Addressing Adverse Childhood Experiences in Native American Communities

Understanding Impacts and Implementing Strategies

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Introduction to ACEs

The Adverse Childhood Experiences Study (ACE Study) is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention. Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes. The study has demonstrated a strong correlation between adverse childhood experiences (ACEs) and significant health and social problems as an adult.
What’s Your ACE Score?

START THE QUIZ

Adverse Childhood Experiences Study (ACES)*

Physical abuse by a parent
Emotional abuse by a parent
Sexual abuse by anyone
An alcohol and/or drug abuser in the household
An incarcerated household member
Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
Domestic violence
Loss of a parent
Emotional neglect
Physical neglect

Felitti et al. 1998
Data from a 2008 survey shows that ACEs are common in Arizona. In fact, more than half (57.5%) of Arizona adults have experienced at least one ACE.

The number of ACEs is tied to income level, family structure, ethnicity, insurance status and the educational attainment of adults in the household.

A recent study found that one Arizonan in four has experienced one ACE. One in three has experienced two or more. That is to say, more Arizonans report multiple ACEs than those who report just one.

High-quality nurturing caregiving—safe, stable, nurturing relationships—can actually change the structure of children’s brains, and that is why early detection is really important.

Economic hardship and divorce or separation of a parent or guardian are the most common ACEs reported nationally, and in all states.
Introduction to ACEs

From a survival perspective, the body can respond to perceived or actual threats with the “fight or flight” stress response. However, if this threat is constant over a prolonged period of time, the endocrine and neuron systems stay activated, which can overtax the child and prevent the body from establishing stability, balance and a sense of self.

ACEs among Native Americans

In the report, “A Framework to Examine the Role of Epigenetics in Health Disparities among Native Americans,” the authors state, “Native Americans disproportionately experience ACEs and health disparities, significantly impacting long-term physical and psychological health. In addition to these experiences, the persistence of stress associated with discrimination and historical trauma may add immeasurably to these challenges.”
Exposure to ACEs among children varies by demographic characteristics, including race and ethnicity, parental education, and income level. The proportion of children who had experienced two or more ACEs was highest among:

- non-Hispanic American Indian/Alaska Native children, of whom two-fifths (40.3 percent) had experienced two or more of these ten life events.
- non-Hispanic Black children and non-Hispanic children of multiple races, of whom about one-third had experienced such events (31.1 and 32.7 percent, respectively).

ACEs disrupt a child’s sense of safety and the nurturing that they need to develop, thrive and learn. ACEs also include being judged or treated unfairly due to their race or ethnicity and living in homes where parents have difficulty getting by on their income. Most children with any one ACE have at least one other.
Adverse Childhood Experiences...

...are very common.

...occur together - if you have one ACE, there’s an 87% chance you have more.

...the more you have, the higher your risk of physical, mental and social problems.
ADVERSE CHILDHOOD EXPERIENCES
looking at how ACEs affect our lives & society

# of ACES

- ZERO: 36%
- ONE: 26%
- TWO: 16%
- THREE: 9%
- FOUR OR MORE: 12%
Before age 5
90% of a child’s brain development happens

90%
Brain development before age 5

10%
Brain development after age 5

Adverse Childhood Experiences Change How Our Brains Work

Healthy Brain
This PET scan of the brain of a normal child shows normal levels of glucose (red) and blood flow (black) activity. All parts of the brain are fully connected, as expected in a healthy child.

An Abused Brain
This PET scan of the brain of a child who was institutionalized shortly after birth, shows the effects of severe deprivation and neglect. The normal parietal lobes, which control spatial awareness and receive input from the senses, are nearly nonexistent. Such children suffer emotional and cognitive problems.

Toxic stress video:
http://developingchild.harvard.edu/resources/multimedia/videos/three_core_conc
Impact of Distress

When a child experiences stress that is powerful, frequent, prolonged and unpredictable with inadequate adult support, the child’s stress response system remains high at all times. This high level of distress can disrupt the development of the brain and other organs, and increase the risk of poor health, learning and social outcomes.
ACES can have lasting effects on:

- Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
- Behaviors (smoking, alcoholism, drug use)
- Life Potential (graduation rates, academic achievement, lost time from work)

ACEs have been found to have a graded dose-response relationship with 40+ outcomes to date.

Risk for Negative Health and Well-being Outcomes:

- 0
- 1
- 2
- 3
- 4
- ≥5

# of ACEs

*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

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Defining Adversity or Stress

- **Positive Stress**
  - Brief, infrequent, mild to moderate intensity
  - Most normative childhood stress
    - Inability of the 15 month old to express their desires
    - The 2 year old who stumbles while running
    - Beginning school or daycare
    - The big project in middle school
  - **Social-emotional buffers** allow a return to **baseline**
    (responding to non-verbal clues, consolation, reassurance, assistance in planning)
  - Builds motivation and resiliency
  - Positive Stress is **NOT** the **ABSENCE** of stress
Impact of Stress upon Children

- Children who are exposed to adverse childhood experiences may become overloaded with stress hormones, leaving them in a constant state of arousal and alertness to environmental and relational threats.
- As a result, they may have difficulty focusing on school work and consolidating new memory, making it harder for them to concentrate on tasks and to learn at home or school.
- One suggestion is to assist children in helping them to distinguish between good stress and bad stress in their lives.

Impact of Distress upon Children

- Fight, flight or fright (freeze) response
- Short attention span
- Struggle learning (fall behind in school)
- Respond to world as constant danger
- Distrustful of adults
- Unable to develop healthy peer relationships
NAFFA’s approach to addressing ACE’s

- In order to permanently reduce the negative impact of adverse childhood experiences, NAFFA suggests an approach that has assisted thousands of fathers and mothers to grow happy and safe families.

- Utilizing the Fatherhood Is Sacred™ and Motherhood Is Sacred™ program, consider applying some of these elements.

The purpose of life:
- To have a happy and safe family

The purpose of NAFFA:
- To strengthen and keep families together
- To promote responsible fatherhood and motherhood to bring unity to our Native Nations

Everyone has the power to change their attitude and behavior but no one has the power to change anyone else.
Precisely, Our Method Is:

**Uplifting:** one’s spirit, attitude, self-image, self-worth, feeling welcome, wanted, needed and special

**Encouraging:** strengthening hope, bringing new hope, inspiring a desire for change, confidence and trust in self and others

**Assisting:** with recognizing opportunities, identifying resources, improving life skills and problem solving abilities

**Teaching:** principles, responsibilities toward family, fatherhood, motherhood, marriage, and self-control

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Promote Choice

- Next to life, the greatest possession we have is the right to choose
- Choice: freedom to act for yourself
- Self-respect: the right to make your own choices
- Respect for others: allowing others to make their own choices
Encourage Change

- Real and lasting change must come from within through feeling
- Outside pressure rarely brings lasting change. Example: knowledge, preaching, intimidation, etc.
- Change comes by filling life with hope, gratitude, & understanding and has a powerful effect upon changing attitude and behavior.

Focus upon Positives

- ACE scores don't tally the positive experiences in early life that can help build resilience and protect a child from the effects of trauma.
- Research indicates that having a grandparent who loves you, a teacher who understands and believes in you, or a trusted friend that you can confide in may mitigate the long-term effects of early trauma.
Techniques to Help a Child

When working with children who are dealing with the impact of adverse childhood experiences, try an approach that does not focus upon a skill set as much as it focuses upon a mind set.

The mind set to working with Native children and adults is to try to understand and appreciate core elements of the influential messages that children receive and internalize as a result of their cultural identity, family heritage and first language.

Techniques to Help a Child

- Identify children at risk through routine screenings or surveillance.
- Assess family strengths and assets as well as challenges to help identify needs for specific services and/or supports in the future.
- Establish relationships with community resources that address trauma in children.
- Create a comprehensive list of community resources available (local United Way organizations are often a good start).
Techniques to Help a Child

- Locate or develop support groups that center upon specific needs of the children, including emotional management, transitions and grief and loss.

- Recruit and train mentors who are older adolescents or young adults with proven skills in working with children in need.

- Promote investment in local programs that focus upon helping others to heal.

Techniques to Help a Child

- Sponsor opportunities for children and adolescents to enhance their self-care skills.

- Locate and participate in culturally-based classes for children that promote protective factors.

- Help the child develop a coping skills booklet or similar tool.
**Techniques to Help a Child**

Offer opportunities for children of all ages to enhance their **coping skills**, such as:

- Help them give words to their feelings
- Stick with what they love to do (to cope)
- Encourage deep breathing
- Help them engage the five senses

**Techniques to Help a Child**

Encourage the child to:

- Write down what is bothering the child and majestically throw it away.
- Create an obstacle course or build a fort.
- Talk to someone they trust
- Cook or bake something good.
- Engage in artistic opportunities for child to express their situations in a safe manner.
Techniques to Help a Child

Be aware of some of the most important messages from your culture, your family, your clan that you want to instill in your children? How do you want to do that?

- Decide how to help children through transitions
- Be present during important times
- Redirect the child during stressful times with humor, music, reading, games, toys, sports.
- Offer opportunities to express feelings through finger painting, drawing, molding clay and other physically artistic expressions.
- Encourage child to play with a pet
Techniques to Help a Child

Promote **assertiveness skills.** Give children ample opportunities to:

- Say “no” to others
- Feel and express anger in safe ways
- Express their needs, thoughts, emotions and ideas
- Ask for help when needed
- Feel supported
- Be proud of their accomplishments

**Remember, it’s not the child’s fault**

- Do not ask: “What’s wrong (with you)?
- Rather ask: Can you tell me what happened to you?
Techniques to Help a Child

Techniques that we can apply:
- Learn to recognize the child’s triggers
- Ask open-ended questions
- Model active listening
- Use positive discipline approaches, never punitive or harmful
- Acknowledge when child is nurturing

- Listen to and explore the child’s self talk. If it is primarily negative or put-downs, offer them suggestions on how to shift to more positive self talk.
- Try to differentiate when a child is having a fear response from one who is just being willful or difficult.
- Explore age-appropriate techniques that promote and enhance resiliency skills in children.
Techniques to Help a Child

To overcome adversities, children draw from three sources of resilience features labelled:

I HAVE
I AM
I CAN.

What they draw from each of the three sources may be described as follows:

Techniques to Help a Child

I HAVE

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who help me when I am sick, in danger or need to learn
**Techniques to Help a Child**

**I AM**
- A person people can like and love
- Glad to do nice things for others and show my concern
- Respectful of myself and others
- Willing to be responsible for what I do
- Sure things will be all right

**Techniques to Help a Child**

**I CAN**
- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it *
### Seven Roots of Resilience

<table>
<thead>
<tr>
<th>ASPECT OF RESILIENCE</th>
<th>AREA OF FOCUS</th>
<th>CORE PRACTICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balancing Brain Chemistry</td>
<td>Biochemical Body</td>
<td>Diet, supplements, medications when needed</td>
</tr>
<tr>
<td>Managing Energy</td>
<td>Energy Body</td>
<td>Exercise, supplements, activities</td>
</tr>
<tr>
<td>Aligning with Nature</td>
<td>Rhythmic Body</td>
<td>Sleep, hormones, cycles of activity/rest, balanced lifestyle</td>
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<tr>
<td>Calming the Mind</td>
<td>Thinking Mind</td>
<td>Mindfulness of breath, body, thought, speech</td>
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<td>Skillfully Facing Emotions</td>
<td>Emotional Mind</td>
<td>Awareness of inner experience, grounding in the moment, releasing “my story”</td>
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<tr>
<td>Cultivating a Good Heart</td>
<td>Heart Capable of Love</td>
<td>Opening to self-acceptance, loving-kindness, generosity, gratitude</td>
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<tr>
<td>Creating Deep Connections</td>
<td>Soul Capable of Unity</td>
<td>Connecting, developing a sense of belonging, seeing interconnection, knowing “All will be well”</td>
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### PROMISING FUTURES

**PROMOTING RESILIENCE**

among children and youth experiencing domestic violence

**PROTECTIVE FACTORS THAT PROMOTE RESILIENCE**

<table>
<thead>
<tr>
<th>INDIVIDUAL</th>
<th>FAMILY</th>
<th>COMMUNITY</th>
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<tbody>
<tr>
<td><strong>Temperament</strong></td>
<td><strong>Relationships</strong>/ Understanding</td>
<td><strong>Role Models</strong>/ Adult &amp; child experiences</td>
</tr>
<tr>
<td>Individual temperament or sense of humor</td>
<td>Ability to express feelings to others</td>
<td>Examples: positive role models, mentorship</td>
</tr>
<tr>
<td>Mastery</td>
<td><strong>Expression</strong>/ Opinions expressed</td>
<td><strong>Supportive Relationships</strong>/ Positive relationships</td>
</tr>
<tr>
<td>Expression of opinions freely</td>
<td>Healthy opinions</td>
<td>Positive social connections</td>
</tr>
<tr>
<td><strong>Conflict Resolution</strong>/ Development of conflict resolution &amp; relaxation techniques</td>
<td><strong>Culture</strong>/ Strong cultural identity</td>
<td><strong>Stability</strong>/ Stable living environment</td>
</tr>
<tr>
<td><strong>Networks</strong>/ Relationships with family members and others</td>
<td><strong>Health</strong>/ Healthy diet</td>
<td><strong>Neighborhood Cohesion</strong>/ Safe &amp; connected communities</td>
</tr>
<tr>
<td><strong>Access to Services</strong>/ Basic needs, advocacy, health</td>
<td><strong>School</strong>/ Positive school experiences &amp; support</td>
<td><strong>Mentors</strong>/ Adult &amp; mentor, i.e., coach, faith leader</td>
</tr>
</tbody>
</table>

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.
Techniques to Help a Child

Exercise
In small group discussion, list several steps that you could take to pursue the suggestions listed with children with whom you work.

What can Be Done About ACES?
These wide-ranging health and social consequences underscore the importance of preventing ACEs before they happen. Safe, stable, and nurturing relationships and environments (SSNREs) can have a positive impact on a broad range of health problems and on the development of skills that will help children reach their full potential. Strategies that address the needs of children and their families include:

- Voluntary home visiting programs can help families by strengthening maternal parenting practices, the quality of the child’s home environment, and children’s development. Example: Nurse-Parent Partnership
- Home visiting to pregnant women and families with newborns
- Parenting training programs
- Intimate partner violence prevention
- Social support for parents
- Parent support programs for teens and teen pregnancy prevention programs
- Mental illness and substance abuse treatment
- High quality child care
- Sufficient income support for lower income families
It is generally understood that ACE scores between 4 and 10 can explain why adults experience chronic disease or identify those at risk for developing chronic diseases.

Knowing our ACEs score is as important as knowing our cholesterol scores.

Knowing can help us take steps to change or prevent behaviors likely to result in disease and it can help us prevent it in our children as well to ensure their healthy development.
In a 2015 Indian Health Service (IHS) report, “Trends in Indian Health,” finds that American Indians are 638% more likely to suffer from alcoholism compared to the rest of the U.S. population.

The impact of this addiction obviously impacts healthy child development and parent child relationships.

Adults who have experienced ACEs in their early years may exhibit reduced parenting capacity or maladaptive responses to their children.

The physiological changes that have occurred to the adult’s stress response system as a result of earlier trauma can result in limited capacity to respond to additional stressors in a healthy way.
**ACEs Impact Upon Adults**

Adverse childhood experiences increase the chance of social risk factors, mental health issues, substance abuse, intimate partner violence and adult adoption of risky behaviors.

All of these can affect parenting in a negative way and perpetuate a continuing exposure to ACEs across generations to come.

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**ACEs Impact Upon Adults**

Trauma not only affects those who directly experience it, but also those in the generations that follow.

*Dr. María Yellow Horse Brave Heart* describes historical trauma as the “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.”
Promote and pursue healthy change

- Real and lasting change must come from within through **feeling**.

- Outside pressure rarely brings lasting change. Example: knowledge, preaching, intimidation, etc.

- Change comes by filling life with **hope, gratitude, and understanding** and has a powerful effect on changing attitude and behavior.

Techniques to Help an Adult

- Encourage parents to seek "trauma informed" therapy, which may center upon art, yoga, exercise, mindfulness training and many other options.

- Identify resources in the community that offer parent education classes and workshops to help parents identify and attend to their issues.

- Make classes and workshops available to staff and parents that promote healthy problem-solving, conflict resolution and emotional management.
Techniques to Help an Adult

- Help parents understand the detrimental and dangerous effect of spanking and other forms of corporal punishment on their children.
- When considering job placement assistance, seek employment in businesses with family-friendly policies and practices.
- Locate and place children in culturally enriching child care centers and pre-school programs.

Techniques to Help an Adult

Promote healthy assertiveness skills to:
- Enhance personal awareness of their emotions, habits and desires.
- Identify areas where they are comfortable speaking up for themselves and where they are not.
- Face their fears and practice being assertive with moderate self-exposure.
Techniques to Help an Adult

- Enhance healthy parenting by encouraging families to request tribal-based home visiting services.

- Encourage adults to seek positive inputs – like calming music, unprocessed foods, sweats and walks through nature – to stimulate their system to regulate in favorable ways.
Techniques to Help an Adult

- Explore multigenerational approaches to recognize problems and pursue healing activities and attitudes.
- Support programs that encourage attachment, healthy relationships and culturally-based therapeutic interventions.
- Promote trauma-informed workplaces, schools, neighborhoods and communities.

Techniques to Help an Adult

Encourage parents to assess their personal problems and then to determine how they might problem solve to find balance between the healthy parts of their life and the unhealthy parts of their life. Between work outside the home and work inside their home. What is working and what is not?

What is their plan to grow a happy and safe family?
Conclusion

As you review the content of this workshop, select three to five points raised that you want to apply to the families with whom you work.

**How do you want accomplish this?**
Conclusion

- “Humankind has not woven the web of life. We are but one thread within it. Whatever we do to the web, we do to ourselves. All things are bound together. All things connect.” ~Chief Seattle, Duwamish

- Don’t be afraid to cry. It will free your mind of sorrowful thoughts. ~Hopi

- “Tell me and I’ll forget. Show me, and I may not remember. Involve me, and I’ll understand.” ~Tribe Unknown
Conclusion

- “The greater a child’s terror, and the earlier it is experienced, the harder it becomes to develop a strong and healthy sense of self.” ~Nathaniel Branden, Six Pillars of Self-Esteem.
- “If the sound of happy children is grating on your ears, I don't think it's the children who need to be adjusted.” ~Stefan Molyneux
- “If you carry your childhood with you, you never become older.” ~Tom Stoppard

Conclusion

- “When you were born, you cried and the world rejoiced. Live your life so that when you die, the world cries and you rejoice.” ~Cherokee
- “If we wonder often, the gift of knowledge will come.” ~Arapaho
- “Everyone who is successful must have dreamed of something.” ~Maricopa saying
- “He who would do great things should not attempt them all alone.” ~Seneca
Conclusion

- “We will be known forever by the tracks we leave.” ~ Dakota
- “You have to look deeper, way below the anger, the hurt, the hate, the jealousy, the self-pity, way down deeper where the dreams lie, son. Find your dream. It’s the pursuit of the dream that heals you.” ~ Billy Mills
- “You already possess everything necessary to become great.” ~ A Crow saying

Sources of Information

- Slide 39 Henry Emmons, @partnersinresilience.com
- Slides 49-50 “The Impact of Historical and Intergenerational Trauma on American Indian and Alaska Native Communities, November 25, 2015. SAMHSA
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- Slide 5. Injury Prevention Center, Strong Families, Phoenix Children’s Hospital
- Slides 8-9. “A Framework to Examine the Role of Epigenetics in Health Disparities among Native Americans,” by Teresa N. Brockie, Morgan Heinzelmann and Jessica Gill, Nursing Research and Translational Science, National Institutes of Health, Bethesda, MD. 2013,

Presenter

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