



Wednesday, March 25th, 2015

Trauma-informed Approaches to Domestic Violence Exposure, Adverse Childhood Experiences and Resiliency

Presenters:

- **Rebecca Levenson, MA**, Consultant, Futures Without Violence

Moderators:


- **Leiana Kinnicutt**, Program Manager, Children and Youth Program, Futures Without Violence

Welcome to the Webinar

We will begin at 12:00pm (PT) / 3:00pm (ET).

A recording will be available after the webinar.

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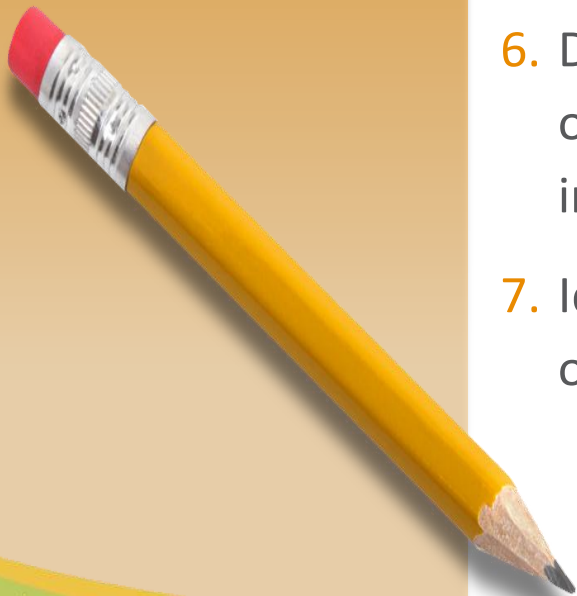
Seeing the Forest Through the Trees: The Impact of Trauma Beyond Adverse Childhood Experiences

By Linda Chamberlain PhD, MPH and Rebecca Levenson, MA

Learning Objectives

As a result of this activity, learners will be better able to:

1. Provide a working definition of trauma.
2. List three effects of Adverse Childhood Experiences (ACEs).
3. Describe the impact ACEs on domestic violence on
4. Identify two effects of ACEs on parenting skills.
5. List two resiliency factors for children exposed to ACEs.
6. Describe two strategies that you can teach parents and other caregivers to promote resiliency through trauma-informed parenting.
7. Identify and demonstrate one tool to educate parents and other caregivers about ACEs and resiliency.



Poll Question

Which of the following best describes you?

- a) Administrator/Supervisor
- b) Early Childhood Teacher/Staff
- c) Domestic or Sexual Violence Advocate
- d) Head Start Director
- e) Federal Program Officer or Organization
- f) Home Visitor
- g) Family Services
- h) Mental Health
- i) Health Specialist
- j) K-12 Educator
- k) Other

Poll Question

Have you had training on adverse childhood experiences (ACEs)?

- a) Yes
- b) No
- c) Unsure



Poll Questions

How many of you are asking parents/caregivers about ACEs?

- a) Yes
- b) No
- c) Unsure



Who is the Module For?

Any program serving families:

- Home visitation
- Pediatrics
- Early childhood
- DV programs
- Child welfare



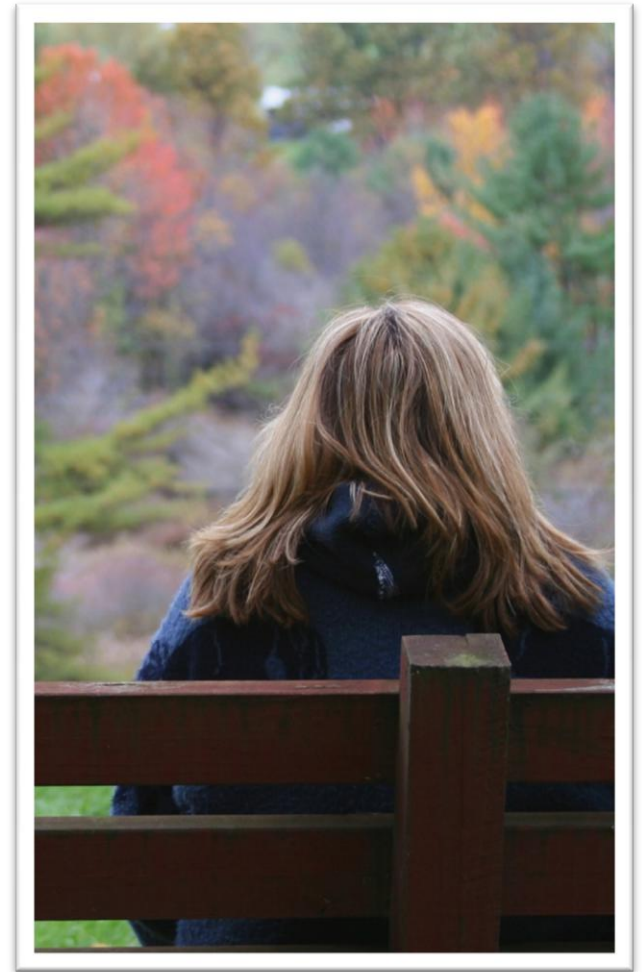
Wellness Lens

- It's about building resiliency skills and resilient programming
- Paradigm shift from what is wrong to where we want to go



Being Trauma-Informed Starts With Us

- Trauma is prevalent
- Assume that there are survivors among us
- Be aware of your reactions and take care of yourself first





“To put the world in order, we must first put the nation in order; to put the nation in order; we must first put the family in order; to put the family in order, we must first cultivate our personal life; we must first set our hearts right.”

- Confucius

What is Trauma?

- An experience that is overwhelming for that person.
- Trauma might look different for you or me, but we've all experienced it.



Close your eyes. Think of a time when you felt helpless. What was going on in your body at that time?

- Body temp changes
- Smells heightened
- Feel sensations
(nauseated, dizzy, lightheaded, not enough air in the room, I got to get out of here)



Example: Car Accident

Grounding Exercise To Promote Resiliency

Resiliency skills—bring yourself back into your body.

- **Stand up and put your back against the wall**
- Putting your back against the wall helps you stay connected to your body
- Rub hands under cold water in the bathroom (reconnects you with your surroundings and external sensations)



(Levine & Mate, 2010; Levine 1997)

Resilience

The shift from reactivity to a state of resourcefulness in moments of stress and crisis.



The Big Picture of Trauma

- There are many types of childhood adversities including:
 - Community violence
 - Bullying
 - Poverty
 - Oppression
- These all affect health and wellbeing



GOALS for Programs

1. Trauma-informed big picture thinking within programs (ACEs and domestic violence are just a part of the picture)
2. Focus on what works and what helps (rather than deep dig into all bad things)
3. ACEs/Trauma exposure is not a destiny (population data will make it seem like it is, so hang on—it gets better)



What's Getting Lost in Translation?

- The ACE data is overwhelming (breathe deep into paper bag)
- Individual ACE scores are NOT necessarily predictive of poor health outcomes
- ACEs help us better understand the connection to self, health, relationships and parenting
- ACEs is part of that story but it isn't the whole story



Poll Question

How is the pace for you?

- a) Speed it up
- b) Slow it down
- c) Just right

Adverse Childhood Experiences Study

- One of the largest investigations ever done
- Assessed associations between adverse childhood experiences and later-life health and well-being
- Collaboration between the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente
- Over 17,000 study participants

For more information, please refer to:

www.cdc.gov/ace

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Medical Subject Headings (MeSH): child abuse, sexual, domestic violence, spouse abuse, children of impaired parents, substance abuse, alcoholism, smoking, obesity, physical activity, depression, suicide, sexual behavior, sexually transmitted diseases, chronic obstructive pulmonary disease, ischemic heart disease. (Am J Prev Med 1998;14:245–258) © 1998 American Journal of Preventive Medicine

The Three Types of ACE's Included

Abuse



Physical



Emotional



Sexual

Neglect



Physical

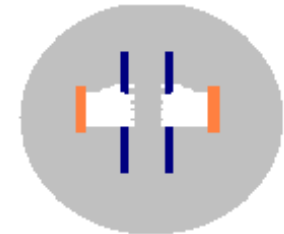


Emotional

Household Dysfunction



Mental Illness



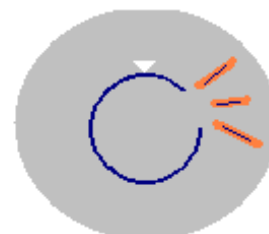
Incarcerated Relative



Mother Treated Violently



Substance Abuse



Separation/Divorce

Prevalence of Adverse Childhood Experiences

Abuse, by Category

Psychological (by parents)

11%

Physical (by parents)

28%

Sexual (anyone)

22%

Neglect, by Category

Emotional

15%

Physical

10%

Household Dysfunction, by Category

Alcoholism or drug use in home

27%

Loss of biological parent < age 18

23%

Depression or mental illness in home

17%

Mother treated violently

13%

Imprisoned household member

5%

(Felitti et al, 1998)

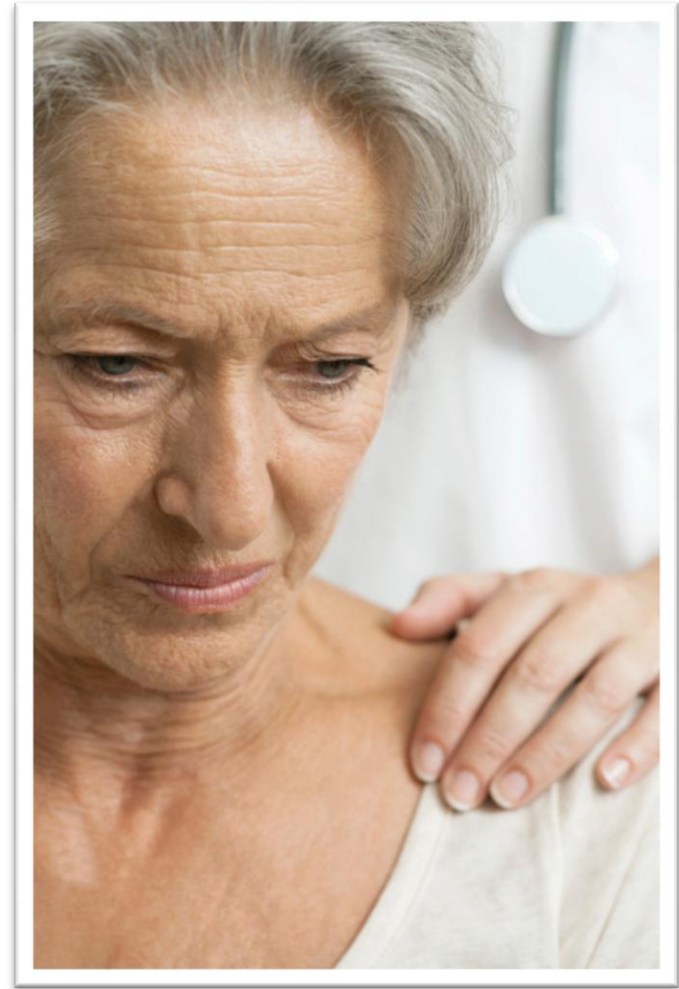
ACEs Are Good Buddies

Where there is
one ACE there is
an **87%** chance
of another ACE.



(Felitti et al, 1998)

What are the effects of ACEs on adult health?



ACEs have a dose-response relationship with the following adult health outcomes:

- Obesity
- Ischemic heart disease
- Cancer
- Chronic lung disease
- Autoimmune disease
- Skeletal fractures
- Liver diseases



(Anda et al, 2009; Dube et al, 2009; Anda et al, 2008;
Dong et al, 2004; Dong et al, 2003)

ACEs Affect Adult Health Outcomes:

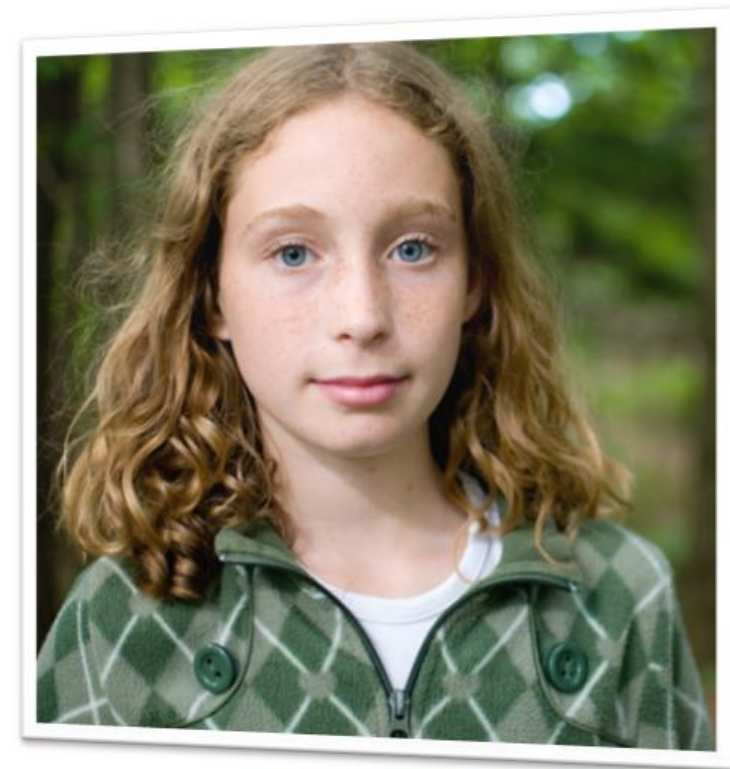
- Alcohol abuse
- Drug abuse
- Tobacco use
- Depression
- Anxiety
- Obesity
- Premature death
- Suicide

(Felitti et al, 1998)



Domestic Violence: Risk Factor for other ACEs

- **95%** probability that a child growing up with DV will be exposed to at least one other ACE
- **More than one-third (36%)** of children exposed to DV had 4 or more ACEs



(Dube et al, 2002)

ACEs : Risk Factor for Domestic Violence

Among persons who had all three forms of violent childhood experiences (sexual, physical and witness to DV) :

- **The risk of victimization was increased 3.5-fold for women**
- **The risk of perpetration was increased 3.8-fold for men**

(Whitfield et al, 2003)



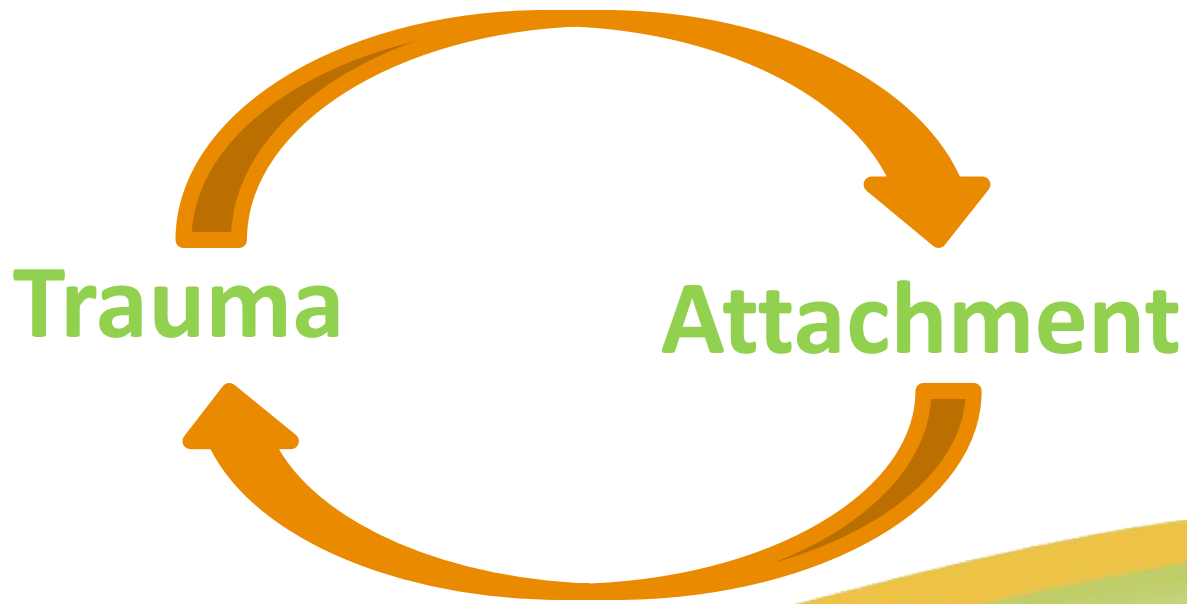
Why Talk about ACEs in the Context of DV?

- A trauma-informed framework for childhood adversities allows us to look at the bigger picture.
- Domestic violence is part of ACEs, it doesn't sit alone in a box.
- Things don't happen in silos
- ACEs thinking must be integrated into DV programming and practice and vice versa.



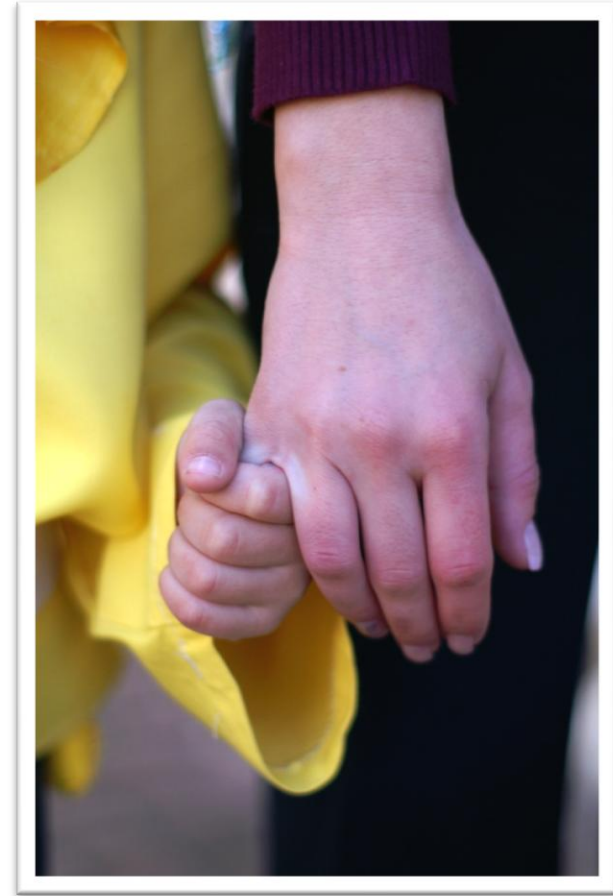
Child-Caregiver Attachment

- Trauma and attachment are inextricably linked.
- Trauma disrupts the process of learning to trust caregivers while strong attachment relationships blunt the impact of trauma.



Trauma and Parenting

- Mothers' past and recent traumatic experiences increased risk of the following parenting problems with their own children
 - Child neglect
 - History of child protective services reports
 - Physical punishment
- Social support and taking care of one's own needs are protective factors that reduce likelihood of these outcomes



(Banyard et al, 2003)

Why Focus on Strengths/Resiliency?

- Protective factors have stronger influence on children who grow up with adversities than specific risk factors or stressful life events do.
- Protective factors remain consistent across different ethnic, social class, geographical & historical boundaries



(Bernard, 2004; Werner, 2001; Rutter, 1987 & 2000)

**Not all children
are equally
affected by ACE
exposures**



How do ACEs (DV) affect kids?



Impact of Childhood Exposure to DV on Brain Development

- Chronic exposure to DV is associated with physical changes in the brain and altered brain chemistry
- Can lead to problems that interfere with a child's ability to self-regulate, focus, and learn

(Choi et al, 2012)



School Readiness is Affected

- Children with 3 or more ACEs are nearly **4 times** (OR=3.66) more likely to have developmental delays

(Marie-Mitchell et al, 2013)

- Children with 4 or more ACEs are **32 times** more likely to have behavioral problems in school

(Burke et al, 2011)



Symptoms

- Sleep disturbance
- Weight gain or loss
- Enuresis, encopresis
- Hair loss
- Developmental regression
- School failure or absenteeism
- Failure to thrive
- Poor control of chronic disease
- Aggression
- Disordered attachment
- Poor impulse control
- Restricted affect or numbing

(Burke, et al, 2011)

Effects of ACEs (DV) Can Start Early

Increased Risk of:

- Bullying
- Dating violence
- Early age at first intercourse
- Early initiation of alcohol use
- Early initiation of drug abuse
- Early initiation of tobacco use
- Fighting and carrying weapon to school
- Self-mutilation and suicide
- Teen pregnancy



(Miller et al, 2011; Boynton-Jarrett et al, 2010; Duke et al, 2010; Dube et al, 2006 & 2003; Anda et al, 2002 & 1999; Hillis et al, 2001)

Which Child is Most Affected? All are living in a home with domestic violence.

Show of hands, which child is doing better?

- Alex has One ACE
- Makaila Has Two ACEs
- Francisco Has Three ACEs
- Atsuko Has Eight ACEs



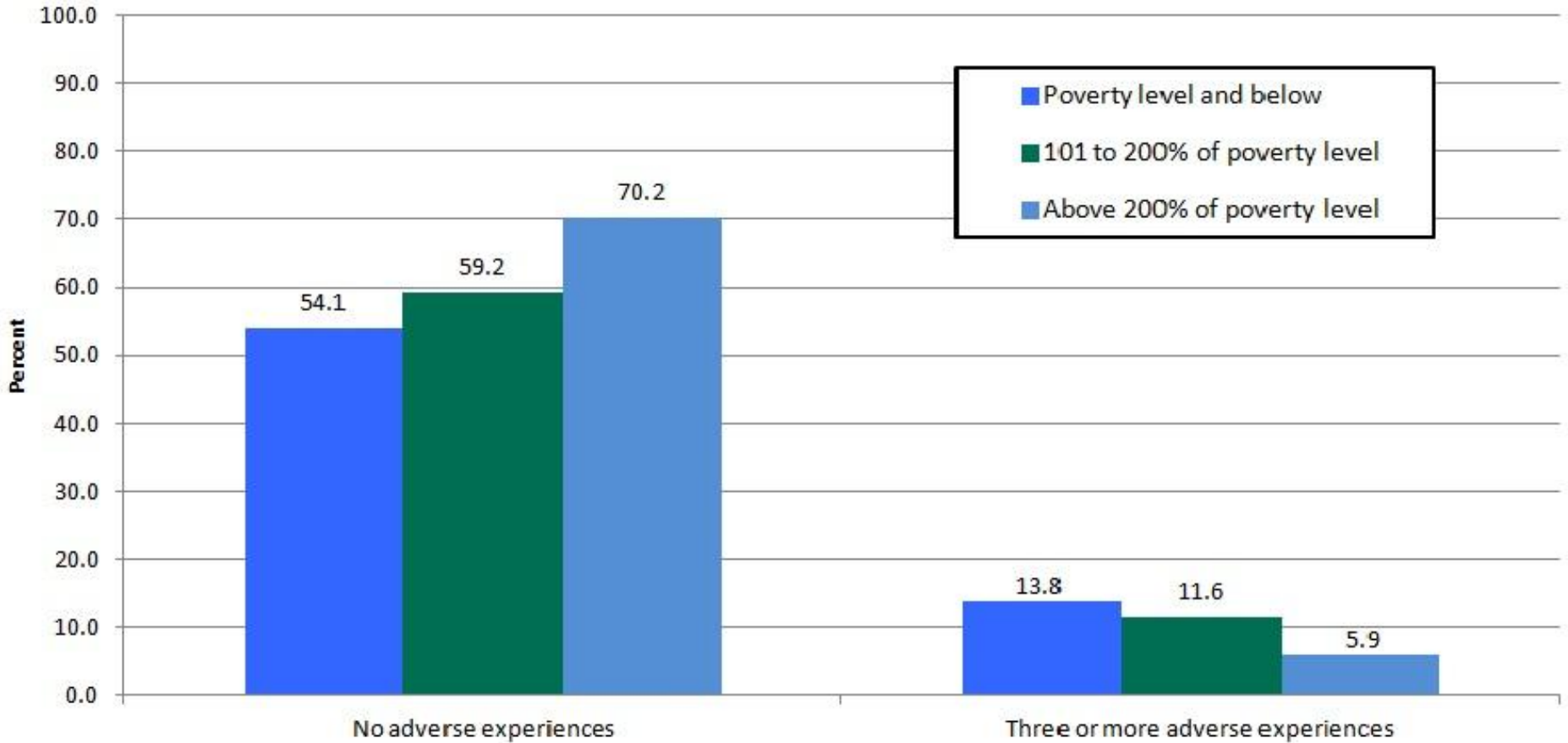
Poll Question

Which child is most affected?

1. Alex with One ACE
2. Makaila with Two ACEs
3. Francisco with Three ACEs
4. Atsuko with Eight ACEs
5. Unsure

Figure 3

Percentage of Children with No Adverse Experiences,* and with Three or More Adverse Experiences,* by Poverty Level: 2011/12

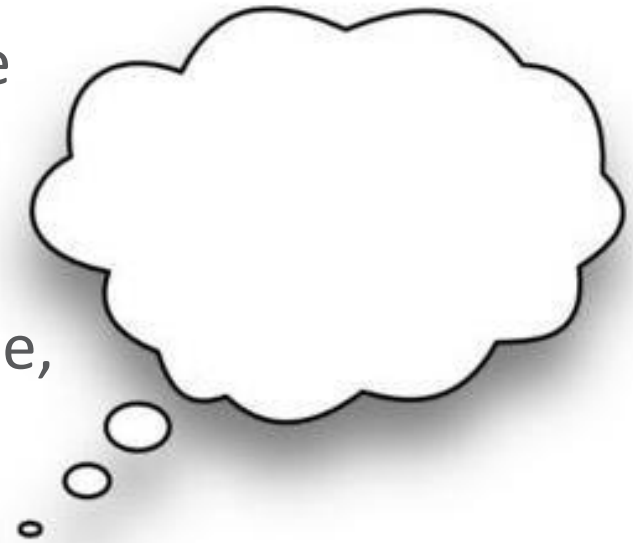


*Persistent economic hardship was excluded as an experience for this analysis.
Source: Child Trends' original analyses of data from the National Survey of Children's Health.

Important Additional Data to Consider:

The adversities from the original ACE scale items were associated with mental health symptoms among the participants, but the association was significantly improved by removing some of the original ACE scale items and adding others in the domains of peer rejection, peer victimization, exposure to community violence, school performance, and socioeconomic status.

(Finkelhor et al., 2013)



Poll Questions:

- Will clients answer questions about ACEs with you truthfully? (Yes/No/Unsure) If no, why not?
- Can you imagine a situation where parents' ACE scores may be used against them? (yes/no/unsure) If yes or unsure, why?

“If mandatory reporting was not an issue, she would tell the nurse everything about the abuse...”

- “I say no [when my home visitor asks about abuse] because that’s how you play the game...People are afraid of social services. That’s my biggest fear....”
- “Like I was saying about my friend, the reason she don’t [disclose] is because she thinks the nurse is going to call children’s services...she avoids the nurse a lot”

(Davidov et al, 2012)

On the Ground Wisdom

“When I think about ACEs and domestic violence, I think about 101 ways I just learned I messed up my kid today. In my community, ACE awareness has created huge stigma for mothers who are currently surviving domestic violence.”

- Advocate, Washington State

Resiliency in Mothers Exposed to Violence

Some mothers who face severe stress may compensate for violent events by offering increased nurturing and protection of their children.

(Levendosky et al, 2003)



Most Consistent Protective Factor for Children Exposed to Domestic Violence

Children's emotional recovery from exposure to DV depends more on the quality of their relationship with the non-abusive parent than any other single factor.

(Bancroft & Silverman, 2002)



ACE Goals for Parents, Communities, & Children

Resilience is the capacity to rise above difficult circumstances, allowing our children to exist in this less-than-perfect world, while moving forward with optimism and confidence.



Kenneth Ginsburg, M.D., M.S. Ed
www.fosteringresilience.com

Resilience

Impact of trauma affected by multiple factors including:

- Characteristics of the child
 - Age, gender, temperament
- Characteristics of the family and community
 - Quality of parenting, parents' response to trauma
 - Community cohesion and collective support
 - family access to outside supports
- Characteristics of the trauma
 - Frequency, severity, proximity



PROMISING FUTURES

PROMOTING RESILIENCY

among children and youth experiencing domestic violence

Almost 30 million American children will be exposed to family violence by the time they are 17 years old.^[2] Kids who are exposed to violence are affected in different ways and not all are traumatized or permanently harmed. Protective factors can promote resiliency, help children and youth heal, and support prevention efforts.

Research indicates that the #1 protective factor in helping children heal from the experience is the presence of a consistent, supportive, and loving adult—most often their mother.^[1]

PROTECTIVE FACTORS THAT PROMOTE RESILIENCY

INDIVIDUAL

Temperament

Individual temperament or sense of humor



Understanding
Ability to make sense of their experiences



Relationships
Ability to form relationships with peers

Mastery
Opportunities to experience mastery



Expression
Opportunities to express feelings through words, music, etc.



Conflict Resolution

Development of conflict resolution & relaxation techniques



Culture
Strong cultural identity

FAMILY

Role Models

Adults who role model healthy relationships



Health

Healthy caregivers



Networks

Relationships with extended family members and others



Supportive Relationships
Positive child-caregiver relationships



Stability

Stable living environment

COMMUNITY



Access to Services
Basic needs, advocacy, health



School
Positive school climate and supports



Mentors
Role models & mentors, i.e. coach, faith leader

Neighborhood Cohesion

Safe & connected communities



Get started at www.PromisingFuturesWithoutViolence.org

National Domestic Violence Hotline: 1-800-799-7233 (SAFE)

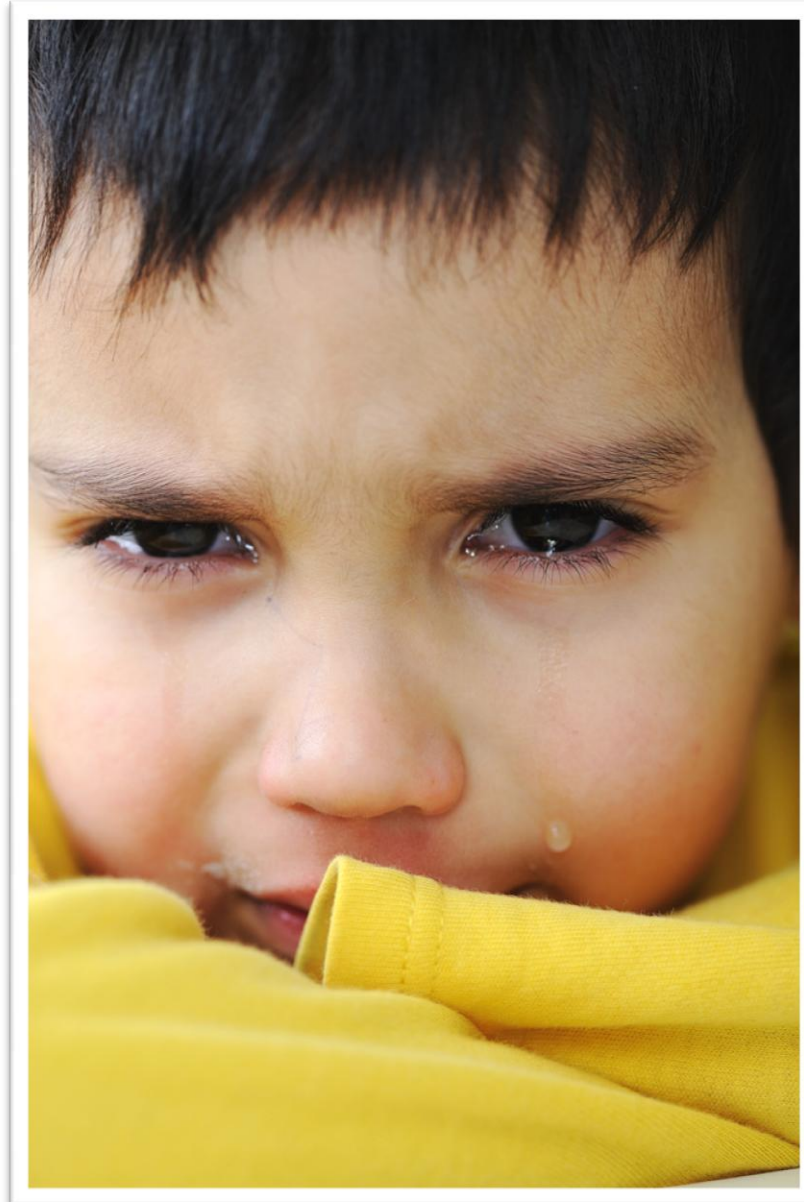
National Dating Abuse Helpline: 1-866-331-9474 or text "loveis" to 77054

Promising Futures: Best Practices for Serving Children, Youth & Parents is a project of Futures Without Violence

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Formerly Family Violence Prevention Fund

Luke's Story



Self-Regulation

- Ability to manage emotions, energy states, behavior and attention
- When there's trauma or too much stress for too long, we can develop a "hair-trigger" response
- Like the leaf falling on the car hood that sets off the car alarm
- Slight touch and neutral facial expressions or emotions can be seen as threatening

Number one survival skill is the power to be able to regulate your thoughts

(Stuart Shanker, 2012)

Self Regulation Works For All Trauma

- Luke looks at his bracelet (always there)
 - Take 3-4 deep breaths
 - Gives himself a hug
 - And if those things don't work to his cozy corner
 - Velvet/burlap/polished stones
 - Find help from an adult
- (this has been used across race, class, geography—it works)



(Teaching Children to Calm Themselves by David Bornstein, New York Times, Opinion Pages, March 19, 2014)

How to Address Trauma: Breathe



Find here: http://youtu.be/_mZbzDOpylA

Bracelets: They Say Breathe



Another Pathway to Understanding ACEs

- ACE scores from a research perspective have been invaluable for the field
- But in practice, as we indicated with the poverty data shared earlier, we need to rethink the direction we go with this work
- If we focus on ‘high scoring folks’ we may be missing a portion of the population affected by ACEs/trauma

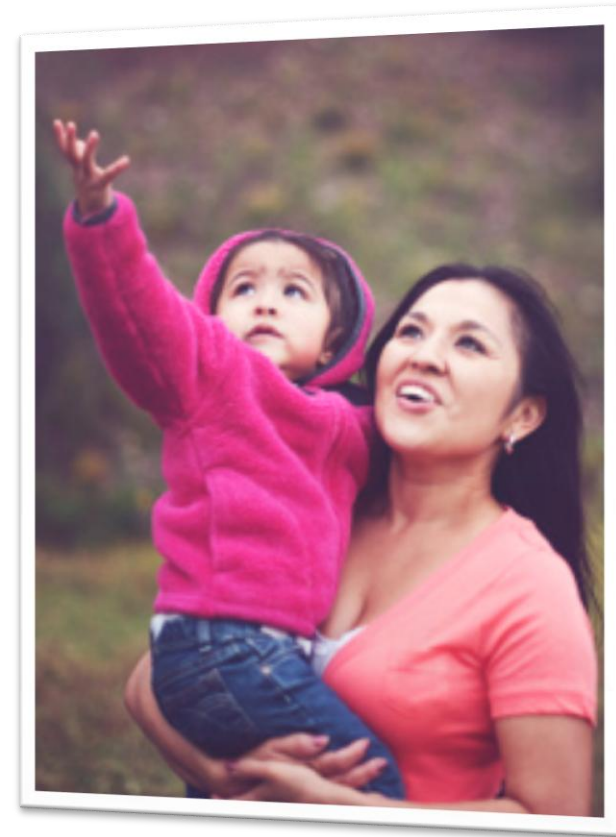


REMEMBER:

**Disclosure is not the
goal**

Bigger than ACEs: Universal Education with Parents about Trauma

- Assumes *everyone* has trauma and triggers and will *benefit* from knowledge, tools, and support
- Shift staff concerns away from worrying about seeming judgmental
- Empowers staff and their clients to understand the connections to self, health, wellbeing, and parenting and what they can do next to help themselves and their kids.



Hottest Commodity Within Programs: TIME

- What is the best use of your limited time when it comes to ACES?
- Having parents score the ACE tool and explaining that no matter what their number is it isn't a destiny?
- Or is it better to spend your time on what works after doing universal education about the impact of trauma/ACEs exposure?

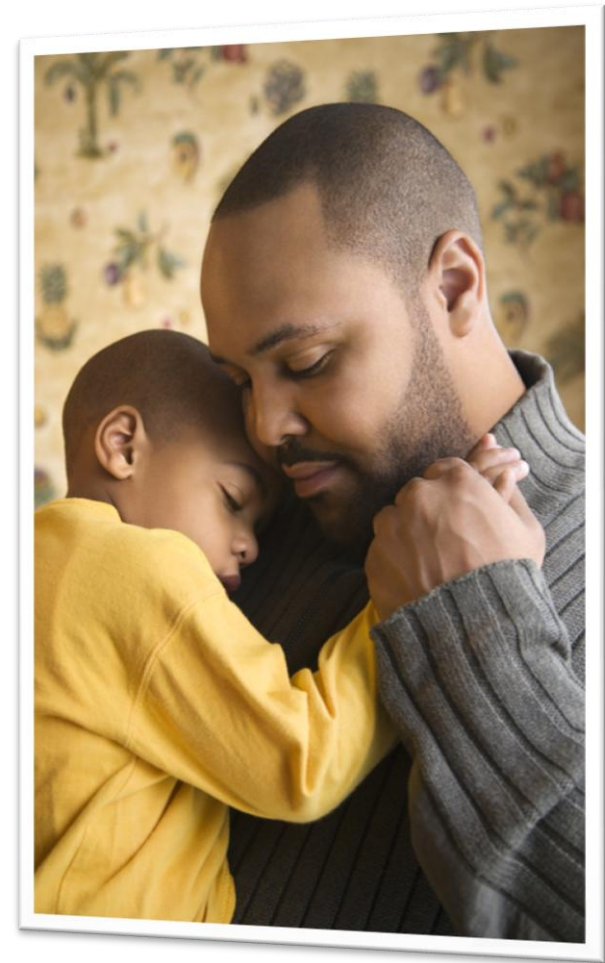


Question: What is the most trauma informed way to talk about the connections?

Let's go back to the concept of trauma:

- Do you think being asked or reading those questions might be upsetting for parents?
- Can you hear when you are upset?
- What happens to your brain?
- Can you learn as well when you are triggered?
- How might being asked these questions as a parent differ from being asked these questions as an individual?

“We know enough
to move to
intervention and
prevention.”



(Finkelhor et al., 2013)

Poll Question

How is the pace for you?

- a) Speed it up
- b) Slow it down
- c) Just right

ACEs Safety
Card:
You might be
the first
person to help
a parent
understand
the connection
without
needing a
score



Connected Parents, Connected Kids

We start with
the positive
because it
builds up
parents.

You Are a Good Parent

As a caregiver of children, you want the best for your kids.

For kids to get the best from you it helps:

- ✓ To be in a good place yourself
- ✓ To have tools and ideas that support your wellbeing
- ✓ To have a backup plan for bad days



Health care providers are discovering strategies and tools that support caregivers and kids, too. Scan the code above to see a cool video with more information.

What do you think about this approach?

‘Maybe’—gives everyone a lot of room.

Difficult Childhood

Many adults (about one in four) grew up in homes where there was abuse or other problems.

- ✓ Maybe someone was hurting them
- ✓ Maybe they saw a parent or caregiver being hurt
- ✓ Maybe someone at home was abusing drugs or alcohol
- ✓ Maybe things like this happened to you or your child

These experiences can affect your health, relationships and how you parent. *No one deserves to have things like this happen to them.*

Hope is good.

Having a support tool in your hand promotes behavior change.

Strong Families

Relationships, both past and present, affect all of us. But even when we've had bad experiences there is hope. There are strategies to help us become stronger.

What does it mean to be strong, resilient, or come back from bad experiences?

- ✓ Knowing how to navigate stress and use tools to help you cope
- ✓ Being able to step back from your emotions when things get hard
- ✓ Coming back after bad experiences and helping your kids do the same

Studies show that caring relationships and positive parenting build resilience and strength in us and our kids.

Making the connection— adversities affect health

Health Effects

Difficult childhood experiences can put you and your children at higher risk for:

- ✓ Repeating the cycle even if you're not aware of it
- ✓ Asthma, chronic pain, obesity
- ✓ Smoking, drinking, prescription and street drug abuse
- ✓ Anxiety, depression, suicide
- ✓ Adult relationships where you're being hurt or hurting your partner

But that's not the end of the story—the good news is that you can find your strength, work on your health and turn things around. For more information go to: www.cestoohigh.com



Parent support and normalizing the need for supports helps folks make the call

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



FuturesWithoutViolence.org



www.instituteforsafefamilies.org

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Every parent needs support at some point. There are great confidential, helpful, and nonjudgmental numbers to call 24/7. In addition, there is an app that can help too. Scan the code to the right for more information.



Childhelp: 1 800-4A-CHILD (422-4453)

If you are feeling frustrated or angry with your child or just need to talk

**Treatment referral:
1 800-662-HELP (4357)**

Referral service for substance abuse and mental health issues

**National Fatherhood Institute:
www.fatherhood.org**



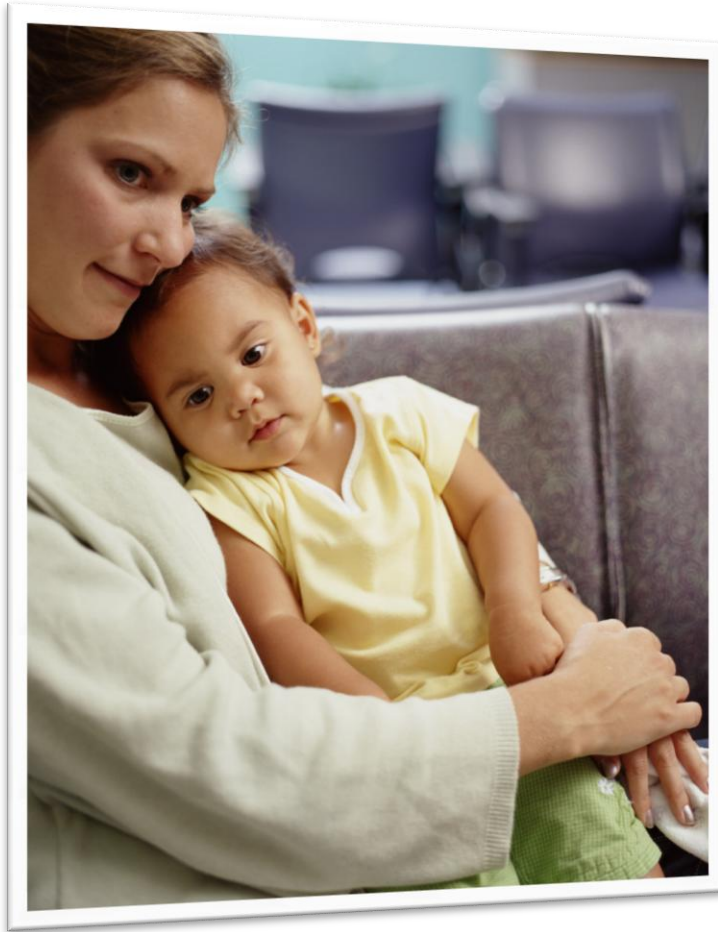
Steps to Toolkit Card

1. **Normalize activity** - "I've started giving these Connected Parents/Connected Kids cards to all the parents in our program"
2. **Make the Connection** - Create a sense of empowerment: "We give this to everyone because all parents deserve support –the extra cards are for friends or family member so they have supports too..."
3. **Universal Education** - Open the card and do a quick review: "It talks about ways your childhood can affect health, relationships and parenting. Because each one of us has had hard things happen that can affect health and parenting we give everyone a mini tool kit"
4. **Make Warm Referrals**- "The ChildHelp Hotline is anonymous for parents if you are ever feeling overwhelmed and want to talk—I've called them myself to see what it was like and it was wonderful to speak with someone so caring and helpful"

Some states may already require ACE 10 questions tool

- If this is the case, it does not prevent you from providing universal education—**remember, everyone benefits from normalizing the issue, understanding the connections between ACEs, health and parenting and learning self regulation techniques** —whether they disclose or not
- However, if you are trying to decide where to go as a program or a state, Futures strongly recommends universal education with the safety card approach rather than using the ACE questionnaire exclusively

Planting the Seed












- Many parents may not recognize how early trauma can affect their parenting and how they react to stressful situations.
- Increasing parents' awareness about the effects of Trauma/ACEs can help them to understand their own lives and make healthier choices and help prevent intergenerational trauma.

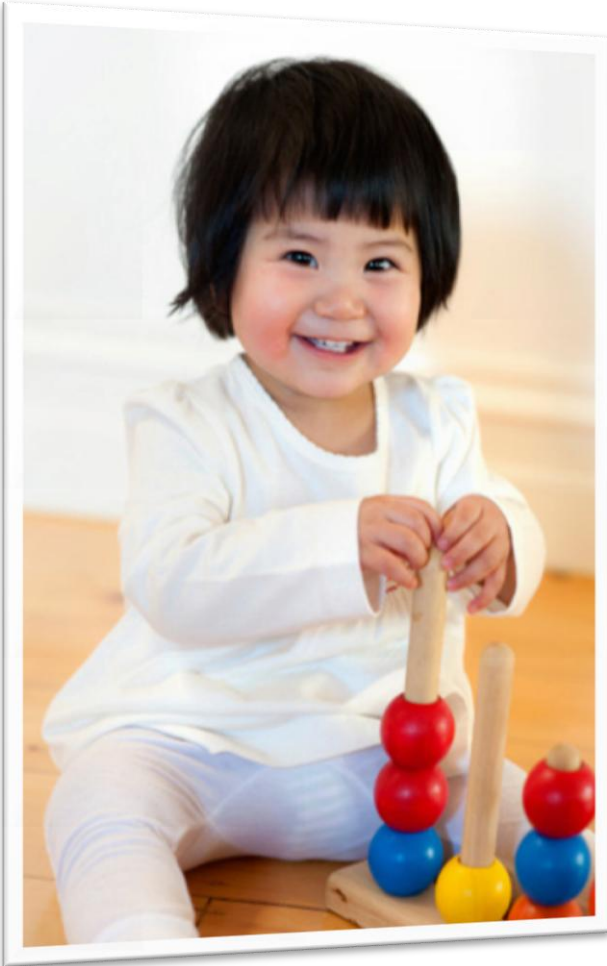
The Feelings Tic-Tac-Toe Game

(Supplies: Two different kinds of small wrapped candy, 4 of each kind)

It can be hard to talk about feelings but sometimes playing a game can make it easier. To play this special version of *Tic-Tac-Toe* use candy instead of X's and O's. Players take turns placing their candy on one of the nine squares on the game board in an attempt to get either an uninterrupted horizontal, vertical, or diagonal line of three. As the candy pieces are placed on the game board, players describe a time they experienced that particular feeling. Players can eat one candy each time they win a round.

 Happy	 Angry	 Nervous
 Scared	 Loved	 Guilty
 Jealous	 Sad	 Relieved

Simple Strategies for Mindfulness for Parents to Practice with Kids



(Rodgers, 2014)

Mindfulness calms the brain

- **AM:** take deep breaths together before rushing out the door
- **In car, bus, subway:** practice relaxing parts of your bodies together that may feel stiff such as shoulders & jaw
- **Bedtime:** put a stuffed animal on your child's belly and have him feel it move up & down as she/he breathes

Straw Exercise: Helping Kids and Moms Recover

- Break into teams of 3-5
- Someone is in charge of blowing bubbles, someone is time keeper
- Teammates use the straws to keep the blown bubbles afloat
- Time keeper records number of seconds
- Team with the bubble in air longest wins
- Ready, set, go!



Games to Promote Attachment and Self-Regulation

- Growing Seeds
- Milkshake
- Spaghetti



Story: 4-Year and his mother

Connected Parents, Connected Kids



The following video clip demonstrates a tool that can be used with mothers, fathers and caregivers

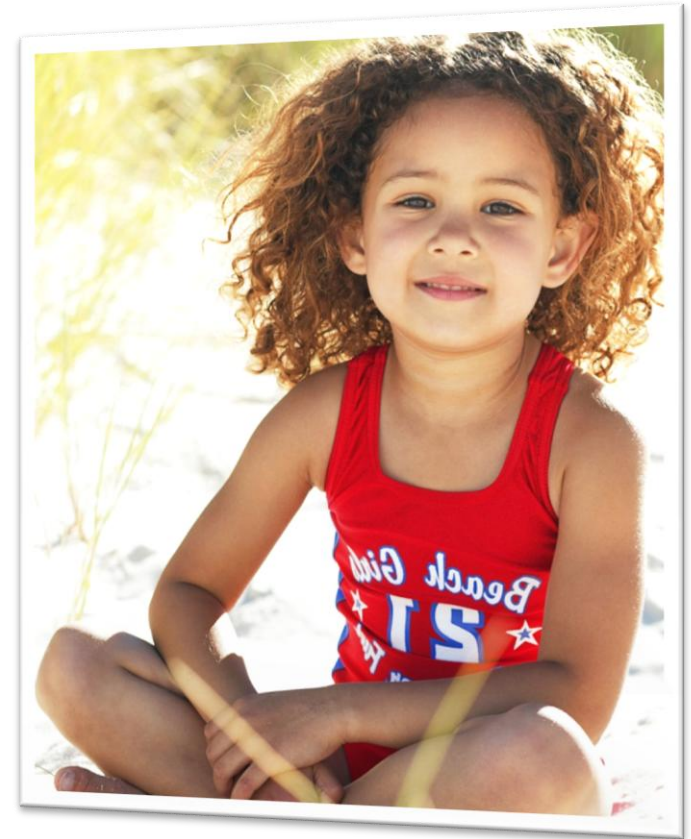
Video Debrief

- Meets parents where they are
- Destigmatizes ACEs and the prevalence of trauma
- Normalizes using resources (e.g. hotlines, apps, etc)
- Primary prevention of child abuse in a way that feels supportive of parents not punitive or judgmental



Framework of Resiliency and Hope

- **Resiliency buffers the effects of trauma**
- **Social support and resources build resiliency across the lifespan**
- **Trauma-informed care can increase the effectiveness of health services, early educational and case management services**



Trauma and ACEs



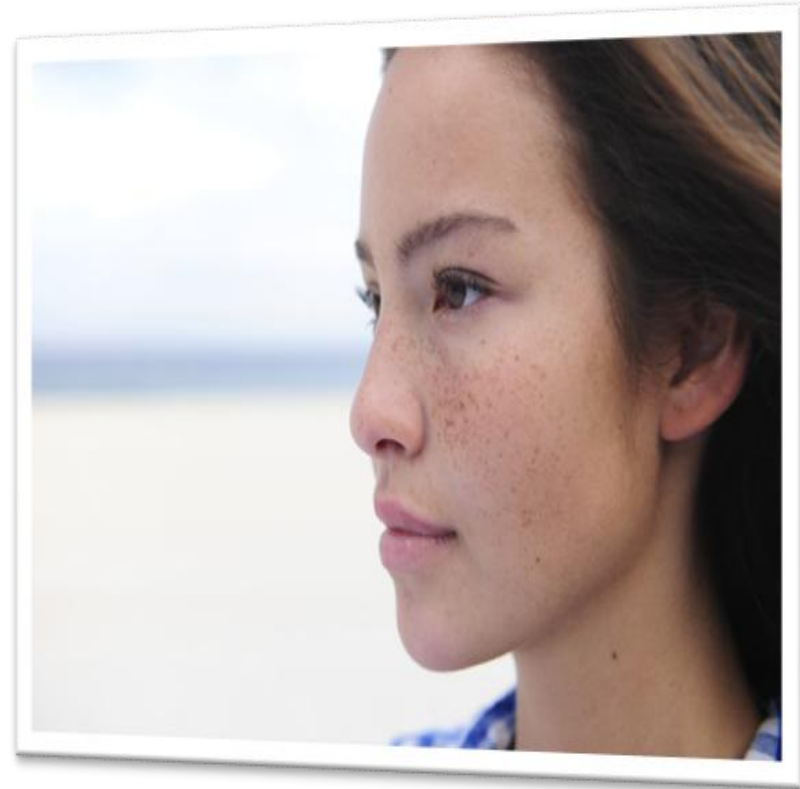
Helping parents and caregivers understand how ACEs and trauma affect health, relationships and parenting matters greatly when it comes to ending intergenerational violence

- Futures Without Violence

Poll Question

- Do you think universal education approach using the Connected Kids card are things you would like to share with the parents/caregivers in your program?
- Yes
- No
- Unsure

“What we say and what we do ultimately comes back to us, so let us own our responsibility, place it in our own hands and carry it with dignity and strength.”



- Gloria Anzaldua