

THROUGH THEIR EYES: HEALING THE HIDDEN VICTIMS OF VIOLENCE AND TRAUMA


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Friday, March 15, 2013




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In Our Shoes....



“When I was a boy and I would see scary things in the news, my mother would say to me, “Look for the helpers. You will always find people who are helping.”





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In Their Shoes....

- Put yourself in the shoes of a child.


- Darla
- Tony
- Sarah

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What is Trauma?

- No universal definition agreed upon by all
- Individually defined as traumatic
- Traumatic stress begins to impair functioning and decrease coping
- A normal response to an abnormal event
- Trauma occurs when an external threat overwhelms a person's internal and external positive coping resources (Bloom & Fallot, 2009)



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What is Trauma? The Three E's

- Individual trauma results from an **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.


SAMHSA's working definition of Trauma as of Dec 10, 2012

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Trauma Types

- Sexual abuse
- Physical abuse
- Psychological/Emotional abuse
- Neglect
- Community violence
- Domestic violence
- Natural disasters
- Serious accidents
- Parental death/grief
- Medical procedures and conditions
- Terrorist attacks
- Historical trauma
- Homelessness and Hunger
- **Witnessing Violence**
- Exposure to event through media





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KEY POINT #1
Trauma is pervasive and individualized - *witnessing* trauma and *experiencing* trauma directly can have similar effects.





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Trauma Types


- Acute Trauma:
 - One-time experience (e.g. natural disaster or car accident)
- Complex Trauma:
 - Multiple, prolonged traumatic events (e.g. neglect, verbal, physical, or sexual abuse within a care giving relationship)
 - Results in an increased likelihood of adverse trauma symptoms
 - Polyvictimization

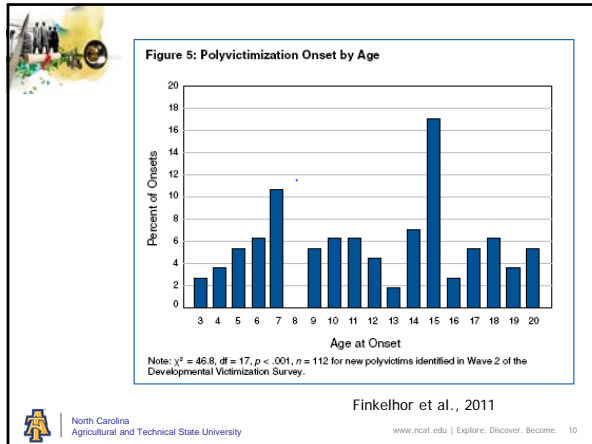
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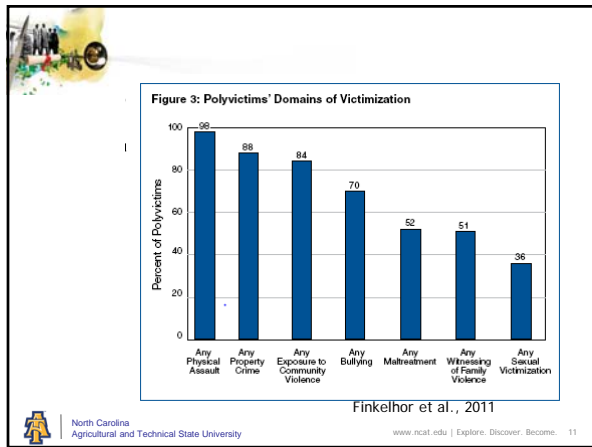


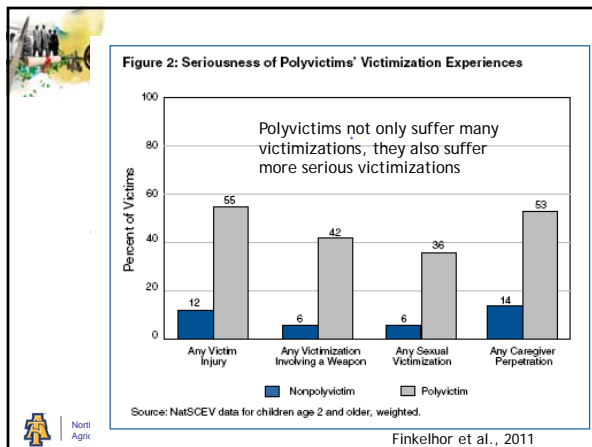
Polyvictimization


- Experiencing multiple types of victimizations (rather than multiple episodes of the same kind of victimization)
- National Survey on Children Exposed to Violence (NatSCEV) study (Oct 2012)
 - 38.7% of children reported polyvictimization within the past year
 - 1 in 10 reported 5 or more different types of victimization in the past year alone

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Understanding Child Trauma

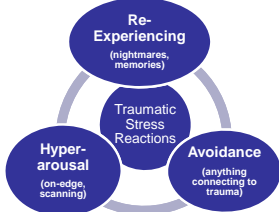
- [Office of Justice Programs-Office for Victims of Crime \(OVC\)](#)
- <http://www.youtube.com/watch?v=z8vZxDa2KPM>
(8 min)

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Conceptualizing Traumatic Stress

- Symptoms of traumatic stress often fall into one or more clusters:




- Children can have the *same* traumatic stress reactions as adults, OR, they can look different.

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KEY POINT #2:

Child traumatic stress can develop into Post Traumatic Stress Disorder (PTSD) in some children.




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Trauma Reactions Vary

- Reactions depend on a number of things:
 - » What happened
 - » Age
 - » Thoughts of feelings about what may happen next
 - » How close they are to the violence
 - » How prolonged their exposure
 - » Their relationship with the victim and the perpetrator of the violence
 - » Reaction of others
- Reactions are not always immediate
 - » May "pretend" it didn't happen
 - » May not feel safe to explore feelings




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Trauma Reactions Vary

- Reactions depend on the child's:
 - » Coping style
 - » Support system
 - » Prior psychiatric history
 - » Subjective experience of the event
 - » Prior history of trauma
 - » Strengths




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Trauma Conceptualization

- Complex trauma across development
- No current way to conceptualize these kids in the DSM-IV, so now, they are given a myriad of comorbid diagnoses (e.g., ADHD, oppositional defiant, reactive attachment disorder, etc.)





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KEY POINT#3:
A comprehensive, evidence-based assessment is essential.




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WHY IS CONSIDERING TRAUMA SO IMPORTANT?



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Principle 1: Trauma is Pervasive

- Central to how a person “sees” and interacts with the world
- Strong predictor of mental health and substance use problems (and many other correlates)



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Critical Period: Age 0 to 3

- Children respond to violence differently at different ages
- One-third of abused or neglected children are age 0 to 3
- Age 0 to 3 is a critical time of rapid development that is a unique window of opportunity for positive change
- Understanding the typical response to violence by children age 0 to 3 is important to:
 - Identify affected children early
 - Intervene with a support system
 - Prevent the violence from affecting the child's development

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Cohen, 2009; Nelson, 2009






Brain Development and Trauma

- Early childhood brain and synapses
- "Use it or lose it" development can result in "over-pruning" if the child is deprived of normal experiences in the early years
- Children with PTSD who experienced physical, sexual, and/or negligence abuse displayed higher stress hormones (even on a normal day) and smaller brain volumes than typical children (DeBellis, Baum, et al., 1999)

High Prevalence of Exposure When Exposure
Can Have Some of the Greatest Impact

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Hawley, 2000

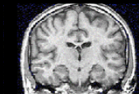
Trauma and Brain Development

- By age 2, a child's brain weighs 75% of adult brain and almost fully formed by age 5
- Permanent impact on brain throughout remainder of life

Complexity of Function

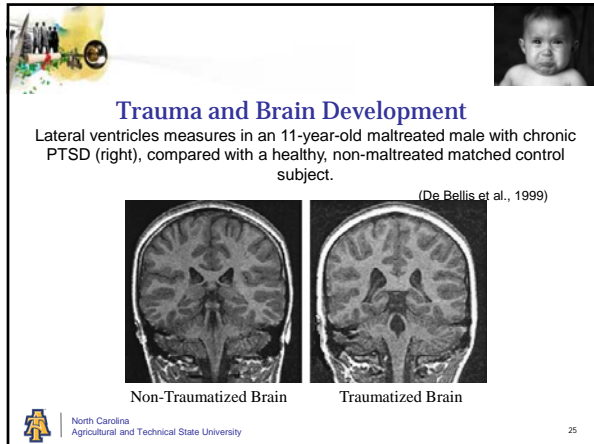
The Human Brain

- Abstract Thought
- Concrete Thought
- Affiliation
- "Attachment"
- Sexual Behavior
- Emotional Reactivity
- Motor Regulation
- "Arousal"
- Appetite/Satiety
- Sleep
- Blood Pressure
- Heart Rate
- Body Temperature



"Our brains are sculpted by our early experiences. Maltreatment is a chisel that shapes a brain to contend with strife, but at the cost of sleep, enduring wounds."
—Teicher, 2000, p. 67

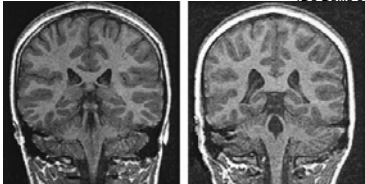
B. Perry, MD



Trauma and Brain Development

Lateral ventricles measures in an 11-year-old maltreated male with chronic PTSD (right), compared with a healthy, non-maltreated matched control subject.

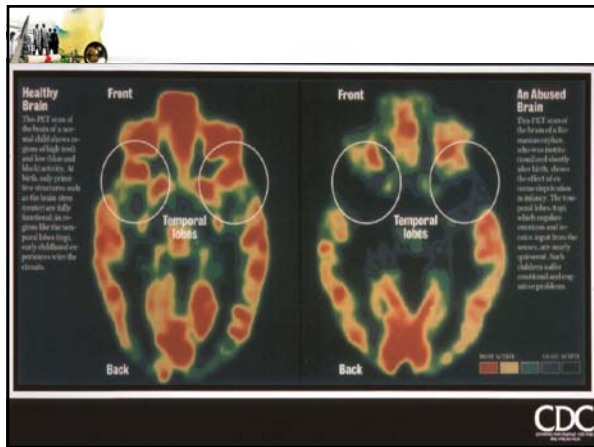
(De Bellis et al., 1999)



Non-Traumatized Brain Traumatized Brain

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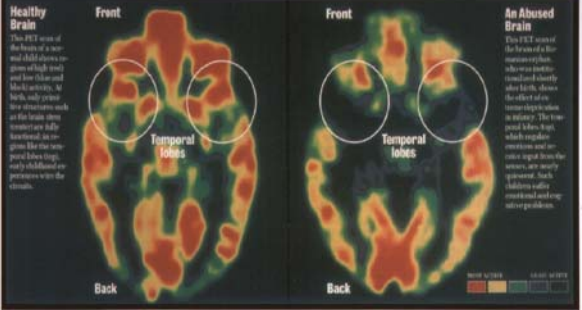


Healthy Brain

This PET scan of the brain of a normal child shows regions of high energy and low glucose utilization. It shows high energy for a normal brain which is the brain's way of saying it's healthy. In contrast, the energy that the normal brain uses helps regulate its metabolism with the glucose.

An Abused Brain

This PET scan of the brain of a child who has been maltreated shows a different pattern. The energy is low and the glucose utilization is high. The temporal lobes, which regulate emotions and social input from the senses, are overly engaged. Such children often cannot deal with stress or change.

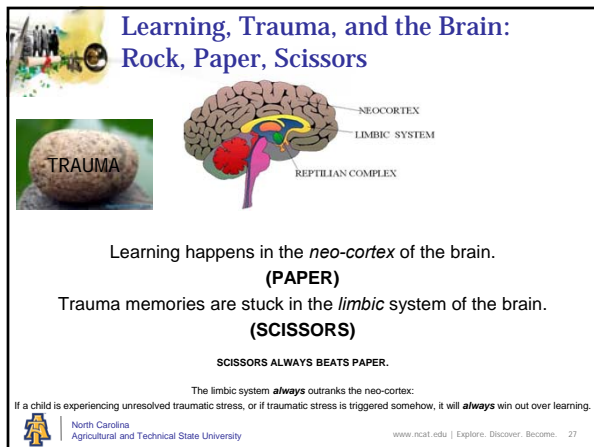


Front Front


Back Back

Temporal lobes Temporal lobes

CDC



Learning, Trauma, and the Brain: Rock, Paper, Scissors



Learning happens in the *neo-cortex* of the brain.
(PAPER)

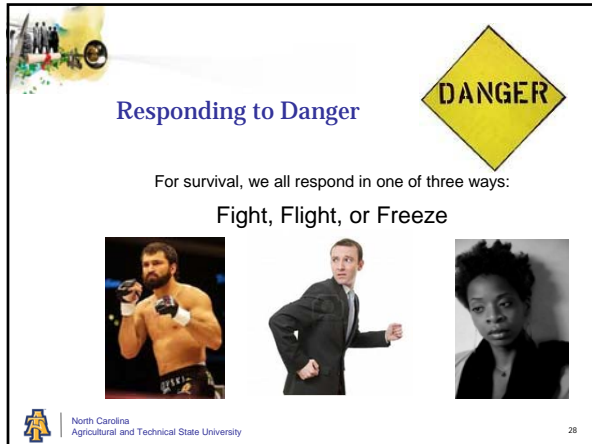
Trauma memories are stuck in the *limbic* system of the brain.
(SCISSORS)

SCISSORS ALWAYS BEATS PAPER.

The limbic system **always** outranks the neo-cortex:
If a child is experiencing unresolved traumatic stress, or if traumatic stress is triggered somehow, it will **always** win out over learning.




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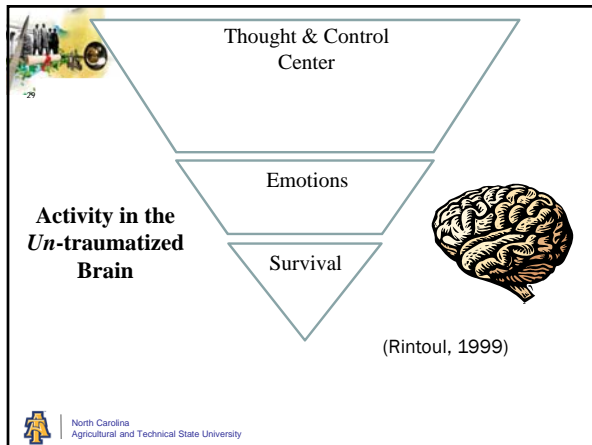
Responding to Danger

For survival, we all respond in one of three ways:
Fight, Flight, or Freeze




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Activity in the Un-traumatized Brain



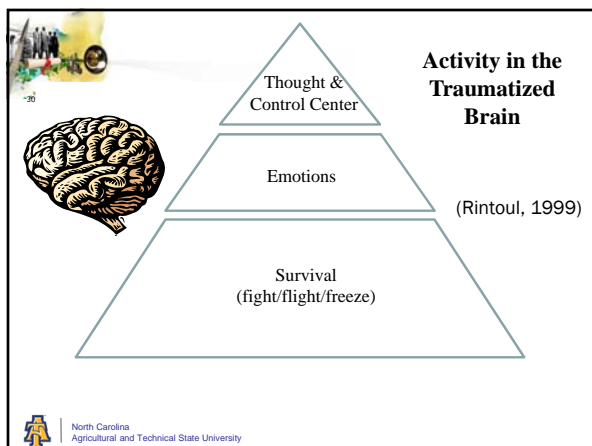
Thought & Control Center

Emotions


Survival

(Rintoul, 1999)

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Activity in the Traumatized Brain




Thought & Control Center

Emotions

Survival (fight/flight/freeze)


(Rintoul, 1999)

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Traumatic Stress, the Brain, and Substances

- Stress, the brain, and drugs
 - An overlap between neuro-circuits that respond to stress and those that respond to drugs (Piazza et al., 1996)
 - Animal studies show that stress facilitates the initiation and reinstatement of substances after abstinence (Kreek & Koob, 1998)
 - Stress enhances the responsiveness to substances and mediates the rewarding effects (Brady et al., 1999)
 - Individuals diagnosed with PTSD have a four times higher risk of developing substance abuse problems.




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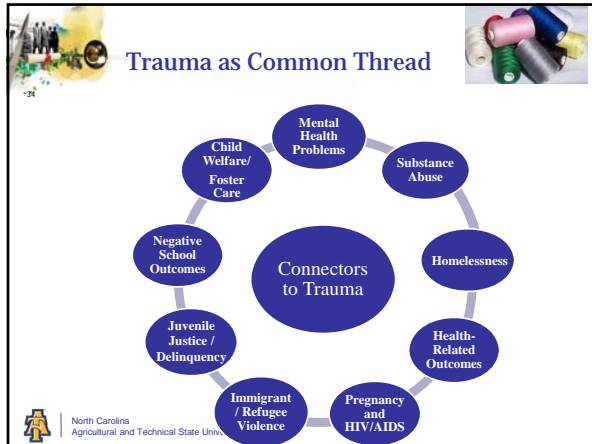


Principle 2: Trauma's Impact is Broad and Diverse

- Multiple Domains Are Impacted
 - School
 - Work
 - Relationships
 - Parenting
 - Sense of self
 - Spiritual



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Principle 3: Trauma Can Be Self-Perpetuating

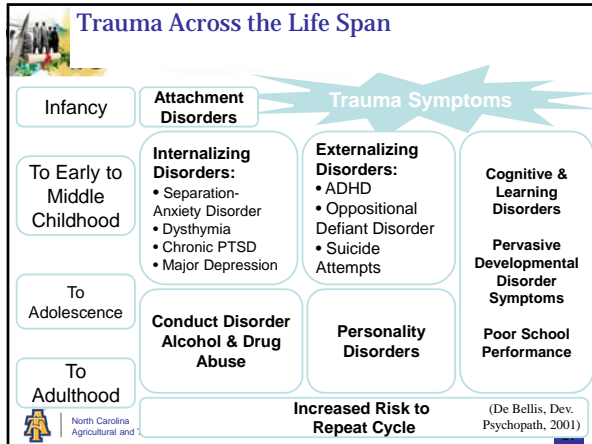
- Trauma, especially interpersonal violence, is often self-perpetuating
 - Strong relationship between victimization and later perpetration

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Principle 4: Trauma's Impact is Deep and Life-Shaping

- Trauma's impact is deep and life-shaping
 - Impact of trauma that is not addressed often influences decisions people make throughout the lifespan

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Adverse Childhood Experiences Study (AKA "The ACE Study")

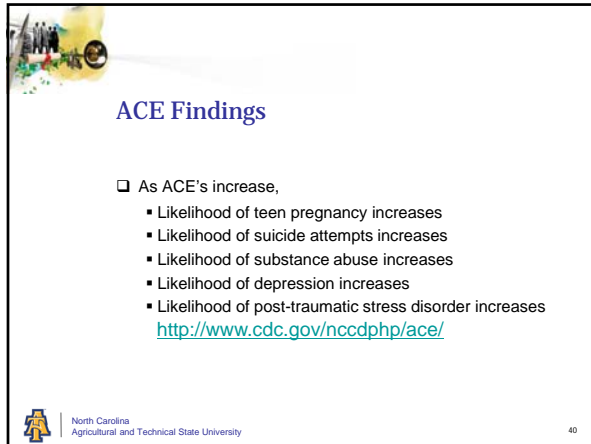
- Assessed 17,337 people
- 68% response rate
- Baseline assessments occurred 1996-1997
- Follow-up data at 1998, 1999, 2000, 2001 and 2008 that included hospital visits, medications, hospitalizations, and medical records

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ACE Findings

- ❑ 2/3^{ds} of individuals have been exposed to at least one ACE in their lifetime
- ❑ One in five children report 5 or more ACE's
- ❑ Women are 50% more likely than men to have 5 or more ACE's, and women have higher scores in general than men

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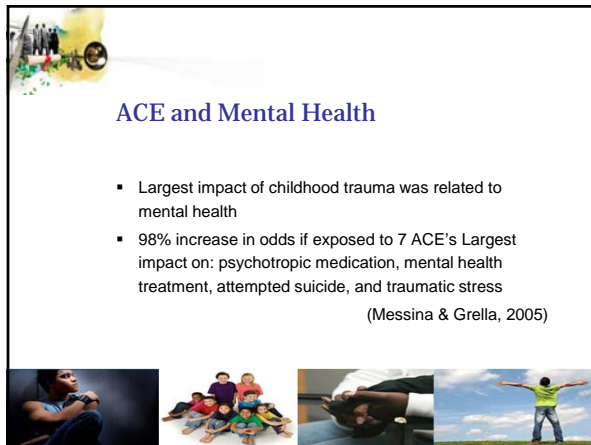


ACE Findings

- As ACE's increase,
 - Likelihood of teen pregnancy increases
 - Likelihood of suicide attempts increases
 - Likelihood of substance abuse increases
 - Likelihood of depression increases
 - Likelihood of post-traumatic stress disorder increases

<http://www.cdc.gov/nccdphp/ace/>


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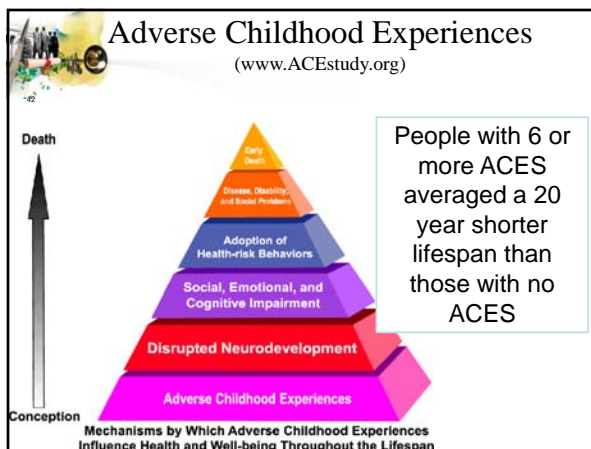


ACE and Mental Health


- Largest impact of childhood trauma was related to mental health
- 98% increase in odds if exposed to 7 ACE's Largest impact on: psychotropic medication, mental health treatment, attempted suicide, and traumatic stress

(Messina & Grella, 2005)



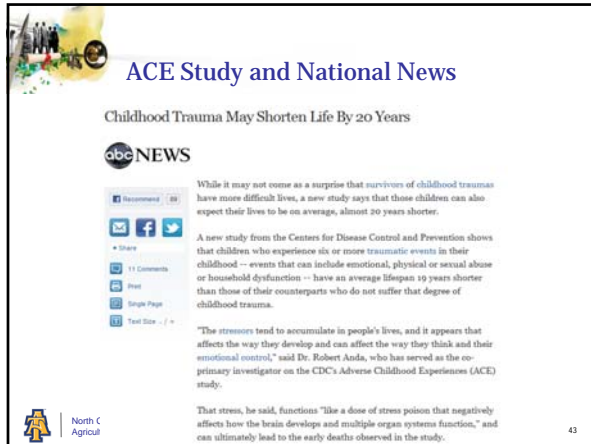


Adverse Childhood Experiences
(www.ACEstudy.org)



People with 6 or more ACEs averaged a 20 year shorter lifespan than those with no ACEs

Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



ACE Study and National News

Childhood Trauma May Shorten Life By 20 Years

abc NEWS

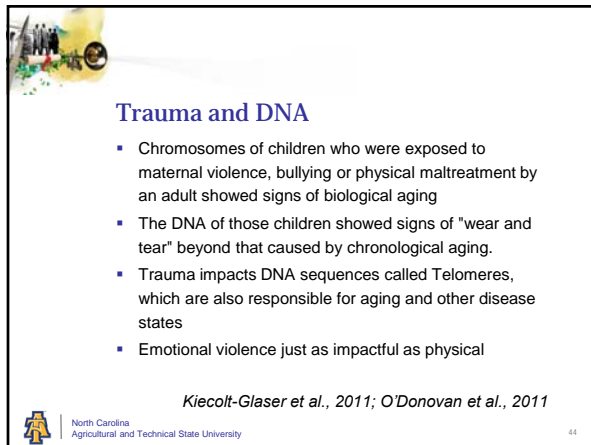
While it may not come as a surprise that survivors of childhood traumas have more difficult lives, a new study says that those children can also expect their lives to be on average, almost 20 years shorter.

A new study from the Centers for Disease Control and Prevention shows that children who experience six or more traumatic events in their childhood -- events that can include emotional, physical or sexual abuse or household dysfunction -- have an average lifespan 19 years shorter than those of their counterparts who do not suffer that degree of childhood trauma.

"The stresses tend to accumulate in people's lives, and it appears that affects the way they develop and can affect the way they think and their emotional control," said Dr. Robert Anda, who has served as the co-primary investigator on the CDC's Adverse Childhood Experiences (ACE) study.

That stress, he said, functions "like a dose of stress poison that negatively affects how the brain develops and multiple organ systems function," and can ultimately lead to the early deaths observed in the study.

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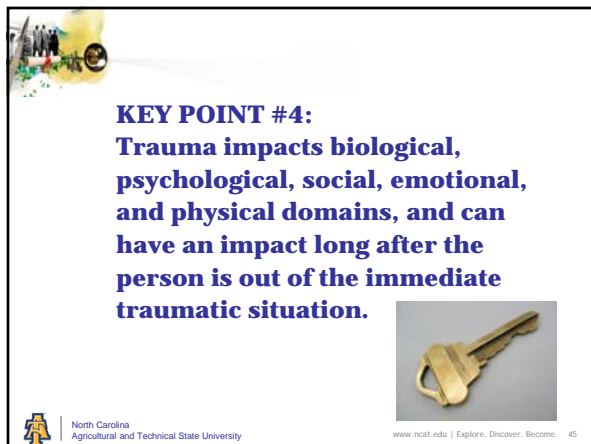


Trauma and DNA


- Chromosomes of children who were exposed to maternal violence, bullying or physical maltreatment by an adult showed signs of biological aging
- The DNA of those children showed signs of "wear and tear" beyond that caused by chronological aging.
- Trauma impacts DNA sequences called Telomeres, which are also responsible for aging and other disease states
- Emotional violence just as impactful as physical

Kiecolt-Glaser et al., 2011; O'Donovan et al., 2011


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KEY POINT #4:
Trauma impacts biological, psychological, social, emotional, and physical domains, and can have an impact long after the person is out of the immediate traumatic situation.




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Trauma and Juvenile Justice


- 92% of youth incarcerated had experienced one or more traumas (Teplin et al., 2002)
- Greater exposure to abuse leads to earlier involvement in drugs and crime (Messina & Grella, 2006)
- Trauma in the form of witnessing violence evidences these same trends, with increased exposure to violence linked with an increased likelihood of overt aggression (Farrell & Sullivan, 2004)
- Some longitudinal research suggests that sexual abuse has a "delayed effect" such that its impact of overt aggression is not evident until early adulthood (Graves, Sechrist, White, & Paradise, 2005; Wall & Barth, 2005)
- 90% of girls in the juvenile justice system have a history of trauma; 60% of boys

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Why the Connection?

- Recall the brain development?
- Recall the principles of social learning and modeling behaviors?
- Recall difficulty interpreting emotions (Pollak et al., 2000)




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Why the Connection?

- Recall the fight, flight or freeze?
- Automatic distrust as a survival mechanism
- Always watching for the next bomb to drop



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Maslow's Hierarchy of Needs

Self-actualization morality, creativity, spontaneity, problem solving, lack of prejudice, acceptance of facts

Esteem self-esteem, confidence, achievement, respect of others, respect by others

Love/Belonging friendship, family, sexual intimacy

Safety security of body, of employment, of resources, of morality, of the family, of health, of property

Physiological breathing, food, water, sex, sleep, homeostasis, excretion

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THE HIDDEN VICTIMS


Office of Justice Programs-Office for Victims of Crime (OVC)
<http://www.youtube.com/watch?v=z8VzxDa2KPM>
(8 min)

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What is a Hidden Victim?

- The forgotten ones
- Various terms: witness, observer, exposed, etc.
- Understanding the context of family violence and the role of the hidden victim is essential (Murray & Graves, 2012)
- See, hear, directly involved, try to intervene, or experience the aftermath after the incident

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The Hidden Victims



- 15 to 17 million – nearly 30% - of children in the US live in homes where there is some form of intimate partner violence (McDonald et al., 2010)
- IPV particularly prevalent in households with children under the age of 6 (CD-CP, 2004)
- When police respond to scene of a home, 51% of cases have child witnesses


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Hidden Victims Across the US

- Boston: 1 in 10 children seen in the hospital have observed a shooting or knifing by the age of 6
- Los Angeles: Children witness 10%-20% of homicides
- New Orleans: 40% of children have seen a dead body from unnatural causes; 90% have witnessed violence
- Between 3 and 10 million children will witness violence in their home this year alone
- 33% of the time children will report that they witnessed violence in the home when parents report no violence (need for multiple reporters)

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The Hidden Victims


Washington State Study

- 44% of parents report their children watched an entire violent incident
- 83% overheard the abuse from another room
- 50% of children were threatened with physical harm
- 33% were accidentally injured
- 25% were intentionally hurt by the abuser when they tried to intervene
- Of those that try to help:
 - » 44.9% yelled for the abuser to stop
 - » 43.9% tried to get away
 - » 23.6% called for help

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The Hidden Victims



- Witnessing IPV triples the likelihood of the development of conduct disorder (Meltzer et al., 2009)
- Witnessing IPV in preschool years was related to behavioral problems at age 16 for both sexes
- Meta-analysis of 60 studies showed strong link between exposure to domestic violence and child trauma symptoms, internalizing and externalizing symptoms, respectively (Evans et al., 2008)
 - » Stronger link between DV and externalizing for boys (Evans et al., 2008)


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The Hidden Victims

- Child witnesses of violence have same patterns of adjustment as those directly abused – both had significantly different patterns to a community comparison group (Jaffe et al., 1986)
- Lasting psychological harm, which impacts all other facets of development
- Over half of all teen dating violence victims previously witnessed IPV in their home of origin
- Double Jeopardy: Maternal Depression and Witnessing Violence
 - » Concurrent exposure linked with lower math and reading scores, more negative behaviors than exposure to either one individually


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The Hidden Victims


- MYTH: The younger the child, the less the child will be affected by exposure to violence.
 - » Children develop the core of how they think, feel, act, within the first 33 months
 - » Cortisol can be transferred to the fetus in utero
 - » Less motor activity, more withdrawn
- MYTH: Young children will not remember the violence they have witnessed.
- MYTH: Violence is an urban problem and only children living in urban areas witness violence.

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TRAUMA-INFORMED APPROACHES: A CALL FOR ACTION




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Trauma-Informed Approaches

- It's not the what, it's the **HOW**
- Terminology of Approaches vs. Care
- Engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives. (NC TIC, 2011)

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Trauma-Informed Approaches: The Three R's

- A program, organization, or system that is trauma-informed **realizes** the widespread impact of trauma and understands potential paths for healing; **recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system; and **responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings.

SAMHSA's working definition of Trauma as of Dec 10, 2012

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What Does a Trauma-Informed Approach “Look” Like?

- Takes Universal Precautions: An individual should not have to disclose trauma to receive trauma-informed services—treat everyone as if they may have experienced trauma
- Establishes Policies and Procedures that support the concepts of trauma sensitivity
- Enacts Universal Screening: everyone is assessed for trauma symptoms
- Considers Staffing: Hiring is conducted in a way that prioritizes applicants with trauma knowledge, skills, and experience
- Trains Ongoing: Ongoing staff training on the latest information available
- Empowers Clients and Staff


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Traditional Versus Trauma-Informed Service Systems

<p><input type="checkbox"/> Traditional Services</p> <ul style="list-style-type: none"> ▪ The individual is seen as passive Traditional Versus Trauma-Informed Service Systems recipient of services ▪ The individual's safety and trust are taken for granted ▪ Provider/consumer relationships remain uniformly hierarchical 	<p><input type="checkbox"/> Characteristics of trauma-informed services</p> <ul style="list-style-type: none"> ▪ Incorporate knowledge about trauma prevalence, impact, and recovery in all aspects of service delivery ▪ Hospitable and engaging for survivors ▪ Minimize revictimization ▪ Facilitate recovery and empowerment
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10 Key Principles of a Trauma-Informed Approach

1. Safety
2. Trustworthiness and transparency
3. Collaboration and mutuality
4. Empowerment
5. Voice and choice
6. Peer support and mutual self-help
7. Resilience and strengths-based
8. Inclusiveness and shared purpose
9. Cultural, historical, and gender issues
10. Change process


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An Organizational and Individual Culture Shift May Be Needed

"I don't know how it started, either. All I know is that it's part of our corporate culture."

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**KEY POINT #5:
INDIVIDUALS AND AGENCIES
SHOULD STRIVE TO BE
TRAUMA- INFORMED AND
BUILD THEIR POLICIES,
ACTIONS, AND INTERVENTIONS
ACCORDINGLY.**

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What Can You Do?

"If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of. There is something of yourself that you leave at every meeting with another person."
-Fred Rogers

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What Can You Do?

Agency-Level

- Improve in-system understanding and public awareness of the effects of childhood trauma
- Improve reporting of and screening for trauma exposure
- Improve assessment of trauma exposure
- Provide targeted prevention and early intervention programs
- Provide services and treatment programs for children who have experienced trauma
- Avoid further traumatization within the justice system
- Consider trauma exposure when deciding sentencing and placement
- Invest in prevention and trauma-informed programs (Justice Policy Institute, 2010)

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What Can You Do?

Individual-Level

- The system can be traumatic in and of itself
- Ensure safety (physically and emotionally)
- Assess for trauma
- Identify potential triggers
- Listen without judgment
- Collaborate, collaborate, collaborate
- Involve supporting people



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What Can You Do?

- Link the child to high-quality, trauma-informed services needed
- Ask about protective factors
- Resist the "one model fits all" approach.
- Think about the difference between what you CAN do and what you SHOULD do
- **Remember that the child that is front of you may be acting out toward you, but its not about you**

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What Can You Do?

Additional Considerations for MH/SA Providers


- Stabilize the environment for the youth and family
- Develop a detailed safety plan
- Coach families and caregivers on how to talk with their child(ren) about violence they may have experienced
- Work with caregivers to help them manage their child's symptoms and behaviors
- Correct misunderstandings about the event and remind the child that it is not their fault
- Support their child by building coping skills and challenging cognitive distortions
- Provide activities that empower and promote self-esteem

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Additional Considerations for Advocates

16 Trauma-Informed, Evidence-Based Recommendations for Advocates Working with Children Exposed to Intimate Partner Violence



Written By:
Renee DeBoard-Lucas, Kate Wasserman, Betsy McAllister Groves, Megan Blair-Merritt



Polyvictimization and Trauma Identification Checklist and Resource Guide: A Tool to Consider

- Developed by Safe Start Center, American Bar Association, and Child and Family Policy Associates
- Designed for use with court-involved youth
- Not a diagnostic tool, but provides rich information to help the youth
- Can be used at any age and at any time
- Brief front and back tool
 - » Part A (front side): Past Experiences
 - » Part B (back-side): Past and Current Symptoms
- Flowchart on Next Step, Trauma-Informed Actions


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**KEY POINT #6:
Youth are resilient.**



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Resiliency

- Millions of children thrive despite their circumstances.
- Significant research on risk and protective factors is occurring.
- Resilience can be supported by decreasing risk factors and fostering protective factors.
- One constant:
 - » The presence of at least ONE supportive and consistent figure in the child's life.


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Resiliency


- WE play a significant role in the healing process.
 - » Bring LIGHT, not HEAT to the situation.




» <http://www.youtube.com/watch?v=cZMhM9IW3c> (3.5 minutes)


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Thank You To The Everyday Heros

*"We live in a world in which we need to share responsibility. It's easy to say "It's not my child, not my community, not my world, not my problem." Then there are those who see the need and respond. I consider those people my heroes."
— Mr. Fred Rogers*


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Questions or Comments?

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