



# Indian Health Service 2012 NATIONAL BEHAVIORAL HEALTH CONFERENCE

## Welcome

Evidence Based Practices in Working  
with Children Exposed to Violence

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*Mobilizing Partnerships to Promote Wellness*



# House Keeping

- Please be sure to sign in and out on the Sign In Sheets located near the entrance to this room.
- Please complete the evaluation at the end of this presentation.
- For more information on Continuing Education Units (CEUs), please visit the Registration Desk

# Comfort Room


- To promote wellness and self-care, a Comfort Room is available in Room XXX for your use.
- If you need further assistance, please visit the Indian Health Service Division of Behavioral Health booth.



# Children Exposed to Violence

Children exposed to violence, whether as victims or witnesses, often experience long term physical, psychological and emotional harm.

This work shop will take a look at Evidence Based Practices as well as traditional and community-based efforts to address this problem.



## Goals of Work Shop

- Explore the Impact of Violence on our Children
- Learn about Evidence Based Practices
- Look at what Tribal Communities can do to address this problem

# Children Exposed to Violence

Broadly defined, CEV involves being a direct victim of or a witness to violence, crime, abuse, or other violent incidents in the home, school, or community.

Exposure may also include being exposed to the aftermath of a violent incident or event.

# Types of Exposure

- Direct exposure included physical assaults, bullying (physical, teasing or emotional, cyber bullying, gangs, suicide), sexual victimization, and maltreatment.
- Indirect exposure included witnessing violence and other indirect exposure (e.g. hearing or seeing evidence of family assault, hearing about community violence).

# Adverse Childhood Experience (ACE)

- Recurrent physical abuse
- Recurrent emotional abuse
  - Sexual abuse
- An alcohol and/or drug abuser in the household
- An incarcerated household member
- Household member who is chronically depressed, mentally ill, institutionalized, or suicidal
  - Mother is treated violently
    - Parental loss
  - Emotional or physical neglect



# ACE Scoring

The ACE Study found that the number of categories, not necessarily the frequency or severity of the experiences within a category, determine health outcomes.

# ACE Score of 4 or More

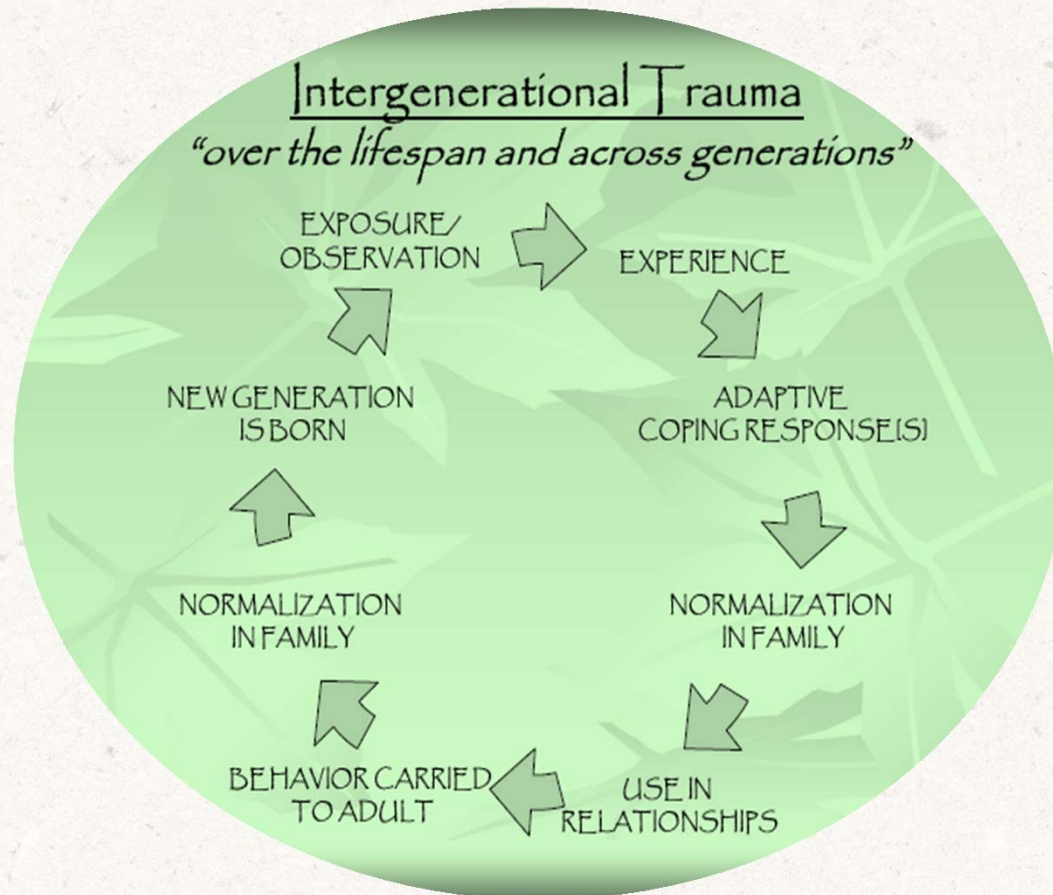
- Twice as likely to smoke
- 7 times as likely to be alcoholics
- 6 times likely to have sex before age 15
- Twice as likely to be diagnosed with cancer
- Twice as likely to have heart disease
- 4 times as likely to suffer from bronchitis and emphysema
- 12 times more likely to attempt suicide than those with ACE of 0
- Men with ACE of 6 or higher were 46 times as likely to have injected drug than men with Ace of 0

(Tough, 2011)

# AI/AN ACE Study

- Boarding School, Foster Care and Adoption added
- Cultural variables assessed
- 86% participants experience one or more categories of exposure and 33% reported four or more categories
- Strong relationship between childhood sexual abuse and subsequent drinking problems among the general population similar in NA population
- Combined sexual and physical abuse increased alcohol dependence for men
- Combined sexual abuse and boarding school attendance were significant for women

# Intergenerational Trauma



# Life Time Spiral of Gender Violence



# Evidence Based Practices

- Evidence Based Practice is “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of [clients].”
- EBPs are specific programs and interventions that produce positive outcomes for clients based on a “body of scientific knowledge about service practices...”

# Evidence Based Practice

Models relate to individual forms of CEV:

- Home visitation
- Parent education
- Parent training
- School-based anti-violence programs

# Using Evidence Based Practices

- Replication
- Adoption
- Fidelity
- Adaptation
- Evaluation



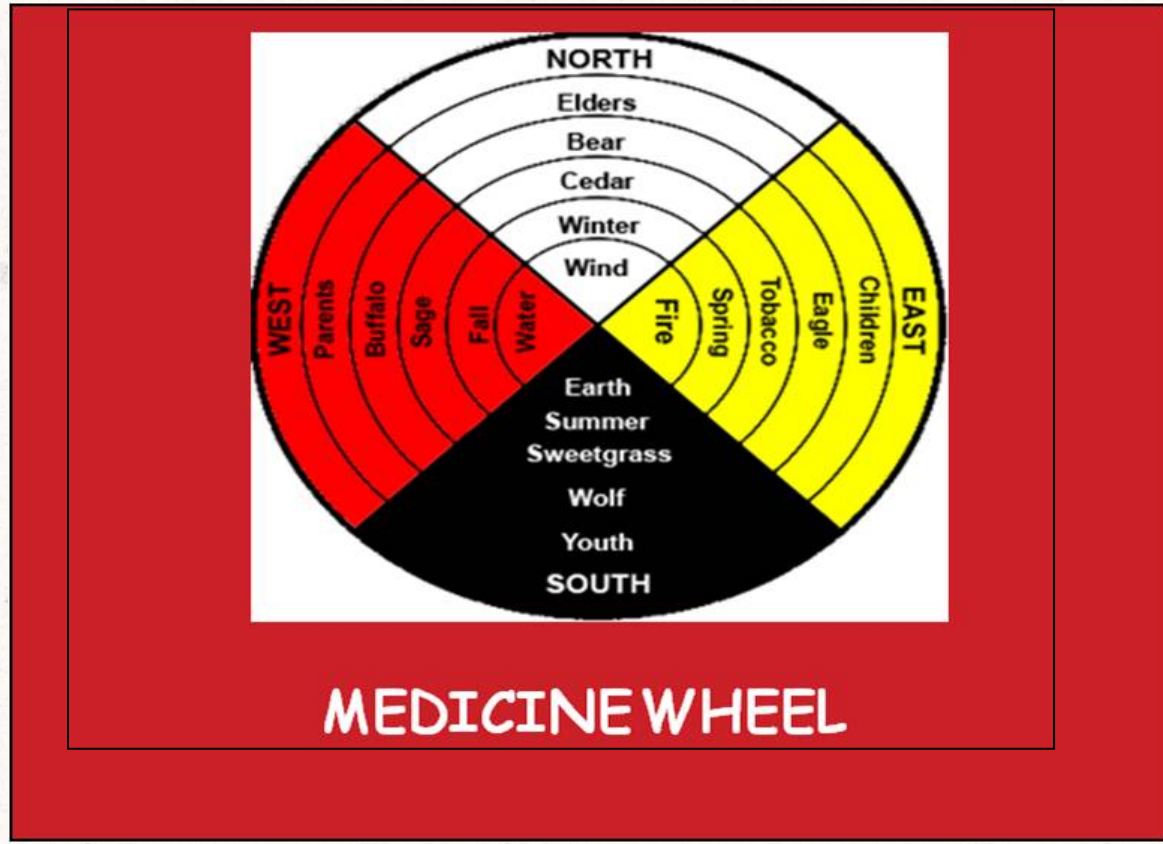
# Promising Practices

A program, activity or strategy that has worked within one organization and shows promise during its early stages for becoming a best practice with long term sustainable impact. A promising practice must have some objective basis for claiming effectiveness and must have the potential for replication among other organizations.

# Traditional Based Practices

- Spirituality
- Family/kinship/extended family
- Veneration of age/wisdom/tradition
- Respect for Mother Earth
- Generosity and Sharing
- Cooperation and Group Harmony
- Autonomy/Respect for Others
- Composure/Patience
- Non-Verbal Communication

# Medicine Wheel



# Solutions that Work

- Keeping mothers safe enhances the safety of their children
- Developing resources to provide housing and create employment opportunities
- Custody and visitation laws that recognize the impact of violence on children
- Counseling and other services designed for children exposed to violence
- Safety planning with and for children
- Building informed and supportive natural communities for their safety, protection and support
- It takes a coordinated effort to effectively protect women and their children. No single organization can do this work by itself.



# Partnerships

“We have all the residual effects from the impact of colonization in our communities, and the youth are dealing with those effects. That’s why we include the whole community in ‘righting the wrong,’ in restoring an individual.”

Mary Ann Spencer  
Tyendinaga



# Prevention is the Best Medicine

- Meaningful efforts to reduce poverty's impact
- Early detection and intervention with maternal depression
- Increased social supports for parents/caregivers
- Home visiting
- Harm reduction approaches for substance abusing parents including Motivational Interviewing
- Any other ideas?

# References:

- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, Koss MP, Marks JS. [Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences \(ACE\) study.](#) *American Journal of Preventive Medicine* 1998;14:245–258.
- [Evidence-Based Practices for Children Exposed to Violence](#)  
[www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix\\_2011.pdf](http://www.safestartcenter.org/pdf/Evidence-Based-Practices-Matrix_2011.pdf)
- **National Registry of Evidence-based Programs and Practices (NREPP)**  
**Evidence Standard Rating**—For more information, go to  
<http://www.nrepp.samhsa.gov/ReviewQOR.aspx>.
- Hughes, H. M., Graham-Bermann, S. A., & Gruber, G. (2001). Resilience in children exposed to domestic violence. In S. A. Graham-Bermann & J. L. Edleson (Eds.), *Domestic violence in the lives of children: The future of research, intervention, and social policy* (pp. 67-90). Washington, DC: American Psychological Association.
- Straus, M. (1992). *Children as witnesses to marital violence: a risk factor*. Columbus, OH: Ross Laboratories.

# References:

- Defending Childhood Initiative link to the US Department of Justice for all DOJ CEV efforts: [www.justice.gov/ag/defendingchildhood](http://www.justice.gov/ag/defendingchildhood)
- Kilpatrick, D., Saunders, B.E., & Smith, D.W. (2003) Youth Victimization: Prevalence and Implications. Washington, DC: National Institute of Justice.
- Koss, M., Polacca, M., Yuan N., et al “Adverse Childhood Exposures and Alcohol Dependence Among Seven Tribes” *American Journal of Preventative Medicine*, 2003, pp. 238-244



# Contact Information

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# Crisis Hotline Numbers

Suicide Prevention Lifeline Number:

- 1-800-273-TALK (8255)

National Domestic Violence Hotline:

- 1-800-799-SAFE (7233) or TTY 1-800-787-3224

National Child Abuse Hotline:

- 1-800-4-A-CHILD

Sexual Assault Hotline:

- 1-800-262-9800