

We will begin promptly at 1pm CDT!



Welcome!

We invite you to introduce yourself in the chat with your name, position, and organization affiliation.

Make sure you change the setting so you're sending the message **To: All panelists and attendees**

To: All panelists and attendees ▼

Type message here...

If you have a specific question or topic that you would like covered in this webinar, feel free to add it to the Q&A section.

SUPPORTING CHILDREN THROUGH TRAUMA

Mary Willis, Early Childhood Therapist, Domestic Abuse Project

Brenisen Wheeler, Education and Outreach Coordinator, Women's Advocates



NOTE^{TO} SELF

☆ YOUR FEELINGS ARE VALID ☆

☆ YOU ARE ALLOWED TO ENFORCE YOUR BOUNDARIES ☆

☆ YOU DO NOT NEED
ANY ONE ELSE'S APPROVAL ☆

☆ YOU ARE CAPABLE OF AMAZING THINGS ☆

☆ YOU ARE ENOUGH ☆



Thank you for being here!

WE ARE HERE TO SUPPORT YOU

The topics discussed in this webinar may differently impact people depending on their respective experiences. Please do what you need to do to take care of yourself in the next 90 minutes and beyond.



We have a Crisis Resource Advocate on standby- Mary Beth, who you can directly message anytime throughout the webinar. You can also call her at 651-227-8284 and email at resources@wadvocates.org.



Overview of the next 90 minutes

- ▶ Children & Trauma overview/basics
 - ▶ What kind of trauma do children experience?
 - ▶ What does trauma look like for kids?
- ▶ Typical development and atypical development
 - ▶ ACEs, PCEs
 - ▶ Attachment Theory
- ▶ Ways that trauma shows up (play, behavior, emotions) & how to address them
 - ▶ Who addresses them / when to refer
- ▶ What is support for children and what does it look like?
 - ▶ Levels & types of support: scope of practice, respective limitations
- ▶ Building a network for families: Who can support children (therapists, teachers, school counselors, coaches, parents, other trusted adults)
- ▶ Trauma-informed & culturally-informed approaches
 - ▶ Specific tools, techniques, resources
- ▶ How to help children and parents understand trauma
- ▶ Incorporating parents
- ▶ Resiliency & setting children up for future success

Feel free to use the **chat box** to add any comments or responses to our questions. Use the **Q&A feature** to ask any questions anytime during the presentation! A PDF of the slides will be emailed to you after the presentation is complete.

A little bit of background...

Women's Advocates

- ▶ Mission: Women's Advocates' walks with victim/survivors and our community to break the cycle of domestic violence
- ▶ Founded in 1974, St. Paul MN
- ▶ First domestic violence shelter in the nation
- ▶ Services: prevention/education, shelter, 24-hour crisis line, aftercare/housing support
- ▶ www.wadvocates.org



Domestic Abuse Project

- ▶ Mission: We build communities free from violence by providing holistic healing for every member of the family.
- ▶ Services: Women's (victim/survivor) group, Men's (person using abusive behaviors) group, Change Step, Youth (7-17) group, Individual youth services (6-21), Early Childhood services (0-6), Case management, Legal advocacy
- ▶ <http://www.domesticabuseproject.com/>

DAP

Building communities free from
violence through holistic healing
for every member of the family.



Children & Trauma

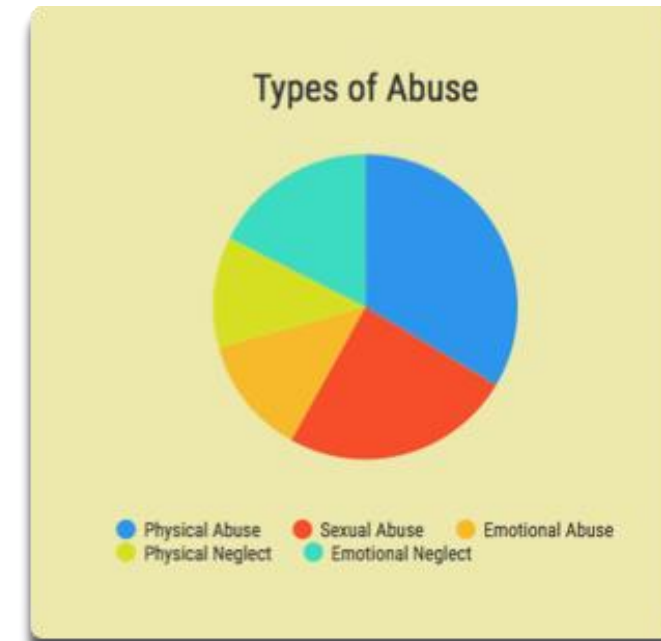
- ▶ **A traumatic event** is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity.
- ▶ Children who suffer from **child traumatic stress** are those who have been exposed to one or more traumas over the course of their lives and develop reactions that persist and affect their daily lives after the events have ended.

Combat injury of a loved one
 School Violence
 Bullying Act of Terrorism
 Community Violence
 Serious Injury Abuse Crime
 Accident Discrimination
Violence within the family
 Homelessness Loss of a Loved one
 Economic stress Natural Disaster
 Living or escaping from a war zone
 Poverty Cyberbullying
 Fires Racism Neglect
 Serious Illness



Child Abuse

- ▶ Child abuse occurs when a **caregiver, family member, or caretaker** physically hurts a child or adolescent, makes that youth feel worthless, has sexual contact with them, or does not provide adequate food, care, or shelter.
- ▶ Child abuse can happen in all types of families, and in most cases, the abuser is related to the victim.
- ▶ **Neglect** is when a caregiver does not provide care for a young person's safety and health—necessities like food, proper clothing, a place to live, or medical care.
- ▶ **Forms of child abuse:** physical, emotional, verbal, sexual, digital, reproductive, financial, spiritual/cultural, mental





Child Exposure to Intimate Partner Violence

Ways of a child in the home to encounter intimate partner violence:

- **Seeing** the actual incidents of violence
- **Hearing** threats or fighting noises
- **"Feeling"** the violence through vibrations in walls or floors
- **Being a part of the violence:**
Participating by coercion, force, intervening, being assaulted
- **Observing the aftermath:** Blood, bruises, tears, torn clothing, broken items
- **Being aware of tension** in the home or of victim's fears

Possible Impact of Intimate Partner Violence on Children

- ▶ **Behavioral/Social**
- ▶ **Emotional**
- ▶ **Cognitive/attitudinal**
- ▶ **Long-term**

Prevalence of child abuse

CHILD ABUSE

The Epidemic of Child Abuse



4.1 Million
child abuse
cases



7.5 Million
children



5 Children Die
every day from
child abuse



74.9%
child abuse victims
are **neglected**



80.1%
of cases **parents**
are the abuser



65,000+
sexual abuse
cases reported

Child Maltreatment in Minnesota



86,060 reports of child maltreatment
in 2018 (2.3% increase from 2017)

American Indian
Children were

5x

more likely to be involved in a completed
assessment than white children

Multiracial & African American
Children were

3x

60.8%

of all children in
2018 were alleged
victims of neglect

58.7%

were children
ages 8 and
younger

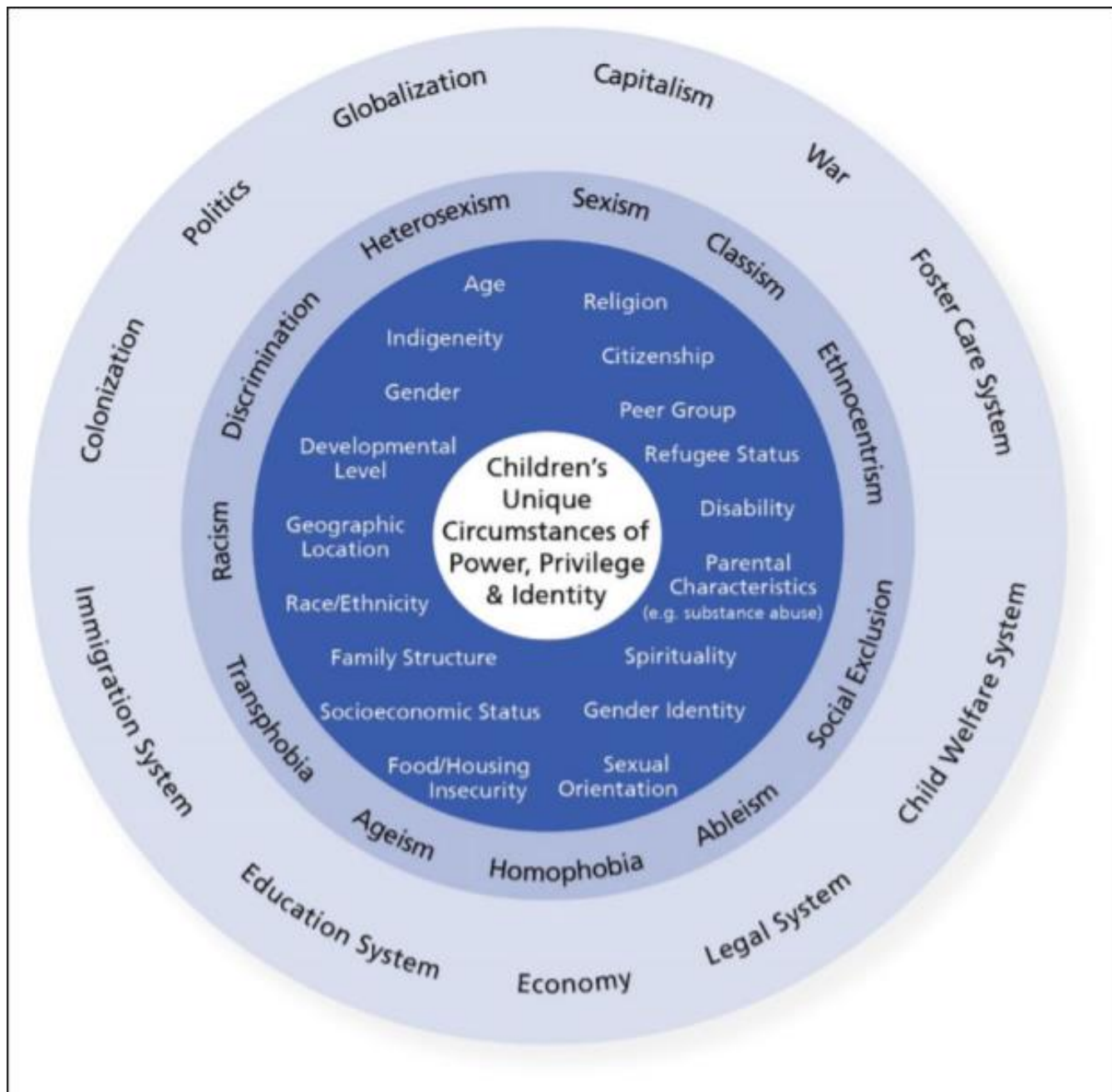


26 child deaths & 31 life-threatening injuries as
a result of maltreatment in 2018

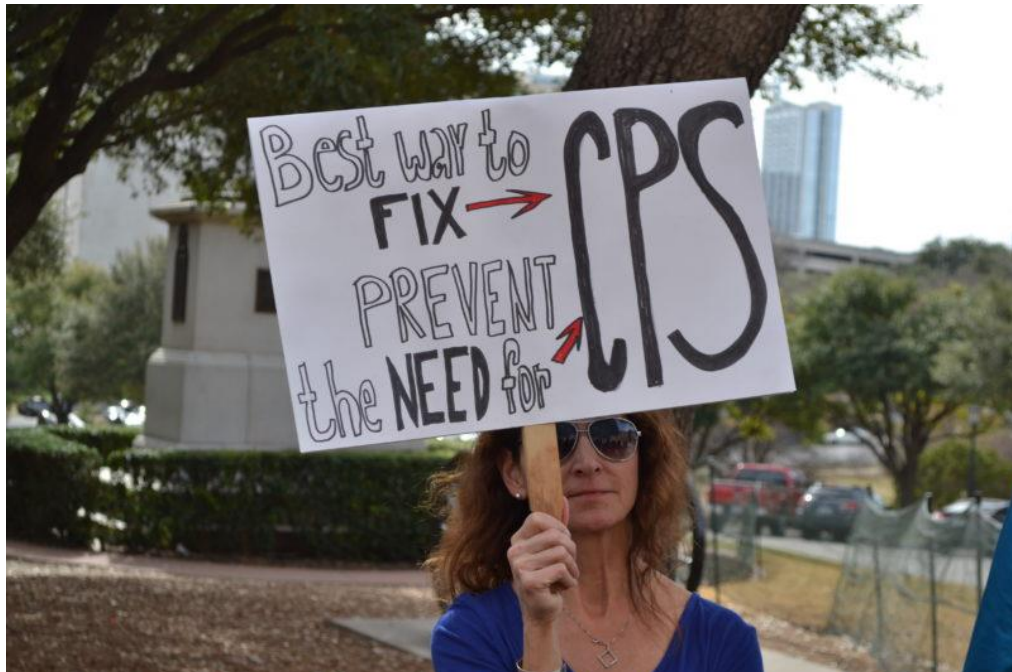
Minnesota's Child Maltreatment Report



An intersectional framework for children exposed to intimate partner violence

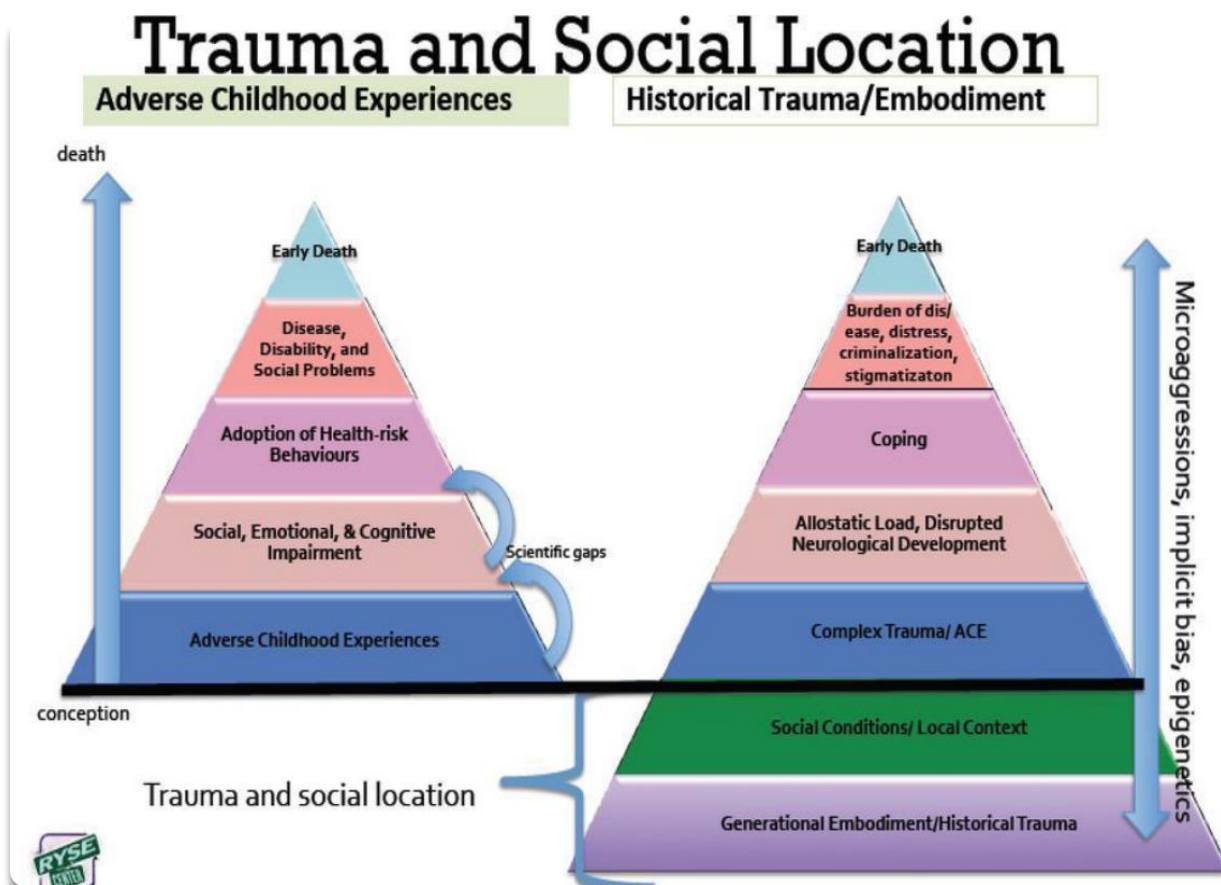


CPS Discrepancies



- ▶ Black children are more likely to be **removed** from their homes and have parental rights terminated as a result of CPS claims.
- ▶ Black pregnant women are reported for **drug use** at nearly **10 times the rate** of white pregnant women, *despite similar rates of substance use.*
- ▶ Children of color were **three times** more likely than white children to have a **full skeletal exam** done and to be reported to CPS for possible broken bones due to child abuse, even when controlling for other factors such as severity of injury and indication of abuse.
- ▶ Caseworkers' perception of risk when considering necessity of **removal from household** was **significantly influenced by race.**

Adverse Childhood Experiences

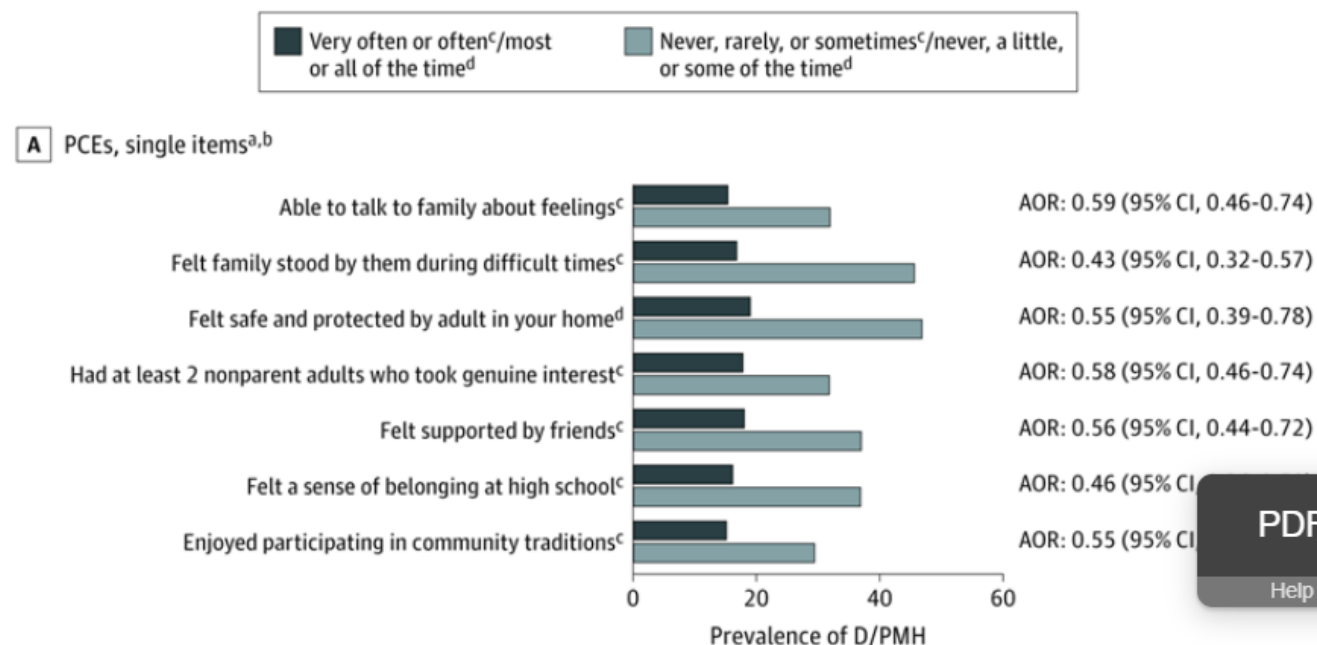


- The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted on associations between childhood trauma and later-life health and well-being

Positive Childhood Experiences

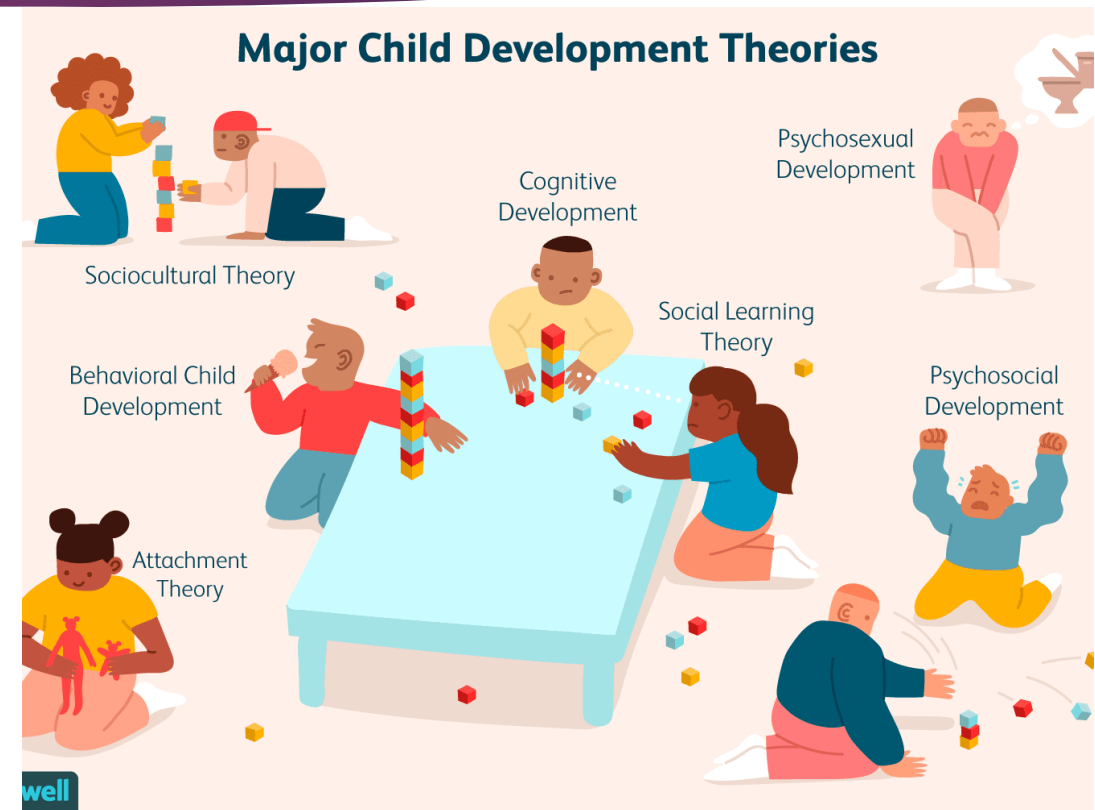
- Positive Childhood Experiences (PCEs)
- Adult-Related Social and Emotional Supports (ARSES)
- Findings

Figure 1. Prevalence of Depression and/or Poor Mental Health Among Adults by Positive Childhood Experiences (PCEs) Single Items and Cumulative Scores



Typical Development

- ▶ Jane
- ▶ Billy
- ▶ Development is often influenced by caregiver availability – kids learn through caregiver exposure



Write in the chat: What does typical child development look like?

socializing

emotional

connectivity

mild regression when going
through new
developmental milestones

Experimenting

independence

Questionings

Healthy attachments

Community care

Communication,
independence, able to
advocate for themselves

omnipotence and tantrums

Speech and
motor skills

security in home & school

exploring
environment

self-esteem

What does typical child
development look like?
(responses from attendees)

emotional
regulation

Continuous socializing,
interest/curiosity in
learning new things

finding who they are

Feeling loved and
supported

constant change

Curiosity

positive role models

Proper age coping skills

safe environment

play

socializing, hitting major
milestones, healthy
attachments

empowerment building
self-worth



Attachment Theory

- ▶ Bowlby
- ▶ Ainsworth

Secure

- Cry/become upset when parent leaves but are soothed when parent returns. Able to accept comfort and to recognize danger when caregiver is not present

Anxious

- Cry when parent leaves but more difficulty being soothed, may appear fussy or easily irritated



Avoidant

- Will avoid/ignore caregiver, may not notice when they leave or return. If hurt/fall, may not seek caregiver for comfort

Disorganized

- Behaviors that do not "fit" together as easily as those in other categories, or that seem to contradict each other. May be secure at times but rejecting at others.

Write in the chat: How do you see attachment styles in the children you work with?



Possible Developmental Impact of Childhood Exposure to Intimate Partner Violence^{20, 21}

Infant/Toddler Age 0-5

- Poor sleeping habits
- Eating problems
- Higher risk of physical injury
- Trauma may impact development of neural pathways, which are needed for brain and nervous system to communicate
- Poor attachments to appropriate caregivers
- Baby may be hard to soothe or may become withdrawn
- Heightened startle response
- Separation/stranger anxiety
- Regressive behaviors
- Excessive crying
- Fearfulness
- Repetitive/ritualistic play

School-Aged 6-12

- Somatic complaints - physical symptoms with no discernable cause
- Regressive behaviors (thumb sucking, bed-wetting)
- Depression
- Nightmares
- Difficulties in school
- Low self-esteem
- Loneliness
- Impulsive behavior
- Hyperactivity
- Anxiety
- Distorted thinking

Adolescent 13-18

- School truancy
- Delinquency
- Substance abuse
- Early sexual activity
- Nightmares
- Anxiety
- Depression
- Identify with aggressor (dating violence) or with victim (risk of dating violence)
- Pregnancy
- Poor self-esteem
- Poor concentration
- Chaotic thoughts
- Lack of empathy or remorse
- Difficulties in school
- Runaway

Developmental Lens



Children: Immediate Reactions to Abuse

- ▶ Direct exposure, indirect exposure, intervening, seeking help
- ▶ Common short-term effects/immediate reactions:
 - ▶ **Anxiety, depression, aggression** - perhaps reenactment of the witnessed aggression
 - ▶ **Avoidance** – evade from activities to avoid reminders of trauma
 - ▶ **Behavioral issues** - fighting, oppositional behavior, tantrums, etc.
 - ▶ **Feelings of guilt or self-blame** – from the violence happening
 - ▶ **Hyperarousal** – reacting strongly to ANY stimuli
 - ▶ **Physical complaints** – stomachaches, headaches, etc.
 - ▶ **Poor academic performance** - Impaired concentration; difficulty completing homework; lower scores on language, motor, or social skills
- ▶ **Re-experiencing** – Intrusive and repeated thoughts or body stimulation tied to trauma. Reaction reminders to sights, smells, tastes, sounds, words, things, places, emotions, and/or people
- ▶ **Repetitive talk/play** – revolving around the violence
- ▶ **Trouble sleeping** – going to sleep, staying asleep, having frequent nightmares, difficulty waking up in the morning, or difficulty staying awake during the day
- ▶ **Withdrawal**
- ▶ **Perfectionism/Overachievement** – hyper focusing on being exactly like others or getting the best grades
- ▶ **Passiveness/Aggressiveness** – being complacent, agreeing with everything, or not wanting to be seen; being forceful, easily angered over minor inconveniences
- ▶ **Worry** about their caregivers and are afraid to be separated from them - Children may express their distress through physical symptoms, such as stomach aches or headaches

Write in the chat: What are ways that you can support children through these immediate reactions to abuse?

Validate child's feelings

Allow them to have their feelings

Teaching deep breathing

Reassurance

Mindfulness with child grounded work

Listening to their words...what they say and don't say.

Offer them a safe space

Mindfulness

Gaining their trust

Provide structured environment and support

What are ways that you can support children through these immediate reactions to abuse?
(responses from attendees)

give them the freedom to talk when they're ready

Attentive, actively listening

Be present, trust, validate, listen

Create a safe holding environment for children to express themselves and reflect on their feelings

Providing support is access, education and advocacy

Ask them "what happened?" instead of "What's wrong with you"

Listening and believing them is one of the biggest supports



Children's Mind & Body Experience of Abuse

Thoughts	Emotions	Somatic Problems
<ul style="list-style-type: none">• "I'm bad"• "No one will ever love me"• "I am dirty"• "I am stupid"• "It's my fault"• "I must have wanted it"• "I must have done something wrong"• "I deserve to die"• "I don't want to be me"• "I hate myself"	<ul style="list-style-type: none">• Depression = irritable or angry, bored or apathetic, shy or antisocial• Anxiety = jumpy or sensitive, startle easily, difficulties sleeping "My brain won't turn off"• Mood swings: "swing between extremely happy & extremely sad"• Fear = smells, sights, touches can be triggers	<ul style="list-style-type: none">• "My tummy ache feels like a big flaming ball of fire and I am going to blow on it and blow on it and blow on it until the fire goes out."• Nightmares – recreate a happy ending• Bedwetting- no shaming, change the sheets, don't make it a big deal

Write in the chat: What are ways that you can shift these thoughts, emotions and somatic problems?

What does support look, feel, and sound like?

DAP

Support looks like...



Nurturing Children



Nurturing Children:

Provide
physical
safety

Promote
emotional
security

Trust and
respect

Care for
yourself

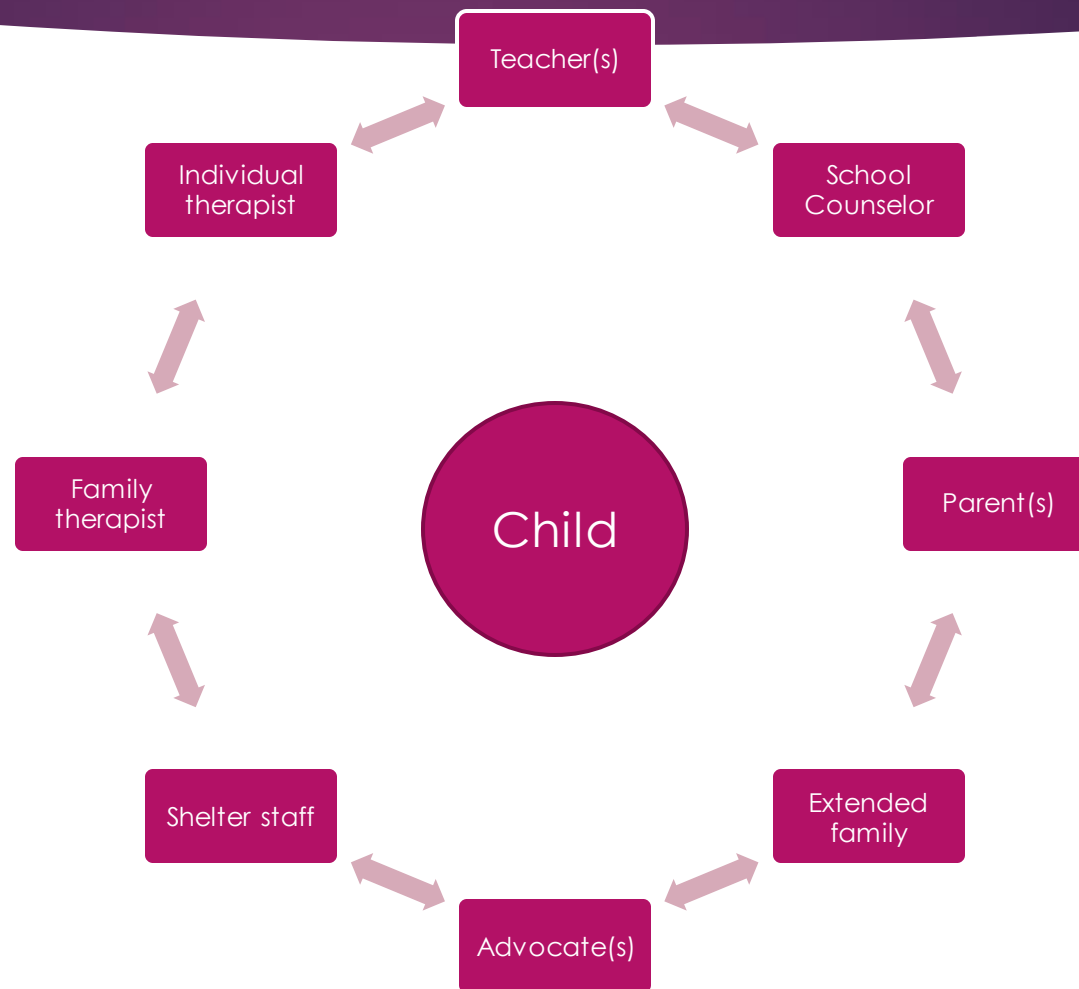
Give
affection

Encourage
and
support

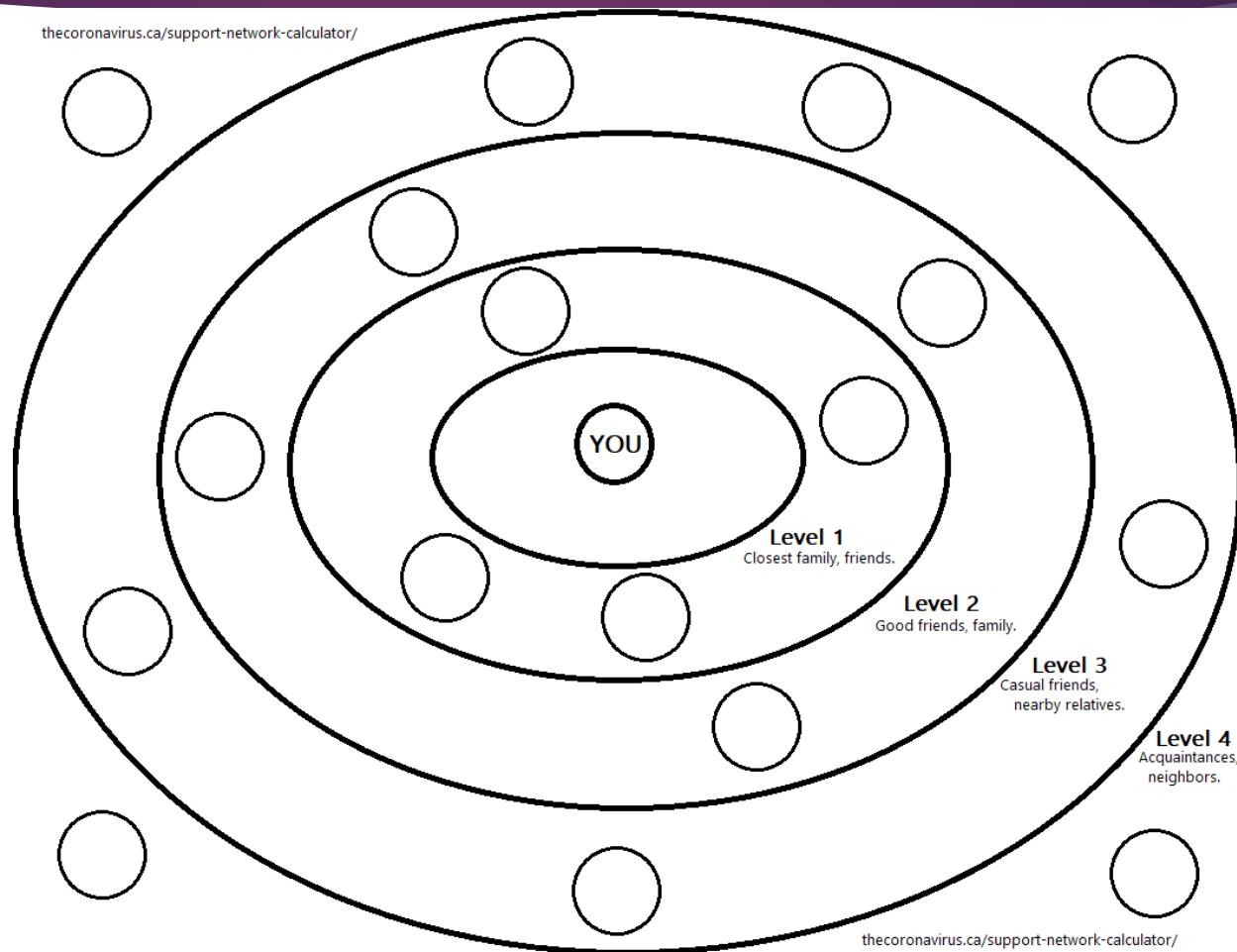
Give time

Provide
discipline

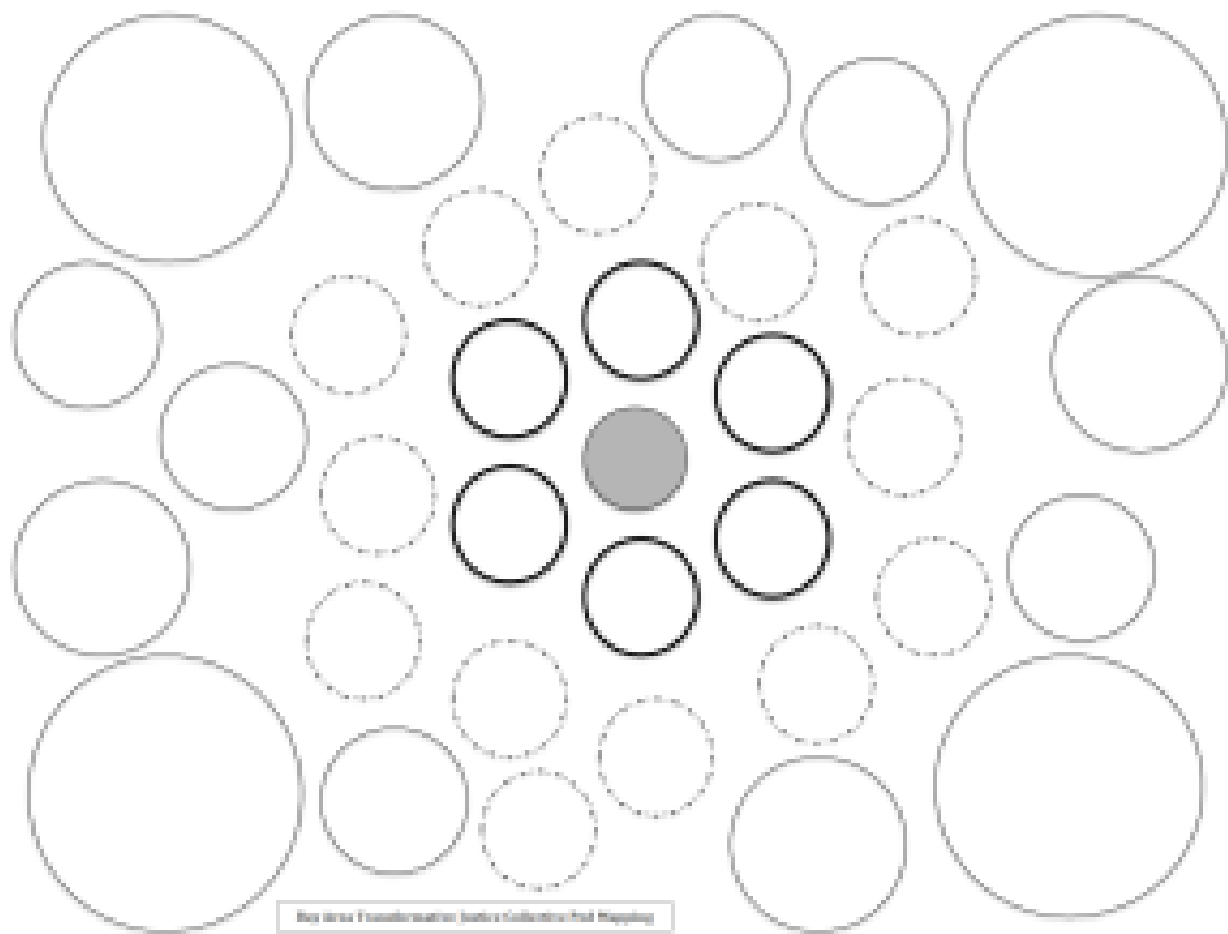
Building a Network of Support



Building a Network of Support



Building a Network of Support



Scope of Practice/Limitations

- ▶ **When do you know that you are outside your scope of practice?**
- ▶ Scope of practice is different across roles and across individuals
- ▶ Important to know your limits and refer to others who can assist client and/or family
 - ▶ Network of support
 - ▶ Burnout
- ▶ Helps clients to learn to resource and work with multiple providers

Trauma-Informed Advocacy Approaches



Choice



Empowerment



Collaboration



Trustworthiness



Safety

Safety Planning

Therapeutic Approaches: Overview

- ▶ Child-Parent Psychotherapy
- ▶ Attachment and Bio-Behavioral Catchup
- ▶ Trauma-Focused Cognitive-Behavioral Therapy
- ▶ Non-Directive Play Therapy
- ▶ Circle of Security
- ▶ Parent-Child Interactive Therapy

Culturally Informed Approaches

- ▶ **All treatment strategies for kids who have experienced trauma should be done with a framework of cultural consideration.**
- ▶ TF-CBT (adapted)
- ▶ CPP (adapted)
- ▶ SMART (Safety, Monitoring, Advocacy, Respect, and Treatment) - sexual abuse
- ▶ TST-R (Sanctuary Model - Trauma Systems Therapy for Refugees)

Talking about trauma with **kids**: for service providers

- ▶ Developmentally appropriate – keep language appropriate for their level
- ▶ Recognize any and all feelings as valid
- ▶ Don't use shaming or blaming language when discussing their behavior
 - ▶ Recognize they may see self as "bad" or cause of abuse/violence
- ▶ Allow them to lead the way in sharing
- ▶ Try to warn them if mandated reporting situations come up – prepare them ahead of time
- ▶ Be honest with them as much as possible
- ▶ Allow children to decide how much they want to be part of parent/family recovery work
 - ▶ Often children can take on a parent role for their parents – can be helpful to see advocate facilitating change and healing so that child can be a child

Talking about trauma with **parents**: for service providers

- ▶ Follow their lead in terms of positivity and instilling hope.
 - ▶ "How would this feel to you?" "Let me know if this doesn't feel accurate."
- ▶ Try to redirect focus around difficult behaviors/emotional outbursts to the root of the behavior, rather than discussing how to control the behavior.
- ▶ At the same time, be mindful when providing information on the impact of trauma in children. Know that parents often feel guilty/responsible for what their child has witnessed or experienced.
- ▶ Normalize and validate whenever possible. Parents often worry that their kid is the only one with these experiences or having certain symptoms.
- ▶ Try to find opportunities for them to find community.
- ▶ Know that it's okay not to know, and to consult with other professionals.
- ▶ Be aware of vicarious trauma and/or burnout and try to be aware of warning signs.



Write in the chat: What questions do you get from parents that are difficult to navigate?



Talking about trauma with kids: for parents

Parent Experiencing Abuse Can Say

- Violence is never OK.
- I'm sorry that you heard /saw/ are aware of it.
- You didn't cause it; it's not your fault.
- There was nothing you could do to stop it or prevent it.
- It must be very scary for you.
- Tell me how you feel about it.
- No kid deserves to have violence in their family.
- I will do my best to keep you safe.
- We need to talk about your safety plan.

Abusive Parent Can Say

- My behavior was not OK. Violence is never OK.
- I'm sorry that you heard / saw / are aware of it.
- It's not your fault; it's not your mother's fault.
- You must have been scared.
- You can tell me how you felt about it.
- It's OK if you're mad at me, scared of me, or sad. I would be too. I'm very sorry it happened.
- No kid deserves violence in their family.
- I am getting help so that we can all be safe.



Fostering Resiliency

Nurturing,
predictable
environments

Relevant
relationships

Support
protective
caregivers

Individual &
group
education

Individual &
family safety
planning

Coping with
trauma
behavioral
responses

Internal strength
recognition

Health & well-
being
promotion

Foster a sense
of connection &
belonging

Cultural
traditions and
awareness

Case Example

Betty, 3 y/o

- ▶ Exposed to domestic violence since birth – verbal, emotional, physical
- ▶ Recently left their house and her father, staying in shelter
- ▶ Refuses to potty train, Mom is very upset by this; still wearing pull-ups
- ▶ Very independent, can get herself food, plays by self (does not want others to join play), often recreates trauma through play
- ▶ However, when adults are at the table, she will not eat by herself and needs to be fed.
- ▶ Has become aggressive with infant sister, cannot be left alone together, will throw toys at her and has attempted to tip her out of baby swing

How can we build a network of support for Betty? How can we foster resiliency?



Specific Resources & Learn More!

National Child Abuse Hotline: 1-800-422-4453

In Minnesota:

- ▶ [Canvas Health: Child and Family Advocacy Program](#)
- ▶ [Wilder Child Mental Health](#)
- ▶ [Model Cities: Children's Mental Health Case Management](#)
- ▶ [Tubman Kids in Transition: Support Group](#)
- ▶ [Headway Children's Counseling](#)
- ▶ [Greater Minneapolis Crisis Nursery](#)
- ▶ [The Family Partnership](#)
- ▶ [Prevent Child Abuse MN](#)
- ▶ [Domestic Abuse Project](#)

Learn More:

1. [Children and Youth Advocate Manual](#)
2. [The Advocates' Guide: Working with parents of children who have been sexually assaulted](#)
3. [A Guide to Supporting Children Exposed to Domestic Violence](#)
4. [Child Abuse 2020 Prevention Resource Guide](#)
5. [Early Childhood Mental Health- Trauma](#)

* note: all of these resources use a developmental lens so you will be able to find specific resources for specific ages within these handbooks

Resources Available

<https://www.wadvocates.org/our-services/violence-prevention-education/safetyresources/>



Downloadable Resources Specific to Minnesota



Minnesota Resource Tri-Fold



YOUTH Specific Tri-Fold



60 Page Resource Guide

Resource Categories include:

- Domestic Violence Service Programs/Survivor Support Groups
- Sexual Assault/Stalking/Sex Trafficking Victim Resources
- Legal Services
- Medical & Mental Health Services
- Emergency Shelters/Supportive Housing
- Emergency Assistance Services
- Child Services, Youth Services, Senior Citizens/Older Adults
- Disability Services, LGBTQ+ Services, Services for Men,
- Transportation, Furniture, Childcare Resources,
- Clothing Resources, Community Advocacy
- Family Support Services, Employment Services, Debt Management
- And more!



Comprehensive Searchable Resource Guide

100+ PAGES :
CONTINUALLY
UPDATED

Downloadable Resources SPECIFIC TO WOMEN'S ADVOCATES



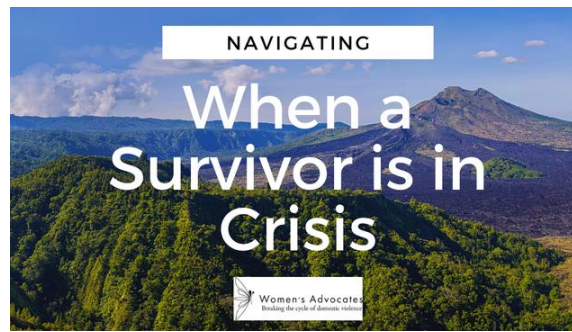
Women's Advocates Flyer



Women's Advocates
Tri-Fold



Women's Advocates
Crisis Cards



Register for Navigating When a Survivor is in Crisis (8/25 @ 10am CDT) by clicking [here](#)

September Webinar Series



- 9/3: Coercive Control Using Technology
- 9/9: Using Money and Finances to Manipulate
- 9/15: Navigating Housing as a Survivor
- 9/23: Beyond Being Followed: Stalking 101

*All webinars are from 6-7:30 PM CDT



Register for September Webinars by clicking [here](#)



Connect with us!

Women's Advocates

- ▶ Website: www.wadvocates.org
- ▶ Social Media:
 - ▶ Instagram & Twitter: @womensadvocates
 - ▶ Facebook: @wadvocates
 - ▶ YouTube Channel: "[Women's Advocates](#)"
- ▶ 24-hour Crisis Line: 651-227-8284
- ▶ Register for more webinars [here](#).
- ▶ Brenisen Wheeler, Education and Outreach Coordinator
 - ▶ Email: bwheeler@wadvocates.org to request a certificate of attendance
- ▶ Crisis Resource Advocate: resources@wadvocates.org

Domestic Abuse Project

- ▶ www.mndap.org
- ▶ Social Media:
 - ▶ Instagram: @dap_mn
 - ▶ Twitter: @DAPendsabuse
 - ▶ YouTube: DomesticAbuseProject
- ▶ Intake/Information Line: 612-874-7063 x232
- ▶ Mary Willis, Early Childhood Therapist: 612-383-2347 or mwillis@mndap.org



Resource Links Requested by Attendees

- ▶ [Teaching Kids to Recognize Grooming](#)
- ▶ [The Child Abuse Prevention Center: International Training](#)
- ▶ [Trauma-informed care for children exposed to violence](#)
- ▶ [Toolkit: Impact on children](#)
- ▶ [Clinical implications of traumatic stress from birth to age five](#)
- ▶ [International Education Policy Organizations](#)
- ▶ [Facts Matter! Black Lives Matter! The Trauma of Racism](#)
- ▶ [Child Savers: Racism as Trauma](#)
- ▶ [#RacialTraumasReal](#)
- ▶ [Addressing Race and Trauma in the Classroom](#)
- ▶ [Historical Trauma and Its Effects](#)
- ▶ [Conversations about Historical Trauma: Part One](#)
- ▶ [Tribal Families and Trauma Exposure](#)
- ▶ [One, two, three, four, five](#) resources on biracial/multiracial trauma