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## **Vermont Network Against Domestic and Sexual Violence recommendations to Act 43 Work Group:**

1. **Support initiatives to enhance trauma informed and resiliency focused work in VT to the fullest extent – on all levels**
  - This is backed by the NEAR science – evidenced based/informed!
  - Think comprehensively – taking a *Long-term Population approach* (primary prevention, over all generations, all people, all agencies, comprehensive)
  - *Building flourishing communities* work – that will bring awareness to communities
  - Build on currently existing trauma and resiliency work – it is already happening here.
  
2. **VT needs some state level Trauma/Resiliency Coordination -** We would love to see a position dedicated to keeping initiatives moving, holding us all accountable to our commitments, keeping and maintain focus, looking at coordinated responses to traumatic events in VT; seeking advice from community responders – beyond AHS orgs; making sure we are using best practice approaches
  
3. We would like to see any legislation **make intentional effort to include leadership and advise from communities that are marginalized** (communities of color, refugees, immigrants, people with disabilities, LGBTQ) who have experienced historical and other traumas to a greater degree

## Testimony Outline

See: Handouts so that you can follow along

### I. Impact of DV on Kids (handout *How Does DV Affect Children?*)

- **Basics:**
  - We've known for years that exposure/witnessing DV can have significant impacts on kids. These impacts include physical, emotional, behavioral, social and cognitive and can range from slight to severe.
  - How a child responds depends on protective/risk factors such as their age and development, how severe and frequent the violence, the child's relationship to the victim and person using violence, other stresses, family and other relationships.
  - We know that the best predictor of healing/resiliency is strong relationships with adults – usually caregivers.
- **In our advocacy work with children/youth/caregivers, we acknowledge that**
  - Not all childhood adversities are uniformly detrimental to individual children
  - We like to focus on protective factors that exist in people's lives and mitigate harm INCLUDING strength of family and other relationships.

- **Watch a video about Chad. (5 minutes)**

<https://www.youtube.com/watch?v=sFH6GR0ASKg>

***Content WARNING: Young man talks about his experiences of DV as a child – the hard parts and also what helped him***

- **This is part of a national campaign called 'Changing Minds' that**
  - <https://changingmindsnow.org/>
  - focuses specifically on children and youth who witness violence and
  - lines up squarely with the ACES work that Vermont is doing now (through *Building Flourishing Communities*) **(Handout at the end of your packets)**
- ***Changing Minds' goals are to:***
  - Raises awareness about childhood exposure to violence/ACES
  - Motivate adults to
    - be caring supportive people in the lives of children and
    - take actions that build relationship and support resilience

***The video shows the trends and best practices in our field of supporting the resiliency of children who witness violence by encouraging adults to build strong relationships with kids (caregivers and all adults).***

- This approach is showing up all over our work - in federal grant solicitations, as topics for conferences & trainings, in areas of research and program evaluation

## II. Vermont Trends

### a) VT Stats:

#### **Network 2016 Annual Report: (handout)**

- 1,853 children/youth total served; 387 abused children and teens accessed services; (both up from 2015)
- 354 stayed in shelters
- 122 in transitional housing
- You can see the stats on the left of the handout that show counties and total bed nights.

#### **DCF 2015 report: (handout)**

- DV identified as a 'family factor' in between 13%-15% of the reports made (2011-2015)

#### **Voices for VT's Children: *Seeing the Whole Child A KIDS COUNT® in Vermont State Data Book 2017 pp. 82-83* (handout)**

- 22% of Vermont's children have experienced 2 or more ACES
- 6% experienced or lived with DV (based on a national stat, I think)

### b) VT Network related ACES work: (handout – NW Program List)

- **Advocacy work is inherently 'trauma informed' and survivor centered – including our work with kids** when we are doing our work well.
- It is part of our core mission to asked first '**what happened to you' and not 'what is wrong with you'**'; to be **survivor determined and driven**
- However – we also need to be intentional and focus – and see when we've lost track of this. **We've been:**
  - Working to **make our shelters, services, groups and spaces more trauma informed**, lots of ops for trainings and materials about trauma, ACES, resilience, etc.
  - Working to **center marginalized communities** in leadership (including youth, voices of children, survey)
  - **New evidence informed home visiting advocacy approach** – longer term relationships and focused on strengthening relationships between caregivers and kids – VT Rural Project

### III. National trends-DV work:

#### a) Stats and fact sheets: (handout *Defending Childhood*)

- 17.9 of children of all ages have been exposed to physical DV in their lifetime (13.6 million)
- 40% of all teens 14-17 have been exposed to at least one form of IPV during their lifetimes

#### b) National DV community is now recognizing the importance of the NEAR science

*(Neuroscience, Epigenetics, ACEs, and Resilience which gives us a more whole picture of the experiences over the life -course and over generations).*

- **We know that what happens to children/youth impacts their mental health and health outcomes when they are adults – including their likelihood of becoming victims of DV and SV or perpetrating violence**
  - ACE Study showed that when children are victims of child abuse or witness DV, they are between 2-3.8 x as likely to become victims or perpetrators
  - as ACE scores increased, so did risk of experiencing SV in adulthood
  - Each of the ACE variables was significantly associated with adult SV, with CSA being the strongest predictor of adult SV victimization
  - **This tells us that reducing ACES = Reducing DV and SV**
- **In order to see a cultural shift, we need to:**
  - ALL take responsibility for supporting resilience in kids and adults over generations – including all levels of government and social services and education
  - increase public/community knowledge about ACES and Resiliency
    - so that all adults can support kids and caretakers who have experienced trauma
  - Center leaders who have experienced adversity and understand its impacts
  - Take intentional action to DECREASE ACES and INCREASE RESILIENCY