Trauma and Mental Health Treatment

Intimate Partner Violence and its Impact on Children

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School of Social Work Conference
November 6, 2015
Aims of this presentation

- To define intimate partner violence (IPV)
- To describe children’s exposure to IPV
- To describe the short term and long term effects of IPV on children, including traumatic stress reactions
- To describe effective trauma informed programs for children exposed to IPV
Intimate partner violence, referred to as IPV, includes mild and severe physical violence, psychological maltreatment, stalking, as well as sexual violence and assaults with the intent to harm. Many terms used – domestic violence, woman abuse, domestic terrorism, battered woman … survivors

*Google Images
Nearly 1 in 3 women (30.3%) in the United States has been slapped, pushed or shoved by an intimate partner at some point in her lifetime. This translates to approximately 36.2 million women in the United States. An estimated 3.6%, or approximately 4.3 million women, reported experiencing these behaviors in 12 months.

Approximately 1 in 4 women in the United States (24.3%) has experienced severe physical violence by an intimate partner in her lifetime, translating to nearly 29 million women. An estimated 17.2% of women have been slammed against something by a partner, 14.2% have been hit with a fist or something hard, and 11.2% reported that they have been beaten by an intimate partner in their lifetime. An estimated 2.7%, or approximately 3.2 million women, reported severe physical violence by an intimate partner in the 12 months.

(CDC National Intimate Partner and Sexual Violence Survey 2010)
Mothers were asked to report on the extent to which different kinds of violence and aggression were used against them in the past year.

The Conflict Tactics Scale and the Marshall Psychological Maltreatment of Women Scale were used.

Here is what they said about how many times each kind of violence took place.
Mean Frequency of Conflict Tactics within Past Year

- Coercion: 96
- Threats: 46
- Sex Assault: 37
- Mild Viol: 19
- Severe Viol: 11
How much of the violence did the child actually see?

- 87% were eye-witness to Coercion
- 85% to Physical Threats
- 28% to Sexual Violence
- 83% to Mild Physical Violence
- 77% to Severe Physical Violence

~17 million children are exposed to intimate partner violence each year in the United States.

- 40% have co-occurring child maltreatment and intimate partner violence
  - Kids exposed to intimate partner violence are 2.5 times more likely to be physically abused
  - almost 5 times more likely to be sexually abused

- There is a strong link between intimate partner violence and aggressive parenting, including overly harsh discipline
There is a lot more going on in these families than severe physical assaults, including coercion, threats, sexual assaults and mild violence. These events are frequent and children are eye-witness to most of it, with the exception of sexual assault. IPV places them at greater risk for being physically or sexually abused.
How does intimate partner violence affect children?
Studies show a range of effects of intimate partner violence on children

<table>
<thead>
<tr>
<th>EMOTION REGULATION</th>
<th>BEHAVIOR PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Anxiety, afraid</td>
<td>* &lt; Academic performance</td>
</tr>
<tr>
<td>* Depression</td>
<td>* &gt; Aggression</td>
</tr>
<tr>
<td>* Low self-esteem</td>
<td>* &gt; Withdrawal</td>
</tr>
<tr>
<td>* Trauma symptoms</td>
<td>* &lt; Social skills</td>
</tr>
<tr>
<td>* Chronic traumatic stress</td>
<td>* Social expectations</td>
</tr>
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<td>* Brain changes</td>
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Not all respond in the same way!

- Study of 221 children in the community
- School-age
- Exposed to severe domestic violence

- Child Behavior Checklist:
  - Internalizing problems
  - Externalizing problems

- Harter measure:
  - Social Competence
  - Self Worth
Profiles of adjustment % in children exposed to IPV (221)

“My parents fight. My dad is going to shoot my mom with the gun and there will be blood everywhere.” – Tom age 9
Can children exposed to IPV be traumatized by it?

* For children, witnessing intimate partner violence and having an upset reaction to it, qualifies as a traumatic event (DSM V)

* Thus, children who witness the abuse of their mothers can have trauma symptoms and may even have PTSD

* 3 studies were undertaken
## Traumatic Stress Symptoms of School-age Children Exposed to IPV

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Study One</th>
<th>Study Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traumatic Re-experiencing</td>
<td>52%</td>
<td>77%</td>
</tr>
<tr>
<td>Avoidance</td>
<td>19%</td>
<td>59%</td>
</tr>
<tr>
<td>Traumatic Arousal</td>
<td>42%</td>
<td>85%</td>
</tr>
<tr>
<td>PTSD</td>
<td>13%</td>
<td>51%</td>
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</tbody>
</table>

N=64  N=221
# Trauma Symptoms of Preschoolers Exposed to IPV: PTSD DX for IPV only and IPV+

<table>
<thead>
<tr>
<th></th>
<th>IPV only</th>
<th>IPV+trauma</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td><strong>PTSD diagnosis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>29%</td>
<td>71%</td>
<td>.005</td>
</tr>
<tr>
<td>Chi square = 7.80, p=.005</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PTSD symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reexperiencing</td>
<td>2.52</td>
<td>5.71</td>
<td>.001</td>
</tr>
<tr>
<td>Avoidance</td>
<td>0.93</td>
<td>3.70</td>
<td>.001</td>
</tr>
<tr>
<td>Physiological</td>
<td>2.21</td>
<td>5.59</td>
<td>.001</td>
</tr>
<tr>
<td>Total Symptoms</td>
<td>5.61</td>
<td>14.91</td>
<td>.001</td>
</tr>
<tr>
<td></td>
<td>4.43</td>
<td>6.31</td>
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</tbody>
</table>
Long term effects of IPV exposure

• Psychosocial functioning:
  • Behavioral adjustment problems
  • Continued inability to regulate emotions- hostility
  • Teen delinquency, dating violence, risky behavior
  • Problems in social relationships, with romantic partners

• Mental health functioning
  • Depression
  • Anxiety

• Physical health problems associated with chronic traumatic stress

• Substance use/abuse
So why is it that children react in so many different ways when exposed to intimate partner violence?

What accounts for this?
A Model of Risk & Protection

**Protective Factors:**
- Community resources
- Social Support
- Parenting Strengths
- Education

**Violence:**
- Domestic Violence
- Emotional abuse
- Child Abuse
- Violence History

**Risk Factors:**
- Community Violence
- Poverty & Stress
- Mom’s mental health
- Child age

**Mediated by**
- Traumatic stress reactions

**Child Adjustment:**
- Social behavior
- Emotion Regulation
- Trauma
- Resilience
Unique Trauma Implications for Children Exposed to Family Violence

- Relationship with perpetrator - ambivalent
- Relationship with victim - need to protect
- Witnessed events directly related to self
- Personal meaning of event, shattered assumptions
  - Family is not safe, home is not safe place
  - Parents are not predictable
  - Things are out of my control and dangerous
  - There is no escape
- Deleterious role models, patterns of interaction
Unique Trauma Implications for Children Exposed to Family Violence

- Avoidance is close to impossible
- Reminders of violence everywhere, new threats
- Difficulty concentrating, sleeping at the scene

- Difficulty identifying and expressing feelings
- Difficulty regulating emotions
- Hard to talk about this with mother or father
- More fears and worries - re: father, mother, sibs

- Physiologically impaired, on edge
- Coping capacities are overwhelmed
Effective Trauma Informed Programs for Children Exposed to IPV

- Children exposed to intimate partner violence are at high risk for behavioral, emotional, and health problems. Yet, there are few evidence-based interventions available to treat this population.

- Trauma-focused Cognitive Behavioral Treatment

- Child-Parent Psychotherapy

- Kids’ Club and Moms’ Empowerment Programs
Trauma-Focused CBT for Youth Experiencing Sexual Violence

Judith A. Cohen, M.D. & Anthony Mannarino, Ph.D.
Medical Director
Center for Traumatic Stress in Children and Adolescents
Allegheny General Hospital
Drexel University College of Medicine
Pittsburgh, PA

* Overall goals are to increase interpersonal trust and child empowerment
* Can be administered to children ages 3-18
* Duration of 12-16 weeks
* Includes several parent-child sessions.
Trauma Focused CBT (Cohen 2007)

- (P)PRACTICE:
  - Parenting skills
  - Psychoeducation
  - Relaxation
  - Affect modulation
  - Cognitive processing
  - Trauma narrative
  - In vivo mastery of trauma reminders
  - Conjoint child-parent session
  - Enhancing safety
Efficacy of Trauma Focused CBT

* In randomized, controlled studies, TF-CBT reduced symptoms of PTSD, anxiety, depression, and externalizing behaviors

* In a study of 229 children with history of sexual abuse, TF-CBT was superior to child centered therapy (Cohen et al., 2004)
Child-Parent Psychotherapy: (CPP) Helping Women, Helping Their Children

Alicia F. Lieberman, Ph.D.
Patricia Van Horn, Ph.D., J. D.
Child Trauma Research Program
University of California San Francisco
San Francisco General Hospital

- Mother-infant psychotherapy to address negative maternal attributions (child is bad), internalized ideas about relationships, trauma effects.

- At medical centers and mental health clinics.

- Up to 2 years. Reflects psychodynamic/attachment theory.
1) Anxiously attached Latino infants

2) Toddlers of depressed mothers

3) Multicultural maltreated infants and preschoolers in CPS system

4) Maltreated infants in Swedish dependency system

5) Multicultural IPV-exposed preschoolers
CPP Efficacy: Outcomes

* Increased child attachment security
* Increased child cognitive performance
* Decreased child PTSD symptoms/diagnosis
* Decreased child behavioral problems
* Improved moms’ voidance but not other trauma symptoms or PTSD
For children 4-12 years old

Who have been exposed to severe domestic violence to their mother

10 week/session intervention with goals to:
- Improve social skills
- Help children to identify feelings, fears surrounding violence
- Practice appropriate conflict resolution
- Enhance coping & safety planning
- Explore family roles and gender schemas (stereotypes)
I began as a volunteer at SafeHouse Center, in Michigan where I first developed the programs in 1990. I spoke with focus groups of women and focus groups of children to see what problems needed to be addressed.

Then developed The Kids Club program, and modified it over time. I added the Moms’ Empowerment Program in 1994. The Preschool Kids’ Club was added in 2005, the Latina Kids’ Club in 2010, the Swedish Kids’ Club (Barnsklubben) in 2011.

Evaluations supported by the Centers for Disease Control and Injury Prevention and the Blue Cross and Blue Shield of Michigan Foundation.
The role of displacement

* Children may feel threatened and not as likely to respond if questions are directed at them and are personal, e.g., “What do you think?”, “What happened to you?”

* Instead, by using displacement, the child is given a cushion of safety that allows the child to give his or her opinion more freely, without feeling discomfort, e.g., “What do KIDS think about X, Y or Z”, “What would you say that most KIDS are afraid of.”

* Displacement can also be seen in techniques used in The Kids’ Club program. We create puppets and use the puppets in skits. This allows the child’s voice to come through the puppet, which has a separate identity – kids often name their puppets, given them an age and gender.
Scared
HAPPY
LOVE
The Moms’ Empowerment Program (MEP)

- Supports mothers exposed to intimate partner violence by:
  - Empowering them to discuss the impact of the violence on their child
  - Helping to build parenting competence
  - Providing a space to discuss parenting fears and worries
  - Building community connections in the context of a supportive group.

- In essence, restoring the woman's role in her family, by empowering her as a mother and parent.
Kids’ Club/MEP Evaluations

- 2 Randomized Control Trials
  - N=221 school-age children & moms
  - N=120 preschoolers & moms

- Compared groups
  - School-age Study: 3 groups
    - Child Only
    - Child + Mother
    - Comparison group = delayed treatment, services as usual

  - Preschool Study: 2 groups
    - Child + mother; Comparison
RCT Samples Demographics

- School age children: 8.49 (2.16)
- Mother’s age: 33.10 (5.29)
- Preschool child age: 4.93 (.86)
- Mother’s age: 31.90 (7.19)
- Monthly income: $1,414 ($1,539)
- Maternal education:
  - < high school: 11%
  - High school: 28%
  - > college, tech: 61%
Child Ethnicity

- Caucasian: 38%
- African-American: 37%
- Biracial: 20%
- Latina/o: 5%

African-American: 37%
Biracial: 20%
Caucasian: 38%
Latina/o: 5%
Baseline, Post-treatment & 8-month follow-up assessments

CHILD MEASURES
- Attitudes and beliefs about violence
- Social and emotional competence
- Child adjustment - CBCL
  - depression/anxiety, aggression
  - Traumatic stress

MOTHER MEASURES
- Parenting strengths – Alabama Parenting Ques.
- Ways of Coping
- Mental health – Depression, PTSD
- Exposure to violence – CTS-R
% Reduction in Clinical Range from Baseline to Post-intervention

- **Internalizing**
  - C+Mother: 70%
  - C Only: 40%
  - Control: 30%

- **Externalizing**
  - C+Mother: 50%
  - C Only: 30%
  - Control: 20%
% Reduction in Clinical Range from Baseline to Longer-term Follow-up

- **Internalizing**
  - C+Mother: 80%
  - C Only: 50%

- **Externalizing**
  - C+Mother: 80%
  - C Only: 30%
Preschool Study Change Internalizing Symptoms

- Child + Mom
- Comparison

Time:
- Time One
- Time Two
- Time Three
Preschool Study Change Externalizing Symptoms

- Time One
- Time Two
- Time Three

Child + Mom
Comparison
Change in percentage of children with PTSD diagnosis

- Kids Club
- Comparison

Pre - Post - Followup
Change over Time in Moms’ Traumatic Stress Symptoms
Clinical Significance: The Reliable Change Index

MEP changed 85% women from the clinical to the nonclinical range on PTSD.

This rate of improvement is higher than that of most other therapies (63-72%) reported in Bradley et al meta-analysis, including EMDR, CBT and Exposure therapy (Bradley, Greene, Russ, Dutra & Westen, 2005).

MEP out-performed TF-CBT
Most Important Things Gained from Moms* Groups?

Support from other women
Group discussions
Consultation/support parenting
Helpful facilitators
Gained self-confidence
Kids got better
The Kids’ Club program was effective in reducing children’s adjustment problems - less aggression, anxiety and depression. Those in the Preschool Kid’s Club program had significantly less anxiety and depression compared to those who did not participate. Traumatic stress and PTSD were reduced in both programs.

The Moms’ Empowerment Program was highly effective in reducing symptoms of traumatic stress, PTSD, and depression in women exposed to domestic violence. Parenting skills were supported and enhanced.
* Traumatized children exposed to IPV can best be helped by group interventions that are:

* evidence-based
* affordable
* take place in community settings
* Include the mother in treatment
sandragb@umich.edu

KIDS’ CLUB
References


National Child Traumatic Stress Network http://www.nctsnet.org
Kids’ Club Locations

SafeHouse Center, Inc., Ann Arbor, MI
Aware Shelter, Jackson MI
Children’s Aide Society, Windsor, Ontario
Child Trauma Program, University of Michigan
Friendship of Women, Brownsville, TX

28 states - Alaska, Native Alaskans

Canada, Mexico, Australia, Netherlands, Sweden!