Curbing the intergenerational transmission of trauma: outcomes of an intervention for child witnesses of domestic violence and their mothers

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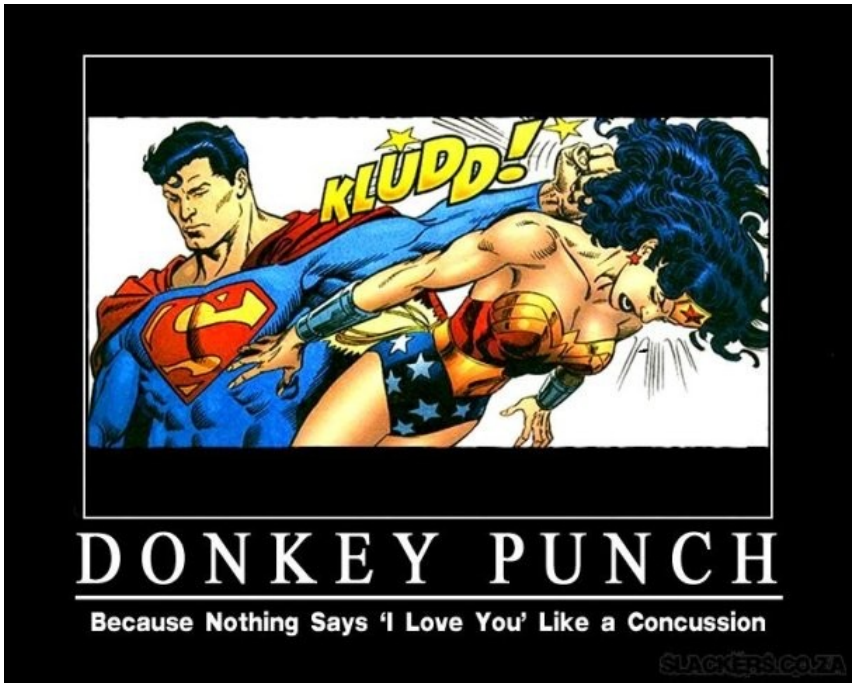
What is domestic violence?



- Typically violence that occurs in the home.
- Defined by patterns of domination and abusive behaviours by one person to maintain **power and control** over another – never a one time occurrence…are identifiable **pattern** over time.

What do we know...

- Exposure to DV occurs when children/ adolescents see, hear, are directly involved in, or experience the aftermath of physical or sexual assaults that occur between their caregivers (Evans et al, 2008).
- More than 10 million children in the United States are exposed to violence between their parents each year - translates to **30% of the population** (Koenen et al., 2003; Graham-Bermann et al, 2012).
- These figures are estimated to be even higher in South Africa!

What do we know…

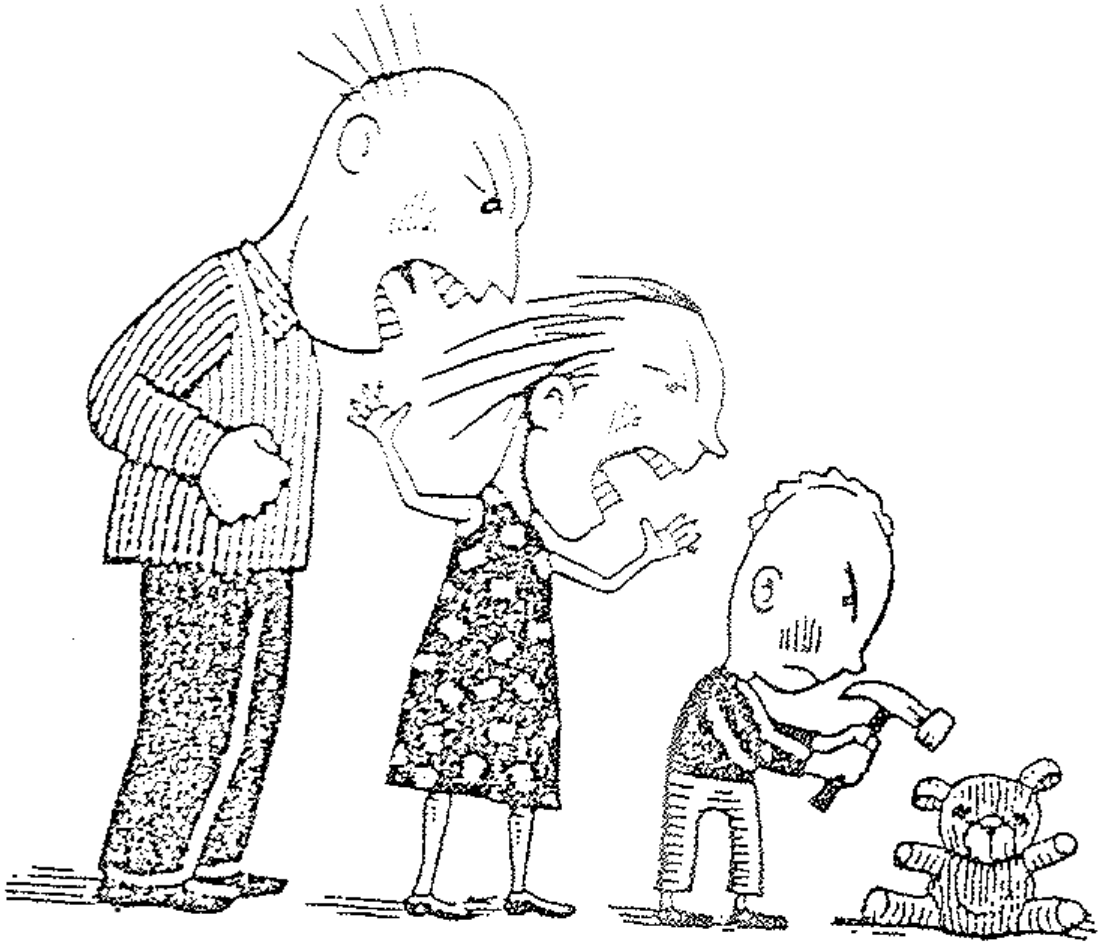
- Many of these children/adolescents have faced chronic exposure to IPV since infancy (never a one time affair) – face **ongoing** danger (never 'over') that is **inescapable**.

(trauma presentation and intervention often likened to that of torture survivors)

- Children/adolescents living in homes with IPV are at greater risk for other types of interpersonal trauma – 2.5 times more likely to be **physically abused** and 5 times more likely to be **sexually abused** (Graham-Bermann et al, 2012).

What do we know…

- Physical violence tends to be highest early in the marital/couple relationship, when children are likely to be young and where families have significantly higher number of children in the home (Kitzmann et al, 2003).
- Younger mothers with many children tend to be **stressed** – high levels of stress obviously impact on parenting.
- Often see **displaced aggression**.



What children/adolescents learn…

1. That violent behaviour in a relationship is permissible and acceptable.
2. That people who are supposed to protect and nurture them may be placing them in harm's way.
3. That when people get angry, bad things happen (actually fear their own anger and have trouble regulating it).

Intergenerational transmission of trauma…

We also know that those who are victimized growing up or who are witness to violence, are more likely than the general population to become either **victims** or **perpetrators** when they grow up…

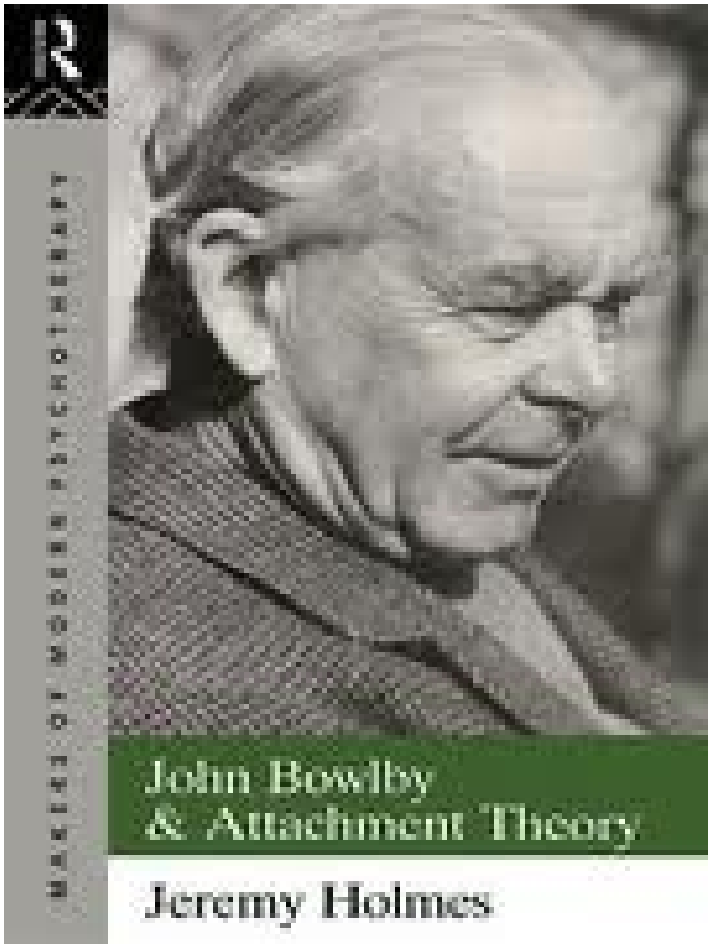
Bowlby said it best:

“hurt people, hurt people”

(including themselves)

Attachment and its importance!

One of the critical pathways through which the childhood home environment, particularly in early childhood, is understood to impact upon psychological development is through attachment to primary caregivers



…attachment cont…

If attachment bonds between the child and their primary caregiver are secure, children acquire the necessary skills to establish close relationships and grow to intimacy

…attachment cont…

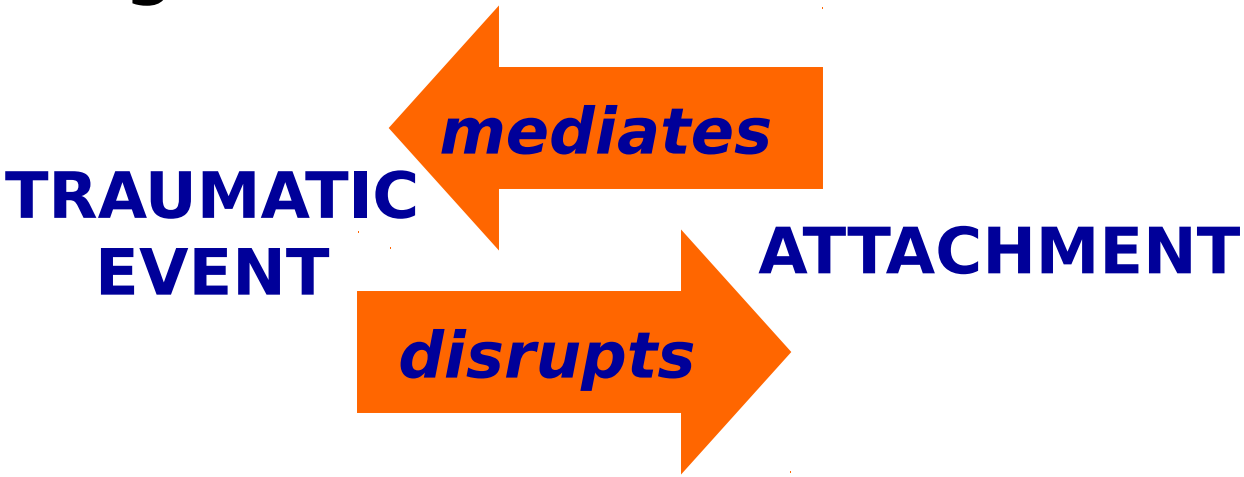
If these bonds are insecure, children do not acquire the necessary skills to establish close relationships, may grow to fear intimacy with other individuals, exhibit hostility or aggression within their relationships, or to seek intimacy in maladaptive ways

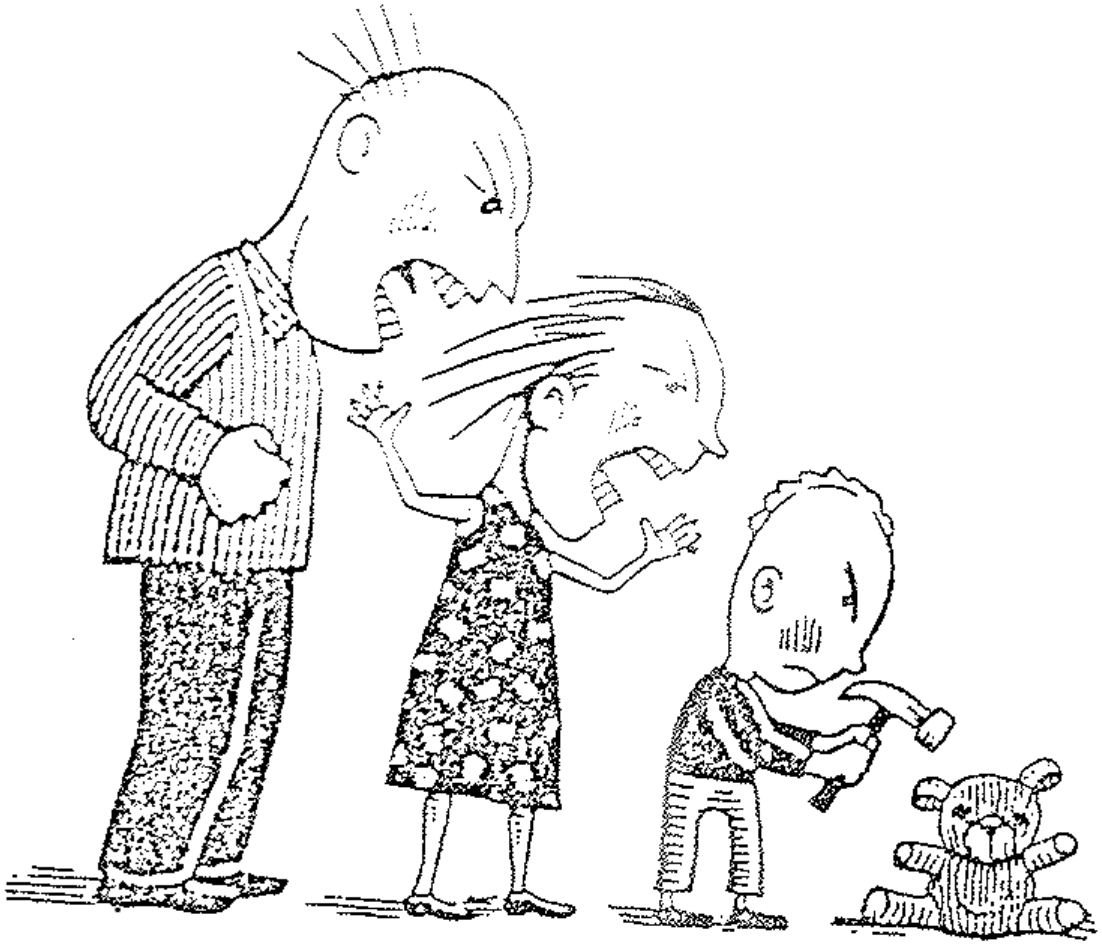
Attachment cont…

- Children and adolescents with insecure attachment patterns have trouble relying on others to help them and are unable to regulate their emotional states by themselves.
- As a result, they experience excessive anxiety, anger and longings to be taken care of (a pattern that continues later in life in relationships too…).
- In IPV settings children/adolescents have to integrate the experience of strategized (non-random) violence between people they trust, and also have to live in a stressful, non-nurturing environment.
- This can lead to trauma and consequent PTSD/complex trauma symptoms…

Attachment and Trauma

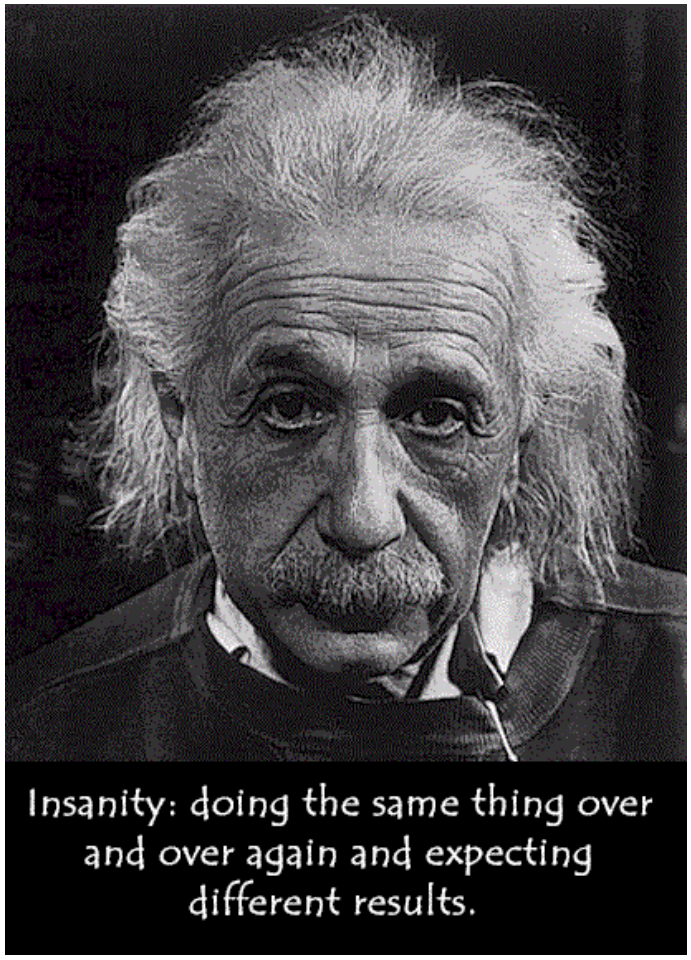
Often trauma and attachment problems are inextricably connected and intervention must recognize this.





Intergenerational transmission…

- Intergenerational transmission of violence parallels intergenerational transmission of trauma.
- Reenactment (conscious and unconscious)
- Requires addressing change:
  - Change = resistance
  - Change = stress
  - Change = loss
  - Change = motivation…



The intervention

- Trauma Focused Cognitive Behavioural Therapy TF-CBT (documented as a best practice model for PTSD , Foa et al, 2009 *'Effective Treatments for PTSD'*).
  - centers on psychoeducation regarding trauma and its effects
  - teaching skills that improve affect modulation and stress management
  - followed by cognitive processing interventions that challenge any distortions or false beliefs and aid in effective problem solving skills
- Expressive Arts Therapies (incl. art, play, bibliotherapy, etc.)

Tell me and I forget,
teach me and I may remember,
involve me and I learn.

- Benjamin Franklin

The value of expressive arts in trauma work....

- Less sophisticated defenses so access emotional content faster (in part through the non-threatening, safer expression that the modalities afford)
- Offers an alternate way of accessing memories that are fragmented, implicit or split off from awareness, integrating mind and body in treatment.

"You can tell more about a person in an hour of play than in a year of conversation"

- Plato

The study…

- 12 week group therapy treatment
- Brooklyn (NYC, USA): State funded tier 1 DV shelter
- Bertrams (JHB, SA): DSD funded private faith based NGO
- Age range of 6-13yrs (variety of developmental levels and abilities); equal gender split.

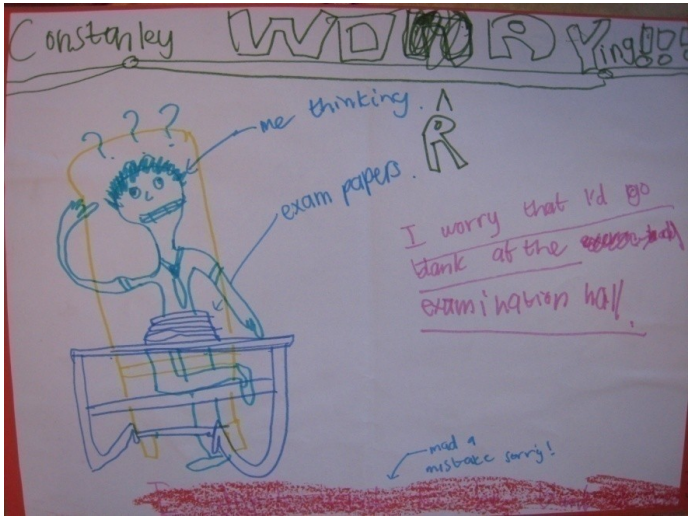
The study…

- Measures before and after intervention with both children and mothers
  - mothers : Child Behaviour Checklist (CBCL), Post Traumatic Stress Disorder-Reaction Index Parent Version (PTSD-RI)
  - children : Children's Depression Inventory (CDI), Post Traumatic Stress Disorder-Reaction Index Children's Version (PTSD-RI).
- Almost **90%** children met criteria for **PTSD** before group began; almost **70%** children met criteria for **depression** before group began. *(Findings were 'surprising' to mothers/worst events for trauma were different for mothers and children).*
- Significantly lowered scores were recorded after group treatment.

Outcomes:

- Mothers given weekly workshops on the kinds of interventions used and reasons why these used – use of stories, anger splats, yoga, artmaking etc.
- **All** mothers report an improvement in their relationship with their child (in large part because the children better able to intervene themselves when stressed, therefore less stress for stressed mother to manage).

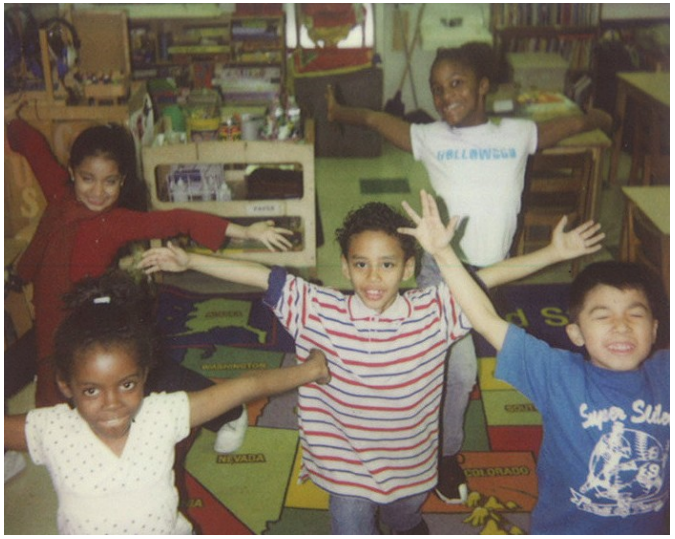
Outcomes:



- Mothers reported improvement in parenting, increased ability to empathize with their children and understand “bad behaviours”.
- Children report group helped them with: **understanding** their bodies, feelings and thoughts; **managing** their behaviours and their **boundaries** (understanding what ‘no’ means); **realizing** their strengths; **respecting** each other (and thus not hurting each other); having **fun** together; feeling a sense of **belonging** and of being understood.

Why consider this sort of intervention?

- Can’t treat one part of the system without the other.
- If mothers know some tools to manage difficult behaviours/ emotions in their children, and they can see that these work, they will sustain what is learnt by children in groups and parenting becomes easier.



Why consider this sort of intervention?

- Helping mothers understand the language of play and non-verbal communication gave access to emotional connection that often difficult to achieve (remember many mothers were children when had their first child… never got to play themselves!).
- Mothers were very moved by their children's artwork – giving them the opportunity to see the emotion behind the behaviour and increasing mother's empathy for their children.

Why consider this sort of intervention?

- When mothers and children understand behaviours that are driven by mental health problems such as PTSD and depression, they are more likely to engage in treatment.
- This understanding has additional benefit of leading to insight into the mother's **own** behaviour and symptoms.
- Treatment of DV needs to be targeted at the parent-child dyad if symptom reduction is to be sustained and parenting practices improved.
- Evidence based interventions that focus directly on PTSD and depression in children and that include working with primary caregivers in terms of skills transfer and informed parenting strategies, particularly with regards to discipline and attachment, are needed to curb intergenerational transmission of trauma.