Trauma-informed Approaches to Domestic Violence Exposure, Adverse Childhood Experiences and Resiliency: Opportunities for Early Child Care Providers

National Webinar
September 7th, 2016

www.PromisingFuturesWithoutViolence.org
Resources

- Promising Futures Website: www.promisingfutureswithoutviolence.org
- Comprehensive Review of Interventions for Children and Youth Exposed to Domestic Violence.
- 16 Trauma-Informed, Evidence-Based Recommendations for Advocates
- Promoting Resiliency Infographic
- Building Promising Futures: Guidelines for Enhancing Response of Domestic Violence Programs to Children and Youth
- Developing Outcome Measures for Domestic Violence Programs’ Work with Children and Youth
- Building Competence and Resilience in Children and Parents: The Advocate as Change Agent (2 day in-person training)

Defending Childhood

Address and respond to issues of childhood exposure to violence and trauma.

Highlights the following:
- Eight grantee communities
- Innovators in the fields of: Health, Education, Justice, and Community
- Webinar series
- Public education campaign
- Robust resources library

National Health Resource Center on Domestic Violence

Provides free technical assistance and tools including:
- Clinical guidelines
- Documentation tools
- Posters
- Pregnancy wheels
- Safety cards
- State reporting laws
- Training curricula
Poll Question

• Who is joining us today?
  • Early Childhood Provider
  • Child Welfare Worker
  • Home Visitor
  • Domestic Violence Advocate
  • Program Officer/ State level staff
  • Court/Judicial
  • Other

Who was the Curriculum For?

Any program serving families:

• Home visitation
• Pediatrics
• Head Start/Early Child Care
• Domestic violence
• Child welfare
• Others serving children
Trauma-Informed Systems of Care Begin With:
Organizations and Staff

1. In ourselves
2. In our organizations
3. With families
4. Paradigm shift from "what is wrong" to "where do we want to go"

Develop capacity for resilience

What is Vicarious Trauma?

Vicarious trauma is a change in one’s thinking [world view] due to exposure to other people’s traumatic stories.

(Dr. David Berceli, 2005)
Personal Exposures to Violence and Secondary Traumatic Stress are Connected

- Lifetime exposure to violence is common
- Working with clients who are experiencing or have experienced trauma/violence can trigger painful memories and trauma
- Personal history of exposure to violence increases risk for experiencing secondary traumatic stress

Changing the landscape of trauma begins with us.

Mindfulness based stress reduction for health care providers and patients has been studied for 35 years

Nursing Workplace Examples:

- Poorer health due to stress reactivity (immune, autonomic, nervous system, and endocrine system)
- High blood pressure
- Lack of work satisfaction
- Impacts staff retention/costs to health system
- Absenteeism
- Inability to concentrate
Mindfulness Based Intervention (MBI): To Increase Resiliency and Work Engagement

- Intervention Arm
- 40% reduction in stress hormones
- Significant difference in Breaths/30sec
- Significant increase in work engagement, vigor, and dedication (Utrecht scale)
- Increase in resiliency scores (Connor-Davidson Resiliency Scale)
- Improved job satisfaction scores

(Katz et al., 2015)

Adverse childhood experiences, dispositional mindfulness, and adult health

- In 2012, a web-based survey of 2160 Pennsylvania Head Start staff
- At each level of ACE exposure, health outcomes were better in those with greater mindfulness
- Across a range of exposures to ACEs, greater dispositional mindfulness was associated with fewer health conditions, better health behavior, and better health related quality of life

(Whitaker et al., 2014)

Seeing the Forest Through the Trees: Trauma Includes More Than ACEs
Show of Hands

• How many of you have heard about the ACE study before?
• How many of you are currently talking to your clients about ACEs?

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, refer to:
www.cdc.gov/ace

The three types of ACEs include

- **Abuse**
  - Physical
  - Emotional
  - Sexual

- **Neglect**
  - Physical
  - Emotional

- **Household Dysfunction**
  - Marital violence
  - Domestic violence
  - Substance abuse
  - Divorce

For more information, refer to: www.cdc.gov/ace
Prevalence of Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>Abuse, by Category</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological (by parents)</td>
<td>11%</td>
</tr>
<tr>
<td>Physical (by parents)</td>
<td>28%</td>
</tr>
<tr>
<td>Sexual (anyone)</td>
<td>22%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Neglect, by Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>15%</td>
</tr>
<tr>
<td>Physical</td>
<td>10%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Household Dysfunction, by Category</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcoholism or drug use in home</td>
<td>27%</td>
</tr>
<tr>
<td>Loss of biological parent &lt; age 18</td>
<td>23%</td>
</tr>
<tr>
<td>Depression or mental illness in home</td>
<td>17%</td>
</tr>
<tr>
<td>Mother treated violently</td>
<td>13%</td>
</tr>
<tr>
<td>Imprisoned household member</td>
<td>5%</td>
</tr>
</tbody>
</table>

(Felitti et al., 1998)

What are the effects of ACEs on adult health?

ACEs increase the likelihood of the following adult health outcomes:

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

(Anda et al., 2009; Anda et al., 2008; Anda et al., 2003; Dong et al., 2003; Dong et al., 2002)
ACEs Affect Adult Health Outcomes:

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

(Felitti et al., 1998)

Social Determinants of Health: Are often things you have no control over

Social determinants of health according to World Health Organization (WHO):

- “The circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.”

Thinking Bigger: Trauma Includes Poverty

- Poverty is tied to structural changes in several areas of the brain associated with school readiness skills

(Hard et al., 2015)
Controlling for other factors that might cause stress, including socioeconomic status, health behaviors, and depression, researchers found that adults who had reported higher levels of discrimination when they were young had disrupted stress hormone levels 20 years later—and that African Americans experienced the effects at greater levels than their white counterparts.

As with racism, trans/homophobia and discrimination based on heteronormative and gender binary principles negatively impact health and wellbeing. In addition, discrimination and harmful assumptions often times deny individuals access to necessary and competent resources and support.

Historical, Cultural and Intergenerational

- **Cultural trauma**: is an attack on the fabric of a society, affecting the essence of the community and its members
- **Historical trauma**: cumulative exposure of traumatic events that affect an individual and continues to affect subsequent generations
- **Intergenerational trauma**: occurs when trauma is not resolved, and thus it subsequently internalized and passed from one generation to the next
How can trauma affect kids?

- 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

(Described in article about the effects of ACEs on children by Dr. Nadine Burke Harris, 2011)
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 and Connor, 2013]
- Children with 4 or more ACEs are 32 times more likely to have behavioral problems in school
  [Burke et al., 2010]

Effects of ACEs 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

DV: Risk Factor for other ACEs

- 95% probability that a child growing up with domestic violence (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

[Miller et al., 2011; Boynton-Jarrett et al., 2010; Duke et al., 2010; Anda et al., 2002 & 1999; Anda et al., 2002; Anda & Hillis et al., 2003]
Why Talk about Childhood Adversities 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 adversities, it doesn’t sit alone in a box.
- ACEs/Trauma 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)
Some mothers who face severe stress may compensate for violent events by offering increased nurturing and protection of their children. (Levendosky et al., 2003)

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)

“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
Questioning Disclosure Driven Practice for Trauma

Show of Hands

• How many of you have or know someone who has ever left something out of a medical history or intentionally misreported information to their health care provider?
• Why? What were they worried about?

MIECHV Story

• Affordable Care Act meant new benchmarks that included DV such that all home visited moms are screened routinely for DV
• Prevalence of DV 14-52% among HV moms
• State average positive disclosure rate? 4-5%
• Why were Mom’s not telling us what was happening to them?
What Is a Parent's Greatest Fear?

“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”

Identification and Assessment of Intimate Partner Violence in Nurse Home Visitation

• Results: The use of structured screening tools at enrolment does not promote disclosure or in-depth exploration of women’s experiences of abuse. Women are more likely to discuss experiences of violence when nurses initiate non-structured discussions focused on parenting, safety or healthy relationships.
What if we challenge the limits of disclosure driven practice?

Small Group Discussion

• If we only focus on screening without owning folks can’t tell us their stories, what are the implications?
• When we think about ACEs/trauma, what is our goal?
• Can screening alone get us there?

Rethinking Screening

“If we could mobilize these places to be prevention agents and early warning responders, we could impact millions of children. And by focusing on positive outcomes and healthy development, we could engage more families much more easily than prevention programs based on identifying ‘at risk’ families.”

(Langford, 2011)
The Science Behind What Works

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

(Revised and adapted from American Psychological Association)

• 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, and historical boundaries

(References: Bernard, 2004; Werner, 2001; Rutter, 1987 & 2000)
Resiliency and Protective Factors: What Works

Multiple lines of research have identified a common set of factors that predispose children to positive outcomes in the face of significant adversity.

• Stable caring relationship between child and adult
• Helping a child build a sense of mastery
• Executive function and self regulation
• Affirming faith around cultural traditions

(Shonkoff et al., Center for the Developing Child, Harvard)

Luke’s Story

• 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)

(Bornstein, 2014)

Self Regulation Works For All Trauma

We Want to Change Outcomes

http://developingchild.harvard.edu/resources/inbrief-resilience-series/whats-is-resilience

(Shonkoff et al., Center for the Developing Child, Harvard) InBrief: The Science of Resilience

Simple Strategies for Mindfulness for Parents to Practice with Kids

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

Parents Need the Same Tools As Their Kids Do

Connected Parents, Connected Kids

(Rodgers, 2014)
**Connected Parents Connected Kids: Universal Education to Promote Family Resiliency**

- **Tool for staff to support their conversations and hopeful messaging about what helps trauma with parents in a nonjudgmental way**
- **Can be used in groups or with individuals ("We talk with all the parents and caregivers about this...")**
- **NOT to be used in crisis moments**
- **Invite parents and caregivers in to learning about how trauma can affect them, their children and their parenting**
- **A tool to use with other screening/educational tools (enhancement)**

---

**What CPCCK is and what it isn’t**

- Tool for staff to support their conversations and hopeful messaging about what helps trauma with parents in a nonjudgmental way
- Can be used in groups or with individuals ("We talk with all the parents and caregivers about this...")
- NOT to be used in crisis moments
- Invite parents and caregivers in to learning about how trauma can affect them, their children and their parenting
- A tool to use with other screening/educational tools (enhancement)

---

**Some programs may already require ACE or other trauma questionnaire**

- 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/trauma, 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
Invest in Parents and Caregivers

- New investment in parents/caregivers is urgently needed to promote prevention and intergenerational transmission of abuse and poor coping skills
- It’s like the airline, we need to help them put their masks on first to help their children
- How do we spread ‘what works’ to parents and caregivers?

Connected Parents, Connected Kids

The following video clip demonstrates a tool that can be used with mothers, fathers and caregivers
https://www.youtube.com/watch?v=JOmi5WYyF0

Universal Education with Parents about Trauma: Doesn’t Exclude Those Who Can’t Share Their Story

- Assumes everyone has trauma and triggers and will benefit from knowledge, tools, and support
- Normalizes the prevalence of trauma and assures that the conversation doesn’t feel judgmental
- Empowers staff and clients to understand the connections to self, health, wellbeing, and parenting and what they can do next to help themselves and their kids
**Building Resiliency Skills in Parents and Helping them see the Connections between Childhood Trauma and Resiliency**

**Connected Parents, Connected Kids**

---

“**I really like this panel of the card— it talks about how you deserve to be in a good place yourself as part of healthy parenting— What do you think about that?**”

---

**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. Scan the code below to see a cool video with more information.

---

**“What strategies have you used?”**

---

**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 manage stress and use tools to help you cope.
- Being able to step away 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.
that one in four folks grew up in homes where there were family problems. Did that stand out for you too?"

"What’s amazing is we now have science to show that these types of hard things in childhood really affect health and relationships. But that’s not the end of the story..."

"What kinds of things do you to reduce your stress?" (Pause highlight what they are doing well) This panel has other some strategies that might be of interest to you.”

Simple Steps Reduce Stress

What can you do right now, today, to help yourself and your kids?

- Stop what you’re doing for a few minutes and take some deep breaths until you feel calm. Check out "Tactical Breathing Techniques," a free cell phone app.
- Identify parenting issues that are especially stressful (like potty training, homework, or bedtime) and if someone can help to do those things for you.
- Talk with a trusted friend, family member, or find a support group for mothers or fathers to connect with other parents. For more parenting information, visit http://www.icsns.org/resources/adolescents/parents-caregivers"
“I like this panel of the card because it reminds us even on a bad day if doing three specific good things with your child it helps you both feel better. It’s cool, we have clients that write down what they do and then can look back and feel proud of themselves.”

Positive Parenting

- Sometimes you forget there are simple things you can do to connect with your child and help them feel loved. These activities also help build their brains and social skills and help them do better in school.
- Read, play imaginary games, and laugh with your child.
- Help your child talk about how they are feeling and find the words to describe their emotions.
- Help your child find something they are really good at.

Write down 3 positive things you did today with your child. You’ll be able to see how your choices help you be a better parent and help your child thrive.

Quick Activity

- Turn to the person next to you or behind you and give them your card and, in turn, they should give you theirs.
- What happens when you give the card to someone?

CUES Universal Education approach

- C - Center/Ground Yourself
- UE - Universal Education + Empowerment
- S - Support
UE: Universal Education and Empowerment

UE: Universal Education and Empowerment “We’re giving these cards to all the parents in our program because they have tools that all parents. We give two cards so you have the info for yourself but also so you can help friends or family so they have supports too.”

(Opening the card) “We know lots of parents have had hard childhoods where there was neglect, drug and alcohol problems, abuse and other problems can affect health, relationships and parenting. I love this card because it gives you strategies and tools to use for yourself and your kids—to help change the story. There are simple things that science tells us helps when we get triggered, afraid or overwhelmed. Things that help us get a hold of our feelings. We give this to everyone because we know sometimes folks don’t feel safe sharing what happened to them but we want them to understand these connections and know there’s help.”

WRITE YOUR OWN SCRIPT

S: Support

• S: Support “On the back is this awesome anonymous 24/7 Child help hotline resource, its for parents who are feeling overwhelmed with their child and just need someone to talk to—they can give you ideas and strategies to reduce your frustration—they are super helpful and kind, I’ve called them myself …

Provider Interview

“(The card) made me feel empowered because… you can really help somebody,… somebody that might have been afraid to say anything or didn’t know how to approach the topic, this is a door for them to open so they can feel… more relaxed about talking about it.”

(currently under review for publication)
“[Getting the card] makes me actually feel like I have a lot of power to help somebody...”

(In currently under review for publication)

“In addition to the card, within our program we have resources here I can help you too.....”

Disclosure is not the goal AND Disclosures do happen!
Support: What should be done when a client discloses they have had hard things happen to them?

Your initial response is important

Positive disclosure: One line scripts

• “I’m glad you told me about this. I’m so sorry this happened to you.”
• “Is this something you would like support around?”
• (WARM REFERRAL TO SOCIAL WORKER/ADVOCATE)

Your recognition and validation of the situation are invaluable

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 can help them to understand their own lives, make healthier choices, and help prevent intergenerational trauma.
Framework of Resiliency and Hope

- Trauma-informed practices can increase the effectiveness of your program
- Investing in both parent and children’s resiliency buffers the effects of trauma
- Social support and social emotional regulation resources build resiliency across the lifespan
- Highlights the pressing need to create Holistic approaches and support for families through community partnerships

Poll Questions

Think about what you have heard thus far.
- What stands out for you?
- What would you like more information on?

“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 Anzaldúa
Getting Help with Domestic Violence

- National Domestic Violence Hotline
  1-800-799-7233
- National Teen Dating Abuse Hotline
  1-866-331-9474
- National Sexual Assault Hotline (RAINN)
  1-800-656-4673

Free and confidential help is available for victims of domestic violence 24 hours a day.


National Health Resource Center on Domestic Violence

To order cards or other materials from Futures Without Violence please contact Melody Pagan:
mpagan@futureswithoutviolence.org