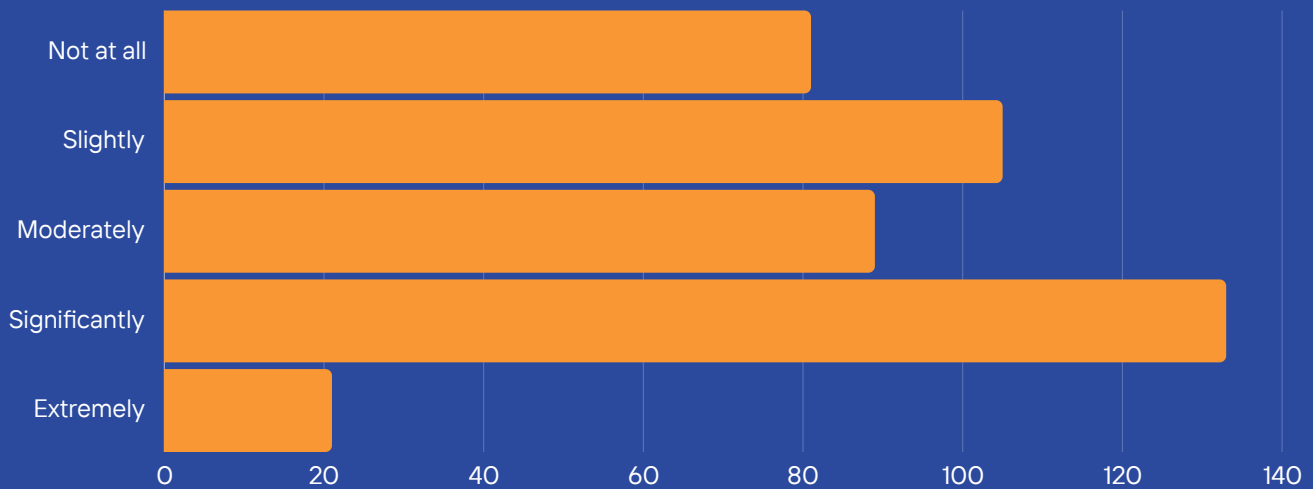

Trauma Symptoms Experienced

Resilience & Coping

Coping Mechanisms & Tools

433 Supportive Family & Friends	**278** Recreation, Sport, or Hobbies	**182** Community or Church Activities — **156** Education
	250 Healthy Lifestyle & Self-Care	**147** Mental Health Services — **143** Positive Childhood Experiences — **115** Strong Cultural Identity

When asked what factors helped respondents cope with stress and anxiety, 72% of participants thought that having a supportive community of family friends was a factor, 46% thought that having a recreation or hobby was important, 30% advocated for involvement in the community or church, and 50% saw institutional support (i.e., mental health services and education) as an important factor to coping. This is a clear indication for the need of a multi-pronged approach that targets the self, family and community, and institution. Individuals are interacting with activities that promote their mental and emotional well-being. Different approaches should be taken to target the different populations to encourage integrating and expanding their engagement with activities that support their well-being.
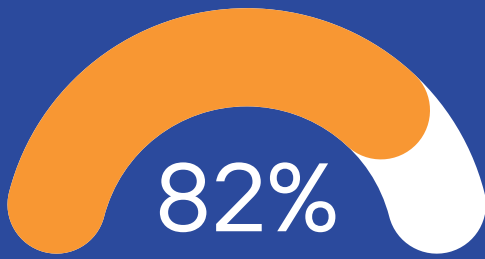
Frequency of engagement of activities that promote mental and emotional well-being
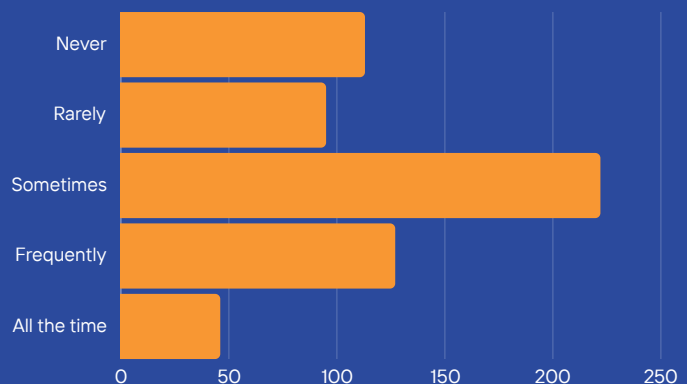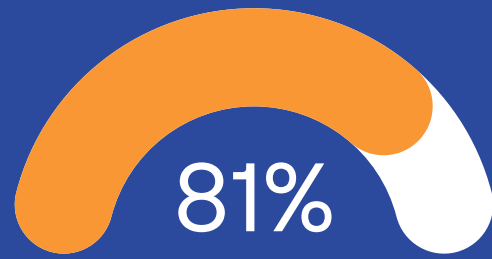
Support & Resources

Participants identified resources at the individual, community, and institutional level that are beneficial in dealing with and preventing Adverse Childhood Experiences (ACEs) and toxic stress. Awareness of specific resources was not measured for this study but anecdotally community researchers were frequently asked by individuals and community organizations for information on resources in the community. While some participants were aware of the resources listed below, **82%** were not aware of resources in their community.

Individual

- Self-care
- Exercise
- Hobbies
- Family & Friends

Community

- Churches
- Shelters
- Food Banks
- Community Clinics
- Community Organizations
- Parks
- Gyms
- Therapist/Councelor

Institutions

- Hospitals
- Schools/Universities

82%

Of Respondents are <u>not</u> familiar with ACEs resources in Forsyth County

81%

Of respondents have <u>never</u> sought help for effects of ACEs or TS

The majority of respondents (82%) are not aware of support services or resources that specifically address ACEs and toxic stress in the Forsyth County community. Respondents seemed fairly interested in workshops that would help better inform the community on ACEs, toxic stress, and resilience in the Latine context. Similarly, 67% of respondents would likely recommend such workshops to their community even if they themselves were not interested.

Conclusion & Acknowledgements

The survey findings reveal the pressing challenges faced by the Forsyth Latine community concerning Adverse Childhood Experiences (ACEs), with a notable 68% prevalence rate surpassing the national average of 51% for Hispanics. This stark reality emphasizes the immediate need for focused and collaborative advocacy. The recommendations put forth underscore the importance of cultural sensitivity, community empowerment, and institutional support. Whether through tailored awareness campaigns, empowering healthcare systems, or integrating trauma-informed approaches in education, collective efforts are crucial for fostering healing and resilience. The Forsyth Latine community's strength and resilience are evident, yet our collective responsibility is to turn challenges into opportunities for growth. This report serves not only as an analysis but as a call to action, urging community organizations, policymakers, and advocates to work together toward a future that prioritizes mental and emotional well-being, values diversity, and ensures equitable access to resources. The journey towards healing is ongoing, and with concerted efforts, we can build a community that fosters empowerment and holistic well-being for all.

We would like to express our thanks to our sponsor Kate B. Reynolds for their support, without which this study would not have been possible and to our community researchers for their dedication and hardwork working directly with the community.

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☀ Thank you!

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