ARBEST

Arkansas Building Effective Services for Trauma

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In This Issue

Noteworthy News

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Dear Partners,

We hope your year is going well as we quickly head into spring. This month we highlight several topics that may be off your radars, violence in teen dating and mental heath diversity. In our resources section we provide materials on an issue being seen more frequently in CACs across the state, problematic sexual behavior (PSB). For newsletter subscriptions or to share your ideas and comments, email us.

Highlight

Young Love: Help Stop Violence by Teaching Arkansas' Teens to Love Wisely

February is Teen Dating Violence Awareness Month, and this year's theme is “Love Is Respect.” According to the awareness website, "**One in three teens in the U.S. will experience physical, sexual, or emotional abuse by someone they are in a relationship with before they become adults**." This topic matters to us greatly because, last year alone, Arkansas CACs provided services to **1,482 teenagers**. As child advocacy workers, we already know that youth who have witnessed relationship violence in their homes—or who have experienced other traumas—are at greater risk of becoming involved in abusive relationships themselves. We can help stop that cycle by educating the teens we see about healthy dating behaviors. The other cycle we need to break is dating violence perpetration. Risk factors that contribute to the likelihood of a teen becoming a perpetrator of dating violence are often similar to those of becoming a victim to it, including:

- believing that it is acceptable to use threats or violence to get one's way or to express frustration or anger
- problems managing anger or frustration
- association with violent peers
- low self-esteem and depression
- not having parental supervision and support
- witnessing violence at home or in the community.

It is essential to the future well-being of our world that our youth learn how to have healthy relationships with healthy boundaries. Arkansas' lawmakers agree and enacted legislation to that effect. Act 952 of the 2015 Regular Session states:
(d) The Department of Education shall annually provide a list of source materials available for school districts to use to teach a unit on dating violence awareness, including without limitation materials from: (1) The Arkansas Coalition Against Domestic Violence; (2) The Centers for Disease Control and Prevention; (3) The National Domestic Violence Hotline; (4) The National Institutes of Health; and (5) Other sources of scientifically based research that is peer-reviewed.

We advise you to peruse and use the state's Dating Violence Awareness Resources.The ones we found especially helpfully are:

- **For adults, therapists, and advocates:** Learn how to help teens with this very informative site, Dating Violence Prevention from Youth.Gov
- **For teens:** Don't Let Yourself**,** a site with great videos and interactive info on recognizing dating violence and getting help; and Break The Cycle, fun ways to learn about dating violence prevention and topics like *Setting Boundaries in a Relationship, Dear Friend: What Your Support During An Abusive Relationship Really Meant*, *A Survivor on Why It's Time to Talk*, and *Real Stories: Leaving Isn't Simple*. A project of the site, **Let's Be Real**, is an interactive community, "a

movement for young people created by young people about relationships."

- **For Arkansas teens:** Former Arkansas Razorback D.J. Williams tells his story of growing up in an abusive home and how he escaped the violence.

Mental Health Conditions Affect the African-American Community

No single group in America is immune to mental health issues. Reaching out to people of diverse racial, ethnic, cultural, geographical, and socioeconomic backgrounds requires sensitivity to different perspectives and values. To address this, the National Alliance on Mental Illness (NAMI) has created a "Diverse Communities" section of its website to address this, including a section on mental health awareness for the African-American community. NAMI points out that while anyone can develop a mental health problem, "African Americans sometimes experience more severe forms of mental health conditions due to unmet needs and other barriers. According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population" and yet are least likely to seek treatment for mental or emotional issues.The site discusses some of the reasons that prevent African Americans from seeking treatment and receiving quality care, such as lack of information and misunderstanding about mental health; faith, spirituality, and community; and reluctance and inability to access mental health services. For more details and tips on finding a provider with cultural competence in service delivery, visit NAMI's African-American Mental Health.

Update

2017 TF-CBT Conferences

The next TF-CBT training conferences will once again be held at UAMS, but in a different location. The Introductory TF-CBT Training Conference will be held May 3-4 and the Seventh Annual Advanced TF-CBT Training Conference will be on May 5. Both conferences will run from 8 am to 4 pm and will be held

at the UAMS College of Public Health Auditorium, Eighth Floor, Room 240.

These are unique opportunities to gain free training, network with colleagues, and learn from experts. Tony Mannarino, Ph.D., co-developed TF-CBT almost 20 years ago to help children who have experienced or witnessed a traumatic event, such as sexual or physical abuse, a tornado or fire, a motor vehicle accident, violence at home or in the community, or some other type of stressful incident. After leading ARBEST's conferences for the past seven years, he has turned the training reigns over to local experts Jan Church, Ph.D., a professor in the Department of Pediatrics Family Treatment Program, and Ben Sigel, Ph.D., an assistant professor in the Department of Psychiatry and the Psychiatric Research Institute's Child Study Center. These two leaders were chosen to be national and international train-the-trainers with the National Therapist Certification Program in the TF-CBT treatment model because of their excellence as clinicians, local trainers, and educators. We are very proud of them for earning this outstanding distinction as two of only 69 in the world. Drs. Church and Sigel will be co-instructors at both TF-CBT conferences. The conferences will also include the presentation of a case study by a therapist. So far 58 people are registered for the Introductory Conference and 83 for the Advanced Conference. Space is limited, so register today. For questions, email Jasmine Medley.

Resources

New Resources from NCA Offer Help with PSB
As therapists, advocates, and forensic interviewers on the front lines, you already know that our CACs are seeing more problematic sexual behaviors (PSBs) in the clients we serve. In fact, according to the National Children's Alliance (NCA), 20-25% of CAC cases nationwide involve a youth or child with PSB. To provide assistance with this issue, NCA has created new resources, including videos and fact sheets, for CACs, their partners, communities, and families to understand and address PSBs in youth and children.

Fact Sheets

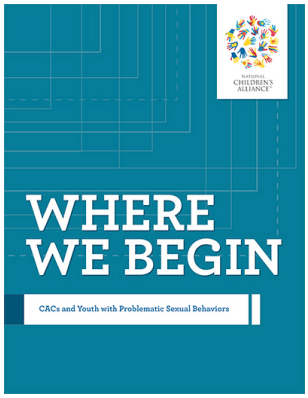
The three PSB fact sheets are designed for specific audiences—CAC leaders and staff, MDT and community partners, and caregivers of children with PSBs—to help educate people on this key issue. Each CAC that is an NCA member will receive copies of all three brochures to be used with staff, board, team, partner agencies, and caregivers of youth with PSB. The sheets are also available on the NCA website for downloading and reprinting.

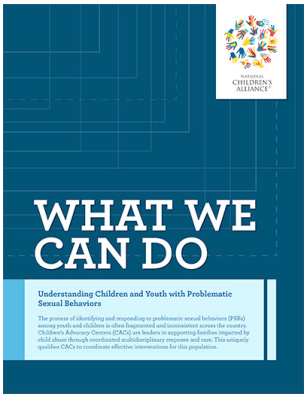
From *Where We Begin*--***CACs and Youth with Problematic Sexual Behaviors****:* "Without CACs leading the response to problematic sexual behaviors, there are often few options for these children and families to receive services once communities identify problematic sexual behaviors. CACs increasingly identify these gaps and fill them." This fact sheet is intended for CAC leaders and staff, with guidance on building the response to problematic sexual behaviors, the key role CACs play in addressing this issue, and building community support for the CAC response.

From *What We Can Do*--***Understanding Children and Youth with Problematic Sexual Behaviors:*** "The process of identifying and responding to problematic sexual behaviors among youth and children is often fragmented and inconsistent across the country. CACs are leaders in supporting families impacted by child abuse through coordinated multidisciplinary response and care. This uniquely qualifies CACs to coordinate effective interventions for this population." This fact sheet is an overview of problematic sexual behaviors in youth and children, and includes basic information on the continuum of childhood sexual behaviors, criteria for problematic sexual behaviors, the role of language and science in informing the response, and next steps for communities. It is appropriate for community partners, multidisciplinary team members, and general education on the issue for CAC staff and community members.

From *What Happens Now*--***Facing Sexual Behavior Problems with Your Child:*** "Discovering that your child has a problematic sexual behavior can be overwhelming. It can bring about a flood of emotions, from anger to sadness, denial, shame and guilt. Having the right help and support is vital to helping your child and assisting

you in gaining a sense of hope for the future. You are not alone. Help is available." This fact sheet is intended for caregivers of children and youth with problematic sexual behaviors, with guidance on the how caregivers can help their children and answers to pressing questions caregivers and family members may have.





Videos

The video training series from NCA and the National Center on the Sexual Behavior of Youth is available on Midwest Regional CAC's new eLearning portal. The free, two-hour training guides CAC leaders and partners through crucial information about problematic sexual behaviors in youth and children, and the CAC response. Watch the trailer.

Meet a VIP

We regularly feature a VIP (Very Interesting Person) in our newsletter. This issue meet Jennifer Sellers, Mental Health Professional, Texarkana Children's Advocacy Center, in Texarkana.

February VIP: Jennifer Sellers
Jennifer Sellers is new to the Arkansas CAC world, and excited about it. She is, however, not new to mental health, having been a therapist for the past seven years, in both private practice and working for the public sector. She has been using TF-CBT components to help patients with both complex trauma and complex PTSD. She says, "TF-CBT has been a very beneficial therapeutic modality for my patients."

She enjoys the structure of the intervention, which she finds also flexible in how it is applied to each individual patient. She focuses on the patient's readiness for each component of TF-CBT so as to ensure maximum benefit and success for that patient. For Jennifer, a typical day at the office is seeing a few patients, completing a few clinical intakes for new patients, and charting. She says bad days at the office are "relative, and I focus on finding my meaning in the moment," which she does through utilizing relaxation.

Jennifer Sellers, Mental Health Professional, Texarkana Children's Advocacy Center

Most likes about her job: I like learning new ways to meet the client where they are and seeing positive change over time.
Enjoys doing when not at work: I enjoy spending time

with my stepdaughter, Madi, playing with my “puppies” (an English Bulldog and Cockerspaniel), and relaxing with my husband.

Funniest thing that has ever happened to her: Prior to becoming a therapist, I was a Police Officer. One night I was pursuing a suspect who had stolen several items. We were running through pouring rain, over fences, and down stairs. I attempted to throw my baton to get him to fall; however, in doing so, I fell down three flights of stairs, and the baton never touched him. He just momentarily stopped, looked at me, and then kept running.

Send us your suggestions for our next VIP.

Webinar Wrap-Up [& Preview]

In a webinar that aired on January 19, 2017, "It's 'Normal to be Normal,'" Dr. Karen Farst explained the medical exams that children with maltreatment reports undergo. She also discussed what constitutes a “normal” exam and why disclosures often don’t occur.

According to Dr. Farst, a medical evaluation for sexual abuse falls into one of three categories depending on the time between the incident and disclosure: emergent, urgent, or non-urgent. Exams are done by emergency departments, Children’s Advocacy Centers, primary care providers, and other medical providers (MD, RN, APN, PA).The exam has many purposes, including to collect foreign fluids or material for evidence; identify acute or healed injuries from abuse; identify and treat sexually transmitted infections; help families understand that disclosure is a process (often provides unexpected findings and additional history); offer reassurance to patient and family; discuss behavior symptoms and family stressors; and refer patients for other needed medical and mental health care.

Medical evaluations for sexual abuse should be done only by a provider with specific training in how to correctly obtain physical findings, test for STD and pregnancy, and recognize and provide referrals for related issues. The examiner should acquire “diagnostic quality” photo-documentation of the ano-genital findings (still or video) to prevent the child from having a repeat

exam for consult, second opinion, or review by defense.Many medical exams for abuse screen as normal. Some people wonder how a child can appear physically “normal” after abuse has occurred and mistake this for evidence that abuse did not happen. The normal screening can happen for a variety of reasons, including type of skin, lack of injury, speed of healing and delay of reporting, and meanings of “penetration.”

There are many cultural myths surrounding these issues. Some people believe there has to be a physical “pop” or break or bleed if penetration has occurred. However, in a study of 36 pregnant teenagers, only two had definitive findings of penetration on exam. Furthermore, most young children with STDs have no definitive evidence of penetration on exam. In fact, over 90% of children who have been sexually abused have normal exams, including those who had anal or genital penetration and young children. The lack of physical evidence also extends to cases with multiple episodes of penetration. While acute assault victims may have a higher rate of findings, they also often do NOT usually have anal or genital injuries (less than 20% do).

Dr. Farst noted that recovering DNA from the body of young children is uncommon and even more rare after 24 hours. The prevalence of sexually transmitted infections in young children is also low.
There are myths related to disclosure too, including:

- If it really happened, he/she would have told someone right away.
- If it really happened, he/she would have shown more emotion during their disclosure.

When researchers interviewed 3,220 adults who had childhood rape experiences, only 9 percent (288) described the rape. The rape was not disclosed during childhood by 28 percent of the group. Children are less likely to disclose (or delay) if they are older, fear negative consequences, or feel that the abuse was their fault or if the abuse happened within the family. Children whose parents do not believe disclosure are twice as likely to endorse self-blame for the abuse.

While these numbers may be hard to believe, a study of 10 kids who were all identified on videotaped events of

being sexually abused by a young adult in their neighborhood showed proof that this indeed does happen. Three of the ten children completely denied in confrontational questioning even though every incident that was disclosed was corroborated. None of the kids who disclosed described all of the acts against them captured on the video.

We may wonder why these children don't show emotions. When 124 taped interviews were reviewed and graded on emotional response during disclosure, most children (75%) were neutral. Perhaps surprisingly, the number of abuse events was inversely related to negative emotional response, which suggests that a normal adaptive response = survival.

Resources for More Information:

1. 90% of children who have been sexually abused have normal physical exams. "Children referred for possible sexual abuse," Child Abuse & Neglect, Astrid Heger, et. al.
2. The more frequently abuse occurs for children, the less likely they are to tell, and instead go into survival mode, which often means carrying secrets in silence. "Children's expressed emotions when disclosing maltreatment," Liat Sayfan, et. al.
3. Journal of Pediatric and Adolescent Gynecology, 2015;29(2) Adams J., et al. Updated guidelines for medical assessment and care of children who may have been sexually abused.
4. Journal of Child Sexual Abuse, 2011;20

- Berkowitz, Healing of Genital Injuries
- Stewart, Hymenal Findings
- Christian, Timing of the Medical Examination

5. JAMA, 2008;300(23). Berkoff M., Has the pre-pubertal girl been sexually abused?

For a full recording of this webinar, visit our webinar archives.

Preview of March Webinar

March 29 ▪ 12 pm "What Is PCIT?" with Joy Pemberton, Ph.D., PRI's Child Study Center

PCIT was created for children ages 2-7 with disruptive behaviors and/or a history of trauma.Core components include strengthening the parent-child relationship and

teaching appropriate, consistent discipline skills. In Arkansas, 32 PCIT therapists serve eight counties, with the highest numbers of therapists located in Pulaski and Craighead Counties. You will learn more about PCIT and our state's efforts to disseminate it at this webinar.

Calendar

March 27-30 ▪ National Children's Advocacy Center International Symposium on Child Abuse. Huntsville, AL.

March 29 ▪ 12 pm ARBEST webinar, "What Is PCIT?" with Joy Pemberton, Ph.D., PRI's Child Study Center.

April 13-14 ▪ Arkansas Mental Health Counselors Association Conference. Crowne Plaza, Little Rock.

April 19 ▪ #weARblue day featuring annual morning rally on the steps of the Capitol, the annual Percy Malone Child Protection Award Luncheon, and a full day of Arkansans dressed in blue to support awareness during Child Abuse Protection Month.

May 3-4 ▪ ARBEST Introductory TF-CBT Training. UAMS, Little Rock. Registration opens February 1.

May 5 ▪ ARBEST Advanced TF-CBT Training. UAMS, Little Rock. Registration opens February 1.

June 16-17 ▪ River Cities Dragon Boat Festival to benefit the Children's Protection Center. Lake Willastein, Maumelle. Register your team early!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