Building Resiliency *in* Children *and* Youth

Domestic violence – also called interpersonal violence – is a serious issue that affects children around the world. It happens when someone uses harmful or controlling behavior toward a family member or someone they live with. Domestic violence typically is a pattern of abuse that can include physical, sexual, emotional, economic, and/or psychological mistreatment. This can include hitting, hurting feelings, controlling money, or making someone feel afraid.

Children who witness violence at home can be deeply affected. It can harm their mental and emotional health and make it harder for them to feel safe with their caregivers. Seeing violence again and again can lead to mental health problems, trouble in school, and difficulty forming healthy relationships. Some children may even develop post-traumatic stress disorder (PTSD), which causes ongoing fear, anxiety, or sadness after a traumatic event.

Studies show that American Indian/ Alaska Native children are more likely than other kids to witness violence at home or in their neighborhoods.

This guide draws on multiple studies to provide tips and tools for anyone who wants to be part of a child's or youth's circle of support to promote resiliency and mental wellbeing in childhood and beyond.

National American Indian & Alaska Native
Childhood Trauma TSA, Category II
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Adverse Child Experiences at a Glance

Native children experience higher adverse child experiences (ACEs) and collective trauma compared to children of other groups. ACEs are stressful and traumatic events experienced during childhood that include experiencing abuse, neglect, or witnessing violence in the home. (If you want a more academic explanation of what's shown here, including references, jump to page 8.)

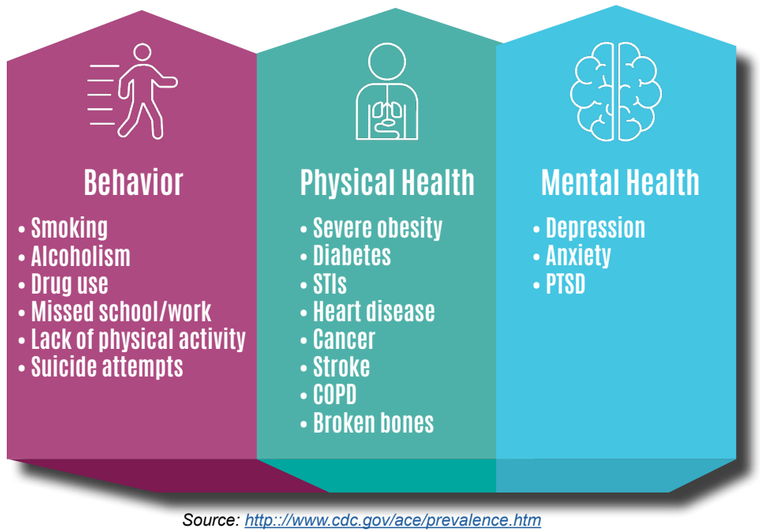
16% of children exposed to domestic violence **develop PTSD**

AI/AN children are twice as likely to witness **violence between parents**

AI/AN children are twice as likely to **witness or be victimized by neighboorhood violence**

HOW ACES AFFECT AI/AN CHILDREN

More ACEs = Higher Risks



2 in 5 (40.3%) American Indian/ Alaska Native children experience more than 2 ACEs, twice as many as non-Hispanic white children

Caregiver support is crucial in determining how children respond to trauma. Use this guide for ideas on how to support your child.

Source: http://www.cdc.gov/ace/prevalence.htm

How children and youth respond to trauma

NOTE: This chart is a general guide and is not intended to label or predict outcomes. Each young person's experiences, strengths, and cultural background is unique. Changes in bahavior may be temporary and due to multiple factors, and each youth should be approached with care, respect, and an open mind.

Area	(2½ to 6 years)	7-8 years	9-12 years	13-18 years
Feelings	Irritable, acute separation anxieties, aggression.	Sadness, grief, fear, deprivation, loss, & anger.	Loss & rejection, helplessness & loneliness, shame, worry, & hurt.	Fear, sadness, anger, disappointment.
Expression	Young kids regress in behavior, aggressive behavior & tantrums, fantasy.	Crying & sobbing, fantasies, increase in possessiveness & no sharing.	Directed toward parents or others they associate with trauma; tantrums, demands, & dictatorial attitudes; increase in petty stealing; strained relations with authority.	Openness about their situation, involved in social activities.
Coping Mechanisms	No coping mechanism, which pushes them toward aggression.	No healthy mechanisms to avoid pain.	Views trauma with soberness & clarity & masks feelings. Engages in play.	More self-reliant, acting out, may be more susceptible to use of alcohol or other substances.
School	Impairs preschool social-emotional and cognitive function; predicts poorer kindergarten readiness and performance.	No difference from other children.	Noticeable decline in school performance.	No difference from other children.
Reason for Trauma	Self-accusations.	Majority concerned with who or what caused the trauma.	Only a few were concerned with their causing the trauma, more questioning of why?	Do not see themselves as the reason for the trauma. May become more active in social justice.
Cognitive	Confusion about what is happening.	Confusion about what is happening.	Clear understanding of what is happening.	Clear understanding of what is happening, how situations can be prevented or helped.
One year later	Majority in worse condition.	65% either improved or accepted the trauma; 23% experienced deterioration.	25% worried about being forgotten or abandoned by parents or something happening to them when away from primary caregivers; 75% resumed educational & social achievements; isolated children worsened.	Majority are functioning again as before the trauma. Same cognitive questions.

The National Institute of Mental Health, part of the National Institutes of Health, has a useful guide that looks at common trauma reactions, how adults can help, and additional resources. Download "Helping Children and Adolescents Cope with Traumatic Events" here.

Supportive Circles and How to Help

Multiple research studies have recognized that the availability of consistent and supportive relationships during childhood is an important determinant of mental wellbeing in childhood and over the life course (Butler et al., 2022).

Family

In many Native cultures and communities, the concept of “family” extends far beyond the Westernized, nuclear family structure. Family structure, according to Hicks and Liddell (2023), remains foundational to AI/AN communities despite the harmful impact colonization had on Native communities.

Oftentimes, households consist of multiple generations and family extensions such as grandparents, parents, aunts and/or uncles, cousins, and siblings. No matter the make-up of the family a child has, their presence and influence in his or her life has a profound impact on his or her wellbeing.

Caregivers and family members can offer emotional support, a safe space to listen, and tactics to meet the needs of the children and youth in their care. Keep reading to find examples of ways family members can help.

Daily Affirmations for Strength and Connection

Family members living in the household can help create a routine for children and youth in the home around positive affirmations, helping children and youth build self-confidence and self-worth.

How to use these affirmations

Keep the ‘Positive Affirmation Handout” on a refrigerator or wall where it can be a daily reminder to repeat one affirmation a day.

- **Morning ritual:** Encourage children to choose one or two affirmations to say aloud each morning, perhaps while holding a small meaningful object like a stone, feather, or bead to feel grounded.
- **Story time connection:** Pair an affirmation with a short story from their culture to deepen understanding and pride.
- **Creative expression:** Let children draw or paint what an affirmation means to them, turning words into art.
- **Community sharing:** Invite them to share an affirmation with a friend or family member, spreading positivity.

Daily Affirmations for Strength and Connection

"I carry the strength of my ancestors in my heart, and their courage guides my steps each day."

"The wisdom of my elders lives in me, and I carry it with respect."

"The land and I are part of each other — I care for it, and it cares for me."

"I am loved, I am strong, I am enough — just as I am."

"My voice matters, my story is important, and I speak with truth and kindness."

"My dreams are important, and I have the power to make them real."

"I walk in balance with nature, people, and my own spirit."

"I listen to the earth, the wind, the water, and the sky — they teach me every day."

"I am proud of where I come from, and I honor the traditions that make me who I am."

"I am part of a long, beautiful story that began before me and will continue after me."

"Kindness is my strength, courage is my guide, and love is my way forward."

"I treat myself and others with respect, because we are all connected."

"I honor my traditions, learn from my elders, and help my culture grow for the future."

"I am a bridge between the wisdom of the past and the hope of the future."

"I am a light for my family, my friends, and my community."

Self-care

Family members and other household members can ensure children and youth in their home are getting self-care or they can create a space where self-care is encouraged and supported. Self-care is necessary in fostering resilience and well-being, as well as helping cope with stress and emotions. Regular exercise (or another form of physical activity such as sports), proper nutrition, and adequate sleep are foundational for physical and emotional health.

- **Sleep:** Depending on age, children and youth need 8-10 hours (or more!) of sleep each night.
- **Nutrition**: Nutritional needs for children varies depending on age and activity level but can be anywhere from 1000 calories for young children to more than 2000 calories for teenagers. https://www.mayoclinic.org/healthy-lifestyle/childrens-health/in-depth/nutrition-for-kids/art-20049335
- **Outlets:** Help the children in your home find outlets that work for them. Examples: journaling, drawing, painting, music, dancing, sports, therapy, beading, sewing, etc.

School

In addition to caregivers and immediate family members, the most frequent positive role model, or trusted adult, in children's lives is a teacher. The relationship between students and their teachers can positively influence children's school engagement and achievement, social skills, problem-solving skills, and sense of purpose and autonomy (Butler et al., 2022).

Teachers and other school personnel can help by checking in on a child's or youth's home-work and lifestyle and by offering guidance on interests, goals, and future.

Relationships with their friends and peers can also have a positive influence on building self-esteem and providing a source of emotional support and acceptance.

Service Providers

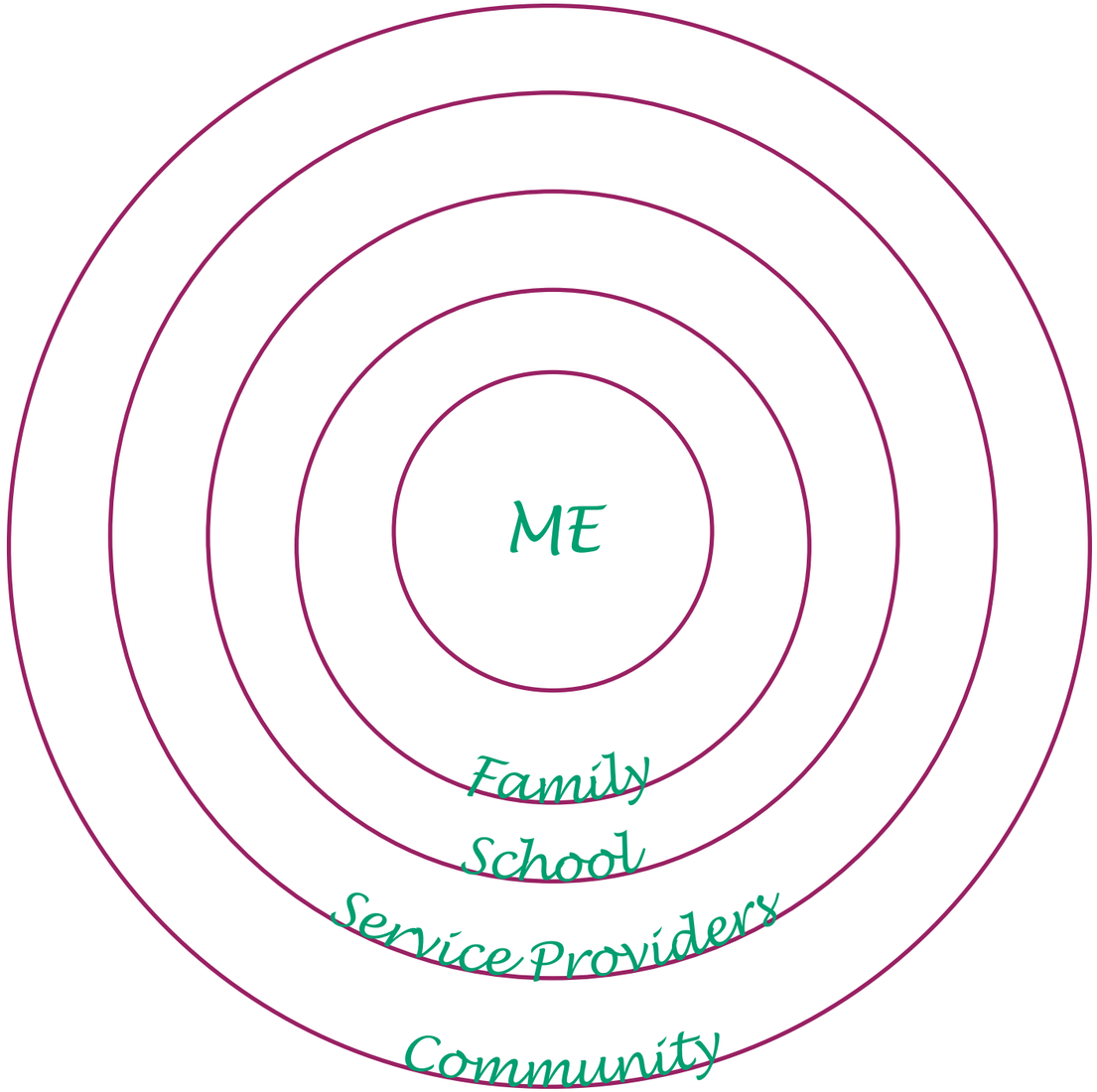
Service providers play a critical role in the health and wellness of children and youth. In many cases, families trust service providers to point them in the right direction for services and resources. Research shows that primary care providers can provide care that addresses risks to social and emotional development (Brown et al., 2017).

It is important that service providers are knowledgeable about the resources in their local area that can benefit children and youth. It is also important for service providers to network with others for referral purposes. Collaboration and coordination of primary, specialty, and community care is crucial in addressing mental health needs (Brown et al., 2017).

NOTE: In AI/AN communities, family and community support is often preferred over more formal sources such as health care institutions like hospitals, due to a history of harmful and unethical services delivered to AI/AN communities.

Identifying Your Circle

Use this worksheet to identify the people in your circles of support. These are trusted individuals you can turn to for information, guidance, and support.



Domestic and Interpersonal Violence: Overview

Domestic Violence (DV), also known as interpersonal violence (IPV) is considered a major public health issue to children worldwide (Doroudchi et al., 2023; Stylianou et al., 2020). DV is a pattern of abusive behavior in any relationship, including family members that live within the same household (family violence), and encompasses physical, sexual, emotional, economic, and psychological abuse (Doroudchi et al., 2023; Department of Justice, 2025).

Family violence can lead to physical and psychological consequences affecting children witnessing it, but Mazza and colleagues (2021) write that it can also compromise a child's attachment to primary caregivers (Doroudchi et al., 2023). Repeated exposure to DV, for both victim and secondary victim, may be associated with the onset, severity, and recurrence of mental health problems, as well as difficulties in cognition, academic achievement, socioeconomic development, and disproportionately high levels of child abuse and injuries (Doroudchi et al., 2023; Stylianou et al., 2020). Research indicates that 15.9% of children exposed to traumatic events can also develop post-traumatic stress disorder (PTSD) (Stylianou et al, 2020). A study by Kenney and Singh (2016) found that American Indian and Alaska Native (AI/AN) children were at least twice as likely as non-Hispanic White children to have witnessed interpersonal violence between parents; AI/AN children also are twice as likely to have been a victim of or witnessed violence in the neighborhood.

Research shows that Native children experience higher adverse child experiences (ACEs) and collective trauma compared to children of other groups. ACEs are defined as stressful and traumatic events experienced during childhood which include experiencing abuse, neglect, or witnessing violence in the home (NIHB, 2024).

Public health approaches prioritize early intervention strategies to address trauma-related mental health problems and may prevent the development of PTSD (Stylianou et al., 2020). Stylianou and colleagues (2020) report that caregiver support is shown to be a critical factor for how young children respond to trauma exposure and suggest several ways caregivers can support their children after witnessing IPV, such as understanding the child's perceptions of and reactions to the trauma, engaging in caregiver–child activities that increase the child's use of healthy coping skills, and fostering the child's ability to decrease their post-trauma reactions. Addressing their own needs should also be a priority for caregivers who experience violence (Stylianou et al., 2020).

The effectiveness of post-trauma services depends on the families' willingness to engage in and maintain treatment services; however research shows parents who confirm past or current IPV are more likely to prematurely terminate from treatment. Thus, it is critical that the initial visit include psychoeducation and coping strategies to ensure families receive practical information and skills needed to support children to recover and heal should they not continue services (Stylianou et al., 2020).

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