

Women and Children First!

Life Boat Perspectives on Maternal and Infant Health



Welcome!

- Introduction
- Housekeeping
- Required Disclosures
- Disclaimers
- Requirements for Credit
- Introductions
- Handouts (*Don't just hoist a bigger sail!*)
- THANK YOU!



NEW PERSPECTIVES ON CHILD MALTREATMENT

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Setting the Stage: Cultivating Excellence in Community Nursing Practice

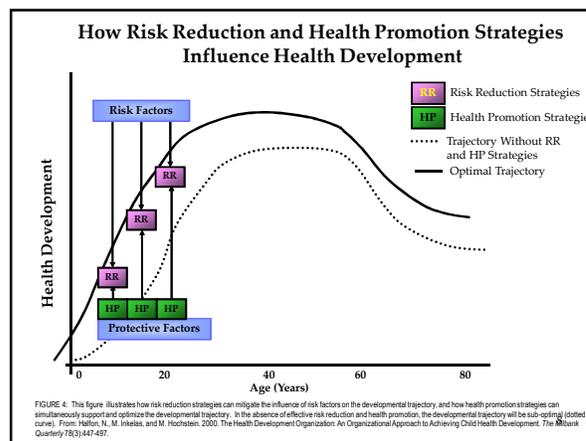
- Apply the nursing process: assess and analyze information, identify priorities, implement strategies, evaluate
- Reflect population health priorities
- Explore the evidence base and provide resources
- Encourage participation and sharing of expertise
- Identify implications for practice
- Encourage reflection
- Handouts: *Professional Nursing Learning Community, Exploring the Evidence –base*

Objectives

- “What?”
Describe the underlying evidence that child abuse and neglect have lifetime impacts on health and other outcomes.
- “So What?”
Discuss the principles of trauma-informed care.
- “Now What?”
Identify evidence-based practices for the prevention of child abuse.

MCH Practice through a lens of trauma

- **Theoretical model:** Life course health development theory
- **Evidence** that child maltreatment is toxic stress
- **Evidence** pointing to long term effects of child maltreatment
- **Theoretical model:** Abuse leading to adoption of risk behaviors and adverse outcomes
- **Reflections** on how re-traumatization occurs, may impact parenting, set the stage for inter-generational patterns of trauma
- **Implications** for our practice



- ### Life Course Development Theory
- Our life course is a trajectory
 - punctuated by critical and sensitive periods
 - Height of the trajectory represents functional development/capacity
 - Length of the trajectory represents life span
 - Influenced negatively by risk factors and positively by protective factors
 - Influenced by economic, social, and environmental factors
 - Mediated by poverty

- ### Life Course Development Theory
- Stress is cumulative and creates genetic and biological wear and tear (the allostatic load)
 - Stress is psychosocial, physiological, and/or environmental in nature
 - “Toxic stress” (Shonkoff) impacts
 - Cortisol
 - Inflammation
 - Adaptability
 - Resilience
 - Adoption of risk behaviors
 - Particularly telling in pregnancy and birth outcomes; infancy

- ### Risk Factors for Child Maltreatment
- Physical or mental disabilities
 - Social isolation of families
 - Lack of caregiver understanding of the child's needs and child development
 - Caregiver history of domestic abuse
 - Poverty and other socioeconomic disadvantage
 - Family dissolution, violence (including domestic abuse), lack of cohesion, and ineffective organization
 - Substance abuse in family
 - Caregiver stress and distress, including depression and other mental health conditions
 - Young single non-biological parents
 - Negative caregiver-child relationships
 - Caregiver beliefs and emotions that support maltreatment
 - Community violence
- <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

- ### Protective Factors
- A supportive family environment
 - Nurturing caregiver skills
 - Stable family relationships
 - Consistent household rules and monitoring of the child
 - Adequate housing
 - Parental employment
 - Access to health care and social services
 - Caring adults outside the family who serve as role models or mentors.
 - Communities that support caregivers and help prevent abuse
 - <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>
 - <http://www.cdc.gov/ViolencePrevention/childmaltreatment/index.html>

The Adverse Childhood Experiences (ACE) Study

- Collaboration between Centers for Disease Control and Prevention (CDC) and Kaiser Permanente HMO in California, 1997-1998
- Largest study ever that determined both the prevalence of traumatic life experiences in the first 18 years of life and the impacts on later well-being, social function, health risks, disease burden, health care costs, and life expectancy
- 17,000 adult members of Kaiser Permanente HMO participated

<http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf>

Adverse Childhood Experiences Reported by Adults: 2010 Five-State Study

- Collaboration between CDC and State Health Departments of AR, LA, NM, TN and WA.
- Focused solely on prevalence of ACEs in a population-based representative sample from multiple States stratified by demographic characteristics, including sex, age, education, and race/ethnicity
- 26,229 adults were surveyed

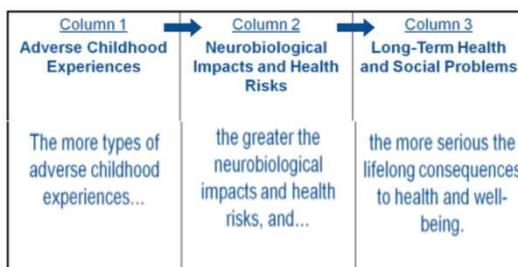
<http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf>

ACE Study Findings (1998 and 2010)

- Adverse childhood experiences are common (verified by both CDC studies)
- Childhood experiences powerfully influence who we become as adults (verified by CDC/Kaiser study)

<http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf>

The ACE Comprehensive Chart



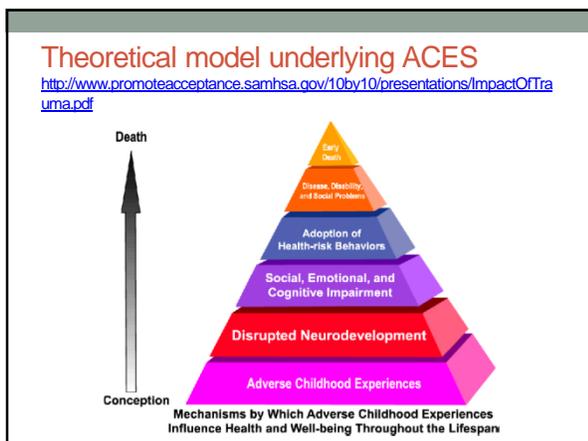
Types of Adverse Childhood Experiences (Birth to 18)

- Abuse of Child
 - Emotional abuse, 11%
 - Physical abuse, 28%
 - Contact sexual abuse, 22%
- Neglect of Child
 - Emotional neglect, 19%
 - Physical neglect, 15%
- Trauma in Child's Household
 - Alcohol or drug use, 2%
 - Depressed, emotionally disturbed, or suicidal household member, 17%
 - Mother treated violently, 13%
 - Imprisoned household member, 6%
 - Loss of parent, 23%

<http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf>

Adverse Childhood Experiences (ACE) Study – 10 Items Highly Predictive of Poor Outcomes

1. Emotional abuse
2. Physical abuse
3. Sexual abuse
4. Emotional abuse
5. Physical neglect
6. Parents separated or divorced
7. Mother experienced interpersonal violence
8. Household problem drinker or drug user
9. Household mental illness
10. Household prison



Impacts of Childhood Trauma and Adoption of Health Risks to Ease Pain

Neurobiological Impacts <ul style="list-style-type: none"> • Disrupted development • Anger-rage • Hallucinations • Depression/other mental health challenges • Panic reactions • Anxiety • Somatic problems • Impaired memory • Flashbacks • Dissociation 	Health Risks <ul style="list-style-type: none"> • Smoking • Severe obesity • Physical inactivity • Suicide attempts • Alcohol and/or drug abuse • 50+ sex partners • Repetition of trauma • Self injury • Eating disorders • Violent, aggressive behavior • http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf
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Long-Term Consequences of Unaddressed Childhood Trauma

Disease and Disability <ul style="list-style-type: none"> • Ischemic heart disease • Autoimmune diseases • Lung cancer • Chronic obstructive pulmonary disease • Asthma • Liver disease • Skeletal fractures • Poor self-rated health • Sexually transmitted infections • http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf 	Social Problems <ul style="list-style-type: none"> • Homelessness • Prostitution • Delinquency, criminal behavior • Inability to sustain employment • Re-victimization • Less ability to parent • Teen and unwanted pregnancy • Negative self- and other perception and loss of meaning • Intergenerational abuse • Involvement in MANY services • HIV/AIDS
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Pediatrics Study

- The National Survey of Children Exposed to Violence (NatSCEV) indicates over 60% of children are exposed to violence in a year
 - Nearly half (46%) experienced a physical assault
 - 6% experienced a sexual victimization
 - 20% witnessed an assault in their family
 - 30% witnessed an assault in their community
 - 38.7% were victimized two or more times
 - 10.9% were victimized five or more times.
- Finkelhor, et al. Pediatrics 2009; 124:1411-1423

Principles of Trauma-informed Care

“Trauma is not a new concept. However, until recently, (it has not been recognized as pervasive). It has largely been viewed to be applicable to only a select group of individuals, under extraordinary circumstances – for example, survivors of catastrophic events such as war, earthquakes, and abduction. With notable exceptions, trauma has not been recognized as a part of the daily, regular experience of many individuals, including children and adolescents.”

- <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

DSM IV

- Traumatic event: the person experienced, witnessed, or was confronted with an event of events that involved actual or threatened death or serious injury, or a threat to the integrity of self or others.
- The person's response involved intense fear, helplessness, or horror.
- Children may express fear, helplessness, and horror as disorganized or agitated behavior.

- <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Sources of Trauma

- Neglect
- Physical abuse
- Sexual abuse
- Witnessing of domestic abuse and other violence
- Community violence
- School violence
- Traumatic loss
- Medical trauma
- Natural disasters,
- War
- Terrorism
- Refugee trauma

Differential responses to childhood trauma

- **Characteristics related to the individual child**
 - Age
 - Past exposure to trauma
 - Presence of a pre-existing mental health problem
 - Nature of pre-trauma social support
 - Other circumstances compromising development (disability, predisposing genetic conditions)
- (Hodas)

Trauma and the young child

In contrast to earlier belief that early trauma had little impact on the child, it is now recognized that early trauma has the greatest potential impact, by altering fundamental neurochemical processes, which in turn can affect the growth, structure, and functioning of the brain. ... (E)arly childhood trauma tends to have more global and pervasive consequences for the child, affecting the basic template for development.

- Schwartz and Perry, 1994; Perry, 2004
- Hodas, 2004

Differential responses to childhood trauma

- **Characteristics related to trauma exposure**
 - Proximity to trauma (direct victimization, witnessing, hearing about)
 - Specific type of trauma (short-term, long-term, secondary effects of trauma)
 - Internalizing and externalizing behaviors and responses
 - Gender
 - Relationship to the Perpetrator
 - Severity, duration, and frequency of trauma
 - Chronicity of Trauma
- <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Hodas: internalizing and externalizing behaviors

- Physical abuse tends to be linked most commonly to externalizing behaviors, although there is increased risk for anxiety and depression as well.
 - Sexual abuse tends to be linked most commonly to internalizing symptoms, although externalizing behaviors may also occur, particularly with other children and adolescents.
 - Severe physical abuse during the preschool period tends to predict externalizing behavior and aggression.
 - Severe neglect during this same period has been associated with internalizing symptoms and withdrawal.
- <http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Differential responses to childhood trauma

- **Post-trauma factors**
 - Early intervention
 - Social support and social responses
 - Response to interventions and degree of symptom resolution
- **Helping children exposed to violence**
 - www.safestartcenter.org
 - http://www.samhsa.gov/children/SAMHSA_Short_Report_2011.pdf

Under-diagnosis, misdiagnosis, and inappropriate intervention

- Not asked about and under-reported.
- ADHD ? Due to impulsivity, inattention, hyperactivity
- OCD ? Recognition of underlying trauma as driver
- Borderline Personality Disorder ? Self-injurious behaviors, aggression, or drug abuse
- Adults may presume that negative behaviors are intentional or willful, when in fact such behaviors are often a factor of neurobiological factors and prior adaptation to dangerous circumstances.
- Continued shaming, humiliation, stigmatization
- Reality-based factors may maintain maladaptive responses

Reality-based factors

- Continued reality-based factors may reinforce earlier abuse-based beliefs and behaviors that are facilitative to the child's survival
 - Continued trauma and abuse
 - Lack of safety at home, at school, in community
 - External stressors such as poverty, unstable housing, over crowding, over-responsibility, problems in the home, etc.
 - Continuing experiences of shaming and humiliation.

<http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Secondary Prevention

Provide unconditional respect to each child
 Maintain a soothing environment, avoid yelling
 Respond immediately to conflict
 Focus on strengths and positive intentions
 Continual efforts at engagement and affirmation
 Concern with the child's perceptions
 Avoid power struggles, coercive responses
 Individualize safety plans for each child; modify based on child's response
 Adults manage their own internal reactions and external responses

<http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf>

Implications for Parenting

- Different stages of child development may trigger re-traumatization, or maladaptive responses, in mother (parent).
- Reality-based factors may continually compromise coping, enact re-traumatization, or challenge stability.
- Educate parents about the common vulnerabilities of trauma survivors, such as re-traumatization being triggered by a child's age or behavior
- Support parents in finding ways to care for their own feelings as well as those of their children.

Elliot et al

Implications for Nursing Practice

- Recognize that trauma is pervasive
- Effects of exposure to trauma and violence have impact across the life span.
- An individual's presenting symptoms and behaviors, and past trauma history, may be connected
- What we see as maladaptive or acting out behavior may actually tell us the individual has experience adapting to or coping with dangerous circumstances – *which may be ongoing.*
- What manifests as chronic disease risk may actually be a sign of severe wear and tear on the individual, or the result of acquired health risks in response to adverse circumstances

Implications for Nursing Practice

- Do no harm
- Respect refusal
- As health professionals, we can help develop approaches to care that help heal, rather than re-traumatize.
- **Strive for professional relationships that create an environment of physical and emotional safety and respect: *universal precautions***

Trauma-informed services and organizations

- Are empowering
- Are respectful
- Are explicit in informing clients and patients of the right to refuse
- Have clear policies about restraint, seclusion, intimidation, and other approaches that are humiliating or may reenact trauma
- Provide staff training on rapid response and de-escalation techniques.

Common Strengths of Maltreated Youth

- They are very aware of how they are treated.
- They are typically responsive to respectful adult – if not immediately, then after a trust and comfort level is reached
- They typically recognize sincerity, and can tell when someone cares, as opposed to faking it
- They have concern about concepts of fairness and justice
- They are capable of loyalty – often, great loyalty
- They actively seek personal control and mastery
- They have developed strong survival skills
- They may be open to change, as long as offered a path they does not threaten survival or subject them to shame or humiliation. (Hodas)

Effective prevention for child abuse

- Parenting education and support
- Safe, nurturing, quality systems of care for young children
- Strengths-based approaches and promotion of resilience
- Home visiting programs

Evidence Guides and Systematic Reviews on Child Abuse Prevention

- Child Welfare Information Gateway. Prevention Evidence-based Practice Registries. <http://www.childwelfare.gov/preventing/evidence/>
- National Child Abuse Prevention Month <http://www.childwelfare.gov/preventing/preventionmonth/guide2012/>
- Substance Abuse and Mental Health Administration. <http://www.childwelfare.gov/preventing/evidence/>

Closing

- When we intervene and help a child heal, we are helping a family through generations.
- When we raise children with care, they are better prepared to parent and raise their children in safe and nurturing environments.
- Communities benefit from supporting safe and nurturing environments for children.

Cited and Recommended Resources

- Centers for Disease Control and Prevention. Adverse Childhood Experiences Study. <http://www.cdc.gov/ace/>
- <http://www.cdc.gov/ViolencePrevention/childmaltreatment/riskprotectivefactors.html>
- <http://www.cdc.gov/ViolencePrevention/childmaltreatment/>
- Elliott, D., P. Bjelajac, R.Fallot L. Markoff, B. Reed. Trauma-informed or trauma-denied: principles and implementation of trauma-informed services for women. J of Community Psychology, 33(4): 461-477 (2005). Retrieved 9/2012: <http://www.mhsinc.org/files/file/Online%20Training%20Handouts/Principles%20of%20trauma%20informed%20services%20for%20women.pdf>

Resources

- Halfon, N and M. Hochstein. Life course health development: an integrated framework for developing health, policy, and research. The Milbank Quarterly 2002; 80(3):433 – 479.
- [Hodas, G. Responding to childhood trauma: the promise and practice of trauma informed care. Pennsylvania Office of Mental Health and Substance abuse services. Feb. 2006. Accessed 9/2012; http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf](http://www.childrescuebill.org/VictimsOfAbuse/RespondingHodas.pdf)
- National Center for Trauma Informed Care
<http://www.samhsa.gov/nctic>

Resources

- [SAMHSA slides](http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf)
<http://www.promoteacceptance.samhsa.gov/10by10/presentations/ImpactOfTrauma.pdf>
- Shonkoff, J. et al. The Lifelong Effects of Early Childhood Adversity and Toxic Stress. Pediatrics 129:1 (e232 – 426. Retrieved 4 20 2012 at: <http://pediatrics.aappublications.org/content/early/2011/12/21/peds.2011-2663>
- [www.safestartcenter.org](http://safestartcenter.org) Tip Sheets on Trauma-informed Care: <http://safestartcenter.org/resources/tip-sheets.php>