Connected Parents Connected Kids: Moving From ACES Scores to Building Family Resilience
Goals for today……..

Share where we’ve been
Lessons learned
Cues intervention
Response as well as ID
Sustainability
Resources available
Futures Without Violence: Resources

- Patient and provider educational materials
- Training curricula
- Clinical guidelines
- State by state reporting law information
- Documentation tools
- Posters

For more information, please refer to the National Health Resource Center on Domestic Violence website.
Almost 30 million American children will be exposed to family violence by the time they are 17 years old. 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.
DOMESTIC VIOLENCE PROTECTIVE FACTORS

Social, Cultural & Spiritual Connections

Safer & More Stable Conditions

Nurturing Parent-Child Interactions

Resilience & Growth Mindset

Social & Emotional Abilities

For more information and tools: https://dvchildwelfare.org/
The Big Picture of Trauma

There are many types of childhood adversities including:

- Violence
- Structural violence
- Bullying
- Historical trauma
- Poverty
- Natural disasters
- Racism
- Terrorism

These all affect health and well-being.
Systemic Violence

**Racism.** A belief that race is the primary determinant of human traits and capacities and that racial differences produce an inherent superiority of a particular race.

**Structural Violence.** Systematic ways in which social structures harm or otherwise disadvantage individuals. Often subtle and can be invisible.

**Historical Trauma.** Trauma that is cumulative emotional and psychological wounding over the lifespan and across generations, emanating from massive group trauma (Brave Heart, 1985-88).
What are the Connections to the -isms?

Domestic Violence example:

• A person’s documentation status and ability to live in the U.S. is dependent on their partner, and their partner is using domestic violence

• A person’s housing, medical coverage and income comes from their partner, and the partner is using domestic violence

• A partner using domestic violence has experienced a long history of trauma and violence and continues to face discrimination because of race and class. These experiences make it harder to create a lasting change in their use of domestic violence.
Our Current Approach

• Prioritizes prevention and equity
• CUES: Intervention
  • not reliant on disclosure esp. w/ systems involved families
  • Promotes conversation and not a check list
  • Is patient and healing-centered
  • Focuses on the response as much as the screen

Can be used in pediatric, home visitation, head start and other settings with or without a trauma screen
How can our biases effect our prevention work?
It starts with us.....

• In order to begin conversations about equity, prevention, and becoming more trauma-informed, we must think about our own identities and experiences

• Our lived experiences can cloud our lenses

Tools Available

• Video for DV programs
  http://futureswithoutviolence.org/health/racism/

• Training resources to on vicarious trauma, examining implicit bias to integrate into trainings
A Public Health Approach to Prevention

prevention
is better
than cure
Why Focus on Strengths/Resiliency?

Protective factors have stronger influence than specific risk factors or stressful life events. Protective factors remain consistent across different ethnic, social class, geographical and historical boundaries.

Focusing on Strengths Works!
One of the biggest predictors of a child’s ability to be resilient in the face of trauma is having a caring and consistent adult in their life.

Our goal is to support that connection – especially when trauma is present.
Universal Education: Moving Beyond Disclosure Driven Practice for Trauma
Breaking Down Institutional Barriers

What is getting in the way?

- Persistent systematic and personal barriers to screening
- Child protection services (CPS) reporting fears
- Staff’s own personal and/or vicarious trauma
- Limitations of screening tools in this context
What Is a Mother’s Greatest Fear?
Qualitative Research With Broad Health Implications

**Perspectives shared by home visited moms:**

- “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, 2012)*
“No one is hurting you at home, right?” (Partner seated next to client as this is asked)—How do you think that felt to the client?

“Within the last year has he ever hurt you or hit you?” (Nurse with back to you at her computer screen)—Tell me about that interaction…

“I’m really sorry I have to ask you these questions, it’s a requirement of the program.” What was the staff communicating to the client?
Identification and Assessment of IPV in Nurse Home Visitation

- The use of structured screening tools alone at enrollment 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.

(Jack, 2016)
Cautionary Tale: Un-informed Use of ACES

This nurse works with foster youth. After going to a training and hearing about the powerful impact understanding ACEs can have on folks, she administers the ACE questionnaire with the youth explaining that these issues are connected to long term health and social outcomes.

Several youth burst into tears and one says, “It's like we should just kill ourselves now and get it over with.”
Universal Education

Provides an opportunity for clients to make the connection between violence, health problems, and risk behaviors regardless of disclosure.

* If you currently have screening as part of program requirements: we strongly recommend first doing universal education.
The following video clip demonstrates a tool that can be used with mothers, fathers and caregivers
https://www.youtube.com/watch?v=JOfmj5VYyF0
Evidence-based Interventions

Power sharing with educational safety card
Decreased incidents of domestic violence
Increased knowledge of local DV resources
High likelihood of sharing with friends/family
Appreciated the opportunity to discuss relationship safety with service providers
Confidentiality. Discuss limits to confidentiality and see parent alone. Futures has tools and scripts!

Universal Education and Empowerment. Provide universal education about trauma, how it impacts health and parenting and how to help a friend.

Support. If trauma is disclosed:  
• Harm reduction strategies  
• Warm referral to advocacy services  
If trauma is not disclosed:  
• Information about resources and strategies to help
Creating a Safe Space

To build trust and promote safety:

- Private place to talk with parents alone.
- Display highly visible educational posters on healthy relationships, where to get help.
- Have information including hotline numbers, and resources on display in common and private areas.

Futures has sample tools available:
“Before I get started, I want you to know that everything here is confidential, meaning I won’t talk to anyone else about what is happening unless you tell me that you or your children are being hurt physically or sexually by someone, or you planning to hurt yourself.”
We’ve started giving this card to all our parents so they know how to get help for themselves or so they can help others.”

- Normalize conversation
- Universal intervention
- Important that this is offered to everyone prior to a trauma screen
“We know a lot more than this list impacts our health and relationships—racism and community violence is a big factor and we talk this because we know more about how to undue the affects…”

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.
“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…”

**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.
What does it mean to you to be strong and resilient or come back from bad experiences?” 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.
UE: Framing the Card for Friends and Family

• Always give two cards
• Use a frame for helping others
• Parents share cards with friends and family
• Having the information on the card is empowering
“[The provider] just opened [the card] and asked me had I ever seen it before. She sat with me and went over everything. It was awesome. [She said] no matter what the situation you’re in, there’s something or some place that can help you- I don’t have to be alone in it. That was really huge for me because I was alone most of the time for the worst part – I was just by myself. So just letting me know that there’s all types of things that I can do anonymously, that was big for me.”
After universal education

Is this part of your story?

Because this is so common – we are asking all families to fill out this questionnaire (use your framing language to introduce trauma screen)
S: Support

Remember:

Disclosure may not be the goal…. but

Disclosures happen!
S: What now?

Thank parent for sharing with you
Validate that trauma is an issue that you can help with
Let them know you will support them without judgment
Ask parent if they have immediate safety concerns
Refer to an advocate for safety planning and additional support
Schedule a follow-up

*Your recognition and validation of the situation makes a BIG difference*
“I like this … because it reminds us even on a bad day if we do three good things with your child it helps you both feel better…. 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.
12 Ways Parents Can Help Young Children Who have Experienced Domestic Violence Heal
**Comfort** them by staying calm and patient.

**Listen** to them, and show an interest in their passions.

**Inspire** them with new ideas.

**Collaborate** with them by asking their opinions.

**Celebrate** them with a compliment, or by applauding their efforts.
GESTURES THAT CAN HEAL

As a supportive, caring adult in a child’s life, your relationship with them could be the most important factor in helping them overcome trauma. Here’s what you can do:

**CELEBRATE**
Use "put-ups," not "put-downs."

**COMFORT**
Stay calm and patient.

**COLLABORATE**
Ask for their opinions.

**LISTEN**
Show an interest in their passions.

**INSPIRE**
Expose them to new ideas.
Strategies for Mindfulness for Parents to Practice with Children

Mindfulness Calms the Brain

- **Morning.** Take deep breaths together before rushing out the door.
- **Commute in Car, Bus, Subway.** Practice relaxing parts of your bodies together that may feel stiff such as shoulders and jaw.
- **Bedtime.** Put a stuffed animal on your child’s belly and have him feel it move up & down as she/he breathes

(Rodgers, 2014)
S: Providing a “Warm” Referral

When you connect a patient to a local DV program, or other support staff how you do it makes all the difference. *(Maybe it’s not safe for them to use their own phone).*

“If you would like, I can put you on the phone right now with [name of local advocate], and they can come up with a plan to help you be safer.”
C: Understand Your Reporting Obligations

Learn your local implementation of and reporting policies regarding DV/Child abuse

- What are local considerations?
- Where can parents go for confidential services?

Connect with your local DV and child welfare program for training & TA

Futures has tools for trauma informed reporting
Resources and Tools

Traumatic Experiences

When a child endures a traumatic experience, the whole family feels the impact. But adults hold the power to help lessen its effects. Several factors can change the course of kids’ lives: feeling seen and heard by a caring adult, being patiently taught coping strategies and resilience-building techniques, and being with adults who know about the effects of such experiences. Here are ways to bring these factors to life.

Let’s Play: A Children’s Activity Book

The Big Idea: In times of crisis, it’s okay for children to play—in fact, it’s necessary for their well-being and development.

Just like all children everywhere, children in crisis situations need to play, move, and feel at ease. These pages are filled with movement games, drawing activities, and a storybook for you to share with children one-on-one, in small groups, or in large groups. They don’t require any materials except for pencils (children can use crayons, but they’re not necessary).

You know the needs of the children in your setting best, so use these pages in any way that will help.

Comfy-Cozy Nest

Traumatic experiences are a big deal, but Big Bird’s got a big spirit, a big heart, and big dreams. That’s why he’s the perfect bird to teach kids (and grown-ups too) how to imagine the important coping strategy of creating their own safe place inside. Use this storyline, video, digital interaction, and coloring page to help kids learn the strategy themselves.

1. Storybook
   Read Comfy-Cozy Nest

2. Video
   Watch Comfy-Cozy Nest

3. Activity
   Talk Through Comfy-Cozy Nest

4. Interactive
   Play Comfy-Cozy Nest

5. Resources
   Color Big Bird’s Nest
Big Bird’s Comfy-Cozy Nest Video

https://www.youtube.com/watch?v=ciGL9fCa8uk&feature=youtu.be
Other Setting/Population-specific Safety Cards

**Population Specific**
- American Indian/Alaska Native
- College Campus
- Hawaiian Communities
- HIV+ and HIV testing
- Lesbian, Gay, Bisexual, Questioning (LGBQ)
- Parents
- Pregnant or parenting teens
- Transgender/Gender Non-conforming persons
- Women across the lifespan

*and coming soon...* a new card for Muslim youth

**Setting Specific and Topical**
- Adolescent Health
- Behavioral Health
- HIV
- Home Visitation
- Pediatrics
- Primary Care (General Health)
- Reproductive Health and Perinatal

All cards are available in English and most are available in Spanish.

Primary care (general health) card is available in Chinese, Tagalog, and soon Vietnamese, Korean, Armenian and French.
Resources for patients

Resources/Tools (attached):

- Gestures Brochure
- Changing minds website
- Videos

For Providers:

- Cues handout
- Tips for responding to disclosures
- DV and Child abuse reporting considerations
Resources for Providers and Systems

Systems change strategies

Building partnerships


Quality improvement


Privacy Principles for documenting DV in EHR and EOB’s

- https://ipvhealthpartners.org/evaluate/

Policy:

Health centers are key to violence prevention

www.ipvhealthpartners.org

Developed by and for community health centers in partnership with domestic violence programs
Moving upstream while we implement trauma screens

Shifting to offering clients universal education about the impact of abuse on health may serve as:

- **primary prevention** (for those never exposed)
- **secondary prevention** (for individuals with histories of violence)
- **intervention** for those experiencing violence (including those who do not disclose).
Thank You!

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