

# Impact of Intimate Partner Violence on Child Development

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**STEPS** 

STEPS TO END FAMILY VIOLENCE

A Program of Edwin Gould Services for Children and Families

[www.StepsToEndFamilyViolence.org](http://www.StepsToEndFamilyViolence.org)



# Overview

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- 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?

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- ▶ “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*)

# Trauma and Recovery

*(Judith Lewis Herman)*

*“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...”*

The wound is the place  
where the Light enters you



Rumi

# Intimate Partner Violence (IPV)

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- 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

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- 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

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- 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

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**Toxic Stress**

(Hyperlink)

# Symptoms

*(Salt Lake Area Safe At Home Coalition, Children's Committee)*

	Impact of Trauma on Child Development	
<b>In Utero</b>	<ul style="list-style-type: none"> <li>- Increased stress/cortisol levels</li> <li>- Early delivery</li> <li>- Low birth weight/miscarriage</li> </ul>	<b>3-5 years</b> <ul style="list-style-type: none"> <li>- Wetting and soiling after potty training</li> <li>- Impeded development of independent skills OR beginning of parentification</li> <li>- Physical complaints</li> <li>- Excessive attention seeking</li> <li>- Nightmares</li> <li>- Functional problems with memory and learning (dissociation)</li> <li>- Inability to express thoughts and feelings verbally</li> <li>- Inability to relate to peers/passivity</li> <li>- Depression (active or passive)</li> </ul>
<b>Birth- 6 months</b>	<ul style="list-style-type: none"> <li>- High startle response due to loud noises</li> <li>- Clingy and whiney (fear of abandonment)</li> <li>- Slower to respond to stimuli</li> <li>- Lack of trust in environment due to increased inconsistency</li> </ul>	
<b>6 months- 18 months</b>	<ul style="list-style-type: none"> <li>- Delayed crawling, walking</li> <li>- Fussiness and clingy (fear of abandonment increases)</li> <li>- Does not react to signs of affective behavior</li> <li>- Delayed language development</li> <li>- Inappropriate attachment to strangers and caregivers</li> </ul>	
<b>18 months- 36 months (3 years)</b>	<ul style="list-style-type: none"> <li>- Regressive behavior (ie- toilet training)</li> <li>- Eating and sleeping disturbances</li> <li>- Aggressive behavior and frustration (irritability)</li> <li>- Inability to regulate self</li> <li>- Delayed language development</li> <li>- Inappropriate attachments</li> </ul>	
		<b>6-12 years</b> <ul style="list-style-type: none"> <li>- Inability to focus in school</li> <li>- Parentification</li> <li>- More aggressive /withdrawn</li> <li>- Inability to concentration</li> <li>- Not reaching cognitive and social milestones</li> <li>- Less engaged</li> <li>- Less in touch with emotions/ inability to communicate emotions</li> <li>- Poor self-confidence</li> </ul>
		<b>12-18 years</b> <ul style="list-style-type: none"> <li>- Engaging in high-risk behavior</li> <li>- May engage in dating-violence relationship</li> <li>- Ongoing academic issues</li> <li>- Unhealthy relationships</li> </ul>

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.

Not True or Rarely True	Somewhat or Sometimes True	Very True or Often True	
0	1	2	Difficulty concentrating
0	1	2	Mood swings
0	1	2	Thinks of bad memories
0	1	2	Spaces out
0	1	2	Feels too guilty
0	1	2	Anxious
0	1	2	Irrational fears
0	1	2	Repeats the same game or activity
0	1	2	Clings to adults
0	1	2	Avoids former interests
0	1	2	Fights
0	1	2	Bossy with peers
0	1	2	Sad or depressed
0	1	2	Hyper-alert
0	1	2	Feels picked on
0	1	2	Gets in trouble
0	1	2	Worries
0	1	2	Fearful
0	1	2	Withdrawn
0	1	2	Nervous
0	1	2	Startles easily
0	1	2	Irritable
0	1	2	Quick temper
0	1	2	Argues
0	1	2	Secretive
0	1	2	Doesn't care anymore
0	1	2	Difficulty sleeping
0	1	2	Nightmares or bad dreams
0	1	2	Wets bed
0	1	2	Eating problems
0	1	2	Stomach aches
0	1	2	Headaches

*Parent Report of Post-traumatic Symptoms (PROPS)*

# Working with Children Impacted by IPV

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## ▶ 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

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- 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

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- 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...”*

Whenever 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*

# Treatment Models for Children

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“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)

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- 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

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- 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)

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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

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- Reduce children's negative emotional and behavioral responses to the trauma
- Correct maladaptive or unhelpful beliefs 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

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*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)*

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- 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

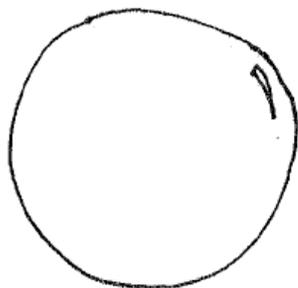
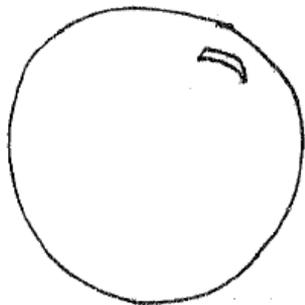
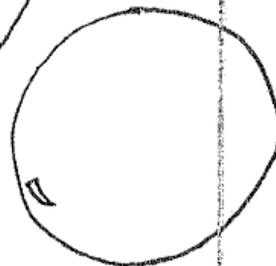
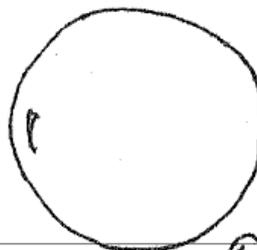
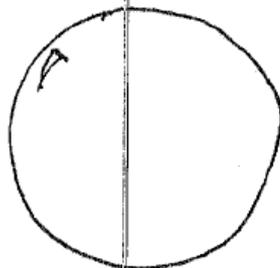
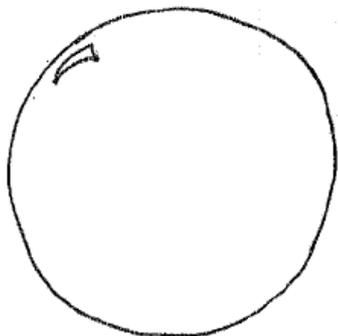
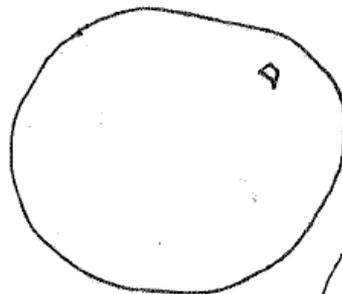
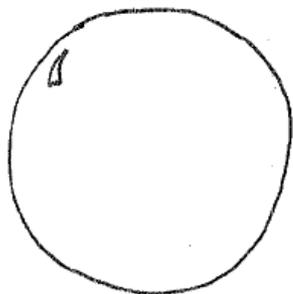
# Interventions

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*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

# My Important People



# 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](http://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](http://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

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**Got a question? Reach out!**

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*Want to refer a client to STEPS? Our hotline number is*

*1-877-STEPS-94*

# References

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American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.

Axline, V. (1964). *Dibs in search of self*. New York: Ballantine books.

Cohen, J., Mannarino, A., & Deblinger, E. (2017). *Treating trauma and traumatic grief in children and adolescents* (2<sup>nd</sup> Ed.). New York: Guilford Press.

Herman, J. (2015). *Trauma and recovery: the aftermath of violence*. New York: Basic Books.

Lieberman, A. & van Horn, P. (2008). *Psychotherapy with infants and young children: repairing the effects of early stress and trauma on attachment*. New York: Guilford Press.

Salt Lake Area Safe at Home Coalition Children's Committee. (N.D.) *Developmental and behavior chart: normal vs. exposed to domestic violence*.

# Upcoming CTAC Webinars

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## **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