Impact of Intimate Partner Violence on Child Development

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STEPS to End Family Violence
Overview

- Introduction
- What trauma and intimate partner violence (IPV) look like for a child
- Impact of IPV on child development
- Best practices for working with children impacted by family violence
- Introduction to: Child-parent Psychotherapy (CPP), Trauma-focused Cognitive Behavioral Therapy (TF-CBT), and Non-Directive Play Therapy
- Resources for behavioral and mental health professionals
What is Trauma?

“Exposure to actual or threatened death, serious injury or sexual violence in the following ways: directly experiencing the traumatic events, witnessing the events, learning that the traumatic event occurred to a family member or close friend (in case of actual or threatened death of family member or friend, the event/s must have been violent or accidental), and experiencing repeated or extreme exposure to aversive details of the traumatic events…” (DSM-V)
“Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning…traumatic events are extraordinary not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life...”
Intimate Partner Violence (IPV)

- Actual or threatened physical, sexual, psychological (emotional, verbal, spiritual), and economic abuse that impairs the ability of the abused person to function in a self-determining, healthy way

- Causes the person to be afraid

- Pattern of coercive behavior the goal of which is to establish and maintain power and control
Childhood Trauma

- According to the TF-CBT model, the traumatic experience for the child is one of loss of control, lack of predictability and sense of chaos

- Infants, toddlers, and preschoolers who experience complex trauma have had their most intimate relationships disrupted by the experiences of maltreatment, violence, and other forms of trauma

- Shattering of the child’s trust in the safety of attachments (CPP)
Impact on Child Development

- Child development is fractured/interrupted by the traumatic experience of IPV

- Trauma interferes with the natural course of child development so typical developmental stages become more challenging for the child

- Typical developmental stages may be experienced in a more intense way, especially in relation to attachment and emotional regulation
Toxic Stress and Child Development

Toxic Stress
(Hyperlink)
<table>
<thead>
<tr>
<th>Impact of Trauma on Child Development</th>
<th>3-5 years</th>
<th>6-12 years</th>
<th>12-18 years</th>
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<tbody>
<tr>
<td><strong>In Utero</strong></td>
<td>- Increased stress/cortisol levels</td>
<td>- Inability to focus in school</td>
<td>- Engaging in high-risk behavior</td>
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<td>- Early delivery</td>
<td>- Parentification</td>
<td>- May engage in dating-violence relationship</td>
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<td>- Low birth weight/miscarriage</td>
<td>- More aggressive /withdrawn</td>
<td>- Ongoing academic issues</td>
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<td><strong>Birth- 6 months</strong></td>
<td>- High startle response due to loud noises</td>
<td>- Inability to concentrate</td>
<td>- Unhealthy relationships</td>
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<td>- Clingy and whiney (fear of abandonment)</td>
<td>- Not reaching cognitive and social milestones</td>
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<td>- Slower to respond to stimuli</td>
<td>- Less engaged</td>
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<td>- Lack of trust in environment due to increased inconsistency</td>
<td>- Less in touch with emotions/ inability to communicate emotions</td>
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<td><strong>6 months- 18 months</strong></td>
<td>- Delayed crawling, walking</td>
<td>- Parentification</td>
<td>- Poor self-confidence</td>
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<td>- Fussiness and clingy (fear of abandonment increases)</td>
<td>- More aggressive /withdrawn</td>
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<td>- Does not react to signs of affective behavior</td>
<td>- Inability to concentrate</td>
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<td>- Delayed language development</td>
<td>- Not reaching cognitive and social milestones</td>
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<td>- Inappropriate attachment to strangers and caregivers</td>
<td>- Less engaged</td>
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<td><strong>18 months- 36 months (3 years)</strong></td>
<td>- Regressive behavior (ie- toilet training)</td>
<td>- Less in touch with emotions/ inability to communicate emotions</td>
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<td>- Eating and sleeping disturbances</td>
<td>- Poor self-confidence</td>
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<td>- Aggressive behavior and frustration (irritability)</td>
<td>- Engaging in high-risk behavior</td>
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<td>- Inability to regulate self</td>
<td>- May engage in dating-violence relationship</td>
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<td>- Delayed language development</td>
<td>- Ongoing academic issues</td>
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<td>- Inappropriate attachments</td>
<td>- Unhealthy relationships</td>
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Parent Report of Post-traumatic Symptoms (PROPS)

PARENT FORM

Child's Name ______________________________________ Date ________________

Your Name ______________________________________

Mark how well each item describes your child in the past week. (Circle the number)
Don't skip any, even if you're not sure.

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<tr>
<th>Not True or Hardly True</th>
<th>Somewhat True</th>
<th>Very True or Often True</th>
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PROPS 1.2 © Ricky Greenwald, 1987
Working with Children Impacted by IPV

Trauma-informed practice:
- Client-centered (providing choices to the survivors, meeting the client where they are)
- Recognizing the impact of trauma on development and functioning
- Normalizing the experience
- Differentiate trauma symptoms from child’s personality
Working with Children Impacted by IPV

- Link trauma-informed practice with DV/IPV therapy
- Recognize the impact of IPV exposure in the attachment between child and caregiver
- Client is the expert and they have the wisdom in their lives
- Foster trust in their gut and their own wisdom
- Provide collaborative problem solving opportunities (creating opportunities for survivors to manifest)
- Recognize the influence of systemic oppression in the dynamics of IPV, especially when working with vulnerable populations
Working with Children Impacted by IPV

- Ask clients what they need
- Explain their options to them and offer choices
- Give control back to them
- Use grounding techniques when necessary
- Focus on client’s strengths
- Explore client’s social supports
“Survivorship is not only the freedom from violence but also the empowerment of the survivor...”

When you find yourself doubting how far you can go, just remember how far you have come. Remember everything you have faced, all the battles you have won, and all the fears you have overcome.

- Unknown
“The main goal of children’s therapy is to support the child’s capacity to grow well and love well, express, experience, and regulate emotions, and recover from dysregulation, explore, and learn within society’s values and manage fear and frustration.”

- Alicia Lieberman, 2010
Child-Parent Psychotherapy (CPP)

- Dyadic model for children ages 0-6 and their non-abusive caregiver
- Focuses on repairing and strengthening the attachment relationship that was impacted by IPV
- As child feels more safe in the attachment relationship, this security helps children feel more comfortable exploring the world and their own emotions (emotional regulation)
- All within the family, community, and cultural expectations for young children
Goals of CPP

• Increase safety both individually and within the dyad
• Normalize traumatic responses (trauma-informed regressions)
• Encouraging normal development
• Reliving vs. remembering (differentiation)
• Encourage trust in bodily sensation
• Achieving reciprocity in intimate relationships
• Placing trauma experience in perspective
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

A Hybrid model that integrates trauma sensitive interventions with cognitive behavioral strategies.

Training module for TF-CBT: https://tfcbt.musc.edu/
Goals of TF-CBT

• Reduce children’s negative emotional and behavioral responses to the trauma

• Correct maladaptive or unhelpful believes and attributions related to the abusive experience

• Provide support and skills to help non-abusive caregivers cope effectively with their own emotional distress

• Provide non-abusive caregivers with skills to respond optimally and support their children
Figure 1: TF-CBT PRACTICE Components

**PRAC:**
Coping Skills Phase

- **P:** Psychoeducation
- **P:** Parenting Skills
- **R:** Relaxation Skills
- **A:** Affective Modulation Skills
- **C:** Cognitive Coping Skills

**T:**
Trauma Narrative and Processing Phase

- **T:** Trauma Narrative and Processing

**ICE:**
Treatment Consolidation and Closure Phase

- **I:** In vivo Mastery of Trauma Reminders
- **C:** Conjoint Youth-Caregiver Sessions
- **E:** Enhancing Safety

(TG: Traumatic Grief Components as needed)
Non-Directive Play Therapy

With models like CPP and TF-CBT, therapists can fall into the trap of the ‘one-size-fits-all’ treatment approach where the modalities’ guidelines are followed rigidly. It is for that reason why we also use play therapy as a non-directive approach where the child sets the pace and content for the session.
Non-Directive Play Therapy
*(Dibs in Search of Self, Virginia Axline)*

- Prioritize establishing a connection/relationship between child and therapist
- Follow the child’s play
- Have toys and supplies in the room that may prompt the child’s reenactment of the trauma
- Interventions need to be tailored on a case by case basis (Ex- not bringing up the trauma; child engaging in repetitive play)
- Using animals as a substitute for human interactions because the projection allows the child to have a safe distance from the experience
- In parent support sessions, explore the parent’s triggers around parenting; provide empowerment, validation and hope to the parent
Interventions

Interventions need to be tailored to the client’s specific case. Some interventions used at STEPS that are found to be helpful are:

- Ecomaps (My Important People)
- Animal genograms
- Tasks the parent and child need to complete together
- More directive play with dolls
- Tell IPV story with animals (similar to child’s own story)
- Actual trauma narrative
- Books
Recommended Books for Children

**Domestic Violence**
A Terrible Thing Happened- Margaret Holmes
When Mommy Got Hurt: A story for young children about domestic violence- Ilene Lee and Kathy Sylwester
Please Tell!- Jessie
Do You Have a Secret- Jennifer Moore-Mallinos
Healing Days- Susan Farber Straus

**Feeling Identification/Recognition**
F is for Feelings- Goldie Millar and Lisa Berger
The Way I Feel- Janan Cain
The Way I Act- Steve Metzger and Janan Cain
My Many Colored Days- Dr. Seuss
Double Dip Feelings- Barbara Cain
Giraffes Can’t Dance- Giles Andeae
Invisible String- Patrice Karst

**Mindfulness and Relaxation**
Peaceful Piggy Meditation – Kerry Lee MacLean
Sitting Still Like a Frog- Eline Snel
Take a Deep Breath- Sue Graves

**Boundaries**
Personal Space Camp- Julia Cook
Recommended Books for Providers

Psychotherapy with Infants and Young Children: Repairing the effects of early stress and trauma on attachment- Alicia Lieberman and Patricia Van Horn

Don’t Hit My Mommy!: A manual for Child-Parent Psychotherapy with young witnesses of violence- Alicia Lieberman, Patricia Van Horn, and Sondra Ghosh Ippen

Treating Trauma and Traumatic Grief in Children and Adolescents- Judith Cohen, Anthony Mannarino, and Esther Deblinger

Dibs in Search of Self- Virginia Axline

Working with Children to Heal Interpersonal Trauma: The power of play- Eliana Gil

The Healing Power of Play- Eliana Gil

Play Therapy with Children and Adolescents in Crisis- Nancy Boyd Webb
Resources for Providers

1. National Child Traumatic Stress Network (www.nctsnet.org)
   • NCTSN works to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

2. Zero to Three (www.zerotothree.org)
   • Zero to Three works to ensure that babies and toddlers benefit from the early connections that are critical to their well-being and development.
Questions?
Contact Information

Got a question? Reach out!

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Shoshana Indyk Levie, LMSW
646.315.7644
sindyk@egscf.org

Want to refer a client to STEPS? Our hotline number is
1-877-STEPS-94


Salt lake area safe at home coalition children’s committee. (N.D.) *Developmental and behavior chart: normal vs. exposed to domestic violence*. 
3 Part Trauma Sensitive Schools Series:

This 3 part series will introduce a working model for trauma-sensitive schools that includes three tiers of intervention: universal, selected and intensive. We will review the need for trauma-sensitive schools with an emphasis on the research on ACEs and the effects of trauma on child development. We will provide a framework that integrates a TIC approach with evidence-based practices and interventions that are consistent with an overall model of trauma-informed school-based services. The framework has been developed and promoted by the National Child Traumatic Stress Network (NCTSN).

- **Part 1: Trauma-Sensitive Schools – A Multi-tiered Approach to Trauma Informed Schools**
  Thursday, October 26 - 12:00 PM

- **Part 2: Tier 1 – Trauma-Informed Care for All – Creating Safe and Healthy Classroom**
  Thursday, November 2 - 12:00 PM

- **Part 3: Tier 2 – Trauma informed Interventions for Students in Need**
  Thursday, November 30 - 12:00 PM