# Early Childhood Witnesses of Intimate Partner Violence; Impact and Repair

Erica Willheim, Ph.D. February 9, 2021

# *Intention*

*Working with young children and families that experience IPV can often engender strong reactions in the clinicians who treat them.*

*At the same time, as clinicians we strive to advocate, maintain hope, and help families heal.*

*In order to do our best possible work, it is important that we keep ourselves grounded in theory, research, clinical knowledge, and intentional self-care.*

# What is Intimate Partner Violence ?

# IPV Defined

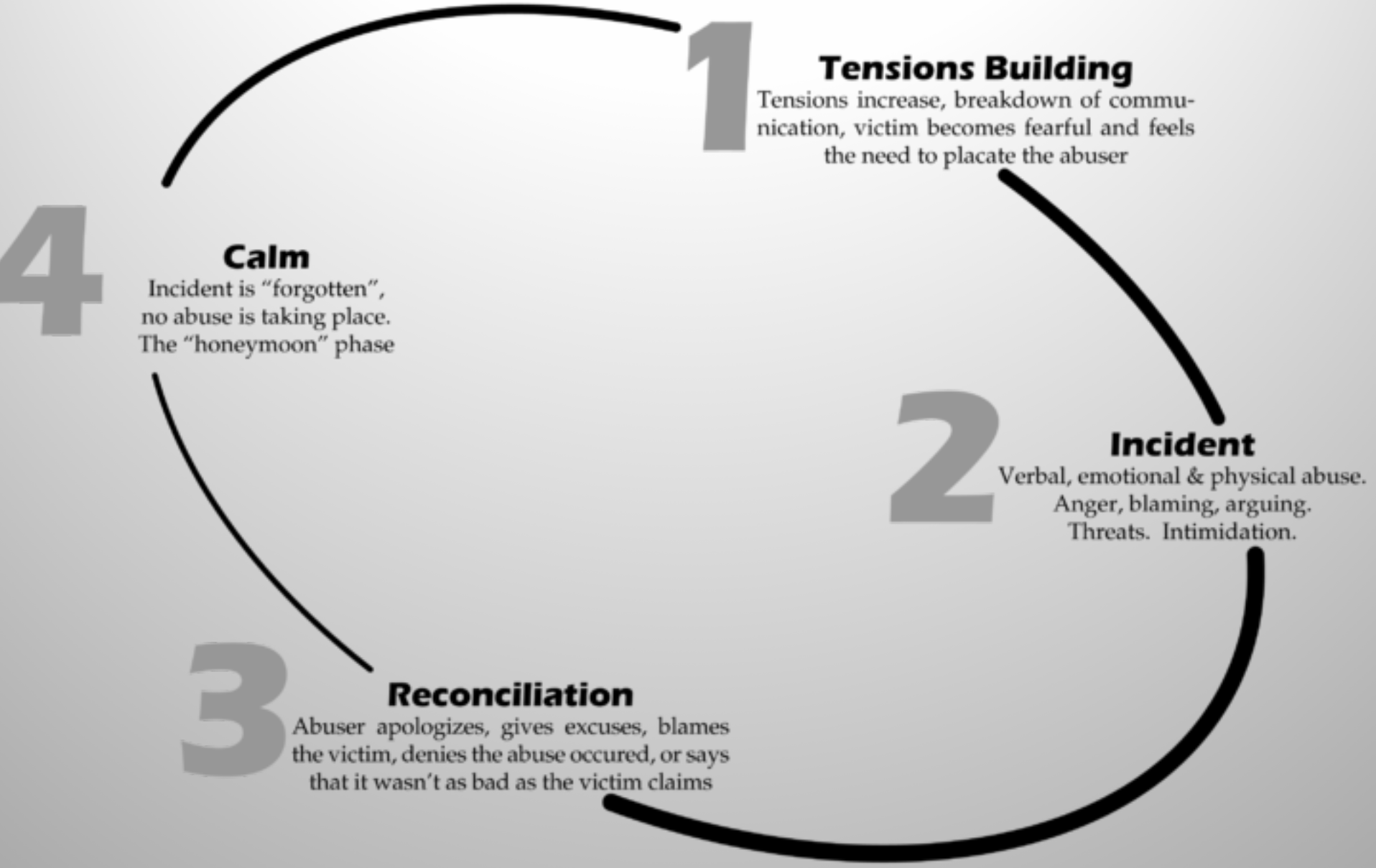
*"A pattern of abusive behaviors to maintain power and control over an intimate partner"*

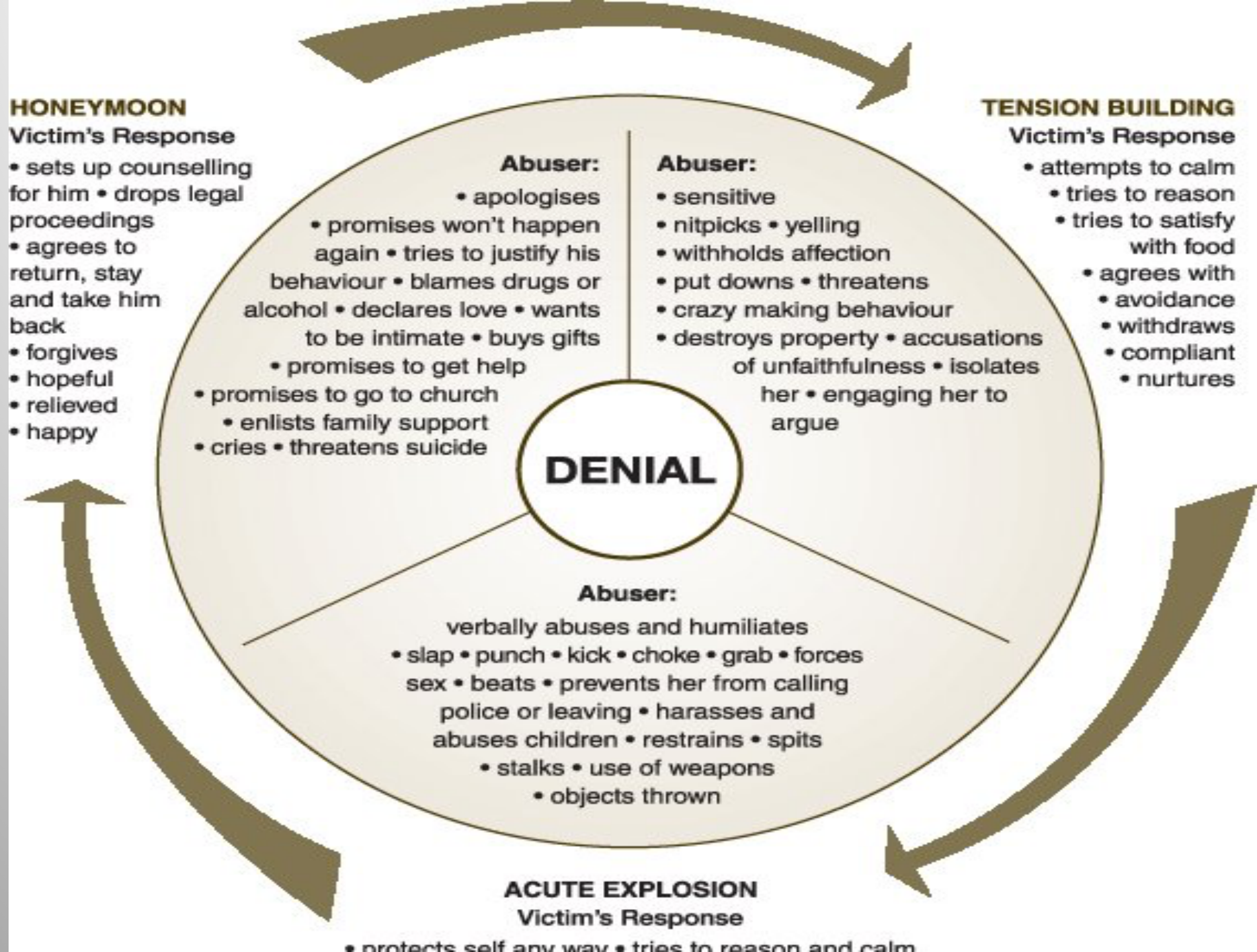
*Pence and Paymar, 1993*

*"Intimate Partner Violence (IPV), often called domestic violence, is generally described as abuse within the context of an intimate partner relationship, where one partner asserts* ***power and control*** *over the other. IPV can include physical, sexual, and psychological abuse, as well as economic coercion. IPV affects millions of individuals, regardless of marital status, sexual orientation, race, ethnicity, national origin, age, religion, education, or economic status."*

*National Center for Victims of Crime*

# Cycle of Abuse

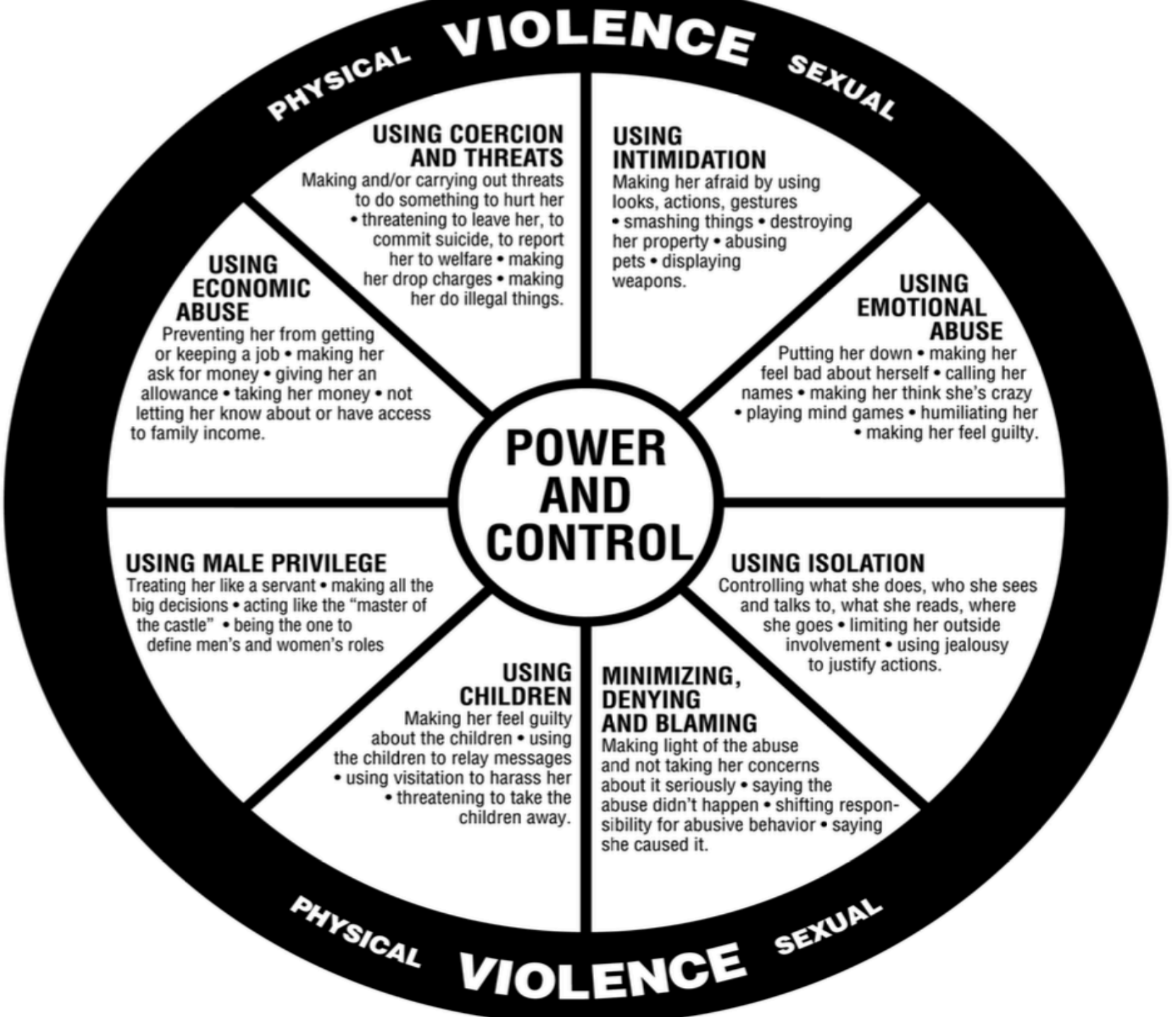



HONEYMOON
Victim's Response
• sets up counselling for him • drops legal proceedings • agrees to return, stay and take him back • forgives • hopeful • relieved • happy
Abuser:
• apologises • promises won't happen again • tries to justify his behaviour • blames drugs or alcohol • declares love • wants to be intimate • buys gifts • promises to get help • promises to go to church • enlists family support • cries • threatens suicide
Abuser:
• sensitive • nitpicks • yelling • withholds affection • put downs • threatens • crazy making behaviour • destroys property • accusations of unfaithfulness • isolates her • engaging her to argue
TENSION BUILDING
Victim's Response
• attempts to calm • tries to reason • tries to satisfy with food • agrees with • avoidance • withdraws • compliant • nurtures
DENIAL
Abuser:
verbally abuses and humiliates • slap • punch • kick • choke • grab • forces sex • beats • prevents her from calling police or leaving • harasses and abuses children • restrains • spits • stalks • use of weapons • objects thrown
ACUTE EXPLOSION
Victim's Response
• protects self any way • tries to reason and calm

# Power and Control Wheel
# The Duluth Model
# (Domestic Abuse Intervention Project, 1984)

- Coercion and Threats
- Intimidation
- Emotional Abuse
- Isolation
- Minimizing, Denying, and Blaming
- Using Children
- Economic Abuse
- **Male Privilege (requires re-education)**


2008
May
June
July
Dec
Jan


PHYSICAL
VIOLENCE
SEXUAL
USING COERCION AND THREATS
Making and/or carrying out threats to do something to hurt her • threatening to leave her, to commit suicide, to report her to welfare • making her drop charges • making her do illegal things.
USING INTIMIDATION
Making her afraid by using looks, actions, gestures • smashing things • destroying her property • abusing pets • displaying weapons.
USING ECONOMIC ABUSE
Preventing her from getting or keeping a job • making her ask for money • giving her an allowance • taking her money • not letting her know about or have access to family income.
USING EMOTIONAL ABUSE
Putting her down • making her feel bad about herself • calling her names • making her think she's crazy • playing mind games • humiliating her • making her feel guilty.
POWER AND CONTROL
USING MALE PRIVILEGE
Treating her like a servant • making all the big decisions • acting like the "master of the castle" • being the one to define men's and women's roles
USING ISOLATION
Controlling what she does, who she sees and talks to, what she reads, where she goes • limiting her outside involvement • using jealousy to justify actions.
USING CHILDREN
Making her feel guilty about the children • using the children to relay messages • using visitation to harass her • threatening to take the children away.
MINIMIZING, DENYING AND BLAMING
Making light of the abuse and not taking her concerns about it seriously • saying the abuse didn't happen • shifting responsibility for abusive behavior • saying she caused it.
PHYSICAL
VIOLENCE
SEXUAL


VIOLENCE
PHYSICAL
SEXUAL
USING COERCION AND THREATS
USING INTIMIDATION
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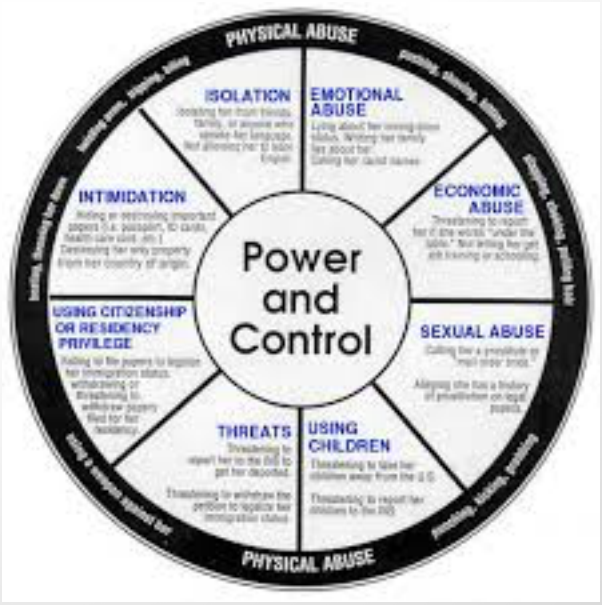

PHYSICAL ABUSE
ISOLATION
EMOTIONAL ABUSE
INTIMIDATION
ECONOMIC ABUSE
Power and Control
USING CITIZENSHIP OR RESIDENCY PRIVILEGE
SEXUAL ABUSE
THREATS
USING CHILDREN
PHYSICAL ABUSE


Violence
Physical
Sexual
Peer Pressure
Anger/Emotional Abuse
Isolation/Exclusion
Using Social Status
Teen Power And Control Wheel
Sexual Coercion
Intimidation
Threats
Minimize/ Deny/Blame
Physical
Sexual
Violence


HETEROSEXISM
VIOLENCE
PHYSICAL
SEXUAL
USING COERCION & THREATS
USING INTIMIDATION
USING ECONOMIC ABUSE
USING EMOTIONAL ABUSE
POWER AND CONTROL
USING PRIVILEGE
USING ISOLATION
USING CHILDREN
DENYING, MINIMIZING & BLAMING
HOMOPHOBIA
BIPHOBIA
TRANSPHOBIA
HETEROSEXISM

# Abusive Tactics

## PHYSICAL

- Choking/Strangulation
- Holding Down
- Destruction of property
- Harming of family pets
- Pulling Hair
- Pushing
- Shoving
- Slapping
- Biting
- Punching
- Kicking
- Withholding medication/medical needs
- Withholding sleep
- Use of Weapon
- Murder

## SEXUAL

- Rape/forced acts
- Unwanted sexual acts/positions
- Forced other/multiple partners
- Battering during sex
- Reproductive Coercion:
- forced abortion
- sabotage of birth control
- refusal to wear condom

## ECONOMIC

- Sabotage of Job/School
- Taking any pay income
- Giving an allowance
- No access to family income/bank accounts
- Ruining Credit
- Force to ask for money
- Not putting name on lease or assets

## PSYCHO-LOGICAL

- Intimidation
- Criticism/Put downs/Name calling
- Accusations
- Humiliation
- Gas Lighting
- Threats of Suicide
- Threat to destroy property
- Threat to harm family members, children, pets
- Isolation
- Stalking
- Harassing
- Controlling
- Minimizes/Denies/Blames

## LEGAL

- Threats to have children to take children away (ACE/ICE)
- Threatening Deportation
- Making false accusations (ACE, Law Enforcement)

## TECHNOLOGY /CYBER

- GPS
- Social Media
- Email
- Internet History
- Cell Phone
- Calls
- texts

# Leaving is a Process…..

- Lack of Economic Means
- Lack of Support/Isolation
- Fear (deportation, children, harm)
- “The children Need a Father”
- Risk of non-fatal/fatal Violence Increases

# Economic Security for Survivors Project

Institute for Women's Policy Research & U.S. DOJ Office on Violence Against Women

(https://www.futureswithoutviolence.org/unable-leave-economic-sabotage-exploitation-abusive-relationships/)

- 73% stayed with their abusive partner because of financial reasons, with more than half of these survivors indicating that they stayed at least two years longer than they wanted.
- 78% were prohibited from enrolling in school
- 44% had to drop or retake classes
- 24% lost their scholarship or other financial aid
- 70% were prohibited by their partner from working
- 53% lost their job due to the abusive conduct of their partner
- 49% missed days of work (on average 10.8 days) due to partner inference, to care for injuries, to seek safety, or to pursue legal avenues
- 73% said their abuser took money from them
- 82% said their abuser damaged, destroyed, or took their personal property
- 59% reported that their partner negatively impacted their credit

# Why I stayed

## Jennie Willoughby, ex-wife of Rob Porter 4/24/17

The first time he called me a "fucking bitch" was on our honeymoon. (I found out years later he had kicked his first wife on theirs.) A month later he physically prevented me from leaving the house. Less than two months after that, I filed a protective order with the police because he punched in the glass on our front door while I was locked inside. We bought a house to make up for it. Just after our one year anniversary, he pulled me, naked and dripping, from the shower to yell at me.

Everyone loved him. People commented all the time how lucky I was. Strangers complimented him to me every time we went out. But in my home, the abuse was insidious. The threats were personal. The terror was real. And yet I stayed.

When I tried to get help, I was counseled to consider carefully how what I said might affect his career. And so I kept my mouth shut and stayed. I was told, yes, he was deeply flawed, but then again so was I. And so I worked on myself and stayed. If he was a monster all the time, perhaps it would have been easier to leave. But he could be kind and sensitive. And so I stayed. He cried and apologized. And so I stayed. He offered to get help and even went to a few counseling sessions and therapy groups. And so I stayed. He belittled my intelligence and destroyed my confidence. And so I stayed. I felt ashamed and trapped. And so I stayed. Friends and clergy didn't believe me. And so I stayed. I was pregnant. And so I stayed. I lost the pregnancy and became depressed. And so I stayed.

***Leaving is a PROCESS, not an EVENT***

# Exposure Statistics for Adults and Children

# National Coalition Against Domestic Violence (NCADV)

- In the United States, an average of 20 people experience intimate partner physical violence every minute. This equates to more than **10 million abuse victims annually.**
- 1 in 4 women and 1 in 9 men experience severe intimate partner **physical violence**, intimate partner **contact sexual violence**, and/or intimate partner **stalking** with impacts such as injury, fearfulness, posttraumatic stress disorder, use of victim services, contraction of sexually transmitted diseases, etc.
  - 1 in 3 women and 1 in 4 men have experienced some form of physical violence by an intimate partner.
  - 1 in 7 women and 1 in 25 men have been injured by an intimate partner.
  - 1 in 10 women have been raped by an intimate partner. Data is unavailable on male victims.
  - 1 in 7 women and 1 in 18 men have been stalked.
- On a typical day, domestic violence hotlines nationwide receive over 20,000 calls.
- An abuser's access to a firearm increases the risk of intimate partner femicide by 400%.
- Intimate partner violence accounts for 15% of all violent crime.
- Intimate partner violence is most common against women between the ages of 18-24.
- 1 in 4 women and 1 in 7 men have been victims of severe physical violence (e.g. beating, burning, strangling) by an intimate partner in their lifetime.
- The presence of a gun in a domestic violence situation increases the risk of homicide by 500%.

# Intimate partner violence is widespread.


were victims of contact sexual violence*, physical violence, and/or stalking **by an intimate partner** with a negative impact such as injury, fear, concern for safety, needing services.

*Contact sexual violence includes rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact.

*US Department of Justice: National Crime Victimization Survey (NCVS) 1992-2015*
*&*
*CDC: National Intimate Partner and Sexual Violence Survey (NISVS) 2010–2012*

Estimated rate of women experiencing IPV by Race/Ethnicity

- 48% American Indian, Alaskan Native
- 45% Black
- 37% White
- 34% Hispanic
- 18% Asian/Pacific Islander
- 47% Multi-racial

Estimated Lifetime IPV victimization

- 35% of heterosexual women
- 61% of bisexual women
- 29% heterosexual men
- 37% bisexual men

# National Survey of Children's Exposure to Violence (NatSCEV III)

(Finkelhor, Turner, Shattuck, & Hamby, 2015)

Comprehensive survey measuring the national incidence and prevalence of multiple forms of violence exposure for children from birth to age 17 within the past year, and over the lifetime of the child. Interviews are conducted with caregivers of children 0-9 years of age and direct interviews with youth 10-17 years of age.

Past Year Total Exposure (direct, indirect*, & witnessed violence)

- 67.5% of children with exposure to *at least one* type of violence
  [physical assault, sexual victimization, maltreatment, property victimization, or witnessing family or community violence]

Past year **Direct Exposure** only

- 60.8% of children had *at least one* direct experience
- 40.9% had *more than one* direct experience of abuse, violence, or crime
- 24.5% witnessed violence in their family or community

*learning of a violent act against a family member, neighbor, or close friend; or a threat against their home or school

# National Survey of Children's Exposure to Violence (NatSCEV II)

(Hamby, Finkelhor, Turner, & Ormrod, 2011)

Categories of Violence Exposure Within the Home

- Psychological/Emotional IPV
  - Past Year: 5.7% or about 4.3 million children
- Physical IPV
  - Past Year: 6.6% or about 5 million children
  - Lifetime: 17.9% or about 13.6 million children
- Any Family Violence [e.g. parental assault of a sibling or other family members engaging in violence within the home]
  - Past Year: 11.1% or about 8.3 million children
  - Lifetime: 25.6% or about 19.4 million children

# National Survey of Children's Exposure to Violence (NatSCEV II)

(Hamby, Finkelhor, Turner, & Ormrod, 2011)

**UNDER 5 YEARS OF AGE** - Lifetime Exposure rates to IPV

(as reported by primary caregivers) (*N* = 1,458)

- 5.4% exposed to verbal threats
- 11.5% exposed to displaced aggression
- 7.1% eyewitness to the assault of a parent
- 10.5% exposed to a parent being pushed
- 8.2% exposed to a parent being hit or slapped
- 4.6% exposed to the severe physical assault of a parent, such as being kicked, choked, or beaten up.

# Early Childhood Vulnerability to IPV Exposure

- As assessed by responding police officers of a large Northeastern county police department, children were present for 43% of domestic violence episodes, 92% of which involved violence against the children's mother; 81% of the children present either heard and/or saw the event, with **60% of these directly exposed children younger than 6 years of age** (Fantuzzo and Fusco (2007)

- In a replication study, children were again present for 43% of domestic violence episodes, 94% of which involved violence against the children's mother; 86% of children heard and/or saw the event with **4.8 being the mean age of children in the sample** (Fusco & Fantuzzo, 2009).

- From 1993 to 2004, children **< 12 years old lived in 40% of households where IPV occurred** (Catalano, 2006)

# Co-occurrence of IPV Exposure & Child Maltreatment

- More than 33.9% of all children who witnessed IPV were also maltreated in the past year, with a lifetime co-occurrence rate of 56.8%

  (Hamby, Finkelhor, Turner, & Ormrod, 2010)

- Median co-occurrence rate of 41%

  (Appel & Holden, 1998)

- Median co-occurrence rate of 30–60%

  (Edleson, 1999)

# Intimate Partner Violence (IPV)
# as an Adverse Childhood Experience (ACE)

# Witnessing IPV = ACE

Exposure to IPV is part of ACEs, it doesn't sit alone in a box


ACEs and Trauma thinking must be integrated into
DV programming and practice
and vice versa

# Adverse Childhood Experiences

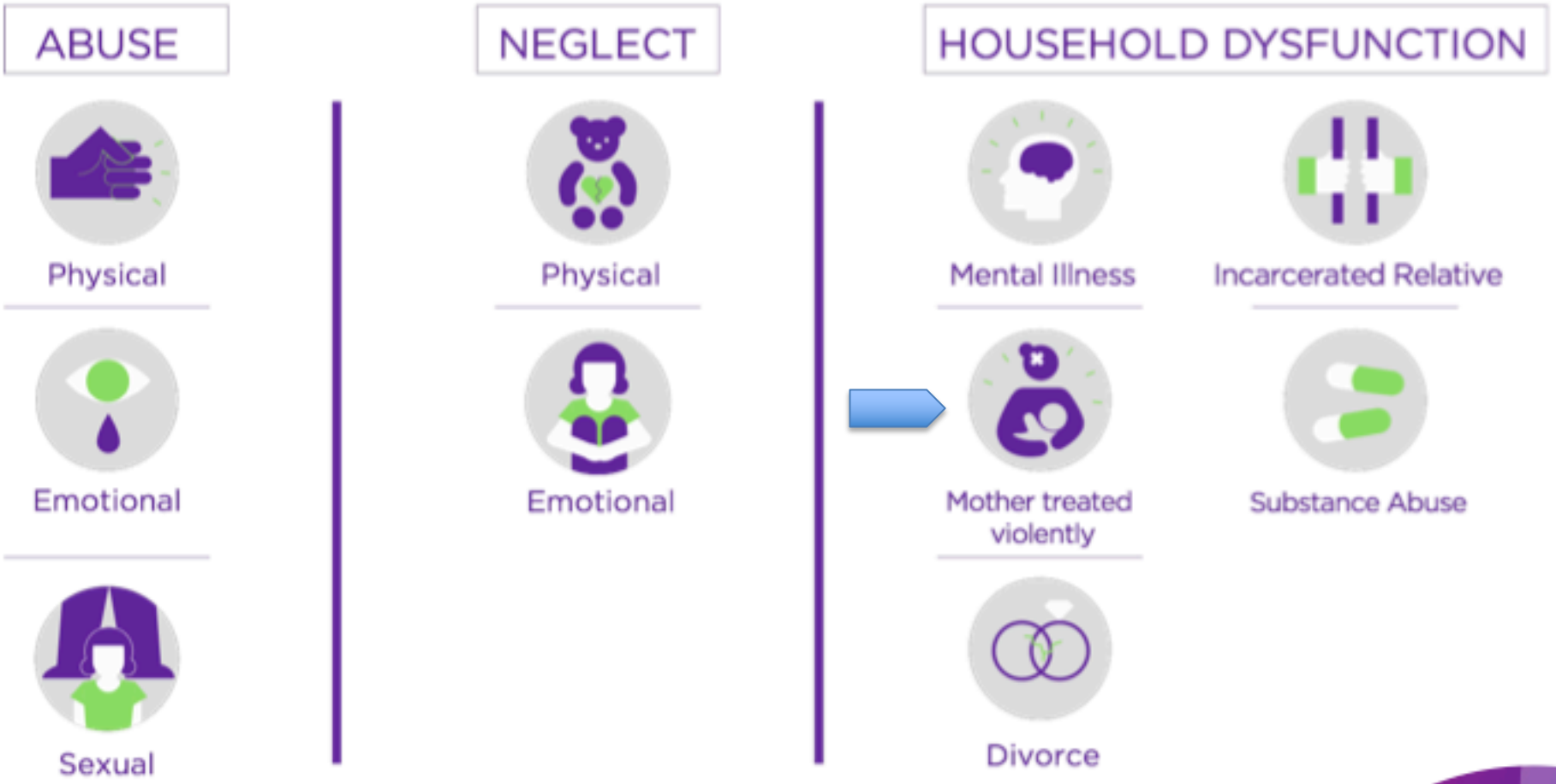


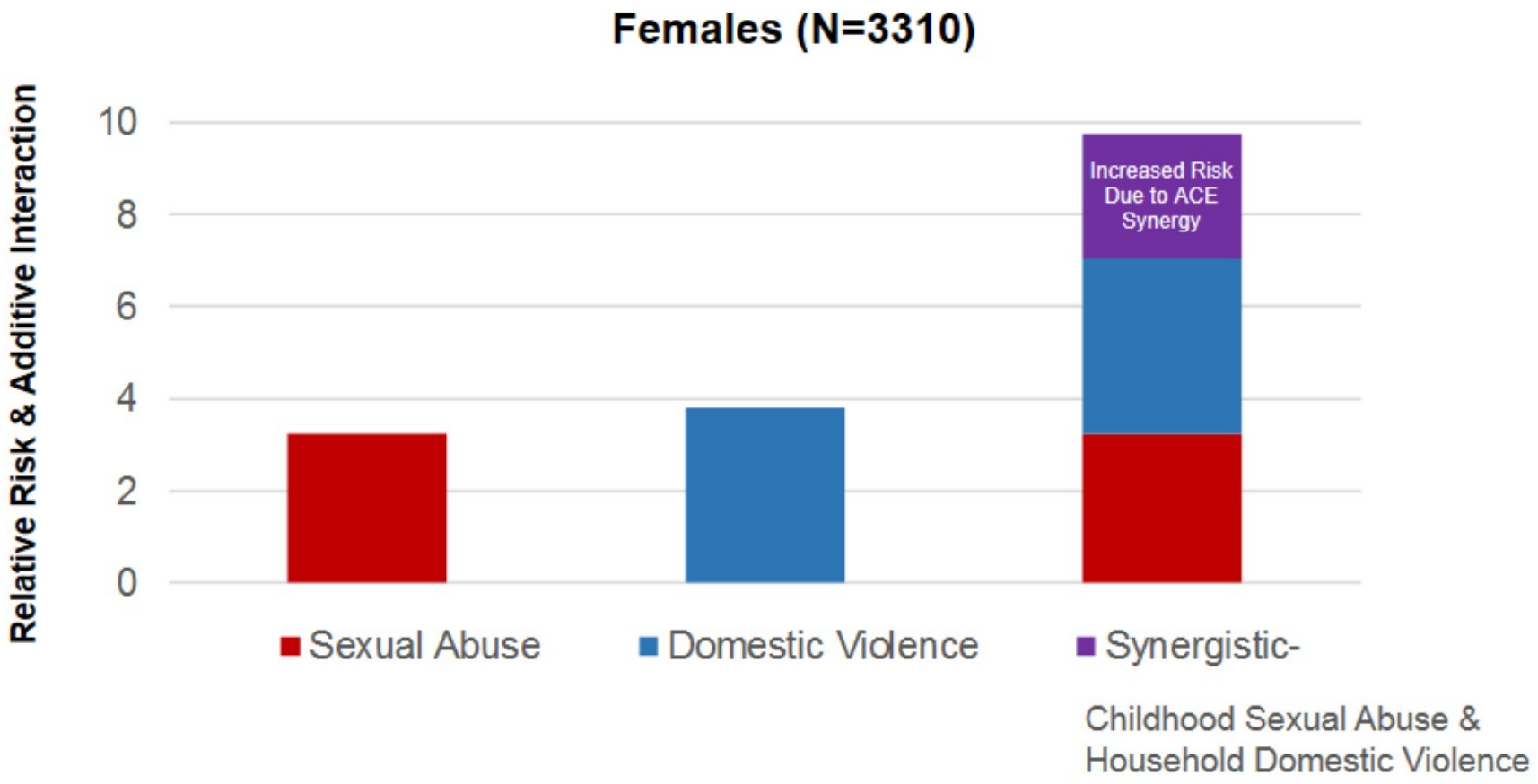

Image courtesy of the Robert Wood Johnson Foundation

# IPV Risk Factors for Other ACES

- 95% probability that a child growing up with exposure to IPV will be exposed to at least one other ACE (Dube, et al., 2002)
- 36% of children exposed to IPV had 4 or more ACEs (Dube, et al., 2002)
- ACEs were predictive of physical dating violence, accounting for more than one half of dating violence victimization (53%) and perpetration (56%) (Miller et al, 2011)

FUTURES WITHOUT VIOLENCE®

# Co-Existing Childhood Sexual Abuse & Household Domestic Violence ACES are Synergistic & Increase Risk of Complex Adult Psychopathology[1,2]




[1]Data from the National Comorbidity Survey-Replication Sample (NCS-R).
[2]Putnam, Harris, Putnam, J Traumatic Stress, 26:435-442, 2013.

# The Impact of IPV-Trauma on Early Childhood

Physiology

Symptoms

Behavior

# Early Childhood IPV Exposure Effects

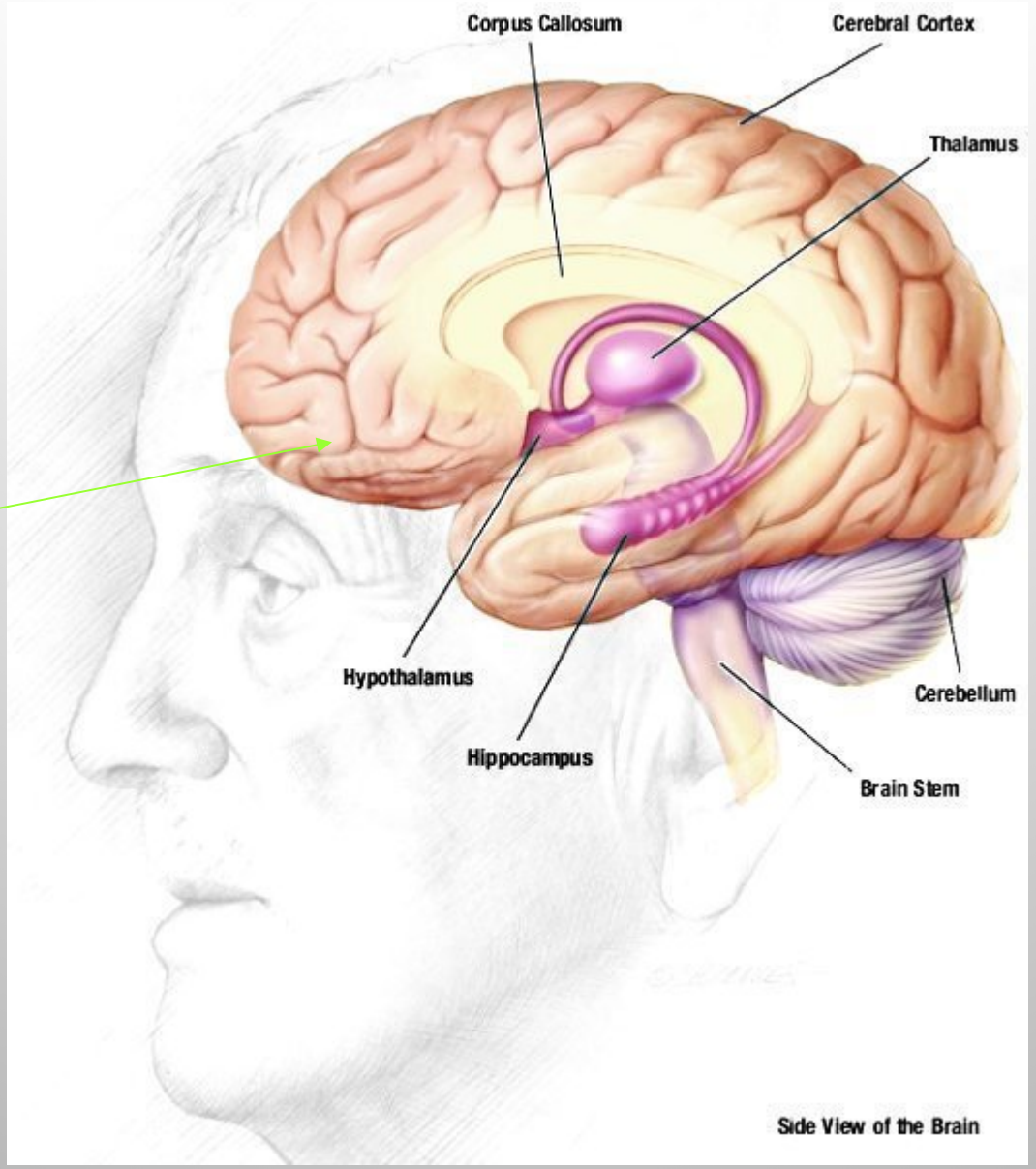
Significant **Negative** Impact Across Domains:

- Social
- Emotional
- Developmental
- Neuro-Developmental
- Behavioral
- Cognitive
- Health

*Kitzmann, Gaylord, Holt, & Kenny, 2003*
*Holt, Buckley, & Whelan, 2008*
*Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003*
*Graham-Bermann & Levendosky, 1998*
*Levendosky, Bogat, & Martinez-Torteya, 2013*
*Kernic, Wolf, Holt, McKnight, Huebner, & Rivara, 2003*

# The Limbic System and the Prefrontal Cortex

Prefrontal Cortex



# The Limbic Brain

Amygdala

- Alerts brain when something emotionally significant occurs (i.e. threat)
- Generates basic emotions like fear and anger (freeze, fight, flight)

Stress Response

- When there are overwhelming threats to physical or psychological well being, changes in the body and brain are set in motion

- Bodily priorities are shifted: 2 systems are activated

  Catecholamine system: "Fight/Flight/Freeze": SNS Increase in muscle tone, heart rate, blood pressure and metabolic rate for increased vigilance, attention, alertness

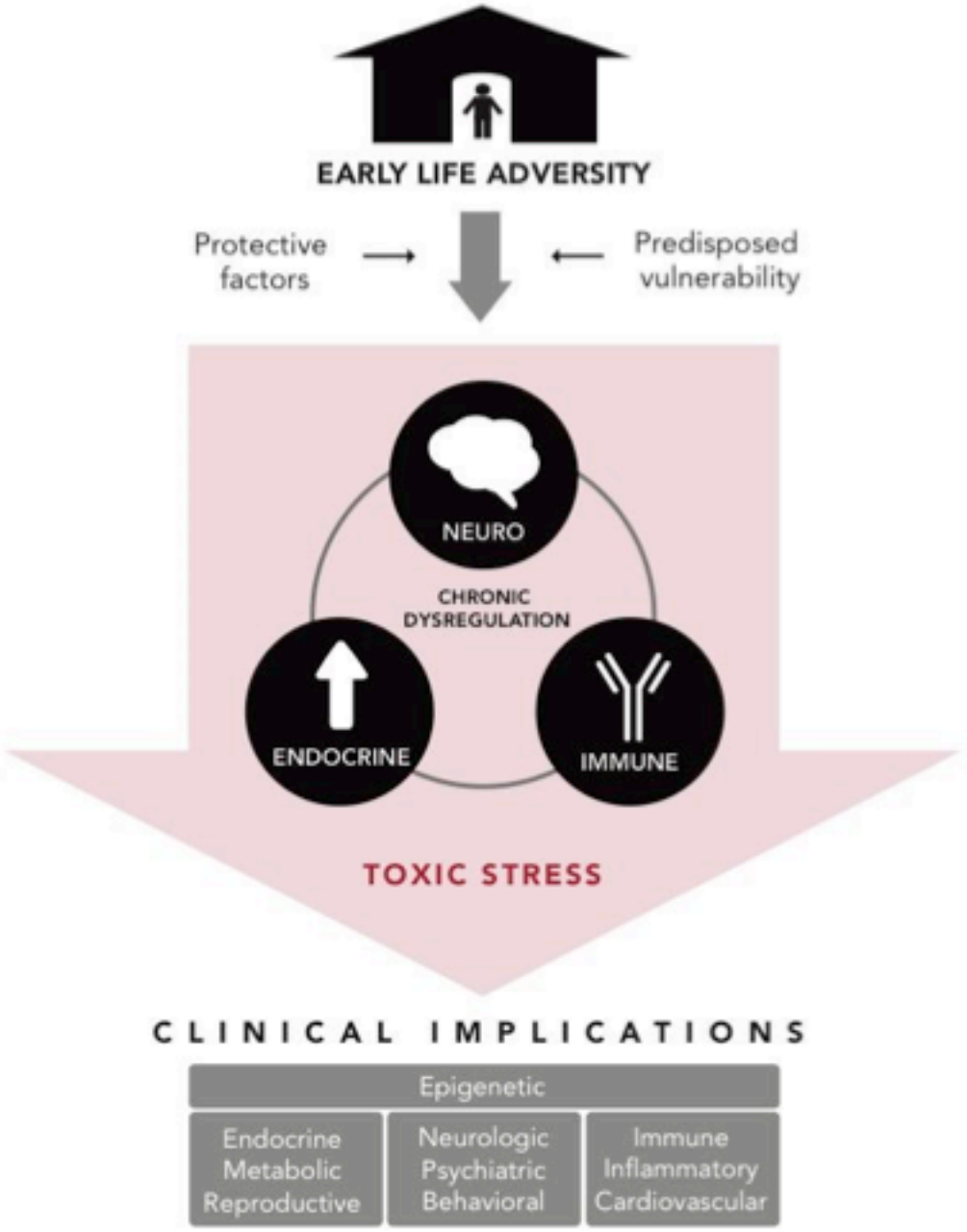
  HPA Axis system: Release of (stress hormone) Cortisol

- Cortical Executive Functions are put ON HOLD; planning, initiation, sequencing, reasoning, impulse control, decision making

| Positive Stress | Tolerable Stress | Toxic Stress |
| --- | --- | --- |
| • Normal and essential part of healthy development<br>• Brief increases in heart rate and blood pressure<br>• Mild elevations in hormonal levels<br>• Example: tough test at school. Playoff game. | • Body's alert systems activated to a greater degree<br>• Activation is time-limited and buffered by caring adult relationships<br>• Brain and organs recover<br>• Example: death of a loved one, divorce, natural disaster | • Occurs with strong, frequent or prolong adversity.<br>• Disrupts brain architecture and ot organ systems.<br>• Increased risk of st related disease and cognitive impairme<br>• Example: abuse, neglect, caregiver substance abuse |

**Intense, prolong, repeated, unaddressed**

**Social-Emotional buffering, Parental Resilience, Early Detection, Effective Intervention**




Adapted from Bucci 2016

# Chronic or severe stress subjects **a young child's** developing nervous system to toxic effects that subsequently impact upon a range of brain structures and functions (McEwen, 2003)

Toxic effects on Brain development:

- Decreased neural connections
- Impaired memory function (hippocampus)
- Decreased capacity for integration of emotional and cognitive information (corpus callosum)

Toxic effects on developing Stress Hormone System (Fight/Flight/Freeze):

- Circuits are always "ON" / Primed for F/F/F and Over Responsive
- Hypervigilance to danger
- Hyperarousal
- Harder to attain emotional self-regulation
- Less attention for other information (impaired concentration / learning)
- Children with PTSD have higher baseline activity in Catecholamine System and HPA Axis

# Psychological Health Risks to Mother and Fetus

Mother

- Anxiety
- Stress
- Depression
- PTSD
- Post Partum Depression
- Exacerbation of pre-existing mental health conditions

Fetus

Impact of Maternal Stress, Depression and Anxiety on Fetal Neurobehavioral Development (Kinsella & Monk, 2009)

  - "Fetuses are conditioned by the stimuli in their prenatal environment to be better prepared for what they will encounter post-natally".
  - Example: Transmission of elevated maternal stress hormone Cortisol across placenta to fetus results in altered stress response system (HPA axis)

# Infancy

- Interparental conflict is associated with differences in physiological and behavioral indices of emotional reactivity and regulation as early as 6 months of age (Crockenberg, Leerkes, & Lekka, 2007)

- Infants who witnessed vocal anger toward their mother demonstrated altered parasympathetic nervous system responses to an immediately subsequent stressful interaction with their mother (Moore, 2009)

- In 6-month-old infants, higher levels of interparental conflict are associated with lower baseline vagal tone (lower parasympathetic tone) (C. Porter et al., 2003)

- Maternal report of higher interparental conflict was associated with naturally sleeping infants' greater neural responses to very angry, relative to neutral, speech across several brain regions implicated in emotion and stress reactivity and regulation (Graham, Fisher, & Pfeifer, 2013)

# Child Traumatic Stress Risk Factors

Pre-Separation
Prenatal exposure to drugs or alcohol
Quality of attachment to non-abusing parent (secure / insecure; disorganized)
History of Physical or Sexual Abuse / Neglect
Previous separations from primary caregiver
Previous Foster Care placement and/or Instability of placement
Domestic Violence exposure
Community Violence exposure (safety)

The Act of Separation
Arrest or disappearance of perpetrator (e.g. violence, parent in handcuffs, police cars, loud, frightening)
Removal = Sudden separation from primary caregiver; violation of sense of safety & predictability

During Separation
Duration of Separation
Anxiety / Worry / Fear over parent's safety
Loss of Home; Foster Care and/or Instability of Placement
No Explanation / False Explanation of Parental Absence / Silence-Secrets
"It must be my fault" !!

# Early Childhood PTSD

(DC: 0-5, Zero To Three Press, 2016)

B. Re-experiencing

- Play or Behavioral reenactment (Posttraumatic play)
- Preoccupation (Recurrent/intrusive recollections)
- Repeated nightmares
- Distress at reminders
- Physiological reactions to reminders
- Recurrent flashbacks or dissociation

# Early Childhood PTSD

(DC: 0-5, Zero To Three Press, 2016)

C. Avoidance of trauma-related stimuli

(activities/people/places/thoughts/feelings associated with the trauma)

D. Dampening of Positive Emotional Responsiveness (Numbing)

- Increased social withdrawal
- Reduced expression of positive emotion (Restricted range of affect)
- Markedly diminished interest or participation in play, social interaction
- Increased fear or sadness

# Early Childhood PTSD

(DC: 0-5, Zero To Three Press, 2016)

E. Increased Arousal (Hyperarousal)

- Difficulty falling or staying asleep
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response
- Increased irritability/fussiness/outbursts/tantrums

# Early Childhood PTSD

(DC: 0-5, Zero To Three Press, 2016)

Associated Features

- Development of new fears (separation, toileting alone, the dark)
- Interference with Developmental Momentum
- Loss of previously acquired developmental skills (language, motor, cognition, regulatory functions; toileting, feeding, sleeping)
- New onset of angry and aggressive behavior
- Age inappropriate aggression toward others
- Age inappropriate sexualized behavior

# Early Childhood Behavioral Symptoms

Sleep Disturbances
Feeding Disturbances
Toileting Disturbances
Developmental Regression
Developmental Delay
Frequent or Inconsolable Crying
Severe Separation Anxiety
Fearfulness
Sadness / Depression
Freezing
Dissociation

Withdrawal/Inhibition of Play and Exploration
Tantrums – excessive or self-harming
Hypervigiliance to threat
Inattention
Hyperactivity
Impulsivity
Aggression
Defiance
Irritability
Physical Health

# Research Findings - Children Exposed to IPV

- 40% more likely to demonstrate externalizing behavior problems regardless of any history of direct child maltreatment (Kernic et al., 2003).
- At increased risk for depression, anxiety, and attachment disorders (Cox et al. 2003; Spilsbury et al. 2007; Ybarra et al. 2007).
- Often demonstrate greater aggression, non-compliance, delinquency, (Cox et al. 2003; Ybarra et al. 2007; English et al. 2009)
- Have symptoms related to posttraumatic stress disorder (Levendosky et al. 2002; Luthra et al. 2009).
- Children who observed domestic violence more than once shown to be at greater risk for dissociation than children who only observed one violent event (Spilsbury et al. 2007).
- Have smaller changes in Vagal tones (VT), which reflect activation of the parasympathetic nervous system over time and longer-term impacts of domestic violence exposure on the ability to regulate emotions (Rigterink et al. 2010).

- Maternal mental health, social support, positive parenting skills, good self-esteem, ability to regulate emotions, and treatment of trauma symptoms have a positive impact (Graham-Bermann et al. 2009, 2011; Martinez-Torteya et al. 2009; Owen et al. 2009)

# Early Childhood IPV Exposure

(Freud, 1926; Lieberman & Van Horn, 2008)

- Normative salient anxieties (Fears) of early childhood
  - Pain
  - Loss (separation anxiety)
  - Losing love and approval
  - Body damage
  - Being bad (social disapproval)

Usually Attachment relationships are protective against Fears !

BUT WITH IPV EXPOSURE, IT ALL COMES TRUE !

IN THIS WAY, TRAUMA EXACERBATES TYPICAL DEVELOPMENTAL CHALLENGES

# Impact of Preschoolers' Exposure to DV:

(Lieberman & Van Horn, 1998)

- Loss of sense of mother/father as reliable protectors (loss of the CPP "protective shield")
- Disturbed mental representations of who is safe and who is dangerous
- Loss of capacity to sustain representations of mother/father as a secure base (safety when distressed or afraid)
- Intense emotions coexist and serve a defensive function in relation to one another.

# Relational and Trauma Considerations for IPV Exposed Children

- Ambivalent and confused feelings about the abusing parent: love, loss, miss, angry, sad, scared, worried
- After witnessing police, EMT, arrest – negative (triggered) reactions to persons in uniform
- Alternating between aggression against, and protection of, the caregiver
- Need to keep family violence a secret
- Divided loyalties to parents
- Impaired confidence in the ability of adults to provide protection, safety
- Normalization of violence (to solve conflict, as part of intimate relationships)
- Damaged sense of trust in intimate relationships

# Impact on the Caregiver-Child Relationship; PTSD and Parenting

*The quality of a child's relationship with the non-abusive parent has been found to be the most important factor predicting present and future healthy relationships*

*(Iwaniec et al., 2005; Masten & Coatsworth, 1998).*

*Children's emotional recovery from exposure to DV depends more on the quality of their relationship with the nonabusive parent than any other single factor*

*(Bancroft & Silverman, 2002)*

# Attachment Behavioral System (Bowlby, 1969)

- Caregiver-infant behavioral system that insures species survival
- Purposeful goal of achieving "felt-security" (secure base)

  Proximity vs. Exploration
- Based on the attachment figure's track record of providing felt security the infant constructs an Internal Working Model (IWM) of self and other in attachment

| | | |
|---|---|---|
| Attunement | | Trust |
| Responsive care | → | Protection |
| Consistency | | Safety |

- The IWM will guide the infant's future expectations and behaviors, particularly in times of stress

# Mutual/Co-Regulation

## The Critical Impact of the Caregiver on Infant Stress Response System

For the infant, the caregiver is the external regulator of negative or overwhelming internal affect and arousal

(being soothed, being regulated by caregiver;

biologically and psychologically)

The young child's capacity to manage stress (internal self-regulation of affect and arousal), and the *manner in which* they manage, is determined by the quality of the caregiver's external regulation

(the capacity to self-soothe, self-regulate)

# Impact of Trauma / Toxic Stress on Co-Regulation

*Normatively:*

External (Caregiver) Regulation of
Infant Affect and Arousal

Internal (Young Child) Capacity for Regulation of
Affect and Arousal

*Trauma / Toxic Stress:*

Caregiver Regulation /Dysregulation
( & Quality of Attachment)

Determinative of child outcome

# Caregiver PTSD (DSM-V, 2013)

- Intrusion (intrusive memories, nightmares, flashbacks)
- Avoidance (trauma-related thoughts or feelings and external reminders)
- Negative Alterations in Cognition and Mood (negative affect, self-blame, decreased interest in activities, difficulty experiencing positive affect, inability to recall features of trauma)
- Alterations in Arousal and Reactivity (irritability or aggression, hypervigilance, heightened startle, impaired concentration, impaired sleep)

# Normative Toddler Distress & Interference with Maternal Self-Regulation

in the presence of violence-related PTSD...(Schechter & Rusconi Serpa, 2013; Moser, Schechter et al., 2015)

Maternal PTSD interferes with the maternal capacity to engage in mutual emotion regulation which infants and toddlers require (so as to develop self-regulation).

Helpless and frightened states of mind such as are generated in normal child distress prove intolerable, unbearable and dysregulating to the traumatized mother.

Top-down cortico-limbic regulation fails when IPV-PTSD mothers are exposed to child helpless states (i.e. distress, separation anxiety, tantrums)

Traumatized caregivers avoid (FLIGHT), or « tune out » (FREEZE), or aggress (FIGHT) against their infant/toddler - leading to mutual dysregulation during the sensitive period of development for emotional regulation

Also, frightening, rageful states in the mind of a traumatized caregiver may be so intolerable, that they misperceive and mislabel (project onto) the distressed toddler as “angry”, “manipulative”, “ threatening”

Since the infant/toddler cannot understand the dysregulated behavior of the traumatized parent, the parent becomes an unpredictable threat to the infant

Both become trapped in a vicious circle of mutual dysregulation

A child– even a neonate, may stimulate re-experiencing of  maltreatment or domestic violence

# Associations with Maternal Experience of Intimate Partner Violence

- Increased symptoms of posttraumatic stress disorder (PTSD) for mothers and children
  (Levendosky et al., 2012; Schechter et al., 2011)

- Maternal symptoms of trauma and severity of violence exposure are associated with whether infants exposed to violence demonstrate trauma symptoms.

  (Bogat et al., 2006)

- Deleterious impact on child behaviors (internalizing and externalizing problems)
  (Levendosky et al., 2006; Levendosky et al., 2012; Schechter et al., 2011)

- Impairment of children's developing affective self-regulatory capacities via……
  - affect regulation limited by caregiver ability to effectively identify affective states

    (Lemche et al., 2004)
  - reliance on caregivers for their affect regulation

    (Applevard & Osofsky, 2003)

# Associations with Maternal Experience of Intimate Partner Violence continued…

(Schechter et al., 2005, 2012, 2017)

- Significant association between maternal IPV-PTSD and atypical maternal behavior that are characterized by hostility and intrusiveness.
  (Lyons-Ruth & Block, 1996)
- Maternal dysregulation seen in behavior, physiology, brain activity
- Child's helpless states "trigger" mothers with IPV-PTSD
- Maternal dysregulation means mother is less available to regulate child's feelings and behaviors

# Children of Mothers with PTSD

## (History of Lifetime Interpersonal Violence)

(Schechter, et al., 2006)

In comparison to young children of Mothers *without* PTSD:

- Significantly more children of PTSD mothers were exposed to at least one interpersonal violent event
- Significantly more children of PTSD mothers were diagnosed with full or clinically significant sub-threshold PTSD
- Children of PTSD mothers had significantly higher scores on Externalizing and Internalizing symptoms on the CBCL

# IPV: Maternal Stress/Arousal

<u>During DV episode</u>

Stress Hormone System activated

Observable Extreme Emotional Distress (crying, screaming)

Observable Physical Pain or Injury

Possibly unable to protect child

Unable to soothe/calm/regulate *child distress*

<u>Post DV episode</u>

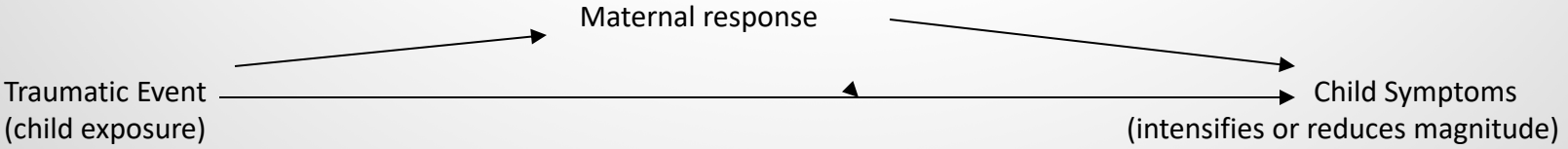
PTSD: Hyperarousal, Numbing/Avoidance, Re-experiencing

Difficulties in attunement, responsive care, consistency

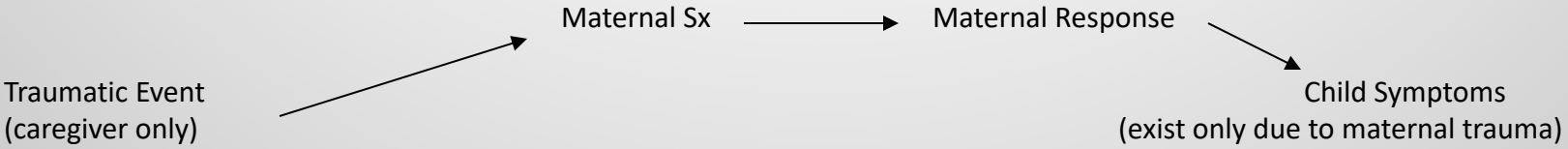
Child loses mother as regulator of overwhelming affect

# Relational PTSD

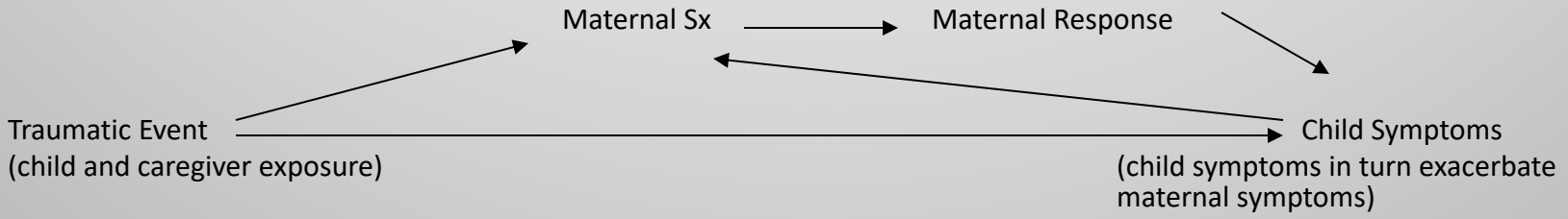
**Moderating Effect**




**Mediating Effect**




**Compound Effect**



# Relational PTSD

(Scheeringa and Zeanah, 2001)

- The very young child processes and regulates his/her experience through the caregiver. It is precisely because of this dependence that the attachment relationship can either mitigate or exacerbate the effects of trauma exposure.

- The quality of an infant's primary caregiving relationship impacts both the development and degree of child posttraumatic symptoms.

- "The most powerful potential change agent for young children's development and symptomotology is their relationship with their primary caregiver".

# Secure Base Distortions

- The term “Secure-Base Distortions” has been suggested to capture **abnormalities specific to a preferred attachment relationship that does exist**, in contrast to the pathology of nonexistent attachment as defined by RAD.

- The term “secure base” refers to the toddler’s balancing of proximity seeking and exploration, once s/he achieves mobility. S/He returns to the parent as a “secure base” when stressed or frightened.

- The categories of Secure Base Distortions describe behavioral adaptations made by the child in an effort to either assure or activate the protective, safe-haven function of the caregiver.


- Lieberman AF, Pawl JH. Disorders of attachment and secure-base behavior in the second year of life. In: Greenberg ET, Cicchetti D, Cummings EM, editors. Attachment in the preschool years: theory, research, and interventions. Chicago: University of Chicago Press; 1990. p. 375–97.
- Lieberman AF, Zeanah CH. Disorders of attachment in infancy. Child Adolesc Psychiatr Clin N Am 1995;4:571–687.
- Zeanah CH, Boris NW. Disturbances and disorders of attachment in early childhood. In: Zeanah CH, editor. Handbook of infant mental health. 2nd edition. New York: Guilford Press; 2000. p. 353–68.

# Secure Base Distortions

## Self-Endangering

- Overactivation of the exploratory system without appropriate activation of the attachment system (proximity seeking, checking back).
- Exhibit significant risk-taking behaviors (running away from the caregiver in a public place, running into traffic, climbing to dangerous heights).
- Aggression toward the self or caregiver is often present
- Such children frequently come from homes where interpersonal violence has occurred
- Their behavior suggests an attempt to activate the protective instincts of a caregiver who may be preoccupied, dissociative, passive, or unavailable in some other manner.
- The infant is desperately attempting to engage the parent in functioning as a secure base, as if asking “How far do I have to take this before you will protect me / keep me safe ?”

# Secure Base Distortions

Clinging/Inhibited Exploration

- A child for whom the attachment system is hyperactivated, without the counteraction of the exploratory system.
- These children stick close to the parent to the detriment of normal exploration.
- The parents of these children often perceive the world as a dangerous place and transmit that through subtle anxious responses when the child attempts to explore.

# Secure Base Distortions

Vigilant/Hypercompliant

- A pattern in which the child is hypervigilant regarding the caregiver, hypercompliant with caregiver requests, and emotionally constricted.
- Child appears frightened of displeasing or provoking the caregiver and so is always on guard/vigilant with regard to the parent, and is hypercompliant with the parent's requests.
- This pattern has been previously described as ''frozen watchfulness'' in the literature on child abuse.

# Secure Base Distortions

Role-reversed

- Child appears preoccupied with taking care of the parent, making sure the parent feels safe and nurtured. In a manner that is developmentally inverted, the child seems to take on the responsibility of managing the parent's emotional wellness, providing nurturance, empathy, even protection.
- An alternative version may be expressed as controlling behavior toward the parent !
- In studies of children at age 6, role reversed controlling behaviors, frequently with an aggressive or threatening quality, were associated with *disorganized-disoriented attachment classifications* in infancy.

- However, the relationship between secure base distortions and disorganized attachment is unclear, and overall there has been little research done to establish the validity of the secure base distortion criteria.

# Thank you

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